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We could play a bigger role in the industry by becoming an innovative hub for health technologies and pharmaceutical firms

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In an exclusive interview, Luxembourg's dedicated Minister for Health provides a passionate insight into how the country is developing an improved and integrated healthcare system with patients at the very centre of their efforts.

To begin, Luxembourg is clearly a country with a high standard of healthcare compared to other countries in Europe and around the world. That said, to maintain that standard requires continuous efforts to develop and improve. What three areas of healthcare has Luxembourg made strong advances in during the last five years that other healthcare systems can learn from?

I first wish to mention our successful National Cancer Plan which we launched back in 2014. The fact that we were able to engage all the key players in this project was clearly the driving factor behind its success. It took three years to prepare and we are very proud of its first concrete results. Secondly, we have a comprehensive tobacco control legislation in place. In 2014, smoking became prohibited in bars and clubs in addition to the other areas where the prohibition already applied. The same rules now apply to those using electronic cigarettes and smoking is prohibited in playgrounds and inside vehicles with children under the age of 12. A third area worthwhile to mention is the national digital exchange platform allowing medical data to be exchanged as well as

better coordinated and user-friendly health care with highest possible data security measures. This allows all the major players in the healthcare industry to access basic medical records.

What would you identify as two or three areas where Luxembourg performs relatively poorly and in which there is clear room for improvement?

We are not the only country that needs to improve the quality of data collection. We created a new unit within our health directorate that observes and evaluates the data currently circulating within the healthcare system. Second, I would like to see improvements in disease prevention. Obviously, it is a difficult case for any health minister to approach the finance ministry and convince them that large scale investment into disease prevention will have a positive impact on the sustainability of the state finance. It is difficult to evaluate the benefits of an improved working life on Luxembourg as a nation. Whilst, the long-term prospects are very positive it is impossible to make any short to medium-term predictions. There are huge debates every year in order to ensure enough funds are allocated to disease prevention so there is certainly room for improvement in this aspect of our work. Therefore I am all the more pleased to announce an increase of the planned government's health budget for 2017, especially for prevention campaigns.

Healthcare in Luxembourg is one of the best in Europe, if not the world. What have been the ingredients of success of the Luxembourg Model?

Regardless of a patient's background, universal access to healthcare is guaranteed for every patient through a compulsory social health insurance system. Every citizen has access to very advanced healthcare. We also have a very generous reimbursement system based on solidarity because the financing of the system is based on a system of contributions of which 40% are accounted for by the State. We are willing to put health at the forefront of our policies as the financial balance of the Luxembourg social security system is currently in a strong position.

Luxembourg placed "Personalised Medicine" on the agenda during their European presidency in 2015. What would you highlight as the key findings and conclusions from discussions during the presidency and at the "Making Access to Personalised Medicine a Reality for Patients" conference last year?

The issue I was most concerned about during my presidency was ‘personalised medicine’ and our contribution in making personalised medicine available to larger number of patients. Of course, it is important to discuss cost control and other financial aspects but we cannot present personalised medicine as something only available for the wealthy. We had many questions to ponder with personalised medicine. For instance, how do we integrate research and personalized medicine innovation into clinical practice? How are we going to provide better treatment and prevent undesirable adverse reactions while fostering a more efficient and cost-effective healthcare system?

We therefore wanted to make it a European concern that innovation in medicine is not only a cost but a benefit to all patients. During the high-level conference “Making access to Personalised Medicine a reality for patients” which took place in July 2015, we discussed best practices in addressing obstacles to the integration of Personalised Medicine into Europe’s healthcare systems and we outlined the potential benefits of Personalised Medicine on public health and its impact on policymaking in the EU.

In Luxembourg, we address personsalised medicine from a cross-actual approach. We have initiated reflections with multi-disciplinary groups alongside public health authorities and clinicians. The way we work together clearly demonstrates that the most productive solutions can only be found by working together. Luxembourg intends to be a European hub for innovation. We are working on attracting more pharmaceutical firms to our country. The non-for-profit and fully integrated biobank was the first indication of this country’s commitment to a patient centered biomedical research sector. It was also the first infrastructural development for applied research in Luxembourg as well as the first to specialize in the integration of personalised medicine into clinical practice. This is particularly pleasing for me because when we discussed personalised medicine on a European level, the lack of integration was my primary concern. The Luxembourgish system is nowadays far more integrated than a few years ago. When I started the discussions on personalised medicine, I had the opportunity to take advantage of the newly formed connections between health and research. Ministries are also working together on the creation of a medical school for Luxembourg.

As legislation evolves around issues like personalised medicine, with many states seeking to keep prices of innovative immuno-oncology drugs down, what role should companies in the life science industry and the industry association play in the drafting and revision process?

Currently, we are not negotiating with the pharmaceutical industry in regards to prices as we obtain 90% of our drugs from Belgium. However, recently we agreed a Benelux (Belgium, The Netherlands and Luxembourg) corporation deal on pricing policies between the three countries. Here, we discussed maintaining similar prices within our pharmaceutical industries. We were particularly concerned with the medication costs for rare diseases and hepatitis. In my opinion, the output must always be of interest to the patient. There must be a price but all of that money should go towards the benefit of the patient. Our generous reimbursement policy also includes treatment in other countries. This is a difficult policy for us because we cannot offer the same to our European partners as we do not have the capacity to treat additional rare disease cases from abroad. Our patients are therefore allowed to profit from our cross-border relationships. We could play a bigger role in the industry by becoming an innovative hub for health technologies and pharmaceutical firms. This is something we are discussing with the pharmaceutical industry at present.

2016 marks the midpoint in Luxembourg's 2014-2018 National Cancer Plan. At present, what would you say has had the most impact under this program?

We have a holistic approach based on health promotion, prevention, early diagnoses', research, rehabilitation and appropriate treatment for the patient. It is important that all the key players are concerned with all of these aspects to improve the services offered to cancer patients as a whole. When we created the National Cancer Plan, we put into place a National Cancer Institute to evaluate our data and make comparisons with our international partners. That essentially serves as an extended arm of the platform. The wide-ranging complex plan contains 73 actions which are monitored and evaluated next to the indicators of the EuroChip project. This is one of our weak points; we would like to have more data to work with. This is something we are determined to improve with the National Cancer Plan. Everything will be registered and all the actors are connected to the process. Even though we were one of the last countries to develop a cancer action plan, we have already hit various targets. Before 2014, it felt as if all the main players were conducting their activities on their own and not sharing valuable information. Now we have multiple actors working on national concepts like chronic pain and multi-disciplinary concertation meetings. From these exchanges we have seen important conclusions drawn which have allowed Luxembourg's healthcare to move forward. Ten years ago, it was not a given procedure to have multi-disciplinary concertation meetings in place. All the key players just took responsibility for their own actions. However, the patient was not receiving the best possible treatment this way.

Now that figure amounts to 80%.

Another major achievement lies in the fact that the patient perspective has been successfully integrated into the process. For example, now any new developments must be patient centered. From the beginning of the cancer plan onwards, we have included patient associations. I am particularly keen to improve the capacity of patients to develop their own understanding.

In September this year, we have launched a program for the early diagnosis of colorectal cancer under the national cancer plan. Our target is to ensure that all Luxembourg citizens aged 55-74 benefit from risk assessments. In the first two weeks we received 1,800 people; an impressive figure.

Another success emanating from the cancer plan is our telepathology project. The idea is particularly revolutionary for the patient, as this allows to receive the results of a tumor analysis during the operation, a much more comfortable experience for the patient!. This program has been used successfully in one of Luxembourg's four hospitals and we are in the process of implementing this initiative in all four hospitals for future treatments.

The cancer plan has also boosted two additional plans; The Tobacco Action Plan and the National Alcohol Plan (which is scheduled for launch at the beginning of 2017). The Cancer Plan actively promoted these initiatives as the aim to reduce alcohol intake and tobacco consumption is particularly important when attempting to reduce cancer. It is important that we manage the Cancer Plan and increase collaboration with all the major players in healthcare as that will deliver a more successful healthcare system in the future.

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On a final note, what would you like to achieve between now and the end of your current term in 2018?

The patient-focused electronic health record (DSP « Dossier *de Soins Partagé* ») is very important to Luxembourg. We have informed the population on how digital health records are beneficial to them; it helps patients to avoid unnecessary treatments or having to consult many different doctors. Second, it will also help to foster a beneficial exchange of information between healthcare

communities and doctors. Third, the patient is the owner of his or her own file and has permanent access to it so there are no issues of safety and trust. The project is in its pilot phase and many people have already registered. We allowed the public to ask any questions regarding data protection and raise any concerns they had. The digital platform has been put in place by both the social security and health ministries. I think the DSP is very important and I will do everything to make a success of the digital platform. Our pilot phase revealed an improvement in patient care, participation, coordination and ultimately patient's results. These digital records will also be analyzed and form a crucial part of our research. It is certainly true that having a small population makes testing and pilot programs a great deal easier to conduct. However, convincing people that their data is protected is the same challenge in Luxembourg as it is in larger countries.

I would also like to make a success of our personalised medicine efforts. We reviewed the concept's results very seriously and given Luxembourg's size, we should be in a position to implement our reflections. I would like to see more dialogue and increased multi-disciplinary meetings with doctors, researchers, university and hospital representatives. This is something that is particularly important to me and I will continue to insist that patient associations are present at future meetings. We always have to explain in a clear manner why we take certain actions, why it is important for the patient, and what the benefits of targeted treatment are directly to the patient. I have to convince those concerned about cost control that the healthcare system will see long-term benefits as a result of our actions.

More than 80% of the country is actively smoking tobacco or drinking a considerable amount of alcohol. I want to push forward with our action plans in these areas to reduce sugar intake. Not many countries have taken steps to reduce the consumption of fats and sugars. We have to try and convince people to be responsible for what they are consuming. I am very interested in actively pursuing the objective of a healthier lifestyle in Luxembourg in as many areas as possible.

To conclude, I would like to say the following: do not be afraid of innovation in the healthcare system; we need to innovate to improve our treatments. Do not be afraid of paradigm shifts; we cannot deliver a successful healthcare system in the future without them.

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