Children – outpatient services

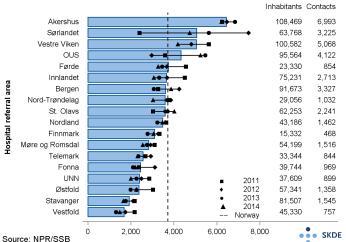
Asthma



Asthma is a chronic inflammation of the airways that can be triggered by different factors. Asthma used to be a disease that often resulted in hospital admission and also some deaths, both among children and adults. New drugs have changed the lives of many asthmatic children. Many children with asthma can be followed up by their GPs, and it is not uncommon for children to grow out of the disease in childhood.

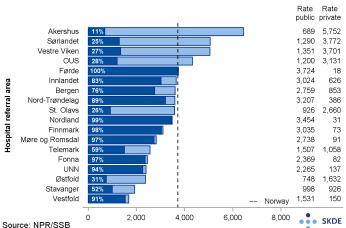
Sample

The sample consists of consultations (outpatient/day patient services) for asthma for children in the somatic specialist health service, including specialists in private practice under public funding contracts. Asthma is defined by a primary or secondary diagnosis (ICD-10) in code blocks J45-46.



Asthma, outpatient services, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

Public hospitals Private treatment providers



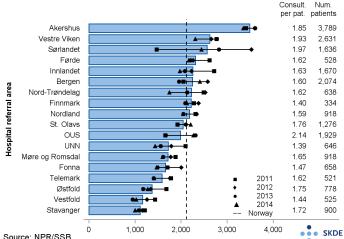
Asthma, outpatient services, broken down by public or private treatment providers, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

Comments

Each year, a total of 22,000 children have approx. 40,000 specialist health service consultations for asthma. This accounts for 7% of all consultations and 10% of all children under outpatient follow-up by the specialist health service each year.

Akershus hospital referral area has a usage rate 3.8 times higher than that of Vestfold, and a patient rate 3.1 times higher than Stavanger's.

In the five hospital referral areas with the highest number of paediatric specialists in private practice, such specialists account for between 72% and 89% of all consultations. This could indicate a managed transfer from hospitals to specialists in private practice in these areas. The overall usage rate is higher than in other hospital referral areas for four out of these five areas.



Asthma, outpatient services, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of contacts per patient (contact frequency) and number of patients.

While the contact frequencies for the five hospital referral areas with a high proportion of private activity are between 1.76 and 2.14, the areas with the lowest proportion of private activity have significantly lower contact frequencies. This indicates that each patient has more frequent check-ups with specialists in private practice than at outpatient clinics in the rest of the country. The difference between the highest and lowest contact frequencies corresponds to 740 more consultations per 1,000 patients treated.

Norwegian studies provide no basis for assuming that the variation is due to differences in the prevalence of asthma between hospital referral areas. There is reason to believe that there is unwarranted variation that could be a manifestation of differences in patient services and cooperation between hospitals, specialists in private practice and GPs on the follow-up of children with asthma.

Based on the high level of variation, neither an overuse nor an underuse of specialist health services for children with asthma can be ruled out. It may appear that specialists in private practice have a somewhat different practice for the follow-up of children with asthma than hospitals' outpatient clinics. It may also be expedient to discuss what the GPs' role should be in the treatment of asthma in children.