



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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New collective agreement with national health maintenance organisation

All doctors registered and licensed in Luxembourg are automatically and without any opt-out choice enrolled to work under the conditions defined by this collective agreement (Kollektivvertrag, convention collective) for the national HMO (Caisse Nationale de Santé, CNS). That agreement interferes with large parts of our professional autonomy and regulates the very small “supplements” a doctor is free to bill his patients. The subjects treated and discussed are all very sensitive and, at this time, negotiations are in a deadlock. Mediation by a high level magistrate is meant to lead us out of it. Failure on an agreement and thenceforth a ministerial imposed obligatory “convention” on an otherwise free profession will inevitably lead to long judicial quarrels.

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 will be operative this year. This platform will be 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 utilisation are voluntary for the patients and the healthcare professionals. Trust in the system and the development of good and reliable services will ensure a progressive “buy-in” of all concerned. Healthcare professionals must retain the upper hand over data generated under their own responsibility as well data confided to them by the patients.

Hospital Governance

In Luxembourg, the great majority of hospital doctors are self-employed in-patient physicians (Belegeärzte, médecins libéraux). Since 1992, Luxembourg hospitals are financed by a cost reimbursement system. The healthcare reform in 2010 put the hospitals under budgetary constraints. All hospital expenses have been packaged into a maximum financial envelope fixed by the state. A uniform managerial accounting system shall be put in place in order to create financial dashboards permitting the governance of hospitals on the level of smaller cost centres. This is only possible by involving so called “free roaming” doctors into the daily management of their clinical units and departments. For almost 10 years, AMMD promotes the introduction of “bottom up” elected medical coordinators assigned to give a helping hand with the management of the different care units and departments of a hospital. That would also mean that the medical coordinators should be charged with managing autonomously the finances related to their activity in their respective units and departments. The national representation of hospitals promotes on the contrary a “top to bottom” management model of clinical doctors whose only freedom will be to retain the overall responsibility of the self-employed without the necessary full autonomy in decision making. During the national election campaign, AMMD promoted a shift from a cost reimbursement system for hospitals to a “fee for activity (service)” system. This implies the introduction of a uniform documentation system. We still have no agreement on the standards of the codification system to be used, but the politics got the message that the times of cost reimbursement systems with enveloped budget is no more

sustainable and has to be changed. The future of self-employed hospital doctors in Luxembourg remains at stake.

Patient's rights law

A bill on patient's rights is forced through the legislative process even so patients and doctors associations share the same position that this bill does not solve anyone of their everyday problems. On the contrary, this bill adds to further confusion by creating new drop-in centres (in addition to the existing ones) for complaining patients without offering concrete solutions especially concerning compensations for medical accidents. A second bill solving all the problem of compensations for medical accidents with and without responsibility inspired by French or Belgian models has been promised by the government. The new bill also shifts the burden for proof of "patient-information" to the doctor which will eventually lead to defensive "patient-consent" attitudes at the monetary costs of the patients.

Medical School Project

Luxembourg is the only country in Europe (with the notable exception of tiny village principalities) which does not train its own doctors. Medical students from Luxembourg rely on the availability of places to study medicine abroad which were essentially France, Belgium, Germany and Austria. In most of those countries the introductions of numerus clausus and restrictions to European foreigners have rendered the access to medical studies extremely difficult for Luxembourg students. Luxembourg is now discussing the opportunity and the feasibility to create its own Medical School.

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