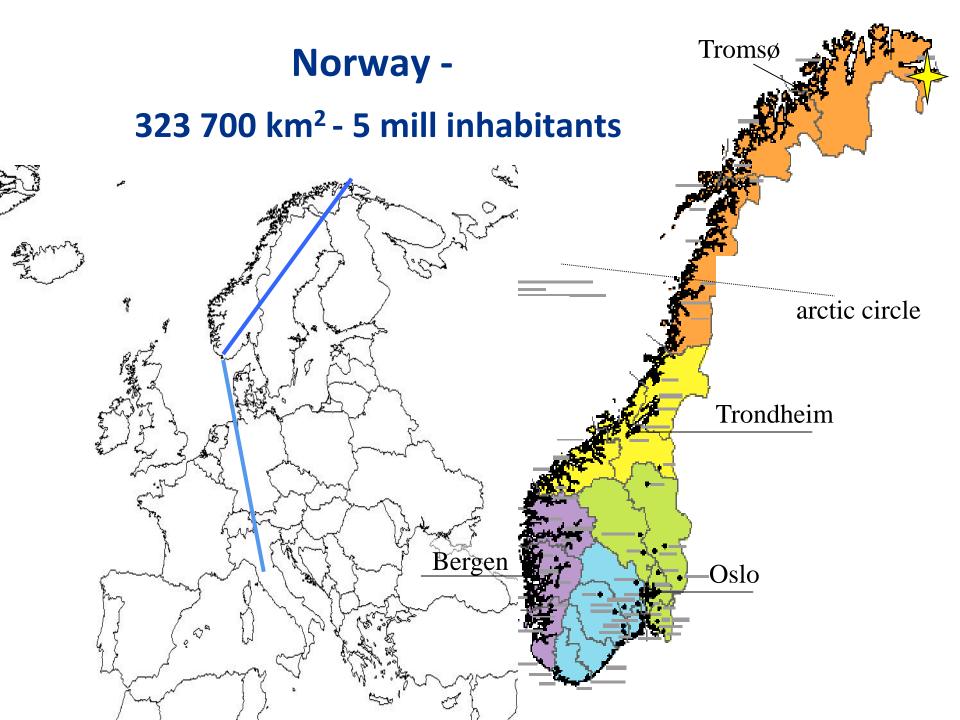
Helse Sør-Øst RHF

Gode og likeverdige helsetjenester til alle som trenger det, når de trenger det, uavhengig av alder, bosted, etnisk bakgrunn, kjønn og økonomi.

The patient's health service – how to further develop the health service to patients best? EUHPN, Madrid, 25.11.16

Gunvor Øfsti, Special adviser South Eastern Norway Regional Health Authority





Organization of health services, Norway

- Vision: Equal and free access for all to high quality healthcare services
- 5 mill, inhabitants
- 19 counties
- 430 municipalities (independent)
- ▶ 50 percent less then 5 000 inhabitants
- 4 400 GP (independent)
- Areas with small population
- Long distances
- Excess of weather





Specialized Health Care

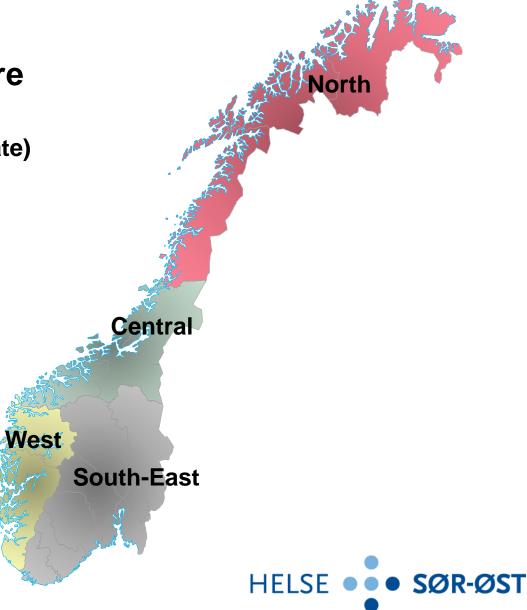
Four regional health enterprises (owned by the state)

South-East 2 900 000

• West 1 000 000

• Mid 700 000

North 500 000



The municipalities

Responsible for the management of primary health and care services and shall provide services such as

- General medical services, including a regular general practitioner scheme
- Emergency first aid and medical services
- Physiotherapy
- Nursing services
- Nursing homes



The Coordination reform

Address three major challenges:
Patients' needs for coordinated services

Limiting and preventing disease

Population development and the changing range of illnesses among the population



The Coordination reform

The key steps recommended in the Coordination Reform

- A clearer role for the patient
- A new and strengthened municipal role emphasising prevention, early intervention efforts
- Changing the funding system in to municipal co-funding of the specialist health care services
- Introducing Acute Care units on primary care level
- Developing the specialist health care services to enable them to apply their specialised competence to a greater extent and to support the municipalities
- Facilitating better-defined priorities

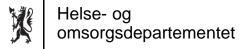




Goals to be realized through several instruments

Legal
Economic
Professional
Organizational

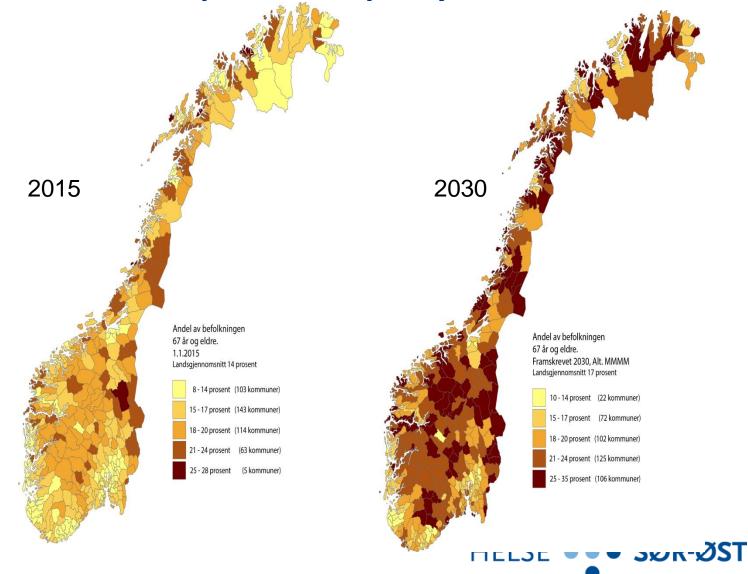




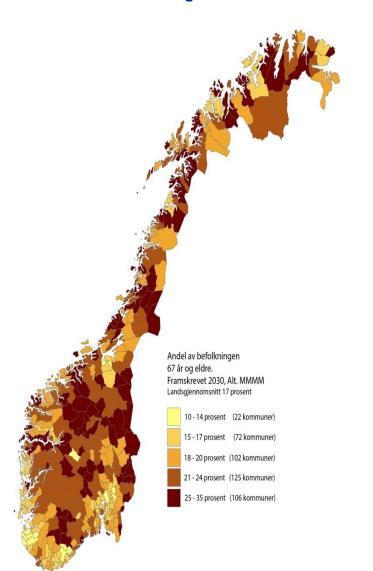
National health and hospital plan 2016 - 2019



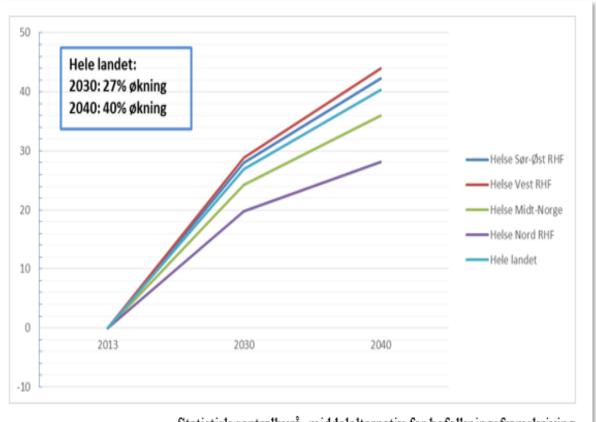
Demographic changes – the number of +67 per municipality



Norway needs a decentralized hospital structure



Increasing health personnel proportionally is not possible



Important factors, and they interact...

Long term, not planned

- Professional development
- Technological development
- Demographic development
- Internationalization
- Disease pattern
- Changes in the patient role

Short term, planned

- Policy priorities
- Economic conditions
- Organization of the services
- Changes in the patient role



Patient involvement/ participation

INDIVIDUAL

SYSTEM



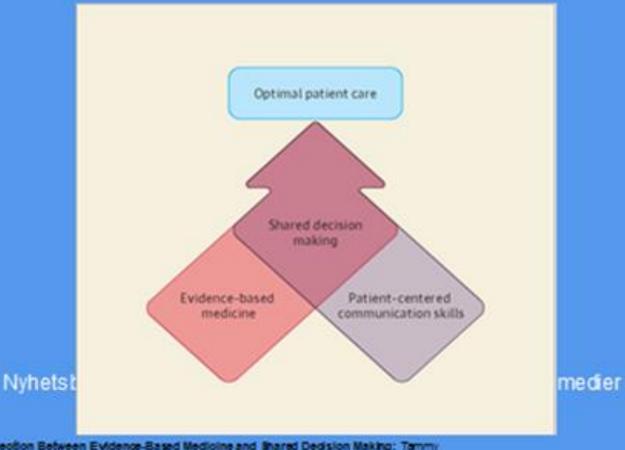


Shared decision-making

"an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences"



Optimal patient care



2014 The Connection Between Evidence-Based Medicine and Shared Decision Making: Tammy C. Hoffmann, PhD12; Vidor M. Montori, MD, MSc3; Chris De Mar, MD, FRACGP



«To create health care for patients' means that we must think, act and organize health services differently" (Minister of health and care services Bent O Høie)



Cooperation agreements

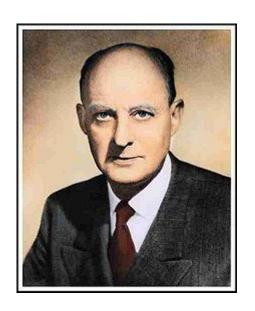
- Move tasks to the municipalities
- Admission in and discharge from hospital
- Responsibility for patients with cronic illness, making guidelines, provide rehabilitation
- Emergency medicine
- Acute care units in primary care
- Competence and research
- Patient record, electronic cooperation. Substitutes «snailmail»



Conclusion

- Despite increased knowledge... the future is unpredictable
- Keywords future health care services: Flexibility!!!

God, grant me the serenity
To accept the things I cannot change;
Courage to change the things I can;
And wisdom to know the difference.



American theologian Reinhold Niebuhr^{[1][2]} (1892–1971).

