



HELSE- OG OMSORGSDEPARTEMENTET

A new health sector reform The Coordination Reform

Bjarne Håkon Hanssen, Minister of Health and Care Services

24. September 2008

Bridge the gap 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

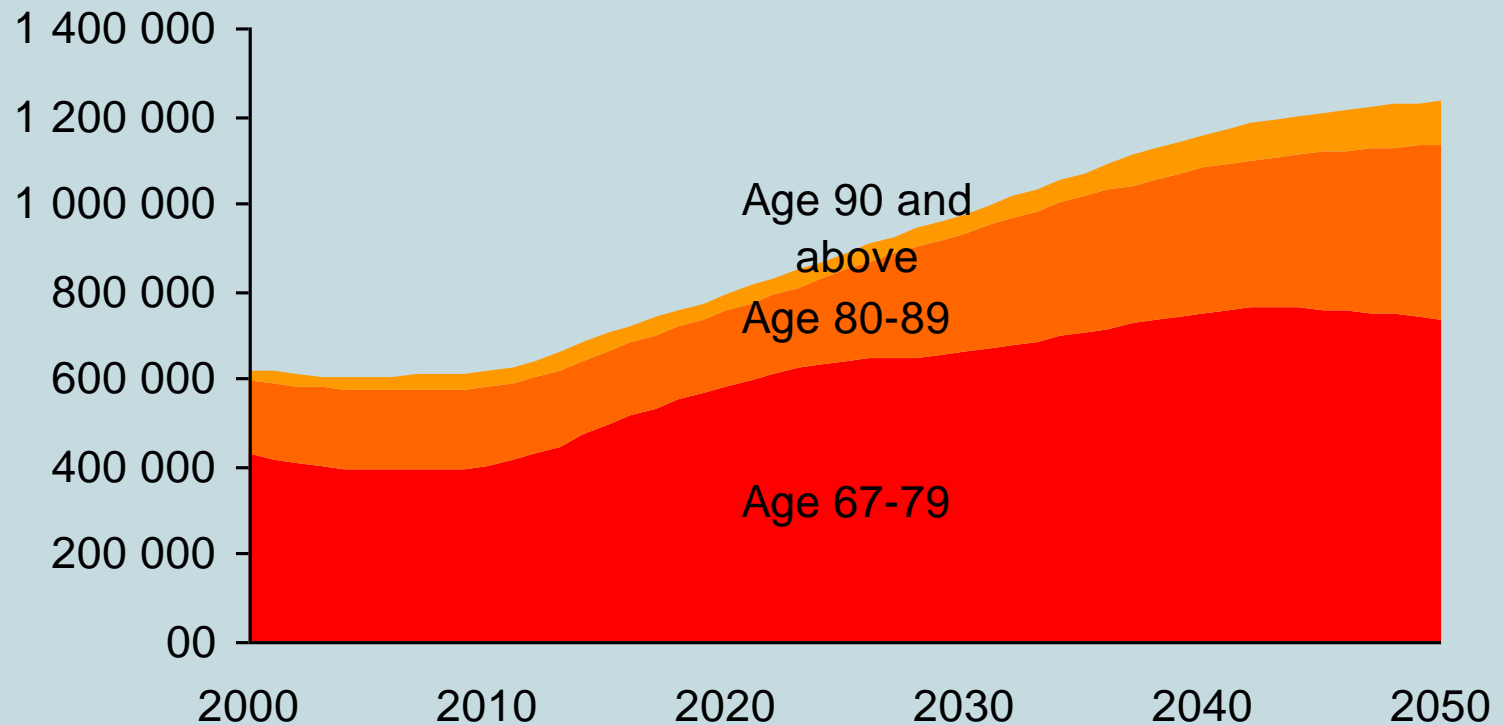
Hospitals NOK **90** bn
Local gov't NOK **85** bn
Nat'l ins. NOK **20** bn

Many patients lose out

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

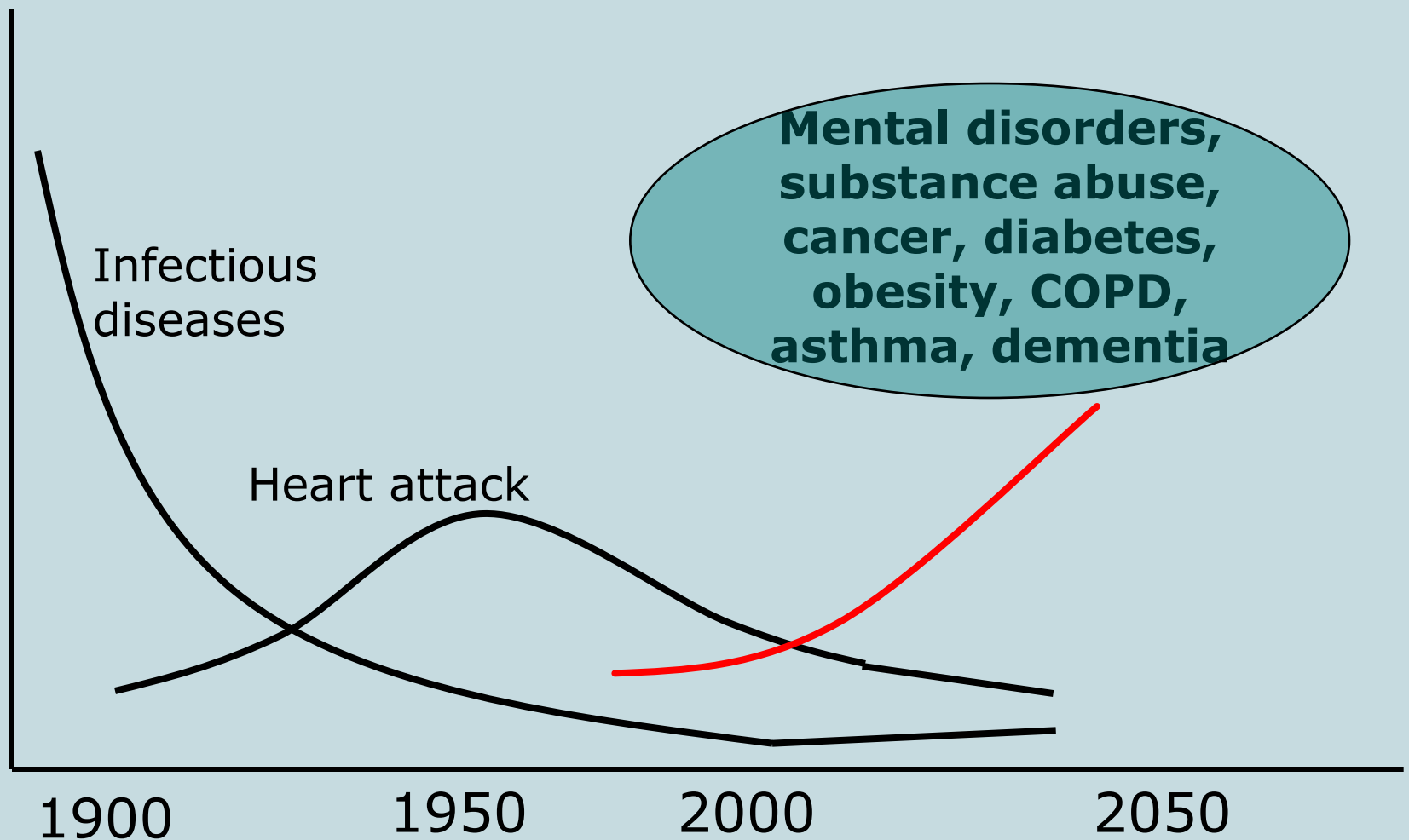


We are getting older and older



Number of elderly 2000–2050. Source: Statistics Norway

The burden of disease is changing



Good health – but big differences

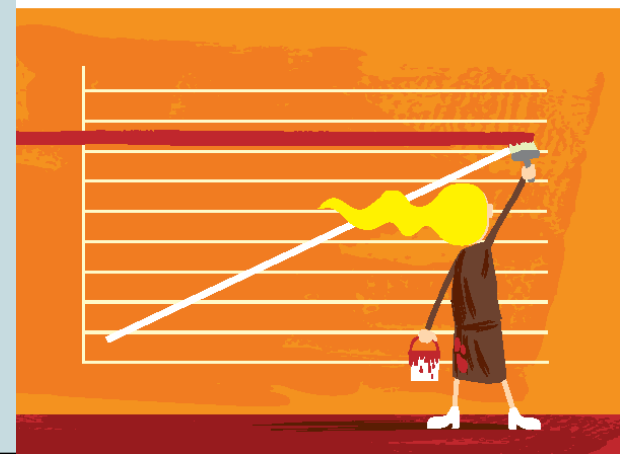
- Health is unequally distributed among people in Norway
- Social inequalities in health are growing
- Chronic disorders are most common in groups with:
 - low educational level
 - low incomes
 - among the elderly



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
- Daily activities
- Need for 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



Enthusiast in Skien saves bed-days

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

Win-win

- Patients avoid hospitalisation
- More interesting work
- Money saved
- Beds saved



NRK Østafjells, 13 August 2008

Dialysis for the rural regions

Hospital and local authority did not agree on financing:

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

Press coverage led to a dialysis unit in the municipality



LETTER: Tordis Andreassen har kjørt 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

av Marie Melgård

marie@dagbladet.no

Rorlige mandag sløv Dagbladet. At staven består av 2 millioner kro- nyepasienter i fra Hamarøy til dia- lysebehandling i Bodø, fordi og kommu- nalsaker i Bodø, Hamarøy til kom ut i tryk- ken.

ren, og finansiering av de ut- giftspostene vi manglet det- ring av dialysestasjon så snart som praktisk mulig.»

«Det har vært et press på oss, men nå har distrikten ved Nord- landssykehuset gitt anledning til nye endringer i utgifter til reise og dialysestasjon på Hamar- øy, betrukket Geir Tråthø, overlege ved Nordlandssykehuset.

Nå får vi håpe det samme kan skje på landsbasis. Dette er ilde

noe nytt, med veiriske buds- lyse komne ut i distrikterne, me- ner Andreassen.

Vil ta tid

Kjenn Trøneser, pasientombud i Nordland, er fornøyd med at distrikten er sluttet fra, men mis- fornøyd med uttrykket.

«Jeg er fornøyd over at sy- mer inn på å få pasientene satte en lokal dialysebehandling, på grunn av pasientens livskvalitet, men også fordi de fleste har vært i pengetull, sier Trøneser.

Selvom det blir en dialysestas- jon på Hamarøy, vil det fortsatt være mange pasienter, eller i Norge som må fortsette å pendle.

«Det har vært et press på oss,»

Geir Tråthø, overlege ved Nord- landssykehuset

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

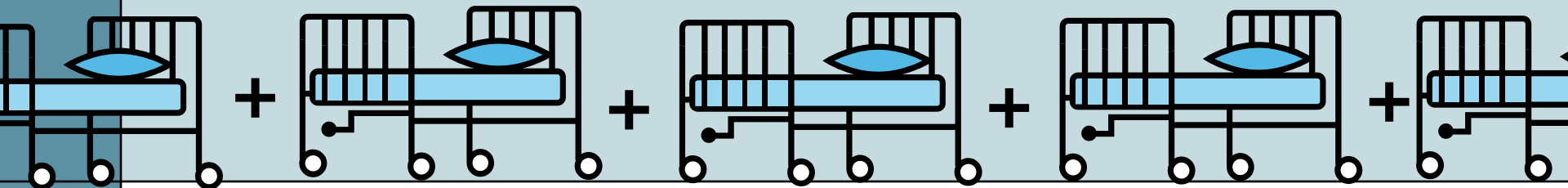


Patients ready to be discharged

150,000 extra bed-days

Cost:

approx. NOK 800 million



So what's the problem?

"To the extent that we have a crisis, it is caused by inadequate interaction between the State and local authorities"

Bjarne Håkon Hanssen to Dagbladet, 26 June 2008

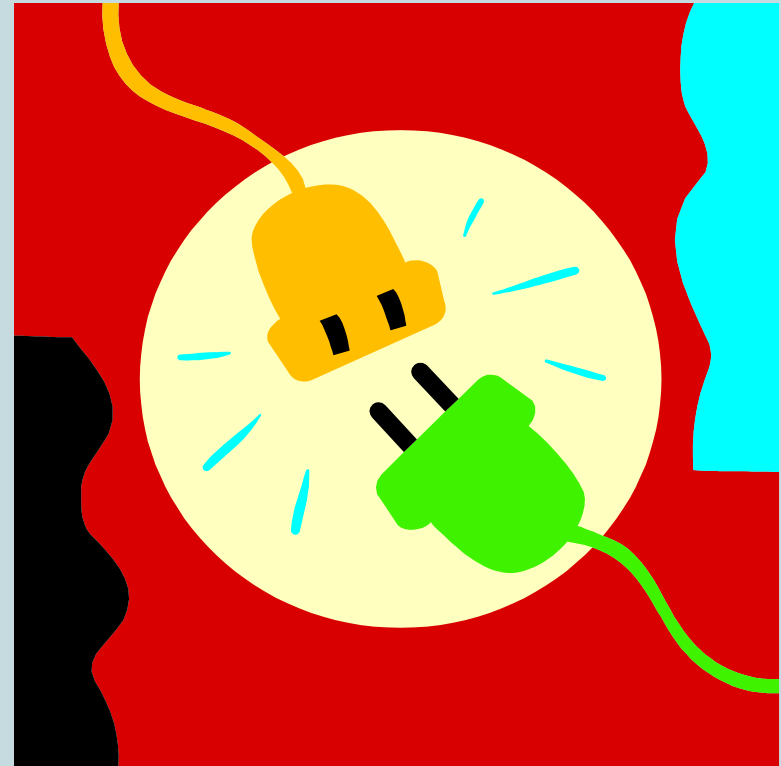
Patients suffer when the system lets them down

- Long waiting times
- 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 authorities
- Between people



The Coordination Reform - mandate

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



Project in three parts

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



Minister Hanssen's group of expert

- 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 to make the
system facilitate
coordination?