



HELSE- OG OMSORGSDEPARTEMENTET

# **A new reform of the health sector The Coordination Reform**

*Bjarne Håkon Hanssen, Minister of Health and Care Services*

24. September 2008

# Builds a bridge between major reforms

- The Hospital Reform of 1988
- The Responsibility Reform, 1991
- Action Plan for Care for the Elderly, 1998
- Escalation Plan for Mental Health, 1998
- The Regular GP Reform, 2001
- The Hospital Reform of 2002

The Coordination Reform,  
2009



# We spend the most – but lag behind



**NOK 135 bn**

2002



**NOK 195 bn**

2008

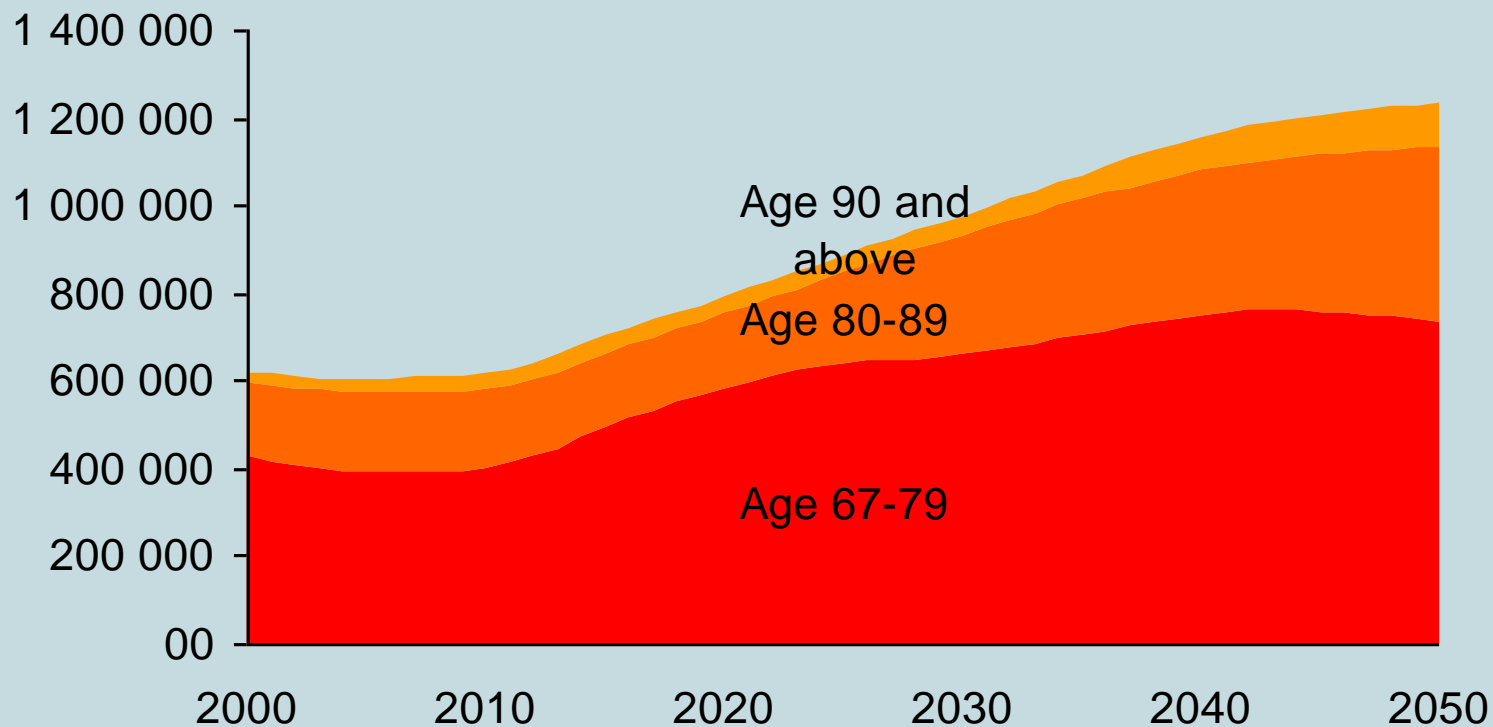
Hospitals NOK **90** bn  
Local gov't NOK **85** bn  
Nat'l ins. NOK **20** bn

# Many patients lose out

- They do not get the services they need
- No central responsibility
- Particularly affects:
  - ill elderly
  - chronically ill
  - children and young people
  - the mentally ill
  - substance-dependent
  - patients in need of palliative medicine

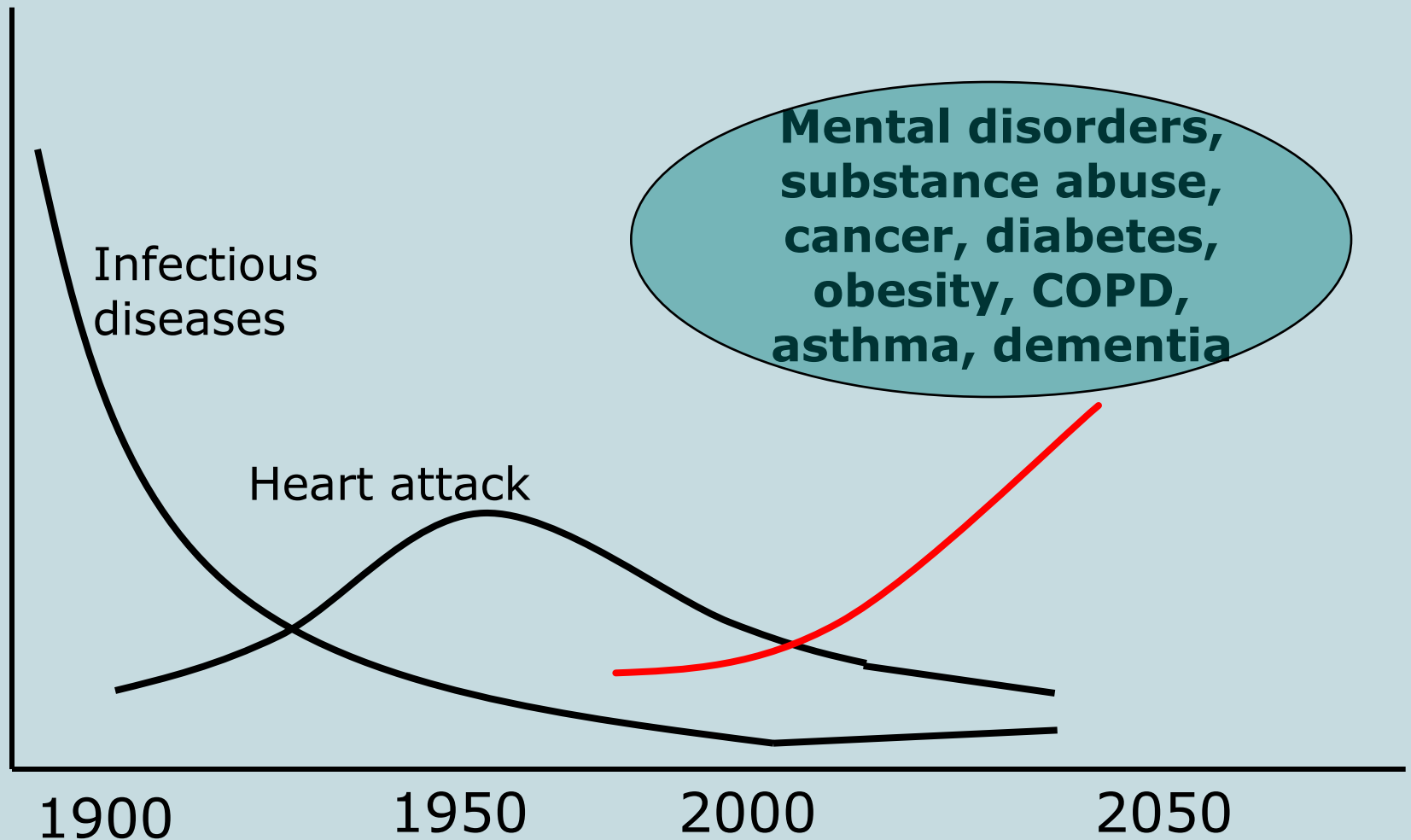


# We are getting older and older



*Number of elderly 2000-2050. Source: Statistics Norway*

# The disease picture is changing



# Good health – but big differences

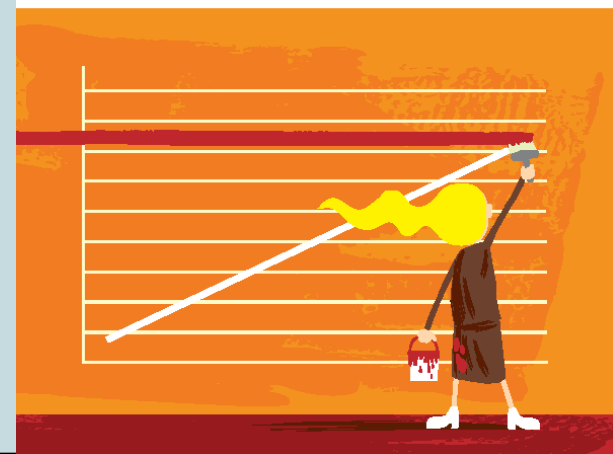
- Health is unequally distributed among people in Norway
- Social inequalities in health are growing
- Chronic disorders are most common in groups with:
  - low educational attainment
  - low incomes
  - among the elderly



## St.meld. nr. 20

(2006–2007)

Nasjonal strategi for å utjevne  
sosiale helseforskjeller



# Crisscrossing Norway in ten days...



Photo UUS



Photo JE Sundøy, Stjørdalens Blad



Photo JE Sundøy, Stjørdalens Blad

...to see and hear what people think



# Stjørdal succeeds despite...



Photo JE Sundøy, Stjørdalens Blad

- Speedy discharge from hospital
- Trains daily activities
- Needs less help at home
- Specialists go to the nursing home
- “Dutch treat” – half the price

# Søbstad helsehus – the link

## Course

- Speedy discharge from hospital
- Medical assistance, rehabilitation and assessment
- 18 days at Søbstad on average

## Research shows

- Fewer readmissions
- Fewer in nursing homes
- Less help at home
- Lower mortality
- Money and beds saved



Photo: CE Eriksson

# Activist in Skien saves bed-days

- 430 nursing home staff have received training in common illnesses
- A nurse is an activist and teacher
- NOK 290,000 from HelseDialog
- Many local authorities interested

## Win-win

- The patient avoids hospital
- More interesting job
- Money saved
- Beds saved



# Dialysis for the rural region

Hospital and local authority did not agree on financing:

- Commuted 440 km three times a week
- NOK 2 mill. for taxis each year

Press coverage led to a dialysis unit in the municipality



LETTET: Tordis Andreassen har kjønt strekningen Hamarøy - Bodø over 60 ganger hittil i år. Snart kan hun få behandling på hjemstedet. Foto: Bjørn Erik Olsen

## Slipper å pendle

**Nordlandssykehuset fant midler til å opprette dialysestasjon i Hamarøy. Tordis Andreassen slipper å kjøre 44 mil for å komme til behandling.**

**HELSE-NORGE**

Isikt: Marie Helgøvd  
marie@dagbladet.no

Forrige mandag skrev Dagbladet at en besøk 2 millioner kroner utrosker for å få to dialysebehandlinger fra Hamarøy til spesialistbehandling i Bodø, ferd og kommunaltidstakenen på Hamarøy tilde som utenighetom

ren og finansiering av de utfordringer vi manglet, de tette ning av dialysestasjon så snart som praktisk mulig.»

« De har vært et press på oss, men nå har distrikten ved Nordlandssykehuset gitt anledning til å sette en dialysestasjon på Hamarøy, bekrefter Geir Tøllå, overlege ved Nordlandssykehuset.

« Nå får vi hope det samme len stoe på landsbasis. Dette er tilde

noe nytt, med velbrakte budsjetter. Andreassen.

**Vil ta tid**

«Jeg er forbauset over at symer inn på å få pasienten inn i både på grunn av pasientens livstilværet, men også fordi de fleste har vært uten behandling.

Selvom det blir en dialysestasjon på Hamarøy vil det fortsatt være mange pasienter ellers i Norge som må forsette å pendle.

« Det har vært et press på oss. Geir Tøllå, overlege ved Nordlandssykehuset

Dagbladet 7 August 2008

A lot of coordination  
takes place today  
**despite**  
the system

# Working smarter is a win-win proposition

- The patient
- Health personnel
- The local authority
- The health region (RHA)
- The hospital (health trust)
- ... and I

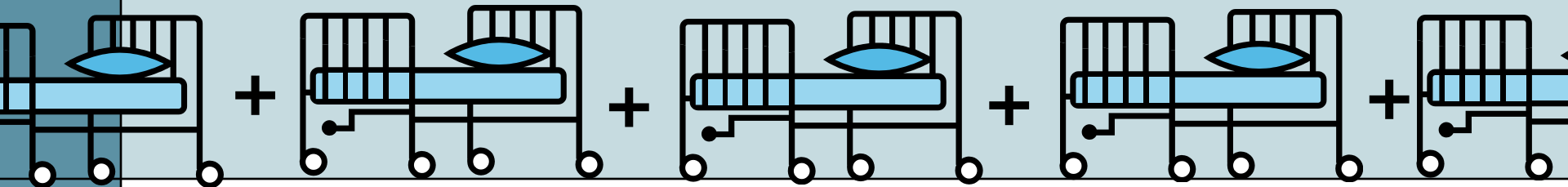


Patients ready to be discharged

**150,000 extra bed-days**

cost

**approx. NOK 800 million**



## So what's the problem?

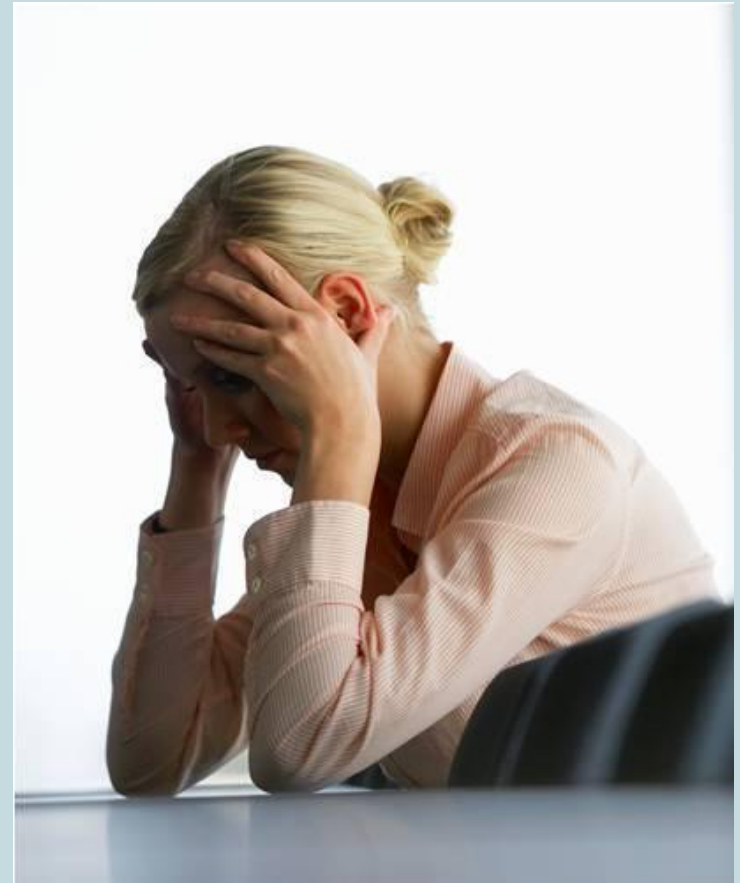
« I den grad vi har en krise, ligger den i at vi har for dårlig samhandling mellom stat og kommune.

Bjarne Håkon Hanssen to Dagbladet, 26 June 2008



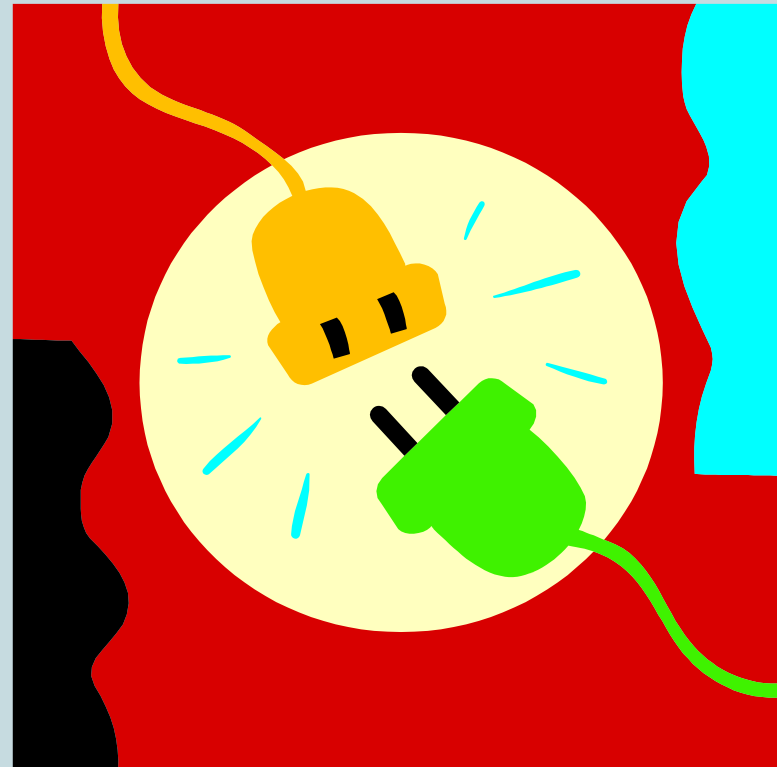
# Patients suffer when the system lets them down

- Long waits
- Queues
- Many corridor patients
- Not followed up
- Shunted about in the system
- Do not receive rehabilitation
- Drop out of workforce
- Get sicker
- Need even more help



# There is woefully inadequate contact

- Between local authorities and hospitals
- Between professions
- Between agencies
- Between local authorities
- Within the hospital
- Within the local authority
- Between people



# The Coordination Reform - mandate

What  
**financial** and **legal**  
systems are needed  
for there to be  
proper coordination  
**on the basis of**  
the existing system?



# Project in three parts

- Project team in MHCS
- Dialogue project
- Group of experts



# Minister Hanssen's group of experts

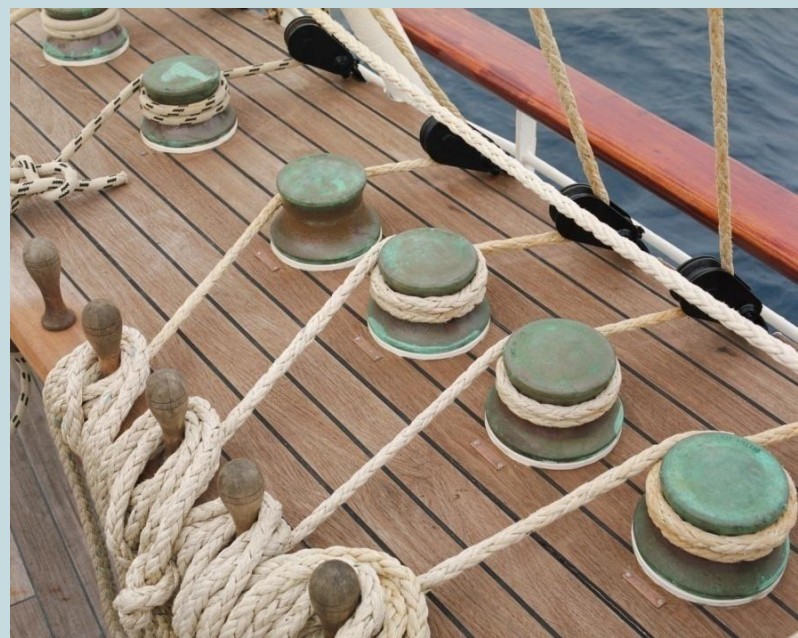
- Anne Kari Lande Hasle
- Bjørn Inge Larsen
- Kolbjørn Almlid
- Nadia Ansar
- Marit Botnen
- Dagfinn Enerly
- Anette Fosse
- Stein Kaasa
- Marit Myklebust
- Victor Norman
- Karin Søråunet
- Unn Teslo
- Nils Fredrik Wisløff
- ... and I



# The **MESS** to be untangled

It's a question of:

- Funding
- Legislation
- Organisation
- Culture, communication
- Electronic coordination



In other words:  
How will coordination  
happen  
**on the basis of**  
the existing system?