REPORT FROM TURKEY

EQuiP Meeting, Brussels, 10-13 November 2004

Health Reform: Pilot Implementations Postponed to Early 2005
Government Hospitals are Collected under the Same Roof
Second Joint Committee Meeting with ELEGEIA
Turkish Translation of the ICPC2 Codes
General Health Insurance Act

• Health Reform: Pilot Implementations Postponed to Early 2005

As reported earlier, the ministry of health had announced to start the health reform in pilot cities by March 2004. The main changes expected are (1) application of the referral chain from primary to secondary and tertiary level, (2) a family practice contract with patient lists, and (3) introduction of a general health insurance covering the whole population. Although some preparations have been done, including the planning of transitional courses for the untrained practitioners who are currently active in primary care, and the preparation and discussion of some new laws in the parliament, it is believed that the main reason for the delay is economical. There was some disagreement between the ministries of health and finance concerning the resources for the general health insurance. Although earlier at this process, the ministry of health declared to start pilot implementations without the insurance reform, it seems that the changes have to wait until the approval of the general insurance act by the parliament.

The first pilot city has been announced as Düzce. Düzce is a relatively small city with 280 thousand inhabitants on the way between Istanbul and Ankara.

Because the current health system does not allow family physicians to work in primary care health centers (Sağlık Ocağı), the results of pilot implementations are of great importance for family physicians. The expertise family physicians gain during their more than three years residency education is expected to improve the quality of primary health care and patient satisfaction in Turkey.

• Government Hospitals are Collected Under the Same Roof

Around sixty percent of the health services in Turkey are currently provided by the primary care health offices (Sağlık Ocağı) and hospitals belonging to the ministry of health. However, there are also other official and private health care providers in Turkey, including the hospitals and dispensaries of the Social Insurance Fund (SSK), some hospitals belonging to the different ministries, and private enterprises. The fact that members of the different groups are mainly confined to the health resources of their own institution results in the disadvantaging of some populations. The Social Insurance Fund (SSK) has the largest members (all laborers have to receive health service from SSK) and health centers after the ministry of health. Despite the over 115 hospitals and 26279 inpatient beds, the health resources of SSK are still not enough to respond to the health needs of all workers and their families. It was perceived as a torture by the members of SSK to get health service due to the long cues they had to wait and the relatively low quality of service provided.

With a new contract between the ministry of health and SSK, which was signed by June 2004, the members of SSK are allowed to use the health services of the ministry of health. The final step in this process is the collection of all health resources except military ones under the same roof. A proposal has been prepared which will probably be approved by the parliament before the end of 2004.
The effect of this development to the quality of primary care will be the inclusion of laborers in the new family doctor primary health care system. Family doctors will be able to provide preventive individual health care to the whole community, which should have special positive effect on immunization and health enhancement activities.

- **Second Joint Committee Meeting with ELEGEIA**

As reported earlier, the Turkish and Greek family practice associations (TAHUD and ELEGEIA) are performing a series of meetings under the heading "Greek-Turkish Invitational Conference on Education, Research, Clinical Practice, and Health Policy" The second meeting was performed in Istanbul during 18-19 September 2004 (The first meeting was in Thessaloniki in February 2004. A brief report of this meeting can be obtained from **http://aile.trakya.edu.tr/** under the link 'Documents'). Thirty seven participants discussed several issues, reported on the progress of the projects presented during the last meting, and introduced new projects for common participation. Some interesting themes were staff and student mobility between Crete and Kocaeli Universities, the proposal of the project 'Approach to the elderly in primary care', Establishment of a family health institute in Edirne, the Junior Doctor project of WONCA, and collaboration between the journals of the associations. Details of the meeting, including the program, presentations, and minutes can be obtained from: **http://aile.trakya.edu.tr/anabilim/belgeler/turkyunan2/**

- **Turkish Translation of the ICPC2 Codes**

As known, the ICPC codes were published in 1998 by WONCA after an intensive work by Okkes and colleagues. Although more than five years have passed and the codes were translated into many other languages, there is still no official translation into Turkish.
The Turkish Association of Family Physicians (TAHUD) established a Record Group (Aile-Kayit) which aimed to work on keeping records in primary care. With the contribution of the discussions in this group, some individual and group performances were done. One of the products of this initiative was the partial translation of the ICPC-2 codes into Turkish by Akturk and colleagues and usage by some individual family physicians. However, since there was no nationally or internationally accepted translation of the codes, the usage of ICPC-2 in Turkey could not be spread so far.
On the other hand, the Turkish Ministry of Health finished the translation of ICD10 codes into Turkish and started to use them in some pilot centers. ICD-10 will be implemented in Turkey by 2005. TAHUD believes that the transitional period in Turkey can be an opportunity to propose the use of ICPC-2 codes for primary care.
As a result, TAHUD charged a group of family physicians to conduct the translation of ICPC-2 codes into Turkish.
Dr. Inge M. Okkes from the University of Amsterdam is supporting the project by providing the revised electronic version of ICPC-2 codes (which are not published yet). The project is conducted with the supervision of Dr. Okkes and Dr. Ungan (president of TAHUD).
Planned to be finished by February 2005, this project is expected to contribute to the record keeping and data quality in primary care as well as communication of primary care with other countries.

- **General Health Insurance Act**

Health services in Turkey are financed by four different sources. Most of the population (around 60%) is covered by the Retirement Fund (Emekli Sandığı) [Founded to give service for state employees] followed by the Social Insurance Fund (SSK) [Founded to give service for laborers], the Bağ-Kur [Founded to give service for private entrepreneurs and farmers], and Green Card (Yeşil Kart) [Founded to give service for the unemployed and poor people]. Some 5% of the population has additionally private insurances, but only a minority of population (1-2%) has solely private insurances. Approximately 7% of the population does not have any health insurance

coverage. This complexity of services causes a wasting of resources (personnel management, buildings, health services etc.) and inequalities between different groups.

The current government (AKP) has decided do unite the different health insurance providers under the name 'General Health Insurance', which shall cover the total Turkish population. A draft law has been prepared and is waiting for approval by the parliament.

A common health insurance throughout the country will make primary care more available, increasing the importance of family doctors as well as the satisfaction of patients. In the current context, insured's by SSK and Bağ-Kur have to pay some amount in order to see the primary care physician, and the prescriptions of patients having Green Card are not covered at all.

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