HOME MECHANICAL VENTILATION in TURKEY

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In the late 1950’s few Turkish hospitals has provided mechanical ventilation. NIV started to be used in acute respiratory failure in Turkey widely from early 1990s. Home mechanical ventilation was welcomed over the last 25 years. Organised and refunded Healthcare at Home facilities came on stage in 2005. In Turkey there are no registries of patients using home mechanical ventilation.
Number of NIV/IMV funded for patients with chronic respiratory disease

SSI of Turkey

<table>
<thead>
<tr>
<th>Year</th>
<th>BİPAP</th>
<th>BİPAP-S</th>
<th>BİPAP-ST</th>
<th>AVAPS</th>
<th>Home-IMV</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3230</td>
<td>2230</td>
<td>1910</td>
<td>70</td>
<td>1190</td>
<td>8630</td>
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<td>2014</td>
<td>2705</td>
<td>2630</td>
<td>2374</td>
<td>59</td>
<td>910</td>
<td>8678</td>
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Who can prescribe?

- Chest physicians
- Pediatric chest physicians
- Neurologists
- Intensivists

Using specific published criterias/guidelines

Have to be discussed at the medical board
Arterial blood gas analyse is the most common modality used during follow up
19.6% of patients receive medical support from Healthcare at Home teams
80.4% of patients receive technical support from equipment providers
Accessibility

- Financial issues;
  - SSI has become a monopsony on the purchasing side of healthcare services
  - No problem when prescribed according to the ventilator provision guidelines
  - Limited financial support for patients using Home IMV
    a second ventilator and/or generator has not been provided

- Organisational aspect;
  - Decentralization of therapy improves accessibility
    with the problems of limited experience and knowledge
**STRENGTHS**

- No financial problem in accessibility to the HMV treatment
- Means of access to health care facility increases in all regions
- Experienced health care providers in HMV is increasing
- Healthcare at Home Services has been recently started by Ministry of Health
- Turkey is a partnership of Global Alliance against Chronic Respiratory Disease (GARD)

**WEAKNESSES**

- Limited number of multidisciplinary HMV centers
- Lack of a home respiratory assistance network
- Limited respiratory intermediate care units
- Lack of structured follow-up protocols
- Lack of telemonitoring services
- Lack of a structured technical support
- Lack of quality control
- Limited number of pulmonary rehabilitation unit /center
Home mechanical ventilation in Turkey needs to be organised

A central registry is necessary for developing and monitoring of HMV outcomes