

## OP19.1

### Practice variation in surgical procedures and IUD-insertions among general practitioners in Norway

Andreas Pahle(1), D Sørli(2), P Halvorsen(4), I S Kristiansen(3)

(1) Bolteløkka legesenter, Oslo, Norway

(2) Bankgården Legekantor, Sørumsand, Norway

(3) HELED, Oslo Norway

(4) Department of Community Medicine, UiT, Tromsø, Norway

Corresponding author: Dr Andreas Pahle, UiT- The Arctic University of Norway, Department of Community Medicine, Oslo, Norway. E-mail: andreas.pahle@gmail.com

**Background:** White papers and policy statements indicate that general practitioners (GPs) in Norway should perform some surgical procedures and IUD-insertions.

**Aim:** To investigate variation in surgical procedures and IUD-insertions and determinants of such variation.

**Design:** Retrospective registry study.

**Setting:** Norwegian GPs on fee-for-service reimbursement.

**Method:** Using a database with reimbursement claims from all Norwegian GPs, information on procedure codes in addition to GP characteristics such as age, gender, list size and municipality characteristics between 2006-13 was extracted. Multivariable logistic regression models were performed to explore possible determinants of practice variation.

**Results:** We extracted data from 4,828 GPs among which 90%, 75% and 77% were reimbursed at least once during the study period for minor or major surgical procedures and IUD-insertion, respectively. The proportion of GPs doing surgical procedures increased whereas insertion of IUDs decreased over time. Female GPs had lower odds for performing surgical procedures (OR 0.38, 95% CI 0.32-0.45) and higher odds for performing IUD-insertions than male GPs (OR 4.55, 95% CI 3.71-5.58). Older GPs, GPs living in urban municipalities and GPs with shorter patient lists were less likely to perform surgical procedures. GPs with longer patients lists and GPs working in middle-sized municipalities had higher odds for performing IUD-insertions.

**Conclusion:** About one in four Norwegian GPs never performed major surgical procedures or IUD insertion from 2006-2013, while almost 90% performed minor surgical procedures. GP gender was strongly associated with performing the procedures. Furthermore, practice varied by age, list size and practice municipality. The findings indicate a discrepancy between expected and observed practice of Norwegian GPs.