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The Healthcare System in Luxembourg

Authors:

Marc Hastert

General Secretary FHL

Laure Pellerin

Economic Consultant FHL

Located in the heart of Europe, Luxembourg has, for a country with an area of 2,586 km², over 537,000 residents to is added daily + / - 150, 000 cross-border workers. The Luxembourg society is distinguished primarily by its multicultural character. The population of the Grand Duchy consists of approximately 45% foreign nationals. In all, there are now more than 150 different nationalities in Luxembourg, a reality that it is an important factor for patient care. Luxembourgish, French and German are the official languages.

Healthcare Provision

The provision of care in Luxembourg is based upon the guidelines of the hospitals plan. This plan, an initiative of the Health Minister, frames policies and the development of hospital structures for the next five years (last published in 2009) as well as the investment policy. Investments in the hospital sector in recent years have been very important in relation to the size of the country. One billion euros were injected to facilitate structural reforms within the sector, namely hospital mergers and care pathways for patients. The hospital sector will continue to grow in line with the reforms of previous years. The new hospitals plan, of which a draft was published in September 2013, aims to develop performance through better cooperation between institutions by pooling resources (computer systems, purchase of equipment) as well as ensuring the quality of healthcare provided to the public. The specialisation of the Regional Hospital Centres is encouraged to optimise patient care and to provide the population with competence centres comparable to those in other countries.

Based on the health needs and the distribution of the population in Luxembourg, the hospitals plan draws a new map of hospitals and services with 2,730 beds, which corresponds to five beds per 1000 inhabitants

The services are provided by both public and private health facilities. Currently hospitals are situated in three main regions: north, central and south.

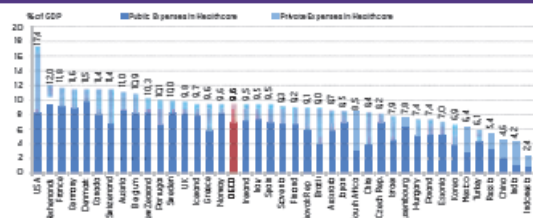
Each region has at least one Regional Hospital Centre (CHR):

- Two regional hospital centres serve the population of the central region, the Luxembourg Hospital Centre with its site in Eich and the Kirchberg Hospital centre, including the Bohler Clinic.
- The Emile Mayrisch Hospital centre serves the southern region with sites in Esch, Niederkorn and Dudelange.
- The Northern Hospital Centre serves the northern region with sites in Ettelbruck and Wiltz.

Figure 1: Total health expenditure as percentage of GDP (2012)

Total GDP (Euros)	44.425,7
GDP Growth	0,30%
Rate of Inflation	2,70%
Government deficit (% of GDP)	-0,80%

Figure 2:
Total health expenditure as percentage of GDP (2009) Source: OCDC



The regional hospital centres are attached to the SAMU (Emergency Ambulance Service). The mission of these regional centres is to provide the population with local access to health services for all of their needs, as well as specialised services that require high-performance technical platforms. National specialist hospitals complement the regional hospital centres by offering specialist services:

- The National Institute of Cardiac Surgery and Interventional Cardiology provides cardiac surgery (acute care establishment at national service level);
- The National Radiotherapy Centre Francois Baclesse (acute care establishment at national service level);
- The National Neuro-Psychiatric Centre for psychiatric rehabilitation (medium stay hospital at national service level); and
- The National Centre for Reeducation and Rehabilitation (medium stay hospital at national service level).

The rest of the hospital landscape is made up of the following hospitals:

- The Sainte-Marie Clinic is a local hospital oriented towards geriatric medicine;
- The Zitha Clinic is a general hospital;
- The Steinfort Hospital is a medium stay hospital which offers geriatric physical therapy;
- The Emile Mayrisch Convalescent Centre;
- The Mondorf Spa Centre; and
- The Omega Haus specialises in palliative and end of life care.

The services provided by these health institutions are available to both public and private patients.

Financing

Like France, Germany and Austria, Luxembourg follows the Bismarck model, i.e. mandatory social insurance contributions through business systems related to work. Luxembourg is subject to the same challenges and constraints as other European countries. Namely to:

- Ensure access to care for all;
- Improve the efficiency of the existing system; and
- Minimise as much as possible the inflation of healthcare expenditure (respecting the convergence criteria set out by the European Union).

The reform of the healthcare sector (sickness and maternity insurance) was passed on 17th December 2010. The years 2011 and 2012 were characterised by the implementation of this two-tiered reform (short-term and longer-term).

Figure 2:
Total health expenditure as percentage of GDP (2009) Source: OCDC

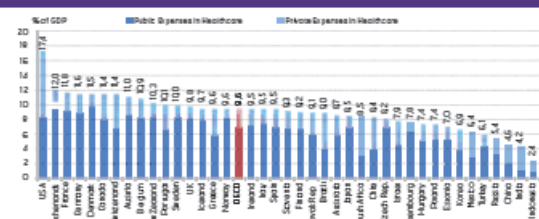


Figure 4:
Employment in health and social services as a percentage of total civilian employment in 1995 and 2009 or nearest year
Source: OCED

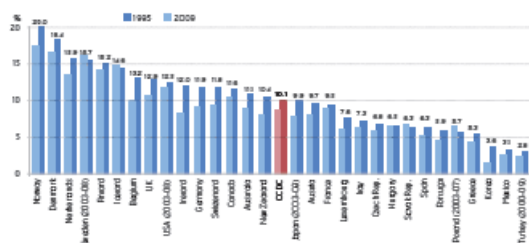


Figure 5:
Evolution of the number of full-time equivalent employees

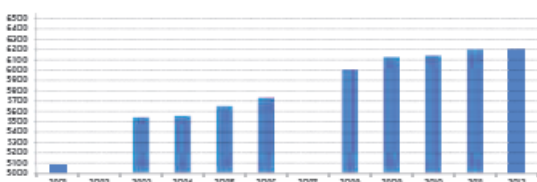


Figure 6: Breakdown of Specialties

Doctors	1924
GP	424
Specialists	1010
MEVS (doctors undergoing specialization)	59

The short-term aims were:

- To ensure financial stability in the shortterm pending the improvement of efficiency through structural reforms;
- To reframe automatic spending growth; and
- The legitimisation of spending.

The medium and long-term aims are:

- Sustainable funding through better controllability of the system;
- To optimise the quality and efficiency of care; and
- To identify and prepare for the challenges of the future. Namely, to prepare for demographic change and increased competition.

In practical terms, an overall budget is established for the two financial years on the basis of a report forecast analysis prepared by the IGSS, the CNS and the CPH. The decision is made by the government every even year on 1st October (i.e. every two years and for the first time in 2012). The elements of the overall budget are determined by:

- Demographic change of the resident population;
- Morbidity;
- The practice of medicine based on scientific evidence; and
- The country's economic growth.

The overall budget takes into account the specificities of institutions, including the Hospitals Plan and participation in emergency medical service. An RGD specifies the rules for setting the overall budget and the rules related to specific hospital budgets and what to include on an inclusive basis.

Figure 7: Evolution of hospital budgets 2002-2012

Source: IGSS

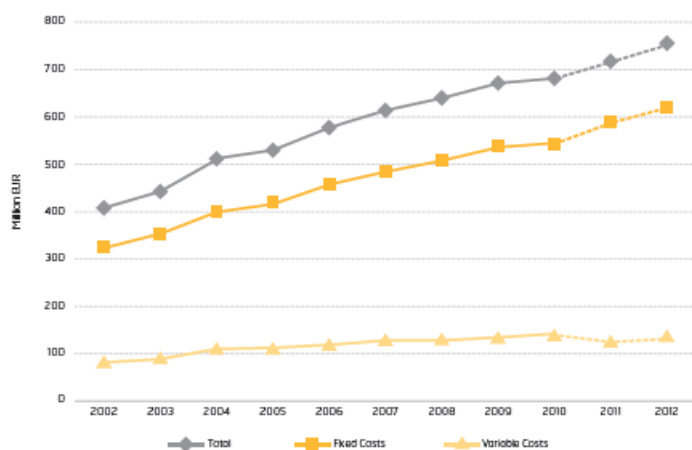
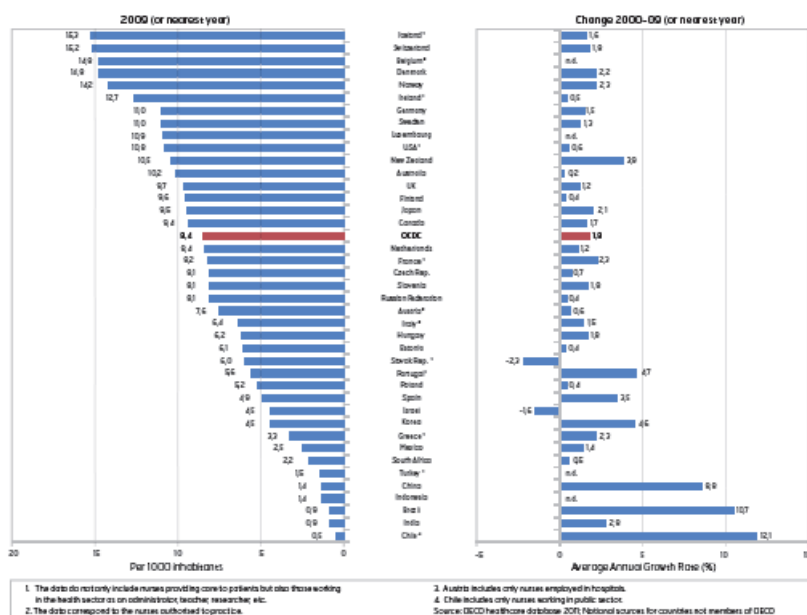


Figure 8: Practising nurses per 1 000 population in 2009 and change from 2000 to 2009

Source: OECD 2011



It is the National Health Fund (CNS) that finances the services of the hospital sector from budgets approved separately for each hospital on the basis of its predicted activity for both fiscal years. Modalities of care are governed by a written agreement between the CNS and the FHL.

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