Strengthening Community Health in Romania

Payment models for preventive services in Europe

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How preventive services are paid in Europe?

The case of Norway

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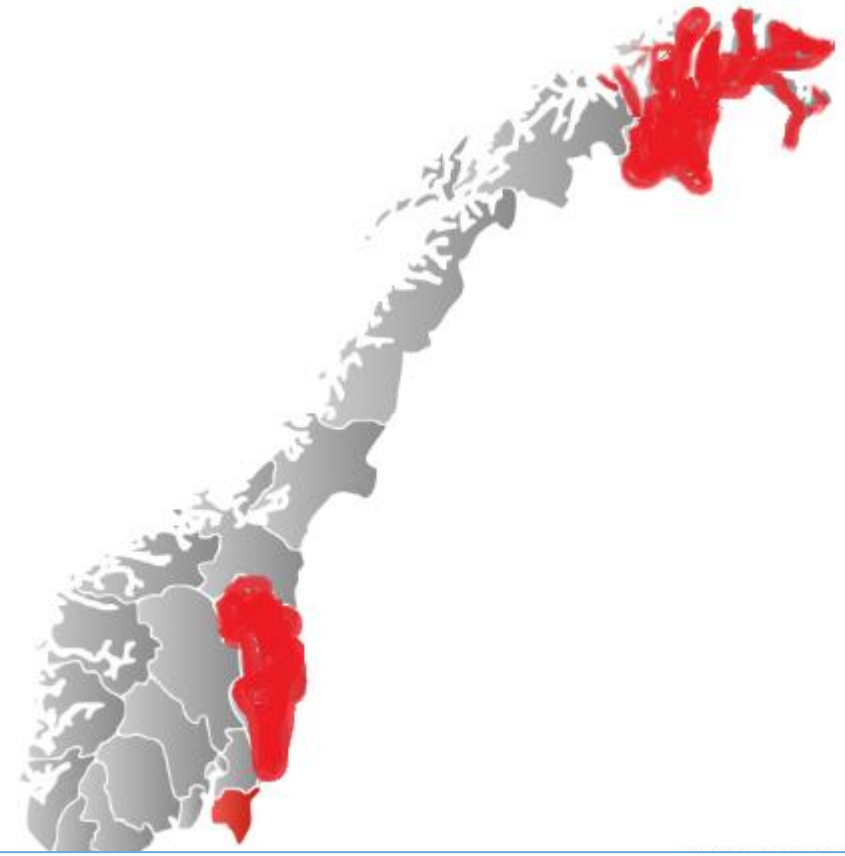
Main features of the Norwegian health system

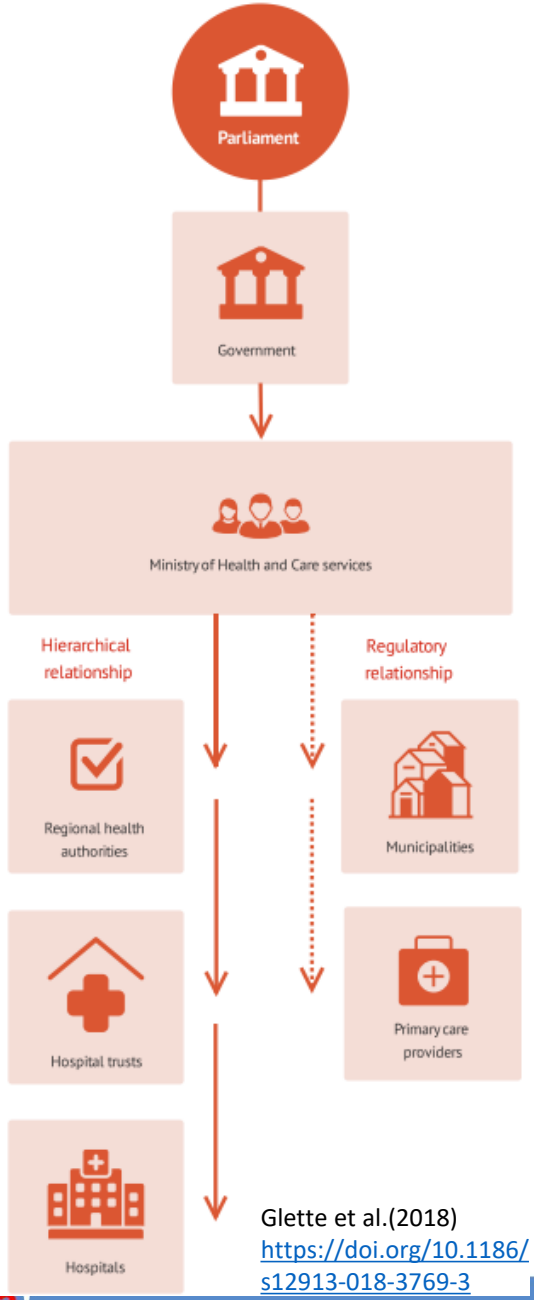


- National health service – universal with automatic enrolment
- Primarily financed by general taxes as well as payroll contributions by employers
- Public sources account for 85.6% of current health expenditure
- Health spending: 10.1% of GDP
- Life expectancy: 84.3 yrs (f), 80.9 (m) (SSB, 2022)

Life expectancy is **highest in counties on the west coast** and **lowest in Finnmark, Østfold and Hedmark**

Planning and regulation

- The Ministry of Health and Care Services defines the health policies
- Hierarchical relationship over the hospital trusts and hospitals
- Regulatory relationship over municipalities and primary care
  - ➢Preventive health services are funded by the municipalities
- **2001**: New GP funding scheme introduced capitation and FFS
- **2015**: “Future primary care – localized and integrated” - emphasis on public health and preventive services



Glette et al.(2018) https://doi.org/10.1186/s12913-018-3769-3

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Preventive service providers in primary care

Preventive service	Description
General practice (GP)	• Most GPs work with 2-6 physicians in a practice, they are obligated to provide care for patients on their lists. • Upper limit for patients is 2500 individuals, the average is 1068
Maternal and Child Health Care Services (helsestasjon)	• Family planning and antenatal services • the Norwegian Childhood Immunization Programme
School Health Services (skolehelsetjenesten)	• Preventive services including check-ups, screening and the immunization of infants and school children delivered by specially trained nurses
Youth Health Centres (helsestasjoner for ungdom)	• Services focus on promoting well-being and coping: contraception, preventing and treating sexually transmitted infections, mental health problems and disorders
Healthy Life Centres (frisklivsentral)	• Interdisciplinary primary care services in some municipalities, e.g., exercise groups, counselling to support individuals with health behaviour changes, or coping with health problems and chronic disease
Cancer screening programmes	• Three national programmes: **breast cancer** for women aged 50–59, **cervical cancer** for women aged 25–69, and **colorectal cancer** - full coverage expected by 2024.
Telephone support services	• Various helplines to signpost or provide telephone support

How are preventive services paid?

- There is no specific payment for a preventive services in Norway

Preventive service	Delivered by	Purchaser	Statutory responsible
General practice (GP)	Private providers that include individual GPs	Municipality	Municipality
Maternal and Child Health Care Services (helsestasjon)	GPs, midwives and health personnel	Municipality	Municipality
School Health Services (skolehelsetjenesten)	Registered nurses with specialization	Municipality	Municipality
Youth Health Centres (helsestasjoner for ungdom)	Registered nurses with specialization and GPs	Municipality	Municipality
Healthy Life Centres (frisklivsentral)	Individual municipality	Municipality	Municipality
Cancer screening programmes —excluding cervical screening (delivered by GP)	Mostly public providers or private labs contracted by RHAs.	RHA, administered by the Cancer Registry of Norway	RHA Municipalities
Telephone support services	Directorate of Health or NGOs	Varies	Varies

How are preventive services paid?

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Preventive service	Type of payment method	Employer
GP	Mainly combined capitation, and fee-for-service	Private - self-employed, yet working under individual contract with municipality
GP	Salaried	Municipality
Private GP	Unknown	Private – do not have a contract with municipalities
Maternal and Child Health Care Services (helsestasjon)	Salaried	Municipality
School Health Services (skolehelsetjenesten)	Salaried	Municipality
Healthy Life Centres (frisklivsentral).	Salaried	Municipality
Cancer screening programmes —excluding cervical screening (delivered by GP)	Salaried and fee-for -services	RHAs
Telephone support services	Salaried (or trained volunteers)	Various, public, NGO etc

Add on payments

- Team-based delivery of primary care is currently being piloted alongside new primary care financing models
- Piloted 2018-March 2023 (87 GPs)
- Primary Care Pilot Testing 2 funding models
  - **capitation with performance- based funding (box)**
  - Older model with scope for additional payments

Criteria	Capitation model (%)
Per capita contribution	**86,05%**
- Age and gender	81,5%
- Health	0%
- Living conditions	2,5%
- Travel distance	2%
Performance based contribution (outcome)	**5%**
- Coverage of patients contacts on list	5%
Quality based contribution	**8,95%**
- Proportion of health personnel with specialization	6,25%
- Proportion of patients with COPD and diabetes with individual treatment plan/goal	1%
- Proportion of patients with updated list of medication	1,5%
- Availability of online booking system for consultations	0,2%

Lessons learned

- Major reform in 2001 shift from salaries to capitation and FFS saw a reduction of OOPs for patients, also a significant increase in doctors' salaries.
- Recruiting and maintaining GPs is a big challenge – and therefore is driving an interest in changing/testing funding and delivery of preventive services
- A 2019 review of alternative funding models for GP services argued for blending financing models (capitation, FFS & salary)
- The same review also found that many of the challenges facing GPs cannot be resolved by changes in financing models alone, but changes in the financing model may nevertheless prove necessary to have more GPs
- Mixed results from the add-on payment pilot as it has proven to be difficult to fully evaluate the funding models

Mulțumesc

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