Commentary Article

Evaluating the performance of primary health care services in Turkey and the use of the Primary Care Assessment Tool (PCAT): lessons from Brazil in a national random household survey

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Like Brazil, Turkey spends about $1,200 per capita on health. In demographic terms, other similarities can be observed: the population over 65 years old is close to 9.0% in both countries, away from the demographic trend of aging in Europe, where the OECD average for a set of 36 countries is 17.4%.

However, the share of health expenditure in relation to GDP is different: in the first 9.2% and in the second only 4.2%, although, this percentage in the case of Turkey considers that most of the spending comes from public sources (about 80%), while in Brazil only 43%.[1]

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The pioneering article published in 2014 by professors Tülay Lağarlı, Erhan Eser, and Hakan Baydur ("Psychometric properties of the Turkish Adult Consumer Version of the Primary Care Assessment Tool (PCAT-TR") in the Turkish Journal of Public Health[2] brought the most important primary assessment tool for primary health care (PHC) services in the world, used on all five continents, as shown by D'Avila et al[3].

The Primary Care Assessment Tools ("PCAT Tools") have been in use since the 2000s, with adaptations and validations in over 20 countries and dozens of municipalities/provinces. The professors mentioned introduced PCAT Tools to Turkey for the first time, a version adapted for adult users, the so-called Turkish Adult Consumer Version of the Primary Care (PCAT-TR). It was applied in 79 Family Health Centers in Manisa city center, based on a sample selection used multistage cluster sampling from 80 clusters (n=800).Chronbach alpha values were also found satisfactory (0.80-0.90) for all domains and subdomains of the PCAT-TR except for three subdomains: coordination (information system), first contact care (access) and comprehensiveness (service provided). Indeed, these are the three attributes of the instrument proposed by the team of professors Barbara Starfield and Leiyu Shi that are the most difficult and sensitive to measure. Usually, it is observed that developing countries find it more difficult to obtain positive results, that is, above the 6.6 benchmark on the PCAT score scale. The early Turkish authors concluded that the instrument could be used to evaluate the performance of PHC services in Turkey, marking that further studies would expect to reach more information about reliability and validity of PCAT-TR.

This article proposes that the Government of the Republic of Turkey, in partnership with the Turkish Statistical Institute (TURKSTAT), should work together with the Ministry of Health to develop a national random household sample application of the PCAT-TR, as presented by Professors Tülay Lağarlı, Erhan Eser, and Hakan Baydur. Brazil undertook as similar effort in 2019, using the PCAT-Brazil (PCAT-BR) in its National Health Survey (Pesquisa Nacional de Saúde – PNS-2019) in partnership with the Brazilian National Institute of Geography and Statistics (IBGE) - the same Institute that is responsible for the Brazilian Demographic Census every 10 years.

IBGE has agencies throughout the country, in more than 500 municipalities in all geographic regions of Brazil and has a research structure that makes it possible to uniquely reach the most inhospitable places, such as the Amazon region, the Brazilian semi-arid northeast and the central-west region with large distant areas. The preparation for the PNS-2019 fieldwork lasts almost a year, as there is a need to train the managers of each IBGE state unit in the application of the instrument so that they can also train their supervision teams and interviewers in each of the 27 states in Brazil. This true "army of field interviewers" makes home visits face to face, using a mobile device to record the responses of residents and then transmits them online to a data center.

Turkey with only 32% of general practitioners[1] faces a major challenge in ensuring the quality of its citizens' public health, as such, strengthening primary care services could play a key role in ensuring good access to health care, managing chronic conditions and keeping people out of hospitals. We believe that an evidence-based instrument is needed for a national assessment to establish a baseline for PHC in a nationwide base. The Brazilian National Health Survey (Pesquisa Nacional de Saúde, PNS-2019) from IBGE began in mid-August 2019[4], the largest random sample household survey in Latin America (visiting over 100,000 households), and included in one of its modules, the Brazilian short validated adult version of the PCAT. The specific questionnaire with the questions that formed the PCAT is available for public access and has been translated by a group of researchers into English.[5] So, why not do the same in Turkey?

Why should the Turkish Statistical Institute (TURKSTAT) not propose a nationwide survey with the adult PCAT-TR adapted, while considering other local languages for household applications? The Brazilian experience, much more populous than Turkey and so complex and diverse, proves that this is achievable. The Central Government together with the Turkish Ministry of Health could set this as a goal, and thus, obtain scientific evidence for decision making in general practice in primary health care and family medicine. Professors Tülay Lağarlı, Erhan Eser, and Hakan Baydur demonstrated that this would be possible and PCAT-TR could be used to fill this gap.

Authors contributions

All authors contributed equally to the writing of the text and the first author reviewed the final text. All authors read and approved the final manuscript

Conflict of interest

The authors declare no conflict of interests for this article

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