FAMILY MEDICINE IN TURKEY

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Turkey
Family Medicine Practice

- Start: 2003
- With the knowledge and experience accumulated in the past;
- Up to now, health reforms and initiatives,
- Successful family medicine practices in the world,
- And the situation in Turkey...After all of them
- Turkey Family Medicine Model was created,
- Basic Legislation was published in 2004.
History of Family Medicine in Turkey

- 2005 pilot implementation: province of Düzce
- 2006: (+6) 7 provinces
- 2007: (+7) 14 provinces
- 2008: (+17) 31 provinces
- 2009: (+4) 35 provinces
- 2010: (+46) 81 provinces: all of Turkey, transition completed
Family Medicine Current Status and Projection

- **2010**: 20.240 FP
- **2011**: 20.421 FP
- **2012**: 20.809 FP
- **2013**: 21.200 FP
- **2014**: 21.357 FP
- **2023**: 43.600 FP

1 FP for 2,000 people
START : 15 SEP 2005
2007
2008
Main Purposes of Family Physician

Development of health services

Preventive health services in line with individual needs

Keeping personal health records

People have equal access to services

Old and New Structure

Old

Health Center → Health Group Presidency → Provincial Directorate of Health → MOH

New

Family Medicine Center → Provincial Directorate of Health → Directorate of Public Health

Presidency of Public Health Institution → MOH

Community Health Center
Current Situation

- **Family Physicians**: 22000
  - *Family Medicine Specialist (FMS)*: 1200
  - *Physician* (general practice): 20800
- **Family Medicine Centers**: 6.524
- **Community Health Centers**: 957
- **Village Clinics**: 5.864
- **Registered users**: 73,199,542
- **Average per physician**: 3,570
Community Health Center
(Preventive health services for community)

- Identify health-related risks and problems by promoting and protecting the health of the community in the region;
- Make plans for any problems arise and solve them;
- Primary care, preventive and rehabilitative health services in the administered by the Health Director;
- Monitors, evaluates and implemented the delivery of these services efficiently;
- Provides coordination between health institutions and other institutions (e.g., University and hospital) and organizations in the region (City Counsel, NGO etc).
Family Health Center and Family Physician Unit

(Individual preventive and primary diagnosis, treatment and rehabilitation services)

- Basic Service Unit: Family Medicine Unit
- Family Physician Unit (FPU): It consists of a family physician and at least one family healthcare worker.
- Family Health Center (FHC): Family medicine services are provided for one or more family physicians and family health workers.
T.C. Sağlık Bakanlığı
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DEREİÇİ AİLE ŞAĞLIĞI MERKEZİ
Who is the Family Physician

- Preventive health services for the person and primary care, treatment and rehabilitative health services;
- Age, gender, and disease ‘womb to tomb’
- Obliged to provide a comprehensive and continuous care in a locality
- Mobile health care provide services if required
Duties and Responsibilities of the Family Physician

- The applicant is the first point of contact for any health problem
- Primary diagnosis, treatment, rehabilitation services for the person
- Consultancy services
- Services for the development of health and preventive health services
- To guide the patient and defend their rights
- Directing the patient to appropriate health services and coordinating
- Keeping and updating health records
- Providing equal access to health services (home health services, mobile and on-site health services)
The duties of the family health worker

- To measure and record the vital findings of people.
- Under the supervision of a family physician, administer prescribed medications.
- Carry out wound care services.
- To ensure that medical instruments, materials and devices are ready for service.
- To help policlinic services, to ensure coordination with the referral of referred patients.
- To take samples, to make simple laboratory tests in which to study, or to ensure that the samples are taken by the relevant laboratory.
- Providing mobility and on-site health services, health promotion and preventive services, maternal and child health and reproductive health services, and helping family physicians in giving home health care services.
Mobile Health Services

• For those who have difficulty accessing Health Care
• 13% of the population benefit from mobile health services. In this context:
• Diagnosis - treatment services
• Vaccination
• Child Health and antenatal follow-up
• Home health care
Mobile Health Services

- It is presented to the towns, villages, distant neighborhoods and similar settlements where access to health services is difficult.
- Planning for mobile health care; Geographical situation, climate and transportation conditions and the number of settlement units connected to it.
- Not less than two hours per month for every 100 people
- Its population:
  - At least once a month up to 250 people,
  - At least twice a month between 250 and 500 people,
  - 500 and above, at least once a week
On Location Health Services

- Such as prisons, juvenile reformatory, nursing homes, children's shelters for children in need of protection and nursing homes.
- The fact that people do not have direct access to the family physicians they register with, or that they do not have the opportunity to freely choose family physicians.
- Collective, but non-legislative institutions, presented on requests of institutions.
- Not less than three hours per month for every 100 people; its population;
- At least once a week up to 750 registered persons, 750 and the registered person at least twice a week.
Home Health Care Services

- Individuals in need of home health care delivery due to various diseases
- Examination, analysis, treatment, medical care, follow-up and rehabilitation services, including social and psychological counseling services at home and in the family environment
- Bedside treatment facilities, CHC units, Family Physicians
Programs Conducted to Protect Maternal Health and Prevent Maternal Mortality

- 15-49 Age Female Tracking
- Premarital Counseling Program –
- Antenatal Care Program
- Pregnancy Nutritional Support Program
- Pregnancy Information Class Program
- Mother-Friendly Hospital Program
- Emergency Obstetric Care Program
- Reproductive Health In-Service Trainings
- Birth and Cesarean Program
- Obstetric Care Program
- Guest Mother Practice
- Maternal Mortality Monitoring and Prevention Program
Child and Adolescent Health Programs

- Baby and Child Monitoring Program
- Provision of the Newborn Basic Approach
- Newborn Intensive Care Program
- Newborn Animation Program
- Newborn Screenings Program
- Phenylketonuria
- Congenital Hypothyroidism
- Biotinidase (Inborn error metabolism)
- Hearing Screening
- Vision Scan
- Childhood Screenings
- Hearing Screening in School Children
- Vision Scan
Child and Adolescent Health Programs

- Child Feeding Programs
- Breastfeeding and baby-friendly health facilities
- Complementary Nutrition
- Iron Support
- D Vitamin Support
- Iodine Salt, etc.
- Childhood Emergency and Intensive Care Education Program
- Infant Death Monitoring Program
- Child Rights Education of Health Personnel
Extended Immunization Program (EIP)

- Polio Eradication Program
- Measles Elimination Program
- Maternal and Neonatal Tetanus (MNT) Elimination Program
- Hepatitis B Control Program
- Other Disease Control Programs
- Diphtheria
- Pertussis
- Rubella and Congenital Rubella Program
- Mumps, Hemophilus Influenza Type B, Tuberculosis
- Invasive diseases due to Streptococcus pneumonia
- Surveillance of Post-Vaccine Unintended Effects
- Vaccine Logistics, Cold Chain System
- Notification System of Infectious Diseases
Registration Procedures for Family Physician Practice

- New residents are registered with a family physician who they want to live with another resident of the residence.
- The person who will stay away from the permanent residence or temporarily stay in Turkey will be served as a guest from a family physician close to him. Family physicians cannot charge any fees for the guests.
Payment Basis - Per Registered Person

- Payment is made according to the number of working days.
- By number of registered people
- Different coefficients are applied according to health service needs
  - Pregnancy: 3.0
  - Age 65+: 1.6
  - Detained and convicted: 2.25
  - 0-59 Months: 1.6
  - Other: 0.79
Payment Basis - By Terms and Conditions

- Different paid rates and varying coefficients according to the conditions of the settlement
- Coefficient for integrated positions (1.65)
- Coefficient for population with mandatory low positions (2)
- Socioeconomic development fee
Payment Basics - Expense Payments

- Current Expense Payment
- Rent
- Additional staff
- Fixture
- Electricity, Water Heating, etc.
- Repair
- Mobile Service Charge
Payment Basics - Negative Performance

• In order to improve preventive health services

• If Pregnancy and infant-child vaccination follow-up rates fall below 98% wage deduction can be made

• Up to 20% deduction can be made in total
Information System

- Since the first day, advanced database system has been used «Family Medicine Information System-FMIS»
- Health related and demographic data belonging to all citizens receiving service are recorded in the electronic environment
- Reports are prepared according to needs from these data collected in central databases.
- This data is used in statistical studies, in health services planning, in wage calculations
Employee satisfaction

Before and After

- Wage increase
- Mutual commitment team work
- Autonomy earned by current expense payment
- Standard working conditions and job description
- Service placement based fair placement
- White code implementation and legal support
- Contract that protects the old position
- Voluntariness
- Teamwork
- Autonomy earned by current expense payment

Employee satisfaction
Improvement in Basic Health Indicators

- Duty definition focusing on preventive health services
- Voluntariness
- Negative performance app
- Physicians take responsibility
- Tracking your health records electronically

BEFORE AND AFTER

Routine vaccination rate: 78% (2002) -> 98% (2013)
Citizen Satisfaction

Right to choose a physician

Physician-patient relationship based on mutual trust and ration

Free health service delivery

Improved and standardized health care delivery

Total assessment of health status

E-Prescription and Mobile Pharmacy Application

Accessible and accessible health facilities
- Development of analytical and auditing services

General health insurance application (decrease in out-of-pocket health spending)

BEFORE AND AFTER

1. step health care satisfaction EUROPEP -: 89% (2011)
Healthcare Satisfaction Rate (TÜİK) 74,8 (2012)
SATISFACTION

- Using the EUROPEP scale, a total of 8 countries in Europe
- In a comparison with a study in which the method was applied,
- Satisfaction is above the European average.
TERİMA KASİH
MALAYSIA
TEŞEKKkürLer