Luxembourg: health care indicators
Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

A. Efficiency and quality

B. Amenable mortality by group of causes

C. Prices and physical resources

D. Activity and consumption

E. Financing and spending mix

F. Policy and institutions

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.
LUXEMBOURG

**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.

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