
CONFERENCE ABSTRACT

The Norwegian Care Coordination Reform; how has the establishment of supplementary municipal care units affected central health care indicators for the primary health care sector in Norway?

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Norway has seen a shift towards decentralised and patient-centred healthcare, following the latest national health reform in the country, known as the Coordination Reform. Some of the policies in the reform have been deemed as successful contributions towards a more modern, coordinated and integrated healthcare service, while others are still being evaluated, leaving many questions about the overall impact of the reform. However, it is safe to say that the reform has worked as intended in reaching at least some of its goals, as the levels of cooperation and integration are now higher. Even so, there are many questions regarding the impact of the reform that need to be addressed. In this paper, we analyse the effect of the most substantial shift in caregiving that came with the Coordination Reform, which is municipal acute bed units. Municipal acute bed units were launched as a direct response to the demand for integrated and coordinated patient care at a local level, and its success is based upon high levels of coordination between primary and specialised healthcare. It entails a shift towards integrated healthcare at the primary level, in order to reduce the number of unnecessary hospital admissions and to provide a holistic patient pathway, especially for the elderly population. Early studies on the effect of the initiative show positive effects of decentralising specialised acute care to the municipal level, as the initiative is associated with a decrease in hospital admissions, thus lowering the pressure on the specialised healthcare sector. However, we do not yet know the effect of the initiative on other outcomes associated with sustainability of the healthcare services, as we do not know how the initiative has affected other public health outcomes. Therefore, we sought to provide answers to this question by analysing the effect of the initiative on various quality indicators associated with structural sustainability, and quality of care. Using a fixed effects regression on a panel consisting of the Norwegian municipalities during the implementation period for the initiative (2012-2016), we found that the introduction of municipal acute bed units has had ambiguous effects. In our preliminary analyses, we find that the initiative has led to a 13% increase in the number of doctor hours per patient in nursing homes. We also find that the initiative has led to a 5% decrease in municipal health spending, and in one of the five health regions we find that the initiative is also associated with a 2% decrease in the mortality rate. However, our analyses also indicate that the initiative has led to a 4% increase in the rate of re-admissions, prompting questions about the initiative's long-term sustainability, while also raising questions on a more general level about the positive effects of decentralising specialised and integrated care to the municipal level. Our analysis further demonstrates that the success of this decentralised care initiative is contingent upon specific organisational traits, and various regional factors, which is important knowledge in relation to drafting similar initiatives in the future.