



**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
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΪΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΪΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Highlights in healthcare sector in 2011:

- Creation of competence and excellence centers, by promotion of synergies and cooperation between different partners providing healthcare; ongoing discussion on the “how to do”
- Breast cancer care: presentation of the “breast roadmap” by the Ministry of Health; goal is concerted and integrated care of breast cancer patients, eventually focusing clinical and para-clinical activities in one or two units, which have to prove their efficacy and efficiency through quality reports and benchmarks with international units
- A national cancer registry has to be implemented in a near future, allowing better documentation of quality of care in this field and benchmarking with other countries, as recommended by foreign experts
- Encoding procedures: compulsory diagnostic and therapeutic codification of hospital care. Choice has been given for the ICD-10 disease diagnostic encoding system (4 digits) and the CCAM, a French codification system of medical acts, which should be adapted to take into account the specific aspects of the Luxembourgish health care system. Although not directly admitted by the authorities, these systems likely present the first step towards a DRG-based system of reimbursement of hospital care, as well as an adaptation of the dual system of healthcare reimbursement applied in Luxembourg.
- As already discussed in 2011, the so-called “médecin-coordonateur”, a physician considered as organizational link between hospital physicians and the management, should take an important role in the organigram of hospitals; so far an agreement on the reimbursement modalities of the médecin-coordonateur has not yet been found.
- Another ongoing discussion is the federation of clinical, national and private laboratory activities. The legal status of the National Laboratory of Health will be reconsidered as well as coordination and fusion of different laboratory activities in Luxembourg.
- Finally Luxembourg has concentrated its personalised medicine activities in the Personalized Medicine Consortium, comprising three major programmes, and coordinated by the Ministry of Health, different public research units and the Integrated Biobank of Luxembourg. The consortium is working in strategic partnership with some US institutes.