



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA  
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

<b>Document :</b>	<b>AEMH 11-065</b>
<b>Title:</b>	<b>National Report Luxembourg</b>
<b>Author :</b>	<b>Dr Claude Braun, AMMD</b>
<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations</b>
<b>Date :</b>	<b>19 May 2011</b>

## National report of Luxembourg 2011

The year 2010 was marked by two major events: first the strike of the Luxembourgish Physicians, and second, the approval of the novel law on the reform of the whole healthcare sector.

A draft healthcare reform law was proposed on July 26 by the Minister of Health and Social Security, after a series of discussions with health partners. Corner points of the reform were the preservation of the universality of the health system, the promotion of quality of healthcare services and the facilitation of care coordination. More concrete aspects included the introduction of a voluntary gatekeeper function for general practitioners, providing guidance to patients, the development of electronic personal health records, the lowering of drug reimbursement costs, and the fundamental reorganization of hospital services, namely promotion of integration and synergies, the creation of competence and excellence centres, and the introduction of managed care chains (so-called “*filières de soins*”). Overall the hospital sector should be more vigorously coordinated, with total budget cost accounting and federation of core and supportive business activities, to name only a few.

In response to the introduction of health policies that would, in the physician’s opinion, remove the patient’s right to choose their own doctor, altogether some 1,200 GPs, surgeons and medical staff affiliated to the AMMD union (“*Association des médecins et médecins-dentistes*”) began their protest from October 22 2010. During that time, all appointments with patients were cancelled, except in emergencies, as participating GPs reduced their office hours to mornings only. Specialist doctors working in hospitals reduced their schedules to 20 hours per week, working just mornings, except for the care of medical emergencies. The tighter financial framework of hospitals, as imposed by the new law, was considered to lead to the deterioration of patient health. The reforms would grant pharmacists the right of generic substitution and reimbursement based on the less expensive drug. Another critical point, considered as unacceptable by many physicians, is the obligation to store patient data on a nationwide database, prompting security concerns. Overall the AMMD criticized that the actual reforms did not resemble in any way to what had formerly been discussed between health partners.

After six weeks, the strike ended prematurely, as AMMD and health minister, assisted by two mediators, reached an agreement over the health reform bill. On December 12, the Luxembourgish Parliament passed the Health Care Reform Bill. The new law calls for revisiting the organization of health care, with the main goal of prioritizing primary care and improving efficiency. Hospital services will be re-organized around core competencies and coordinated services networks. Hospitals are encouraged to federate their activities and to further develop ambulatory surgery. The mission of the medical council is revised, and the coordinator (“*médecin-coordonateur*”), being a link between physicians and hospital management, will have an important role in the organigram of hospitals. The bill also calls for the introduction of standardized personal health records and documentation, a generic drug substitution by pharmacists and reimbursement program, and a regulatory framework for pharmaceutical companies. According to the Bill, the obligatory funds reserve for sickness and maternity coverage will be increased up to the required levels existing before the reserve was reduced as an economic and financial crisis relief measure. Modifications of regulation of laboratory medicine are also included in the new law. Of note, more than twenty so-called “*règlements grand-ducaux*” will give more details with respect to the executive regulation of the 2010 legislation. Given the lack of the majority of these papers up to now, several important aspects of the novel law, such as the specific status of hospital doctors and the role and missions of the coordinating physician, could not have been transposed yet in daily practice.

Claude Braun, MD, PhD, for the AMMD