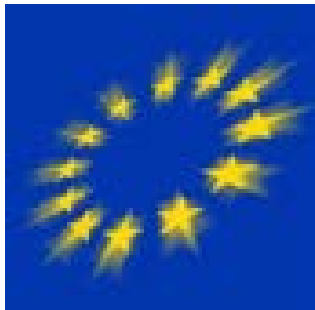




EANA BASEL

15 - 17 June 2017



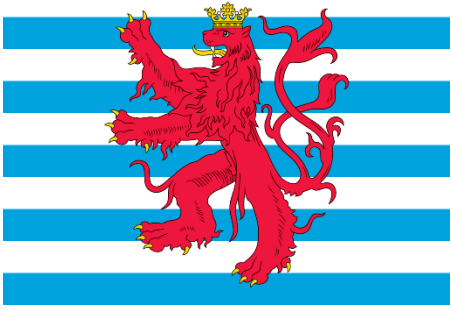
European Working Group of Practitioners and Specialists in Free Practice
Europäische Arbeitsgemeinschaft der Niedergelassenen Ärzte
Groupement Européen des Médecins en Pratique Libre





Doctor Guillaume Bauer

- General Practitioner
- Specialist Practitioner of Emergency Medicine
- AMMD, member of the Board
- AMMD, General Secretary delegate for the extra-hospital sector
- DIU in Emergency Medicine for Elderly
- DIU in Hospital Management
- General Secretary of Circle of the General Practitioners
- General Secretary of the Society for Emergency Medicine
- Internship supervisor in General Practice Education
- Internship supervisor for the Master in Medicine (Year 6th at UCL)

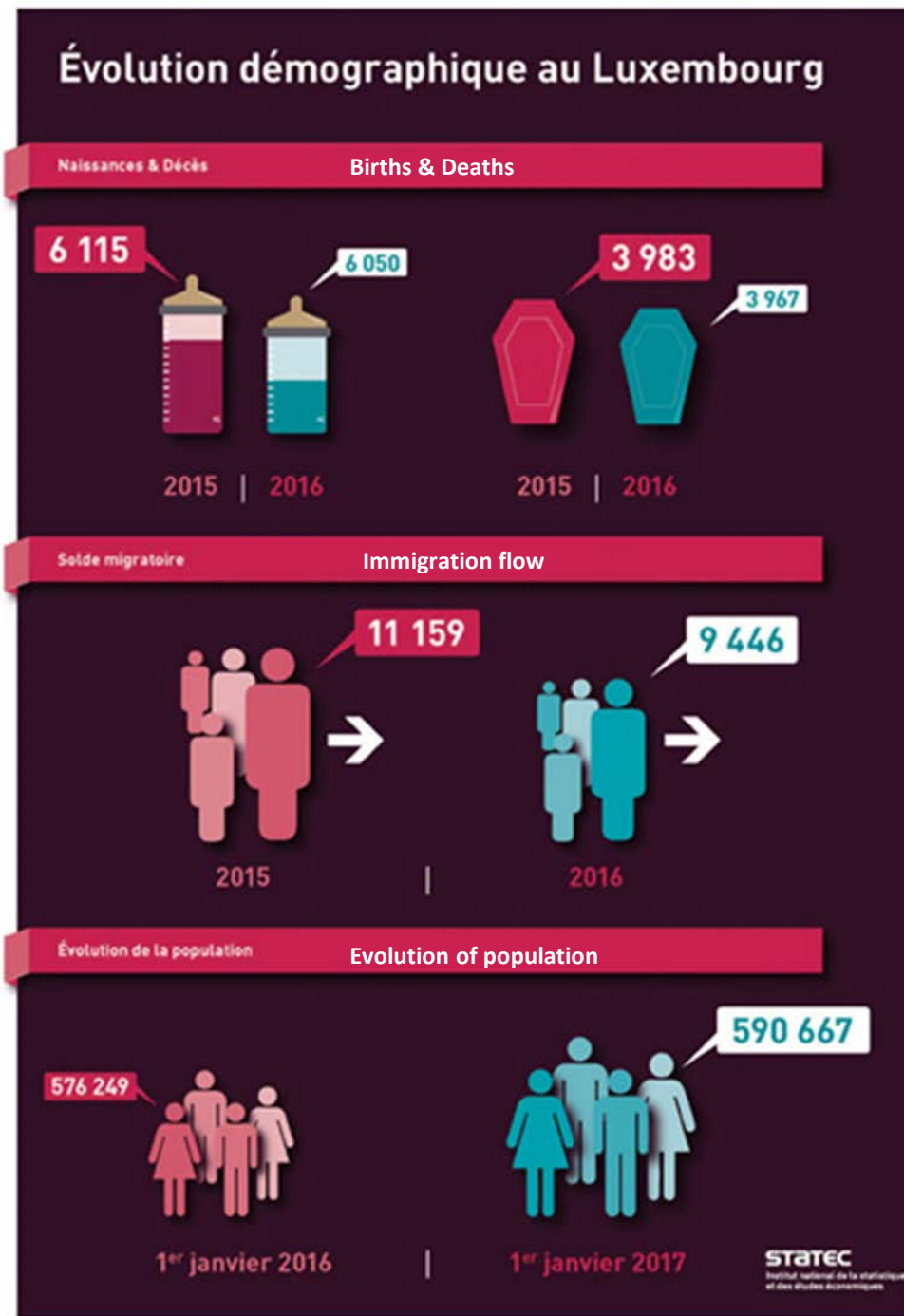


The population of the Grand Duchy of Luxembourg, counted by the STATEC for the first time based on the National Register of the Physical persons is established on January 1st, 2017 to **590 667 persons**.

Like in the past, the increase of the population is essentially due to immigration, despite the fact that the immigration flow is decreasing compared to 2015 (-15,3%).

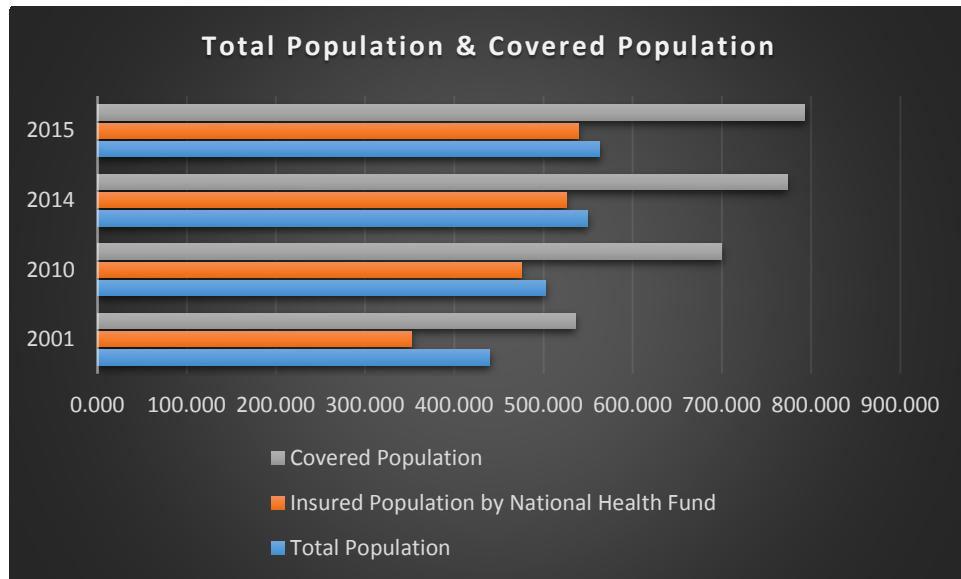
Among the population of the country, some 48 % does not possess the Luxemburger nationality.

Demographic Trends in Luxembourg



Total Population & Insured /Covered Population (by national health insurance fund)

| Année | 2001 | 2010 | 2014 | 2015 | 2016 | 2017 |
|--|---------|---------|---------|---------|---------|---------|
| Total Population | 439,500 | 502,100 | 549,700 | 563,000 | 576,200 | 590,667 |
| Insured Population by national health fund | 352,636 | 474,966 | 525,414 | 538,932 | | |
| Covered Population | 535,424 | 699,539 | 773,061 | 793,044 | | |



526.513 are résident

266.531 are non-résident (cross-bord effect !!)

Luxembourg, a cosmopolitan country : particularities



Citizen of which 48% foreigners
50% of which: Portuguese
170 different nationalities

3 official languages :
Luxembourgish (national), French, German,
(English as business language)

~ 180,000 commuters (FR/BE/GE)

Need of medical data sharing, also on cross-border level



Luxembourg – Healthcare System

- 5 major hospitals for acute care and 5 hospitals for specialized care,
- ~ 100 public Pharmacies,
- ~ 2200 Doctors,
- Laboratories:
 - 3 private Laboratory groups,
 - 1 national Laboratory (LNS),
 - each hospital has a Laboratory,
- 2 major providers for home care (cover 97%)
- Up to 60 institutions for long term care





A truly cosmopolitan country with a strong political commitment to enhance ICT driven economic and healthcare services development

National eHealth action plan



Mrs Lydia Mutsch – Minister of Health

Launched in 2006 - objectives :
improve prevention, drive better
diagnosis and treatment and
coordinated care of patients, improve
the healthcare quality and safety to
benefit the patient



Mr Xavier Bettel - Prime Minister

Objective: strengthen and consolidate the
country's position in the ICT area and
enhance its development as a high tech
expert center

Major stakeholders represented in our governing body



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG

*Represented by Ministry of Health and Ministry of Social
Security*



2011, OCTOBER 25TH : CREATION OF THE AGENCY : THE ACTORS OF THE HEALTH SYSTEM CAME TO AN AGREEMENT IN ORDER TO CREATE A GROUP OF ECONOMIC INTEREST (G.I.E.)

«eHealth Agency- National Agency for shared information's in Health »

Our Missions

The role of the eSanté Agency is to promote a better use of information's in the sector of health and to insure a better coordination for healthcare.

She is called to accomplish this across the set-up of :

- a platform of distribution and the data exchange including the Shared File of Care (DSP)
- a diagram of the Systems of Information of Health (SDSI) defining a national strategy of interoperability of systems of information for health which will allow those different systems of health to interact without conflicts.
- The interoperability for medical data's is the capacity of two or several actors to exchange and to understand all health information's .
- It is therefore the key element to guarantee the continuity of care and to insure that the medical information of a patient is consistent and comprehensible during all process of the taking care of the patient.

Across its missions, the Agency aims in :

Facilitate and improve prevention, diagnosis, treatments, follow-up, monitoring.

Contribute to improve the quality and security of healthcare for the patient's benefits.

Improve the management of health services and the national piloting of the system,improving the availability of standardised data's.

Help to control the evolution of Health expenses, specifically by helping the reduction of verbose examinations or analysis.

Our missions as defined by law :

eSanté platform

- Implementation, deployment, operation, and administrative and technical management of a national electronic platform for the exchange and sharing of health data, as well as applications and health information systems at a national level

Interoperability & Security

- Promoting interoperability and security in the implementation of health information systems

Road map

- The establishment and maintenance of a roadmap for health information systems, defining a national strategy, articulated with national health priorities and the need for data exchange and sharing between stakeholders

Orientation

- Assist regulators and authorities on strategic choices related to health information systems

External Communication

- Information for patients and providers on operational procedures and security measures in relation to the electronic health record and the national electronic platform for the exchange and sharing of health data

Legal Statutes

**Association des Médecins et Médecins-Dentistes du Grand-Duché de Luxembourg
(previously : SYNDICAT MEDICAL)**

Founded in 1904

Statutes approved by the extraordinary General meeting of October 15th, 1961, by judgement of the civil court of and in Luxembourg of November 6th, 1961. Published in the Memorial, special Collection of Societies and Associations, n ° 94 of December 12th, 1961, pp. On 2098 - 2102. Changed by the general meetings of November 28th, 1976 and of February 4th, 1977, approved by judgement of the civil court of Luxembourg of March 2nd, 1978, modifications published in the Memorial C 1978 n ° 117, pp. 4641 – 4644.

Object :

- ✓ To assure the interest of the patient by every possible and appropriate means, as well as the respect for the fundamental principles of a free and human medicine : professional independence of the doctor, free choice of the doctor by the patient, professional confidentiality, freedom of prescriptions .
- ✓ To represent the medical profession in its relationships with the organisms of social security, to negotiate and to conclude in its name and according to directives determined by the general meetings of the compulsory tarification collective labour agreements and to assure a strict application by all parties
- ✓ To create and maintain friendly relations between all members, promote the professional dignity and narrow solidarity in mutual reports as well as in relationships with patients and all communities.
- ✓ To defend the interest of its members, to support them within any conflict and any trouble occurred during their exercise of Medicine
- ✓ To study and to collaborate with public authorities and collectivities, in order to elaborate new principles, to take appropriate actions in the field of medicine, assistance and public health, to search practical solutions to any problem related with the exercise of medicine as well as to assure full collaboration with medical emergency services
- ✓ To give his opinion to any question related to the exercise of Medicine
- ✓ To punish all usurpations and illegal practice of Medicine




1500 Members

Conception of a monthly magazine distributed to all members

Full member and permanent attendance in consultative commissions organized by the Ministry of Health, the National Health Fund, the Ministry of Research ...

Full member in four-party commissions for Health

STATUTORY WAY OF OPERATING



The Association is managed by an Administration Board, composed of 15 members, including at least 3 General Practitioners, 3 Specialists Practicioners and 3 Dentists Doctors.

The members of the Board are elected for 4 years
Every 2 years, the board is partially renewed for its half.
The voting is organized during the Annual General Assembly.

The President of the Association is elected by an absolute majority. Following the President, two Vice-Presidents, a General Secretary , a delegate General Secretary and a Treasurer are nominated.

Once a month, the Board meets in ordinary session.

Président

Dr Alain Schmit



Specialist Practitioner Gastroenterology, elected in 2014, term : 2014 - 2018

Secrétaire général

Dr Guillaume Steichen



General Practitioner, elected in 2016, term : 2016 - 2020

Trésorier

Dr Carlo Ahlborn



Dentist-Doctor, elected in 2014, term : 2014 - 2018



Specific items 2016 – 2017

Small Reform of Medical Billing System

On January, 1st 2017, a budget of 14 million € is allocated by the government and will be selectively distributed to those medical activities who have been affected by a shortfall in financial resources.

Money back from 2010 (loan Healthcare Reform during Financial crisis) 2,5%

Biannual negotiations of the key letter (lettre-clé) 1,0%

Shift (redistribution top down between medical specialties') 0,5%

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 active for general practitioners and focused on patients with specific chronic diseases. An agreement with the “referential” physician has to be signed in order to access in the health data's exchange system in the so called electronic *shared health record*.

Those physicians keep those Patient Summaries updated and at disposal of other healthcare professionals

New prescription for physiotherapy

New standardized prescription : Physicians must specify their demands : new treatment, check-up, or follow-up , for 3 kinds of treatment with a variable number of sessions : common disease, heavy pathology, post-surgery rehabilitation, all with their specific codes.



A MAJOR PROJECT OF CHANGE

2016 – 2017

Hospital Law (HL N°7056)

In the past, the Hospital Planning Bill was regulated by a Grand-Ducal Regulation but the State Council decided that this should be regulated by Law. Difference is that any change to the Law has to be now submitted and approved by the government and the parliament (when the Grand-Ducal Regulation allows the Minister himself to make changes to the Law).

The AMMD was asked to make comments on the pre-draft of the Law, but not on the real draft supposed to be given to the Parliament, which has been drastically changed.

Discussions came up and still are going on. An extraordinary Assembly of the physician's Union (AMMD), gave to the board a wild card to act against and introduced all necessarily amendments against this new draft of the Law.

By now the bill is still under discussions in the Parliament Health Commission. The AMMD uses its influence in order to steer this bill into the right direction.

The Hospital Law (Loi Hospitalière) 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 monopolies 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.



A MAJOR PROJECT OF CHANGE

2016 – 2017

The large majority of hospital physicians in Luxembourg are independent and self-employed. This creates sometimes a source of conflict between the hospital hierarchies and management organizing the means for different medical workshops and “free-in-practice” physicians assuming full responsibility to their treatments for patients. As hospitals deliver all devices and all needs for physicians leads our days to high debates in Luxembourg.

The actual draft of the HL tries to clarify hospital’s governance and organisation by defining the duties and roles of the administration (Board and CEO) on one side and the private practitioners on the other side. This distribution of duties and roles should essentially be subject to checks and balances between stakeholders. The draft of the HL gives the leadership to the CEO and the Management to the detriment of medical and social subjects.

Hospitals are lead in Luxembourg by an Executive Committee (Comité de direction including a Chief Financial Officer (Directeur financier ou administratif), a Chief Care Officer (formerly Headnurse, Directeur des soins) and a Chief Medical Officer (Directeur Médical, anciennement responsable des affaires médicales) all together under the authority of the Chief Executive Officer (Directeur général).

Large Hospital structures are subdivided into Healthcare Departments (Pôles) running on like mini-Hospitals inside the main structure but without financial independence!

The question is:

“What will be the real role of the physicians within those large structures and their coexistence with other players? Who will assume its obligations and responsibilities?” “Is it a real political will to dilute the responsibilities within the board of Directors by minimizing the role of the physicians?”

EXTRAORDINARY ASSEMBLY ON MARCH, 1ST, 2017

Mobilization against the Project of the Hospital Law such as proposed by the Minister of Health



Thank You