


TURKEY

Family practice for quality in universal
health coverage



COUNTRY 
CASE STUDIES
**ON PRIMARY
HEALTH CARE**

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Background

Even before the 1978 Declaration of Alma-Ata highlighted primary health care (PHC) as a key component of effective health systems (1), Turkey prioritized the building of a functional PHC system. The Socialization Law of 1963 established state-owned health centres and health posts to provide preventive and curative primary care services (2,3). These health centres were led by physicians and supported by teams of nurses, midwives, health technicians and medical secretaries, while health posts were staffed by midwives; together, these facilities formed the foundation for community-based PHC (4). By the 1990s, Turkey's PHC system had become highly fragmented; it was governed by two ministries and regulated by multiple health insurance schemes, with only 66% of the population covered by health insurance (5,6). Provider absenteeism and poor quality of care at health centres led many patients to bypass health centres and seek care directly from hospitals and private facilities (5,6). The result was widespread overcrowding at higher level facilities and increased costs of care, with out-of-pocket expenditures representing up to 40% of total health expenditures (7). Persistent human resources for health (HRH) shortages resulted in low doctor-to-patient ratios and significant geographical disparities in staffing and skill mix (5). By the early 2000s, there was a clear need to reform primary care services to improve access to care and health outcomes such as infant and maternal mortality and life expectancy, which lagged behind other middle-income countries (5,6).



Transforming PHC in Turkey

In 2003, the government of Turkey, led by the Ministry of Health (MoH), launched the Health Transformation Plan (HTP), in conjunction with the World Bank and the World Health Organization (WHO). The HTP ambitiously aimed to provide universal health coverage and financial risk protection, and to increase patient and provider satisfaction by improving access to high-quality health care. The first phase of the HTP (2003–2008) was designed to strengthen HRH and information systems, build the capacity of health insurance organizations and reorganize health care delivery services (2). The second phase of the HTP (2009–2013) focused on piloting a performance-based financing model for preventive health care services and on building the capacity of the state health insurance system (2). The HTP required an investment of US\$ 135.72 million (US\$ 60.6 million in Phase I, US\$ 75.12 million in Phase 2) by the World Bank and the Government of Turkey, with additional technical assistance from WHO.

In 2004, Turkey introduced the family practice model as a fundamental HTP reform to address access and equity gaps in health care. The model was piloted in the city of Düzce, scaled up to 33 provinces from 2005–2008, and implemented nationwide by 2010 (7,8). The family practice model established family health centres (FHCs) and community health centres (CHCs) as the backbone of first-contact care, and mandated that all primary care covered by state insurance be provided in FHCs (8,9). Led by a family doctor and an auxiliary health care worker, FHCs provide individualized preventive, diagnostic, acute, chronic, rehabilitative and counselling services (with targeted provision of home care); they also coordinate care with higher level facilities (3,8). Each family doctor provides care to 1000–4000 registered patients in their FHC's geographical catchment area, and patients have the option to change their family doctor every 6 months (10). This geographical empanelment process with voluntary change option was designed to promote patient–doctor relationships and facilitate continuity of care, although it posed barriers for migratory populations (7). At the same time, FHC infrastructure was upgraded and expanded, with 6250 new FHCs established by 2011 (7). A new cadre of providers called field coordinators collaborated with FHCs to evaluate services, identify and solve challenges, and serve as a communication link with relevant stakeholders in the MoH (7). To complement the FHCs, CHCs were tasked with implementing community-level public health interventions, including school and occupational health services, epidemiological data collection and communicable disease management (8).



An estimated 20 000–45 000 family doctors were needed nationwide to fully implement the family medicine model, but there were only 1200 family doctors in Turkey in 2004 (4). To address this gap, the HTP re-trained primary care doctors to recertify as family doctors via an intensive 10-day training followed by a 1-year programme (2,3). In addition, medical schools increased their enrolment to accommodate the accompanying influx of new primary care practitioners, and developed a 3-year postgraduate family doctor training programme (3,11). These policy interventions successfully led to the establishment of nearly 20 000 new family medicine teams from 2005 onwards (10). However, geographical HRH disparities persisted, with the eastern and southeastern regions of Turkey continuing to experience HRH shortages (3,5). To promote more equitable geographical distribution of doctors, the MoH mandated that graduating doctors spend 2 years of service in the eastern region, followed by service in the public sector (either in the doctor's home district or a second choice) (2,4). To further incentivize work in the eastern region, the MoH set higher reimbursement rates for providers in understaffed districts (3). Opportunities remain to improve postgraduate training for family practice, such as instituting a required minimum rotation at family practice sites (rather than hospital settings) and improving the engagement of family practice academic departments during training (11).

The family practice model initially included a mandatory referral system in which family doctors acted as gatekeepers to specialized care, with co-payments instituted for patients who bypassed FHCs (4). This system was intended to reduce patient overcrowding and unnecessary consultations at higher level facilities (4); however, in practice, it put a heavy burden on family doctors as gatekeepers to all specialty care (12). Consequently, the MoH removed the referral requirement and allowed patients to seek care directly from specialists. Although this eased the burden of referrals for family doctors, some felt it diminished their role as first-contact providers (8).

The family practice model also included pivotal health financing reforms to incentivize providers to remain in primary care. From 2005 onward, the government contracted family doctors to provide primary care. Remuneration was based on fixed salary, capitation payments per patient treated and additional performance-related payments based on preventive service provision and facility readiness indicators. This resulted in increased remuneration for family doctors and a shift toward voluntary public practice (7,13,14). Concomitant with these reforms, the Social Security and Universal Health Insurance Law of 2008 established the Social Security Institution (SSI) and created the Green Card Program (finalized in 2012) to consolidate state insurance schemes into a single purchaser model. In this model, SSI assumed responsibility for all health financing functions and extended insurance coverage to all Turkish citizens, thereby increasing the financial accessibility of health care (15).

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Impact

The reforms implemented under the HTP built on earlier Turkish PHC foundations to strengthen multiple elements of the PHC system. As a result of renewed family practitioner training and incentive structures, Turkey successfully added 111 000 health care providers to the workforce (including a 20% increase in family doctors), which contributed to a reduction in socioeconomic and geographical inequities in access to primary care (5), although some isolated rural areas may remain underserved (6). By the late 2000s, Turkey had achieved near-universal health insurance coverage, and by 2012 it had reduced out-of-pocket expenditures to 15% of total health expenditures (6,7).

The introduction of the family practice model, along with the HRH and health financing reforms, led to marked improvements in primary care use over a relatively short time. The volume of annual primary care visits increased from 74.8 million to 244.3 million (2002–2011) (3, 13), and the number of PHC consultations per person increased from 1.75 to 2.83 (2002–2013), with the introduction of the family practice model being associated with an increase of 0.37 PHC consultations per person per year (16). Nearly 90% of doctors and 70% of nurses reported satisfaction with the family practice model (6), and patient satisfaction with the health system increased from 40% in 2003 to 80% in 2012 (6, 17, 18). Patient preference for public PHC providers increased from 22.8% in 2009 to 31.9% in 2012, with proximity to service (65.5%) and service satisfaction (16.3%) increasingly cited as reasons for this preference (16). Most of the population (70–77%) prefer the HTP health care system to the previous system (15). Although barriers to accessing PHC services have declined (16), areas for improvement remain, including more efficient appointment systems and waiting times (19). By 2010, the achievement of near-universal coverage of antenatal services, skilled birth attendance and child immunization in the 2000s had contributed to dramatic reductions in infant mortality (from 29 to 10 deaths per 1000 live births) and maternal mortality (from 70 to 20 deaths per 100 000 live births) and had increased life expectancy to 75 years (7, 10).





The way forward

Turkey continues to build on the successes of the HTP to meet the changing PHC needs of its population. The epidemiological shift of the past two decades has led to an increased burden of noncommunicable diseases (NCDs), requiring the family practice model to incorporate comprehensive NCD risk identification, mitigation and treatment (10,20). The World Bank-funded Health System Strengthening and Support Project (2015–present) is tackling this issue. Its goal is to improve primary and secondary prevention of selected NCDs, in line with the emphasis of the MoH's 2013–2017 Strategic Plan on early detection and management of chronic disease through primary care (21). Major opportunities also remain to improve the use and quality of FHC services that are not incentivized by the HTP's performance-based financing (including family planning, postpartum care and NCD management), and to further expand the family practice workforce to meet the ever-increasing demand for primary care services (8). Moreover, regional warfare, refugee migration crises and recent political upheaval all threaten financing and political focus on sustaining PHC reforms. Nevertheless, Turkey's implementation of the HTP and family practice model has demonstrated that making PHC a national priority with coordinated action can result in profound, rapid improvements in health coverage and outcomes (7).



References

1. Beard TC, Redmond S. Declaration of Alma-Ata. 1978.
2. Edirne T, Bloom P, Ersoy F. Update on family medicine in Turkey. *Fam Med*. 2004;36(5):311.
3. Agartan TI. Health workforce policy and Turkey's health care reform. *Health Policy (New York)*. 2015;119(2):1621–6. doi:10.1016/j.healthpol.2015.09.008.
4. Yaman H, Güneş ED. Family practice in Turkey: observations from a pilot implementation. *Scand J Prim Health Care*. 2016;34(1):81–82. doi:10.3109/02813432.2016.1144432.
5. Barışs E, Mollahaliloğlu S, Aydın S. Healthcare in Turkey: From laggard to leader. *BMJ*. 2011;342(7797):579–82. doi:10.1136/bmj.c7456.
6. Akinci F, Mollahaliloğlu S, Gürsöz H, Ögücü F. Assessment of the Turkish health care system reforms: a stakeholder analysis. *Health Policy (New York)*. 2012;107(1):21–30. doi:10.1016/j.healthpol.2012.05.002.
7. Primary Health Care Performance Initiative. Turkey: greater availability of primary care services results in high patient and physician satisfaction; 2017 (<https://phcperformanceinitiative.org/promising-practices/turkey>, accessed 3 August 2018).
8. Öcek ZA, Çiçeklioğlu M, Yücel U, Özdemir R. Family medicine model in Turkey: a qualitative assessment from the perspectives of primary care workers. *BMC Fam Pract*. 2014;15(1):38. doi:10.1186/1471–2296–15–38.
9. The World Bank. Turkish Health Transformation Program and Beyond; 2018.
10. Atun R, Aydın S, Chakraborty S, et al. Universal health coverage in Turkey: enhancement of equity. *Lancet*. 2013;382(9886):65–99. doi:10.1016/S0140–6736(13)61051-X.
11. Metsemakers JF. Türkiye’de aile hekimliği eğitimi: Bazı düşüncüler [Family medicine training in Turkey: some thoughts]. *Türkiye Aile Hekim Derg*. 2012;16(1):23–34 (<http://www.turkailehekderg.org/articles/position-paper/family-medicine-training-turkey-thoughts>, accessed 3 August 2018). doi:10.2399/tahd.12.023.
12. Çiçeklioğlu M, Öcek ZA, Turk M, Taner S. The influence of a market-oriented primary care reform on family physicians’ working conditions: A qualitative study in Turkey. *Eur J Gen Pract*. 2014;21(2): 97-102 (<https://www.ncbi.nlm.nih.gov/pubmed/25387227>, accessed 3 August 2018). doi:10.3109/13814788.2014.966075.
13. Atun R. Transforming Turkey's health system—lessons for universal coverage. *N Engl J Med*. 2015;373(14). doi:10.1056/NEJMp1410433.
14. Ökem ZG, Çakar M. What have health care reforms achieved in Turkey? An appraisal of the “Health Transformation Programme”. *Health Policy*. 2015;119(9):1153–63. doi:10.1016/j.healthpol.2015.06.003
15. Alazawi SAAJ, Aljunid S, Sulku SN, Nur AM. Turkish health system reform from the people perspective. *BMC Public Health*. 2014;14(S1):14. doi: 10.1186/1471-2458-14-S1-P14.
16. Hone T, Gurol-Urganci I, Millett C, Başara B, Akdağ R, Atun R. Effect of primary health care reforms in Turkey on health service utilization and user satisfaction. *Health Policy Plan*. 2017;32(1):57–67. doi:10.1093/heapol/czw098.



17. AKDAĞ R. Leadership for Health Transformation Program in Turkey: universal health coverage not a dream. Istanbul; 2015. (<https://pdfs.semanticscholar.org/presentation/4687/59e03bedd85e20ebc449018688bc00ce0101.pdf>, accessed 3 August 2018)
18. Ozsahin AK. Family practice in Turkey. Glob Heal Promot. 2014;21(1):59–62. doi: 10.1177/1757975913503666.
19. Baltaci D, Celesun T, Eroz R. Evaluation of patient satisfaction with family physicians after implementation of family medicine in Turkey. HealthMed. 2012;6(2):469–75. doi: 10.1016/j.vhri.2016.07.002.
20. Yılmaz ES, Koçkaya G, Yenilmez FB, Saylan M, Tatar M, Akbulat A, et al. Impact of health policy changes on trends in the pharmaceutical market in Turkey. Value Heal Reg. 2016;(10):48–52. doi: 10.1016/j.vhri.2016.07.002.
21. World Bank Group. Turkey – Health System Strengthening and Support Project (English); 2015. (<http://documents.worldbank.org/curated/en/534641468190775240/pdf/PAD1294-PAD-P152799-Box393195B-OUO-9-R2015-0179-1.pdf>, accessed 3 August 2018).



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