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An Overview of Healthcare in Norway

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Organisation of the Healthcare System

More than 85% of all healthcare expenditures are publicly covered. The 431 municipalities/communes, with population size ranging from 250-500,000 inhabitants, have been responsible for the primary health and care services since 1984. Almost every MD in general practice participates in the regular general practitioner scheme (termed “fastlege” in Norwegian). Since 2002, the state covers all the specialised health services through four regional health authorities. More than 90% of all hospital beds in Norway are in the 80 state-owned hospitals, organised as 31 health enterprises.

Communes finance home care and social services while GP services have a combined financing; from the communes (block granting, dependent upon number of enlisted patients), fee-per-service paid by the patients directly and by the national social benefit programme. The specialised health service has a combined financing; the psychiatric services are block (grant) financed, while somatic services are partially (60%) block financed and 40% fee-for-service financed.

In the Norwegian health and care services, patients have freedom to choose hospital nationwide, with total coverage from the state programme; the patients themselves pay only a small part of travel expenditure (up to 100 EUROS for each hospital stay) if they choose a distant hospital.

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