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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## NATIONAL REPORT LUXEMBOURG MAY 2017 Dr Raymond Lies

### 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.

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?"*

## Health data's platform

A secure and reliable electronic platform exchanging healthcare data's between health professionals (with the agreement of the concerned patients) is now operative. New services will be added to the platform as the master patient index, health providers, secure messaging services, electronic prescriptions as well as many other new functions.

Actually, the access and the scope of utilization are voluntary intended for patients and for healthcare professionals. The "Shared Health Record" has to be approved by the national data protection commission but an "informal" approval has been given to permit a pre-configuration.

A Grand-Ducal Regulation will define rules, procedures and content of this "Shared Health Record" (Dossier de Soins Partagés). The "Shared Health Record" is an exchange of health-data between healthcare professionals and for sure not a central depository, what AMMD insists on. Medical records should always be anchored in the hands of patients and their physicians. Every personal clinical observation, the prescriptions and any other data (to which the patient gave their doctors access) is encrypted in this system. The "Shared Health Record" shall be mainly a transfer medium by using temporary clouds and pointer systems to enhance faster electronic exchange of data's.