Primary care research in Norway: going in the right direction

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Although the goals for research based in secondary care in Norway are ambitious – and are accompanied by strong financial incentives following a hospital reform in 2002 – primary care research has not been given the same resources or attention. In 2001, we implemented a registered list system for GPs, which boosted enthusiasm and recruitment to primary care – at least initially [1]. Since then, several white papers and reforms have emphasized that primary care should be even more comprehensive and have more responsibilities [2,3]. In particular, the Coordination Reform initiated in 2012 transferred many and often severely ill patients from secondary to primary care. This should call for more and better primary care research. However, two barriers are apparent when addressing research in primary care: First is the difficult access to GPs, primary care patients, and data due to missing infrastructure [4]. Second are the small primary care research environments, with limited resources for taking on larger projects.

In the scientific evaluation of the Coordination Reform, researchers from different disciplines admitted that the evaluation would have benefitted from data from GPs. However, getting access to such data was considered an extremely difficult, not to say hopeless, enterprise. The result was that important aspects of the reform simply were not evaluated [2]. Some countries have managed to do something about this situation [5], and in Norway there is a joint initiative among all general practice research departments and units to get funding and to establish a primary care research network [4]. In the interim, the health authorities want to set up a nationwide Primary Care Registry, which will initially be based on two existing administrative registries (one for general practitioners’ remuneration data and one for receivers of municipal care). The registry is supposed to be running from 2017. Although the primary goal is quality improvement and health service planning, research is a secondary aim. Substantial work must be done to validate the data, in particular, the diagnoses. The registry will improve access to data and, provided competent validation, the research output of relevance to GPs is expected to rise.

In the past 10 years, primary care research institutions have been strengthened through the establishment of four research units for general practice, a national competence center for emergency primary health care, a center for antibiotics in primary health care, a center for rural medicine and five centers for care research. Although all of these are relatively small on their own, all health research centers have been collocated with university departments, which assure collaboration, mutual support and synergetic effects. This has had a tremendous effect on research output, documented recently in the first report on primary care research in Norway [6]. These centers have basic funding from the Ministry of Health, but receive considerable external funding from the Norwegian Medical Association’s Funds for Research in General Practice, the Research Council of Norway, as well as from other sources. The four general practice research units were established with the Danish research units as models, which demonstrates the importance of Nordic exchanging of ideas.

Until now the total research output and funding resources of primary care has been barely documented. This is contrary to the situation in secondary care research, which has been closely monitored for several years by the Nordic Institute for Studies in Innovation, Research and Education (NIFU), commissioned by the Research Council and the Ministry
of Health. However, as part of a new initiative to provide accessible health research output statistics, the HealthCare21Monitor (https://www.helseomsorg21monitor.no/), a report on primary care research output and funding, was published recently [6]. This is the first attempt to monitor such research over time, to compare primary care research fields, and to evaluate collaboration across institutions. As a first step in a difficult landscape, quite a few methodological shortcomings are apparent which reduce the validity of the findings; however, many of these are likely to be amended in later surveys. The main finding in the report is that primary care research in Norway was almost quadrupled over the 10-year period from 2006 to 2015. In the same period, output from secondary care research was “only” doubled, although the starting point was of course far more favourable. Primary care research support gives value for money.

A discipline without research is no discipline. The output of primary care research is still low, but the increase is promising. Nordic collaboration and mutual support is important. The opportunity for high-impact research that lies in cross-Nordic research collaborations has not yet been fully utilized. Let us keep this in mind and meet at the Nordic Congress of General Practice in Reykjavik in 2017!

Disclosure statement
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