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## CONFERENCE ABSTRACT

### **Evolvement of the primary care landscape – from generalist to specialist**

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#### ***Introduction***

Numerous forces drive the evolution and need for transformation of primary care. Decisionmakers in Europe argue that primary care cannot remain in status quo. One key policy issue during the previous decade, especially in Northern and central Europe, has been organization of primary care and introducing new organizational models to improve patient experience and achieve greater efficiency and value from health and social care delivery systems. The aim of this study to describe how primary care services are evolving and changing, stimulating new models for service provision by 1) describing the degree specialisation of Norwegian nursing homes and home care services and 2) analysing whether structural factors like population size and/or centrality is associated with degree of specialisation.

#### ***Methods***

Cross-sectional study using an online survey. All of Norway's 422 municipalities were invited to answer the survey during the period February to April 2019.

#### ***Results***

In total, we got complete responses from 277 municipalities. Having specialised primary care services for particular patient groups were highly prevalent, e.g. units in nursing homes for dementia care (89%) and rehabilitation (81%), and homecare teams for e.g. dementia care (79%) and reablement (76%). Over two-thirds (69%) of our sample were categorised as having high-level of specialisation in homecare services and 60% had high-level of specialisation in nursing home services. Significantly more of the larger, most central municipalities had high levels of specialisation compared to medium-sized or small, less central municipalities.

#### ***Discussions***

Specialisation of primary care and regional differences can be both advantageous and necessary, but it may also negatively impact fundamentals such as equity, accessibility, continuity, coordination and comprehensiveness of care.

#### ***Conclusions***

Our study indicates that primary care is changing. It has evolved from generalist services for older adults to a differentiated and specialised service which serve patient-groups where different age-groups are represented.

There are also indications of different service models emerging, where some provide more specialised services, while others are generalists.

### ***Lessons learned***

Due to continuing political and social changes, both in individual countries as well as globally, it is essential to uncover trends and discuss their intended effects and unintended consequences to be able to plan for a sustainable, high-quality primary care service in the future.

### ***Limitations***

The study is based on municipal managerial employees' knowledge and perception of the provision of their primary healthcare services – the respondents may not have had sufficient knowledge about the full extent of services provided since they are not 'hands-on in the field'. Our pre-defined categories in the survey did not cover the entire array of services provided in primary care.

### ***Suggestions for future research***

Longitudinal studies of the development of primary care in order to gain more detailed knowledge about how international and national trends and reforms transform the care landscape. Furthermore, identify and characterise typologies of primary care provision models and how the different models impact on the quality of care delivered.