Family Medicine in Turkey and Manisa

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Manisa Directorate of Public Health, 04.2013
Plan

• Family Medicine: a component of Health Transformation Program
• Family Medicine in Manisa
• Some health indicators
• Highlights of Manisa Directorate of Public Health
Health Transformation Program (HTP)

- Began in 2003
- Past health accumulations and experience
- Recent health reform efforts
- Successful examples from all over the world
- Consideration of turkey’s conditions
Main goals of the HTP

• Provision and
• Financing of
• **Effective, equitable, accessible and high-quality health care services**
Old and New Structure

Old

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

New

Family Medicine Center → Provincial Directorate of Health

Community Health Center → Directorate of Public Health

Presidency of Public Health Institution → MOH
Family Medicine

• Most important part of strengthening primary health care
• Examples from other countries
• Achieving aforementioned goals
• Turkey Family Practice Model
• 2004 Major regulations
Family Medicine

- 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
Transition Over the Years
Main Aims of Family Medicine

• Improvement of primary health care services
• Emphasis on preventive health care based on individual needs
• Personal health records
• Equal access to health services
Family Physician

- Physician or specialist
- Full-time contract basis
- Continuously and comprehensive
- Preventive health care and diagnostic, curative and rehabilitative health services
- Every person without discrimination
- Provides essential mobile health services
## Current Situation

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>20,503</td>
</tr>
<tr>
<td>Family Medicine Centers</td>
<td>6,524</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>957</td>
</tr>
<tr>
<td>Village Clinics</td>
<td>5,864</td>
</tr>
<tr>
<td>Registered users</td>
<td>73,199,542</td>
</tr>
<tr>
<td>Average per physician</td>
<td>3,570</td>
</tr>
</tbody>
</table>
Mobile Health Services

- On location
- For people with difficulty in accessing the services (distance, etc.)
- 13% of total population
  - vaccinations,
  - infant and pregnant women follow-ups
  - Care at home
- Mobile drug stores (4% of the total population)
Fundamentals of Payment

- Point calculation based on registered people
- Different coefficients for different service needs
  - Pregnant: 3.0
  - Age 65+: 1.6
  - Age 0-5: 1.6
  - «Regular»: 0.79
- Different coefficients for location needs
Negative Incentives

- To improve preventive health care
- Vaccinations, infant or pregnant women follow-up ratio
- At or below 98% -> deduction from payment
- Up to 20% in total
Payments for Costs

- Service locations running at an acceptable level (utility and other costs)
- Higher payment for additional physical space, facilities, equipment or personnel
- Responsible for managing medical supply costs
- Additional payment for mobile health services
Information System

- Advanced IT structure from the beginning
- «Family Medicine Information System»
- Demographical and health information
- All physicians
- Central Database
- Reports for stakeholders
- Statistics, planning, payments
Responsibilities & Duties of FP’s

- health of all members of the family
- all health related issues of the applicant
- preventive health services
- promotion and improvement of health
- counseling services
- keep and update health records
Examples of services

PREVENTIVE SERVICES
• Vaccination
• Follow-ups of infants, pregnant women, women of fertility age
• Screening programs
• Vit D and iron supplementation
• Periodic check-ups on certain ages
• National disease control programs

PROMOTION OF HEALTH
• Obesity
• Tobacco use
Comparison with the Past

• Negative incentive --> responsibility for the preventive health care
• Improved relationships with the patients --> increased preference for primary care
  • Primary care examination ratio 37% --> 49%
• Improved physical conditions
  • e.g. One exam. room per physician
Comparison with the Past (2)

- Improved wages --> increased motivation
- EUROPEP (primary care): Patient satisfaction 89% (2011)
Evaluation and Future

- Assigned people per physician: 3570
- Aim: 2000 people per physician in 2023
  - Accelerated family medicine training (On-line)
  - New regulations
- Positive incentives:
  - chronic diseases
  - promotion and improvement of health
  - prevention and palliative treatment of cancer
Evaluation and Future (2)

- Family Medicine Administration was restructured
- Aim to improve:
  - Education
  - Monitoring and assessment
  - Community health services
- Work is ongoing for improvement in:
  - Technological infrastructure (software&hardware)
  - Standardization
  - Presentation of health services in general
Family Medicine in Manisa
## Family Medicine in Manisa

<table>
<thead>
<tr>
<th>Feature</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family physicians (FP’s)</td>
<td>378</td>
<td>398</td>
</tr>
<tr>
<td>Average population per FP</td>
<td>3.500</td>
<td>3.418</td>
</tr>
<tr>
<td>Family medicine centres</td>
<td>156</td>
<td>161</td>
</tr>
<tr>
<td>Community health centres</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Mobile health services</td>
<td>767 villages for 198 FP’s</td>
<td>756 villages for 201 FP’s</td>
</tr>
<tr>
<td>On-location sites*</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>FP’s in geographically –challenged areas**</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Integrated health centres**</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Prison, reformatory, children’s home, etc
** Defined by legislation after 2008, payment coefficients differ.
<table>
<thead>
<tr>
<th>Area</th>
<th>FP’s</th>
<th>FMC’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>City center</td>
<td>86</td>
<td>21,6</td>
</tr>
<tr>
<td>District center</td>
<td>203</td>
<td>51,0</td>
</tr>
<tr>
<td>Municipality</td>
<td>78</td>
<td>19,6</td>
</tr>
<tr>
<td>Village</td>
<td>31</td>
<td>7,8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>398</td>
<td>100,0</td>
</tr>
</tbody>
</table>

![Map of the region](image-url)
<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>FP’s</th>
<th>FMC’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Merkez</td>
<td>98</td>
<td>24,6</td>
</tr>
<tr>
<td>Ahmetli</td>
<td>7</td>
<td>1,8</td>
</tr>
<tr>
<td>Akhisar</td>
<td>49</td>
<td>12,3</td>
</tr>
<tr>
<td>Alaşehir</td>
<td>29</td>
<td>7,3</td>
</tr>
<tr>
<td>Demirci</td>
<td>15</td>
<td>3,8</td>
</tr>
<tr>
<td>Gölarmara</td>
<td>7</td>
<td>1,8</td>
</tr>
<tr>
<td>Gördes</td>
<td>10</td>
<td>2,5</td>
</tr>
<tr>
<td>Kırkağaç</td>
<td>12</td>
<td>3,0</td>
</tr>
<tr>
<td>Köprübaşı</td>
<td>4</td>
<td>1,0</td>
</tr>
<tr>
<td>Kula</td>
<td>14</td>
<td>3,5</td>
</tr>
<tr>
<td>Salihli</td>
<td>45</td>
<td>11,3</td>
</tr>
<tr>
<td>Sarıgöl</td>
<td>11</td>
<td>2,8</td>
</tr>
<tr>
<td>Saruhanlı</td>
<td>17</td>
<td>4,3</td>
</tr>
<tr>
<td>Selendi</td>
<td>7</td>
<td>1,8</td>
</tr>
<tr>
<td>Soma</td>
<td>30</td>
<td>7,5</td>
</tr>
<tr>
<td>Turgutlu</td>
<td>43</td>
<td>10,8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>398</td>
<td>100,0</td>
</tr>
</tbody>
</table>
## Some health indicators

<table>
<thead>
<tr>
<th>Health indicator</th>
<th>Turkey, 2010*</th>
<th>Manisa, 2010**</th>
<th>Manisa, 2012***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate (%0)</td>
<td>17.5</td>
<td>13.7</td>
<td>14.4</td>
</tr>
<tr>
<td>Crude Death Rate (%0)</td>
<td>6.3</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>Fertility Rate (%0)</td>
<td>76</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Infant Mortality Rate (%0)</td>
<td>10.1</td>
<td>10.5</td>
<td>7.7</td>
</tr>
<tr>
<td>Neonatal MR</td>
<td>8.5</td>
<td>7.2</td>
<td>4.7</td>
</tr>
<tr>
<td>Postneonatal MR</td>
<td>1.6</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Maternal Mortality Ratio (100.000)</td>
<td>16.4</td>
<td>28.1</td>
<td>10.6</td>
</tr>
<tr>
<td>Average pop/physician (MoH)</td>
<td>1018</td>
<td>1131</td>
<td></td>
</tr>
<tr>
<td>Average pop/physician (Total)</td>
<td>708</td>
<td>708</td>
<td></td>
</tr>
</tbody>
</table>

*Ministry of Health of Turkey, Health Statistics Yearbook 2010  
**Manisa Directorate of Health, Health Statistics Yearbook 2010  
*** Directorate’s statistics
Some health indicators (2)

<table>
<thead>
<tr>
<th>Service</th>
<th>Turkey, 2010</th>
<th>Manisa, 2010</th>
<th>Manisa, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average pregnancy follow-up</td>
<td>4.2</td>
<td>5.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Average infant follow-up</td>
<td>7.1</td>
<td>7.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Average 1-4 year follow-up</td>
<td>1.6</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Vaccine coverage-MMR (%)</td>
<td>97</td>
<td>97</td>
<td>98.5</td>
</tr>
<tr>
<td>Birth in hospital (%)</td>
<td>92</td>
<td>99.5</td>
<td></td>
</tr>
</tbody>
</table>

*Ministry of Health of Turkey, Health Statistics Yearbook 2010
**Manisa Directorate of Health, Health Statistics Yearbook 2010
*** Directorate’s statistics
Highlights of Manisa (DoPH)

• **Qualified IT services:**
  • Developed its own program, served freely to FP’s
  • Coverage 100%
  • Monitoring on provincial level

• **Innovative:**
  • Vaccine coverage: age-appropriate vaccination
  • On-line monitoring of vaccine refrigerators
  • Child growth monitoring
  • Occupational health and safety

• **Welcomes intersectoral collaboration:**
  • Universities: Research, education….. Symposium this week
Highlights of Manisa (DoPH) (2)

• Experienced administrators:
  • Field service, worked in Ministry oH, post.grad.edu.

• Management mentality:
  • Welcomes participation and tolerant

• Places emphasis on visibility:
  • Local and national media
  • Attends scientific meetings: posters, declarations

• Leading city in patient satisfaction:
  • 3rd in the country
Thank you