

Healthcare Atlas for the Elderly, 75 yr and older

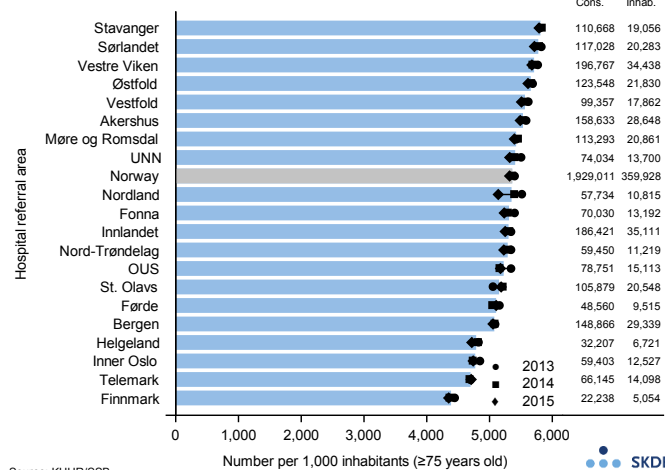
The general practitioner service, 2013–2015

Primary healthcare consists of a number of municipal services such as public health centres and school health services, mental health work, home care services, nursing homes and the general practitioner service (RGPs and emergency primary healthcare). The regular GP (RGP) scheme came into force in 2001, and it entitles all residents of Norwegian municipalities to be registered with a regular GP. Most regular GPs are self-employed, and the municipalities are not much involved in the management of this service.

Background

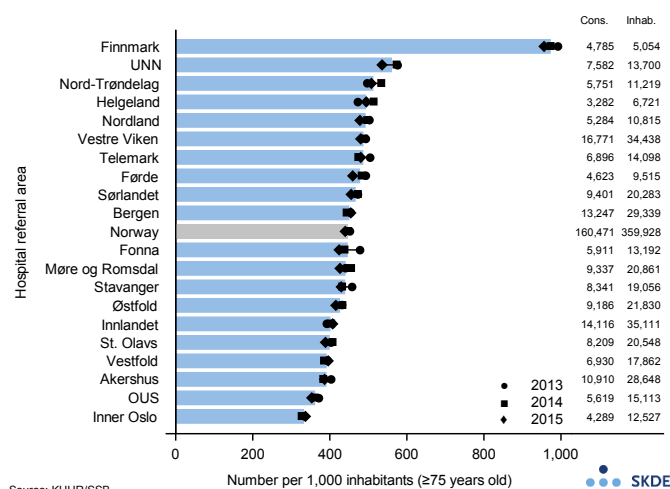
Data for the GP service are based on reimbursement claims submitted to the Norwegian Health Economic Administration (HELFO) and registered in the KUHR register (control and payment of reimbursements to health service providers). The analyses cover daytime regular GP consultations (surgery or home visit) and emergency out-of-hours primary healthcare consultations (surgery or home visit) on weekdays after 16.00, weekends and public holidays.

A consultation is defined as an instance of direct contact between a doctor and a patient that involves a medical assessment/conversation in premises suitable for treatment. Telephone consultations are not included.



Source: KUHR/SSB

Regular GP consultations, number per 1,000 population, adjusted for gender and age. Av. number and population per year.



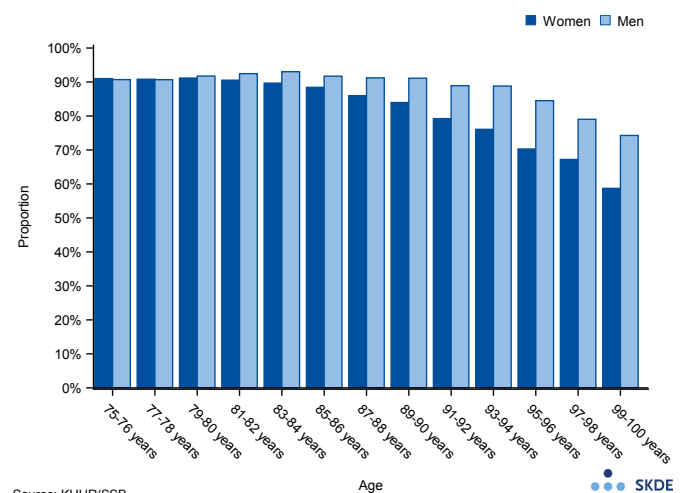
Source: KUHR/SSB

Emergency primary healthcare consultations, number per 1,000 population, adjusted for gender and age. Av. number and population per year.

Results

Every year, elderly patients have nearly two million regular GP consultations and just over 160,000 emergency out-of-hours primary healthcare consultations. These figures have not changed much over the three-year period.

Residents in Stavanger hospital referral area used regular GP consultations during daytime 30% more than residents in the Finnmark area. Residents of Finnmark hospital referral area, on the other hand, make most use of the emergency primary healthcare services, as much as three times more than residents of Inner Oslo (the referral areas of Diakonhjemmet and Lovisenberg hospitals). If we choose to exclude Finnmark due to the unusually high emergency primary healthcare rates, the variation is more moderate, with an approx. 70% difference between the hospital referral areas UNN and Inner Oslo.



Source: KUHR/SSB

Proportion of the population in two-year age groups who have had at least one contact with the general practitioner service (RGP and/or emergency primary healthcare services) in 2015.

Comments

The elderly make up approx. 7% of the Norwegian population and use approx. 14% of all general practitioner services regardless of age. This proportion is low compared with the elderly's proportional use of specialist health services (approx. 16%).

It appears that the more densely populated parts of Norway tend to have somewhat higher regular GP usage rates than more sparsely populated areas, but this tendency is not consistent.

The proportion of people who are in contact with the general practitioner service decreases with increasing age, particularly for women. After the age of 80 years, the proportion of women admitted to nursing homes and other institutions is higher than among men. This could explain part of the observed gender difference, since institutional residents are seen by doctors without this being registered as a consultation. The differences could also be because the oldest women are generally healthier and contact their regular GP less often, but we do not know if this is the case.