



دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی تهران
معاونت بهداشت

وبینار تازه های درمان بیماری کووید ۱۹ ویژه پزشکان عمومی

فرصت ها و تهدیدهای همه گیری کووید ۱۹ برای پزشکی عمومی

عباس وثوق مقدم، متخصص پزشکی اجتماعی

عضو هیات علمی، گروه تحقیقاتی حکمرانی و سلامت، پژوهشکده علوم اعصاب، د.ع.پ. تهران

a.vosoogh@gmail.com

سه شنبه ۱۹ اسفند ماه ۱۳۹۹

□ پاسخ گفتن به نیاز موجود در جامعه، وظیفه و مأموریت اصلی همه سازمان‌هایی است که برای ارائه خدمات پا می‌گیرند.

□ مطلوب آنست که هر سازمان از چنان ساختار پویا و انعطاف‌پذیری برخوردار باشد که با دریافت پیام‌های تغییر از محیط، خود تغییر یابد و از این راه هماهنگی پیوسته‌ی خویش را با تغییرات محیط فراهم آورد.

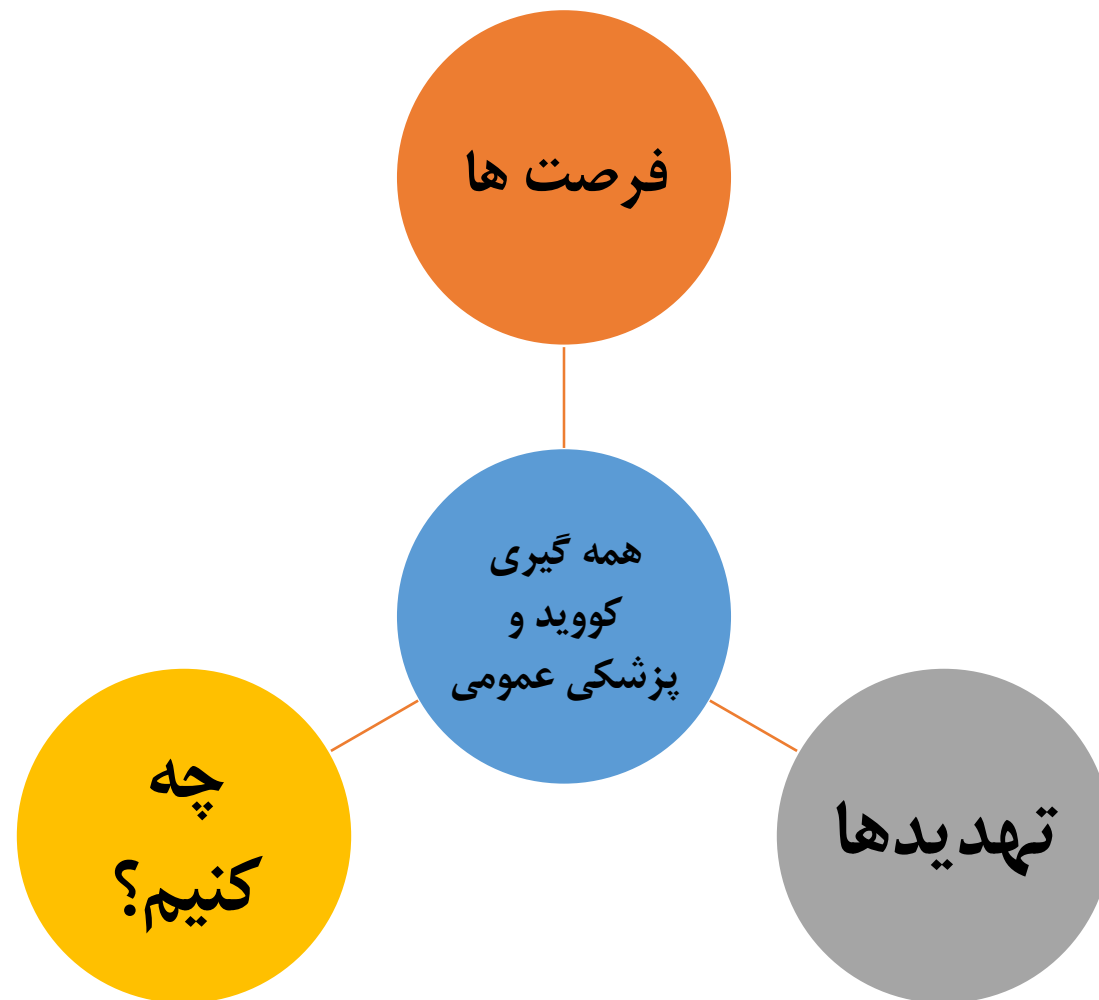
□ ضروریست نظام سلامت از آمادگی، انعطاف‌پذیری و کارآمدی کافی برای برخورد با این تغییرات برخوردار باشد، لذا برای نیل به این اهداف، اصلاح نظام سلامت در جهت پاسخگویی نیازهای واقعی بخش سلامت به عنوان راهی مؤثر و ضروری، اجتناب‌ناپذیر است.



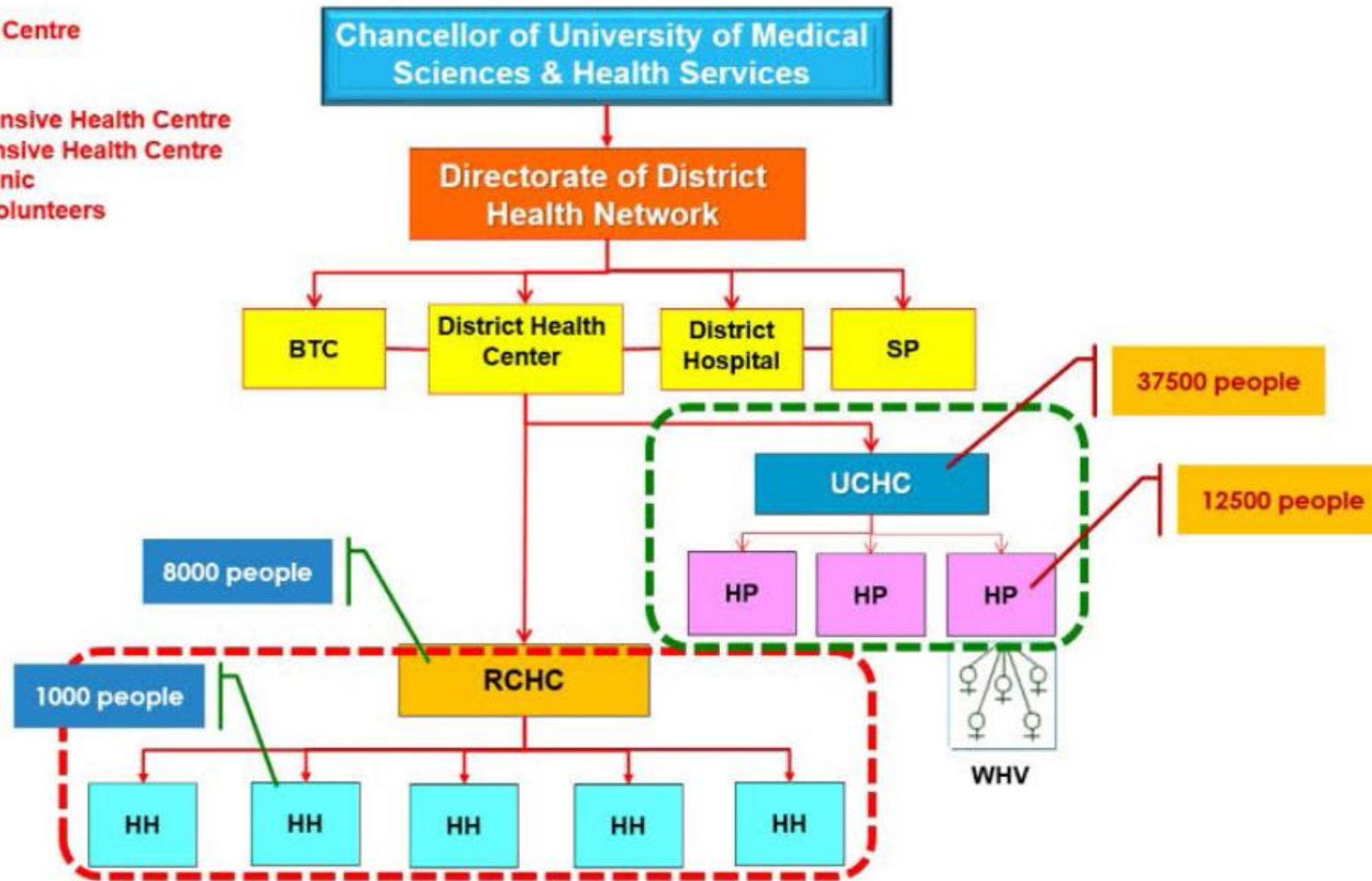
بزرگ‌مرد بهداشت

“The COVID-19 crisis has the potential to change general practice dramatically and permanently.”

نقشه ارایه



BTC: Behvarz Training Centre
HP: Health Post
HH: Health House
UHC: Urban Comprehensive Health Centre
RHC: Rural Comprehensive Health Centre
SP: Specialized Polyclinic
WHV: Woman Health Volunteers



Primary Health Care (PHC) Networks in IR of Iran

Figure 1. Primary Health Care (PHC) Networks in I.R. of Iran.

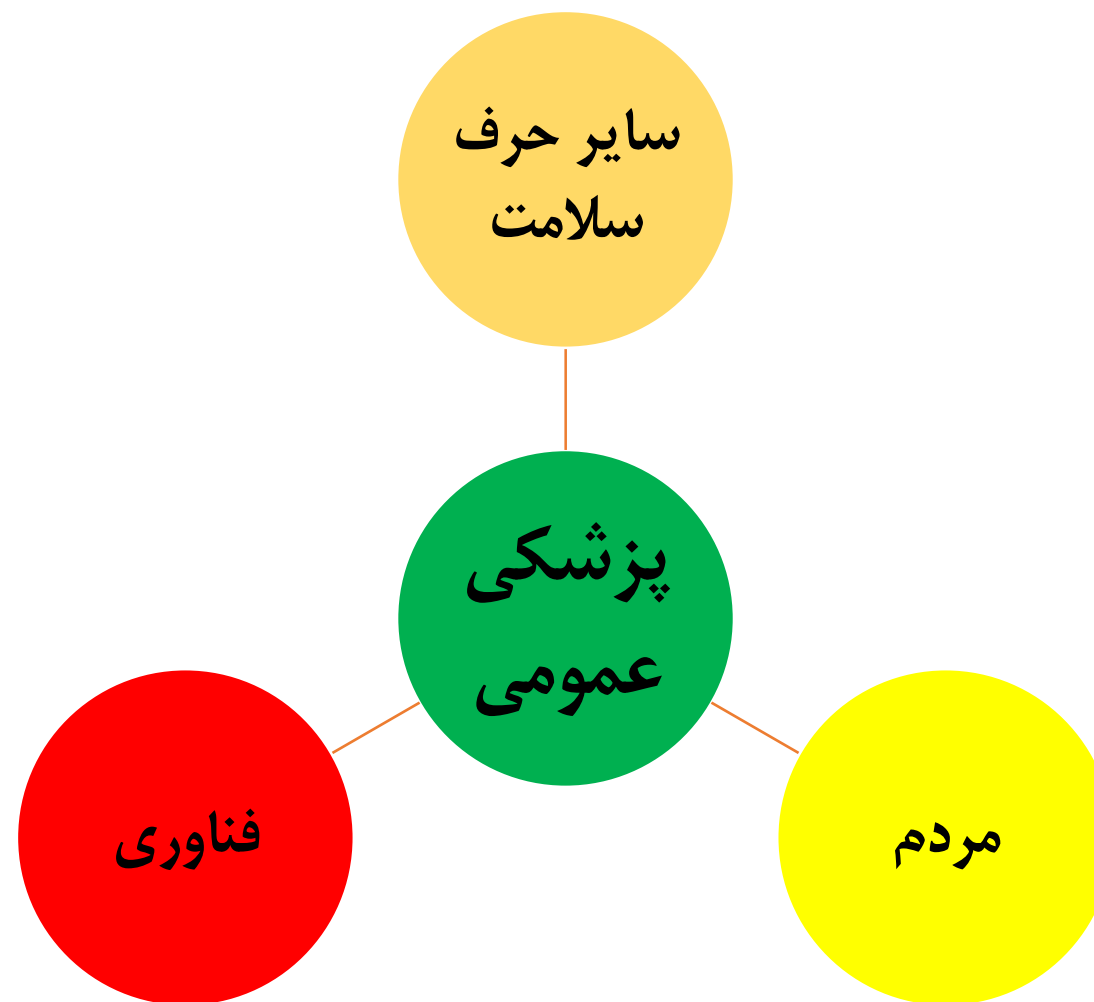
توجه به رقبا

سایر حرف
سلامت

پزشکی
عمومی

مردم

فناوری



طرح شهید حاج قاسم سلیمانی



مدیریت و کنترل اپیدمی کووید-۱۹
به شیوه محله و خانواده محور

مبتنی بر برنامه
"هر خانه یک پایگاه سلامت"

طرح مشترک وزارت بهداشت درمان و آموزش پزشکی و سازمان بسیج مستضعفین

آبان ماه ۱۳۹۹

UK

Before Crisis	After Crisis(Within weeks)
a minority of practices used doctor-led triage as the access point for services	all were doing doctor-led triage
>70% of consultations were carried out face-to-face ;	within weeks : reduced 23%
Clinical workload had become unsustainable	number of consultations carried out by practices had reduced by 24%
administrative tasks and regulatory compliance diverted practices from direct patient care	<ul style="list-style-type: none">• 30% reduction in time spent on such activities .• a relief to many clinicians who have long sought a return to a high-trust, low-checking ethos

Marshall M. COVID-19:a danger and an opportunity for the future of general practice.
British Journal of General Practice, June 2020

فرصت ها و تهدیدات

- better and will speed up the implementation of reforms,
 - از سال ۱۳۸۲ ایجاد نظام پزشکی خانواده و ارجاع با کمک پزشکان عمومی در دستور کار سیاست گزاران است.
 - در روستاها از سال ۱۳۸۴، دو استان فارس و مازندران از سال ۱۳۹۱، پایگاه های سلامت از سال ۱۳۹۳
 - ممکن است تأثیرات مخربی بر ویژگیهای عمومی و ثابت شده و اغلب مبتنی بر شواهد داشته باشند ، که به مدت دهها سال به بیماران ، جوامع ، NHS و جامعه به خوبی خدمت کرده است.
- **face-to-face consultations have fallen to about 10% of their previous level**
- **greater use of remote consultations**, utilizing both older technologies, such as **telephone** and **email**, and newer technologies, such as online video interactions.
- **most contacts are now provided remotely using symptom checkers, electronic messaging, and phone or video consultations**
- **but are of uncertain and untested value for relational ones.**
- **trusting relationships** as one of the defining interventions **used in general practice** .
- **a real risk that general practice will suddenly become less personal.**
- **may increase overall GP workload and exclude patients without internet access**

Pereira Gray D, Freeman G, Johns C, Roland M. Covid 19: a fork in the road for general practice. *BMJ* 2020;370

فرصت ها و تهدیدات

- **empathy** cannot be provided by symptom checkers and electronic messaging (reduced patient satisfaction, enablement – increased mortality)
- COVID-19 provides an opportunity to critically **evaluate the cost-benefit ratio of many administrative tasks**

فرصت ها و تهدیدات

- **GPs have been more involved than ever before in Public Health activities such as**
- population health planning,
- clinical pathway redesign,
- Resource prioritization focusing on those with greatest need,
- utilizing the good will and assets that exist within communities,
- improving work across long-established sectoral boundaries, and
- emergency preparedness.
- **rebalancing** of the psychosocial, biomedical, and public health models of general practice
- **there may be associated risks if recent advances in the delivery of personalised care and shared decision making were to be lost**
- **Decreased Continuity of Care :patient safety will be undermined , organisational inefficiency will grow , collusion of anonymity , increase mortality,**
- rethink how they **use their buildings more efficiently**, for example, by **reducing 'waiting' space** and increasing the number of **clinical rooms for the expanding primary care team.**

فرصت ها و تهدیدات

- engagement of practices in **community-based research**
- a big **increase** in practices signing up to **research networks** in order to contribute to a better understanding of the **epidemiology** of the pandemic and to **test therapeutic interventions**.
- Community based research has the potential to massively **impact on our ability to minimise the damage** caused by the pandemic.
- an unparalleled level of **respect and passion** for the **healthcare institution** and those who work in it .
- It has also led to a probably **short-lived desire** on the part of the public to use services sparingly(NCD Services)

چه کنیم؟

- urgent and wide **engagement** of frontline clinicians.
- require **exceptional leadership**, a **clear vision**, and an ability to influence ...
- relationship-based medicine” is encouraging.
- ensuring that electronic messages and requests for phone calls are answered by the patient’s own GP whenever possible.
- patient satisfaction is significantly better when GPs have responsibility for a defined lists of patients rather than adopting combined lists
- Longer consultations(15 min) are both more patient centred and less stressful for clinicians,
- Research is urgently needed to identify what can and cannot be handled safely and effectively with remote consultation
- Policy makers should be encouraged by the evidence that shows how much healthcare costs can be reduced with better continuity of GP care