

# Final Report

*[I wrote a .ppt report on the form of the sequence of a medical appointment at the GP practice i visited. It emphasized on the differences between the french and norwegian way. Here's a .doc version of what i developped to my fellow trainees]*



## → Introduction : The staff :

- 5 doctors, 7 doctor's office
- 1 of them is a specialist in general practice and gynaecology
- 1 trainee
  - Trainees from all specialities must go through a 6-months training in a GP practice
- 1 nurse
- 3 medical assistants

## → Getting an appointment

- The patient must subscribe on the list of the GP. Patients can move on another list depending on availability (which is limited) or ask a second advice – yet this is difficult due to the lack of doctors in the countryside, probably influencing the relationship between the doctor and the patient (responsibility on each side, limitation of medical roaming)
- The patient calls at the practice ; in order to not disrupt an ongoing consultation and to filter the calls, a medical assistant answers :
  - she estimates the emergency and severity
  - she gives advices in case of benign seasonal pathology

- she gives medical appointments
- Home visits are sparingly done, due to the facilitation of sanitary transportation and the culture of doctor's visiting (people are not use to be home-visited); home-visits are mostly done on the impulse of the doctor who wants to check out the environment of the patient.
- In this practice, doctors work on 2 to 5 days a week, from 8h to 15h30, insuring a quality of life to the doctor, and most probably preventing burn-out...

→ **At the reception**

- The patient meets a medical assistant who :
  - checks the administrative matters
  - checks the programmation of a follow-up blood-sample, vaccinations ..., then she proceeds them
  - and digitalize any medical documents for the all-digitalized file system



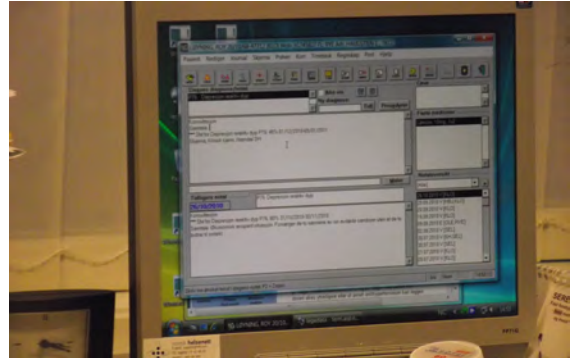
→ **In the doctor's office**



- formalism is not the use: patient sits at the side of the doctor, no boundary between them (like a desk)
- The time spent with the patient is quality medical time only: no administration, no phone calls
- Appointments are scheduled every 20 minutes, unless the patients has condition requiring more time (psychiatry, pediatrics...), approximately 40min; time is taken anyway, and this is acknowledged by the protection system that offers a fee increase for such long interviews. Those situations are anticipated as much as possible in order to prevent delays.

- **The medical file:**

- it's totally digitalized
- The doctor access quickly to medical history, warning/alerts, treatments, medical observations from previous visits, visited GP-doctors or specialists, specialists and hospital resumes, biological and radiological results
- the software is nationally harmonized, shared by all structures, with a direct communication with the local hospital, the laboratory and the radiology center, optimizing communication between health-care providers. Including nurses, medical assistants (with access limited to the needs of the providers)



- the consultation does not end up with a prescription systematically:
  - use of medication is wise, both influenced by the culture and the social protection system: drugs are charged to the patient, unless it fits into special requirements for payback, or totally paid-back in the case of a 'frikort' (no health fees after a certain amount per year due to chronic or severe conditions)

→ **The link with the specialists**

- Specialists in this zone can only be found at the hospitals, some specialities can only be found in other cities (which are quite distant from each other in north-norway)
- they're few in number, explaining the very long delays for their consultations (it can reach several months); the national health network includes a view on the delays of consultation nationwide, offering to the patient the opportunity to choose the city he'll have to go to visit the specialist... may it be 500 km far!

→ **Need a blood sample?**

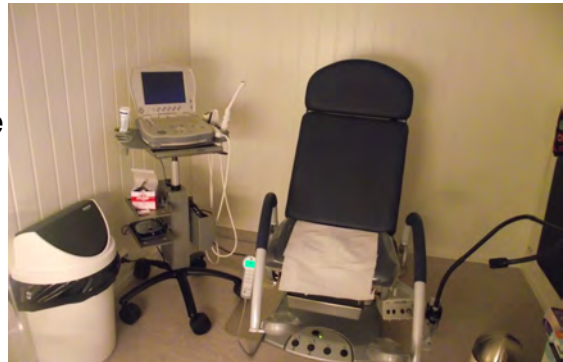
- A laboratory for routine test is included in the GP-center:
  - for blood-count, CRP, fast hemoglobin, plasma electrolytes, renal function, coagulation test (INR), urine quick-test...
  - practical for the patient who has one place to go for check-up/biological follow-up
  - practical for the doctor who can use a biological diagnosis/follow-up tool almost

instantaneously

- the patient doesn't receive results of the lab test: all results are received through the computer network and are communicated by the doctor
- Complex analysis are sent to the hospital laboratory

#### → **Women & Children**

- pregnant? Gynecologic problem? One of the doctor has a specialisation in gynecology; the center is then provided with a gynecological examination room with an ultrasound scan.
- Pediatric follow-up: the GP doesn't see children for their normal follow-up; they're seen at the "Familjehuset" ("Family house") instead:
  - Children are seen once a month on the first year by a specialised nurse, who checks the parent-child relationship, psychomotricity, biometry, vaccinations; she gives advices, and can alert the structure's doctor in case of pathology
  - Children are seen by the doctor systematically at 6-weeks, 6-months and 1-year of age
  - Consultations are quite long, offering an opportunity for parents to ask many advices, giving time for prevention/health education
  - Psychologists and social workers can be found in the same structure



#### → **Case of emergency**

- in case of emergency, ambulances are led to the GP practice where an emergency room is set, with ECG, oxygen, aspiration, emergency cart, defibrillator, etc.
- out of business hour, the permanence of health service is insured by the Legevakt: 12 doctors take part in the round (=1 to 2/ week), on a large zone where they can operate using ambulance or helicopter. It's regulated by medical assistant in a call center, then by a doctor if needed. There is no such thing as SAMU.



#### → **Wounded? Needing a technical care?**

- A room is dedicated and equipped for technical cares, dressings and small surgery
- The nurse performs vaccinations, dressings and other technical cares in that room

#### → **Payment**

- Patient pays at the reception desk, not to the doctor directly
- The basic fee (136 NOK) is at patient's charge, unless the fees reach 1800 NOK per year: then the patient receives a "frikort" ("free card"), the fees are then at the social protection's charge. Pregnant women, children under 16 are also 100% hold by the

social protection.

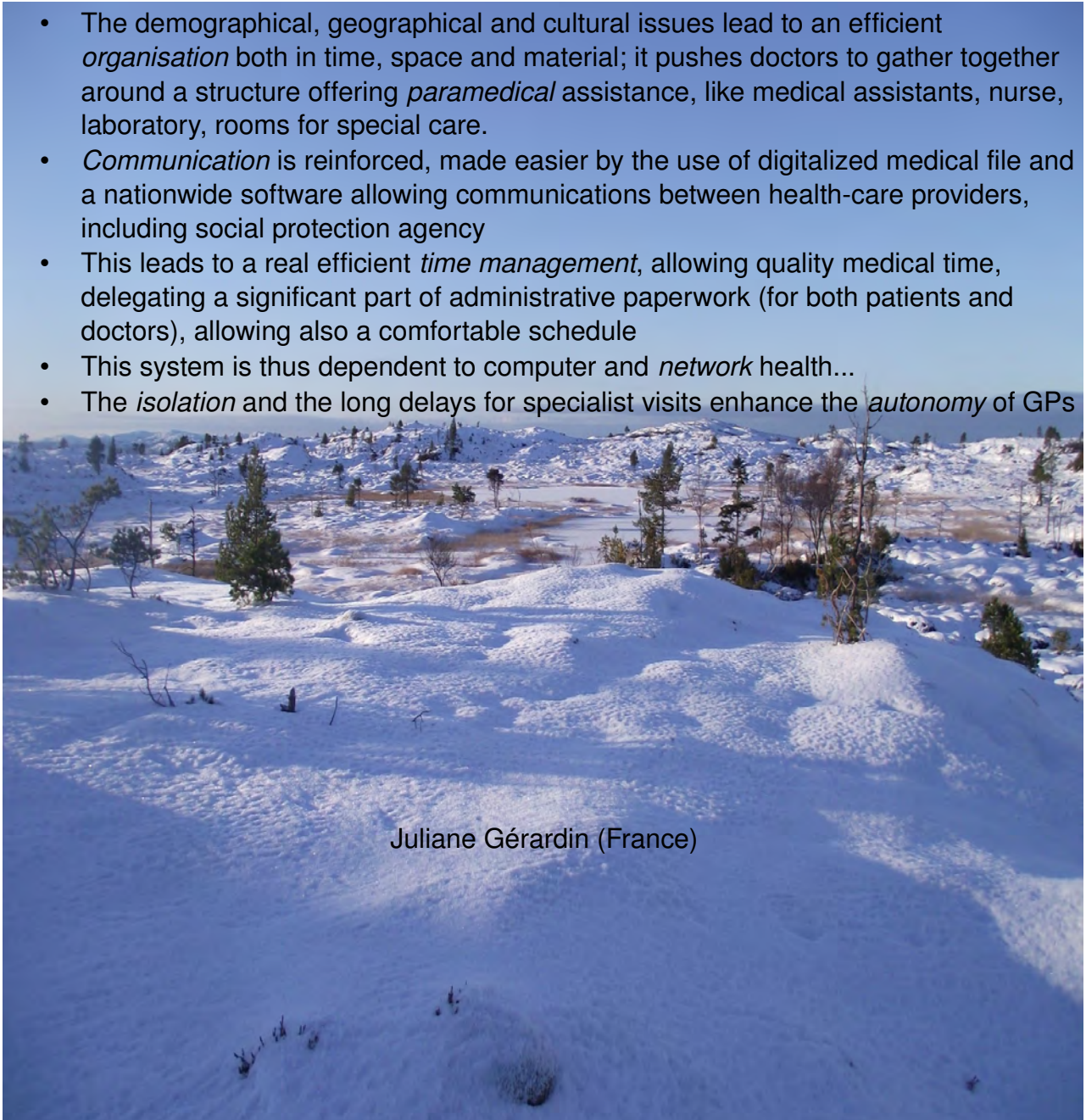
- The fee increase of special consultations is directly paid by the social protection agency (consultation time over 20 minutes, psychiatric, pregnancy, pediatrics, technical acts...)
- note: phone calls given to a patient regarding his health (results, follow-up...) is also paid by the social protection's
- doctors also earn an annual rate leveled on the number of patients on their list, mostly used for the functioning cost of the practice (paramedical staff, material...)

#### → Medications and Tests

- Drugs and tests are charged to the patient, leading to a certain responsibility of the patient toward the use/abuse of medications and analysis.
- if they're "judged essential", they'll be paid-back over 520 NOK per 3-months; a percentage is still paid by the patient
- they're free for some patients: children under 12, military, patients with an infectious disease recognized as a "public danger"/contagious, patients with AIDS

#### → Conclusion

- The demographical, geographical and cultural issues lead to an efficient *organisation* both in time, space and material; it pushes doctors to gather together around a structure offering *paramedical* assistance, like medical assistants, nurse, laboratory, rooms for special care.
- *Communication* is reinforced, made easier by the use of digitalized medical file and a nationwide software allowing communications between health-care providers, including social protection agency
- This leads to a real efficient *time management*, allowing quality medical time, delegating a significant part of administrative paperwork (for both patients and doctors), allowing also a comfortable schedule
- This system is thus dependent to computer and *network* health...
- The *isolation* and the long delays for specialist visits enhance the *autonomy* of GPs



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