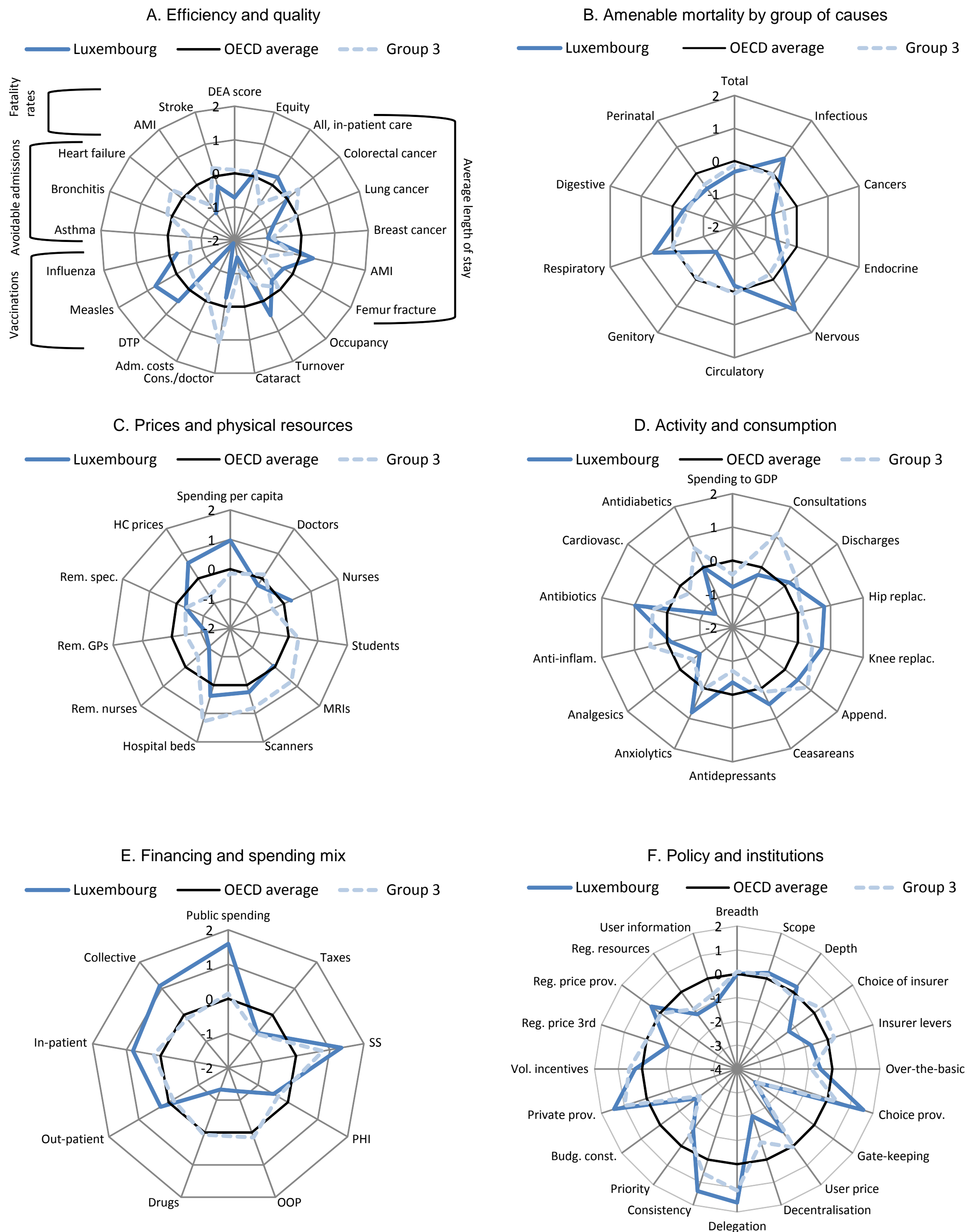
Luxembourg: health care indicators

Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source: OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

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GROUP 3: Public basic insurance coverage with little private insurance beyond the basic coverage. Extensive private provision of care, with wide patient choice among providers and fairly large incentives to produce high volumes of services. No gate-keeping and soft budget constraint. Limited information on quality and prices to stimulate competition.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Lower DEA score; lower amenable mortality rate	Relatively low health care spending as a share of GDP but high in *per capita* terms		Higher public funded share. Lower out-of-pocket payments	Less market mechanisms for the basic insurance and additional coverage	
Mixed scores on output/acute care efficiency	Less doctors *per capita*		Higher in-patient share	More private provision and little information on the quality and price of services. Soft regulation on prices reimbursed by third-party payers.	Develop strategies to increase efficiency in the in-patient care sector. Introducing a DRG payment system for hospitals and improving the availability of information on prices and quality of services would be useful
	More nurses *per capita*	Less doctor consultations *per capita*		Ample choice of providers with no gate-keeping	Introducing a gate-keeping system and/or increasing out-of-pocket payments for out-patient care may be options to control spending growth
Very high administrative costs			Lower drug share	Little priority setting	Examine the reasons behind the very high administrative costs. Improve internationally comparable data on the quality of care