

In most cases, persons with COPD can receive sufficient follow-up and treatment from their regular GP. In some cases, patients will need to be assessed by a specialist in diseases of the lungs or internal medicine. Patients can be referred to the specialist health service's outpatient services in connection with diagnosis, to optimise the treatment of serious illness, or in connection with starting pulmonary rehabilitation or long-term oxygen therapy. Patients who have seen a pulmonologist will often be scheduled for a check-up appointment without a new referral from their regular GP.

### Background and sample

Patients who are seen at outpatient clinics are often in a stable phase of their disease. It is therefore reasonable to assume that COPD diagnoses made during outpatient contact with a specialist are more accurate than diagnoses made in connection with emergency admissions or by RGPs or emergency primary healthcare services.

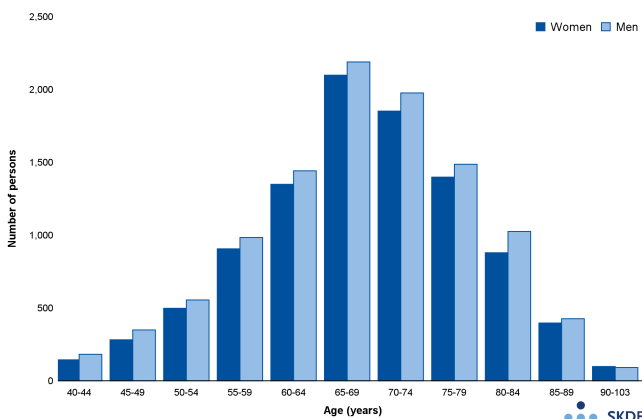
The analyses include persons aged 40 years or older who had outpatient contact for COPD with a public hospital or a specialist in private practice under a public funding contract during the period 2013–2015. Contact with health personnel other than doctors and nurses is excluded, as are group education activities and rehabilitation-like activities. Spirometry has been identified by means of procedure and tariff codes.

### Findings

About 20,500 persons aged 40 years or older had outpatient contact for COPD per year. Four out of five were aged 60 years or older.

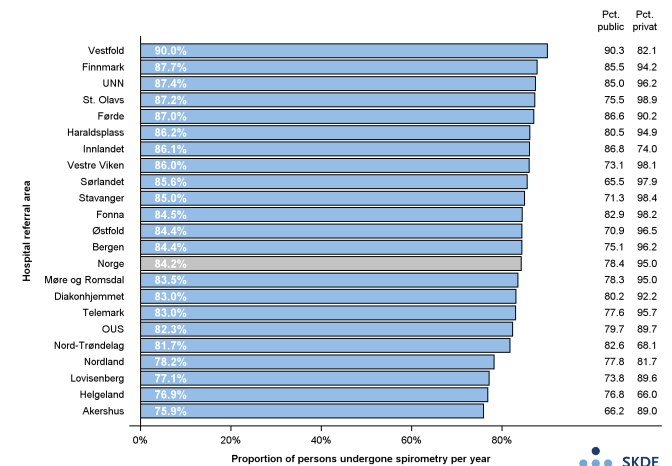
On average, 82 persons per 10,000 population had outpatient contact for COPD at least once in the course of one year, and these persons had 1.5 contacts each for COPD per year. People resident in Sørlandet Hospital's referral area had outpatient contact twice as often as those resident in Helse Nord-Trøndelag's hospital referral area.

On average, 84% of persons who had outpatient contact for COPD had their lung function measured each year. The proportion was 78% in public hospitals and 95% for specialists in private practice under public funding contracts.



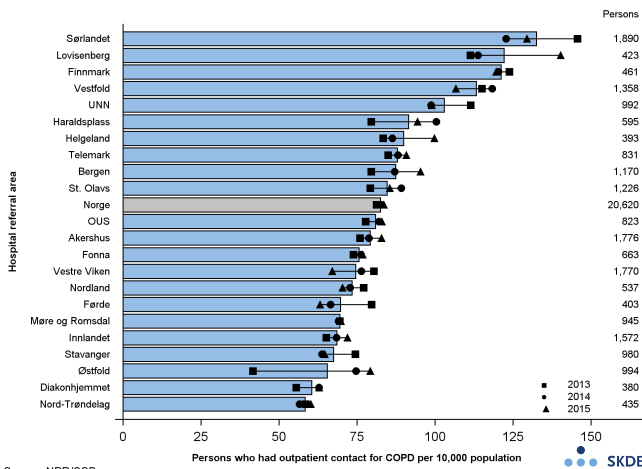
Source: KUHR

Persons with outpatient contact with hospitals for COPD, broken down by gender and age. Average number per year.



Source: NPR/SSB

Number of persons with outpatient contact for COPD who have undergone spirometry during the course of a year. Standardised by gender and age. Average per year.



Source: NPR/SSB

Persons with outpatient contact for COPD. The numbers are standardised by gender and age per 10,000 population. Average per year.

### Comments

There was considerable geographical variation in the use of outpatient services for COPD. The findings must be seen in conjunction with the expected prevalence of COPD (see the fact sheet [Prevalence of COPD](#)). The hospital referral areas with the highest use of outpatient services for COPD also had the highest expected prevalence of COPD. The expected prevalence of COPD can explain much of, but not all, the variation between hospital referral areas. For example, the use of outpatient services for COPD was low among residents of the hospital referral areas of Østfold Hospital and Helse Stavanger, although the expected prevalence of COPD was relatively high.

There is little variation between hospital referral areas in the proportion of persons with COPD who have had their lung function measured as outpatients at least once in the course of a year. The proportion was higher for specialists in private practice under public funding contracts than for public hospitals.