



Health care system in Luxembourg: a short presentation

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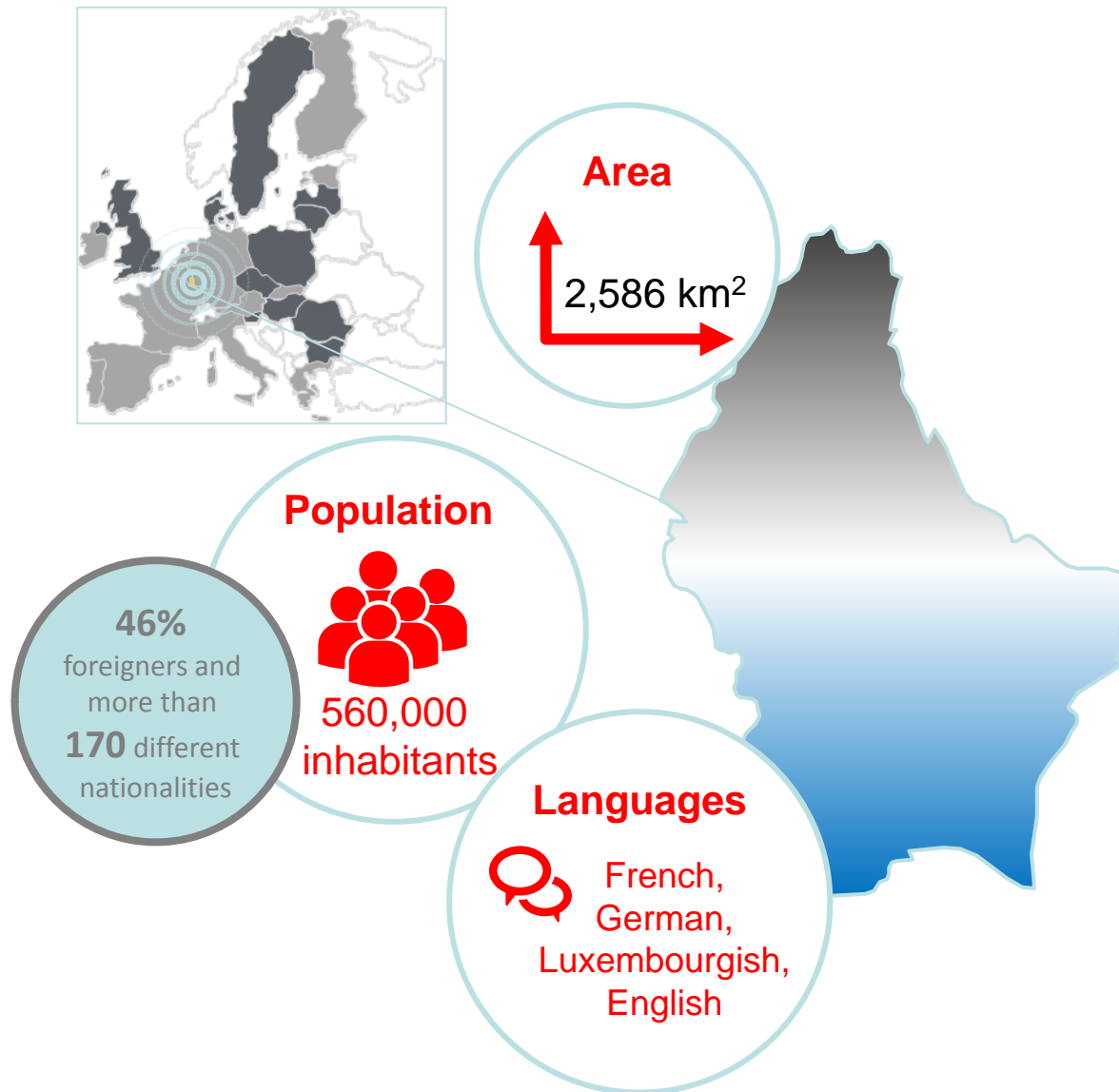


- Luxembourg – The country
- Healthcare system
- Population health status
- Expenditure and cost
- Conclusion



LUXEMBOURG – The Country

Luxembourg lies in the heart of Europe

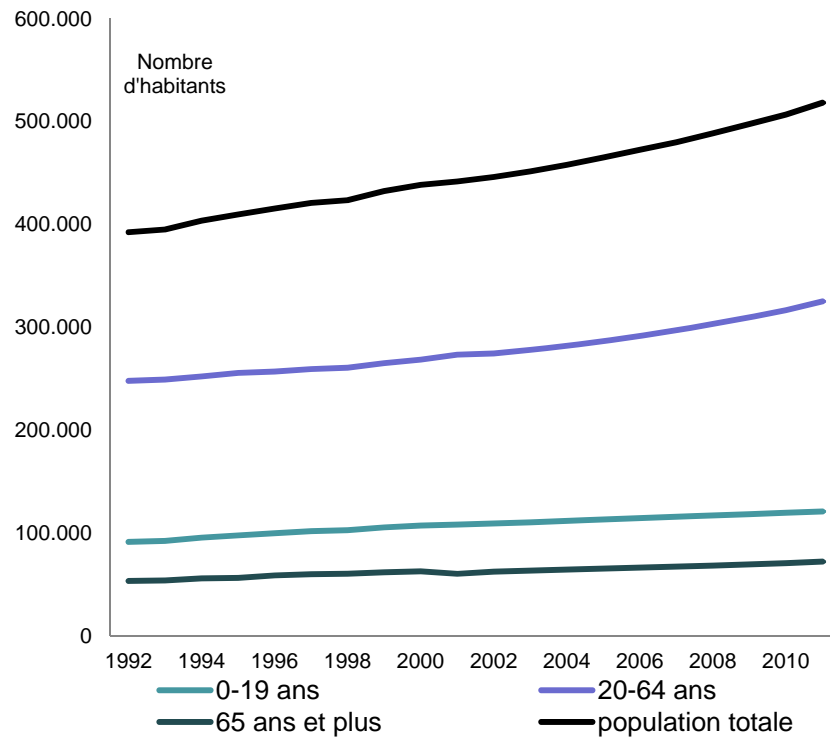


8 facts about Luxembourg

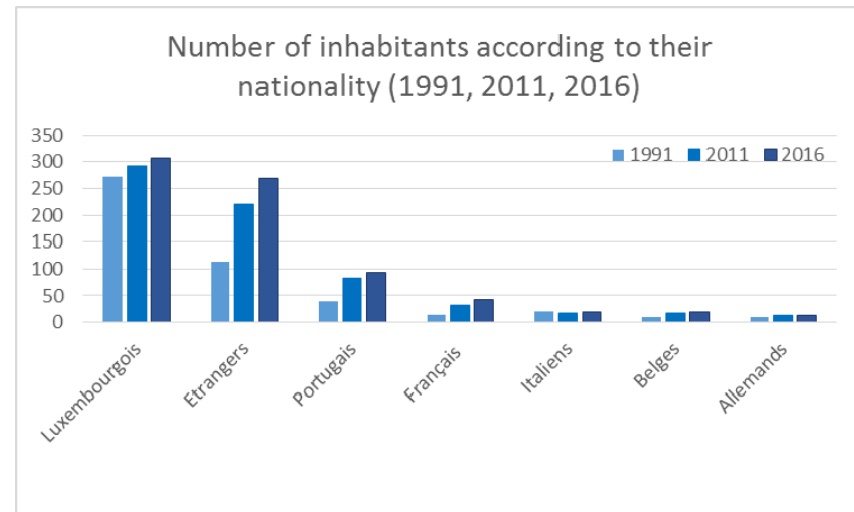
- 1 Constitutional Monarchy, Parliamentary Democracy
- 2 Founding member of the European Union, NATO, United Nations
- 3 Open, diversified and stable economic, political, and social
- 4 High quality of life
- 5 Unemployment: 6.9% population, with compensation: 5.9%
- 6 Easy access to responsive decision-makers
- 7 World's highest GDP per capita
- 8 Lowest government debt ratio in the EU and top GDP performance



Steady increase (20 years)



High immigration rate



The proportion of non-Luxembourgish population rose from 29,4% to 46,7% in the last 25 years.

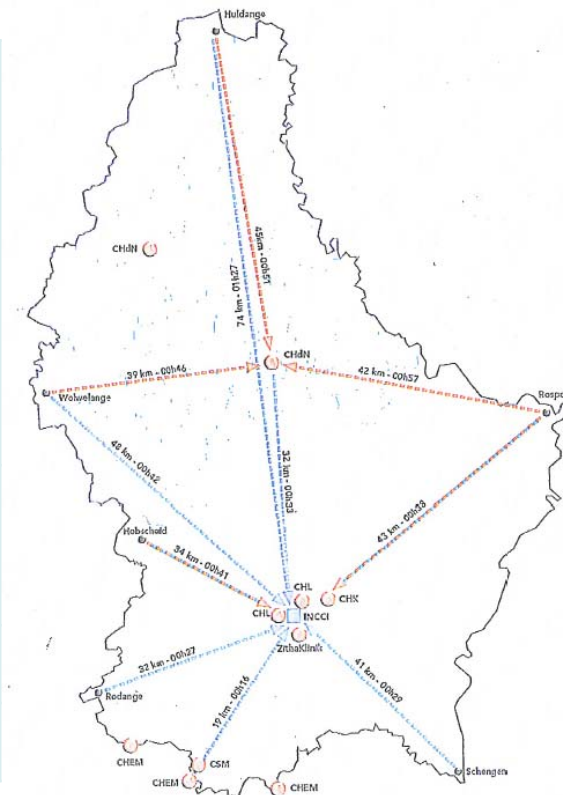


THE LUXEMBOURG HEALTH CARE SYSTEM

Hospitals



Hospital facilities	Beds	Beds/1000 pop
4 acute hospitals	2290	
2 acute specialty hospitals Cardiac surgery and interventional cardiology Radiotherapy	27	4,24
1 Hospice	15	
Physical Rehabilitation 1 national center (RHZ: 72 beds) In acute hospitals (105 beds)	177	0,32
1 mental health rehabilitation center	237	0,43
Total	2746	5,00



Medical doctors



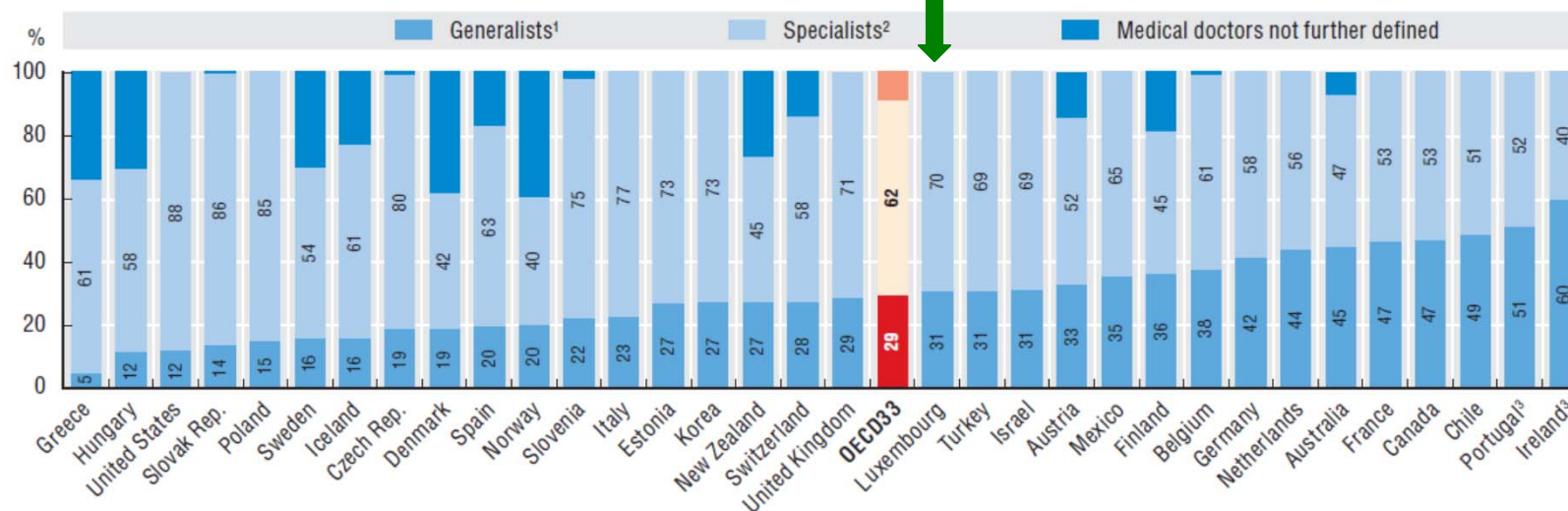
➤ Physicians:

- Certified and trained abroad (mostly in FR, BE, DE)
- Automatic licence for practice in Lxb, no numerus clausus
- Mandatory collective contract with the CNS
- National fee schedule for medical services
- Tripartite fee negotiations.

➤ 1656 practicing physicians (2.8/1000 population) in 2015, of which:

- 69.9% specialists et 30.1% general practitioners
- Most specialists (ca. 900) are affiliated to a hospital.

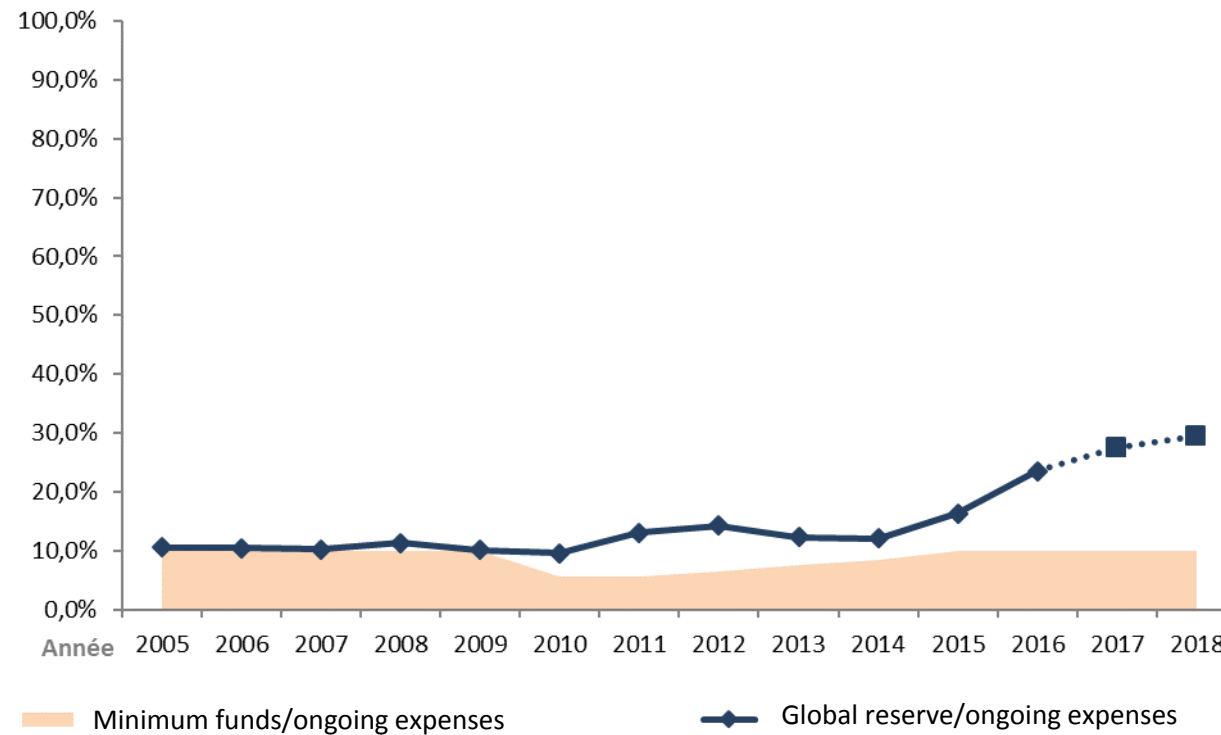
5.5. Generalists and specialists as a share of all doctors, 2013 (or nearest year)



Health insurance: Financial situation



➤ Increase of reserve from 10% to over 20% in 2018





- Same rules for all hospitals
- In-patient nursing care: Financing based on PRN (Projet de recherche en Nursing) calculation tool
 - PRN : measures the *required* nursing and care time for in-patients.
- Out-patient nursing and professional care:
 - norms agreed between the health insurance fund and the hospital federation
 - negotiations
- Physicians: fee for service, separate billing system
- Flat rates for some types of activities (extra-renal epuration, ...)
- Annual quality bonus (up to 2% of hospital budget) for participation in national quality programme.



- Extended **solidarity**, covering employment, health, and other benefits

- Various **institutions** in charge of the social and health benefits coverage :
 - l'assurance maladie-maternité,
 - l'assurance accidents/maladies professionnelles
 - l'assurance pension
 - l'assurance dépendance
 - les prestations familiales et les assistances sociales
 - les prestations de chômage
 - le revenu minimum garanti

- **Mandatory affiliation** for all economically active persons (employed, self-employed or recipients of replacement benefits) and their dependents

- **Population covered:**
 - 518 168 residents in 2014 (94,3% resident population)
 - 254 894 non-residents in 2014



- **Fundamental principles for the delivery of health care services:**
 - **Unlimited access** to quality health care – no discrimination – solidarity
 - **Free choice** of health provider, direct access to specialized care and services, no gate-keeping
 - Strong **health promotion** and **preventative care programmes** inbedded in the system.



Extrait «Vers un plan national santé : vers un plan cancer», Conférence nationale Santé, 2009 et Rapport général sur la sécurité sociales 2011



- **National statutory health insurance:** Caisse Nationale de Santé
- **Mission: Equitable access to quality healthcare for all**
- **Health insurance law:**
 - Health services should maintain, restore, or improve the health of affiliated people, as well as their ability to work and face their personal needs
 - Optimal coverage of the population should be reached
 - A comprehensive basket of health services should be offered, within the limits of « what is needed and necessary »
 - Free choice of the health care provider is guaranteed, unless for the provision of urgent and out-of-duty care
- **Minimal role of the private health insurance market**



POPULATION HEALTH STATUS



Most frequent **mortality** causes:

Mortality causes - 2014 (standardized rates / 100 000 inhabitants)	Luxembourg	France	Mean EU
#1 Cardiovascular diseases	296,9	202,9	373,6
#2 Cancer	260,7	245,4	261,5
... Transport accident	6,0	5,1	5,8

Life expectancy, healthy life years at birth, and ageing population :

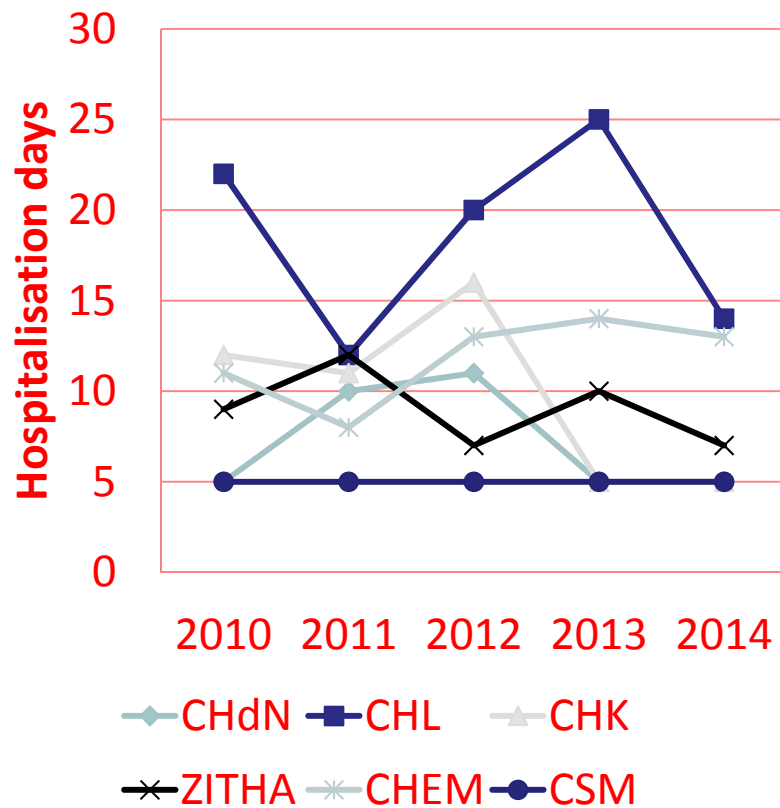
	Luxembourg	France	Belgium	Germany	Mean EU
Life expectancy at birth, both sexes, 2015 (years)	82,4	82,4	81,1	80,7	80,6
Healthy life years, 2015 (males)	63,7	62,6	64,4	65,3	62,6
Healthy life years, 2015 (females)	60,6	64,6	64,0	67,5	63,3
Population Structure 2016					
Population aged 65 and over (%)	14,2	18,8	18,2	21,1	19,2
Population aged 80 and over (%)	4,0	5,9	5,5	5,8	5,4

Data source: Eurostat

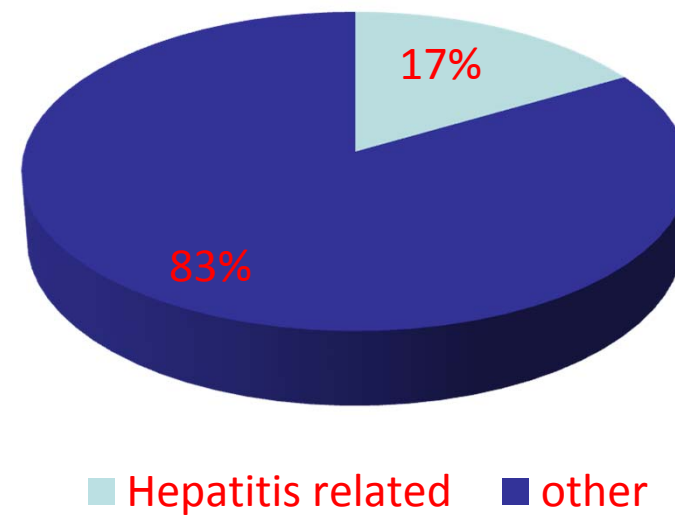
Hepatitis impact on hospitalisation



Evolution of viral hepatitis related hospitalisation



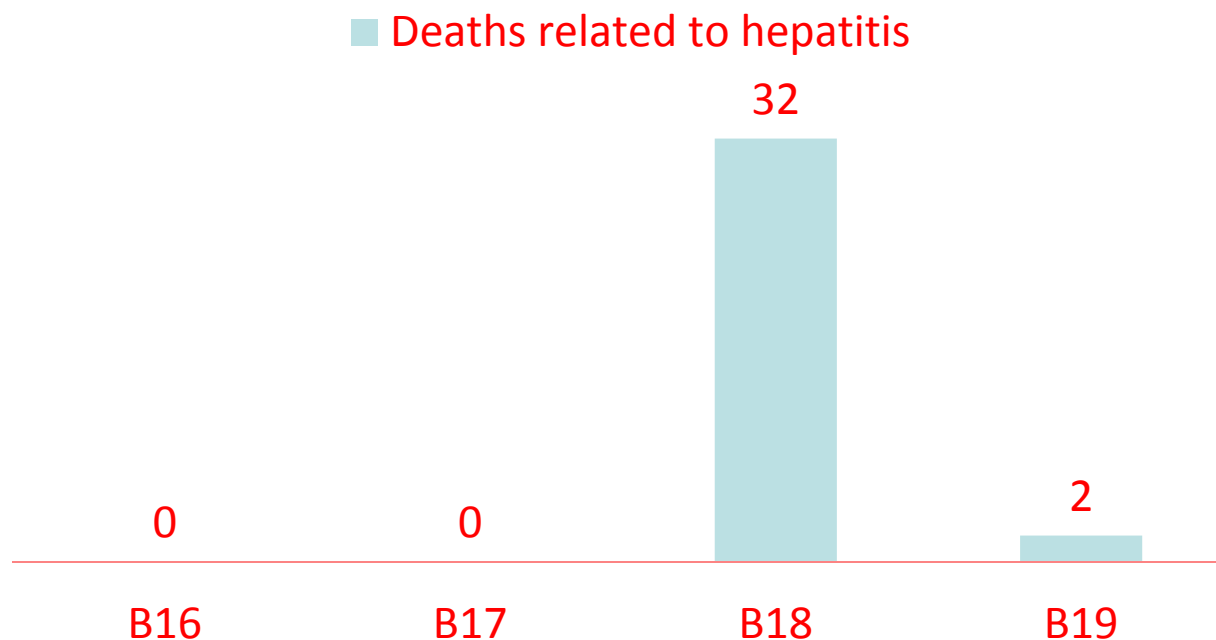
Luxembourg average hospitalisation cases (2014)



Death caused by acute hepatitis



Distribution of deaths related to Hepatitis 2005-2015



B16: acute hepatitis B
B17: Other acute viral hepatitis
B18: Chronic viral hepatitis
B19: Unspecified viral hepatitis



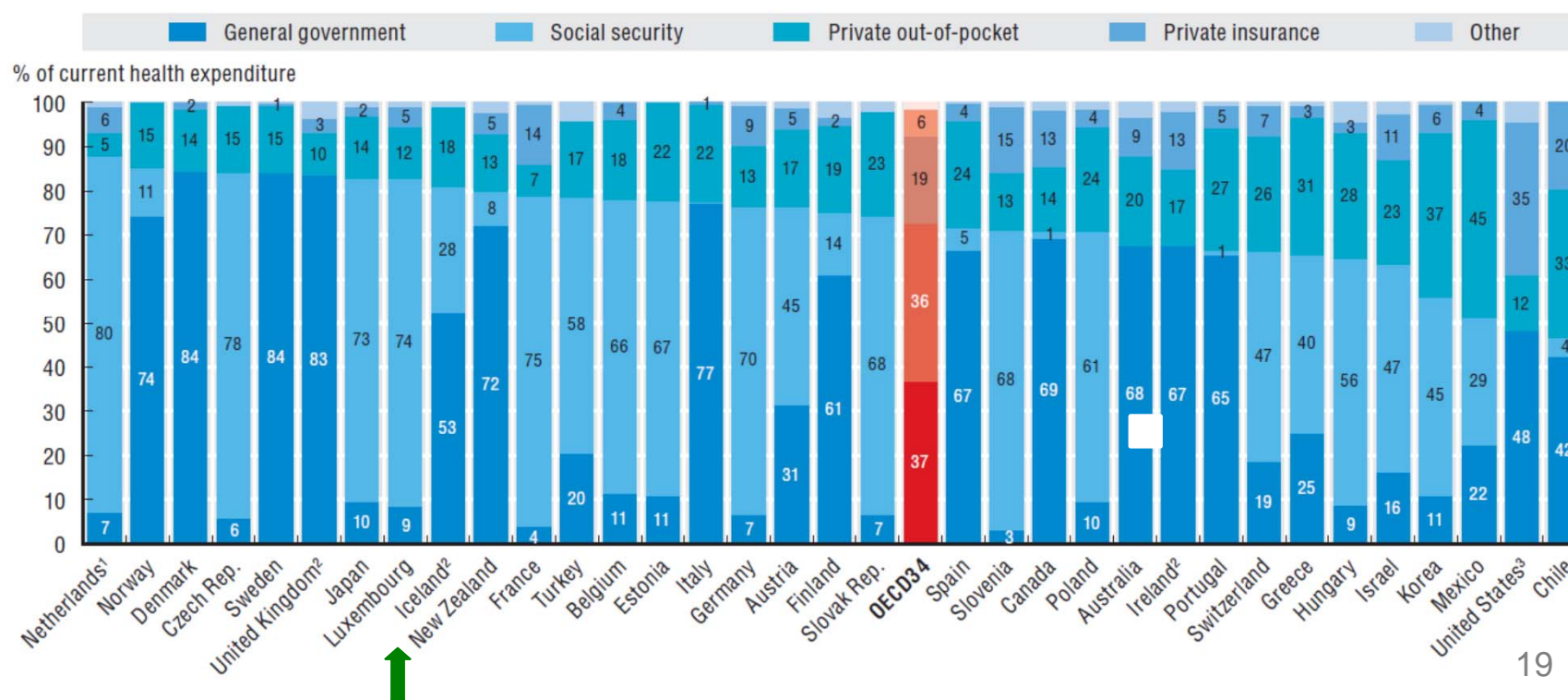
LUXEMBOURG HEALTH CARE SYSTEM: EXPENDITURE AND COST

Expenditures and sources of financing



- Annual total health expenditures per capita: 4'808 USD PPP
- 83% of total health expenditures are covered by public money (48% in the US)

9.8. Expenditure on health by type of financing, 2013 (or nearest year)

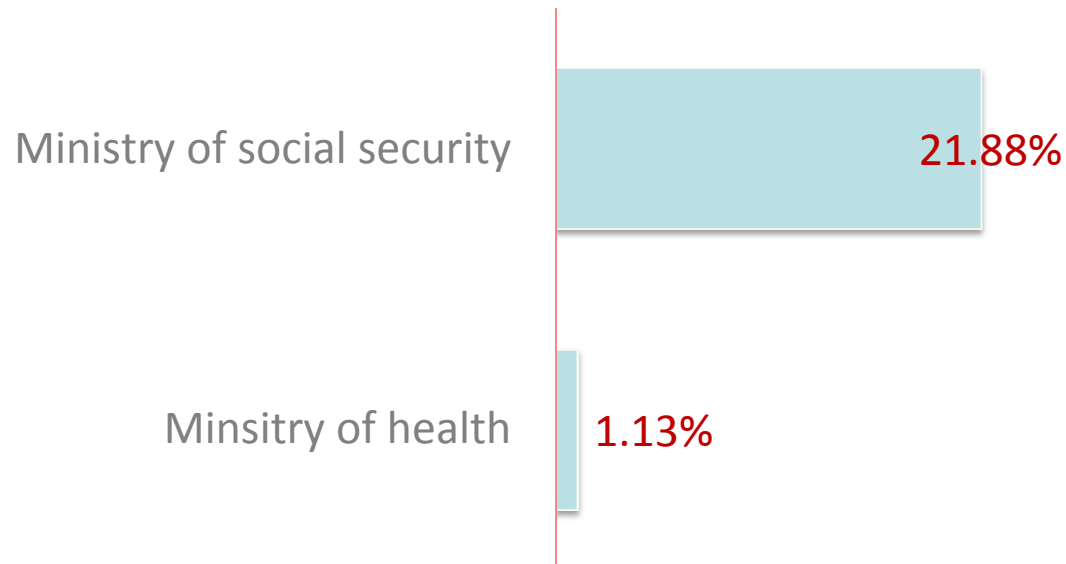




Total foreseen expenses 2018

➤ 15.009.801.608 €

Distribution of health expenses 2018





THANK YOU FOR YOUR ATTENTION

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**Thank you for the preparation of slides to
Dr. F. Berthet and Dr. T. Dentzer**



Luxembourg's healthcare system in a nutshell



Luxembourg has a performant health sector



- 7 4 general hospitals and 5 specialised hospitals (2 for acute care and 3 for re-education)
- 7 Single payer: Compulsory public health system that offers universal coverage to 98% of the population
- 7 Freedom to choose a hospital or doctor for treatment
- 7 Private health sector but is predominantly supplemental (high standard of state-funded healthcare)
- 7 About 60% of the people living in Luxembourg opt for additional complementary mutual insurance that simply covers the gap between medical fees and reimbursed fees
- 7 Public system strives to guarantee equal treatment to all patients regardless of their financial or social status
- 7 One of the most comprehensive, generous (3rd) and best systems in the world

Hepatitis in Luxembourg



Evolution of Hospitalisation

Hospitals		2010	2011	2012	2013	2014
CHdN	Hospitalisation (days)	<5	10	11	5	5
	% of total stays	6,7%	17,5%	15,9%	8,5%	11,6%
CHL	Hospitalisation (days)	22	12	20	25	14
	% of total stays	36,7%	21,1%	29%	42,4%	32,6%
CHK	Hospitalisation (days)	12	11	16	<5	<5
	% of total stays	20%	19,3%	23,2%	5,1%	7%
ZITHA	Hospitalisation (days)	9	12	7	10	7
	% of total stays	15%	21,1%	10,1%	16,9%	16,3%
CHEM	Hospitalisation (days)	11	8	13	14	13
	% of total stays	18,3%	14%	18,8%	23,7%	30,2%
CSM	Hospitalisation (days)	<5	<5	<5	<5	<5
	% of total stays	3,3%	7%	2,9%	3,4%	2,3%
Total		60	57	69	59	43

Death caused by acute hepatitis (2005-2015)



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG

ICD-10	Cause prim. lib. 3d	2005-2015
B16	Hépatie aiguë B	0
B17	Autres hépatites virales aiguës	0
B18	Hépatite virale chronique	32
B19	Hépatite virale, sans précision	1
Total		33