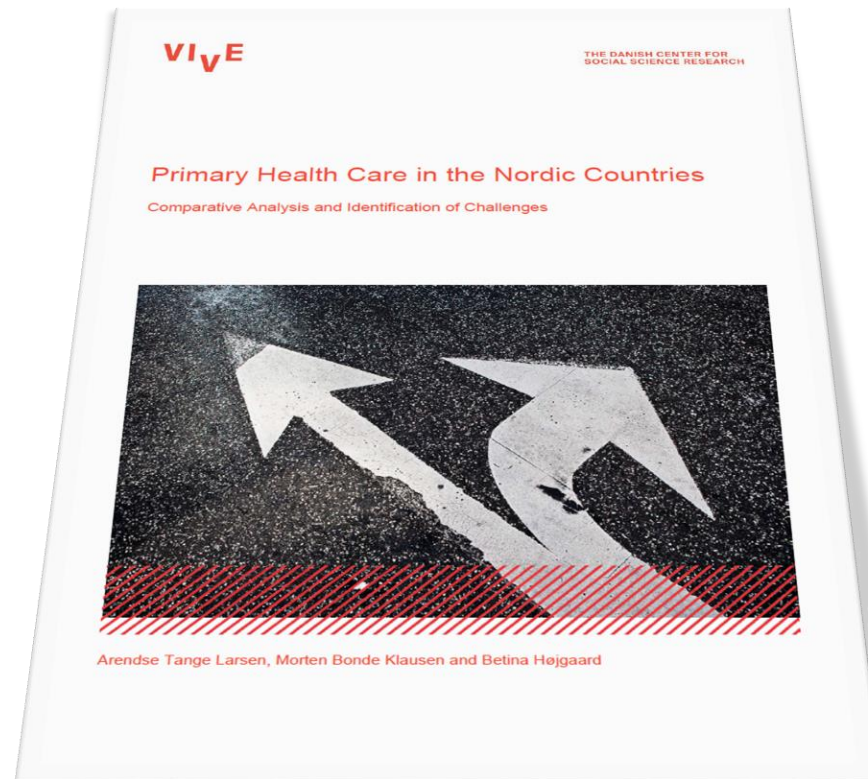


Findings and Trends



Betina Højgaard

Copenhagen, November 17, 2020

The scope of the report delimited to the following domains of particular relevance of primary health care:



The overall structure of the health care system



The general practitioners (GPs) and the organization of general practice



Home nursing and care for patients with chronic diseases



After hour services, eHealth, and quality monitoring

The health care systems of the Nordic countries share the following characteristics

They are all:

- rooted in the welfare state doctrine
- based on taxation and benefits depending on need (Beveridge model)
- strive for equal and easy access for all residents

...However, differences also exist

The governance structure in the Nordic countries have different configurations



Centralized

Decentralized

As for the overall organization of primary health care, two variations stand out across the Nordic countries:

- 1 It varies whether the responsibility for primary health care is placed on one or more political and administrative levels



The State



Municipalities



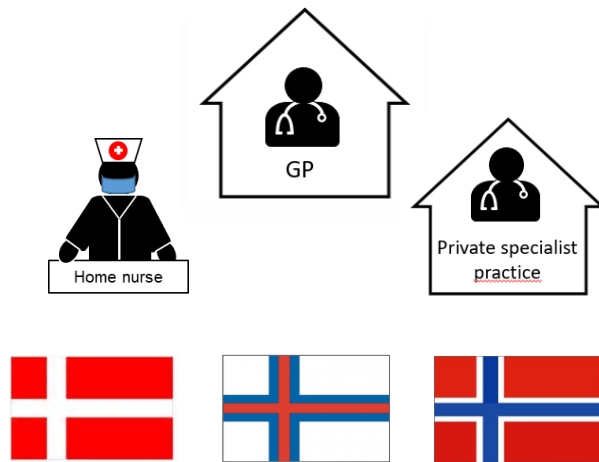
Municipalities and Regions



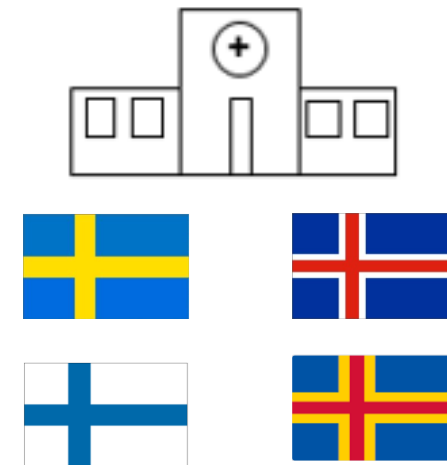
Municipalities and the State

As for the overall organization of primary health care, two variations stand out across the Nordic countries:

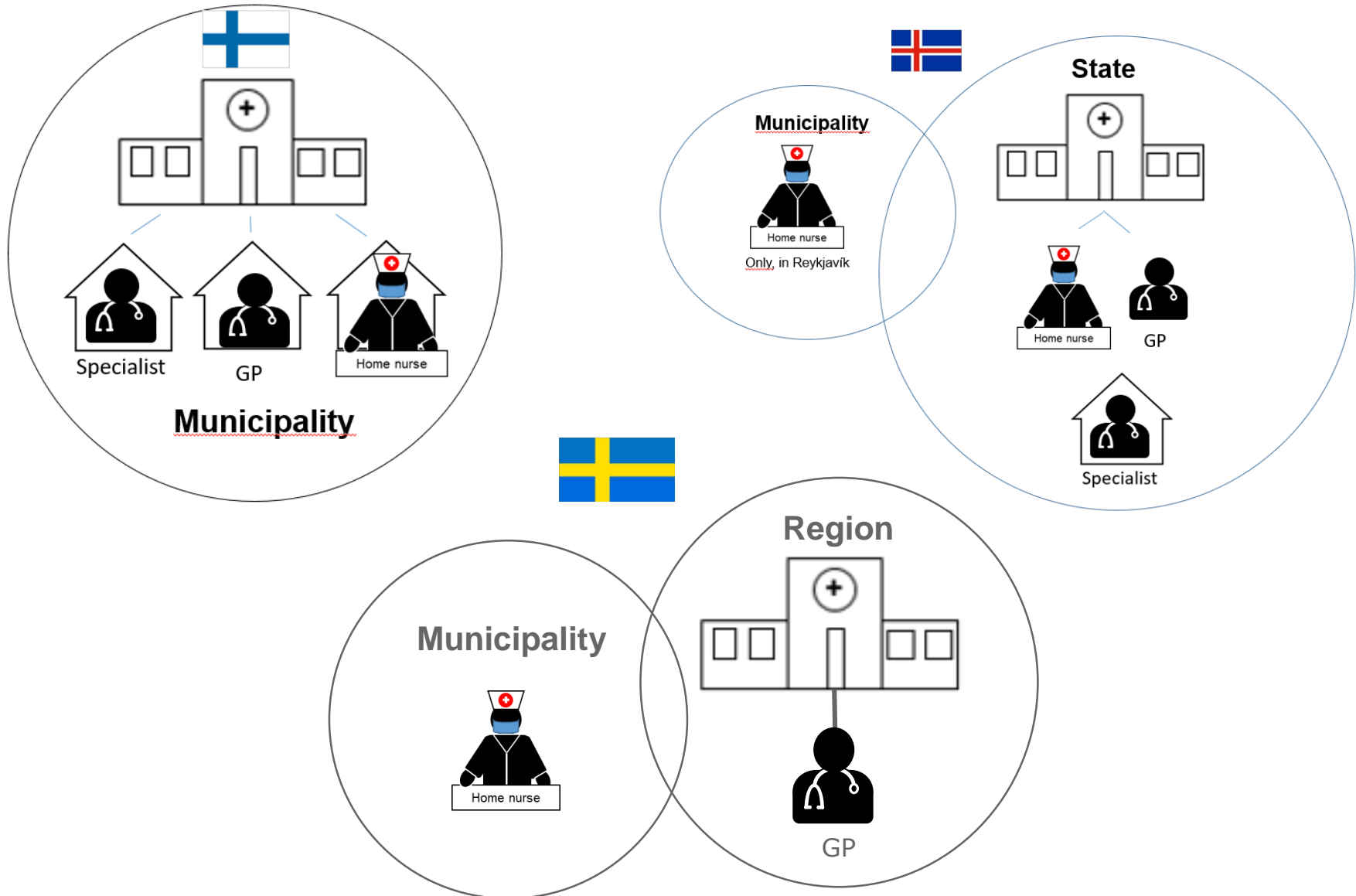
- 2 It varies to which extent primary health care services are concentrated in one or distributed across several provider organizations



Health care centers



Different types of health care centers



Central differences between whether GPs are integrated parts of health care centers or work as independent actors

- In general, the primary health care centers employ a higher number of GPs compared to the individual general practice
- Collaboration between different professions and team-based care is more frequent in health care centers compared to the individual practice

...However, there seems to be a general trend towards increased task shifting and collaboration between GPs and ancillary staff across the countries

It is beyond the scope of this report to analyze the implications of the organizations' setup

- A *hypothesis* may be that division of responsibility among different public levels and entities may challenge the cooperation/coordination between the different providers in the primary health care sector....
- However, one must remember that how and to what extent certain organizational structures actually lead to higher degrees of integration and care coordination will always be an empirical question, and that other factors such as leadership, culture, and interpersonal skills, may be equally or more important factors

Trends in primary health care (1)



- The primary health care sector is taking over tasks that have traditionally been performed in hospitals (e.g. increasingly sicker and more complex patients) ... this increases the need for an appropriate framework for providing after hours medical services
- New and other professional groups are taking over traditional GP tasks. For example strengthening the role of nurses

Trends in primary health care (2)



Increased responsibility for patients with chronic diseases



Increased focus on **delivering mental health services** in the primary health care sector to patients with mild to moderate mental health problems



Increased focus on **telemedicine**



Increased attention to **data sharing** to secure coordination and continuity



Measuring and monitoring the quality of care in primary health care is an undeveloped area in the Nordic countries

Country-specific movements and focal points (1)



Health care reform has been subject to political discussions for years - the purpose is to strengthen the primary health care sector



Social and health care reform has been discussed for over a decade - one of the purposes is a closer connection between health care and social services, and to get larger organizational units



Relocation of tasks from hospital to the municipalities have been ongoing for several years

Acknowledgement of the need for **closer communication, coordination and collaboration** between different providers

Country-specific movements and focal points (2)



Movements from **reactionary to proactive treatment**, from **fragmented to coordinated patient pathways**, and from the patient as passive consumer of health services to an **active co-producer of own health**

A new patient guarantee of access to primary health care has change the citizens' right to see a GP within seven days, to a **right to see a primary health care professional within three days**



Current focus is to make a **clear distinction between the level of services** and hereby ensuring that patients receive services at an appropriate service level and that **the primary health centers are the first point of contact**

Concluding remarks

- A key difference between the Nordic countries is to which extent **primary health care services are concentrated in one health care center or distributed across several provider organizations**
- Furthermore, it is important **not to think of each country as having a primary sector system, but as several different systems**. As the opportunities to provide primary health care not only differ between the countries, but also within each countries
 - to the supply side: there are for example great variation in municipal size and the challenges of recruiting health care personnel
 - to the demand side: for example the aging population is a larger challenge in rural areas

Suggested areas for future analyses include an overview of:

- **which specific tasks are carried out** in the primary health care sector in each country and **by which professions**, including the number of employees within each profession

- **The use of acute beds** in municipalities/health centers. It seems to be an area in development in (some of) the Nordic countries