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Referential physician system

Version 2.0 of the primary care referential physician system has been signed in November 2015.

The primary care referential system is now reserved only to general practitioners and it focuses on patients with chronic diseases. Patients sign an agreement where the chosen “referential” physician has a preferential access to health data exchanged in the so called electronic *shared health record*.

The “referential” physician keeps up-to-date Patient Summaries at the disposal of other healthcare professionals.

Electronic health data platform

After years of fruitless discussions, a secure and reliable platform exchanging healthcare data between health professionals under the supervision of the concerned patients is now operative. This platform has been gradually implemented by the introduction of new services (from master patient index, health provider directory to secure messaging services, electronic prescriptions and so on). Access and the scope of utilization are voluntary for the patients and the healthcare professionals *at the moment*. The so-called “Shared Health Record” is now closely and thoroughly scrutinized by the national data protection commission. An “informal” approval has been given to a *pre-configuration shared health record* and limited strictly to those patients that have signed a *referential physician contract*.

A Grand-Ducal Regulation shall define in the future rules and content of the *Shared Health Record*. AMMD insists on the fact that the *Shared Health Record* is a mean for exchange of health-data between healthcare professionals and not a central depository. Medical record should remain in the hands of physicians. Every physician disposes of his personal clinical observations, the results of his prescriptions and all those data to which the patient gave him access. *Shared Health Record* shall be a transfer medium with temporary clouds and pointer systems that will facilitate and enhance electronic exchange of data.

Hospital Planning Bill

The Hospital Planning Bill (HPB) regulates on a national level many matters of means allocated to hospitals, such as:

- Number of stationary hospital beds
- Number of ambulatory hospital beds



- Numbers of services allowed in certain specialties
- Numbers of so called centers for excellence
- National services with monopole in certain fields

The attribution to individual hospital establishments is thereafter a matter of bargaining with the ministry of health. As hospitals deliver the workshops for physicians, this is highly debated for the moment in Luxembourg.

The large majority of hospital physicians in Luxembourg are independent and self-employed. This is sometimes a source of conflict between the hospital hierarchies organizing the means for different medical workshops and “free in practice” physicians assuming overall responsibility to their patient.

The preliminary draft of the HPB tries also to clarify the governance of hospitals by defining the duties and roles of the administration (CEO) on one side, the private practitioners on the other side. This distribution of duties and roles should essentially be subject to checks and balances.

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