Response to the Letter to the Editor

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Reply,

We would like to thank Dr. Kamran Bagheri Lankarani, for his commentary on the article “Challenges of Family Physician Program in Urban Areas: A Qualitative Research”, published in the Archives of Iranian Medicine in July 2017.1 Dr. Lankarani’s point is that the research didn’t include all the stakeholders, and the derived settlements may compromise other conclusive factors.

In response to Dr. Lankarani, we point out that our research was conducted in the first years of the implementation of the urban family physician program (FPP) in Fars province as a pilot location in Iran. The prime paradigm shift initially involved physicians and specialists where the FPP guidelines called for an altered professional behavior and the urgency became how to make these groups more disposed to the outlines of the program. The key to a successful implementation of the program was the participation of this population. We clearly stated the importance of these special stakeholders in the urban FPP in the introduction section of the article and embraced other stakeholders such as general population, insurance companies and non-physician health providers in another research.2 In Fasa, Fars province, the rate of inclination among general practitioners and specialists was 100 percent with the salient advocacy of the authorities. As a result, we enrolled selected high-volume physicians and specialists in both private and university sectors to investigate their attitude toward the program, in an early stage when major confounding factors like a relish for financial gain did not exist at the time of the program initiation. This makes our study unique mentioning that the program directors themselves hadn’t any idea about the reactions of the main program operatives because they didn’t consult with them. Thus our report could provide substantial evidence for policy makers in this regard.

Medical specialists in the private sector have long been the most powerful executives in healthcare provision in cities. Noncompliance by them with the preventive services provided through the FPP could potentially obstruct the program and lead to the failure of the program to attain its major goals, which has been the case scenario in the real world practice of urban FPP in Iran. For risk analysis, physicians and specialists were not consulted in advance, and this became the earliest urban FPP in Iran. For risk analysis, physicians and specialists were not consulted in advance, and this became the earliest urban FPP in Iran. Therefore, except for other stakeholders’ perspective, which is dealt with in a complementary article, we comprehended Dr. Lankarani’s points and would like to thank him again for commenting on our article.

Finally, urban FPP in Iran, in the way it was defined and implemented as a huge health system program, lacked many of the quality measures mandatory for such financially demanding health plan which turned out to be one of the greatest, if not the greatest, challenges of the ministry of health. Literature with ample research conducted recently on the FPP in Iran will hopefully help policy makers to fix this program.

Authors’ Contribution
EB has written the initial draft and revised it critically. NF helped in comprehending the ideas, edited the draft and revised the manuscript for final approval.

Conflict of Interest Disclosures
The authors have no conflicts of interest.

Ethical Statement
Not applicable.

References