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Primary health care reforms: an assessment of the implementation of family medicine in Turkey

Ana Belen Espinosa Gonzalez

Centre for Health Policy, IGHI, Imperial College, London, UK

Corresponding author: PhD Fellow Ana Belen Espinosa Gonzalez, Centre for Health Policy, IGHI, Imperial College London, London, UK. E-mail: a.espinosa-gonzalez15@imperial.ac.uk

Introduction: The Family Medicine Programme (FMP) was implemented in Turkey in 2005. It aimed at strengthening the primary health care (PHC) and therefore increasing the accessibility and efficacy of its health system. This involved changes in the professional and administrative roles of the physicians, and in the provision of the service.

Aim and Objectives: The aim of the study is to assess the integration of PHC in the Turkish health system after the implementation of the FMP. It has two objectives: the evaluation of (1) the impact of PHC utilisation in the secondary and tertiary services; and (2) the problems encountered by family physicians (FP) and academicians in the implementation.

Methodology: It follows a mixed-methods design. An ecological cross-sectional analysis is performed to measure associations between health services utilisation by running correlations and hierarchical multiple regressions on secondary data covering the period of 2008 - 2013. This is followed by a qualitative analysis of data collected through semi-structured interviews conducted with 7 FPs and 8 academicians, and thematically analysed through the framework method.

Results: Descriptive statistics show a general increase in the utilisation of all health services. Regression analyses do not provide conclusive results, except for one year, 2010, when PHC visits significantly predict a decrease in secondary and tertiary visits. In the qualitative analysis, the themes that explain the challenges in the implementation were the inadequate planning of the reforms, insufficient political commitment to integrate PHC in the system, and implications of the market model implementation.

Conclusion: The integration of the PHC in the Turkish health system is still in transition. It highlights, at governance level, the importance of the proper planning of reforms including all stakeholders in the policy making, and at the process level, the importance of a referral system to allow the gatekeeping function of FPs.