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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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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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Hospital Plan

As usual, our Minister of Health presents a project of Hospital Plan likely to last at least for five years, the traditional duration of his or her mandate. Therefore each new Hospital Plan is a real challenge for all the stakeholders of the hospital scene especially when the new plan is not in the continuity of its predecessors.

Before a short analysis of the different highlights of this plan, a few words about the Health Charter or the Health Map of Luxembourg, the tool needed to evaluate the needs in healthcare in our country.

Every two years, the updating of this Health Map (carte sanitaire) allows the ministry, the hospitals and all the stakeholders to have indicators of the different activities in the system. The general problem of those indicators is that they are interpreted in a different way by the different decision makers and actors.

As example, I quote the conditions to be a Center of excellence or competence : who will and can decide especially in a liberal health system, who can be part of a Center of excellence or not ? High quality is not only synonymous of high numbers.

The new Hospital Plan not yet adopted by the deputies is still discussed in the different committees and institutions, but the main discussions turn around the proposal to allow certain activities only in one or two hospitals and the main difficulty for the specialists in our mostly non salaried system is to assure the possibility to be part of those exclusive centers.

Another example of incoherence with the medical reality is the following proposal : four hospitals are involved as emergency centers but only two may have a vascular surgery department : who takes the responsibility in the case of an acute arterial bleeding ?

In the art. 21 of the ministerial proposal, a governmental commissioner is nominated in each Administrative Council of each hospital in order to control, advice and inform and he has to report to the minister.

Art. 30 concerns the Competence centers and the following departments are targeted :

- cerebrovascular insult (1)
- breast cancer (2)
- spinal surgery (1)
- diabetes (adult and children) (2)
- morbid obesity (1)
- cardiac surgery and interventional cardiology (1)
- immunology and rheumatology (1)
- pain clinic (1)
- psychosomatic diseases (1)

You imagine that the discussions in our four hospitals are centered on the above mentioned articles and as well the « Association des médecins / médecins-dentistes (AMMD) » as the « Fédération des hôpitaux (FHL) » are introducing proposals in order to improve the ministerial plan.

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*. AMMD insists on the fact that the *Shared Health Record* is a mean for exchange of health-data between healthcare professionals and not a central depository. Medical record 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 a transfer medium with temporary clouds and pointer systems that will facilitate and enhance electronic exchange of data.

Luxembourg Medical School

Since several years, Luxembourg is preparing a new University situated in Esch-Belval on the site of the former Arbed Steel Industry. The official opening was last year. On the 19th of October 2014, the University issued a two-tier feasibility study for a Luxembourg Medical School.

The conclusion of this study quoted that « all criteria as outlined in the OAQ and WFME (World Federation for Medical Education) guidelines are either achieved or achievable at the highest quality level within the projected budget and timelines. Hence, the creation of a top quality Luxembourg Medical School is entirely feasible within the existing structures if sufficient funding is made available ».

The decision about this sufficient funding will be taken soon.

CNS

The last reports of the CNS (Caisse Nationale de Santé) confirm, as in the past, that their budget is not only balanced, but in a financial surplus.

That fact is rather an invitation for many stakeholders and patients to claim like Margaret Thatcher : « We want our money back ».

Dr Raymond Lies