

**FAMILY MEDICINE**

**&**

**PRIMARY HEALTH CARE SERVICES IN**

**TURKEY**

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# General Overview of the PHC Services in Turkey

Primary health care services are provided together within the scope of PHC:

- Health promotion,
- Prophylactic interventions & Preventive health services
- Diagnosis
- Treatment and Rehabilitation

# **Comprehensive PHC services are provided in whole country**

\*Since 2010, **each person** with a TR ID or Residency Permit has been assigned by the TR Government to a personal family doctor.

\*Without discrimination of race or nationality, no matter if they are **Turkish citizens or legal refugees**.

\* Person can change his/her FD later but first assignment is by government

\*Both urban & rural areas, everywhere in the country FDs work mainly in group practices

# Every individual has a Family Doctor; Universal Health Coverage

- With the registration of individuals to family doctors, assignment of health responsibilities to them and referral to their own FDs for health-related problems, it has become possible to evaluate and manage their health not only within the framework of a disease but also with a **holistic approach**, together with the risks that may arise in terms of health, current health conditions, psycho-social environment and other acute or chronic health problems, if any, and to manage their health accordingly.
- All primary health care services are provided “free of charge” to all people.
- *No unregistered person without a family doctor.*

# With the implementation of Family Medicine,

With the implementation of Family Medicine, arrangements have been made to increase people's access to health services.

- ✓ There are currently **26,279 family physicians** in Turkey,
- ✓ One family physician for every 3,000 people,
- ✓ At present, it is not possible for a family physician to register more than 3500 people.
- ✓ Target is to have one family physician for every 2,000 people in the coming period.
- ✓ New FD units are opened in line with targets, without expecting all family physicians working in a family health center (group practices) to reach the ceiling population.

# Mobile Health services included in Family Medicine

- ✓ On certain days of the week, family doctors and family health workers visit district towns, rural neighborhoods, villages, etc.
- ✓ Those people living far from the family health center are having health services within the scope of **mobile health service**.
- ✓ As of 2023, **6.5 million** are registered and benefit from the mobile health service of FDs
- ✓ Number of inhabitants, distance to the city center and geographical conditions are taken into account when determining these locations.
- ✓ Depending on the number of people living in the settlement, the number of visits per week is determined.
- ✓ In addition, family physicians providing services in these locations are **paid incremental fees according to parameters such as the number of people and distance**.

# On-site Health Services

Because people in collective living spaces can not have the opportunity to go directly to their family doctors, their family doctors and family health workers go to them instead and visit these places under the name of **on-site health services** in order to facilitate access to health services for the people staying there

- ✓ prisons,
- ✓ juvenile detention centers,
- ✓ nursing homes
- ✓ orphanages

# Geographical and Population Features

- ✓ North-south extent ranges from about **640 km**, and it stretches about **1,650 km**, from west to east.  
Total Area (Sq Km) **769,604**
  
- ✓ Population Projection **89,080,000** (2030),
  - Urban: (2020) 76.1%
  - Rural (2020) 23.9% (**1/4th living still in rural** )
  - Density is **112.1 Persons Per Sq Km** (2023)
  
- ✓ Due to the population and geographical structure, it is not always possible to establish a family health center in every settlement,
- ✓ In some rural places far from any family health center, we have a **family health center with only one family doctor unit** to serve the surrounding population.
- ✓ Incentive arrangements were made in terms of **wages for the staff working in these units.**



# Family Medicine, Follow-up (f/u) indicators

- ✓ Monitoring **development of infants & children** starting from the mother's womb,
- ✓ Ensuring **early diagnosis and treatment** through national screening programs
- ✓ Preventing complications
- ✓ **Immunization services** are also provided by family doctors (expanded immunization program is running).
- ✓ Follow-up rates of pregnant women,
- ✓ Follow-up rates of infants and children
- ✓ Follow up and monitoring of vaccination rates
- ✓ Closely monitored and the **quality of primary health care** is measured by these indicators.
- ✓ Those above are primary duties of family physicians, **any shortcomings are subject to wage cuts (negative performance)**.

# Community health centers (CHCs) supporting PHC

In addition to FDs and family health centers (FHCs), community health centers (CHCs) provide preventive health services to the community to protect public health

In a CHC-community health center (called in Turkish as Toplum Sagligi Merkezi) :

- screening programs
- nutritional counseling,
- psychosocial counseling,
- oral and dental health,
- women's and reproductive health,
- school health,
- cancer early detection and screening,
- smoking cessation counseling,
- infectious disease control and environmental health services

All above are provided to all individuals on a region-based approach without any individual registration.

Those centers provide a great support to FDs in the region who would refer registered people for , diet, smoking cessation and cancer screening etc, i.e; mammography...

Public Health Specialists and some General Practitioners (GPs are medical school graduates w/o any specialization and do not work in FHCs) assume responsibility for the provision of these services and monitoring the services.

# Healthy Life Centers ("HLCs")

Healthy Life Centers ("HLCs") were recently established to strengthen primary health care services provided by FHCs and CHCs, **promoting healthy lifestyle**.

The aims of HLCs are:

- to strengthen primary health care services in the regions throughout the country
- to provide individuals with habits that will improve the **quality of life**
- to promote **healthy eating** and **active living** habits
- to combat **obesity**
- to combat health threats caused by **addiction and risky behavior** models
- to effectively combat **chronic diseases** (communicable or noncommunicable diseases-NCDs)

*Turkish family doctors act as a bridge between individuals and those below working in HLCs*

- Psychologists,
- Child Development Specialists,
- Dieticians,
- Physiotherapists
- Nurses working in HLCs.

Larisa, Mother of UAFM ! We miss!



*Larisa & Pavlo hosted us in 4-6 December 2019 in the conference, WONCA Europe appreciates her !*

