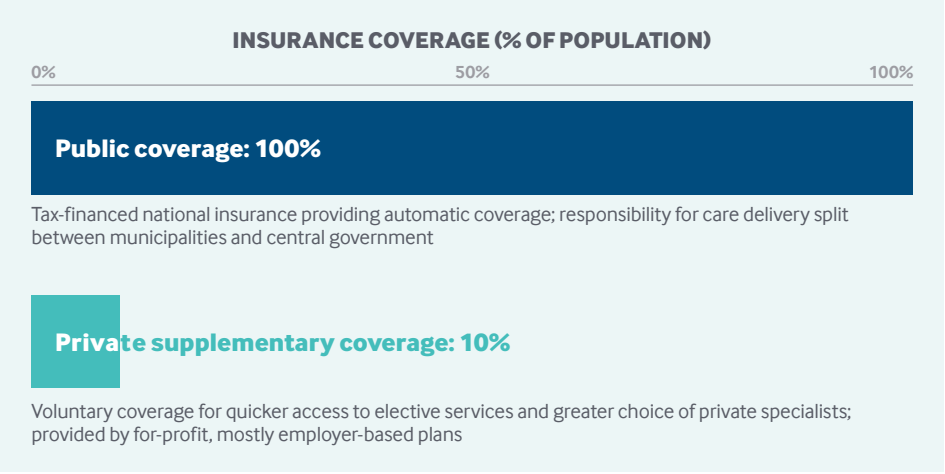
HEALTH SYSTEM OVERVIEW

Norway

Norway has universal health coverage funded primarily by general taxes and payroll contributions shared by employers and employees. Enrollment is automatic. Services covered include primary, ambulatory, mental health, and hospital care, as well as selected outpatient prescription drugs. Patients make copayments for some services and products, and out-of-pocket contributions for most services are capped. Municipalities organize primary health care, while the national government is responsible for specialty care, including hospital services, through the state-owned regional health authorities. About 10 percent of the population has private insurance, mainly to gain quicker access to and greater choice of private providers.



HEALTH CARE DELIVERY AND PAYMENT

General practitioners (GPs) contract with municipalities. Mostly self-employed in practices of one to six physicians, they are paid through a combination of per capita payments from the municipality, insurance fund fee-for-service payments, and patient copayments. Registered residents have the right to go to a GP of their choosing. *Patient cost-sharing:* USD 19–42 copayment per visit.

Specialists are either self-employed or employed by public hospitals. Hospital-based specialists are salaried. Private specialists may contract with regional health authorities (RHAs) to receive an annual lump sum in addition to fee-for-service payments and patient copayments. *Patient cost-sharing:* USD 30–46 per outpatient visit for specialists contracted with the national insurance program.

Hospitals are mostly public and state-owned, funded through block grants and activity-based payments (diagnosis-related groups, or DRGs). Nonprofit hospitals handle 5 percent of overnight stays through contracts with RHAs. The for-profit hospital sector is small, providing mostly outpatient surgery. Patients are free to choose a hospital for elective services, but not for emergency care. *Patient cost-sharing:* None for inpatient care.

All costs are in U.S. dollars, adjusted for cost-of-living differences. Conversion rate: USD 1.00 = NOK 10.2 (2017).

DEMOGRAPHICS

5.3M
Total population

16.9%
Population age 65+

HEALTH SYSTEM CAPACITY & UTILIZATION

4.7
Practicing physicians per 1,000 population

4.5
Average physician visits per person

17.7
Nurses per 1,000 population

3.6
Hospital beds per 1,000 population

162
Hospital discharges per 1,000 population

December 2020

The Commonwealth Fund

Norway

Prescription drugs are covered. *Patient cost-sharing:* For drugs on national formulary, up to USD 65 for up to three months.

Mental health care is provided by GPs, psychologists, psychiatric nurses, and social care workers. For specialized care, GPs refer patients to private psychologists or psychiatrists, or to community mental health centers, which often include psychiatric outreach teams. More-advanced services are provided in the inpatient psychiatric wards of general hospitals or mental health hospitals. Most mental health facilities are public. *Patient cost-sharing:* No cost-sharing for children under 18. Hospital treatment is free; outpatient services have a USD 30–46 copayment per visit.

Long-term care is the responsibility of municipalities. Home-based and institutional care requires means-testing. Most long-term care patients receive care at home; 10 percent live in sheltered or assisted-living facilities, and about 20 percent live in an institution or receive 24/7 care at home. Caregivers may be entitled to pension credits and can apply for financial support from municipalities. *Patient cost-sharing:* Up to 85 percent of personal income.

Safety-net mechanisms primarily take the form of annual caps for out-of-pocket expenditures. For 2017, the annual ceiling for most health services was $281. No cost-sharing for children and youth for outpatient visits, dental care, and mental health care. All maternity care is exempt from cost-sharing. Retirees and those with disabilities receive free essential drugs and nursing care. Free care for individuals with HIV and other communicable diseases. Taxpayers with high expenses (above USD 900 per year) due to permanent illness receive tax deductions.

Coordination of medical care is the responsibility of GPs, who act as gatekeepers. Municipalities have responsibility to ensure 24-hour care and postdischarge care. Hospitals and municipalities must establish formal agreements on the care of patients with complex needs.

TOTAL HEALTH EXPENDITURES

In 2016, total health spending accounted for 10.5 percent of Norway's GDP; 85 percent of these expenses were publicly financed.

RECENT REFORMS

- The government is rolling out several strategies through 2022, including ones targeting youth and adult mental health and an antibiotic-resistance initiative.
- The National Health Data Program, launched in 2018, aims to make health data available for government agencies, researchers, managers, health professionals, and residents.
- A voluntary primary care pilot project is testing two new payment models, one including pay-for-performance bonuses for GPs (running through 2021).
- The government has started to decriminalize drug use, with the aim of transferring responsibility for handling minor drug offenses to the health care sector.

This overview was prepared by Ingrid Sperre Saunes.

SPENDING

$6,187
Health care spending per capita

$877
Out-of-pocket health spending per capita

$456
Spending on pharmaceuticals (prescription and OTC) per capita

HEALTH STATUS & DISEASE BURDEN

82.7
Life expectancy at birth (years)

12.0%
Obesity prevalence

5.3%
Diabetes prevalence

16%
Adults with multiple chronic conditions (2 or more)

Data: 2019 OECD Health Data except: diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data); adults with 2+ chronic conditions from the 2016 CMWF International Survey.