

IPSF SEP 2011

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Hacettepe University Hospital (Ankara, Turkey)

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Turkey is the confluence of Asia and Europe. It has a total area of 783,562 km². Asian Turkey makes up 97% of the country and the remaining 3% European. The capital is Ankara and its largest city Istanbul. Population is estimated to be about 73-74 million. Economically, GDP per capital is about 10,399 USD. To better appreciate, one can compare these statistics with Singapore's (box below).

Singapore

Total Area: 694 km²

Population: 5 million

GDP per capital: 43,117 USD

Turkish Healthcare System

The current health care system is the result of historical developments rather than a rational planning process. Consequently, health care is provided by a wide array of players: public, quasi-public, private and philanthropic organisations. The table on the right describes the different organisations directly or indirectly involved in healthcare according to their functions or roles.



Table 7. Organizations involved in the health care system

| Role | Organization |
|--------------------------------------|--|
| Policy formulation | Grand National Assembly State Planning Organization Ministry of Health Council of Higher Education Constitutional Court |
| Administrative jurisdiction | Ministry of Health Provincial health directorates |
| Health care provision: public | Ministry of Health SSK University hospitals Ministry of Defence Other |
| Health care provision: private | Private hospitals Private practitioners and specialists Outpatient polyclinics and diagnostic centres Laboratories and diagnostic centres Pharmacists Other |
| Health care provision: philanthropic | The Red Crescent Foundations |
| Health care financing | Ministry of Finance SSK Bag-Kur GERF Private health insurance companies Self-funded schemes International agencies |

Bag-Kur: Social Insurance Agency of Merchants, Artisans and the Self-employed, GERF: Government Employees' Retirement Fund, SSK: Social Insurance Organization.

Turkish Pharmaceutical Sector and Drug Policies

The government determines drug prices by taking as reference the lowest price from among the European countries of France, Portugal, Greece, Italy and Spain. Second, to this reference price, the fixed rates of profit of wholesalers and community pharmacists are added. Third, the retail price for a specific medicine is determined after adding 8 % VAT to the price in second stage.

| SELLING PRICE OF PHARMACEUTICALS TO WHOLE SALERS | THE PROFIT OF WHOLE SALERS % | THE PROFIT OF COMMUNITY PHARMACY % |
|--|------------------------------|------------------------------------|
| Range between 0 – 10 TL | 9 | 25 |
| Range between 10 – 50 TL | 8 | 25 |
| Range between 51 – 100 TL | 7 | 25 |
| Range between 101 – 200 TL | 4 | 16 |
| Over 200 TL | 2 | 12 |

As a result, drug prices are amongst the lowest in the EU. The government believes that this is important to facilitate the access of drugs to all their citizens. However, the price decreases in Turkey have seemed to have caused problems for several drug companies, which have seen their annual turnover contract. Some manufacturers claim that they may be forced to cancel their R&D plans or even take some products off the market.

"Drug prices were already lower in Turkey, compared to other countries. In a simple way, I can only sell a drug priced at 10 Turkish Liras for 5.5 liras. This is almost a 50 percent discount. How will we control our costs? If this pricing policy continues, Roche may have difficulty keeping some products on the market." Turgan Göker, Head of Roche Eastern Europe, Middle East and Africa



"I believe that each of the pharmaceutical companies now makes its calculations for new drugs to come. At Novartis Turkey, we are now obliged to postpone our plans and research and development studies. We dropped plans to bring some new drugs into Turkey because of the government's pricing policy." Güldem Berkman, Head of Novartis Turkey



On the issue of access to drugs by the public, there are little restrictions. Basically, anyone would be able to get any drug if it is available in the pharmacy i.e Almost all medications can be obtained without a prescription.

Pharmacy Education

A recent revamp of their curriculum allows students in their final 5th year to specialise in a particular area that they might be interested in. Much of the curriculum is actually catered towards preparing the student to work in the pharmaceutical industry. For more details on the actual courses and modules offered, look under Education > Course Catalogue <http://www.pharmacy.hacettepe.edu.tr> This is quite unlike what we see in Singapore where much of the curriculum emphasizes on the clinical aspects of pharmacy. Most of the students we interacted with also indicated their interest in joining the industry after completing their degrees. They cite reasons like better salaries and possibly better quality of life. The next most popular option seems to be that of setting up an independent community pharmacy or joining an existing one to be an employee. Few would actually consider working in a hospital setting where the salaries are known to be substantially lower. Those who choose to do so probably value the fixed working hours and the supposedly less stressful environment. However in recent years, there is increasing interest among students in the clinical and patient care aspects of pharmacy. We were fortunate to meet 2 clinical pharmacists from the faculty who shared with us about what they do, the challenges they face and their observations are about



pharmacy practice in Turkey. Both of them were actually sponsored by Hacettepe University a few years back to further their education in clinical pharmacy. Dr Aygin Bayraktar went to University of Strathclyde, Glasgow, UK and Dr Demirkan Kutay to University of Tennessee, USA. It was indeed really fortunate and our honour to meet them as we later learnt that there are only about 7 clinical pharmacist in the whole of Turkey.

<http://www.pharmacy.hacettepe.edu.tr/personel/abayraktar/index.html>

<http://www.pharmacy.hacettepe.edu.tr/personel/kdemirkan/index.html>

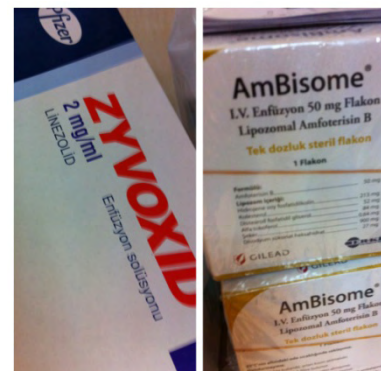
Hospital Pharmacy

Hacettepe University Hospitals comprises of 3 hospitals , the adult hospital, the children's hospital and the oncology hospital. The whole complex has approximately 1200 beds in total. Hacettepe is one of the better, if not arguably best hospital in the whole of Turkey. Hacettepe is Turkey's largest public sector health institution with Joint Commission International (JCI) accreditation. Many of the medical staff at Hacettepe are internationally recognized with their professional and academic achievements.

<http://www.hacettepe.com.tr/En>



Most drugs carried in hospital are branded. We hardly saw any generics. One of the reasons given by a pharmacist working in the hospital is that many physicians are involved as investigators in clinical trials thus the need for branded drugs. Another reason given was that since it is a university hospital, they tend to use newer drugs which would most likely still be patented and thus branded. However on the other hand, according to the European Observatory on Health Care System on Turkey's healthcare system : "There have been a number of unsuccessful attempts to promote the use of generic drugs, but doctors generally prescribe by brand name. Representatives of pharmaceutical companies visit doctors regularly to promote their products, and doctors are heavily influenced by the



pharmaceutical industry, although there is no firm data about the extent of this influence.”

An interesting fact was that the hospital actually has no outpatient pharmacies. Discharged medications are “outsourced” to the community pharmacies. It is no wonder that we see clusters of independent pharmacies surrounding the hospital. Convenience wise, it might just be a little more inconvenient than that in the case of Singapore. However, I suspect that these patients will not be subjected to the relatively long waiting times which are common in our local hospitals and since drug prices are controlled by the government policies, prices wouldn’t differ even if they had outpatient pharmacies in the hospital itself.

Hacettepe utilises the Pyxis MedStation™ System. It automates the distribution, management and control of medications. Using a password, authorised users obtain medications from the Medstation in accordance with the ward-specific set up. Patient name, description and quantity of medications is automatically recorded for restocking and accounting purposes. This system potentially greatly reduces the rate of medication errors and allows for better inventory control too. However considerations such as the cost and maintenance of the system and training of staff are also important if one decides to embark on such a system. In Hacettepe, despite such advanced technology being exploited, pharmacists are still mainly involved in distributive work. What technology essentially allowed for is the pharmacy to employ fewer staff for distributive purposes. In Singapore, it would probably allow for more pharmacy manpower and time to be diverted to clinical aspects of direct patient care.



In Hacettepe, administration and dispensing of medications for inpatient use is done by the nurses, pharmacists do however occasionally get involved in the training of nurses on medication issues.

As a whole, Hacettepe’s pharmacists are mainly involved in distributive work except for Dr Bayraktar and Dr Kutay. Dr Bayraktar used to be involved in a pain management clinic before she moved on to other roles. Dr Kutay maintains his practice at Hacettepe’s ICU. Dr Kutay completed his US residency training in general medicine in 1999. He then went to a second one specialising in intensive care and infectious diseases in 2000. He didn’t have much problems initiating his clinical practice in the ICU as he did mentioned that a number of the ICU physicians including the head of the ICU are actually US trained thus they were in fact used to having a clinical pharmacist around. He mentions that now

they would even regularly have requests from physicians from the other departments asking if a pharmacist could be on their teams!

Both Dr Kutay and Dr Bayraktar wear many hats. Besides constantly travelling all around turkey giving talks and seminars to community pharmacist about pharmaceutical care in the community setting, they teach pharmacy students from both Hacettepe University and Ankara University.

At this point in time, Dr Kutay and Dr Bayraktar are trying to establish a department within the faculty of pharmacy to groom future clinical faculty members. We wish them the very best!

Community Pharmacy

By law, chain pharmacies not allowed in turkey. As such, all of the pharmacies we saw were independent ones. Most of those we encountered were clustered around Hacettepe University presumably serving the pharmaceutical needs of discharged patients.

Other issues!

On another note, we had experienced much more than just the turkish healthcare system. We interacted with local students and visited pamukkale, cappadocia, mamaris and of course Istanbul!



Coincidentally, we later learnt from the chief pharmacist that her son actually did his MBA in NTU and is currently working in Singapore. Indeed with globalisation, we are way closer and more connected to one another than what we think!



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