Norwegian Ministry
of Health and Care Services

Primary health care in Norway

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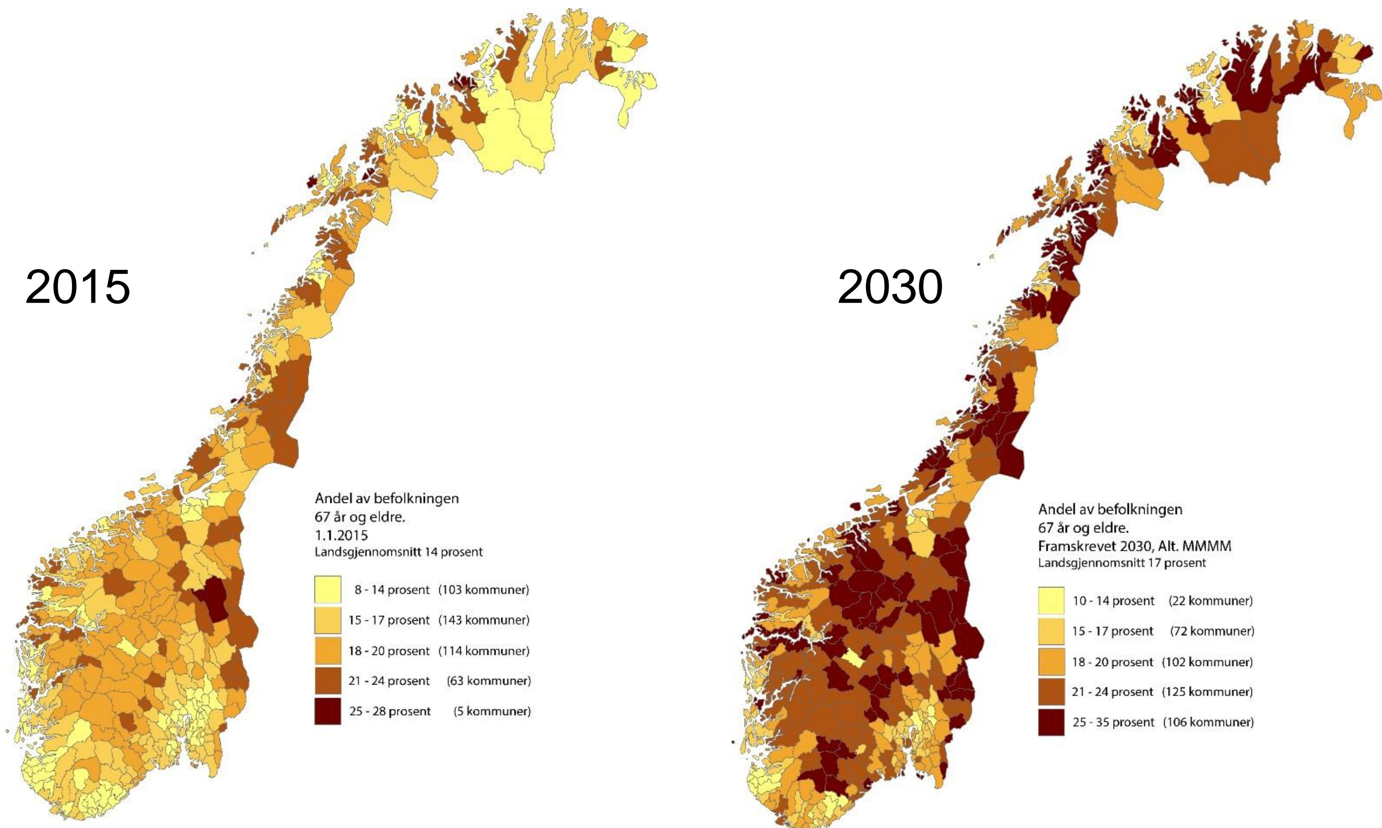
Challenges to the services

- Changed epidemiological picture: multimorbidity, more complex conditions. This demands different and increased competence, multiprofessionalism and new ways of delivering services
- The services are too fragmented, poorly coordinated and do not see and meet the person as a whole
- The perspective and involvement of the users are still too poorly taken care of
- Our knowledge of the quality of the services that are being delivered is weak, sometimes almost totally lacking
- The leadership challenges are great
- The services to those most in need are not adequate
- There are deficiencies in systematic follow up, too little proactivity and a lack of population perspective
- Innovation and use of digitalised solutions is too poor

Demographic changes – a scary picture



A diverse and challenging structure

- **Specialised health care:**
  A huge, rather homogeneous, competent service and organization, owned by the state with direct means of governing to the minister and a with strong public interest and focus
- **Municipal (primary) health and care services:**
  A small scale, not homogenous service with substantial private components (general practitioners, physiotherapists), in some respects with limited competence, governed by local, democratic institutions, but still the minister will soon be held responsible for shortcomings that are brought to public knowledge
- **A structure with major challenges related to governing and cooperation**

A white paper to Parliament in 2015;
The Primary health and care services of tomorrow

Still our roadmap to the development of our primary health and care services

- Describe the present situation and the challenges
- Solution strategies:
  - Co-location and working in teams – generic, not based on diagnosis
  - Competence
  - Leadership
  - Establishing a municipal patient registry
  - Make use of the potential that lies in digital solutions

Primary health care team

- An expanded general practice; doctor, nurse, medical secretary
- Responsible for basic health care services for the entire population – first point of contact
- Pave the way for a broader, more coordinated set of services, better accessibility and more appropriate use of personnel resources
- Especially important for patients with chronic diseases and others in need of systematic follow up and increased health literacy
- Pilot 01.04.2018 – 2021, 9 municipalities, 82 GPs, also testing of alternative way of financing
- Scepticism among GPs to work in teams that is hard to understand

Follow up teams

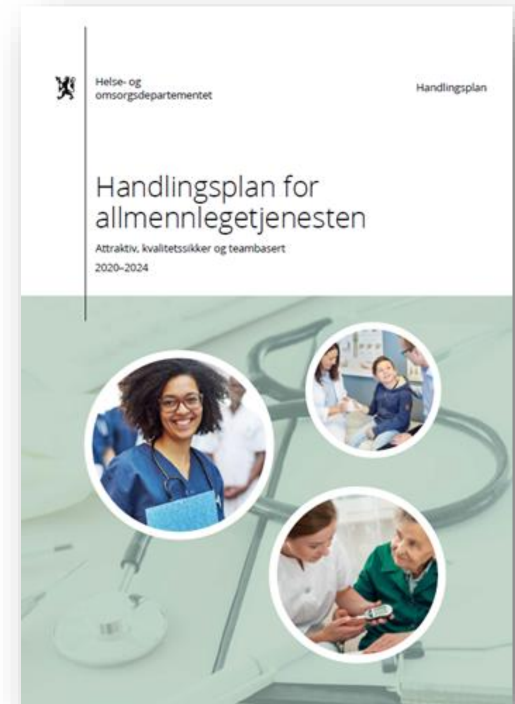
- Tailor-made teams to patients with extensive and complex needs
- The teams will have a coordinator and the patient will be entitled to an individual plan
- The GP will always be an important collaborator or part of the team
- Pilot 01.09.18 – 2021 7 municipalities, 80 GPs
- Combined with an electronic risk stratification tool applied on the patients records – to find patients that will benefit from a follow up team

General practitioners (GPs)

- Are playing a key role
- Approx. 4700 GPs. - 460 work alone
- Working in a list system (from 2001) - each citizen has a dedicated GP - on average 1100 people on a GP´s list
- 84% of GPs are self-employed with agreements with the municipalities (private enterprises), giving the municipalities limited means of governing the GP services
- Financing: **capitation fee** from the municipality (58 USD per inhabitant), **reimbursement** from the National Insurance Scheme and **patient's charge** (20/33 USD per consultation (day/evening)
- To heavy workload
- Increasingly difficult to recruit and keep GPs
- Thorough evaluation of the GP scheme in 2019

Action plan for general practitioners 2020-24

- 1.6 billion n.kr
- 17 measures to achieve
  - An attractive and safe career
  - Good quality for all
  - The future is based on teams
- Changed and strengthened financing
- Positions with guidance and financial incentives for beginners
- Leadership education programme
- Establishing primary health care teams
- Reduce workload – reducing administrative tasks
- Establishing a system for quality improvement



Healthcare communities

- A model for better cooperation and coordination with three levels; partnership meeting – strategic cooperation – clinical collaboration
- Described and launched in National Health and Hospital Plan 2020–23: https://www.regjeringen.no/contentassets/95eec808f0434acf942fca449ca35386/en-gb/pdfs/stm201920200007000engpdfs.pdf
- Agreement on the model between the Government and the Norwegian Association of Local and Regional Authorities (KS)
- 19 healthcare communities between municipalities and hospital trusts
- In principle a voluntary and consensus-based model
- Key principles:
  - Better structures and processes for coordination and cooperation
  - Common understanding of the situation and the challenges
  - Common planning and development of services
  - Clear prioritization
- In an establishing phase – too early to say how successful they will be