

## RECOMMENDATIONS FOR FAMILY MEDICINE SYSTEM IN TURKEY

## TÜRKİYE'DEKİ AİLE HEKİMLİĐİ SİSTEMİ İÇİN ÖNERİLER

İzzet FİDANCI<sup>1</sup>, Duygu YENGİL TACİ<sup>2</sup>

## ABSTRACT

As the main component of primary health care services, the Family Medicine system has been introduced in most developed and developing countries, and almost all preventive health care services are provided through this system. A quality family medicine system will also reduce the burden of other healthcare institutions, as it includes ease of access to the patient and secondary protection, and will also increase their quality and efficiency. On the contrary, both the burden of other health institutions will increase and disruptions in preventive health services will occur due to unplanned density in the family medicine system.

**Keywords:** Family medicine, Primary Care Physicians, Preventive medicine

## ÖZET

Birinci basamak sađlık hizmetlerinin ana bileřeni olarak çođu gelişmiş ve gelişmekte olan ülkede Aile Hekimliği sistemine geçilmiş olup, koruyucu sađlık hizmetlerinin neredeyse tamamı bu sistem üzerinden verilmektedir. Hastaya ulaşım kolaylığı ve ikincil korumayı da içerdiğinden kaliteli bir aile hekimliği sistemi, diđer sađlık kuruluşlarının yüklerini de azaltacak olup, onların da kalitelerinde ve verimliliklerinde artışa sebep olacaktır. Tam tersi durumda ise hem diđer sađlık kuruluşlarının yükü artacak hem de Aile hekimliği sistemindeki plansız yoğunluk nedeniyle koruyucu sađlık hizmetlerinde aksamalar meydana gelecektir.

**Anahtar kelimeler:** Aile hekimliği, Birinci Basamak Hekimleri, Koruyucu hekimlik

<sup>1</sup> Hacettepe Üniversitesi, Tıp Fakültesi, Aile Hekimliği Anabilim Dalı, Ankara, Türkiye

<sup>2</sup> S.B.Ü. Ankara Eğitim ve Araştırma Hastanesi, Aile Hekimliği Kliniđi, Ankara, Türkiye

Geliř Tarihi / Submitted : Ağustos 2020 / August 2020

Kabul Tarihi / Accepted : Kasım 2020 / November 2020

**Sorumlu Yazar / Corresponding Author:**

İzzet FİDANCI

Hacettepe Üniversitesi, Tıp Fakültesi, Aile Hekimliği Anabilim Dalı, Ankara, Türkiye

Gsm: +90 551 420 18 34 E-mail: izzetfidanci@gmail.com

**Yazar Bilgileri / Author Information:**

İzzet FİDANCI (ORCID: 0000-0001-9848-8697),

Duygu YENGİL TACİ (ORCID: 0000-0003-2978-6863) Gsm:+90 507 760 88 24

E-mail: drduyguyengil@hotmail.com

## INTRODUCTION

Primary health care services are provided by the most important and easily accessible health institutions for public health, primarily for preventive medicine. For this step, which can be assigned many additional tasks due to its easy accessibility, the efficiency of the employees should be considered. Therefore, healthcare professionals working in primary health care institutions should not be forced to deal with unnecessary burdens. Studies show that depression and anxiety are more common in healthcare professionals working in this group. It will not be surprising if there is a decrease in employee productivity in the presence of stress. The shortage of time that can be devoted to village guards during the day will also decrease the quality of the service provided. (1).

Disruptions that may occur due to the time spent with additional loads such as unnecessary paper works, especially health reports for the family medicine system, can cause disruptions in the entire health system. It would be best to make health system planning based on long-term and primary healthcare services. The efficiency of healthcare professionals should be reviewed not only for primary healthcare but for all healthcare professionals. Unnecessary paperwork should be removed, and healthcare professionals' motivations should be ensured through the rewarding system (1,2).

In many countries, the family medicine system has been set up autonomously, like private healthcare institutions, and the view that this system has reduced productivity prevails. Employees experience problems at the workplace because family medicine healthcare professionals are doomed to deal with non-health work. The main reason causing these problems is the necessity of money management to be done by healthcare professionals. Healthcare professionals, regardless of the institution, do not want to deal with additional jobs other than healthcare and state that they want to focus on their jobs (3). Employees concentrate on their areas of expertise, as well as in health institutions, especially in variations in the health policies of the employees, thereby increasing both productivity and quality (1).

### **1. Decreasing the population of family medicine units**

The system, which is accepted in the world in order to prevent disruption and quality of primary healthcare services, is a family medicine system that works properly. By looking at the family medicine system components, we can have a better idea of the progress and disruptions of the system. Health professionals (doctor and nurse / midwife) and additional staff (nurse / midwife / emergency medical technician / health officer and cleaning staff) are at the center of these components (4). The high number of patients looked at every day causes loss of motivation and fatigue for all family medicine workers and causes them to move away from professional satisfaction due to their inability to concentrate on their jobs. Therefore, as the first suggestion, we can count the number of population affiliated with Family medicine units to a

reasonable number. In order to realize this situation, the number of family physicians may increase and therefore the population per family physician decreases. In order to prevent disruptions in preventive health services, which are the main component of primary health care services, the number of population connected to family physicians should be reduced, and therefore the quality increase for this step can only be achieved in this way (5).

### **2. Reduction of excess work**

Another problem is to try to solve all health problems based on primary healthcare services and to break down the entire burden of family medicine system. From the perspective of healthcare professionals, unnecessary workload is more important than in all work areas. Since there is no other area directly related to human health and life, the necessary environment should be provided for healthcare professionals to do their jobs properly. The system in which accessibility is most comfortable for public health issues is the family medicine system and a well-functioning family medicine system can increase the quality of health services. The advantages of being easily accessible are desired to be used in other health units and thus may cause malfunctions in the family medicine system (1,4,5).

### **3. Providing a safe environment**

In today's world, increasing violence affects employees in the field of health as well as in all fields, and they may cause problems in their focus on their jobs as well as their selves. Family physicians are confronted with patients every day and are forced to rely on patients no matter what. Especially because of the easy accessibility of primary health care services, the rate of violence encountered at this step is higher. Security officers should be mandatory in family medicine and be under the control of the state. Today's conditions show that it has become imperative to determine and apply the standards required to provide security environments for all bulk areas. In order to prevent violence, there should be laws containing deterrent penalties and sanctions and these laws should also be applied in practice. Studies show that the most deterrent situation for individuals is sanctions for touching the health insurance (6).

### **4. Regulation of the consultation system**

Another subject that varies in countries is the functionality of the consultation system. With the establishment of a healthy consultation system, it will be easier and more effective for patients to reach upper-level health institutions. Apart from the necessary cases, it will be possible to prevent access to the top health institutions and to increase their efficiency only with a healthy family medicine system. The feasibility of the consultation system can only be possible by reducing the population of family medicine units and ensuring that health institutions work in harmony with each other. Due to the consultation system for non-established systems, it becomes more difficult for patients to reach the upper level health institutions (7,8).

### **5. Authority regulations**

The authority to determine the persons registered in the family medicine system is not in the family physicians. While individuals can change family physicians even daily, family physicians do not have the authority to make changes about the registered population. The presence of inappropriate situations or negative situations with family physicians for various reasons will cause problems in mutual relations and may cause disruptions in the walking of health services. The fact that people have the right to choose and change their family physician makes the system open to abuse. Instead of leaving all control to individuals, it should be determined according to the compatibility of individuals with their family physicians and proximity to the address of residence (4,5).

### **6. Organizing trainings for health literacy**

Finally, in order to establish and develop the concept of health literacy, studies should be carried out in order to make the trainings related to this subject continuous from primary school and even from kindergarten. People should know in which situations to apply to which health institutions and people should be informed about how to apply. Countries should declare mobilization, if necessary, in order for the health literacy to become widespread and for the wrong known to be corrected. Only in this way can awareness, awareness and indirectly decrease the severity of health for patients (9,10).

### **7. Regulation of performance-dependent payment system**

In family medicine systems, salary calculations may differ, and the common system is to determine by the calculations made according to the dependent population. Significant reductions in employee motivation are observed due to cuts in wages applied in performance-related payment systems. In most cases where sanctions are imposed on remuneration, especially in cases where the patient cannot be reached, or in case of pregnancy notifications, there are injustices and it is not an appropriate situation to punish employees in this way (11).

### **8. Issuance of points withdrawal and contract termination provisions**

Family medicine workers sign contracts renewed at certain times and are deemed to have accepted the terms of the contract. These provisions allow for the withdrawal of points and termination of contracts and create uneasiness for employees. Knowing that penalties for withdrawal of points may lead to termination of contract when certain points are reached, or that there may be termination without any deduction of points, can be a source of anxiety due to the idea of being unfair in employees (12).

### **9. Informing the public**

In order for the family medicine system to work, people who will benefit from health services should be educated if they need to be informed about the services and conditions to be provided. Informing patients and warning them in inappropriate situations harms the

patient-physician relationship. The issues specified in the health literacy section form the basis of this section, and necessary trainings should be provided to inform patients and should be in cooperation with media organizations. Otherwise, the system awareness of the public will increase the already existing burden of family medicine workers (13).

### **10. Updating medical science information**

Family physicians work intensely as a result of the first contact with the patient. Therefore, there may be deficiencies in terms of following the developments and current information in the field of health. It is a very difficult task to get the Family Physician into the education process without hindering the work order. Most of the time, time adjustment is not possible and this situation can cause both the patients and the family physician to be subjected. Information for health sciences is constantly being updated and sometimes completely changing, and it is very important for health professionals to update their knowledge in terms of both professional competence and patient health (14,15). All education models can be applied, and it should be ensured that online educations are given at regular intervals, in which the family physician will participate in the easiest and most efficient way.

### **CONCLUSION**

The solution for health system improvements will only be provided by the collaboration of all relevant institutions. Suggestions, opinions and complaints, from the unit employees at the bottom of the system to the top health managers, should be evaluated and evaluated. Quality will be increased by making necessary security and system arrangements to provide suitable environments for healthcare workers, which are the main components of the system.

The importance of primary healthcare services should not be forgotten and necessary attention should be given especially if we look at preventive healthcare services. In a health system where family medicine is processed properly and efficiently, it will be possible to increase the quality and efficiency of all health institutions. The sound work of family medicine can create a domino effect and increase the quality by decreasing the density in the upper level health institutions. For this, first of all, the opinions of healthcare professionals in the family medicine system should be used.

### **REFERENCES**

- 1.) Ayhan Başer D, Kahveci R, Koç EM ve ark. Etkin Sağlık Sistemleri İçin Güçlü Birinci Basamak. Ankara Med J. 2015; 15: 26-31.
- 2.) Akman M. Türkiye'de birinci basamağın gücü. Türk Aile Hek Derg. 2014; 18: 70-8.
- 3.) Öztekin Z. Sağlıkta Dönüşüm ve Aile Hekimliği. Toplum HB. 2006; 25: 1-6.
- 4.) Uğurlu M, Eğici MT, Yıldırım O ve ark. Aile Hekimliği Uygulamasında Güncel Problemler ve Çözüm Yolları – 2. Ankara Med J. 2012; 12: 4-10.

- 5.)Üstü Y, Uđurlu M. Bir Analiz: Aile Hekimliđi Ülkemizde Etkin Kullanılıyor mu? Ankara Med J. 2015, 15: 244-8.
- 6.)Serin H, Serin S, Bakacak M ve ark. Sađlık alıřanlarına Yönelik řiddet. STED. 2015; 24: 109-13.
- 7.)Bařol E. Geliřmekte olan ÷lkelerde strateji: Sađlık sisteminde sevk zinciri. Balkan Sosyal Bilimler Dergisi. 2015; 4: 128-140.
- 8.)Bulut S, Uđurluođlu Ö. Aile hekimlerinin bakıř aısı ile sevk zincirinin deđerlendirilmesi. Türk Aile Hek Derg. 2018; 22: 118-132.
- 9.)Yılmazel G, etinkaya F. Sađlık okuryazarlıđının toplum sađlıđı aısından önemi. TAF Prev Med Bull. 2016; 15: 69-74.
- 10.)Ölmez E, Barkan O. Sađlık okuryazarlık düzeylerinin belirlenmesi ve hasta hekim iliřkisinin deđerlendirilmesi. Balkan Sosyal Bilimler Dergisi. 2015; 4: 121-7.
- 11.)Fettah K, řahin B. Birinci Basamak Sađlık Kuruluřlarında alıřan Personelin Performansa Dayalı Döner Sermaye Ek Ödeme Uygulamasına İliřkin Deđerlendirmeleri. Hacettepe Sađlık İdaresi Dergisi. 2009; 12: 177-201.
- 12.)Dođru EK. Aile Hekimliđinde Disiplin Hükümleri ve İhtar Puanları. TAAD. 2016; 28: 471-94.
- 13.)Kitapı H, Avcı S. Aile Hekimliđi Uygulaması Hakkında Kiřilerin Bilgi Düzeylerinin Ölçülmesi ve Beklentilerinin Tespit Edilmesi. Beykent Üniversitesi Sosyal Bilimler Dergisi. 2010; 4: 66-29.
- 14.)Tekin O, Üstü Y, Uđurlu M. Aile Hekimliđi Uzmanlık Eğitiminde Saha Eğitimi. Ankara Med J. 2012; 12: 16-21.
- 15.)řensoy N, Bařak O, Gemalmaz A. Umurlu Aile Hekimliđi Merkezi'nde Aile Hekimliđi Uygulaması ve Hasta Profili: Aile Hekimliđi Alan Eğitimi Gereksinimini Ne Ölçüde Karřılıyor? Kocatepe Tıp Dergisi. 2009; 10: 49-56.

Ankara Eđt. Arş. Hast. Derg. (Med. J. Ankara Tr. Res. Hosp.), 2020 ; 53(3) : 225-228

**Derleme alıřması olduđu için etik kurul onayı gerekmemektedir.**