European Working Group of Practitioners and Specialists in Free Practice
Europäische Arbeitsgemeinschaft der Niedergelassenen Ärzte
Groupement Européen des Médecins en Pratique Libre

NATIONAL REPORT OF LUXEMBURG By Dr. CLAUDE SCHUMMER

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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 “re*ferential”* 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* (Dossier de Soins Partagés). AMMD insists on the fact that the *Shared Health Record* is a mean for exchange of health-data between healthcare professionals and <u>not</u> a central depository. Medical records 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 mainly a transfer medium with temporary clouds and pointer systems facilitating and enhancing electronic exchange of data.

Hospital Planning Bill (HPB)

The Hospital Planning Bill (Plan Hospitalier) 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 monopoles in certain fields

The attribution to individual hospital establishments is thereafter a matter of bargaining with the authorizing authority namely the Ministry of Health and the financiers of Health Insurance.

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. As hospitals deliver the workshops for physicians, this is highly debated for the moment in Luxembourg.

The actual draft of the HPB tries also to clarify the governance of hospitals by defining the duties and roles of the administration (Board and 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.

Hospitals are lead in Luxembourg by a Holy Trinity Executive Committee (Comité de direction including) comprising a Chief Financial Officer (Directeur financier), a Chief Care Officer (formerly Headnurse, Directeur des soins) and (finally…) a Chief Medical Officer (Directeur Médical, anciennement Responsable des affaires médical) answering all together to the Chief Executive Officer (Directeur général).

The large Hospital structures are subdivided into Healthcare Departments (Pôles) that function like mini-Hospitals within the larger structure.

The question is: What will be the say of physicians within these large structures and the coexistence with other “academic” professionals? Who is in charge and takes overall responsibility? Will in future responsibility be diluted within “committee” governance?

Small Reform of Medical Billing System

At the 1st of January 2017, 14 million € will be selectively distributed to those medical activities that lack financially behind.

1. Money back from 2010 (loan Healthcare Reform during Financial crisis) 2,5%
2. Biannual negotiations of the key letter (lettre-clé) 1,0%
3. Shift (redistribution top down between medical specialties) 0,5%
4.

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