

Volume 2 / Issue 2 2007 - Country Focus: Nordic Countries

Healthcare in the Nordic Countries

Health systems in the Nordic countries have a long heritage. They are principally financed by public funds or compulsory health insurance schemes. All countries, however, require co-payments by patients for hospital care and medicines.

The Nordic healthcare system is especially well-established with regard to primary and preventive healthcare. These couple into sophisticated occupational health standards which are held in the highest esteem around the world. All Nordic countries also have highly-developed hospital services.

In spite of a generally high-level of commonality, there are some important differences in the Nordic region with regard to healthcare. Some of these are, moreover, growing as each country seeks to adapt to budgetary pressures and an aging population. Explicit moves to cut down waiting times and improve hospital productivity have been made in Denmark and Finland. Variable user fees for hospitalisation are also charged in Finland and Sweden.

A brief description and overview of such issues in the four principal Nordic countries is provided below.

OVERVIEW OF THE PRINCIPAL NORDIC COUNTRIES

	DENMARK	FINLAND	NORWAY	SWEDEN
Population (million: 2005)	5.45	5.23	4.81	9.08
Live births/female	1.34	1.73	1.78	1.66
Deaths/1,000 live births	4.51	3.55	3.87	2.76
Life expectancy (years)	77.79	78.5	79.54	80.51
GDP (billion Euros: 2005)	298.5	193.4	214	283.7
Total healthcare expenditure (% GDP: 2004)	8.3%	7.5%	9.7%	9.1%
Total healthcare expenditure per capita (PPP dollars: 2004)	2,881	2,235	3,965	2,825
% of healthcare system financed by public funds: 2004	82.30%	76.6%	83.3%	84.9%
Number of hospitals	NA	NA	28	NA
Number of CT scanners (per million inhabitants: 2004)	14.6	14.2	NA	NA
Number of MRIs (per million inhabitants: 2004)	10.2	14	NA	NA
Number of acute care beds (per 1,000 inhabitants: 2004)	3.3 (2003)	3	3.1	2.2
Length of stay (average in days: 2004)	5.5	4.3	6	5.5
Number of physicians (per 1,000 inhabitants: 2004)	3.0 (2003)	2.4	3.5	3.3 (2003)
Number of nurses (per 1,000 inhabitants: 2004)	32 (2003)	26	14.9	30.3 (2003)
Percentage of households with Internet access	75% (2005)	54% (2005)	89 % (2006)	77% (2006)
Percentage of individuals using the Internet for interacting with public authorities	Obtaining information 42.3%, downloading forms 16.4%, returning filled forms 13.3% (2004)	Obtaining information 44.6%, downloading forms 21.5%, returning filled forms 11.2% (2005)	Obtaining information 52.1%, downloading forms 30.1%, returning filled forms 28.2% (2006)	Obtaining information 48.7%, downloading forms 30.7%, returning filled forms 21.4% (2005)

Denmark

Management of the health service is decentralised, with the State responsible for legislation and supervision, while counties and municipalities are charged with operating health services (the former for hospital service and health insurance, and municipalities for other areas of health care, as well as nursing and child/school health care). The counties own most hospitals.

Some private hospitals have contracts with their county, while a handful of mainly small private hospitals operate outside the public hospital system. Specialist hospitals are not organized separately. Neither does Denmark have health centres with hospital beds.

GPs are the primary point of contact for patients except in an emergency, when they directly use hospital services. Specialist physicians work based on an agreement with a health insurance scheme, and most patients are referred by general practitioners.

To cut down waiting times, the Danish Government has been making supplementary allocations to health services since the turn of this decade. The sum has averaged DKK 1.2 billion a year, and has been rising steadily (it was DKK 1.4 billion in 2006).

This has been combined with opening up possibilities for patients to receive treatment at private hospitals or (more controversially) certain accredited hospitals in foreign countries, should waiting times be more than one or two months, respectively.

The reforms have had a significant impact. Waiting times for 18 major surgical procedures fell from 27 weeks in 2002 to 21 in 2005.

In addition, an estimated one of eight non-acute patients are now already treated outside Denmark.

As significant is a move since 2004 to expand own management of funding by hospitals, with an eventual target of 50% of overall hospital allocations. Though this has led to some uncertainty about hospital budgets, it has contributed to increased efficiency and reduced waiting times.

Finland

Municipalities are responsible for providing health services, according to the Public Health Act of 1972. Groups of municipalities run specialised central and regional hospitals. Municipalities are also responsible for providing health and social services for elderly people, including assisted living.

The Finnish National Public Health Institute and the National Institute for Occupational Health are presently investigating the healthcare sector on issues concerning the structure and division of roles and responsibilities between the State, county councils and the municipalities.

General medical treatment is provided by health centres, at in-patient departments or as home nursing care.

In the public health service system, patients need a referral for specialist treatment, except in the case of emergency. At private clinics, patients need no referral to visit private specialists. Physicians working in private clinics can refer their patients either to public or private hospitals.

From March 2005, bar injury, patients are required to be examined and treated within a specified time. Appointments have to be given within three working days. Treatment assessments have to be made within three weeks of referral to a hospital.

In cases where treatment cannot be given at the first visit to the health centre, it is required to be started within three months, and within six months for specialised treatment.

If a patient's own health centre or hospital cannot provide treatment within the specified time limit, it has to be offered at another municipality or a private institution, at no extra cost to the patient.

Finland's National Research and Development Center for Welfare and Health is establishing a single, accessible, Web-enabled repository for healthcare indicators gathered from healthcare providers across the country.

Norway

In this non-EU Member, the State is responsible for healthcare policy and capacity issues as well as the quality of healthcare through budgets and laws.

The State is also responsible for hospital services through regional health authorities – who organise hospitals as health trusts. Municipalities have responsibility for primary health care, including both preventive and curative treatment. Regional health authorities and municipalities are free to operate public health services as they deem fit, although budgetary factors limit choices in the real world.

Sweden

Primary health care is run by three regions and 18 counties.

Primary services include health centres with general practitioners, mother and child centres, as well as nursing, physiotherapy, and dental facilities.

School health services, preventive healthcare and environmental health are earmarked as the specific responsibility of municipalities.

The region/county authorities and municipalities share responsibility for nursing and at-home services, and increasingly since 1995, for psychiatric services.

Hospitals are run by both county and regional authorities. The former include specialised hospitals covering the entire county and general hospitals covering a part of the county.

Medical treatment is provided at both hospitals and outpatient clinics. Specialised treatment is provided by the regional hospital service.

There is a small presence of private (but publicly-financed) health care in Sweden, along with political controversy. About one-third of medical consultations are with private medical practitioners.

Sweden imposes hospitalisation charges for patient, ranging up to SEK 80 per day. In addition, patients under 40 pay only half the cost for the first 30 days of each sickness period. (TS).

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