

# Luxembourg: consultations with a view to developing a National Health Plan and strengthening the resilience of the healthcare system

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*With the aim of developing a National Health Plan, Luxembourg is currently undertaking collective consultations to define a vision of the healthcare system of tomorrow, taking into account existing challenges whilst remaining attractive to patients and service providers. The first results of these consultations are now being implemented, but some developments will need more time.*

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## Description

The Luxembourg government is currently implementing one element of the “Health” chapter of its coalition agreement 2018-2023 (GL 2018). In February 2020, with the objective of discussing new and transparent governance for the health system, the Ministry for Health, the Ministry for Social Security, the National Health Fund (CNS) and the Association of Doctors and Dentists (AMMD) agreed to launch a political and social consultation process, which included patients, health service providers, professional associations, and government institutions (Ministère de la Santé 2021). This consultation process, a sort of round-table, was called the “Health table” (Gesondheetsdësch). To ensure that discussions of the *Gesondheetsdësch* resulted in proposals that would serve as the basis for the development of the National Health Plan, six thematic groups were established: a) Better complementarity between the inpatient and outpatient sectors; b) Improved relations with protected persons and providers; c) Medical and nursing demography: levers to prevent a shortage; d) Prevention in the field of health: towards a change of paradigm; e) Use of new technologies in the field of health; and f) Financing of the health system: financial sustainability of the system.

In June 2021, the objective of strengthening the resilience of the healthcare system was included in the national “Recovery and Resilience Plan” (RRP) as one of three components of the first pillar, “social cohesion and resilience” (GL 2021a).

In February and July 2021, the government presented to the press 21 important

outcomes of the deliberations in these six thematic groups (GL 2021b and 2021c), three of which are now being implemented.

The first outcome is a draft law aimed at promoting alternatives to traditional hospitalisation whenever possible without a loss of quality, called the “outpatient shift” as it represents a shift from inpatient to outpatient care. The draft law promotes outpatient healthcare and the introduction of additional hospital sites dedicated to outpatient healthcare. It was tabled on 23 May 2022 and is currently in consultation in Parliament (CHD, 2022).

The second outcome concerns the third-payer system. While most health services are already covered by a third-payer system, this system does not yet apply to doctors’ fees. Currently, a patient pays their doctor’s fees in full and is reimbursed afterwards by the health insurance. In some cases, for social reasons only, the so-called “third-party payer” principle applies. The Social Security Minister announced a technical solution (GL 2021b), called Direct Immediate Payment (PID): the patient pays the part of the doctor’s fees not covered by the health insurance via a smart card, and electronic payment to the doctor of the part covered by the CNS will be made simultaneously. The government is still working on this new scheme. It is planned to be in operation in 2023.

Finally, the third outcome is the announcement of the introduction of a “Universal Healthcare Coverage” (GL 2021d). It will offer access to quality healthcare to anyone who has stayed for a minimum period of time on the Luxembourg territory. Working groups together with Civil Society Organisations have prepared the implementation and the first persons are now being signed up to this new scheme. At

the beginning of 2023, the current pilot project will be evaluated and amended if necessary.

Other reforms to come are currently being prepared jointly by the Ministry for Health and the Ministry for Social Security.

## Outlook and commentary

There can be no doubt about the importance of this process. The fact that it is progressing slowly, through consensus, reflects the Luxembourg model of decision making, which includes all stakeholders.

The analysis of existing challenges seems to have reached a consensus on the main issues: lack of a qualified workforce to guarantee the functioning of the healthcare system; dependence on a workforce nearly half of which come from outside the country (primarily commuters from France, Belgium and Germany); lack of attractiveness of the sector; strong growth in the demand for care reflecting the demographic evolution of the country; difficulties in communication with (potential) beneficiaries of social protection, heavy administrative burden on these beneficiaries and lack of digital solutions; lack of access to basic healthcare for particularly vulnerable people without compulsory affiliation and therefore a health system that lacks inclusiveness; lack of a centralised database bringing together all the relevant

administrative information (the career paths and training of professionals in the sector, as well as their place of work) resulting in a lack of transparency within the healthcare system. It is therefore essential to ensure adequate use of the available resources to minimise inefficiencies within the sector.

However, the progress on the healthcare system review does not seem to be as expected, since no new information on the *Gesondheetsdësch* consultations has been released since summer 2021.

One project of the National Agency for Shared Information in the Health Field (e-health agency, *Agence eSanté*), a platform which disseminates information in the health and medico-social sectors to ensure better coordinated patient care, involves implementation of a permanent telemedicine solution, integrated into e-health services. However, the AMMD has commissioned its own system and has also questioned the functionality of the e-health agency in a press article, including complaints of severe dysfunctions (Feist 2021). This jeopardised its implementation in 2022.

The same article also strongly questions whether it will be possible to come up with a healthcare reform that ensures complementarity between the inpatient and outpatient sectors in the near future.

## Further reading

CHD – Chambre des Députés (2022), *Projet de loi No. 8009*.

Feist, Peter (2021), [Als rede keiner mehr mit der AMMD](#), d'Lëtzebuenger Land 24 December 2021.

GL - Gouvernement du Luxembourg (2018), *Accord de coalition 2018-2023*, Luxembourg.

GL - Gouvernement du Luxembourg (2021a), *Plan pour la Reprise et la Résilience du Grand-Duché de Luxembourg*, Luxembourg.

GL - Gouvernement du Luxembourg (2021b), [Présentation du bilan intermédiaire des 3 premiers groupes de travail du Gesondheetsdësch](#)

GL - Gouvernement du Luxembourg (2021c), [Présentation du bilan intermédiaire des groupes de travail 4, 5 et 6 du Gesondheetsdësch](#)

GL - Gouvernement du Luxembourg (2021d), [Couverture Universelle des Soins de Santé, communiqué de presse](#)

Ministère de la Santé (2021), *Rapport d'activité 2020*, Luxembourg.

Website e-health agency: <https://www.esante.lu/portal/en/>

Website *Gesondheetsdësch*: <https://www.gesondheetsdesch.lu/>

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