Healthcare Atlas for the Elderly, 75 yr and older

The somatic specialist health service, 2013-2015

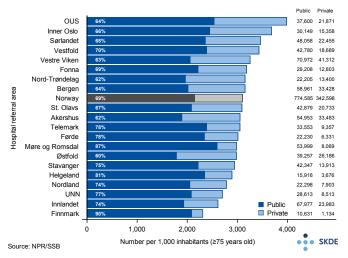


The specialist health service covers somatic and psychiatric hospitals, ambulance services, specialists in private practice and radiology services etc. In 2002, the regional health authorities (RHAs) took over responsibility for the specialist health service. The RHAs have a duty to provide necessary specialist health services to the population. This 'responsibility to provide' is primarily addressed through the health trusts, which are owned by the four RHAs.

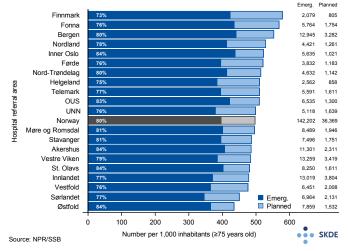
Background

The regular GPs have a gatekeeper function and refer patients to the specialist health service. The function of the specialist health service is to ensure that patients with acute and chronic illnesses and health problems are assessed and treated and receive sufficient follow-up.

The sample consists of all patient contacts in the somatic specialist health service reported to the Norwegian Patient Register (NPR): outpatient consultations, including with specialists in private practice under public funding contracts, day patient treatment and hospital admissions. Outpatient consultations and day patient treatment are considered together under the designation outpatient consultations. Treatments and procedures that are paid for in full by the patient, an insurance company etc. are not included.



Outpatient consultations, number per 1,000 population, adjusted for gender and age, broken down by public and private service providers. Av. number of public and private cons. per year.



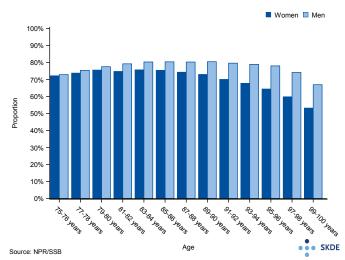
Admissions, number per 1,000 population, adjusted for gender and age, broken down by emergency and planned admissions. Av. number of emergency and planned adm. per year.

Results

Iderly patients have approx. 1,117,000 outpatient consultations each year, of which 70% take place in the public sector. People resident in OUS hospital referral area use outpatient services approx. 70% more than residents of the Finnmark area. The use of private service providers in the OUS area (measured as a rate) is nearly six times higher than in Finnmark. There is a clear correlation between the use of outpatient services and the proportion of private service providers.

About 179,000 admissions of elderly patients take place each year, of which 80% are emergency admissions. Residents of Finnmark are admitted to hospital about 30% more often than residents of Østfold, and this variation is deemed to be small.

80% of admissions of elderly patients are emergency admissions, compared with 70% in the patient population under 75 years of age.



Proportion of the population who have had at least one contact with the specialist health service in 2015 divided into two-year age groups.

Comments

The elderly make up approx. 7% of the Norwegian population and account for approx. 16% of all contacts with the specialist health service. The elderly make proportionally greater use of hospital admissions (23%) than of outpatient clinic services (15%).

The proportion of elderly people who have been in contact with the specialist health service decreases with age, with a particularly marked drop among the oldest women. After the age of 80, the proportion of women admitted to nursing homes is higher than for men, and they may therefore need somewhat less specialist health services. Another possible explanation is that surviving elderly women are healthier and have less need for health services. It is not known whether the gender difference reflects less need or uncovered needs.