



THE ROLE OF THE REFERRAL CHAIN IN THE DEVELOPMENT OF THE PREVENTIVE HEALTH INDUSTRY

REPORT ON HEALTH
SERVICE DELIVERY
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VISION MEETINGS 41st MEETING



**HEALTH SERVICE
DELIVERY**

FEBRUARY 28, 2025, FRIDAY

PLACE

Bahçeşehir University



FOREWORD

Prof. Dr. Sabahattin AYDIN

Chairman of the TÜSAP Executive Board

THE COMMON DENOMINATOR OF ALL DISCUSSIONS: THE GOAL OF ACHIEVING A HEALTHIER SOCIETY

Today, I am very pleased to come together at this special meeting, where we are stepping into TÜSAP's ninth year. In this journey that we began in 2016, today we are holding our 41st meeting. At our Summit meeting in 2017, we set out with the theme "Türkiye Must Transition to Producing Health." Since then, with the joint participation of the public and private sectors, we have discussed production in health, innovation, and how a sustainable system can be built.

Taking inspiration from many sectors -from the defense industry to Kızıl Elma, from the issue of producing unicorns to the domestic automobile TOGG- we tried to draw lessons from success stories. However, the common denominator of all these discussions has always remained the same: the goal of achieving a healthier society. Today, we will also address the preventive health industry, which is one of the cornerstones of this goal.

The concept of preventive health may begin to take shape a little more today, but I hope that in the coming years this vision will expand much further and become one of the main goals of health systems. Because the sustainability of existing health systems is a problem faced not only by us, but by the entire world. It is projected that every year, resources amounting to more than 1.5 percent of global gross national product will need to be allocated to health. This is not a sustainable model in the long term. Therefore, we have to find new ways.

I would also like to make an announcement. In September, we will hold our 43rd meeting in a full-day format. It will be a comprehensive meeting, as we previously held at Çam Sakura. At this meeting, we

will address biotechnology, pharmaceuticals, and next-generation treatment strategies. I recommend that you mark your calendars already.

Most of you are already familiar with today's meeting format. We had two distinguished speakers. First, Prof. Dr. Işıl Maral, President of the TÜSEB Türkiye Health Policies Institute, will be with us. She is a faculty member at Medeniyet University and carries out important work as a professor of public health.

Our second speaker was to be Prof. Dr. Haydar Sur, Dean of the Faculty of Medicine at Üsküdar University. Unfortunately, he lost his mother yesterday and had to go to Konya for the funeral. Very shortly after receiving the news of her passing, he called me and sent his presentation. His willingness to contribute to our meeting even during this process is truly commendable. We also spoke with Işıl hocamız; I will convey Haydar hocamız's messages to you. Afterwards, Işıl hocamız will also share her own views and the remaining points with us.

Finally, I would like to extend my thanks to Prof. Dr. Esra Hatipoğlu, Rector of Bahçeşehir University, and to the university administration for hosting us in this beautiful environment. I also sincerely wish that we will come together in an even larger and more spacious hall in this historic and meaningful setting accompanied by the Bosphorus view.

As in every meeting, we also have partners supporting us in this meeting. I would like to thank the Association of Research-Based Pharmaceutical Companies (AİFD), the Pharmaceutical Manufacturers Association of Türkiye (İEİS), the Pharmaceutical Manufacturers Association of Türkiye (TİSD), and the companies Roche, Yerlika Biopharma, IQVIA, Biogen, UCB Pharma, Meditel, One Dose Health, Bayer, and AstraZeneca for their contributions.

I wish God's mercy upon Haydar hocamız's mother and extend my condolences to her relatives. Today is also the beginning of the month of Ramadan. I congratulate you all on the month of Ramadan and wish that it brings health, peace, and goodness.





PRESENTATION

Prof. Dr. Esra HATİPOĞLU
Rector of Bahçeşehir University

THERE IS MUCH TO LEARN AT TÜSAP MEETINGS

As a social scientist, I am very excited to be here. Over the past few days, my colleagues have been in an intensive preparation process for this organization. When I looked at the participant list, I thought, “This means there is much to learn here.”

I have personally begun to take a greater interest in the subject of preventive health. As we get older, we evaluate the place of these issues in our lives from a different perspective. My friends around me have also started to talk more and more about this field, about renewed technologies and changes. It is truly very valuable that today’s meeting has been shaped precisely in this direction. Seeing that we will be part of such an important topic that sets the agenda also made me very happy.

I closely follow TÜSAP’s work and know very well the importance of what they do. I feel great honor and pride in hosting the 41st Vision Meeting. It is very valuable that all stakeholders come together here and that distinguished participants from different sectors share their knowledge and experience. I believe that the outcomes of the meeting will also be guiding, especially for policymakers.

Yesterday, I learned that TÜSAP meetings provide a platform for very liberal and rich discussions together with doctors, bureaucrats, politicians, and academics from different sectors. This makes the meeting even more meaningful. Today, I will also listen with pleasure and try to understand the process better from different perspectives.

Minister, this magnificent campus of ours has been registered as the campus with the best view in Europe. I suppose if we hold this meeting next time in April or May, perhaps we will leave this hall and find a larger space. We are very pleased to host you at this unique point that sees Istanbul from 360 degrees.





Prof. Dr. Haydar SUR was unable to attend due to a funeral program that developed at the last moment, and this presentation was shared with the invitees by Prof. Dr. Sabahattin AYDIN. During the presentation, Mr. AYDIN's personal statements are indicated in italics within parentheses.



KEYNOTE SPEAKER-1

Prof. Dr. Haydar SUR

Dean of the Faculty of Medicine, Üsküdar University

THE ROLE OF THE REFERRAL CHAIN IN THE DEVELOPMENT OF THE PREVENTIVE HEALTH INDUSTRY

Content

- Healthcare services
- Preventive healthcare services
- Referral chain
- Health industry

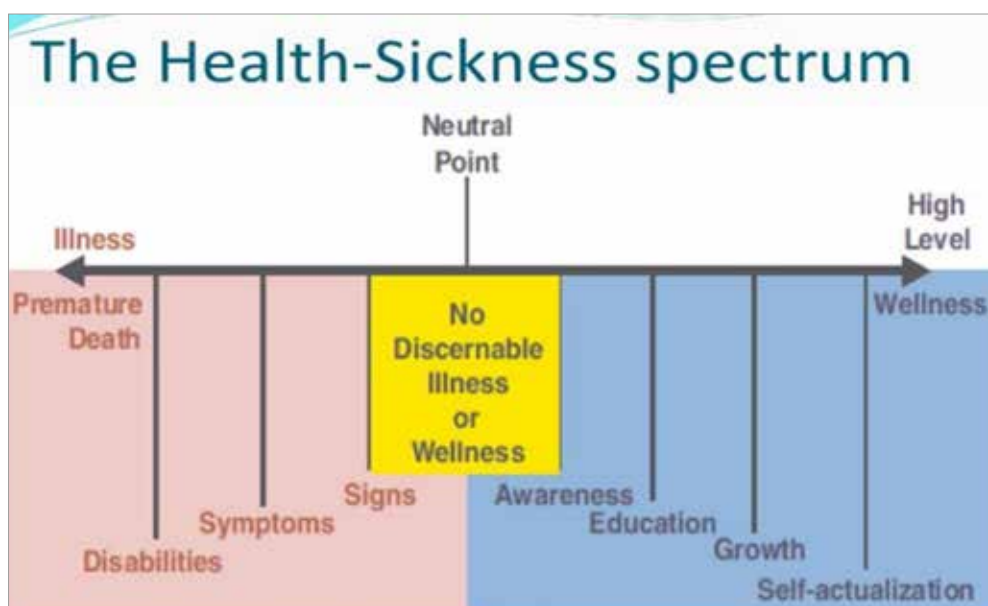


HEALTHCARE SERVICES

(When we think of the healthcare system, we can actually liken it to people trying to swim in the opposite direction in a river flowing rapidly downward. When you enter the river, you encounter disease production facilities on one side, and air pollution, unhealthy foods, and many other negativities on the other — almost like a “disease raw material factory.”

While people are trying to swim against this current, they are also supported with health education recommendations such as “Help yourself, learn to swim.” On the other hand, the esteemed representatives of our Ministry, through healthcare service delivery, are trying to take those who are drowning, poisoned, or becoming ill in this current out of the river and treat them in the hospital. However, the river continues to flow downward, and people continue to swim upward.

This is why we have to address the healthcare system not only with a treatment-oriented approach, but also with a perspective that prevents diseases and protects health. Unless we solve the problem at its source, no matter how well we treat, there will always be people swimming in that river. The real issue is to prevent people from falling into the river in the first place.)



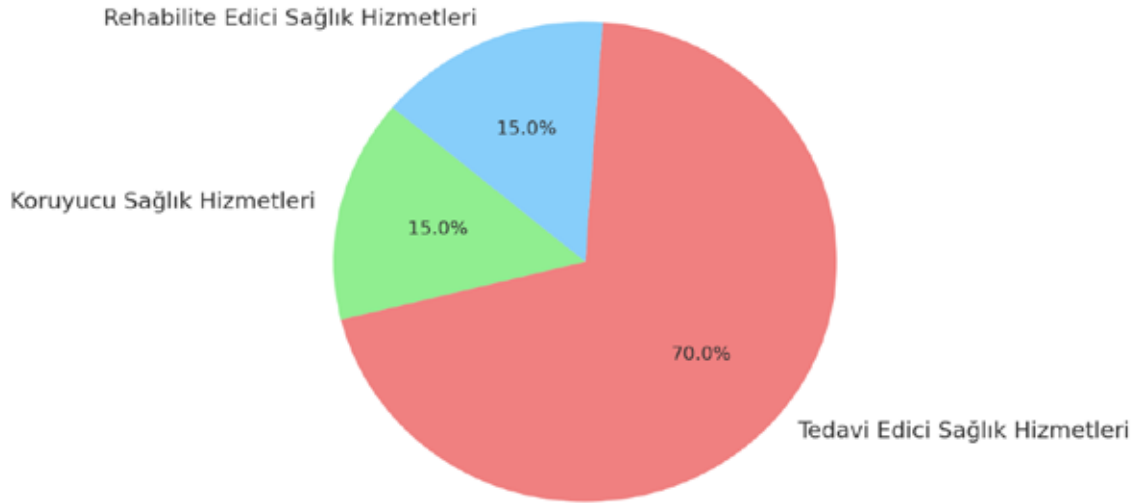
An average of 8.5 trillion dollars is spent on health worldwide every year (approximately 10 percent of Gross National Product (GNP)).

(In fact, when we consider the health spectrum as a whole, we see a short transition area with no clear boundary. On one side, there is a way of life that results in findings and symptoms caused by diseases, disruptions in quality of life, limitations, and ultimately early deaths. On the other side, there is an area of awareness, education, personal development, and the individual's ability to protect their own health.

We can generally call this healthy living area “well-being”; however, it may not always fully correspond to this. Sometimes we also use the concept of “wellness.” What matters is to establish the balance between these two extremes and to support individuals with awareness before they move to the disease side, enabling them to maintain a healthy life.)



Dünya Geneline Sağlık Harcamalarının Dağılımı



(Currently, a large portion of health resources, approximately 70 percent, is allocated to treatment services. Preventive healthcare services receive only 15 percent, while rehabilitative healthcare services also receive a more limited share of 15 percent.)

CURATIVE HEALTHCARE SERVICES

Curative healthcare services are the most costly service area, covering the diagnosis and treatment of diseases.

The Role of the Public Sector

- **Primary healthcare services** (family medicine, public hospitals)
- **Emergency healthcare services** (112 ambulances and emergency departments)
- **Chronic patient management** (diabetes and hypertension follow-ups)
- **University and training hospitals** (medical education and advanced treatment centers)
- **Supervision of private hospitals and price regulations**

The Role of the Private Sector

- **Private hospitals and clinics** (especially widespread in large cities)
- **Private laboratory and imaging services** (MRI, tomography, biopsy)
- **Private practices**
- **Private care centers and teams**
- **Luxury and speed-oriented healthcare services** (VIP patient services, health tourism)

REHABILITATIVE HEALTHCARE SERVICES

Rehabilitation services are aimed at improving patients' quality of life by supporting the recovery process after illness.

The Role of the Public Sector

- **Physical and occupational rehabilitation** (physical therapy units in public hospitals)
- **Addiction treatment centers** (AMATEM, psychosocial support)
- **Support services for individuals with disabilities** (prosthesis and orthosis support programs)
- **Elderly care and home healthcare services**

The Role of the Private Sector

- **Private physical therapy and rehabilitation centers**
- **Private psychological counseling services**
- **Personal care and companion services**
- **Private elderly care homes and nursing homes**

PREVENTIVE HEALTHCARE SERVICES

Preventive healthcare services are services aimed at preventing diseases, ensuring early diagnosis, and increasing health awareness.

The Role of the Public Sector

- **Vaccination programs** (for example, childhood vaccinations)
- **Epidemic control** (combating communicable diseases, pandemic management)
- **Maternal and child health services** (pregnancy follow-ups, prenatal care)
- **Health education and awareness programs** (combating smoking and obesity)
- **Environmental health measures** (water sanitation, protection of air quality)
- **Workplace and community health programs**

The Role of the Private Sector

- **Offering preventive health packages through private health insurance**
- **Corporate health services** (health programs for employees of private companies)
- **Health technologies and mobile applications** (personal health monitoring, early diagnosis software)
- **Early diagnosis tests through private laboratory services** (cancer screenings, genetic tests)

(With the development of technology, a brand-new era is beginning in the field of health. Innovations such as digitalization, wearable technologies, and the Internet of Things offer major opportunities in terms of preventive health. The private sector also needs to approach this change carefully, because there are truly major technological advantages ahead of us.)

In the past, when preventive health was mentioned, issues such as environmental health services, chlorination of water, and vaccination came to the forefront. However, today, thanks to the new technologies we have, we can define a much more comprehensive understanding of preventive health. Developments in the field of genetics, in particular, are one of the most striking examples of this transformation. Before diseases even emerge, the risks carried by individuals can be diagnosed early.

This also shows that preventive health is no longer limited only to the Ministry's classical job descriptions. With new technologies, it is possible for us to do much more in this field.)



Considering the Differences of Social Groups

(When addressing preventive healthcare services, it should not be forgotten that each social group has different needs. Although only a simple example based on age groups is given here, we should not think of this as limited only to age. The difference between women and men, differences between those living in rural and urban areas, and even the needs of different ethnic groups may be decisive in preventive healthcare services.

For example, in the child age group, priority is given to vaccination and protection from accidents. However, this need for protection changes as age progresses. While home accidents come to the forefront in young children, school accidents, then accidents involving moving vehicles, and in adolescence, risk factors such as substance addiction come into play. This is a chain process.

Although young adults appear from the outside to be the healthiest segment of society, this age range is actually the very period in which the foundations of chronic diseases are laid. Therefore, it offers an important opportunity to take early measures and strengthen preventive healthcare services.

When we come to the middle-age group, chronic diseases gradually begin to manifest themselves, and at this point we reach a serious crossroads. Here, preventive healthcare services play a critical role in managing individuals' health and bringing diseases under control.

As for my age group, those aged 60 and over are now told, "Continue your life in a healthy way, as long as you age healthily." In old age, preventive health is of great importance for individuals to preserve their independence and maintain their quality of life.)

PREVENTIVE HEALTHCARE SERVICES

(In order to strengthen preventive healthcare services, we must first create a culture that will prepare society for this. We need to develop an approach supported by education, social relations, and social assistance so that people adopt this understanding.

When we think of preventive healthcare services, we emphasize the importance of early diagnosis and detection. However, early diagnosis should not be considered as limited only to cancer screening. So, can we truly access these services today? The main issue here is to clearly determine how we will ensure the accessibility of these services, whether through the public sector or the private sector.

Of course, it is critical for individuals to be conscious about health, to protect their rights, and to care about their own health. However, achieving a healthy society is not solely the responsibility of the



Ministry of Health or healthcare professionals. In order to achieve this goal, a multi-stakeholder, multisectoral approach is needed. Success can only be possible through collaborations from different fields.

In addition, when discussing preventive health, we must now also take health technologies, wearable devices, telemedicine, and artificial intelligence-supported applications into consideration. These new technologies offer a major opportunity to increase the accessibility and effectiveness of preventive healthcare services.)

Sağlık Hizmetlerinde Koruyuculuğun Önemi



Sağlık Hizmetlerinde Maliyet Azaltmada Koruyucu Hizmetler

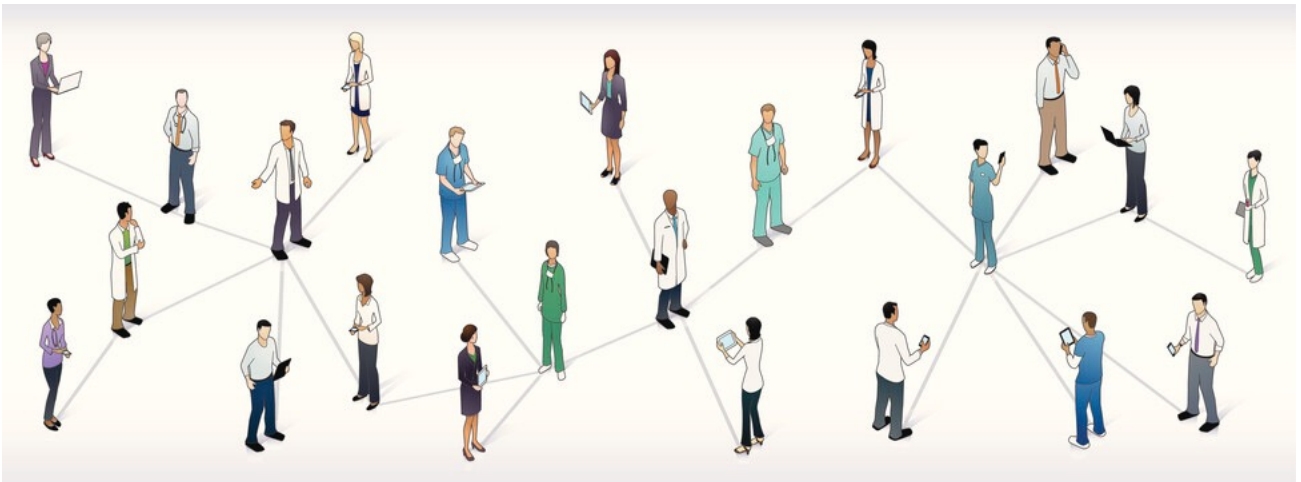




REFERRAL CHAIN

The Referral Chain Is Not Linear.

(The process of referring a patient from primary care to secondary care, from secondary care to tertiary care, or providing feedback does not, on its own, mean a referral chain. It is not correct to see this process merely as referral, because there is a broader structure involved. I will shortly share a different example of this.)



Objectives of the Referral Chain

- **Making healthcare services orderly:** Preventing patients from going directly to higher-level healthcare institutions and ensuring that healthcare services are used more efficiently
- **Preventing waste of resources:** Reducing unnecessary crowding in hospitals and enabling healthcare personnel to work more effectively
- **Reducing costs:** Reducing costs in the healthcare system by ensuring that patients first benefit from primary healthcare services such as family physicians
- **Referring patients correctly:** Ensuring that patients reach specialists appropriate to their diseases
- **Factors Affecting Referrals** (Areas We Need to Manage)
 - Whether high-quality specialists are available
 - Accumulation and shortages in physicians' specialties
 - Training periods
 - Unexpected outcomes (folk sector, popular sector practices, etc.)
 - Areas of uncertainty in diagnosis
 - Patient characteristics
 - Reimbursement method

(The area we call unexpected outcomes -for example, folk sector and popular sector practices- is not currently an area in which we are very successful. If we cannot manage these areas well, the referral chain may cease to be a solution and, on the contrary, may become a major burden for patients. Instead of the most appropriate referral, we may encounter problems such as more waiting, more wandering around, and increased bureaucracy. Therefore, we need to effectively manage not only the referral chain, but all components of this process.)

Referral Chain Practice in Türkiye

Referral chain practice in Türkiye was implemented as mandatory in the past, but was relaxed over time.

(I do not know whether our colleagues currently serving in health management fully embrace this view.)

Problems Encountered in the Absence of a Referral Chain

- Excessive crowding in hospitals
- Unnecessary use of emergency departments
- Waste of resources and cost increase
- Decrease in patient satisfaction
- The referral chain increases effectiveness and efficiency in healthcare services
- Directing patients to the appropriate healthcare institution ensures that the healthcare system functions in a more orderly manner
- In order to implement this practice in Türkiye, the family medicine system needs to be strengthened and public awareness needs to be raised.

Ülke	Sevk Zinciri Durumu	Birinci Basamak Rolü	Özel Sektörün Etkisi
İngiltere	Zorunlu	Güçlü (GP sistemi)	Özel hastaneler sınırlı
Kanada	Zorunlu	Güçlü (Aile hekimi)	Bazı alanlarda özel sigorta
Almanya	Esnek	Orta (Tercihe bağlı)	Özel sigorta yaygın
İsveç	Zorunlu	Güçlü (Bölgesel Sağlık M.)	Özel hastaneler sınırlı
Türkiye	Uygulanmıyor	Orta (Sevk zorunluluğu yok)	Özel hastaneler yaygın



- In countries where the referral chain is mandatory (England, Canada, Sweden), healthcare services are more controlled and planned.
- In flexible models such as Germany, patient satisfaction is high, but costs may increase.
- In systems without a referral chain, as in Türkiye, patient density accumulates in large hospitals and bottlenecks may occur in healthcare services.
- Global examples show that the referral chain plays an important role in increasing efficiency in preventive healthcare services.
- In countries with a referral chain, the family medicine system works more effectively and patients are treated at the appropriate level.

(There are generally misunderstood points regarding the referral chain. The number of countries in the world that implement a mandatory referral chain is actually quite limited. To give concrete examples, this system is implemented in countries such as England, Canada, and Sweden. In Germany, there is partially an intermediate model. However, the common point of all of them is that they have a strong primary care system. This is a critical point that we cannot ignore. If we also want to establish an effective referral chain, we first need to strengthen primary care. Whatever it is called, whichever model is used, this is the basic principle.

At this point, I especially want to draw the attention of the managers of private healthcare institutions. I do not know whether Haydar Bey would have said this, but there is a reality I see in the table: in systems where there is strong primary care and the referral chain is mandatory, private hospitals remain within a more limited area. It is important to take this into consideration as well.)

When Should We Refer?

- When the family physician needs a specific examination or recommendation,
- If the family physician is not sure of their own diagnosis and/or does not see sufficient improvement while following up the patient,
- If the patient and their relatives approach the family physician's diagnosis and treatment with suspicion and are not satisfied,
- If medico-legal issues are involved from the perspective of the physician, the patient, or both.

Stages of the Referral Process (Recommendations for Physicians)

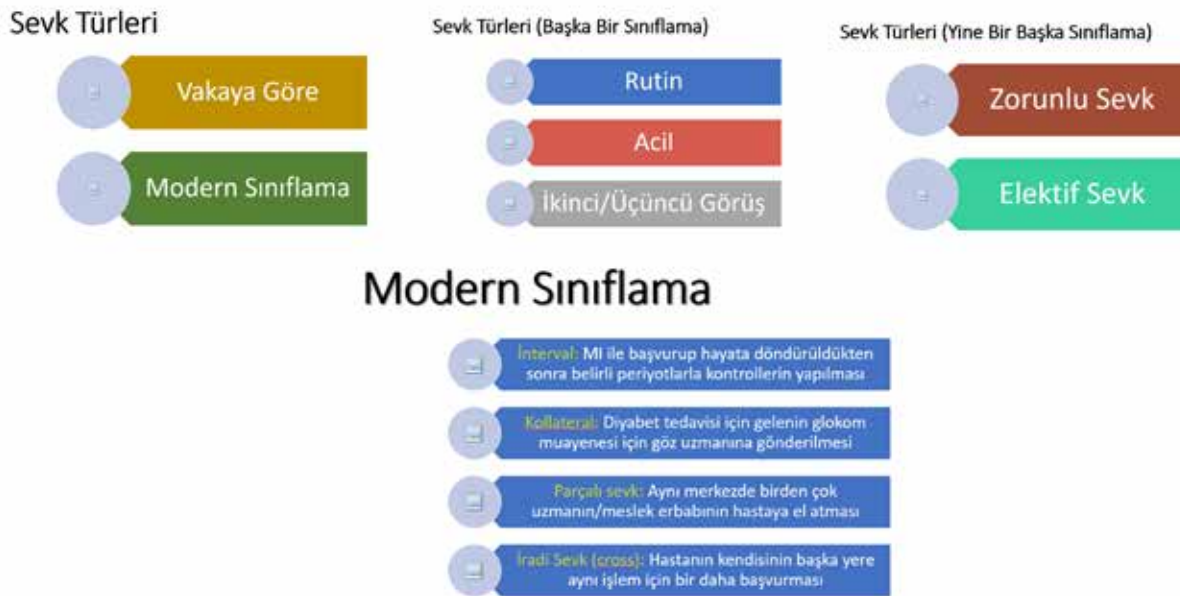
1. Establish good communication with the patient.
2. Determine and write why referral is needed.
3. Determine and write what is expected from the referral process.
4. Identify the places/resources to which referral can be made.
5. The patient may accept or refuse the referral.
6. If there are treatments and interventions to be carried out in the first stage before the referral process, perform them.
7. Manage the referral, take the lead.
8. Monitor and evaluate developments after the referral.

(At the very least, we need to avoid the following understanding regarding the referral chain: one should not act with the logic of “This patient is very complex and risky; it would be best to send them to another doctor” or “Let me get them off my hands.” The step of “Monitor and evaluate developments after the referral,” which is one of the most important stages of the referral chain, becomes critical precisely at this point.

The referral process is not merely about finding the patient risky and directing them to a higher level. The real issue is to follow and evaluate the patient’s entire process from the very beginning. In other words, when the patient is referred, responsibility does not end; on the contrary, the entire process should be monitored and evaluated starting from primary care.)

Benefits of the Referral Process

- **From the Patient’s Perspective**
 - Trust in the diagnosis
 - Savings in money and time
 - A better level of health status
- **From the Physician’s Perspective**
 - Learning and development from patient journeys
 - Gaining self-confidence
 - Strong ties among healthcare professionals
- **From the Perspective of the Referred Specialist**
 - The opportunity to manage their patient better
 - Strong ties among healthcare professionals
- **Types of Referral**



Referral Levels

- First: From the family physician to the hospital specialist
- Second: From specialist physician to specialist physician
- Third: From young, inexperienced specialist physician to experienced specialist physician
- Fourth: From general hospital specialist to reference hospital specialist physician



(Let me add one or two steps of my own opinion here: It is necessary to think of the issue from a broad perspective, including referral from a non-physician to a physician, and from a physician to a non-physician.)

Basic Principle of Referral

- There must be merit in the process (there must be alignment between need and target)
- It must be easy to implement (it must not lead to waste of time or money)
- It must be applied specifically to “that patient”

(The basic principle of referral is to direct the patient to the most appropriate and most competent specialist. What is important here is that the patient’s need and the target overlap. The understanding of “Go to a hospital and let a specialist see you” is not a correct referral approach according to this definition.

Another critical point is that the referral process should not create a new bureaucratic burden or difficulty for the patient. Referral should turn into a mechanism that makes the patient’s work easier; otherwise, the process deviates from its purpose and becomes an obstacle for patients.

For example, it is also not a correct method for a family physician to routinely refer every pediatric patient to a pediatrician. Automatically referring every patient simply because there is a specialist nearby makes the process inefficient. It is essential to evaluate the situation separately for each patient and make a decision specific to the patient’s needs.)

Techniques for Establishing a Referral Chain

• Stepwise Service Delivery Model

- Healthcare services should be staged as primary, secondary, and tertiary care
- Patients should first apply to primary care healthcare institutions (family physician, community health center) and be directed to higher levels when necessary.

(In the stepwise referral chain, we traditionally focused on primary, secondary, and tertiary levels. However, today, especially while we have a strong digital infrastructure such as e-Nabız, we have the opportunity to transform this process into much more modern and effective models.

We now have a much more comprehensive and data-oriented tool. Just as specialist physicians use certain clinical guides and guidelines in treatment processes, a conscious referral system must similarly be based on guidelines. Standards should be determined in the referral process, and “referral guidelines” should be created.

In this way, we can ensure that every referral directs the patient to the correct, appropriate, and most suitable healthcare service. Such a structure both balances the workload of healthcare workers and prevents patients from losing time with unnecessary referrals.)

• Electronic Referral and Follow-up Systems

- Patient referrals should be followed through the use of digital health record systems
- The patient’s previous diagnoses, examinations, and reasons for referral should be visible in the system
- Example: Digital health platforms such as the **e-Nabız** system in Türkiye can be an effective follow-up tool

- **Determination of Referral Criteria**
 - Standard protocols should be established regarding which diseases and conditions require referral
 - Guides and algorithms should be provided to physicians to ensure that referrals are not unnecessary
- **Strengthening Family Medicine and Primary Care**
 - The training of family physicians should be increased and they should be given more authority
 - Primary care healthcare institutions should be equipped in terms of diagnosis and treatment services
- **Patient Guidance and Information**
 - Patients should be made aware of the referral chain
 - Patients should be guided through mobile health applications or consultation lines
- **Ensuring Coordination Among Healthcare Workers**
 - A strong communication network should be established among hospitals, family physicians, and specialist physicians
 - Feedback mechanisms should be established for referred patients

ESTABLISHING A HEALTH INDUSTRY

Basic Components of the Preventive Health Industry

1. Vaccine and Pharmaceutical Production
 - **Vaccine Production Industry:** It is vital for immunization programs (for example, COVID-19, influenza, HPV vaccines)
 - **Dietary Supplements and Vitamins:** Producing products that support the immune system
 - **Probiotics and Functional Foods:** Developing products that strengthen digestive health and immunity
2. Health Technologies and Digital Health
 - **Wearable Health Technologies:** Devices that monitor heart rate, blood pressure, and sleep (Apple Watch, Fitbit, etc.)
 - **Telemedicine and Online Health Services:** Digital platforms that enable patients to access healthcare services remotely
 - **Health Artificial Intelligence:** Developing algorithms that perform disease risk analysis
3. Health Education and Awareness-Raising
 - **Healthy Living Education Platforms:** Organizing online and face-to-face health education programs
 - **Corporate Health Programs:** Developing special solutions aimed at improving employee health for companies
 - **Nutrition and Diet Counseling:** Enabling individuals to acquire healthy eating habits
4. Early Diagnosis and Screenings
 - **Genetic Tests and Personalized Health Solutions:** Developing preventive health programs according to genetic predispositions
 - **Mobile Health Screening Centers:** Conducting health screenings in rural and disadvantaged regions
 - **Digital Patient Follow-up Systems:** Establishing platforms that continuously monitor individuals' health data

(As we move closer to preventive health, the sections “Health Education and Awareness-Raising” and “Early Diagnosis and Screenings” become increasingly critical.

While health education provides individuals with the awareness necessary to manage their own health, awareness-raising activities also support the adoption of healthy lifestyle habits at the societal



level. In addition, early diagnosis and screening programs enable diseases to be detected before they show symptoms, making treatment processes more effective and more sustainable in terms of cost.

These two elements constitute the cornerstones of preventive healthcare services and have the potential to transform the healthcare system into a more proactive structure.)

Stages of Establishing a Preventive Health Industry

- 1. Market Research and Needs Analysis**
- 2. Financing and Investment Plan**
- 3. Regulatory and Legislative Compliance**
- 4. Establishment of Production and Logistics Infrastructure**
- 5. Marketing and Sales Strategies**

1. Market Research and Needs Analysis

- **The target audience should be determined** (children, the elderly, those at risk of chronic disease, etc.)
- **A competitive analysis should be conducted** (existing companies and gaps should be identified)
- **Health trends should be examined** (for example, products that strengthen the immune system may be popular.)

2. Financing and Investment Plan

- **Government incentives should be researched** (grants and loans provided to health ventures)
- **Private investors and health funds should be found** (venture capital, entrepreneurship capital funds)
- **Production and R&D investments should be planned** (biotechnology laboratories, digital health applications)

3. Regulatory and Legislative Compliance

- **Ministry of Health approval processes should be researched** (compliance of products or services with categories such as medical device regulations, dietary supplements, biotechnological products)
- **Compliance with national and international standards should be ensured** (quality standards such as ISO 13485 - quality management system for medical devices, GMP - Good Manufacturing Practices, CE certificate)
- **Market entry permits should be planned** (market surveillance and inspection processes of products, necessary licenses and certifications)
- **Data security and patient privacy regulations should be taken into consideration** (if digital health solutions are being developed, infrastructures compatible with the KVKK - Personal Data Protection Law and the GDPR - European General Data Protection Regulation)

4. Establishment of Production and Logistics Infrastructure

- The location and capacity of the production facility should be planned.
- Technological infrastructure should be established.

- An R&D and innovation laboratory should be established.
- The supply chain should be secured.
- A storage and logistics network should be created.
- Waste management and environmental sustainability should be planned.

5. Marketing and Sales Strategies

- Digital advertising and social media campaigns should be organized.
- Collaboration should be established with hospitals, pharmacies, and healthcare professionals.
- Corporate collaborations should be developed and special healthcare services should be offered to workplaces.

Developing the Preventive Health Industry Through Public-Private Cooperation

Public Support and Incentives

- The state can encourage domestic vaccine and pharmaceutical production
- It can provide grants and funds to entrepreneurs in the field of health technologies
- The private sector can be supported by including preventive healthcare services within insurance coverage

Private Sector Investments and Business Models

- Health technology ventures should be encouraged to support the start-up ecosystem
- Insurance companies should create special packages that include preventive health programs
- Large pharmaceutical and biotechnology companies should invest in state-supported health projects

Advantages and Challenges of the Preventive Health Industry

ADVANTAGES

- It reduces health expenditures by preventing diseases
- It improves public health and extends life expectancy
- It encourages innovation in the fields of biotechnology and digital health
- It creates new employment areas and supports economic growth

CHALLENGES

- High initial costs and long investment return periods
- Strict regulations and certification processes in the healthcare sector
- Lack of awareness in reaching the public and low demand for preventive healthcare services
- Difficulty of cooperation between the private sector and the public sector

(It is clear that significant advantages will be achieved when such an industry is established, but it will also bring serious challenges. Although it has the potential to reduce health expenditures, it should not be overlooked that initial costs will not be low. This type of approach is already inherent in the nature of preventive healthcare services: the aim is to improve public health and extend life expectancy. However, if this process is not supported by strict regulations, the risk emerges that it may turn into an uncontrolled and unmanageable area.)

While encouraging innovation in the fields of biotechnology and digital health offers an important opportunity, the lack of awareness in the public's access to these innovations and the low demand for preventive healthcare services stand as one of the greatest obstacles to the process. At this point, establishing effective cooperation between the public and private sectors is inevitable. However, ensuring this cooperation also does not seem easy.)



KEYNOTE SPEAKER-2

Prof. Dr. Işıl MARAL

President of the Türkiye Health Policies Institute

THE ROLE OF THE REFERRAL CHAIN IN THE DEVELOPMENT OF THE PREVENTIVE HEALTH INDUSTRY

Content

- Introduction and purpose
- Definition of the referral chain
- Importance of the referral chain in preventive healthcare services
- Success factors and challenges encountered in the referral chain
- Examples and models in the referral chain
- Recommendations and conclusion

Introduction and Purpose

Basic goal in health: It is the protection of society from diseases and the improvement of health through the early detection of diseases.

Referral chain management: It is the mechanism that ensures that the patient first applies to primary healthcare services and is directed to secondary or tertiary care when necessary.

Preventive healthcare services: Hastalıkları ortaya çıkmadan önce önleme veya erken yakalama üzerine odaklanır. Bu sunum, koruyucu sağlık hizmetlerini güçlendirmek amacıyla sevk zinciri yönetiminin nasıl optimize edilebileceğini detaylı olarak irdelemeyi amaçlamaktadır.

Definition and Importance of the Referral Chain



Referral Chain and Its Definition

The referral chain is the structure that regulates patient referral between primary care (e.g., family physicians, community health centers) and secondary and tertiary care hospitals. The integration of primary, secondary, and tertiary care is very important in this sense.

Importance:

- It prevents unnecessary applications to higher levels of care.
- It uses resources efficiently and increases the effectiveness of healthcare services.
- It ensures patient safety and continuity of service.

When primary care is mentioned, family physicians immediately come to mind, but it is also clear that in practice in Türkiye, this boundary has been exceeded by far. Home care services, emergency departments, private practices, and even sources of information accessed through the internet are used like primary care. University hospitals, although they are actually tertiary care institutions, have also frequently become places that are approached as if they were primary care.

Difficulties experienced in getting appointments through MHRS, the widespread use of outpatient clinics of private hospitals, and the fact that outpatient clinic services in public hospitals assume this burden call the sustainability of the existing system into question. The fact that outpatient clinic services in public hospitals assume a primary care role has even become a factor affecting the revolving fund balance.

So, is it possible for primary care to become independent from hospitals? Could private practices becoming more active or the effective operation of the referral chain reduce unnecessary applications to higher levels of care? Efficient use of resources, effectiveness of services, and ensuring patient safety stand out as the cornerstones of this process.

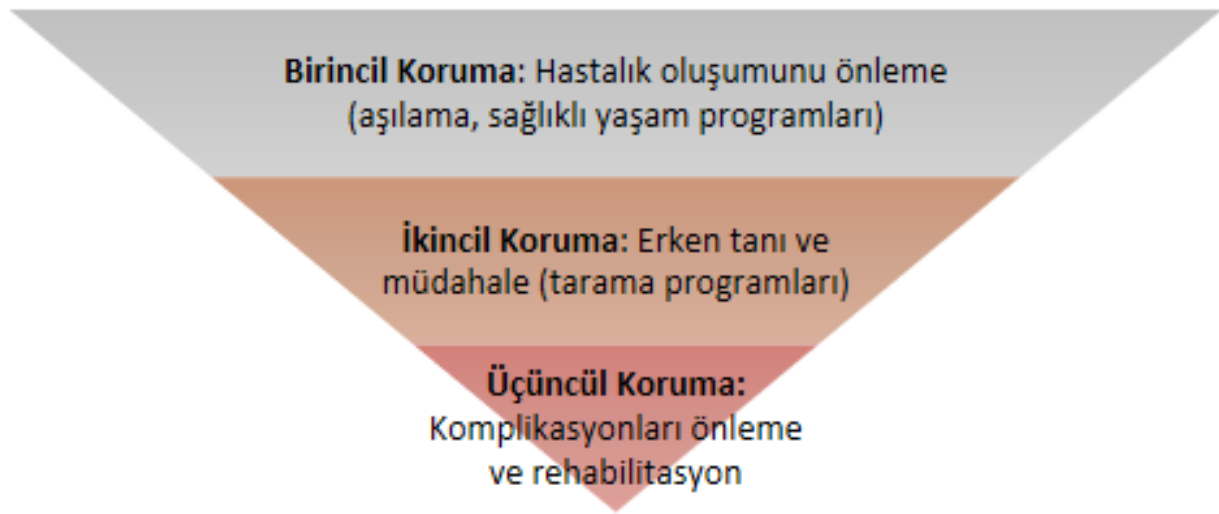
The private sector also plays an important role in this equation. Even for someone looking from the perspective of state experience, establishing a referral chain model focused on efficiency and patient continuity, in cooperation with the private sector, may be the key to a lasting improvement in the healthcare system.



The Role of the Referral Chain in Preventive Healthcare Services

Scope of Preventive Healthcare Services

Preventive healthcare services are services aimed at preventing diseases from emerging or diagnosing them early.



Levels of Preventive Healthcare Services:

It is important to emphasize that competencies and qualifications in medical education in Türkiye are clearly defined. The National Core Education Program (UÇEP) has been approved by the Council of Higher Education (YÖK) and the World Federation for Medical Education, and this program clearly states what level of knowledge and skills a general practitioner should have upon graduation. Fundamental issues such as preliminary diagnosis, diagnosis-treatment, preventive healthcare services, and emergency intervention are shaped within the framework of this program.

To whom, when, and why referral will be made in the referral chain is also directly related to these education programs. Especially in specialty fields, the standards determined by TUKMOS (Medical Specialty Board Curriculum Development and Standard Setting System) reveal which specialty field can perform which interventions. However, it is also a reality in the field that some clinical areas overlap and that this creates competition. For example, in rhinoplasty operations, discussions may occur between ENT specialists and plastic surgeons, and in eyelid surgery, between ophthalmologists and plastic surgeons, as to “Who does it better?”

What is important here is that the patient is referred to the most appropriate and most competent person. The standards determined by TUKMOS serve as an important guide for physicians at this point. However, it is seen that these standards also bring along boundary conflicts between professions. Especially in fields such as public health, it is stated that there are strict controls to ensure that one specialty field does not interfere with another.

As a result, who will provide which service at the primary, secondary, and tertiary levels of prevention has actually been clearly defined through education programs and specialty curricula. What is important is to ensure that these rules are applied in the field in a way that prioritizes patient benefit.

The Role of the Referral Chain in Preventive Healthcare Services

- The first step for early diagnosis and preventive practices: Identification of risk factors in primary care.
- After application: If necessary, secondary-tertiary care specialist support is obtained, and afterwards the patient returns to primary care and is followed up. This cycle enables continuous follow-up of the patient and continuity of preventive measures.

Now, continuous follow-up of the patient is required. In other words, when we refer a patient from primary care to secondary care, once the diagnosis and treatment are completed, the process does not end there. We cannot say, “We referred the patient, it is over.” What happened to that patient, how did the treatment progress, and what will we do when the patient returns to primary care afterwards? Following this process is extremely important. Especially in the management of chronic diseases, this follow-up plays a vital role.

I say that Türkiye and the world are currently experiencing a “honeymoon period” in health. So, what will happen 10 years from now? Whom will we treat, and how? How will we hospitalize patients? And most importantly, where will we find the resources to finance all of this? I hope we will not have to face such a picture.

But the truth is that we, as a society, are aging rapidly. Türkiye has also entered this process. Smoking has reached incredible levels. Consumption of tobacco and tobacco products is very high. This is already the easiest way to collapse a country. All you need to do is be patient: let cigarette consumption increase, let addictions multiply, let obesity and inactivity spread, let the population age... In the end, the healthcare system collapses.

We are currently in a honeymoon period in health, but the crisis that will come after this period is inevitable. Therefore, we need to take precautions now. It is essential to make the referral chain work properly. Primary care should be what it is supposed to be. We must increase preventive healthcare services. We must reduce obesity. We must manage diseases in primary care.

The management of chronic diseases is also a critical point here. But this is not a burden that a single physician can shoulder alone. As physicians, we cannot do anything alone. A team is essential. For good disease management, a team in which physicians, nurses, dietitians, physiotherapists, and everyone work together is needed. We must not forget this.

Success Factors in the Referral Chain and Success Factors and Challenges Encountered in the Referral Chain

Success Factors in the Referral Chain

1. Technological Infrastructure: Electronic health records (EHR) and e-referral systems (e.g., teleconsultation)
2. Effective Communication and Feedback: Continuous data sharing among physicians, nurses, pharmacists, and other stakeholders.
3. Organizational Regulations: The existence of standard protocols, guidelines, and flowcharts.
4. Patient Participation and Education: The patient being conscious and taking an active role in the referral process.



The key factors affecting success in the referral chain actually cover issues that we all know, but that we need to emphasize. What are these?

First, technological infrastructure. You must have a solid technological infrastructure for the effectiveness of healthcare services. A patient should not have to repeat an examination performed in one place somewhere else. We should be able to follow these data. Do we have an infrastructure for this in Türkiye? Yes, there is e-Nabız. So, can we access this data? If you have a good software infrastructure, yes. Through e-Nabız, you can access the patient's medical history, examinations, and treatments quite well. Our technological infrastructure exists.

As for effective communication and feedback... Do you think we are successful in this regard? Unfortunately, no. We are weak in communication even among physicians. What about nurse-physician and nurse-pharmacist communication? Unfortunately, that is not good either. I do not know why this is the case, but we are not sufficiently good at communication even among our own colleagues. Do we say, "Why did they call me for this consultation as well?" about a patient we consult, or do we say, "Let me provide feedback on this so that a more effective evaluation can be made in the next consultation"? We need to think about this.

Organizational arrangements are another critical point. Do we have standard protocols, guidelines, and flowcharts? Yes, we have them on almost every subject. For example, while working on communicable diseases in 2002-2003, there was no diagnosis and treatment guide for communicable diseases in Türkiye. At the Ministry of Health, we came together with a group of faculty members — infectious diseases specialists, pediatricians, public health specialists, biologists. We examined and translated the guidelines of other countries and adapted them in accordance with Türkiye's health system and needs. This was one of the studies in which I was involved and of which I am proud on behalf of our country. Later, similar studies were also carried out for chronic diseases. Today, we have protocols and guidelines.

There have also been serious developments on the education side. The National Core Education Program (UÇEP) is implemented in medical faculties. The 2026 version is also currently being prepared. UÇEP clearly defines what competencies and qualifications a physician graduating from medical faculty should have.

Finally, we should place greater emphasis on patient participation and education. We need to establish better communication not only with patients, but also with healthy individuals who require regular follow-up. As physicians, our role as communicators is very important. This is why we also added the expression "communicator" to UÇEP. Physicians must now have strong communication skills in addition to medical knowledge. This has also begun to be included in course curricula. I am hopeful for the future. I believe that we will carry our healthcare system further with physicians who have developed communication skills, who are competent in technology, who adhere to protocols, and who work with team spirit.

Challenges Encountered in the Referral Chain

Lack of Financing and Incentives: The share spent on preventive services in primary care may be insufficient

Lack of Teamwork: Due to heavy workload, staff shortages, and lack of training, disruptions in coordination may occur

Integration of Information Systems: The failure of different software systems to work together may disrupt the referral process

Patient Non-Compliance: The patient not attending follow-up appointments after referral or not applying the recommended treatments

Financing in the Referral Chain: A Growing Problem

The issue of financing in the referral chain is becoming an increasingly larger problem. There is one point I would especially like to draw attention to regarding the elderly population: We do not collect insurance premiums for the elderly. At TUSPE (Türkiye Health Policies Institute), we conduct studies on elderly health. When we examine different countries, for example, additional insurance premiums are applied after the age of 40. However, we do not have such a system.

So, what will be the cost of long-term care? How will the financing of these services, including private hospitals, be ensured? There are many private insurance models, but the sustainability and scope of these systems are open to discussion.

Digital Health and Artificial Intelligence: The Gateway to a New Era

Digital health is increasingly entering our agenda. I especially want to emphasize the importance of digitalization in the referral chain. Perhaps we will now begin to communicate with artificial intelligence. As Sabahattin hocamız also said, the first point of application may no longer be directly a physician. Perhaps patients will first be evaluated through an artificial intelligence-supported system and then directed to the physician. We have already begun to discuss this transformation.

What is important here is how the healthcare sector will adapt to this change. For those investing in the sector, this is also a major opportunity and an area that needs to be evaluated correctly. There are various examples of this application around the world, and we also need to closely follow this process.

Patient Compliance and Examination Times: It Is Essential to Allocate Time

Another critical issue is patient compliance. Referred patients need to understand that this referral is a beneficial step for them. Instead of the perception that “They dismissed me,” the perception that “They will allocate more time to me” needs to be established.

It is very important that we allocate more time to patients in secondary and tertiary healthcare services. Examination times should not remain limited to 5 minutes. Especially in serious diseases such as cancer, which require long-term follow-up, we should give patients more time. If we want to operate the referral chain effectively, we must allocate more time to patients who need it. I think this change needs to be implemented as soon as possible.

Examples and Models in the Referral Chain

Information Technologies and eHealth Applications

- Electronic Health Records: They collect the patient's past medical information on a single digital platform and prevent unnecessary repetition of tests
- Telemedicine and Teleconsultation: They save time and costs in situations requiring specialist opinion
- Online Follow-up and Reminder Systems: They support preventive services by sending automatic alerts for vaccinations, screenings, and appointments
- Data Analytics and Decision Support Systems: They can be used to identify risk groups and personalize preventive interventions



Future Health Applications: Digital Transformation Is Inevitable

Among the applications that we will talk about most and witness the development of in the field of health in the coming years are Electronic Health Records, Telemedicine and Teleconsultation, Online Follow-up and Reminder Systems, and Data Analytics and Decision Support Systems.

Thanks to Electronic Health Records, patients' medical history can be accessed from every point. Repetition of the same examinations over and over again is prevented, and treatment processes are accelerated.

Telemedicine and Teleconsultation applications make it possible for patients to access healthcare services remotely, regardless of where they are located. This offers great convenience, especially for those in regions where transportation is difficult, those with chronic diseases, or patients with limited mobility.

Online Follow-up and Reminder Systems play a critical role in ensuring that patients continue their medication use, follow-up examinations, or treatment plans without interruption. Especially in chronic disease management, they create a support mechanism that increases patient compliance.

Data Analytics and Decision Support Systems, on the other hand, help physicians make faster and more accurate decisions by making sense of field data. These artificial intelligence-supported systems will play an important role in the early diagnosis of diseases and in the creation of personalized treatment plans.

In short, digitalization in health is now inevitable. The integration and effective use of these technologies will make healthcare services more efficient, accessible, and sustainable. These will become indispensable elements not only of the future, but also of the health ecosystem that is beginning to take shape today.

Organizational and Managerial Approaches

- Participatory Decision-Making: Inclusion of the entire team in clinical processes, quality improvement, and organizational change
- Standard Protocols: Algorithms and checklists that clarify the steps before referral, during referral, and after referral
- Performance Monitoring: Regular reporting of indicators such as referral times, feedback rates, and patient satisfaction
- Preparation of Guidelines and Guides: Standardization of road maps to be followed in preventive services

Evidence-Based Medicine and Participatory Decision-Making: The Role of the Patient Is Increasing

In medical education and healthcare services, we now emphasize that not only physicians, but also patients should be included in decision-making processes. I have been serving as a faculty member at the medical faculty since 1997 and work one-on-one with our students. We always convey evidence-based medicine to them.

When we speak of evidence-based medicine, we determine the most appropriate treatment method for our patients in light of scientific articles, current data, and guidelines. However, there is

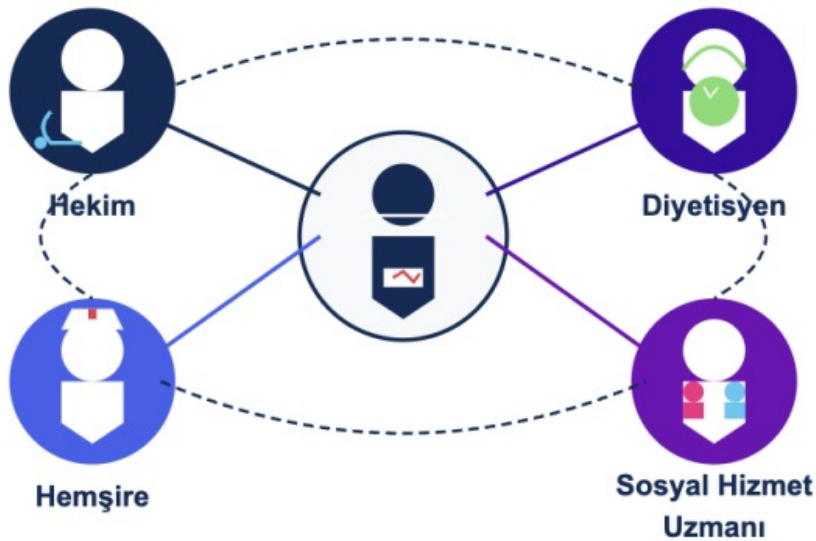
an important point here: our patients should also be part of this process. The physician should not be alone in the decision-making mechanism; the patient should also have a say regarding their own health.

Standard protocols, clinical guidelines, and treatment guides are, of course, very important. They provide a scientific basis for decision-making processes. However, each patient's lifestyle, expectations, and individual circumstances are different. Therefore, listening to the patient, explaining the options to them, and actively involving them in the treatment process is a critical approach that strengthens the human aspect of medicine and increases treatment success.

If we want a more effective healthcare system in the future, evidence-based medicine should be practiced not only by physicians, but together with patients. This understanding will continue to be one of the cornerstones of both our medical education and our clinical practice.

Human Resources and the Role of Multidisciplinary Teams

- Role Distribution: Professionals such as nurses, dietitians, and social workers take an active role in referral processes
- In-Team Communication: Regular meetings, shared digital platforms, case evaluation sessions
- Education and Development: Sharing current practices in referral guidelines and preventive services through continuous professional development programs



The Importance of Role Distribution and Teamwork in Health

In order to establish a successful referral chain in healthcare services, role distribution must be carried out correctly. The physician, of course, occupies a critical point in the treatment process, but what they can do alone is limited. For effective patient management, we must act with a multidisciplinary team approach.

Nurses, dietitians, social workers, and other healthcare professionals are an integral part of this process. The role of each professional group within the referral system should be clearly defined, and these roles should be actively implemented. For example, in the management of a diabetes patient, while the physician makes the diagnosis and plans the treatment process, the nurse can ensure the patient's daily follow-up, the dietitian can create an appropriate nutrition program, and the social worker can evaluate the patient's psychosocial needs.



At the same time, strengthening in-team communication is a critical point for team members to complement one another and provide holistic service to the patient. As much as healthy communication is important, it is also of great importance for team members to receive continuous training and for their professional development to be supported. Science and technology are advancing rapidly; therefore, healthcare professionals also need to keep pace with this change.

As a result, in order to establish a patient-oriented healthcare system, not only the physician, but the entire healthcare team must work in harmony. Correct role distribution, effective communication, and continuous development are the cornerstones of quality healthcare service.

Strengthening Community and Patient Participation

- Health Literacy: It accelerates early application and the functioning of the referral chain by creating awareness in society
- Inclusion of the Patient in the Decision-Making Process: In cases where referral is required, the patient is informed and cooperation is ensured
- Community-Based Activities: Reducing the burden of chronic diseases through screening campaigns, educational seminars, and support from local governments

The Importance of Increasing Health Literacy

It is not possible to establish a successful healthcare system without increasing health literacy. We know that our Ministry of Health carries out many studies on this issue, and we need to support these studies at every stage.

When health literacy is increased, the inclusion of the patient in the decision-making process actually occurs naturally as a result. A conscious individual participates more actively in decision-making processes regarding their own health, understands the treatment process better, and complies with the recommended treatment plan.

At this point, community-based activities, screening programs, and educational seminars are of great importance. Screening programs, in particular, are included within the scope of secondary preventive healthcare services and play a critical role in the early diagnosis of diseases.

If we increase health literacy and raise individuals' awareness of protecting and managing their health, we can build a much healthier future at both the individual and societal levels.

WHO Perspective: Integration of Public Health and Primary Care

- According to the World Health Organization, when primary care and public health work in an integrated manner: Preventive steps are taken before diseases emerge Individual patient care and strategies to improve community health become intertwined
- Example: Vaccination programs, communicable disease control, community awareness campaigns in the fight against chronic diseases

Primary care

Worldwide primary care has been shown to be associated with enhanced access to health services, better health outcomes, and a decrease in hospitalization and emergency department visits (18). Primary care can also help counteract the negative effect of poor economic conditions on health (19). Traditional primary care focuses on personal health care services and continuity of care. The curative, "disease model" of the 1970s, which is still common today in many countries, is changing rapidly. Ageing, population growth, a rising burden of chronic, noncommunicable diseases and multimorbidity, and technological advances are driving the transformation of primary care. These demographic and epidemiological shifts require primary care to focus on prevention and quality of life, and encourage a proactive population management approach that targets individuals and groups that are most affected by the structural determinants of health. To do this effectively requires linking with public health (20). Proactive primary care means that radical changes need to be made to the current model of service, which include integrating key public health functions and interventions into primary care services. In her definition of primary care, Barbara Starfield indicated the need to move to a health model that provides "the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage on-going health problems" (16,21). With this comprehensive and holistic approach, over 95% of patient contact with the health service would take place in primary care (17). It can therefore be argued that primary care is the backbone of any effective health system that aims for better population health. In settings where primary care has been effectively deployed and supported with adequate training and resources, family physicians only refer around 5% of patients from consultations onto secondary care (22–24). Patient satisfaction is high and at a decidedly low cost to the health system (19,25,26). The evidence is very clear: a health system that is not primary care-led is a weak and expensive system. Indeed, countries more oriented to primary care have populations with better health and services that are delivered at a lower cost (19,20,27,28).

Transforming primary care to have a proactive role in promoting health and preventing disease in addition to diagnosis, treatment and care is a logical next step in primary care development. Primary care, particularly when established with a clear responsibility for a population (employment or registration), is the building block of public health and is the appropriate location for local public health interventions. This raises the question: what is public health in the context of primary care? And, how can integration be achieved?

Public health

Public health, which is described in some countries as public health medicine, or community medicine, is a multidisciplinary specialty, defined as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society" (13). The multifaceted functions of public health provide the necessary tools to improve health through health promotion, protection and disease prevention at population and individual levels. Not all public health functions however can be delivered at the primary care level. In the WHO European Region, the five core essential public health operations are:

1. Surveillance
2. Monitoring preparedness for response
3. Health protection
4. Health promotion
5. Disease prevention.

There is enormous potential for primary care to take a more proactive role in contributing to tackling some of these essential public health operations, especially, promoting health and disease prevention. Public health guidance from the United Kingdom's National Institute for Health and Care Excellence advises primary care professionals such as family physicians to opportunistically and proactively carry out activities such as short interventions to identify, reduce and prevent problematic use, abuse and dependence on alcohol, tobacco and illicit drugs, among others (27–32). However, in the case of smoking, for example, primary care professionals tend only to respond to requests for help with giving up smoking rather than proactively engaging with existing smokers. Such reactive approaches to health must become more proactive ones (12,31). Evidence of the benefits of health promotion within primary care is growing, and primary care and public health professionals and academics are working together to expand the evidence base with a particular interest in return on investment.

Public Health and Primary Care Must Collaborate

It is of great importance for public health and primary care to work in a coordinated manner. The implementation of vaccination programs, control of communicable diseases, combating chronic diseases, and carrying out community awareness campaigns constitute the cornerstones of this collaboration.

Primary healthcare services play a critical role in preventing diseases before they emerge by providing preventive healthcare services at the point closest to the community. When carried out together with public health efforts, a broader impact can be achieved across society.

Vaccination programs are one of our strongest tools in preventing communicable diseases. We saw once again how vital this was, especially during the pandemic. Similarly, early detection and management of chronic diseases are also possible through effective follow-up and guidance beginning in primary care.

Community awareness campaigns not only enable individuals to acquire healthy lifestyle habits, but also contribute to raising their awareness about recognizing the early signs of diseases and applying to healthcare services in a timely manner.

Public health specialists, family physicians, nurses, and other healthcare professionals are integral parts of this process. Through strong collaboration, we can take important steps toward building a healthy and resilient society.



Digital Health (eHealth) and Preventive Services

- Preventive Counseling and Follow-up: Monitoring patient behaviors through mobile applications and wearable technologies
- Data-Driven Interventions: Early identification of risk groups through big data analysis and targeted education/guidance
- Artificial Intelligence-Supported Decision Systems: They help determine the need for referral by presenting the patient's possible risk score to the physician

Artificial Intelligence-Supported Decision Systems Are Launching a New Era in Health

In the coming years, the use of artificial intelligence-supported decision systems and risk scores will play an increasingly critical role in the healthcare system. These systems will become an important tool in determining and prioritizing which patients should be referred.

Thanks to artificial intelligence, patient data can be analyzed and individuals carrying high risk can be identified earlier. Especially in cases involving chronic diseases, sudden health problems, or situations requiring urgent intervention, these systems will ensure that patients are referred to the right level at the right time.

Risk scores will evaluate a wide range of data such as the patient's medical history, current condition, and vital signs, revealing who needs more urgent care. This will ensure both more efficient use of resources in healthcare services and faster and more effective management of patient care.

In short, artificial intelligence-supported systems are no longer only part of the future, but part of a transformation that must be prepared for today. These systems, which will strengthen the decision-making mechanisms of healthcare professionals, will contribute to establishing a fairer, more effective, and patient-oriented structure in the referral chain.

Recommendations and Conclusion

Recommendations

1. An Integrated Approach Should Be Adopted: Effective coordination among public health, primary care, and specialties
2. Technological Infrastructure Should Be Strengthened: e-health solutions, data-driven decision-making mechanisms, teleconsultation
3. Quality and Performance Monitoring: Regular measurement of referral processes, use of reminder systems, feedback mechanisms
4. Multidisciplinary Teams: The role of personnel such as nurses, dietitians, psychologists, and social workers in referral processes should be clearly defined
5. Financial Incentives: Payment models that focus on preventive services and reward appropriate referral practices

Conclusion

- Referral chain management is the cornerstone of preventive healthcare services and has strategic importance in the prevention, early diagnosis, and management of diseases.
- An efficient, sustainable, and patient-centered referral process can be created through the integration of primary care, public health, and digital technologies.
- The goal is to reduce the disease burden and increase patient satisfaction and the overall health level of society.

Tablo 10.9. Sağlık Personelinin Hizmet Birimlerine Göre Dağılımı, Sağlık Bakanlığı, 2023

	Hastaneler	Aile Hekimliği Birimi	Diğer Kurumlar	Toplam
Uzman Hekim	52.496	3.046	1.744	57.286
Pratisyen Hekim	17.776	23.357	7.722	48.855
Asistan Hekim	25.621	-	-	25.621
Toplam Hekim	95.893	26.403	9.466	131.762
Toplam Diş Hekimi	6.320	-	6.554	12.874
Eczacı	4.278	-	483	4.761
Hemşire	158.721	11.346	7.700	177.767
Ebe	33.470	11.667	11.042	56.179
Diğer Sağlık Personeli	124.373	1.717	62.285	188.375
Diğer Personel ve Hizmet Alımı	235.799	19.896	27.930	283.625
Toplam Personel	658.854	71.029	125.460	855.343

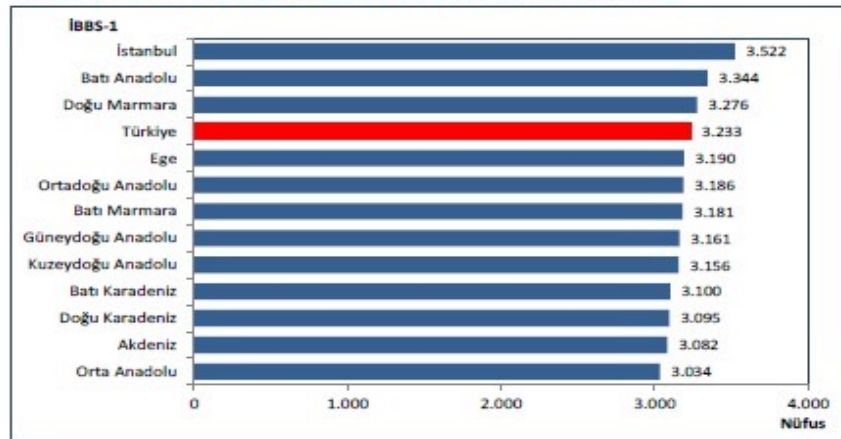
Kaynak: Sağlık Hizmetleri Genel Müdürlüğü, Halk Sağlığı Genel Müdürlüğü

Improving Preventive Healthcare Services Through Referral Chain Management in Healthcare Services

According to 2023 data from the Ministry of Health General Directorate of Healthcare Services and the General Directorate of Public Health, when the distribution of healthcare personnel by service units is examined, it is seen that physicians constitute 131,762 of the total 855,343 personnel, and that 26,403 of these physicians are in family medicine units, 95,893 are in hospitals, and 9,466 are in other institutions.

Everyone in Türkiye is a family physician. An orthopedist can also work like a family physician in a university hospital. I would like to draw your attention to this area.

Şekil 10.38. İBBS-1'e Göre Aktif Çalışan Aile Hekimi Başına Düşen Nüfus, 2023



Kaynak: Halk Sağlığı Genel Müdürlüğü



In the same year, it is seen that the average population per actively working family physician across Türkiye was 3,233, with İstanbul having the highest ratio with a population of 3,522, and Central Anatolia having the lowest ratio with a population of 3,034. orana sahip olduğu görülmektedir.

Tablo 8.1. Yıllara ve Kurum Türlerine Göre Toplam Hekime Müracaat Sayısı, Tüm Sektörler

	2002	2019	2020	2021	2022	2023
Sağlık Ocağı	69.303.517	-	-	-	-	-
Aile Hekimliği	-	278.043.149	247.273.830	239.053.780	332.907.540	416.806.846
Verem Savaş Dispanseri	2.012.458	1.256.364	769.343	788.679	792.725	801.314
ÇEKÜS Birimi*	2.980.481	309.984	153.890	123.859	206.640	219.162
TSM'ler Tarafından Yapılan Diğer Muayeneler*	-	3.959.746	1.767.606	1.826.891	2.267.019	2.511.557
Özel Poliklinikler	731.132	629.221	435.764	598.356	774.934	782.357
Birinci Basamak Toplamı	74.827.588	284.198.464	250.400.433	242.391.565	336.948.858	421.121.236
Özel Tıp Merkezleri	9.824.802	18.298.592	14.527.627	15.672.466	17.248.270	14.872.035
Hastaneler	124.313.659	510.406.566	335.333.071	417.588.159	500.131.196	537.525.816
Sağlık Bakanlığı	109.793.128	391.526.250	242.701.322	308.173.929	379.606.795	424.550.715
Üniversite	8.823.361	46.211.148	31.725.506	40.102.992	45.746.680	45.534.172
Özel	5.697.170	72.669.168	60.906.243	69.311.238	74.777.721	67.440.929
2. ve 3. Basamak Toplamı	134.138.461	528.705.158	349.860.698	433.260.625	517.379.466	552.397.851
Genel Toplam	208.966.049	812.903.622	600.261.131	675.652.190	854.328.324	973.519.087

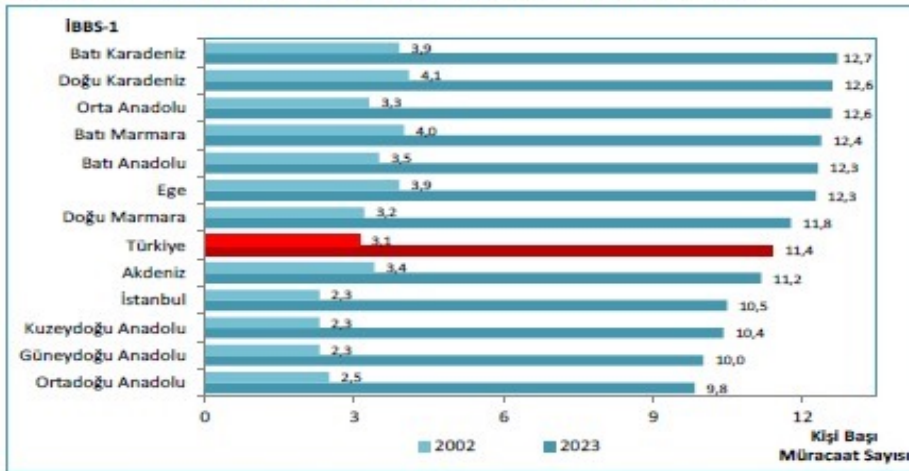
Kaynak: Halk Sağlığı Genel Müdürlüğü, Sağlık Hizmetleri Genel Müdürlüğü

*Danışmanlık hizmeti başvuruları, hekime müracaat sayısına dahil edilmemiştir.

Not: Diğer hekimine yapılan müracaatlar dahil değildir.

In 2023, the total number of physician visits was 973,519,087, and it is seen that 552,397,851 of these visits were met by secondary and tertiary care, while 421,121,236 were met by primary care.

Şekil 8.3. İBBS-1'e Göre Kişi Başı Hekime Müracaat Sayısı, Tüm Sektörler, 2002, 2023



Kaynak: Halk Sağlığı Genel Müdürlüğü, Sağlık Hizmetleri Genel Müdürlüğü

Şekil 8.6. İBBS-1'e Göre Birinci Basamak Kuruluşlarında Kişi Başı Hekime Müracaat Sayısı, Tüm Sektörler, 2002, 2023



Kaynak: Halk Sağlığı Genel Müdürlüğü, Sağlık Hizmetleri Genel Müdürlüğü

Increase in the Number of Physician Visits and the Burden on the Healthcare System

While the number of physician visits per capita was 3.1 in 2002, this figure had risen to 11.4 by 2023. A similar increase is also observed in primary care institutions; the number of visits per capita, which was 1.1 in 2002, reached 4.9 in 2023.

However, an important problem should not be overlooked here: patients must be directed correctly in order to access the healthcare service most appropriate to their needs. Today, in the system, most patients directly turn to secondary and tertiary healthcare services. However, many health problems are of a nature that can be resolved in primary care -through a short consultation with family physicians.

Although the MHRS appointment system is actively used in the current situation, we see that this process becomes even more complex with private insurance and private hospitals. While the system allows patients to access the specialist physician they want in the shortest possible time, this can lead to unnecessary crowding and waste of resources in healthcare services.

The problem is that these rapidly increasing application rates are not sustainable. It is not difficult to predict where these numbers will reach five years from now. Moreover, a large portion of these applications is covered by the Social Security Institution (SGK). It is clear that this burden creates serious pressure on the country's healthcare system and economy.

At some point, it is necessary to "step on the brakes." While ensuring that patients have access to the highest-quality and most valuable service they need, it is essential to operate the referral chain in a more effective and balanced manner. Preventing unnecessary applications to higher levels of care may be possible through strong health management and a patient guidance system in primary care.

As a result, for the efficient use of resources in the healthcare system and for patients to access the most appropriate treatment, strengthening primary care and implementing the referral chain more effectively are of critical importance.



MODERATOR

Assoc. Prof. Abdullah Emre GÜNER
Istanbul Provincial Health Director

WE HAVE TO INTEGRATE THE CHANGING PERSPECTIVE INTO OUR HEALTHCARE SYSTEM

When speaking about the referral chain and preventive healthcare services, we often try to determine how society will adapt to these systems. We tend to guide people and impose limitations by saying, “Actually, this is the right way; you should do it this way.” However, how sustainable this approach is remains open to discussion.

At the foundation of the success achieved through the “Health Transformation” project launched by our President in 2003 lies the joint work of the public and private sectors and universities. The point Türkiye has reached in healthcare services is a result of this collaboration. However, there are still areas in public health where we act with an old understanding. With the approach of “for the people, despite the people,” we dictate to people how they should act. We impose requirements such as “You must first go to the family health center.” Although this approach has brought some problems with it, it has also been one of the elements that made our healthcare system fast and accessible.

Today, we know the difficulties experienced in accessing healthcare services in Europe. The challenges faced by the NHS in the United Kingdom are evident. We hear how difficult it is to reach a doctor in countries such as Germany and the Netherlands. In Türkiye, however, we take pride in the fact that healthcare services are provided in the fastest and highest-quality manner. However, for this system to be sustainable, we need to move away from an approach that restricts people. What matters is being able to direct individuals to the right health professional at the right time — and this does not always have to be a doctor.

Society now prioritizes not only receiving treatment, but also protecting its health. People want to live healthily and comfortably for many years. When we look today, while 20-30 years ago there were oncology professors and surgeons on Valikonağı Street, now there are healthy living coaches and “well-being” specialists. People are seeking ways to maintain a healthy life more than healthcare services. Plateaus that were not valued in the past have today turned into healthy living areas visited with luxury vehicles.

We have to integrate this changing perspective into our healthcare system. It is not possible for us to achieve this transformation without cooperation between the public and private sectors. Our achievements to date have shown how important multidisciplinary work is. In the process ahead, we must continue to work together for an accessible and sustainable healthcare system that is aligned with society’s expectations and needs and free from restrictions.



METHODOLOGY

At the 41st TÜSAP Vision Meeting, under the theme of “developing the preventive health industry through referral chain management in healthcare services,” opinion leaders representing the health sector were asked questions regarding the agenda. The outcome graphs prepared based on the responses of 93 senior executives and young entrepreneurs representing the public sector, NGOs, the private sector, and universities were again interpreted by the participants. NGO representatives accounted for 17 percent of the participants, while public administrators accounted for 32 percent. Private sector executives took part with a share of 21 percent, and universities focused on the field of health with a share of 30 percent.

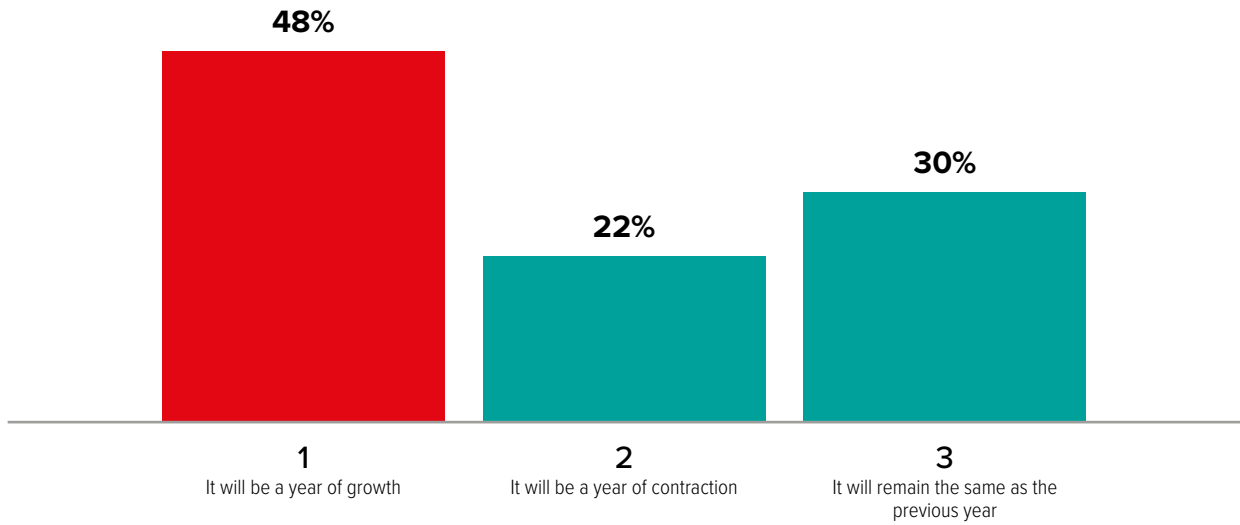


GROWTH STANDS OUT IN EXPECTATIONS FOR THE HEALTH SECTOR IN 2025

Among the participants who were asked about expectations for the health sector in 2025, 48 percent predicted that it would be a year of growth for the sector, while 22 percent stated that it would be a year of contraction. A group of 30 percent stated that the sector would remain at the same level as the previous year.

1. What is your forecast for the health sector in Türkiye for 2025?

1. It will be a year of growth
2. It will be a year of contraction
3. It will remain the same as the previous year



Moderator: Istanbul Provincial Health Director Assoc. Prof. Abdullah Emre Güner:
The feedback from this meeting should not consist only of clichéd statements such as “Community health centers are very good, we should go to primary care, and we should not receive healthcare services without applying to secondary and tertiary care.” We must go beyond these general assumptions that everyone already expresses.

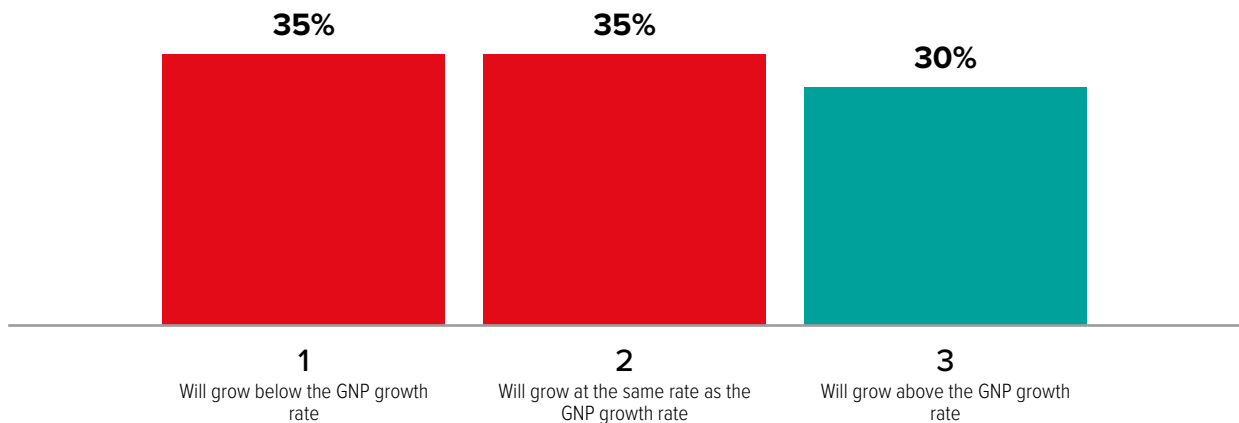
Here, the coming together of people with extensive experience in the sector is an important opportunity. We should use this synergy to produce different and innovative ideas. In order to improve the healthcare system, we should focus on applicable and effective solutions rather than memorized discourses.

HEALTH INVESTMENTS ARE EXPECTED TO PROGRESS IN PARALLEL WITH THE GNP GROWTH RATE

When participants' expectations for health investments over the next 5 years were evaluated, 35 percent predicted that health investments would increase at the same rate as the GNP growth rate, while 35 percent stated that health investments would grow below the GNP growth rate. A group of 30 percent stated that health investments would increase above the GNP growth rate.

2. For Türkiye, over the next 5 years, health investments:

1. Will grow below the GNP growth rate
2. Will grow at the same rate as the GNP growth rate
3. Will grow above the GNP growth rate





HOW WILL THE BALANCE BETWEEN GROWTH AND COST REDUCTION BE ACHIEVED IN THE HEALTH SECTOR?

It was stated that the majority in the hall had a similar perspective, and that the discussions focused mainly on how costs could be reduced. However, it was expressed that it was not understood how it would be mathematically possible to cut expenditures on the one hand while achieving development in parallel with Türkiye's growth rate on the other. It was emphasized that if the health sector focuses only on reducing costs while other sectors continue to grow, even if growth is achieved across the country, it is inevitable that the health sector will grow below GDP.

IS THE SHARE OF THE HEALTH SECTOR DECREASING?

It was demonstrated with figures that the health sector is growing below GDP. It was stated that the share allocated to health in the Turkish economy declined from 4% in 2020 to 3.7% today and would probably decrease further. It was noted that these data are not hidden, but are information that everyone can see transparently when the medium-term plan is examined. Emphasizing that there can be no doubt about the accuracy of the official data announced by the Presidency of Strategy and Budget of the Republic of Türkiye, it was stated that the current situation is also confirmed by the figures.

IS THE GOLDEN AGE IN HEALTHCARE SERVICES BEHIND US?

Attention was drawn to the successful periods in healthcare services in past years, and it was stated that it should be remembered that much stronger healthcare services were provided when the share allocated to health reached levels of 5.5%, especially between 2010 and 2014. It was emphasized that during this period, the healthcare system operated more efficiently and service quality was high.

GROWTH IN THE HEALTH SECTOR IS INEVITABLE

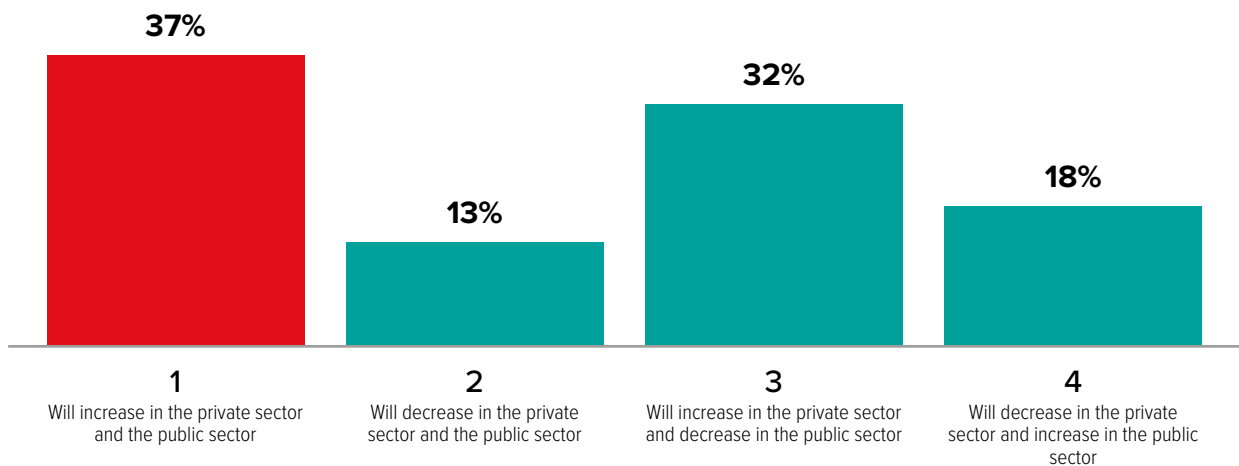
It was stated that the health sector has the potential to grow, even if this is not desired. It was noted that the scope of health investments should be clarified, and that health tourism has an important share in this growth. It was emphasized that in recent years, patient flow has occurred not only from surrounding geographies, but also across continents, and that Türkiye is an attractive destination in terms of health tourism. It was stated that health investments are not limited only to hospitals, and that aesthetics, the preventive health industry, and home healthcare services should also be included within this scope.

THE PRIVATE SECTOR STANDS OUT IN HEALTH INVESTMENTS

Among the participants who were asked to evaluate health investments for the next 5 years, 37 percent predicted that investments would increase in both the private and public sectors, while 13 percent thought that there would be a decrease in both sectors. A group of 32 percent expected an increase in the private sector and a decrease in the public sector, while 18 percent stated that there would be an increase in public investments and a decline in private sector investments.

3. For Türkiye, over the next 5 years, health investments:

1. Will increase in the private sector and the public sector
2. Will decrease in the private sector and the public sector
3. Will increase in the private sector and decrease in the public sector
4. Will decrease in the private sector and increase in the public sector





HEALTH INVESTMENTS WILL CONTINUE TO INCREASE IN BOTH SECTORS

It was stated that the general perception regarding how health investments will take shape in the public and private sectors over the next five years is that private sector investments will decrease. However, it was emphasized that despite similar forecasts in previous years, private sector investments have continued to increase. It was stated that public investments will definitely increase, and that public health expenditures will also continue to rise, especially as newly diagnosed patients are referred to hospitals with the expansion of chronic disease screenings. As a result, it was expressed that health investments will grow in both sectors.

HEALTH INVESTMENTS WILL INCREASE, BUT THEY WILL TRANSFORM

It was stated that health investments will increase in both the public and private sectors over the next five years. It was emphasized that existing hospitals need to be renewed and that the health sector is a dynamic industry. Although it was noted that private hospitals may experience difficulties, it was stated that private clinics, polyclinics, software-based healthcare services, and artificial intelligence-supported solutions will increase. However, it was expressed that no increase is expected in hospital bed capacity, and therefore this should not be considered a negative outlook for the sector.

THE FOCUS IN HEALTH EXPENDITURES IS CHANGING: PREVENTIVE HEALTH COMES TO THE FORE

It was stated that today, people are tending to spend more on protecting their health rather than receiving treatment. It was emphasized that this trend should be supported economically. It was expressed that the private sector is also moving in line with the current course, but that it is now necessary to look from a different perspective.

THE FUTURE OF HOSPITALS: BED CAPACITY OR TRANSFORMATION?

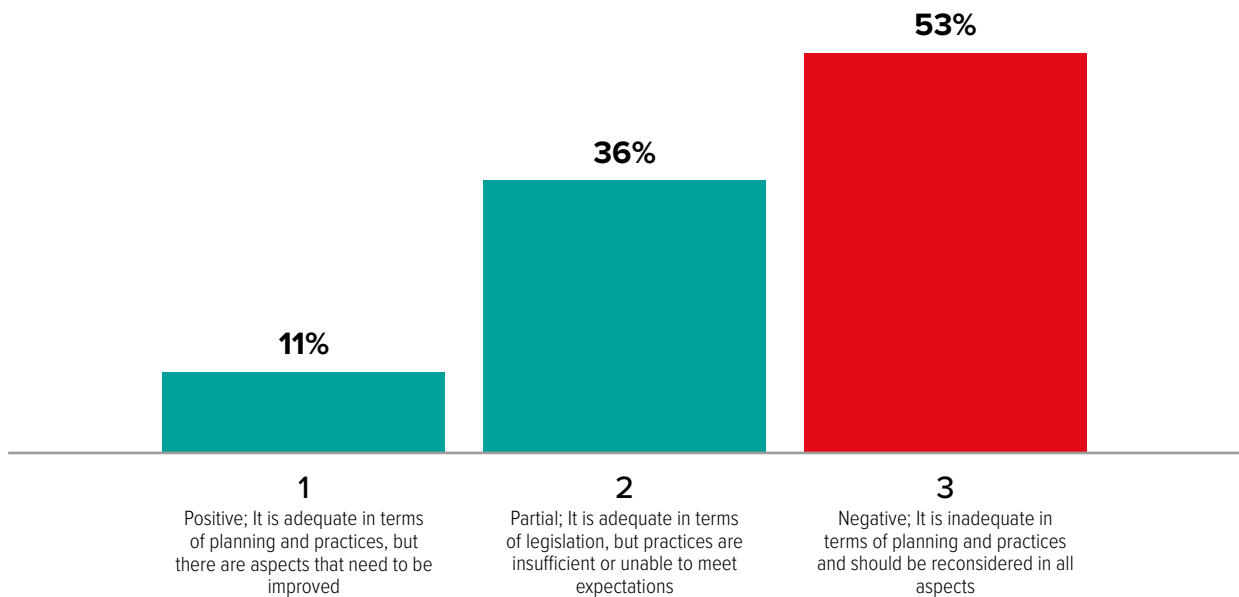
It was stated that if Türkiye ages more slowly than expected, occupancy rates in existing hospital beds will remain low. In this regard, it was emphasized that hospitals will need to change their existing structures. It was stated that especially the private sector will have to transform the way healthcare services are delivered instead of opening enormous hospitals.

A CRITICAL VIEW OF REFERRAL CHAIN MANAGEMENT PREDOMINATES

When the participants' evaluations of referral chain management in Türkiye were examined, 53 percent stated that they found it inadequate in terms of planning and practices, and thought that the system should be reconsidered in all aspects. A group of 36 percent stated that it was adequate in terms of legislation, but that practices remained insufficient. Meanwhile, 11 percent stated that they generally viewed referral chain management positively, but anticipated that there were aspects that needed to be improved.

4. How do you evaluate referral chain management in Türkiye?

1. Positive; It is adequate in terms of planning and practices, but there are aspects that need to be improved
2. Partial; It is adequate in terms of legislation, but practices are insufficient or unable to meet expectations
3. Negative; It is inadequate in terms of planning and practices and should be reconsidered in all aspects



THERE IS REFERRAL, BUT NO CHAIN: AN EVALUATION OF THE REFERRAL SYSTEM IN TÜRKİYE

It was stated that there is no planned and mandatory referral system in Türkiye. It was emphasized that patients can apply directly to the healthcare institution they want, and therefore it is difficult to speak of a referral chain in the true sense. In the current situation, it was expressed that physicians can make referrals depending on their initiative, but that these referrals are not mandatory. As a result, it was stated that referral exists, but that a holistic referral chain does not exist.



THE INEFFECTIVE IMPLEMENTATION OF THE REFERRAL CHAIN CAUSES THE BUDGET WE ALLOCATE TO HEALTH INSURANCE TO INCREASE

Harun SERTBAŞ / Istanbul Provincial Director of the Social Security Institution

Discussions on the implementation of the referral chain in Türkiye have been ongoing for a long time. Our general health insurance legislative regulation, which entered into force in 2008, was actually planned as a system entirely based on the referral chain. However, to date, this system has not been fully implemented.

With the recent regulations, we have begun to establish the infrastructure of the referral chain by differentiating examination fees. The inability to implement the referral chain effectively causes the budget we allocate to health insurance to increase. However, implementing the referral chain in a planned and mandatory manner would provide a significant advantage in terms of costs.

There are particularly large differences between the costs of primary healthcare services and the costs in secondary and tertiary care. In order to manage this difference and establish a sustainable financing structure, I believe that the referral chain should be implemented in a more rigid, that is, stricter manner. Passing an individual's direct access to higher-level healthcare services through certain control mechanisms is of great importance in terms of both cost management and the effective use of healthcare services.

IS THE REFERRAL CHAIN A DREAM OR A REALISTIC GOAL?

Prof. Dr. Sabahattin AYDIN / Chairman of the TÜSAP Executive Board

In the heart of every public health specialist, there is an ideal referral chain for the public. However, politics is the art of reading the demands of the public and acting accordingly. Therefore, it is not easy for a public health academic and a politician to meet at exactly the same point on this issue. For this reason, bringing theory and practice together has always been difficult.

When we look at the example of the United Kingdom, referral chain practices that evolved from letters to sealed envelopes and then to digital systems have today become the most debated healthcare system. Despite this, the fact that it has been able to survive for more than 80 years is also an achievement that should be appreciated.

We, too, first need to put on the table how much theory and practice can overlap. There is an American rhetoric; just like Martin Luther King's speech that began with "I have a dream" the referral chain is also a dream for us. However, in order to turn this dream into reality, we must keep our feet on the ground. We need to think carefully about how much of it we can implement and by what method.



SETTING REALISTIC GOALS IS OF CRITICAL IMPORTANCE

It was emphasized that the goals set must be achievable. It was stated that pursuing utopian goals could cause existing opportunities to be overlooked. Therefore, it was expressed that setting concrete and achievable goals would produce more efficient results.

WHY DO COMMUNITIES NOT ACT RATIONALLY?

It was stated that communities do not act in line with their own rational interests, and that they sometimes knowingly stand behind irrational decisions. Questioning whether there is an equivalent of this in the social sciences, it was expressed that individuals' unwillingness to accept the referral chain and their defense of unlimited access to healthcare services constitute an example of this situation. Similarly, it was emphasized that collectively defending early retirement is also an irrational choice.

IS IT IRRATIONALITY, OR A HIDDEN RATIONALITY?

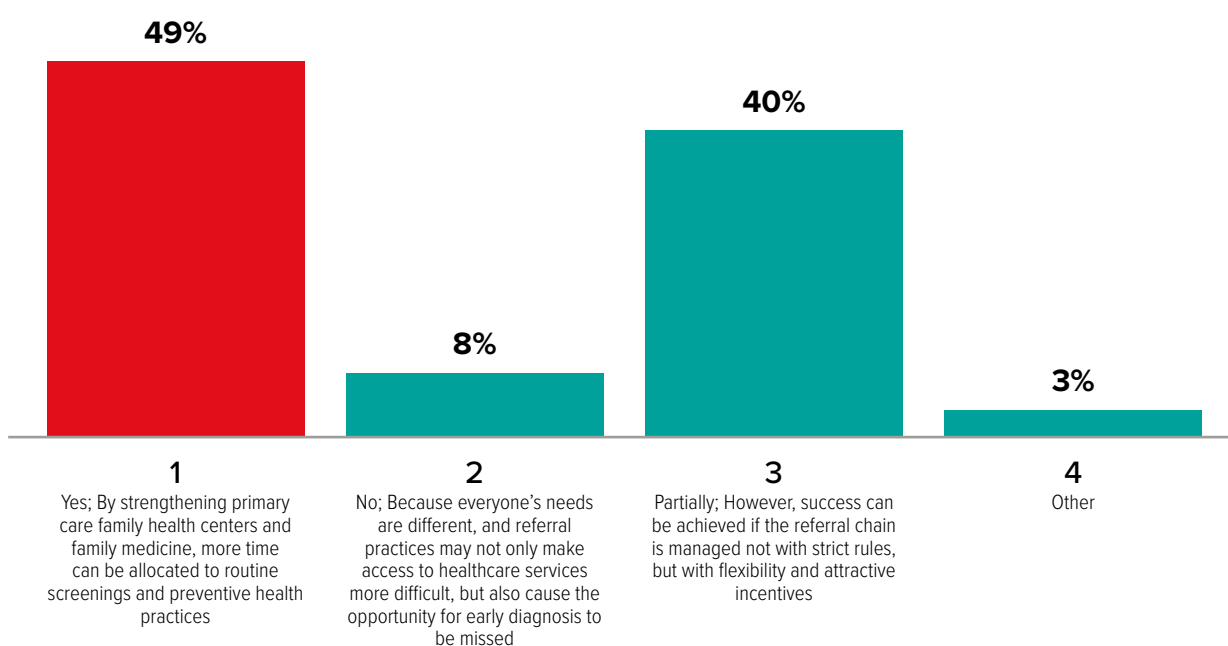
It was emphasized that defining irrationality is important in terms of the starting point of the discussions. It was stated that the philosophical dimension of the issue could also be addressed, and attention was drawn to the risks of behaviors that appear irrational over time being perceived as a collective rationality and of policies being based on this foundation. It was expressed that once policies are built on this understanding, removing only one element from the system could lead to a major rent-seeking transformation. Therefore, it was stated that a situation that appears irrational may actually contain a different rationality for individuals, and that this process may continue in a cycle.

REFERRAL CHAIN MANAGEMENT CAN SUPPORT PREVENTIVE HEALTHCARE SERVICES

Among the participants who were asked whether preventive healthcare services could be developed through referral chain management, 49 percent thought that referral chain management could strengthen primary healthcare services and enable more time to be allocated to preventive health practices. A group of 40 percent anticipated that the referral chain could only be successful if it were managed with flexibility and incentives rather than strict rules. On the other hand, a group of 8 percent expressed the view that referral practices could make access to healthcare services more difficult and cause the opportunity for early diagnosis to be missed. Meanwhile, 3 percent of the participants presented different evaluations.

5. Can preventive healthcare services be developed through referral chain management?

1. Yes; By strengthening primary care family health centers and family medicine, more time can be allocated to routine screenings and preventive health practices
2. No; Because everyone's needs are different, and referral practices may not only make access to healthcare services more difficult, but also cause the opportunity for early diagnosis to be missed
3. Partially; However, success can be achieved if the referral chain is managed not with strict rules, but with flexibility and attractive incentives
4. Other





ARTIFICIAL INTELLIGENCE SUPPORT IS ESSENTIAL FOR THE REFERRAL CHAIN

It was stated that primary care needs to be strengthened. At the same time, attention was drawn to the importance of urgently including artificial intelligence in the referral chain process.

It was stated that the current appointment system is almost inoperable. It was expressed that patients decide which doctor to visit based on recommendations they receive from their own circles. However, it was emphasized that with artificial intelligence support, meaningful questions could be directed to patients, an initial triage could be carried out, and the patient could then be directed to their family physician or directly to the relevant specialist.

It was stated that the process could begin not with a rigid model such as referral to the family physician, but with a more flexible structure. At the same time, it was noted that it would be beneficial for artificial intelligence-supported systems to be rapidly put into use in pilot regions.

Attention was drawn to the fact that this system is used in daily practice in some countries in Europe. It was exemplified that when a call is made by phone or an entry is made through an application, artificial intelligence evaluates the situation and directs the patient. For example, it was conveyed that for a patient who wants to go to the emergency department, the system can say, “Your condition is not urgent; an appointment has been created for your family physician.”

It was stated that a similar system should also be implemented rapidly in Türkiye, and that in this way, the referral chain could gain a more efficient and sustainable structure.

ARTIFICIAL INTELLIGENCE CANNOT SUCCEED WITHOUT PROPERLY DESIGNED SYSTEMS

Assoc. Prof. Şuayıp BİRİNCİ

Deputy Minister of Health of the Republic of Türkiye

Your artificial intelligence is only as intelligent as your system. However, if processes are designed incorrectly from the beginning, it is not possible to expect artificial intelligence to function properly. Let me give a small example: We have an artificial intelligence application. Normally, it can make a diagnosis with 85% accuracy. However, this process is disrupted because of SGK's rules. For example, a rule comes in such as, "You can prescribe this antibiotic only for sinusitis." Even if the patient mentions a different condition, false diagnoses emerge in the system because of the obligation to enter an additional diagnosis.

We designed the system in a way that would match the physician's diagnosis and correct itself. However, because of these additional restrictions, the accuracy rate dropped to as low as 45%. In other words, artificial intelligence is actually copying you; it is not producing something new. Of course, in the future, it will develop by learning from good practices around the world, but right now everyone is running their own small models. For the system to function well, the processes must also be properly designed from the beginning.

We also have a fundamental problem: the number of family physicians is insufficient. Normally, a family physician has to see 78 patients a day. How can we implement the referral chain with so few physicians? Public health professionals say, "First increase the number of family physicians, then establish the referral chain." However, patient behavior is also important in this process. Today, if a patient is not satisfied with one physician, they go to another physician. Currently, the examination rate per capita has risen to 1.4. Previously, this rate was 1.1. Since the patient pays no fee, they go from doctor to doctor.

In Parliament, a public health professor said, "Do not create a referral chain system through money." So what should we do? The patient goes wherever they want, according to their own preference. Recently, we spoke with Recep Akdağ; he said, "Immediately transition to regional family medicine." It is a justified recommendation, but breaking the bonds formed between physicians and patients will also lead to citizen dissatisfaction.

In the end, should we make 26 thousand family physicians unhappy, or 85 million citizens? Politically, we also have to consider this balance. At the moment, I was running intuitive artificial intelligence, but I stopped it. We are continuing with our own algorithms. Once we regulate the system, hopefully artificial intelligence will also function in a healthier way.



A CAUTIOUS APPROACH TO REFERRAL CHAIN AND ARTIFICIAL INTELLIGENCE APPLICATIONS

It was stated that highlighting economic motivations in the implementation of the referral chain would not be the right strategy, and that existing healthcare services already offer a scope far beyond the premiums paid. It was emphasized that the long-term effects of the referral chain can only be seen more clearly in the coming years. While it was stated that the use of artificial intelligence in healthcare services is inevitable, it was considered that developing this technology for individual use rather than public applications would be more reliable. In this context, it was expressed that the motivations of public institutions regarding referral chain and artificial intelligence integration may be concerning.

THE BALANCE BETWEEN THE REFERRAL CHAIN AND PREVENTIVE HEALTHCARE SERVICES

It was stated that implementing the referral chain would not be possible without resolving its financial dimension, and that a decrease in the number of patients coming to hospitals would make sustainability even more difficult. While it was expressed that the patient flow of tertiary hospitals should be regulated through a specific system, it was emphasized that preventive healthcare services are not limited only to preventing diseases, but should also prevent unnecessary examinations. It was stated that, at present, a group has emerged who are actually not ill but who feel ill as a result of unnecessary examinations, and that this situation leads to inefficient resource consumption in the healthcare system. Therefore, it was expressed that, within the scope of preventive healthcare services, a mechanism should also be developed to prevent patients from applying to hospitals unnecessarily.

CONCERNS REGARDING THE EFFECTS OF THE REFERRAL CHAIN ON THE SYSTEM

It was stated that when patients described as primary care patients are withdrawn from hospitals, unexpected side effects, or artifacts, may occur in the healthcare system. It was emphasized that the implementation of the referral chain should be carefully evaluated not only in terms of patient guidance, but also in terms of its effects on the overall functioning of the system. It was noted that such a change could lead to unforeseen disruptions in the functioning of hospitals, and attention was drawn to the importance of careful planning of the process.

THE CONCEPTS OF REFERRAL CHAIN AND PREVENTIVE HEALTHCARE SERVICES NEED TO BE REDEFINED

It was stated that there is a conceptual uncertainty as to whether preventive healthcare services can be developed through referral chain management. It was recalled that preventive healthcare services are already the fundamental responsibility of primary care, and it was emphasized that rather than developing this task through a new system, the existing structure should be strengthened.

It was also stated that expressions such as “strengthening family medicine” can be interpreted differently by everyone. It was expressed that first, such concepts should be clearly defined. It was noted that the quality of family medicine services varies greatly from region to region, and that in some places this service is provided under quite inadequate conditions.

THE STRUCTURING OF FAMILY HEALTH CENTERS SHOULD BE RECONSIDERED

It was stated that the structure of family health centers has been discussed for many years and that a clear model has still not been determined. One of the participants stated that these centers have for years been evaluated through the question of “is it a camel or a bird?” and emphasized that the system needs to be given a clear identity.

The participant asked whether, if it were possible to go back 20 years, these structures would be built as they are today or whether a different model should have been adopted. It was also expressed that there are uncertainties as to whether the model proposed by the World Bank should be adhered to. As a result, it was stated that the current status of family health centers should be redefined and that the fundamental building blocks of the system should be reviewed.

PREVENTIVE HEALTHCARE SERVICES CANNOT BE LIMITED ONLY TO PRIMARY CARE

It was expressed that placing preventive healthcare services solely on primary care is insufficient. It was stated that the fundamental duty of primary care should be accepted as preventive healthcare services, but that addressing these services only through family medicine is an incomplete approach.

It was expressed that preventive healthcare services should be integrated into every area of life, and that real success cannot be achieved unless they are extended to different areas such as housing, travel, education, and the work environment.



The example was given that telling a patient diagnosed with lung cancer at Cerrahpaşa to quit smoking during a visit is also a preventive healthcare service, and it was stated that these services cannot be limited only to primary care.

Recalling the saying, “War is too serious a matter to be left to the generals,” it was similarly expressed that preventive healthcare services are too critical an issue to be left only to physicians or primary care. Therefore, it was stated that the existing system should be addressed with a broader approach.

PREVENTIVE HEALTH IS NOT LIMITED ONLY TO FAMILY MEDICINE

It was stated that every physician who assumes office and every new minister of health expresses that they will promote and strengthen preventive health, but that the main point to focus on is which elements preventive healthcare services should include.

It was noted that focusing only on family medicine and community health centers when speaking about preventive healthcare services is an incomplete approach. It was emphasized that the role played by universities, private hospitals, and private clinics in this field should be evaluated.

It was stated that the question of whether improving the quality of community health centers alone can create a fundamental change in the system should not be overlooked. It was expressed that a broader approach needs to be adopted in order to truly develop preventive healthcare services.

THE DIFFERENCE BETWEEN PREVENTIVE HEALTHCARE SERVICES AND TREATMENT SYSTEMS

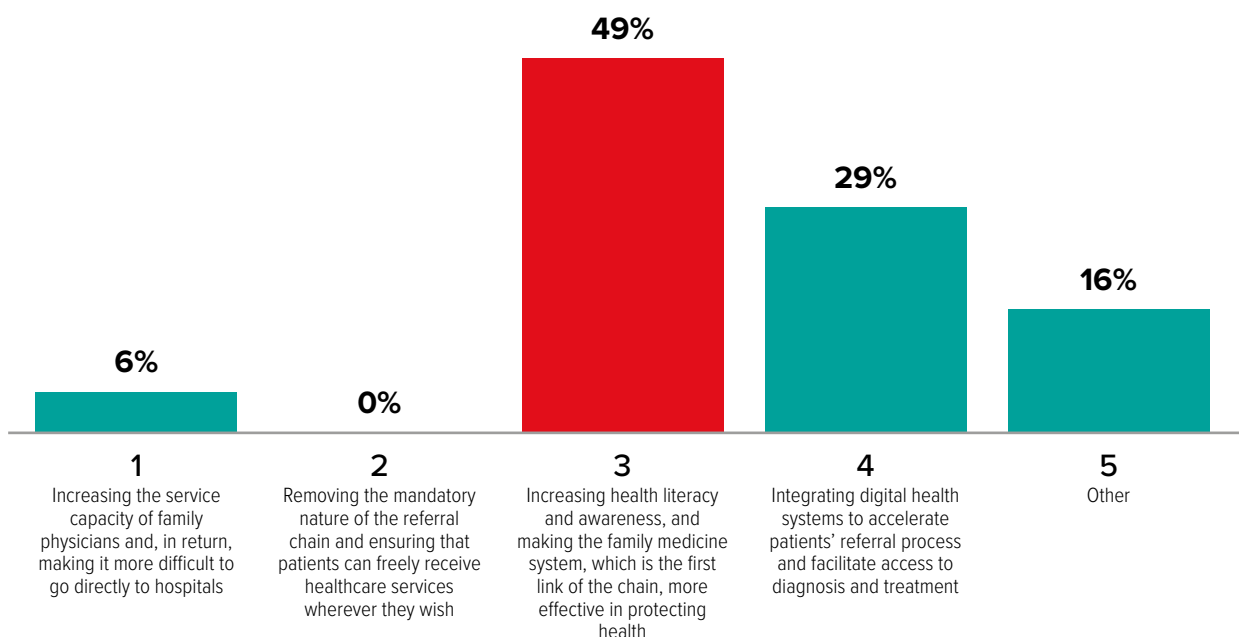
It was expressed that the system that needs to be established within the scope of preventive healthcare services should be addressed independently of the existing treatment system, and that these two areas should be carried out in parallel, but do not overlap exactly. It was emphasized that the most important point regarding preventive healthcare services is to create individual awareness and consciousness across society.

THE PRIORITY IN INCREASING THE EFFECTIVENESS OF THE REFERRAL CHAIN IS TO IMPROVE HEALTH LITERACY

Among the participants who were asked which steps should be taken as a priority to make referral chain management more effective, 49 percent stated that health literacy and awareness should be increased. In this regard, it was anticipated that the family medicine system could assume a more effective role in protecting health. A group of 29 percent thought that, through the integration of digital health systems, the referral process should be accelerated and access to diagnosis and treatment should be facilitated. While the option of increasing the service capacity of family physicians and, in return, making it more difficult to go directly to hospitals was preferred at a rate of 6 percent, the view that the referral chain should be completely abolished received no support. Meanwhile, 16 percent of the participants selected the “Other” option and focused on different steps.

6. What should be the priority step to make referral chain management more effective?

1. Increasing the service capacity of family physicians and, in return, making it more difficult to go directly to hospitals
2. Removing the mandatory nature of the referral chain and ensuring that patients can freely receive healthcare services wherever they wish
3. Increasing health literacy and awareness, and making the family medicine system, which is the first link of the chain, more effective in protecting health
4. Integrating digital health systems to accelerate patients' referral process and facilitate access to diagnosis and treatment
5. Other





LACK OF AWARENESS THAT IT IS POSSIBLE NOT TO BECOME ILL

Attention was drawn to the necessity of having a certain socio-cultural level in order to grasp that it is possible not to become ill. It was stated that this awareness has not yet developed in a large segment of society, while conscious individuals generally have private health insurance or, because they are above a certain financial level, turn to private healthcare services in line with their financial means. It was expressed that a large segment of society follows the advice of doctors, dietitians, or health coaches whom they frequently see on social media and in conventional media. For this reason, it was stated that in order for primary healthcare services to make an effective contribution to public health, the media must first be used actively.

THE ROLE OF PRIMARY CARE AND PERSONAL AWARENESS

It was expressed that if primary care is being discussed, greater focus should be placed on personal awareness and educational activities across society. It was stated that today, individuals do not apply to a community health center and ask, “What should I do in order not to become ill?” and that such awareness has not yet become established in society. It was emphasized that this awareness is lacking and that only a small segment of society acts consciously.

THE IMPORTANCE OF SOCIAL AND CONVENTIONAL MEDIA

It was expressed that conducting preventive healthcare services only through primary care would not be sufficient, and that social and conventional media should be used effectively. It was stated that a large segment of the public accesses health information through these channels, and it was emphasized that making correct guidance through the media should be a priority.

THE DIFFERENCE BETWEEN PREVENTIVE HEALTHCARE SERVICES AND SCREENING

It was stated that the difference between preventive healthcare services and early diagnosis/screening should be clearly understood. It was expressed that screening practices are a detection process carried out after a disease has developed, and therefore, although they are important in terms of public health, they should not be evaluated directly within the scope of preventive healthcare services. It was emphasized that the main purpose of preventive healthcare services is to create awareness in individuals before disease develops.

HEALTH LITERACY AND FAMILY MEDICINE

It was conveyed that although only 5-10% of cancer cases are hereditary, this rate is perceived as 80-90% in society, and that health literacy is at a low level. In this situation, it was stated that

expecting family physicians to assume preventive healthcare services is not realistic, and that it should also be questioned how equipped family physicians are in this regard. It was stated that the existing system cannot succeed with a model based on family medicine, and that it is difficult to reach the desired point unless social awareness is created and healthcare professionals receive adequate training on this issue.

PERSPECTIVE ON PREVENTIVE HEALTHCARE SERVICES AND THE IMPORTANCE OF FEEDBACK FROM THE FIELD

It was stated that in order to make progress in preventive healthcare services, the issue needs to be addressed from a more fundamental level. It was noted that the education provided in medical faculties is predominantly focused on treatment, and that physicians' reflexes have developed accordingly. For this reason, it was expressed that both healthcare professionals and society need to become more aware of the understanding of preventive health.

It was emphasized that preventive health awareness has not developed sufficiently in society, and that healthcare professionals are not equipped with up-to-date information on this issue. It was stated that this situation causes the existing system to have a structure that is distant from the realities of the public. It was noted that the views and experiences of healthcare professionals working in the field regarding preventive healthcare services should be taken into greater consideration, and that this feedback is of great importance in terms of improving the system.

NUTRITIONAL HABITS AND RUMORS AMONG THE PUBLIC

It was stated that, at one time, a rumor emerged that cherry laurel grown in the Black Sea region prevented diabetes. During this period, it was noted that cherry laurel became difficult to find due to intense demand. In addition, while attention was drawn to how such statements affect nutritional habits, it was emphasized that presentation and information methods in health communication should also be reviewed.

THE BROAD SCOPE OF HEALTH POLICIES

It was stated that this issue is directly connected to health policy, and that keeping an individual healthy is not solely the responsibility of family physicians or the Ministry of Health. It was emphasized that the Ministry of National Education, the Ministry of Family and other ministries and relevant institutions should also be included in this process in order to sustain a healthy life. It was expressed that this is not limited only to preventive healthcare services, but that individuals should be equipped like their own life coaches so that they can keep themselves healthy.

REFERRAL CHAIN AND EFFICIENCY IN HEALTHCARE SERVICES

It was stated that whether the referral chain is fully implemented in Türkiye should be discussed. In addition, attention was drawn to the importance of extending patient examination times in order to increase efficiency in healthcare services. It was noted that there were suggestions as to whether



the system should be shaped toward reducing the number of patients or toward providing services by employing more physicians. It was expressed that this should be associated with additional payment and revolving fund arrangements, and that the referral chain could become more efficient if a system were created in which physicians working especially in secondary and tertiary healthcare services could have sufficient income.

EFFICIENCY IN THE HEALTHCARE SYSTEM AND THE REFERRAL CHAIN

It was stated that a system in which a physician sees 40 patients a day and sufficient resources are created for this could be one of the outcome items of the discussion. It was expressed that the main issue that should be discussed is how we can reduce citizens' applications to healthcare services. It was emphasized that focusing only on treatment processes would not be sufficient for the sustainability of the healthcare system, and that greater importance should be given to preventive healthcare services and awareness-raising efforts.

ON THE NECESSITY OF THE REFERRAL CHAIN

When looking at the functioning of a healthcare system that examines patients at a number 12 times the population, it was stated that great effort is being made and significant resources are being allocated. However, it was expressed that the fact that the referral chain is still being discussed indicates that the current system is not sufficient or that there are deficiencies that need to be improved. It was emphasized that the reason why the referral chain is desired and why this issue is on the agenda should be addressed.

ESTABLISHING AN ENVIRONMENT OF TRUST IN PRIMARY CARE

It was stated that in the world of medicine, there is a term such as "remaining a general practitioner," and that over time this has also expanded with the concept of "ordinary specialist." It was noted that general practitioners are generally among the most successful students during their education and receive a very expensive education, but that for certain reasons they cannot reach their goals in the specialty examination. It was emphasized that in order for the referral chain to become effective, the motivation of general practitioners should be increased.

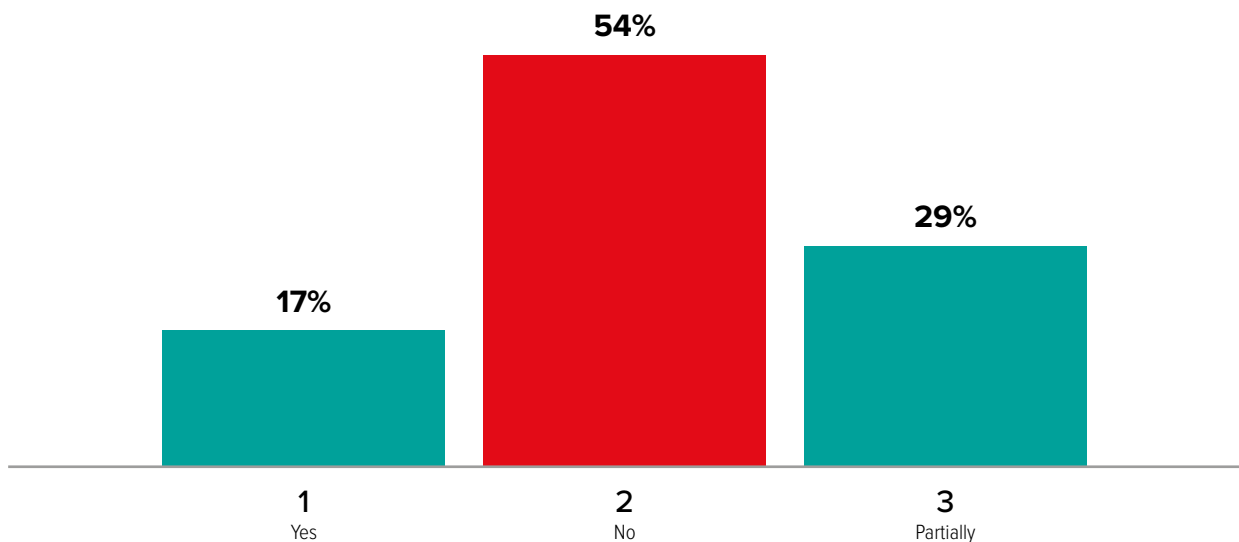
It was expressed that citizens need to trust the physician in primary care; otherwise, in large cities, they prefer to travel for long hours and apply to secondary or tertiary care for a short examination. It was stated that by improving both the physical conditions in primary care and the level of interest and knowledge of physicians, the intensity in tertiary care could decrease. However, it was expressed that an approach such as directing all patients first to primary care would not be realistic and would not align with the expectations of the public.

THERE ARE RESERVATIONS ABOUT ADDING NEW BURDENS TO FAMILY HEALTH CENTERS

Fifty-four percent of the participants thought that family health centers are currently not in a position to handle any further burden expected of them. While a group of 29 percent stated that they could partially have this capacity, only 17 percent stated that, under current conditions, these centers could assume additional responsibilities.

7. Are family health centers currently in a position to handle any further burden expected of them?

1. Yes
2. No
3. Partially



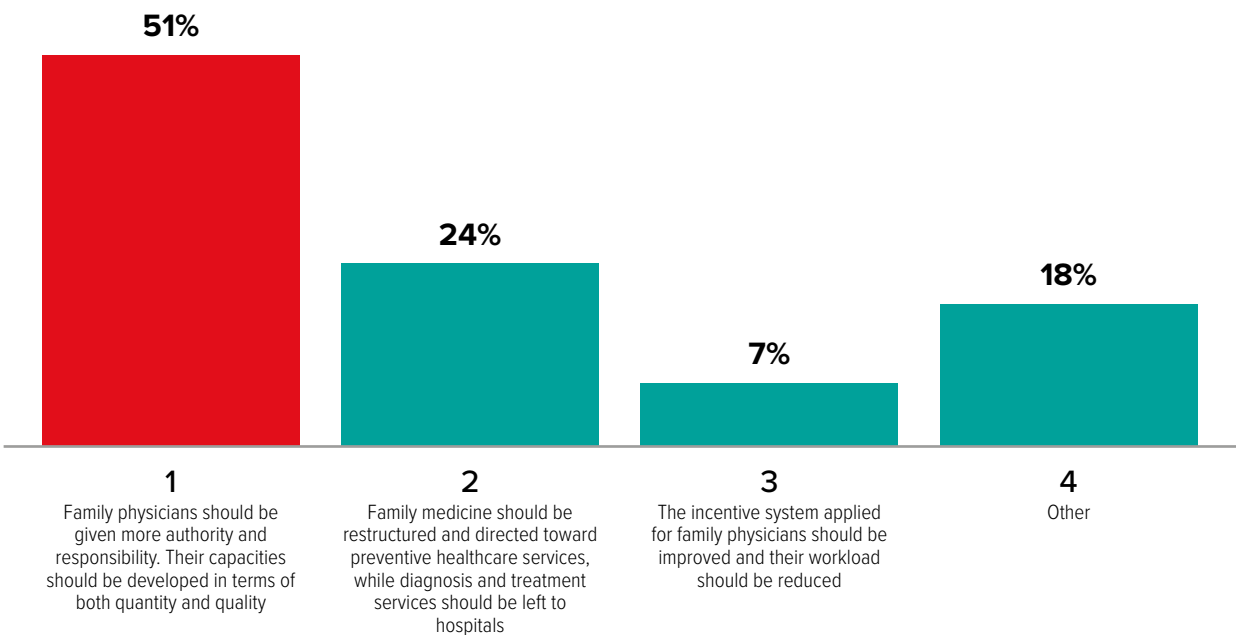


THE KEY TO DEVELOPMENT IN THE FAMILY MEDICINE SYSTEM: INCREASING AUTHORITY AND CAPACITY

Among the participants who were asked what should be done as a priority to develop the family medicine system, 51 percent thought that family physicians should be given more authority and responsibility. While 24 percent stated that the system should be directed toward preventive healthcare services, a group of 7 percent preferred improving the incentive system and reducing the workload. The rate of those who selected the “Other” option was 18 percent.

8. What should be done first to develop the family medicine system?

- 1. Family physicians should be given more authority and responsibility. Their capacities should be developed in terms of both quantity and quality
- 2. Family medicine should be restructured and directed toward preventive healthcare services, while diagnosis and treatment services should be left to hospitals
- 3. The incentive system applied for family physicians should be improved and their workload should be reduced
- 4. Other

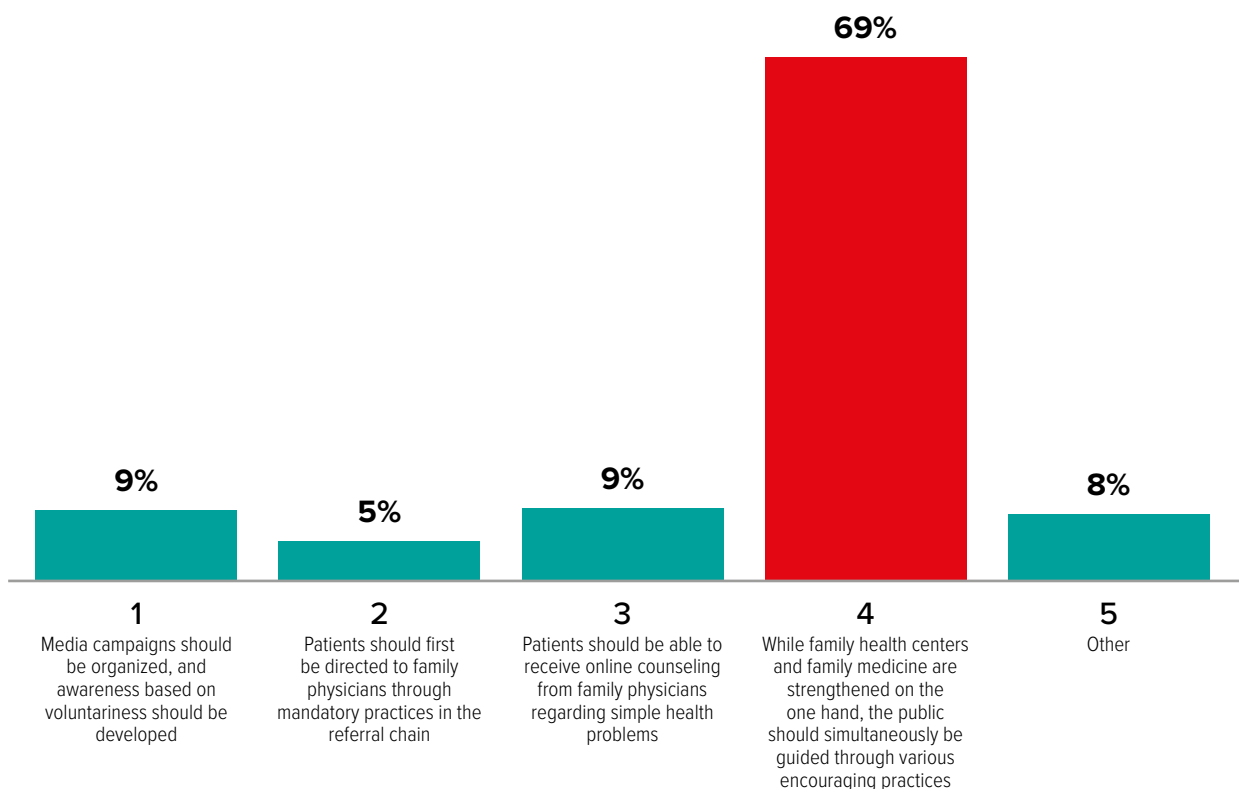


ENCOURAGING PRACTICES STAND OUT IN STRENGTHENING THE ROLE OF FAMILY PHYSICIANS IN HEALTH MANAGEMENT

Among the participants who were asked what should be done for family physicians to be seen as the primary authority in health management, 69 percent preferred that the public be guided through encouraging practices while family health centers and the family medicine system are strengthened. A group of 9 percent suggested creating awareness based on voluntariness through media campaigns, while another 9 percent of the participants thought that patients should be able to receive online counseling from family physicians regarding simple health problems. The rate of those who advocated directing patients first to family physicians through mandatory practices in the referral chain remained at 5 percent.

9. What should be done for people to see family physicians as the primary authority in health management?

1. Media campaigns should be organized, and awareness based on voluntariness should be developed
2. Patients should first be directed to family physicians through mandatory practices in the referral chain
3. Patients should be able to receive online counseling from family physicians regarding simple health problems
4. While family health centers and family medicine are strengthened on the one hand, the public should simultaneously be guided through various encouraging practices
5. Other





THE DEVELOPMENT PROCESS AND STRENGTHENING OF FAMILY MEDICINE

It was stated that family medicine in Türkiye is still a developing system, that it is in its infancy, and that it needs to be further developed. It was emphasized that there is still a long way to go both in terms of patients getting to know family medicine and strengthening the system.

It was noted that even in medical faculties, students are not sufficiently prepared for family medicine. As an example, it was stated that while only a two-week family medicine internship is received at university, the urology rotation lasts 1.5 months. It was emphasized that this situation shows that even physicians are not fully prepared for family medicine.

It was stated that patients should also be enabled to become familiar with the family medicine system. Especially in large cities such as Istanbul, it was expressed that the number of patients per family physician should be reduced. It was emphasized that health investments should be planned in this direction.

PROTECTIVE MEDICINE AGAINST DISEASE AND DISEASE-PREVENTIVE MEDICINE SHOULD BE ADDRESSED SEPARATELY

In addition, it was expressed that preventive medicine has two different aspects and that these should be clearly distinguished: It was stated that it is important to address the concepts of protective medicine against disease and disease-preventive medicine by separating them from one another.

THE IMPORTANCE OF TEAMWORK IN PREVENTIVE HEALTHCARE SERVICES

It was emphasized that citizens expect more physicians to be involved in healthcare services. It was expressed that one of the greatest challenges in family medicine practice is the lack of the disease-preventive component.

It was stated that areas where supportive healthcare professionals such as psychologists, dietitians, or physical therapy specialists establish direct contact play a critical role in the family physician's process of preventing disease. It was expressed that after diagnosing the disease and making the referral, the family physician can prevent complications.

However, it was emphasized that true preventive healthcare services can be provided in family health centers through stronger teamwork. In this way, it was expressed that it would be possible to prevent diseases at an early stage and provide holistic healthcare services.

FAMILY MEDICINE EDUCATION NEEDS TO BE STRENGTHENED

It was emphasized that during university education, physicians who are to graduate should be trained in a way that enables them to adapt to the family medicine system. It was stated that one of the greatest problems of family medicine is that graduate physicians enter the field without being sufficiently prepared for this system.

While it was expressed that the system is fully learned after completing specialization in family medicine, attention was drawn to the fact that many physicians who graduate directly practice family medicine. It was stated that there are currently 26,000 family physicians in the system, corresponding to approximately one-sixth of all physicians. For this reason, it was expressed that the current burden should be reduced by increasing the number of family physicians.

The importance of establishing a qualified team for strengthening the family medicine system was emphasized. In this way, both physicians' adoption of the system and society's more effective use of healthcare services can be ensured. It was especially recommended that more space be given to family medicine education at universities and that the fundamental components of preventive medicine be added to the curriculum. It was emphasized that a group of physicians who do not know what preventive medicine is cannot be expected to provide this service.

HEALTH LITERACY AND PATIENT AWARENESS SHOULD BE INCREASED

While it was stated that it was important for the issue of health literacy to come to the agenda at the meeting, attention was drawn to the need to raise patients' awareness for the effective use of the healthcare system. While it was emphasized that understanding what patients want is critical in terms of the efficiency of healthcare services, the question was raised as to whether systems should be shaped entirely according to patient demands or whether awareness that will enable quality healthcare services to be provided to patients should be created.

HOW EFFECTIVELY CAN THE PUBLIC USE HEALTH SYSTEMS?

While it was expressed that Türkiye's health infrastructure is at international standards, it was stated that e-Nabız and the systematic approaches during the pandemic period were met with great admiration by international companies. However, it was expressed that the real issue is how effectively the public can use these systems.

It was stated that the existing health infrastructure has the capacity to use even artificial intelligence technologies, but that it should be questioned how efficiently patients, who are the first users of these systems, can use digital health services. It was pointed out that if health literacy is not increased, despite technological developments, there will be no significant change in the effectiveness of healthcare services.



PATIENTS FIND SOLUTIONS DIGITALLY; IS THE HEALTHCARE SYSTEM FALLING BEHIND?

While attention was drawn to the fact that patients can effectively use digital resources in healthcare services, it was stated that healthcare professionals face the risk of falling behind in this regard. It was expressed that while patients can access the healthcare service they are looking for through social media platforms, healthcare workers or those in supervisory positions have difficulty finding the same service providers.

It was stated that patients are able to identify their needs and produce solutions accordingly, but that the healthcare system's remaining dependent on more conventional methods may be a deficiency. While emphasis was placed on the need to increase the integration of digitalization into healthcare services, it was noted that reducing the gap in access to information between patients and healthcare professionals is important.

REFERRAL CHAIN AND DIGITAL FOLLOW-UP AREAS ARE TRANSFORMING THE INSURANCE SYSTEM

While it was stated that efforts to develop health insurance practices in Türkiye are continuing, attention was drawn to the fact that projects carried out with private insurance companies have produced effective results. It was stated that a primary care referral chain model, which enables insured individuals to apply to remote healthcare service centers before going to healthcare facilities, has been successfully implemented.

Within the scope of this system, it was emphasized that the referral chain was made mandatory in a group of approximately 2,000 employees, and that general practitioners were able to direct 70% of calls via video conference. It was also expressed that private insurance companies accepted this model and included prescriptions within the scope of reimbursement.

As a result of analyses conducted to prevent unnecessary examinations in private hospitals, it was stated that in one enterprise, vitamin D and vitamin E applications were performed at a rate 3-4 times higher than the number of personnel, and that this was reported to insurance companies. As a result of this process, attention was drawn to the emergence of the possibility of developing new products that are more affordable than complementary health insurance.

It was also emphasized that, through wearable devices integrated into the insurance system, individuals' health data can be monitored and preventive healthcare services are strengthened in the digital environment. Participants stated that this system contributes to the development of both more affordable and more comprehensive health insurance products. It was emphasized that what matters is ensuring individuals' participation, and that it is possible to produce applicable solutions.

THE REFERRAL CHAIN MODEL FINDS A RESPONSE IN THE INSURANCE SYSTEM

Participants drew attention to the fact that the primary care referral chain practice is increasingly being accepted within the insurance system. While it was stated that private insurance companies have adopted this model and included prescriptions within the scope of reimbursement, it was expressed that SGK could also implement a similar practice.

It was stated that, thanks to the referral chain, health expenditures are managed more effectively and unnecessary examinations and procedures are prevented, and it was noted that this system offers a solution that could reduce insurance costs. It was stated that the interest of both private and public insurance systems in this approach is increasing and that it will contribute to making healthcare services more efficient.

PRIVATE SECTOR PARTICIPATION CAN CONTRIBUTE TO THE REFERRAL CHAIN

Attention was drawn to the fact that the referral chain practice should not be limited only to public healthcare services. Emphasizing the successful practice carried out with Türkiye Sigorta, it was stated that private insurance companies also providing reimbursement for digital primary healthcare services could ease the burden on family physicians and family health centers.

While it was expressed that the role of the private sector in this area should be increased, it was emphasized that healthcare services can be made more effective through public-private partnership. In addition, it was stated that more space should be given to private sector options on existing platforms, and that it is important for this issue to be taken into consideration in future evaluations.

THE ROLE OF THE PRIVATE SECTOR IN THE REFERRAL CHAIN CAN BE INCREASED

Attention was drawn to the fact that referral chain discussions are mostly addressed within the framework of public healthcare services. However, it was stated that when the legislation was first announced, it was envisaged that the population could also be transferred to the private sector and that preventive medicine could be followed through this channel as well. However, it was expressed that limited progress has been made in implementing this approach.

While it was emphasized that discussions should not be conducted only through community health centers, attention was drawn to the need for the private sector to be included in this process more effectively. In this way, it was stated that the referral chain could be strengthened and preventive healthcare services could become more widespread.



A DISEASE MANAGEMENT-FOCUSED APPROACH THAT INCLUDES THE PRIVATE SECTOR IS ESSENTIAL

Emphasizing that it is not possible to expect different results by using the same methods repeatedly, it was stated that seeking a solution in the referral chain only through monetary incentives and measures is insufficient. It was recalled that during Türkiye's transition to the family medicine system, regulations discouraging patients from going directly to hospitals had previously come to the agenda, but that these approaches did not yield sufficient results.

At this point, attention was drawn to the fact that the referral chain should be based on a disease management-focused model rather than a linear or hierarchical structure. It was expressed that especially the management of chronic diseases can be carried out in an integrated manner between primary care and tertiary care, and that this model is widely implemented around the world.

Emphasizing that the private sector should be made part of this system, this was demonstrated through examples showing that insurance companies accept and support such practices. Attention was drawn to the importance of placing the disease management perspective at the center in the formulation of policies within the framework of public-private cooperation.

THE RIGHT TO CHOOSE IN HEALTHCARE SERVICES AND THE ROLE OF THE PRIVATE SECTOR ARE IMPORTANT

It was emphasized that individuals cannot be forcibly directed to a specific healthcare service model in healthcare services, and that everyone has the right to make their own choice. It was expressed that citizens have the right to receive the best service, and therefore it is no longer possible to seek solutions from a single perspective.

In this context, it was stated that models in which healthcare services can be delivered not only with a public-sector focus, but also in an integrated manner with the private sector, should be discussed. A call was made to address disease management-based approaches and to produce broader solutions in cooperation with the private sector.

A NEW APPROACH IS NEEDED IN THE HEALTHCARE SYSTEM

It was stated that it is difficult to develop the healthcare system with existing methods, and that a completely different perspective is needed. It was suggested that linking primary care to hospitals could be an effective model that would strengthen the system. Especially in large cities, it was emphasized that creating a structure integrated with hospitals could ensure a more efficient functioning of healthcare services.

It was recalled that the existing system contains certain contradictions, and that practices such as family physicians paying rent create uncertainties as to whether these physicians are civil servants

or employees affiliated with the Ministry of Health. It was expressed that inspiration could be drawn from different systems such as the United Kingdom model, but that Türkiye should also take into account its own cultural and historical health background. Emphasizing that established assumptions in the healthcare system need to be challenged and new approaches need to be discussed, it was stated that otherwise the existing problems cannot be solved.

FUNDAMENTAL DEFICIENCIES IN HEALTH EDUCATION SHOULD BE ADDRESSED

Attention was drawn to the fact that the education provided in medical faculties remains insufficient in public health issues. It was expressed that intern physicians at the stage of graduation do not know public health sufficiently and even have difficulty defining health, which is a serious problem. It was emphasized that this situation poses a major risk for the future of the healthcare system.

In order for healthcare services to be delivered effectively, it was stated that basic public health education in medical faculties should be strengthened. It was recalled that the physicians of the future should be equipped not only with curative medicine, but also with preventive healthcare services, and it was expressed that fundamental changes are needed in education programs.

ONLINE SPECIALIST SUPPORT SHOULD BE PROVIDED TO FAMILY PHYSICIANS

It was emphasized that, just as patients can receive online counseling from family physicians, family physicians should also be able to receive online counseling from specialists in other branches. It was expressed that if this system is implemented, the need for secondary and tertiary healthcare services may decrease.

It was stated that establishing a digital consultation mechanism between specialist physicians and family physicians would accelerate diagnosis and treatment processes and increase efficiency in the healthcare system. In this way, it was expressed that a more effective structure could be created in healthcare services by preventing unnecessary referrals of patients.

PREVENTIVE HEALTH SHOULD NOT BE SEEN AS SOCIAL RESPONSIBILITY

It was emphasized that it is wrong to perceive preventive healthcare services as a social responsibility project. While it was stated that public authorities are obliged to provide these services, it was expressed that the perception that other sectors contribute to this only within the framework of social responsibility should be prevented.

It was expressed that preventive healthcare services are a fundamental element of the healthcare system and should be addressed systematically through public-private sector cooperation in order to create a sustainable health ecosystem.

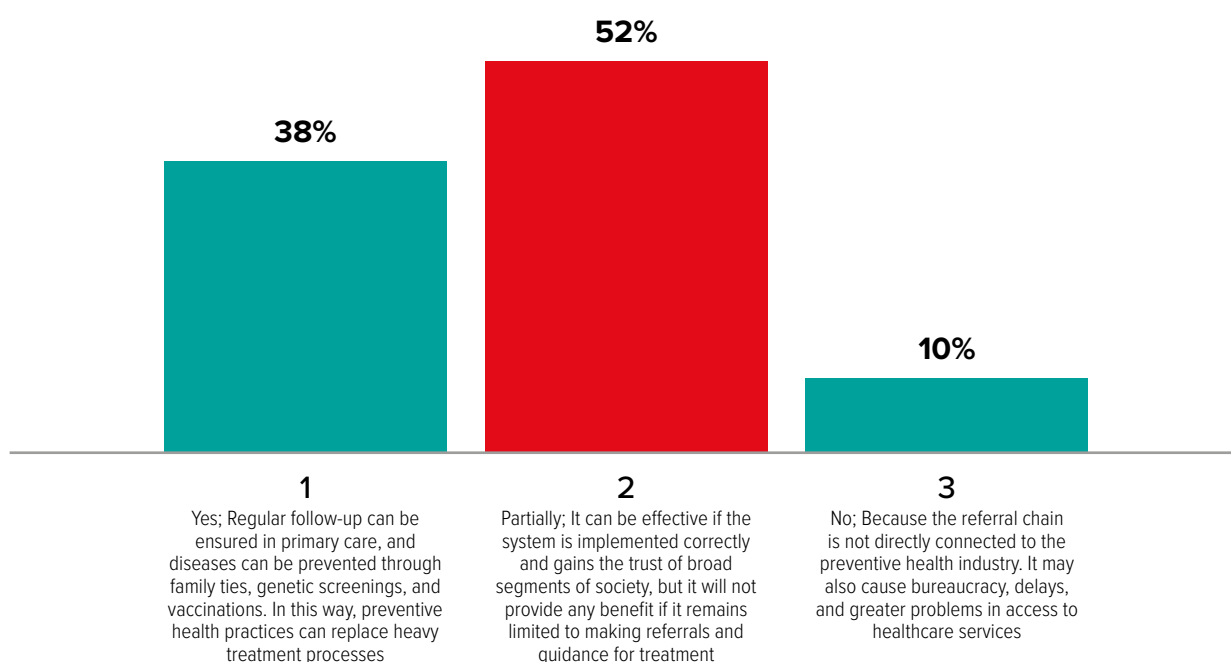


REFERRAL CHAIN MANAGEMENT CAN SUPPORT THE PREVENTIVE HEALTH INDUSTRY IF IMPLEMENTED CORRECTLY

Among the participants who were asked whether the preventive health industry could be developed through referral chain management, 52 percent stated that referral chain management could be effective in developing the preventive health industry, but that this depends on the system being implemented correctly and gaining the trust of broad segments of society. A group of 38 percent thought that the referral chain could replace heavy treatment processes by strengthening preventive practices such as regular follow-up, genetic screenings, and vaccinations in primary healthcare services. On the other hand, a group of 10 percent stated that referral chain management is not directly connected to the preventive health industry and that it could lead to bureaucracy and delays in access to healthcare services.

10. Can the preventive health industry be developed through referral chain management?

1. Yes; Regular follow-up can be ensured in primary care, and diseases can be prevented through family ties, genetic screenings, and vaccinations. In this way, preventive health practices can replace heavy treatment processes
2. Partially; It can be effective if the system is implemented correctly and gains the trust of broad segments of society, but it will not provide any benefit if it remains limited to making referrals and guidance for treatment
3. No; Because the referral chain is not directly connected to the preventive health industry. It may also cause bureaucracy, delays, and greater problems in access to healthcare services



IS IT POSSIBLE TO CREATE AN INDUSTRY IN PREVENTIVE HEALTH?

It was emphasized that preventive healthcare services should not be regarded only as a public responsibility, but should also be addressed as a sustainable industry. It was discussed whether an ecosystem could be created in this field by making it an attractive area for investors.

It was expressed that establishing a system that will strengthen preventive healthcare services without causing disruptions in treatment processes is essential. It was stated that this system could improve the effectiveness and accessibility of healthcare services by increasing private sector participation.

WOULD YOU INVEST IN THE PREVENTIVE HEALTH INDUSTRY BY 2030?

It was discussed what kind of investment area the preventive health industry could become in the future. The question was raised as to whether investments aimed at healthy living are attractive, or whether remaining in existing treatment services would be a more appropriate choice.

It was noted that the use of plastic in packaged products seriously threatens public health and that the use of glass is also insufficient, and it was stated that environmentally friendly packaging technologies are on the rise and offer major profit opportunities in this area. It was expressed that an unpackaged system is not possible, but that existing solutions harm the environment, and attention was drawn to the importance of innovative and sustainable investments in this field and to the fact that it would be a profitable investment.



THERE SHOULD BE A REFERRAL CHAIN, BUT NOT WITH STRICT RULES

Dr. Reşat BAHAT / President of OHSAD

In my opinion, patients should be able to go to the physician they want, but this should have a cost. When patients go directly to the physician they want, they often cannot reach the right specialist. Every anemic patient wants to go to a hematologist, and a parent whose child has abdominal pain wants to go to a pediatric gastroenterologist. Even if a child throws a toy on the floor, there is a desire to take the child to child psychiatry. In this situation, it becomes impossible to provide sufficient resources.

Patients who want to go to a physician outside the referral chain should pay more out of pocket. The public sector should not cover this payment. In addition, when the patient goes to the wrong physician, they will have to go to another physician again. Therefore, citizens should at least feel this situation through cost.

However, this is a politically difficult issue. Previously, a 50 TL copayment was introduced, but this remained on the private sector and was withdrawn in public hospitals. Inflation was shown as the justification. However, the effect of this increase would have passed in a short time. In this case, if we cannot convince the politician, it is not possible for the system to operate efficiently.

Today, the physician application rate has risen to 11.4. 58% of the public is satisfied, and 62% say they are satisfied with general health services. However, these figures are not realistic. There are no surgery or hospitalization queues, patients are treated, mortality rates are low, but there is still dissatisfaction. Here, either we are making the wrong diagnosis, or citizens want much more in terms of expectations.

Primary healthcare services are very important. Preventive health should be at the forefront through regular follow-up with family physicians, genetic screenings, and vaccination. However, this should not be mandatory. Some patients know their family physician, while others do not. Since I am a physician, I do not know mine, but some people in my family have established very good communication with their physicians.

On the other hand, health expenditures have fallen to 3.7% within Gross National Product. Going below this level is no longer possible. If the Ministry of Health further reduces social security expenditures, this system will not work. 3.5 euros are paid for an examination, and 1.5 euros of this is taken back. In the private sector, up to 7 euros can be collected from citizens. Under these conditions, the sustainability of the health system is difficult.

The referral chain should definitely be stepwise. The share of health expenditures in GDP in Türkiye should be rapidly increased to at least 5%. With the aging population, this rate should increase even further.

Moreover, what we call health protection is not only the duty of the Ministry of Health. If the Ministry of Agriculture does not provide healthy food, if municipalities do not build parks, if air pollution is not controlled, and if traffic accidents are not prevented, we cannot protect health. Health is a system that affects everything from the minimum wage to pensions.

As a parent, I am also concerned about products in plastic packaging constantly entering the home. My child bites them, and knowing that plastic enters the body is frightening. We should think about the health effects of this situation 50 years from now.

I support the referral chain, but I do not want strict rules. It is not right for everyone to go directly to major hospitals. Patients who truly need them and who are consciously referred should go to large city hospitals such as Çam Sakura. If a strong system is established with family physicians, the patient takes their appointment and is directed correctly. I see that this system has a counterpart in the field. Despite seasonal intensity, the system works smoothly. In fact, things are not that bad.



INVESTMENT SHOULD BE MADE IN THE PREVENTIVE HEALTH INDUSTRY

Participants drew attention to the importance of investments aimed at staying healthy and protecting health. It was stated that remaining focused only on treatment in healthcare services will not be sufficient by 2030, and that the preventive health industry needs to be developed.

ENVIRONMENTALLY FRIENDLY PACKAGING TECHNOLOGIES ARE OF CRITICAL IMPORTANCE

It was expressed that the transition to environmentally friendly technologies in packaging systems will provide significant gains. It was emphasized that reducing the use of plastic packaging is inevitable, but that glass is also not sufficient. It was stated that innovative solutions in this field will both protect the environment and offer major economic opportunities.



THE DIRECTION OF THE REFERRAL CHAIN SHOULD CHANGE: A RETURN FROM TERTIARY CARE TO PRIMARY CARE SHOULD BE ENSURED

Participants stated that in the current healthcare system, everyone can receive services from every level, but that this creates deficiencies in patient follow-up. It was emphasized that individuals receiving tertiary healthcare services should be directed to primary healthcare services after treatment. It was expressed that family physicians can follow their patients through e-Nabız, but that the system should be designed in a way that makes this return more effective.

THE NUMBER OF FAMILY PHYSICIANS SHOULD BE INCREASED AND THE FOLLOW-UP SYSTEM SHOULD BE STRENGTHENED

It was stated that the number of family physicians should be increased so that they can effectively monitor the existing population. In order to prevent individuals with chronic diseases from repeatedly applying to tertiary care with the same demand, it was recommended that a stronger monitoring and guidance mechanism be established in primary care.

A HOLISTIC MODEL SHOULD BE CREATED WITH THE SUPPORT OF THE PRIVATE SECTOR

It was expressed that public healthcare services alone may not be sufficient, and that the private sector should therefore also be integrated into the system. Especially in the process of returning from tertiary care to primary care, it was stated that follow-up services could also be supported by private healthcare institutions. It was emphasized that healthcare services should not be sharply separated as public and private, and that responsibilities should be shared correctly.

LEGAL SAFEGUARDS SHOULD ALSO BE CONSIDERED IN INCENTIVES FOR HEALTH PROTECTION

While participants emphasized that incentives for preventive health practices in healthcare services should be increased, they also stated that the issue of health law should not be overlooked in this process. It was expressed that especially as the frequency of patient contact among family physicians increases, they may face legal cases, and it was stated that this situation should be addressed by the Ministry of Health.

FAMILY PHYSICIANS SHOULD BE PLACED UNDER LEGAL PROTECTION AND DIGITAL SUPPORT SHOULD BE PROVIDED

It was stated that legal protection mechanisms should be established so that family physicians can carry out their duties safely. It was noted that this process should be supported not only through legal regulations, but also through digital solutions. It was emphasized that expanding online consultations and providing software support to family physicians would both facilitate patient management and reduce legal risks.

THE MEDIA NEEDS TO BE SUPPORTED ON PREVENTIVE HEALTH

Participants drew attention to the fact that for years, the media has adopted a disease- and treatment-focused approach in health news, and stated that the issue of preventive health has remained in the background during this process. It was noted that different health topics have begun to come to the agenda in recent years, but that members of the press have not been sufficiently guided on preventive health.

DATA AND SUPPORT SHOULD BE PROVIDED TO MEMBERS OF THE PRESS ON PREVENTIVE HEALTH

It was stated that health news at press conferences is generally shaped within the framework of the disease industry, and it was emphasized that the Ministry of Health and relevant authorities should provide guidance to members of the press on preventive health. It was expressed that a major vision should be created for the protection and development of health in Türkiye, and that it is important to provide the necessary data so that the press can be included in this process and produce content that will raise public awareness.

GREATER EMPHASIS SHOULD BE PLACED ON HEALTH LITERACY COURSES IN MEDICAL FACULTIES

It was expressed that in order to achieve long-term results in the field of preventive health, health literacy and health communication courses should be expanded in medical faculties. While it was stated that the awareness of physician candidates regarding preventive health should be increased, it was expressed that it is important for these concepts to be integrated more comprehensively into the educational curricula of medical faculties.

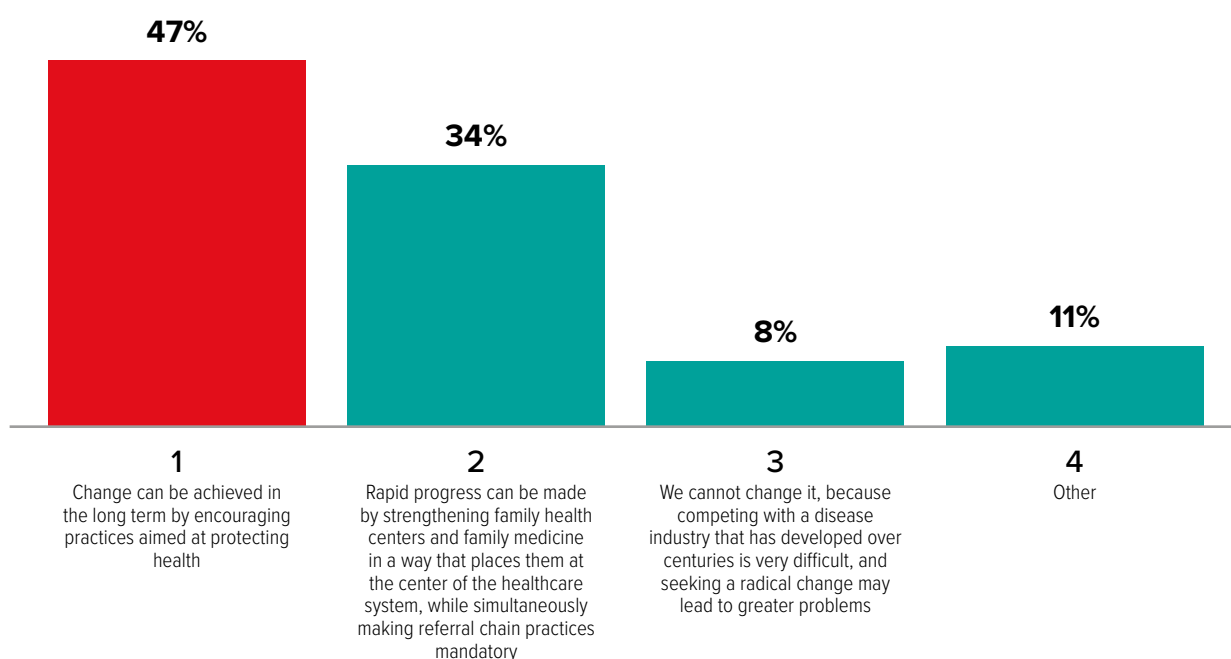


DISEASE-FOCUSED HEALTH CULTURE CAN BE TRANSFORMED IN THE LONG TERM THROUGH INCENTIVES

Forty-seven percent of the participants stated that the habit of receiving disease-focused healthcare services, which is widespread among the public, can be changed in the long term by encouraging preventive health practices. A group of 34 percent thought that placing family health centers and family medicine at the center of the system while simultaneously making referral chain practices mandatory could accelerate this transformation process. On the other hand, a group of 8 percent stated that a fundamental change in the field of health is difficult and that seeking a radical transformation could lead to greater problems.

11. Can we change the long-established habit and culture among the public of applying to disease-focused healthcare institutions?

1. Change can be achieved in the long term by encouraging practices aimed at protecting health
2. Rapid progress can be made by strengthening family health centers and family medicine in a way that places them at the center of the healthcare system, while simultaneously making referral chain practices mandatory
3. We cannot change it, because competing with a disease industry that has developed over centuries is very difficult, and seeking a radical change may lead to greater problems
4. Other



CAN DISEASE-FOCUSED HEALTH HABITS BE CHANGED?

Participants emphasized that whether the long-established habit among the public of applying to disease-focused healthcare institutions can be changed is one of the fundamental questions of the healthcare system. It was stated that the rate of going to a physician in Türkiye has increased 4-5 times over the last 20 years, but that per capita health expenditures have not increased at the same rate. It was expressed that there is well-planned health engineering behind this situation, and that how the system functions in this way should be addressed in greater detail.

THE FOUNDATION OF PREVENTIVE HEALTH: FAMILY AND EDUCATION

Attention was drawn to the fact that preventive health should begin at the kindergarten and primary school level. While it was stated that health education provided at early ages determines individuals' future health habits, it was emphasized that teachers play a critical role in this process. It was expressed that health literacy in Türkiye should include not only reading, but also understanding and consciously applying what is learned. For this reason, it was stated that the “read-understand-write” approach should be adopted.

POLITICAL APPROACH AND LONG-TERM INVESTMENTS

It was expressed that health policies generally focus on short-term results, but that preventive health investments will provide major economic and social gains in the long term. According to studies conducted, it was stated that preventive health investments for the elderly population contribute 1.4% to gross national product, and it was emphasized that this area has great economic potential.

THE ROLE OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE SERVICES WILL INCREASE

It was anticipated that artificial intelligence will create significant changes in the health sector over the next 5 years, and it was expressed that healthcare service delivery needs to adapt to this technological transformation. It was stated that today, a significant part of the population is distant from artificial intelligence, but that in the coming years, the aging population will become more familiar with these technologies. It was emphasized that as traditional hospitals move toward artificial intelligence-supported healthcare services, the dynamics of the sector will change.

PREVENTIVE HEALTH INVESTMENTS FOR THE ELDERLY POPULATION PROVIDE ECONOMIC GAINS

Participants emphasized that preventive health investments for the population aged 65 and over make significant contributions not only to the healthcare system, but also to the economy. According to mathematical analyses conducted on a global scale, it was stated that investments made in this area provide a 1.4% benefit to gross national product.

Within this framework, it was expressed that preventive health policies should not be seen only as an expense item, but rather as an investment that brings economic gains in the long term. It was stated that in budget discussions regarding the healthcare system, the question “Where will the money to spend come from?” is frequently raised, but that this data provides a concrete source regarding the financial sustainability of preventive health investments.

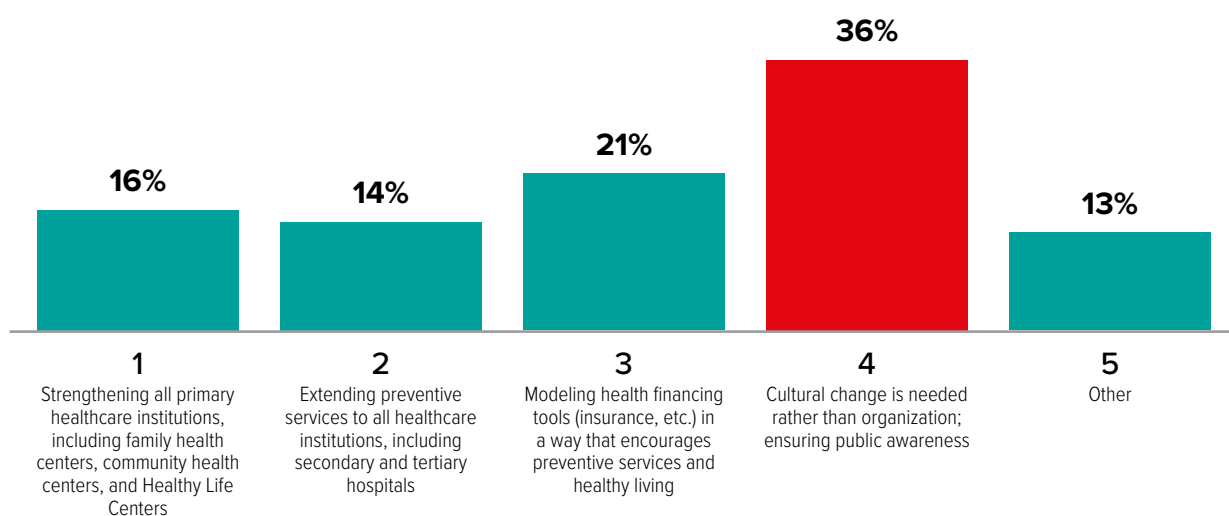


CULTURAL TRANSFORMATION STANDS OUT IN THE DEVELOPMENT OF THE PREVENTIVE HEALTH INDUSTRY

Thirty-six percent of the participants stated that the most effective method for the development of the preventive health industry is to raise public awareness rather than organization. A group of 21 percent suggested that health financing tools (insurance, etc.) should be modeled in a way that encourages preventive healthcare services and healthy living, while a group of 16 percent saw strengthening primary healthcare institutions (family health centers, community health centers, and Healthy Life Centers) as the most effective solution. On the other hand, a group of 14 percent emphasized the need to extend preventive services to all healthcare institutions, including secondary and tertiary hospitals.

12. What is the most effective method for developing the preventive health industry?

1. Strengthening all primary healthcare institutions, including family health centers, community health centers, and Healthy Life Centers
2. Extending preventive services to all healthcare institutions, including secondary and tertiary hospitals
3. Modeling health financing tools (insurance, etc.) in a way that encourages preventive services and healthy living
4. Cultural change is needed rather than organization; ensuring public awareness
5. Other



ALTERNATIVE APPROACHES TO THE REFERRAL CHAIN ARE NEEDED

In the criticism directed at the referral chain, it was stated that the current system is ineffective. It was noted that reducing the burden created by everyone applying directly to hospitals would eliminate the pressure on both family physicians and secondary and tertiary care hospitals. It was emphasized that at the root of the problem, healthcare professionals need to produce alternative solutions for this patient group.

Drawing attention to the importance of citizen behavior, it was expressed that, just as people prefer different routes suited to their needs rather than existing paths, the same flexibility should be ensured in the healthcare system. It was stated that traditional methods should not be insisted upon, and that developing alternative solutions in line with citizens' tendencies is inevitable.

Using the metaphor of building a different path to prevent the grass from being trampled, it was emphasized that a third way outside the existing system should be designed. It was expressed that more detailed evaluations on this issue should be made at an appropriate time.

APPROACHES TO THE DEVELOPMENT OF PREVENTIVE HEALTHCARE SERVICES

A critical perspective was presented regarding the existing health education system and practices for the development of preventive healthcare services. It was stated that medical faculties predominantly provide education in curative medicine, and that for this reason, physicians do not have sufficient competence in preventive healthcare services for healthy individuals.

It was noted that the healthcare system focuses on the treatment of sick individuals; however, an adequate approach has not been developed for individuals who apply to physicians in order to protect their health. It was expressed that the reason for this is that physicians have not received education in this field and that such applications do not have a natural place in the existing system.

It was stated that it is difficult to provide preventive healthcare services effectively with the current structure of the existing system, and it was emphasized that new policy proposals are needed for the development of healthy living-oriented services.

WELLNESS ECONOMY AND ALTERNATIVE HEALTH APPROACHES

It was stated that the rapidly growing wellness economy in the world has reached a volume of 6 trillion dollars, and that the United States stands out in this area with a share of 2 trillion dollars. It was noted that, in order to develop a healthy living-oriented health model, the United States did not remain limited to traditional medical education, but included different fields of expertise such as osteopathic physicians, chiropractic doctors, and naturopathic doctors in the system.

It was expressed that during this transformation process, serious conflicts were experienced with classical medical faculties and medical chambers, but that today, one out of every four medical faculty graduates is trained as an osteopathic physician.



Drawing attention to the fact that in sports clubs in the United States, specialists who develop injury-preventive approaches serve instead of orthopedists, it was emphasized that monitoring nutrition, physical activity, sleep patterns, and body acidosis plays a critical role in the understanding of preventive health. It was stated that even in advanced technology institutions such as NASA, specialists in these fields are now preferred instead of classical medical doctors.

Based on these examples, it was expressed that it is important to create new professional groups focused on healthy living in Türkiye as well, and to support the preventive health approach with a more comprehensive model.

HEALTHY LIVING MEDICINE: A NEW NEED

While it was expressed that physicians' focus on the treatment of diseases is a natural situation from both a professional and human perspective, it was stated that there is a need for a new professional group focused on protecting and improving health. It was suggested that, as in dentistry, a new specialty field under the name of "healthy living medicine" should also be implemented in Türkiye.

Emphasizing that dietitians and physiotherapists play an important role in healthy living centers, it was expressed that this field cannot be limited only to physicians and that a multidisciplinary approach is needed.

In addition, the importance of increasing awareness of healthy living in society was emphasized. Drawing attention to physician statements that frequently appear in the media and sometimes lead to debates, it was stated that this situation occurs because no institutional mind has been formed. It was expressed that creating institutional backgrounds correctly would prepare a more reliable and healthy communication ground in the public sphere.

POLITICAL APPROACHES ARE NEEDED FOR BEHAVIORAL CHANGE IN PREVENTIVE HEALTH

It was expressed that the most effective method for the development of the preventive health industry should focus not only on service delivery, but also on policies that will guide individuals' health behaviors.

It was stated that society's reactions regarding health may sometimes be misunderstood, and that motivating individuals is as important as raising their awareness. Drawing attention to the fact that harsh reactions can be given even to small changes, it was emphasized that citizens need to be guided correctly regarding health.

In this regard, it was expressed that implementing policies that take individuals' wishes and expectations into account, that are encouraging, and that increase participation may produce more effective results in the adoption of preventive health practices.

VACCINES STAND OUT AS ONE OF THE MOST EFFECTIVE METHODS IN PREVENTIVE HEALTH

It was stated that vaccines are the most cost-effective known preventive health method after hygienic water. In addition to vaccine-preventable diseases, it was noted that preventive vaccines developed for diseases such as cancer and RSV also hold an important place in this field.

It was expressed that 80 percent of the more than 100 vaccines currently being developed are intended for adults, and that half of these vaccines focus on areas that have never been studied before.

In this period, in which technological developments are accelerating, it was stated that the importance of vaccination should be emphasized once again, and attention was drawn to the critical role of vaccines in protecting public health.

VISION FOR THE 2030 TARGETS: A GREATER SHARE SHOULD BE ALLOCATED TO PREVENTIVE HEALTH

Within the scope of the 2030 targets, it was expressed that the “50% - 50%” model that Northern European countries are trying to implement is a noteworthy example. In this model, it was stated that 50% of health expenditures are allocated to preventive services and 50% to treatment.

Emphasizing that Türkiye also needs a similar vision, it was expressed that, with a strong understanding of protection, development, and production, a system is envisioned in which half of the health budget is allocated to preventive and protective services.

It was underlined that currently 3.7% of Gross National Product (GNP) is allocated to health, and it was stated that this rate should be increased to the level of 10%; in this case, directing half of the health budget to treatment and the other half to preventive and protective services was noted as an ideal target.

COMBATING OBESITY: THE FOUNDATION OF PREVENTIVE HEALTH

It was stated that obesity is one of the greatest pandemics of our time and lies at the root of many chronic diseases. It was noted that preventing obesity, together with encouraging healthy nutrition, physical activity, and active living habits, contributes to establishing preventive health from the very beginning.

It was expressed that, according to current data in Türkiye, there are 20 million individuals with obesity and 20 million overweight individuals, and that according to the World Health Organization's 2060 projection, more than 90% of Turkish society is expected to have obesity.

Within this framework, it was emphasized that increasing health literacy, instilling healthy lifestyle habits from an early age, and preventing childhood obesity will be critical steps in preventive healthcare services.



THE ROLE OF TRUST IN FAMILY MEDICINE

It was stated that trust in family medicine practice is a determining factor in the patient-physician relationship. Through examples from the field, it was noted that patients' trust in the physician's authority and personal interest increases satisfaction in the treatment process.

It was conveyed that especially when the family physician directs the patient to the branch deemed necessary and the process is resolved quickly, this reinforces the patient's sense of trust. It was expressed that this trust enables the patient to apply to the family physician again in subsequent processes, thereby facilitating access to preventive healthcare services as well.

In addition, attention was drawn to the fact that the knowledge possessed by the physician matched with the individual and the bond of trust established are more important than the physician's title. It was stated that the family physician assumes the role of a consultant and guide for the patient, and that this bond has a critical place in the sustainability of healthy lifestyle habits.

TÜRKİYE'S INTEGRATION ADVANTAGE IN THE HEALTHCARE SYSTEM

It was expressed that the fundamental difference between Türkiye's healthcare system and that of Europe is provided by the e-Nabız system, through which the entire process is controlled from a single point. It was stated that this system offers the opportunity to follow and analyze individuals' health history in detail.

Thanks to this structure, which works in integration with the family medicine system, it was expressed that data such as whether a patient's examinations carried out in different hospitals are repeated, physicians' success rates, and the effectiveness of treatment processes can be analyzed.

In addition, the discussion focused on how this strong infrastructure could be integrated with the private sector. It was stated that the system should not remain limited only to public hospitals, and that including private healthcare institutions in this ecosystem could be an important step toward providing more comprehensive and effective healthcare services.

INCREASED AUTHORITY AND THE RELATIONSHIP OF TRUST IN FAMILY MEDICINE

It was stated that recent expansions of authority and system updates in family medicine have strengthened the bond of trust between patients and physicians. In particular, it was emphasized that practices such as family physicians being able to make appointments directly with specialist physicians increase patient satisfaction.

It was noted that some patients initially apply to family physicians only for compulsory reasons, but that the satisfaction created by receiving a quick solution in this process increases trust in the physician in the long term. At the same time, it was conveyed that patients' attachment to their

family physicians has strengthened, as some services that previously required specialization, such as checking vitamin levels, can now also be provided within the scope of family medicine.

It was expressed that information activities should be increased so that such innovations can be better understood by citizens. It was emphasized that if patients have more information about the scope and authority of family medicine, access to preventive healthcare services can become more effective.

THE ISSUE OF TIME AND ACCESS IS AT THE CENTER OF SERVICE IN FAMILY MEDICINE

A participant practicing family medicine answered the questions directed to them. It was expressed that in family medicine, rather than public or private status, the time allocated to the patient and ease of access should be at the forefront. As a family physician, it was emphasized that an appointment-based and non-appointment-based service model can be carried out together, and that in this way, patients can find solutions without going to more advanced levels of hospitals.

It was stated that whether the physician works in a public building or in a private institution is not decisive in terms of patient satisfaction and service quality; the real difference emerges between physicians who can allocate time to the patient and those who cannot.

As a family physician working under public status, it was expressed that this situation does not create any obstacle in service delivery, and that family medicine services are provided effectively in a region with a population of 3,200. It was emphasized that, regardless of the physician's status, being accessible to the patient and able to allocate time should be a fundamental criterion in healthcare services.

It was stated that although the participant does not have specialization in family medicine, uninterrupted service has been provided at the same location for 7 years thanks to field experience and the relationship of trust established with patients.

It was expressed that the physician, who continues to work without leaving the region where they were appointed as their first place of duty, was the first physician to arrive in that region when the family medicine system had not yet been established there. It was emphasized that over time, the physician became known by patients and gained their trust, and that this provided an important advantage in terms of patient-physician communication and guidance toward preventive healthcare services.

It was stated that the physician, who continues to serve a population of 3,200, has made a positive contribution to patient satisfaction and the sustainability of the service by working in the same region for many years.

When asked about the idea of specializing as a family physician, it was emphasized that although becoming a specialist would be appreciated under current conditions, the greatest priority is the sense of trust received from patients.

The physician, who serves a population of 3,250, drew attention to the fact that the real goal is not to serve more people, but to provide more qualified and comprehensive service to existing patients, saying, "I wish a system could be established in which I could provide fully complete service to 2,500 people."

Underlining that the trust patients have in them is as valuable as specialization, the physician stated that this relationship of trust was formed as a result of many years of effort and that this bond lies at the center of their understanding of service.



TOGETHER, WE WILL BUILD A STRONGER, HEALTHIER FUTURE

Assoc. Prof. Abdullah Emre GÜNER / Istanbul Provincial Health Director

As someone who has been striving for primary healthcare services for a long time, I am truly very pleased and honored to be together with you here today. Since the period of Mr. Recep, very important projects have been implemented in the name of preventive medicine; the Family Medicine system was launched. Afterwards, during the periods of Mr. Mehmet, Mr. Ahmet, and Mr. Fahrettin, Healthy Life Centers were also established. Witnessing a period in which public health is so much on the agenda and discussed so comprehensively truly excites me and makes me feel fortunate, both as a health administrator and as a healthcare worker.

As we always emphasize, ideas are truly very valuable. But putting these ideas into practice in the field and being open to criticism is not an easy task. Especially when you are on the front line, listening to criticism without resisting and trying to understand is much more difficult. This is exactly what impressed me most in this organization: the creation of an environment where everyone could freely share their views and where they were truly listened to.

Today, all components of the health sector — manufacturers, the pharmaceutical sector, those providing treatment services, preventive medicine practitioners, and academics — came together at the same table. This unity gave me much greater hope for the future. Because I know that we now have a Minister of Health who patiently listens to every idea and approaches issues with a solution-oriented mindset.

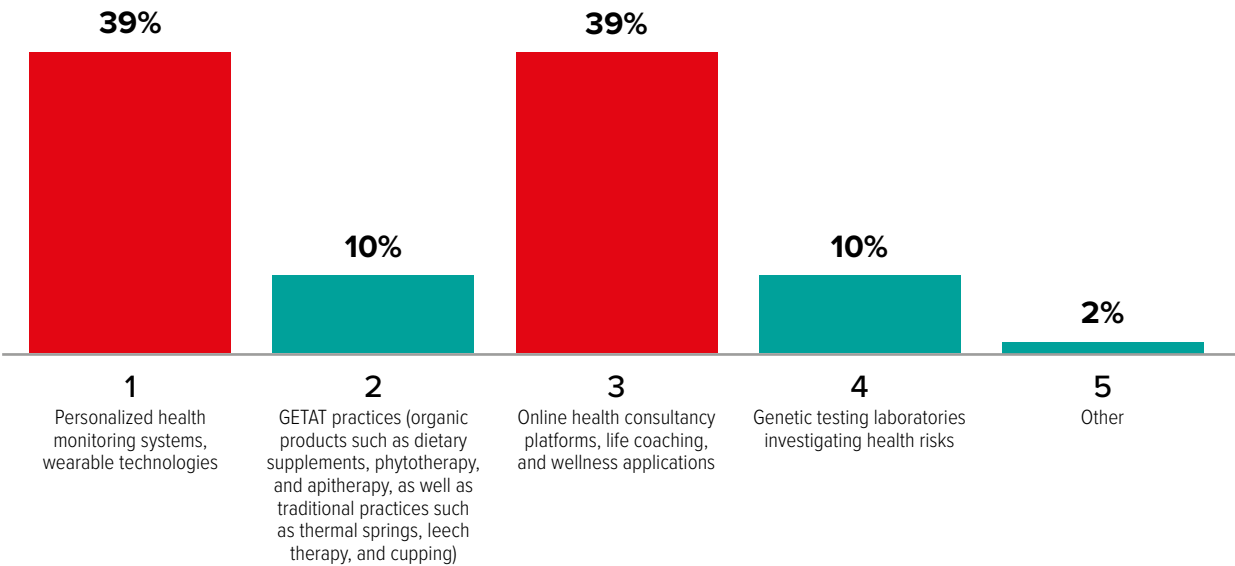
I sincerely thank all of you for your contributions, your efforts, and your shared belief in health. I wholeheartedly believe that together, we will build a stronger, healthier future.

TECHNOLOGY AND CONSULTANCY STAND OUT IN PREVENTIVE HEALTH OVER THE NEXT TEN YEARS

Among the areas expected to show the greatest development in the preventive health industry over the next ten years, personalized health monitoring systems and wearable technologies, as well as online health consultancy platforms, life coaching, and wellness applications, stand out. Thirty-nine percent of the participants predicted that both areas would make the most progress, while a group of 10 percent thought that genetic testing laboratories investigating health risks and GETAT practices (organic products such as dietary supplements, phytotherapy, and apitherapy, as well as traditional practices such as thermal springs, leech therapy, and cupping) would develop further.

13. Which area will show the greatest development in the “Preventive Health Industry” over the next ten years?

- 1. Personalized health monitoring systems, wearable technologies
- 2. GETAT practices (organic products such as dietary supplements, phytotherapy, and apitherapy, as well as traditional practices such as thermal springs, leech therapy, and cupping)
- 3. Online health consultancy platforms, life coaching, and wellness applications
- 4. Genetic testing
- 5. Other





RIISING TRENDS IN PREVENTIVE HEALTH: GETAT AND TECHNOLOGICAL TRANSFORMATION

It was expressed that Traditional and Complementary Medicine (GETAT) practices will stand out among the areas expected to show the greatest development in the preventive health industry over the next ten years. It was stated that organic products such as dietary supplements, phytotherapy, and apitherapy, as well as traditional methods such as thermal springs, leech therapy, and cupping, are being met with increasing interest in society.

While attention was drawn to the fact that society seeks faster and miraculous solutions regarding health, it was expressed that this approach may remain insufficient in terms of sustainable health management. It was emphasized that the widespread use of longer-term health monitoring systems and wearable technologies will play a critical role in enabling individuals to manage their own health better.

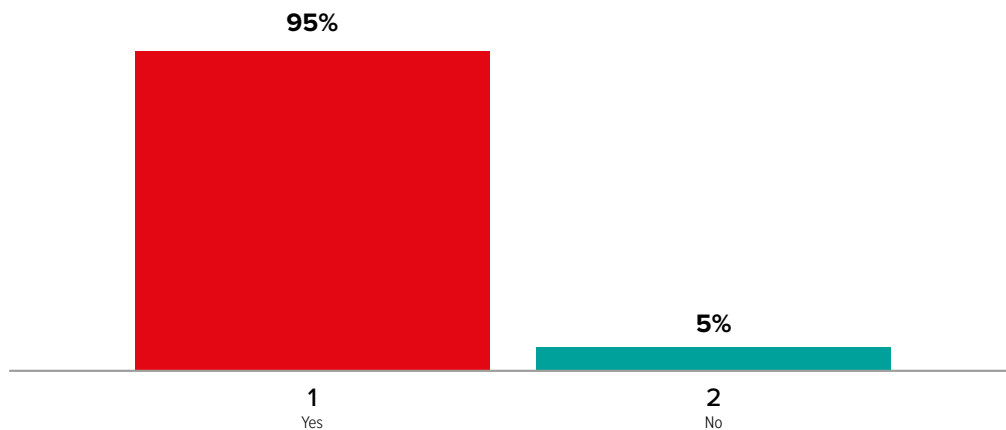
It was stated that health literacy needs to be increased for these technologies to be adopted effectively, and attention was drawn to the importance of individuals becoming aware so that they can become advocates for their own health.

TÜSAP MEETINGS RECEIVED FULL MARKS FROM PARTICIPANTS

The vast majority of participants found TÜSAP meetings successful and beneficial. While 95 percent of the survey respondents stated that they found the meeting successful, the same proportion stated that TÜSAP meetings were beneficial.

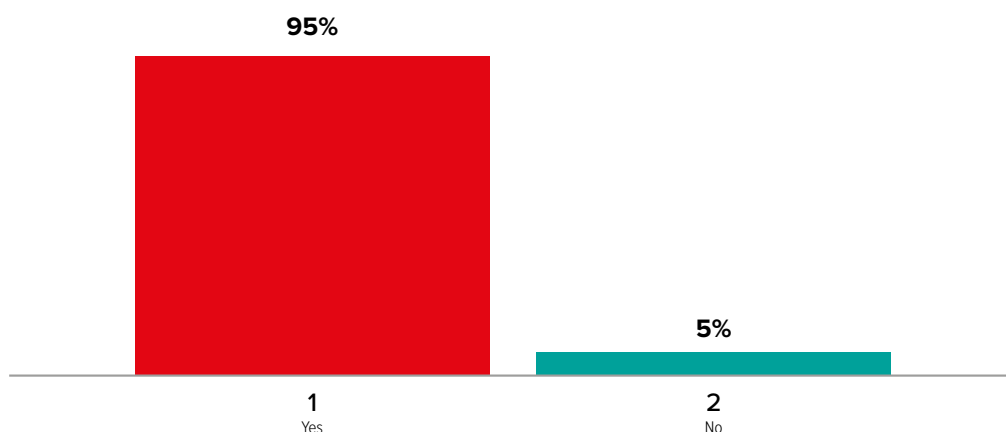
Did you find this meeting successful?

1. Yes
2. No



Do you find TÜSAP meetings beneficial?

1. Yes
2. No





CLOSING SPEECH

Prof. Dr. Kemal MEMİŞOĞLU

Minister of Health of the Republic of Türkiye

THE “HEALTHY TÜRKİYE CENTURY” HAS THREE FUNDAMENTAL MOTTOES: PROTECTING HEALTH, DEVELOPING HEALTH, PRODUCING HEALTH

Distinguished Participants,

As participants of TÜSAP meetings, all of you have significant experience in the field of health. For this reason, I prefer to speak here not as a Minister, but as someone who is within the healthcare system, who observes it, who “sees” it. Our healthcare system is the product of great effort. Especially in the last 20 years, everyone has made significant efforts in this field and tried to put something forward. Türkiye has undergone an incredible transformation process with the resolve and will of our President, Mr. Recep Tayyip Erdoğan.

When we look back, we see that Türkiye has been constantly discussing the problems of its healthcare system since the second half of the 1970s. A law was enacted in 1987, but it could not become operational. Many reports were prepared over the years; in 1991, the Parliamentary Health Commission published an extremely comprehensive report on how the healthcare system could be saved. They wrote, held meetings, consulted, and made efforts. Then what happened? Nothing happened. Until when? Until the Health Transformation Program in 2003 was put into practice. They held meetings, consulted, spoke, corresponded, and made proposals. Nothing happened. Why? Because there must be will in implementation, there must be belief, and there must be dedication. In 2003, after almost 40 years, at the end of those discussions, will emerged, belief emerged, dedication emerged. A group

that had talked for years but could not produce anything or reach a result, with a strong will, ended up implementing a healthcare system that became an example to the world.

In Türkiye, basic healthcare services, preventive medicine, and society's health literacy have been discussed and debated at least since the 1960s. I am 58 years old; I do not remember my childhood years, but for as long as I can remember, I have never seen primary healthcare services not being considered important; we have always talked about this issue. However, to date, we have not displayed sufficient will, intention, and dedication in this field; let us speak frankly.

Even at TUSAP, family medicine is being discussed comprehensively for the first time. This is our success; this is the success of the current administration. If today we have made family medicine and basic healthcare services discussable at a TUSAP meeting, it means we are moving in the right direction. This development makes me extremely happy.

When I first heard about this meeting, without saying anything to anyone, I said, "I must attend this meeting." Because there is an important change of mindset here. I do not know how many family physicians are here right now; could they raise their hands? Looking at those who raised their hands, I see that the number is low. Under normal circumstances, however, at least half of the participants in this meeting should have been family physicians.





As the Ministry and as the political will, we now attach importance to primary care and basic health. We do not only attach importance to this in words; we also attach importance to it through action. This will happen. In terms of a sustainable healthcare system, as Professor Kenan mentioned a moment ago, we will do everything from prevention to health products. This is our main policy. Indeed, the first and most important motto of the Healthy Türkiye Century, as stated by our President, is “protecting.” The second motto is “developing,” and the third is “producing.”

This morning, I visited a university hospital and felt incredibly proud. The day before, I visited a technopark established by the engineering faculty of one of our universities in Ankara; I felt incredibly proud and hopeful. Today, here as well, by discussing basic health, public health, and preventive medicine, I saw that we have in fact entered a path.

Yes, we have many problems. However, we will succeed in this process together. Because transformation in the healthcare system cannot be achieved through the efforts of only a few people or only the Ministry of Health. This is a process of social change. We do not expect results in the short term, nor do we have such a goal. If you want to change the paradigm, it is not enough to transform only buildings and infrastructure; you also need to change people. We will achieve this.

We always state that we attach great importance to family medicine. We always state that the physician is valuable, but this is not enough either. Everyone needs to express this. Everyone other than healthcare





professionals also needs to express this so that change can begin. It is now time for action. It is time for primary care, preventive health, and keeping society healthy. We will achieve this together. We have truly put our hearts into this. We truly have dedication. Starting with Mr. Şuayıp, including my General Director of Public Health, we are working on this day and night. I say this very clearly. This is our priority. Our second priority is a health system that produces.

Türkiye is one of the rare countries that imports 85-90 percent of the services it provides in the field of health, while also having one of the best healthcare systems in the world. If we provide services, we must also produce. The share of health expenditures in GDP needs to increase, but we must support this with the production power of our own sector.

When you look at CAR T-cell, we will do this. We will produce medical devices, heart valves, catheters, all of them; in the future, we will also produce the molecule and gene therapy. We have the human resources and infrastructure for this. As long as we can create the appropriate ecosystem.

I have one request from you; I truly want you to know that this is how this will be. We also attach great importance to secondary care, tertiary care, university hospitals, private hospitals, and foundations. On this matter as well, I absolutely promise you as Minister: we currently have the best in the world in our hands; we will not lose them, we will strengthen them even further.

I extend my respects to all of you. May God protect you.



TÜSAP EXECUTIVE BOARD

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PARTICIPANT PROFILE

The 41st TÜSAP Vision Meeting was held under the theme of “developing the preventive health industry through referral chain management in healthcare services,” with the participation of senior executives from all components of the health sector. Of the total 93 invited participants, approximately 32% consisted of representatives of public institutions, 30% of universities, 17% of NGOs and sectoral associations, and 21% of representatives of private sector organizations.

TÜSAP Vision Meetings are held every year under 4 main headings: “Health Technologies,” “Healthcare Service Delivery,” “Pharmaceuticals and Pharmacy,” and “Health Financing.” Following these meetings, the meeting reports are generally evaluated through the TÜSAP Health Summit, and future projections in health are determined. The meetings are held only with the participation of invitees, and invitations are sent to relevant persons before the meeting. Corporate information about the TÜSAP Vision Meetings and the TÜSAP Summit, which are planned to be held simultaneously 4 times a year, can be accessed at www.tusap.org.

ABOUT TÜSAP

In rapidly changing conditions, sector stakeholders need to act with common wisdom in order to use limited resources efficiently and produce permanent solutions to problems for a sustainable and high-quality healthcare system.

Founded by the leading opinion leaders of the sector who came together with this idea, the TÜSAP Health Platform aims to hold vision discussions based on the current state of the sector and to produce qualified information that will affect the future of the sector.

Ensuring sustainability in healthcare service delivery, the value-based health system, increasing quality, the transition of the domestic medical and pharmaceutical industry to high value-added production, the steadily developing healthcare service delivery in our country, public health practices, and health financing are listed as important agenda items of the events that TÜSAP will regularly organize.

In these events, held under the name TÜSAP Vision Meetings in Health, mid- and senior-level executives from the public sector, civil society, and the private sector have the opportunity to directly share their views on the agenda with other participants. These views are shared with the participants themselves, the media, and the public through special reports prepared after each event.

The work carried out in these meetings, which are held four times a year, is re-evaluated with broader participation at the special event titled “Health Platform Summit” held at the end of each year, and is presented directly to representatives of the sector and other relevant institutions.

For more detailed information and participation in events, you can visit www.tusap.org.

HEALTH SECTOR LEADERS
OF TURKEY COME TOGETHER
FOR SUSTAINABLE HEALTH

VISION MEETINGS

2024 EVENTS



HEALTH PLATFORM SUMMIT

CONTACT

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