

# „EGÉSZSÉGSZERVEZÉS FEJLESZTÉSEI A GYAKORLATI TAPASZTALATOK TÜKRÉBEN” KONFERENCIA

## EGÉSZSÉGESEBB EGÉSZSÉGÜGYÉRT PROJEKT

2015.11.27.

SZÉCHENYI 2020



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# The Norwegian Primary care system

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**SZÉCHENYI**  2020



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# Norway – a short glance

- Population 5,147,792
- Infant mortality rate: 2.48/1000;
- Life expectancy: 81.6
- Strong economy – GDP per capita 67k dollar
- Challenging geography
- Large numbers of small rural communities
- A large elderly population

# Large country by size – small communities

- 428 municipalities
- Larger cities are divided in sectors.
- Health care is provided by the government
- 3 levels of health care.
  - Primary health care. Municipalities are responsible
  - Specialist care in hospitals is state financed.
  - National specialist care in national centers – state.

# Primary health care –in the local community

- Medical services provided by GPs
- Large community care sector
  - Home based services
  - Institutions for elderly fragile people
  - Institutions for psychiatric and developmentally challenged people.
  - Preventive care for children
  - School based medical care

# General practice in Norway

- List system
- Self employed GPs
- Contract with the municipality
- General practitioners are coordinators of care
- Financed by
  - The municipality - fixed sum / person on the list.
  - The patient - fixed sum per consultation.
  - The state – fee for service

# The Norwegian list-patient system

- Each citizen is through the legislation given the right to be included on a GP's list and to switch to another GP up to twice a year
- The municipalities are accordingly by law obliged to fulfil this right by providing enough positions for GPs
- The municipalities' GP services expenses are defined by the number of inhabitants – capitation (not the number of GPs)

# An extensive and comprehensive general practice

- Many services provided by GPs
- Ordinary diagnosis and treatment, home visits
- Meetings with other service providers
- Mandatory referral to specialty care (“Gate keeper” role)
- Central role in sick leave and social security



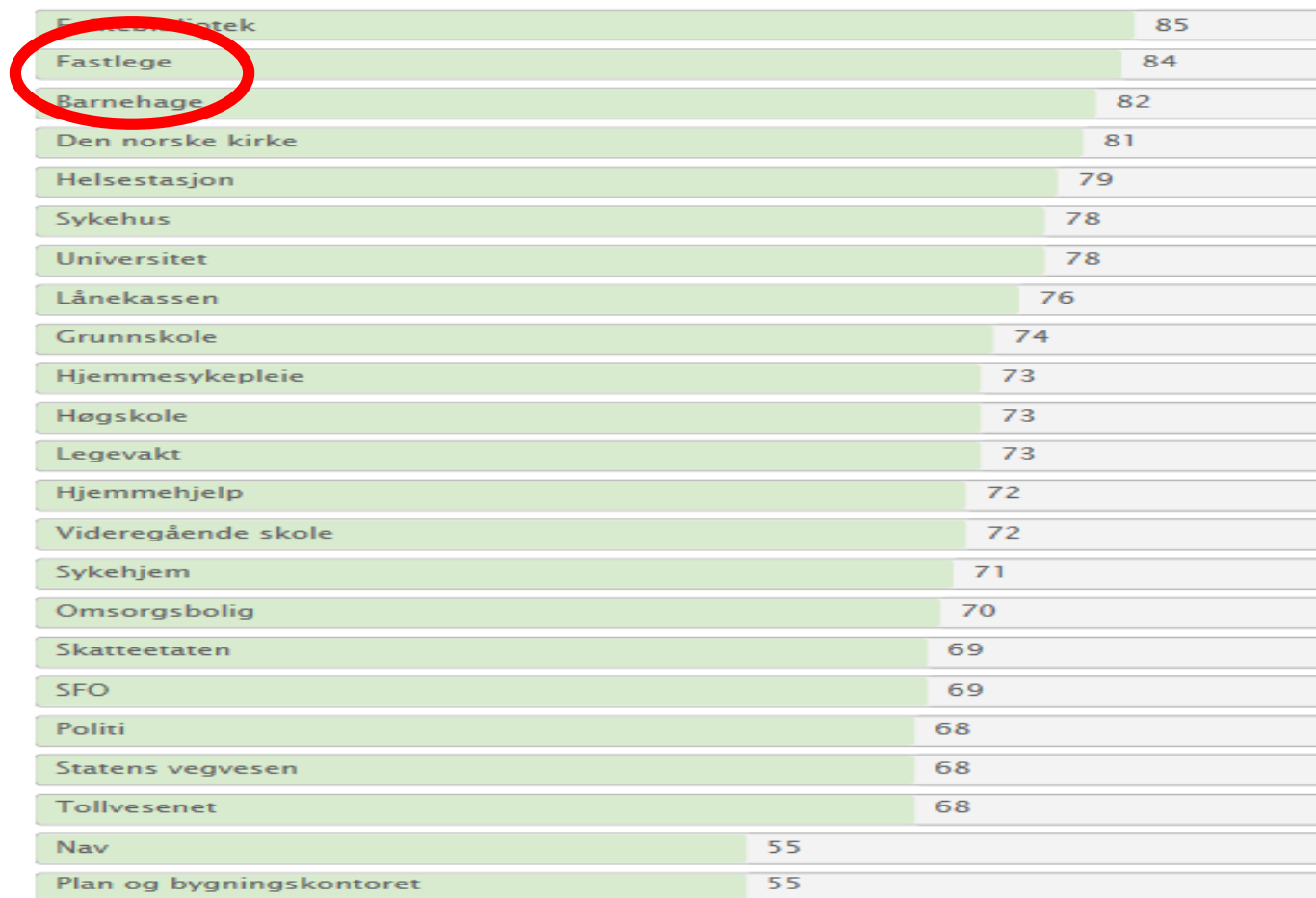
# Services provided by General practitioners

- Small surgery,
- Ecg
- Laboratory test
- Spirometry
- Ultrasound
- Maternity control
- Psychotherapy
- Out of hours care
- etc. etc...

# Integration with specialist care

- Gate keeper role – mandatory referral
- Guidelines for referral to and discharge from hospitals
- GPs work in hospitals as liaison officers
- Electronic communication with hospitals and specialist
- GPs are coordinating care
- Hospitals rely on competent GPs

# The patients are satisfied.



# Cooperation in the local community

- Consultation with community care nurses
- Electronic messaging from medical record directly to the responsible person in the community
- Telephone for direct contact.
- Meetings with the community health officer/nurse

# Challenges

- Municipalities are not homogenous – they differ in their organisation
- GPs are not well integrated in the local health care system.
- GPs have a list/population responsibility
- Community health care has a geographic responsibility.
- Difficulty with follow-up of patients who are not able to seek care

# The future of primary health care

- Closer collaboration with home based services,
- Psychologists, midwives, community nurses.
- Larger PHC centres with more multidisciplinary approaches, but still retaining the core values of continuity of care.
- Better coordination with hospital care.

# Improving primary care for what purpose?

- The evidence shows that primary care helps prevent illness and death
  - The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations, a finding that holds in both cross-national and within-national studies.
  - Primary health care is cost efficient
- *(Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. The Milbank quarterly. 2005;83(3):457-502)*

# Köszönöm a figyelmet!

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