

Problem Areas and Solutions in the Turkish Health System

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This study aims to identify issues in the healthcare system in Turkey. The main objective of health systems can be articulated as increasing societal health while protecting citizens from the financial risks of disease and treating patients with dignity. With its facilities and budget, the Turkish Health System tries to meet the health needs of its citizens. However, it cannot deliver the expected results, owing to recent negative developments in several areas. Rehabilitation of the system will be possible only through a holistic approach, analysis of the system, identification of problematic areas, and implementation of policies that can be implemented with determination.

Keywords: healthcare, Turkish Healthcare System, holistic approach, Turkish hospitals

INTRODUCTION

The history of the Turkish Health System covers the period from the establishment of the Republic to the present. In the years when the Republic was founded, the vertical organizational structure that struggled with infectious diseases such as tuberculosis and malaria was effective. The horizontal organizational system is efficient today because these diseases have completely vanished. Health policies have been developed with the influence of many events and actors from the Republican period to the present.

Between November 2000 and February 2001, Turkey faced a major economic crisis. As the unemployment rate increased, the economic crisis brought poverty in terms of health and social effects. Rising food prices and inflation have made previously protected households vulnerable to poverty. The most significant impact on the health industry was a decrease in registered insureds.

After the 2002 general elections, the government established a study within the "Emergency Action Plan" framework. This plan clearly states that a social security system covering the entire population will be established and that the state is responsible for providing essential health services to all its citizens. The Health Transformation Program (SDP) was initiated as part of the Emergency Action Plan. The objectives of the Health Transformation Program are to organize, finance, and deliver health services effectively, efficiently, and equitably. Since 2003, health policies have been carried out within the scope of the Health Transformation Program.

PROBLEM FIELDS IN THE TURKISH HEALTH SYSTEM

To identify the problematic issues in the Turkish health system, it would be beneficial to act on the system's essential components. For this reason, the Turkish Health System will be evaluated within the

scope of various dimensions, problematic areas will be specified under each heading, and suggestions will be presented.

HEALTH CARE DELIVERY DIMENSION

Family Practice

The family practice implemented within the scope of the Health Transformation Program cannot fulfill the expected functions. The family practice has started to be implemented nationwide since 2012, but it has not yet reached the stage of health care where citizens are prioritized. According to the Ministry of Health statistics for the year 2020, only 42.2% of the total physician applications made by the citizens were made to the institutions providing primary health care services. Citizens do not prefer family physicians to receive health services (T. C. Sağlık Bakanlığı, 2020). Again, as of 2020, although there are 26,594 family practice units throughout the country, these centers cannot provide adequate health services due to a lack of infrastructure (T. C. Sağlık Bakanlığı, 2020).

Family physicians and health personnel employed under contract also pose a significant problem for personnel. In many family medicine units, numerical inadequacies in health personnel, such as nurses and health officers, are reflected in the service quality. Excessive workload also leads to dissatisfaction among healthcare professionals (T. C. Sağlık Bakanlığı, 2021).

Primary health care services should be provided effectively to everyone as much as the community needs, with a regional, equal, accessible, completely free, sufficient, and qualified workforce, in cooperation with secondary health institutions, where preventive services are prioritized (T. C. Sağlık Bakanlığı, 2021).

The practices imposed within the Family Medicine Contract and Payment Regulation scope also force the health personnel working in primary health care services. The regulation may impose various penalties on family physicians who post on social media about their duties and make "unauthorized" statements to the press. Again, with the same regulation, family physicians, who are forced to follow up on chronic diseases to gain positive performance, will be penalized with a 10 percent salary loss if they cannot reach sufficient follow-up due to the number of patients and the density of the polyclinic (Sağol, 2021)

In Family Medicine Centers, unequal service conditions occur for employees and patients due to grouping-based physical facilities and current allowances. It does not seem possible for the system to work effectively without improvements in the population per family physician, the number of applications, and appointment examinations. To provide an acceptable standard in the physical structure and conditions of Family Health Centers, the Ministry of Health should step in and provide the necessary support.

Central Physician Appointment System (CPAS)

The Central Physician Appointment System is established to enable citizens to make appointments with hospitals, oral and dental health centers, and family physicians affiliated with the Ministry of Health within the scope of the Health Transformation Program (T. C. Sağlık Bakanlığı, 2021). Citizens can call "Alo182" and make an appointment with the hospital and physician they want from the live operators, the web, or the MHRS mobile application. The situation is that citizens who call the MHRS for an appointment can only make an appointment after 30 days, sometimes 60 days later. For this reason, citizens cannot find an appointment even in essential medical branches such as internal medicine, surgery, and obstetrics and cannot meet their health needs on time (T. C. Sağlık Bakanlığı, 2012-213).

The Ministry of Health, which has reduced the physician examination times to 5 minutes to make more appointments, is trying to solve the citizens' health problems in this minimal time. Due to the problems experienced in MHRS and the inability to get an appointment, the health system has reached the point of blockage.

To solve the problem, the MHRS should be urgently redesigned, and the citizens' grievances should be eliminated. In this sense, the responsibilities of the Provincial Health Directors, who are responsible for the system, should be reconsidered. University hospitals should also be included in the MHRS, citizens' options

to make an appointment for the examination should be expanded, and university hospitals should be actively used.

CITY HOSPITALS

City hospitals are hospitals built with public-private cooperation. The build-operate-transfer model is not supported by the government it is a subject of significant criticism in public. Although it is claimed that not a penny comes out of the state's pocket in these projects, the reality is not like this. In the city hospitals model, which is build-operate-transfer that owns to a contractor and borrows with the Treasury's guarantee, the state pays rent and service fees for the building built on public land. At this stage, the state is also a guarantor for the loan and interest provided by the contractor (Demir Uslu, 2018; Göksedef, 2019).

The state will only pay 60 billion TL for 13 city hospitals in 2020 - 21 - 22. The payment amount to be made constant changes depending on the exchange rate. Taxes paid by all citizens will finance this amount. It has been demonstrated in many studies that public hospitals with the same characteristics can be built much more cheaper.

In the contracts made, in case of a potential dispute regarding the city hospitals, the courts of the Republic of Turkey should be disabled, and the courts of England should be authorized is a matter of great debate. Hiding contracts from the public as trade secrets eliminates the transparency of projects and makes it impossible to provide information to the public. In addition, the fact that the contracts are made in foreign currency increases the debt burden on the citizens daily due to the exchange rate changes. In addition, large amounts of payment are made for services such as imaging, laboratory, cleaning, food, etc., received from contractor companies. They will continue to be made for the next 25 years (Demir Uslu, 2018).

Hospital administrators in the application examples stated that the number and quality of health personnel and other employees who support health service delivery should be increased. The company is entirely free regarding the number and qualifications of personnel employed in specialized medical support services such as radiology and laboratory undertaken by the contractor companies. In this regard, the public's lack of an inspection mechanism causes the lack of quality, speed, and standardization in the health services provided in these areas. Various parties criticized the physician's examination of patients without a registration staff. It was stated that this would steal the time the physician would allocate for the examination of the patient and lead to significant decreases in the number of patients examined. As a separate issue, the absence of the medical secretary in the polyclinic during the doctor's examination negatively affects the health personnel of some departments in terms of privacy (Demir Uslu, 2018).

Some departments cannot be opened in the city hospitals that have started to serve due to the lack of nurses. The size of the physical space and the increase in the number of units requiring coordination wear the existing personnel physically and mentally. It is obvious that city hospitals are becoming gangrene in our country, and this situation will cause more significant problems in the future. For this reason, this model should be abandoned as soon as possible, the existing city hospitals should be expropriated, the planned ones should be reviewed, and the public should implement the needed ones (Demir Uslu, 2018).

UNIVERSITY HOSPITALS

State university hospitals provide specialized health services to the community, as well as provide medical education and conduct research and development activities. With these dimensions, university hospitals face higher costs than other hospitals. However, since these costs are not adequately covered, university hospitals experience significant financial difficulties (Hotunluoğlu & Kayacan, 2020).

It can be said that the main problems of university hospitals are the inadequacy of financial and human resources (Klinik İletişim, 2021). Since the Ministry of Finance does not support investment budgets such as medical devices, maintenance, and construction, such expenditures must be covered by the revolving fund budget. This situation causes the borrowing rates of university hospitals to increase by up to 80% (Atasever et al., 2017).

The fact that the prices of health services determined in the Health Practice Communiqué are incompatible with real life is also a significant factor in the deterioration of the financial balance of university hospitals (Hatunluoğlu & Kayacan, 2020). The fact that the treatment costs are determined unilaterally by the Social Security Institution below the market prices and treatment costs causes university hospitals to lose. The constant loss of hospitals causes difficulties in the supply of goods and services in the treatment processes, making it difficult to allocate sufficient resources to research and development activities within the hospital (Klinik İletişim, 2021).

In university hospitals, special examinations and treatments by some academic staff during working hours and the lack of supervision in the accrual and distribution of revolving funds are obstacles to the efficient use of resources. In this sense, it should be considered to end the practice of private examinations in university hospitals (Atasever et al., 2017).

University hospitals, which are important in health care delivery and research and development activities, need to be rescued from this financial bottleneck immediately. For this purpose, the number of resources to be allocated to these hospitals from the general budget should be increased. It is also a great need to arrange the management structures of university hospitals. These institutions, which are still operating as research and application centers of universities, should be defined as separate legal entities (hospitals), and they should be provided with the opportunity to operate effectively in terms of budget, personnel, and other functions. In addition, the status of university hospitals opened in every city should be reviewed.

HEALTH SERVICES FINANCING AND HEALTH EXPENDITURES SIZE

SUT Prices

According to Article 72 of Law No. 5510, the authority to determine the reimbursement amounts of health services financed by the Social Security Institution belongs to the Health Services Pricing Commission. The Social Security Institution, which operates as a public reimbursement institution in health services in Turkey, uses the Health Practice Communiqué (SUT), the payment per service method, for payment purposes. Here, case-based package transaction scores are determined, the price determination coefficient is multiplied by these scores, and the repayment price of the case is found (Sosyal Güvenlik Kurumu, 2021; Resmi Gazete, 2015).

There has been no significant increase in repayment amounts by the Commission since 2007. Unpaid cost increases continue to be financed through public health facilities' general/private budgets. For this reason, health service providers cannot receive their payments with a financing system based on the actual costs of the services they produce.

The Health Implementation Communiqué causes low-quality products to be preferred because the prices are kept low, especially in technology-based services such as medical devices, medical products, and pharmaceuticals. In the meantime, the payment terms of 12-18 months in hospitals affiliated with the Ministry of Health and 12-36 months in university hospitals, caused a decline in the number of companies in the sector and a narrowing in the product variety. Due to the prices of the not updated Health Implementation Communiqué and the delays in the payment terms of the hospitals;

- The number of companies that shrink or have to stop their activities due to low prices and late payment policy is increasing day by day and experienced, and competent sector employees who have been trained through long training become unemployed,
- Since it is not possible to maintain the dealership system, some product groups cannot be serviced outside the metropolitans,
- The products sold cannot be either replaced or produced,
- Hospitals and healthcare professionals are compelled to use medical devices whose quality is uncertain or clinically inexperienced to close the medical device gap,
- Due to the supply problems experienced, patients cannot be diagnosed, and their treatment cannot be given in a complete and timely manner,

- While the institution must cover the entire cost of the products, the patients must obtain the product only by paying out of pocket.

This supply problem also brings side problems such as the decrease in product diversity, the survival of fewer and fewer companies, the decrease in product quality, and the fact that hospitals have to buy lower-quality products.

It should be ensured that the reimbursement amounts of health services should be determined by considering the total cost of public health institutions. Health Implementation Communiqué is being considered, and the subject prices should be increased in proportion to the annual budget expenditure increases.

Low Share of Health Expenditures from GSYİH

When the ratios of total health expenditures in Gross Domestic Product (GDP) are analyzed, the rate which was 4.7% in 1999 was 5.2% in 2005; 5.3% in 2010; 4.6% in 2016; It was 4.5% in 2017, 4.4% in 2018 and 4.7% in 2019 (T.C. Sağlık Bakanlığı, 2020). Between 2007 and 2010, the highest rate of total health expenditures in GDP, 5.8%, was preserved and tended to decrease in the following years. When we look at the international comparisons of current health expenditures, the ratio of current health expenditures in the GDP of OECD member countries is 8.9% on average, and Turkey is in the last place with a rate of 4.3% (T. C. Sağlık Bakanlığı, 2020). While health expenditure per capita was 2,030 TL in 2018, it increased by 19.9% to 2,434 TL in 2019. From a numerical point of view, the total health expenditure increased by 21.7% in 2019 compared to the previous year and reached 201 billion 31 million TL (Türkiye İstatistik Kurumu, 2021).

In 2019, before the COVID-19 pandemic, OECD countries, on average, allocated about 8.8% of their GDP to healthcare. Following the US and Germany, ten high-income countries, including France, Canada, Japan, and the UK, spend more than 10% of their GDP on healthcare. A dozen other countries, including some OECD members, Brazil and South Africa, have health expenditures that range between 8 and 10% of GDP. The next group of countries, which spend between 6% and 8% of their GDP on healthcare, includes many OECD countries from Central and Eastern Europe and two new members from Latin America, Colombia and Costa Rica. Finally, Mexico and Turkey, as well as partner countries like the People's Republic of China and India, devote less than 6% of their GDP to health (OECD, 2021).

As seen in international comparisons, Turkey is in the last place regarding the share it allocates for health from its GDP. This situation negatively affects many areas, from the quality of health services offered to citizens to patient and personnel satisfaction in our country. For this reason, the public's share allocated for health expenditures should be increased.

Highest Payments for Citizens' Own Expenditures

Citizens have to make many different payments during their use of health services. Contribution and additional fees are specified in the Health Implementation Communiqué as the costs to be paid officially. A contribution fee refers to the amount paid by the general health insurance holder or his/her dependents to benefit from health services. Except for family physicians who are contracted, assigned, or authorized by the Ministry of Health, the participation fee is collected from physician and dentist examinations in outpatient treatment, drugs provided in outpatient treatment, extracorporeal prostheses, and orthoses, and assisted reproductive method treatments (Sosyal Güvenlik Kurumu, 2021).

In addition to the cost of health services determined by the Health Services Pricing Commission, additional fees are charged by the foundation universities and private hospitals other than the state hospitals, up to double these costs, from the general health insurance holders and their dependents. In some cases, private hospitals make arbitrary applications and demand additional fees from patients. This situation makes the situation of the citizens who are already in a difficult situation even more complex and requires them to pay many costs (T. C. Sağlık Bakanlığı, 2021).

Considering the situation of out-of-pocket health expenditures, which is an essential indicator of health expenditures, citizens made 16.7% of total health expenditures as out-of-pocket expenditures in 2019. The monetary equivalent of this is 33.6 billion TL. On top of these official figures, if informal payments such

as physicians' private practices and unregistered payments received in private hospitals are included, the size of the costs that citizens have to pay out of their pockets to access health services will emerge (T. C. Sağlık Bakanlığı, 2021).

Reducing out-of-pocket expenses is crucial to ensure patients can access the health services they need without experiencing financial barriers. To eliminate informal payments, the necessary control and regulation studies should be implemented as soon as possible by the public authority (T. C. Sağlık Bakanlığı, 2021).

HUMAN RESOURCES IN HEALTHCARE

Turkey's shortage of health personnel has been a well-known fact for many years. Especially in public hospitals, employees are faced with a massive workload due to the inadequacy of physicians, nurses, health officers, midwives, etc. When the OECD's 2019 data is examined, Turkey is the last among OECD countries regarding the number of physicians per thousand people (2 physicians per thousand), and this number is far from the OECD average of 3.6. Similarly, Turkey has a value of 2.4 nurses per thousand people, far from the OECD average of 8.8, and is in last place (OECD, 2021).

To meet the increasing health needs of citizens sufficiently and on time, the number and employment of health personnel, which is one of the most basic requirements, should be increased rapidly. Healthcare professionals waiting for assignment must be employed as soon as possible by allocating staff to ensure that hospitals, which have to work with deficient human resources, reach sufficient capacity (OECD, 2021).

VIOLENCE IN HEALTHCARE

The World Health Organization defines violence as "the intentional use of physical force, use of force or threats against oneself, another person, a group or community in a way that may cause or cause death, injury, mental injury, developmental impairment" (Yenimahalleli Yaşar & Mut, 2015, Slide 6). Workplace violence is defined as "the incidents where the employee is abused or attacked by a person or persons during work-related situations" (Yenimahalleli Yaşar & Mut, 2015, Slide 7). Violence in health institutions is also defined as "a situation consisting of threatening behavior, verbal threat, physical assault and sexual assault from the patient, patient relatives or any other individual that poses a risk to the health worker." (Yenimahalleli Yaşar & Mut, 2015, Slide 8).

Violence in health sometimes arises from the factors of the patient and their relatives, sometimes from the problems related to the system, and sometimes from the factors related to the health workers. Systemic problems such as lack of infrastructure and equipment, waiting times due to staff shortages or poor management, long queues, delayed appointments, lack of available beds, and failure to provide minimum comfort and safety for patients, for example, patients in pain, exhausted, anxious patients waiting for hours at polyclinic doors without a chair to sit on, are the triggers of violence in health care. Even though healthcare is a 24/7, uninterrupted and self-sacrificing profession, it is unacceptable to be exposed to the attacks and violence of service recipients (Yenimahalleli Yaşar & Mut, 2015; Demir Uslu, 2018; Esen & Aykal, 2020).

Attributing health problems to health workers, blaming the physician without distinguishing between service faults and personal faults in malpractice cases, and insulting and humiliating discourses of politicians, administrators, writers, illustrators, influential and authorized people in the public, physicians, and health workers make the situation even more difficult.

To prevent violence in health, urgent action and measures need to be taken. Security measures should be increased in health facilities and ensure that mobile security guards should be present in every ward and on every floor so that security can intervene during the incident rather than after the incident. Employees should be trained on behaving during violence, and training and programs should be organized to increase their motivation. Arrangements should be made urgently to improve the employees' working environment, the limitations and definitions of the duties of the employees should be determined, and it should be ensured that the employees and patients know these limitations. Necessary regulations should be implemented soon

as possible to reduce health workers' workload and establish a humane working system. Deterrent penalties such as imprisonment and fines should be given to perpetrators of violence, the legal rights of health personnel should be increased, and a protective law should be enacted as soon as possible (Sağlık ve Sosyal Hizmet Çalışanları Sendikası, 2013; Yenimahalleli Yaşar & Mut, 2015; Esen & Aykal, 2020).

DRUG POLICIES

Medication prices in Turkey are determined by the decision on the Pricing of Medicinal Products for Human Use. According to the Decision, a minimum of 5 and a maximum of 10 countries among the European Union (EU) members are taken as reference countries. The lowest sales price of the reference product licensed and sold in these countries, excluding the discount to the warehouse keeper, is determined as the "reference price." The value of 1 (one) Euro in Turkish Lira to be used in the pricing of medicinal products for human use is determined by multiplying the annual average Euro value to be calculated based on the realizations of the daily Euro exchange rate of the Central Bank of the Republic of Turkey, which is an indicator announced in the Official Gazette of the previous year, by the adaptation coefficient determined as 70 percent (Resmi Gazete, 2015; İlaç Endüstrisi İşverenler Sendikası, 2021).

Since 2004, a reference price system has been in place. Medication prices are determined by accepting the lowest warehouse sale price of the product in France, Italy, Spain, Portugal, and Greece as the reference price (İlaç Endüstrisi İşverenler Sendikası, 2021). However, suppose the countries where the relevant product is manufactured or imported are other than these reference countries, and a warehouse sale price is determined below the reference country prices. In that case, the price in the country with the lower warehouse sale price is accepted as the reference price. The retail price of the medicine is obtained by adding the warehouse keeper's profit, the pharmacist's profit, and Value Added Tax to the warehouse keeper's selling price calculated by applying the rates determined according to the status of the medicine to the reference price. This price shows the highest price that can be charged for that medicine (Esen, 2021).

After ten regulations made by the Turkish Medicines and Medical Devices Agency, the value of 1 (one) Euro used in the pricing of medicinal products for human use will be applied as 4.5786 TL for the year 2021 in general. Table 1 shows the difference between the real Euro rate and the Euro rate used to determine drug prices in our country over the years (Esen, 2021).

YEAR	REAL EURO RATE	DRUG EURO RATE	THE DIFFERENCE
2021	8,40 TL	4.58 TL	% 83
2020	6,55 TL	3,81 TL	% 71
2019	6,00 TL	3,40 TL	% 76
2018	4,70 TL	2,69 TL	% 74
2017	3,95 TL	2,34 TL	% 68
2016	3,20 TL	2,11 TL	% 51

Since the pricing and reimbursement processes described above in Turkey, especially in the evaluation phase, are based on the budget effect, there are some problems in the access of innovative drugs to the market. According to studies on patient access to innovative drugs, the market access rate of innovative drugs in Turkey between 2005 and 2013 remains at the level of 20% when compared to the USA and EU, and this rate dropped to 4% when 2011-2013 is taken as a basis.

To ensure that citizens can easily access the medicines they need, the reimbursement conditions and processes for medicines should be reviewed, and the scientific basis of the process should be strengthened, as in EU countries such as France. It is also essential to bring the transparency of the process closer to the general standards in other countries.

At the same time, measures should be developed to develop the Research-Development and enterprise ecosystem to ensure the production of drugs and other medical products in our country. Establishing pharmaceutical research-development economic zones and thus increasing public-industry cooperation is another measure that can be implemented in this sense.

CONCLUSIONS

The primary purpose of health systems can be summarized as increasing the health levels of society, as well as the responsibility of protecting citizens against the financial risks of disease and treating patients with dignity.

The Turkish Health System tries to meet the health needs of the citizens with its facilities and the allocated budget. However, it cannot show the expected performance, mainly due to the recent negativities in many areas. Rehabilitation of the system will not be possible with daily solutions but with a holistic approach, analysis of the system, determination of problematic areas, and implementation of policies that can be applied with determination. Therefore, it is necessary to carry out regulatory work in line with the views of patients, healthcare workers, trade unions, associations, and all system stakeholders.

The share allocated to health from the general budget and public resources should be increased to ensure that all health services needed by citizens are met in a timely and appropriate manner. Domestic pharmaceutical activities should be supported, and opening domestic pharmaceutical production enterprises should be considered as a solution to the situation where drug prices are constantly affected by foreign exchange. State and university hospitals experiencing financial difficulties should be rescued from this situation to properly perform the expected diagnosis and treatment services. Making arrangements for the personal rights of health workers and providing them with the wages they deserve will improve their potential to provide services with greater motivation. At the same time, the shortage of health personnel felt throughout the country should be solved as soon as possible by recruiting new personnel.

The main point of departure should be that citizens do not encounter financial difficulties while receiving health services. Limiting the official out-of-pocket expenditures of citizens, such as contributions, additional fees, participation fees, and informal expenditures, such as operation fees, is one of the most significant steps to be taken in this sense.

The issues mentioned in the study to ensure that health, which is a constitutional right, is offered to all citizens under the guarantee and guarantee of the state show that a reform study should be carried out. In this way, it will be possible to eliminate the difficulties citizens currently experience in accessing and using health services. The health system will be able to fulfill the functions expected from it.

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