

Koruyucu Hekimlikte Kalite Değerlendirmesi

[Quality Assessment in Primary Care]

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DEAR EDITOR;

I have read the article titled as “Implementation of Rogi Kalyan Samiti (RKS) at Primary Health Centre Durvesh” with great interest. Shrivastava *et all* concluded that assessment mechanism for the achievement of objectives for the suggested RKS model was not successful (1).

Hereby I would like to emphasize the importance of quality assessment (QA) especially in the era of newly established primary care implementations in our country.

Promotion of quality has been fundamental part of primary care health services. Nevertheless variations in quality of care exist even in the developed countries. Accomplishment and sustainability of quality in the primary care has some barriers like administrative factors, absence of evidence-based medical practice and inadequate continuous medical education activities.

Quality of health care is no doubt multifaceted model that covers all components of health structures and processes of care. Some of the ubiquitously encountered components of quality in the primary care set up includes; effective physician-patient relationship, immunization follow up, optimal

children, maternal, adolescent, adult and geriatric health care, establishment of referral criteria, evidence based non-communicable disease management and prescription of drugs (cost effectivity, avoidance of polypharmacy)(2).

Most countries are recently beginning the implementation of quality assessments in all walks of healthcare. Organizations like European society for quality and safety in family practice (EQUIP) endeavor to accomplish quality by collaboration. EQUIP reports the developments and experiments related to the methodology processes and outcomes of quality assessments to improve health in primary care. Quality assessments will not only contribute the accomplishment of the program / project but also detect the areas where obstacles also exist.

In order to speed up the adoption of QA and to circumvent the occurrence of mistakes, health policy makers and family physicians from different parts of the world should share their experiences. Consensus on quality in preventive medicine implementations can help to yield helpful developments. Because “*primary care helps prevent illness and death*” (3, 4).

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REFERENCES

1. Shrivastava SR, Bobhate PS. Implementation of Rogi Kalyan Samiti (RKS) at Primary Health Centre Durvesh (2009 – 2010). TAF Prev Med Bull. (2012), 11(3): 307-314
2. Aktürk Z, Set T. Quality in Family Practice: Opportunities and Tools Ready for Application. Turkish Journal of Family Medicine and Primary Care. 2010; 4(1):1-7.
3. Grol R, Baker R, Wensing M. Quality Assurance in General Practice: the State of the Art in Europe Family Practice 1994. Volume 11, Issue 4 p 460-467
4. Starfield B, Leiyu S, Macinko J. Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly. 2005; 83(3):457-502.