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European Union of Medicine in Assurance and Social Security
Union Européene de Médecine d'Assurance et de Sécurité Sociale

# NORWEGIAN SOCIAL INSURANCE MEDICAL SERVICE

## 1. BACKGROUND

1.1 Norway has a population of 4.5 million people unevenly distributed among 19 counties and about 450 urban and rural local councils.

1.2 The Norwegian National Insurance Act (1966) provides universal coverage and lays down the eligibility criteria for sickness and rehabilitation benefits and for disability pensions due to medical causes, including work injury.

1.3 The main benefits under this law include:

- Medical care
- Sickness and maternity benefits
- Rehabilitation benefits, medical and occupational
- Disability benefits and pensions
- Compensation for occupational injuries and diseases
- Unemployment benefits
- Support to single providers
- Support to bereaved, widows/widowers/children
- Old age pensions

1.4 The National Insurance Administration, responsible for implementation of the law, employs some 7,000 persons distributed as follows:

- **Headquarters:** The National Insurance Administration in Oslo
- **County offices:** - 19 in all
- **Local offices:** More than 450 spread throughout every urban and rural community. These offices cover populations ranging from 250 on a small West coast island, to 100,000 in the main suburb of Oslo. The larger cities all have decentralized offices in their local district.

1.5 The Central Administration is responsible for overall policy development and implementation. It receives complex cases from the County Administration for individual consideration.

1.6 The County Administration adjudicates long term and permanent benefits.

1.7 The Local National Insurance Offices (NIO) decide on sickness benefits. They also identify cases involving longer term benefits and send them for decision at higher level.

## 2. MEDICAL SERVICES - ORGANISATION

2.1 A medical advisory service is maintained by joint cooperation of the National Health Service and the National Insurance Administration. About 130 medical advisers are employed by the National Insurance Administration. They are employed from 6 to 36 hours per week. About 80 of the them work more than 20 hours weekly. Most medical advisers are part time general practitioners or consultants in different specialities. The service is divided into 3 administrative levels:

2.2 **Central:**
A unit staffed with 4-5 doctors, who:
- advise the National Insurance Administration
- contribute expertise to the medical guidelines of the service
- assess more complex cases of occupational injuries and diseases
- contribute to information and educational measures

2.3 **County:**
Each of the 19 county offices has a County Medical Director/Chief Medical Officer. Each medical director is responsible for :

- coordinating the medical advisory service within the county
- assessing claims submitted for decision by the county office and review appeal cases
- disseminating information and carrying out courses for GPs so that they are aware of the patient's entitlements to benefits and to ensure that they are being followed up for medical and occupational rehabilitation

2.4 **District:**
The County Medical Director has a team of part time medical officers. Each medical officer has a district that may contain one or several local offices depending on the geographical size and population of the local offices in question.

2.5 The Medical Advisers are often responsible for several insurance offices which they visit at regular intervals. Requests for medical advice and the doctors' replies are usually by exchange of mail. The climate and geography of Norway requires extensive travelling by car or boat to reach distant communities in the coastal and arctic areas - a challenge to physical and mental stamina in wintertime!

## 3. **DUTIES**

3.1 The doctors give professional medical advice on whether the medical conditions for benefits are fulfilled. They do not give legal decisions. The legal decisions are taken by insurance officers, usually at the local National Insurance Office.

3.2 All doctors are bound by law and by the ethical codes of the Norwegian Medical Association to provide National Insurance authorities with appropriate and unbiased medical information regarding patients who claim insurance benefits.

3.3 The medical advice provided covers two main topics:

i. benefits relating to medical care outside hospital, care given by general practitioners, and physiotherapist, and refunding payment for essential drugs. (Healthcare cost control)

ii. advice in relation to entitlement to sickness benefits, rehabilitation benefits, general disability benefits and work injury or industrial disease benefits (disability assessment and rehabilitation).

3.4 Entitlement to many benefits is related to the claimant's medical condition - ie. illness, injury or permanent health impairment. It is of prime importance to secure the legal rights of individual clients and the award of **the right benefit at the right time.** In this context the medical advisers have several tasks:

- To ensure that adjudication of benefits is based on adequate medical evidence
- To assess the casual relationship between a client's health and work disability
- To advise if the medical preconditions for a given benefit are fulfilled
- To prevent chronic disability through early follow-up of sickness disability, in collaboration with the patients' doctors, the social services and labour authorities

## 4. **TRAINING**

4.1 The Norwegian Association of Medicine in Social Insurance is concerned with issues of quality management and standards of practice. It organises annually a national training meeting lasting 2½ days. This aims to give all Norwegian social insurance doctors an up date on relevant medical and political information.

4.2 Within each county there are two medical meetings per year. These meetings are called by the social insurance doctors on medical topics, but the meetings are intended for all staff. The medical advisers also take part in case meetings and theme presentations within other parts of the National Health Service.

4.3 There is an academic Section for Social Insurance Medicine within the Department of General Practice and Community Medicine at the University of Oslo Medical School. The section is staffed with three professors and one research fellow who educate medical students and post graduates in social insurance medicine, and do basic research on benefit matters, mainly in sickness absence epidemiology and sickness certification practice. They advise the Norwegian Minister of Social Affairs on medical affects of changes in policy. They are also involved in producing operational guidelines for medical advisers and are responsible for a proportion of the training material for medical advisers, general practitioners and undergraduates. Education in social insurance medicine at the Medical Schools of other universities (Bergen, Trondheim, and Tromsø) is given by their Departments of Community Medicine.

4.4 County Medical Advisers are closely involved in on-going training of established general practitioners.

4.5 County Medical Advisers are encouraged to produce statistical reports on the number of cases referred and the outcomes. These are circulated to local offices, local medical advisers and other county medical advisers.

**Annex**

## MEDICAL PROCEDURES AND CONTROL

All employees are entitled to 12 to 24 days uncertified sick leave per year. Sickness benefit is initially supported by a Medical Certificate completed by the claimant's General Practitioner. This is completed without charge and includes the following details: Name, identification number, address, date of birth, present occupation, diagnosis of the illness causing incapacity, including code according to ICPC Classification, the effect of the illness on the patients function, the plan of treatment envisaged, the progress of the illness and the likely prognosis for return to work.

The claimant has to start some kind of work-related activity by the end of the 8th week after cessation of work in all cases, if not requested earlier. After 12 weeks the local benefit administrator **must** decide whether it is reasonable to continue sickness benefit. The claimant's own assessment of problems and functional difficulties is obtained as evidence in this decision. In addition, the medical advisor may be asked for an opinion based on the sickness certification and from other medical evidence he is entitled to seek, eg. from hospital specialists. The medical advisor does not usually examine the claimant but relies on written documentation.

In difficult cases the local National Insurance office may call on a **Basic Group**. This team consists of representatives from the local insurance office, employment authorities and the medical advisor. The team meets with the claimant and his/her doctor for the purpose of discussing and planning measures in support of vocational rehabilitation. Depending on the diagnosis and personal situation of the patient, the team may be supplemented by a social worker and/or a company doctor. The basic group concludes its discussion with specific advice to the local National Insurance Office on appropriate measures and benefits in each case.

The Norwegian National Insurance Act limits payment of sickness benefits to one year. It can be followed by a less generous rehabilitation benefit, but the latter is restricted to a maximum payment of one year. After a maximum of two years' incapacity for work, there has to be a decision on the cessation of benefit and whether the claimant is eligible for a disability benefit. Disability benefits can only be paid where there is a permanent reduction in working capacity of at least 50 per cent. The reduction in working capacity is usually estimated by averaging the proportion of hours of work possible with the likely rate of work compared with that of a non-disabled worker. From 2004, disability benefits can be given either as Temporary Disability Benefits (up to five years, thereafter reviewed) or as Permanent Disability Pensions. Disability benefits can only be granted if adequate medical and/or vocational rehabilitation measures have been attempted and failed.

Employers' reports can be obtained to see if they are able to accept a temporarily ill patient back to work on a part time basis or in a suitable different capacity. During this time the payment of rehabilitation benefit is protected subject to the one-year maximum rule.

For persons with permanent disability, vocational rehabilitation can be granted. This involves payment for specific retraining in skills which will improve the likelihood of employment for the disabled person. It can take the form of academic, technical or vocational retraining. This allowance is not subject to the one year limit.

Vocational rehabilitation is, after a recent reform, administered by the Public Employment Service.

When incapacity is the result of occupational injury or disease, benefits are more generous. Assessment of the degree of functional loss is calculated for compensation purposes and is done by local deciding officers, usually after advice from medical advisors, and based on medical reports from specialists. The final decision is taken at central level.

In arriving at decisions on all these benefits, the local medical advisor may be involved. The proportion of cases referred to medical advisors is increasing, reflecting a much greater emphasis in the last few years in Norway on early rehabilitation, helped by the protection of benefits during part-time work.