

Special Article

The Transformation of Primary Healthcare Services in Turkey: Family Medicine Model

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Abstract

In 1980s, neoliberal policies began to dominate. Thereupon, health policies in the world changed and reforms in the field of health began to be implemented. These reforms were led by international organizations such as especially The World Bank. The reforms which were began to be implemented in Turkey in 2003 under the name "Health Transformation Program" influenced the organization and presentation of health services greatly. Although Health Transformation Program has a lot of components, one of the most important of these components is Family Medicine Model. Within the context of Health Transformation Program in Turkey, while transforming health services, instead of community health centers form which is focused on the system of referral and which puts socialization of services in the center, the model of family medicine which puts in the center individualization of services and easy access of individuals to services was started. This model restructured primary healthcare services which are quite important for the health of society. In this study, both political and historical past of model of family medicine, its implementation, most criticized aspects of it and the data of initial results were shared.

Key Words: primary healthcare, health transformation program, family medicine model, health policy

Introduction

Neo-liberal policies which began to dominate the world in 1970s influenced Turkey also and as a result of this influence, health policies which determine Turkish health system also changed direction (Cosar and Yegenoglu 2009). Especially in 1980s, international organizations such as the World Bank were effective on this transformation of health policies (Bayramoglu 2003; Etiler 2011; Ocek et al. 2014). The purpose of this study is to discuss the model of family medicine, which has an important place in transformation policies and which has a critical role in communication between society and health services, within the process.

Family Medicine Model

Historical and Political Background of Family Medicine Model

In parallel with the practices in the world after the Second World War, the importance placed on health in many countries increased. Accordingly, "Law on the Socialization of Health Services" (Law no. 224) was prepared to resolve the existing obstacles and problems in the field of health and to reorganize health services and the law was passed on January 5, 1961. It was planned with Law no. 224 to generalize health services gradually and to socialize all health services within 15 years (Yenimahalleli Yasar 2011; Kurt and Sasmaz 2012).

The primary unit of the project which aimed to generalize preventive health services and primary health services to the remotest parts of the country in an integrated way based on the population was community health centers. With the establishment of health houses, which were subsidiaries of community health centers, in villages and neighborhoods, it was planned to complete the system by making health services accessible everywhere and by establishing laboratories and hospitals (Ocek et al. 2014).

Although Law no. 224 on the Socialization of Health Services included extremely modern principles in terms of distributing health services equally to the whole society, it was unsuccessful in practice (Harmanci Seren and Yildirim 2013).

As a result of the neo-liberal policies which began to dominate the world, especially developing countries were supported by international organizations such as the World Bank in order to adapt to the neo-liberal system wholly. Governments tried to realize the formulas prepared by these international organizations.

Neo-liberal policies which became prevalent in 1980s began to concretize in 2000s. In Turkey, at the end of 2002, a new single-party government was established following the general elections. The new government constituted “*Urgent Action Plan*” at the beginning of 2003. Within the Urgent Action Plan declared to the public, “*Health Transformation Program*” was put on the agenda for the first time and the need for new regulations in the field of health was put forward. Both the steps taken from 1980 until today, and the Health Transformation Program, which started in 2003, influenced the organization, presentation, finance and employment of health services in Turkey and created a big change (Ergun and Dericiogullari Ergun 2010).

When the Health Transformation Program is analyzed, it can be seen that it consists of four main elements. These are:

- A planner and supervisor Ministry of Health
- Universal Health Insurance gathering everyone under the same roof
- State Hospitals Union: managements with administrative and financial autonomy
- Primary Healthcare Services: Family Medicine Model (Yenimahalleli Yasar 2008; Ergun and Dericiogullari Ergun 2010).

Purpose of Family Medicine Model

The purpose of Family Medicine Model is to attach importance to primary health services, to ease access to healthcare services to make sure that everybody can benefit from them and to improve individuals’ quality of life. In addition, another purpose is to form an effective chain of referral since a great majority of problems in Turkey are problems that can be managed by primary healthcare services (Akpınar, Saatci and Inan 2006).

Content and Processes of Family Medicine Model

World Health Organization (WHO) emphasized in “2008 World Health Report” that basic health services should be improved and needs should be met in a better and faster way. In line with this report, countries which were members of the WHO were called upon to empower their primary healthcare services (WHO 2008).

Accordingly, primary healthcare services were restructured as “Family Medicine Model” in Turkey and this practice was financed by the World Bank (Edirne, Bloom and Ersoy 2004; Gunes and Yaman 2008; Akman 2014).

Family Medicine Model is one of the most important components of Health Transformation Program. Before the Family Medicine Model was implemented, a great number of meetings were made by the Ministry of Health on issues such as the model, implementation of the model, and the features of the model. As a result of this, “Law no. 5258 on Family Medicine Pilot Implementation” was passed in 2004.

The model was implemented in 2005 for the first time limited to the city of Duzce and it was expanded to 10 cities in 2006 and 13 cities in 2007. The model was begun to be implemented in whole Turkey in 2010 (Gunes and Yaman 2008; Oztek 2009; Akinci et al. 2012). The main components of the practice as specified in the law are as follows:

- The system consists of a family physician and a family healthcare staff.
- At least 1000 and at most 4000 people can register to a family physician.
- While a family physician can provide service in a building alone, a few family physicians can provide service together.

- While the people who live in the city center have the right to choose physicians, those who live in the rural area do not have the right to choose physicians since they live away from the physicians.
- Just as patients have the right to choose physicians, physicians also have the right to choose patients.
- Family physicians work under the contract they make with Provincial Directorate of Health.
- Primary care physicians who want to work as family physicians take a week-long training.
- Family physicians are responsible for primary healthcare services.
- Duties of family physicians are not standard, they vary based on their education.
- Family physicians' payment depends on the cavitation system. They are paid according to the number of people who are registered (Oztek 2009).

Criticism and Problem of Family Medicine Model

In the healthcare report issued by World Bank in 2003, family medicine was defined as the privatization of primary healthcare services about Turkey. This expression was greatly criticized because health services are the most basic rights of individuals.

The privatization of this is not for the benefit of individuals. Another subject of criticism was that the physicians received a medical based training in family medicine training, that they had only clinical rotation and that the preventive and progressive training was insufficient (Aksakoglu, Kilic and Ucku 2003).

Family medicine model was suggested with the idea of one physician for each family. However, the right for each individual to choose the physician causes members of the family to receive service from different physicians.

As a conclusion, while primary healthcare service is a population based practice in which an individual is assessed together with the environment s/he lives in and in which the diseases in the family are closely related, family medicine practice does not have a population based practice (Oztek 2009; Ergun and Dericiogullari Ergun 2010; Pineault et al. 2014).

Family physicians were required to have at least one more person working with them such as a midwife, nurse or health officer and these workers were called "family healthcare staff". Individual work of the physician caused the concept of physician and other healthcare staff and the idea of team disappeared (Ergun and Dericiogullari Ergun 2010; Ocek et al. 2014).

The community healthcare centers in which primary healthcare services were given were changed into family medicine system with the expressions that "everybody will have a doctor".

The physicians working in these units as an employer, healthcare staff working as contracted employees and the payments they received being based upon performance caused primary healthcare services to turn into business.

Physicians became employers, healthcare workers called family healthcare staff (midwife, nurse, healthcare officer) became workers and patients became clients (Ergun and Dericiogullari Ergun 2010).

Reasons such as the patients' having the right to change their family physician, physicians with a good performance treating more patients and physicians with a bad performance treating less patients caused income inequalities among physicians and profit motive came to the forefront (Aksakoglu, Kilic and Ucku 2003).

Monitoring and Outcomes of Family Medicine Model

In the 2014 health statistics yearbook published by the Ministry of Health, the data about the family medicine healthcare, which is called primary healthcare services in Turkey, are as Table 1.

When these data were analyzed, a serious increase was seen in the number of applications after Family Medicine Model was expanded to the whole of Turkey.

However, despite the numerical increase in the number of family medicine units after 2010, there was a decrease in the number of applications. This result shows that these units are less preferred when compared with the time they were first established.

When the Table 2 was reviewed, it can be seen that a great majority of physicians working in FMUs are primary care physicians and that there are very few specialist physicians.

Table 1. The numbers of family medicine units (FMU) and the changes in the number of applications to these units as for years

	2002	2010	2011	2012	2013	2014
Number of FMUs	-	20.185	20.216	20.811	21.175	21.384
Number of applications to FMUs	-	108.976.049	240.298.753	221.672.029	212.318.024	214.120.750

FMU: Family medicine unit **Reference:** Ministry of Health (2015). Health Statistics Yearbook 2014. Ministry of Health Publications, Ankara, Turkey.

Table 2. Distribution of healthcare workers as for service units

	Hospitals	FMU	Other institutions	Total
Specialist Physician	34.677	1.145	1.064	36.886
Primary Care Physician	6.301	20.239	6.520	33.060
Assistant Physicians	7.930	0	0	7.930
Total Physicians	48.908	21.384	7.584	77.876
Dentist	2.265	0	5.375	7.640
Pharmacist	1.599	0	503	2.102
Nurse	76.947	6.922	10.535	94.404
Midwife	23.833	12.647	11.623	48.103
Other Health Staff	67.166	1.815	38.346	107.327
Other Staff and Recruitment	174.848	11.788	9.823	196.459
Number of total staff	395.566	54.556	83.789	533.911

FMU: Family Medicine Unit **Reference:** Ministry of Health (2015). Health Statistics Yearbook 2014. Ministry of Health Publications, Ankara, Turkey.

The fact that there are no assistant physicians shows that the physicians who receive “family medicine specialty training” are not trained in these units they will work in the future. It can also be seen that a great majority of the health staff working as family health staff are midwives. In addition, when the number of total workers was examined, it was seen that the number of workers in the family medicine unit

was a very low percentage of the total number and that they preferred to work in hospitals. This result shows that medical services are given more importance

Conclusion

With Health Transformation Program, health system in Turkey was renewed to a large extent and Family Medicine Model restructured primary

healthcare services. The model aims to make it easier for individuals to access health services and to form an effective referral chain. However, with the implementation of the model, doctors turned into “employers” and other health professionals (nurse, midwife, health officer) called as Family Medicine personnel turned into “contract employees”. The model enabled doctors to earn more as the number of patients enrolled in Family Medicine Units increased. This situation caused the doctors to increase the number of their patients and to view patients as customers. As a result, all of these changes which occurred with the model show that primary healthcare services became privatized.

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