Luxembourg

The OECD Patient-Reported Indicator Surveys (PaRIS) is a groundbreaking initiative that fills a critical gap in health data by measuring the health outcomes and care experiences of people. This is an essential piece of information still lacking: the views of those directly concerned by health services – the patients – about their experience with the healthcare system and the outcomes as reported by them. By capturing the perspectives of over 107 000 people across 1 800 primary care practices in 19 countries, PaRIS provides an internationally comparable assessment of how outcomes and experiences of primary care users aged 45 years and older vary across countries and how healthcare systems deliver the care people with chronic conditions need.

As the global population of people living with chronic conditions continues to grow, the need for healthcare systems to adapt to their needs has never been more urgent. PaRIS plays a crucial role in informing this shift by offering data that supports the reorganisation of healthcare around the care experiences and health outcomes that matter most to people. Unlike disease-specific assessments, PaRIS takes a broader approach, measuring how healthcare impacts people's lives across various dimensions. This comprehensive perspective has the potential to revolutionise the way we assess the performance of healthcare systems on a global scale.

PaRIS findings emphasise the need for more people-centred and co-ordinated care, especially for the 80% of primary care users aged 45 years and older that live with at least one chronic condition and the 50% that live with multiple (two or more) chronic conditions. Targeted policies are essential to address inequalities, enhance care co-ordination, and build trust in healthcare systems. Encouraging patient involvement in care decisions and fostering strong relationships with healthcare professionals can lead to better health outcomes, greater trust in the system, and increased confidence in managing their own health. At the same time, a well-staffed healthcare workforce and primary care practices organised around people's needs are key to achieving improved patient outcomes and experiences.

This country note leverages the main findings of the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS)*, to provide a focused assessment for Luxembourg. Drawing on the analysis of the ten key patient-reported outcome and experience measures used in the survey (Table 1), it explores findings in the context of Luxembourg and compares them to the OECD PaRIS average. The OECD PaRIS average is the simple average of the 17 OECD member countries participating in PaRIS.

Box 1. Key findings – Luxembourg

- More than seven out of ten people (72%) with chronic conditions in Luxembourg report good physical health, as measured by physical function, pain, and fatigue. This is above the OECD PaRIS average of 70%.
- Nearly nine out of ten (86%) people with chronic conditions in Luxembourg report good mental health – which refers to quality of life, emotional distress, above the OECD PaRIS average of 83%.
- Nine out of ten people (91%) people with chronic conditions in Luxembourg report a high level of person-centred care, care focusing on patient's needs, which is above the OECD PaRIS average of 85%.
- Nearly two-thirds (66%) of people with chronic conditions in Luxembourg trust their healthcare system, which is above the OECD PaRIS average of 62%.
- More than half (56%) of people with chronic conditions in Luxembourg feel confident managing their own health, which is below the OECD PaRIS average of 59%.
- Only 11% of people with chronic conditions in Luxembourg feel confident in using health information from the internet, compared to the OECD PaRIS average of 19% (range of 5-34%).
- In Luxembourg, about one out of five people (18%) with two or more chronic conditions are managed in primary care practices where non-physician staff is involved in chronic disease management; this is lower than the OECD PaRIS average of 83%.
- Only 18% of people with chronic conditions are managed in practices that can exchange medical records electronically, below the OECD PaRIS average of 57%.

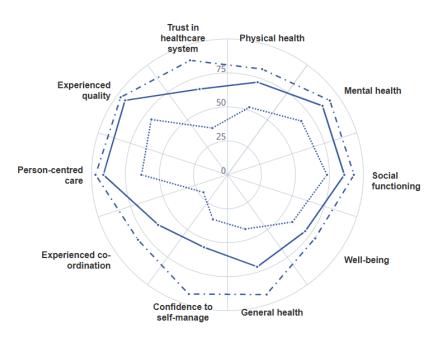
How well does Luxembourg deliver care to people with chronic conditions?

People with chronic conditions in Luxembourg are more likely to experience good quality of care compared to the OECD PaRIS average. Scores on other experiences of healthcare and health outcomes are mostly close to or slightly above the OECD PaRIS average. This assessment is based on the 10 key patient-reported outcome measures (PROMs) – physical health, mental health, social functioning, well-being and general health and patient-reported experience measures (PREMs) – confidence to self-manage, experienced co-ordination of care, experienced person-centred care, experienced quality of care and trust in healthcare system (Table 1).

Figure 1. PaRIS 10 key indicators

Percentage of people with one or more chronic conditions reporting positive outcomes or experiences

-- Highest --- Luxembourg --- Lowest



Note: For all indicators, percentage values are shown, measuring the percentage of people reporting a positive outcome or experience (for example, patients reporting being in good, very good or excellent general health). See Table 1, for more information on the cutoffs for positive responses and the scales used. Highest (lowest) represents the highest (lowest) values found for each indicator among 17 PaRIS countries. Source: OECD PaRIS 2024 Database.

In Luxembourg, people living with chronic conditions are more likely to have good health outcomes compared to most other countries in PaRIS (Figure 1):

- More than seven out of ten (72%) people with chronic conditions in Luxembourg report good
 physical health, as measured by physical function, pain, and fatigue. This is slightly above the
 OECD PaRIS average of 70% but 10 percentage points lower than the highest-performing country
 (82%).
- Nearly nine out of ten (86%) people with chronic conditions in Luxembourg report good mental health which refers to quality of life, emotional distress, and social health and social functioning which measures how well people carry out their usual social activities and roles. This is above the OECD PaRIS average of 83% and 7 percentage points lower than the highest-performing country for both indicators (93%).
- 71% of people with chronic conditions in Luxembourg report positive well-being, which reflects
 mood, vitality, and fulfilment. This matches the OECD PaRIS average and is 9 percentage points
 below the highest-performing country (80%).
- 71% of people with chronic conditions in Luxembourg report good general health, which is above
 the OECD PaRIS average of 66% but 22 percentage points lower than the highest-performing
 country (93%).

In Luxembourg, people living with chronic conditions are significantly more likely to have good experiences of quality of care than in other countries, while experiencing positive confidence in self- management, co-ordination, person – centred and trust are all close to the OECD PaRIS average (Figure 1).

- More than half (56%) of people with chronic conditions in Luxembourg feel confident managing their own health, which is slightly below the OECD PaRIS average of 59% and 36 percentage points lower than the highest-performing country (92%).
- Nearly two-thirds (63%) of people with chronic conditions in Luxembourg report good **care co-ordination**, which is above the OECD PaRIS average of 59% but 18 percentage points below the highest-performing country (81%).
- Nine out of ten people (91%) people with chronic conditions in Luxembourg report a high level of **person-centred care**, care focusing on patient's needs, which is above the OECD PaRIS average of 85% and only 6 percentage points lower than the highest-performing country (97%).
- More than nine out of ten (93%) people with chronic conditions in Luxembourg report **experiencing good quality of care**, which is significantly above the OECD PaRIS average of 87% and only 4 percentage points lower than the highest-performing country (97%).
- Nearly two-thirds (66%) of people with chronic conditions in Luxembourg **trust their healthcare system**, which is slightly above the OECD PaRIS average of 62%.

Table 1. PROMs and PREMs in PaRIS

	Patient-Reported Outcome Measures (PROMs)
Physical health	Response to four questions measuring physical function, pain and fatigue, response options scale of 1-5. Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 16.2-67.7.
	Percentage of patients reporting positive outcome (T-score of 42 or more, equivalent to being in "good" physical health of better, as compared to "fair" or "poor" health, based on PROMIS reference population) shown in Figure 1. Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Mental health	Response to four questions on quality of life, emotional distress and social health, response options scale of 1-5.
ivientai neattii	Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 21.2-67.6. Percentage of patients reporting positive outcome (T-score of 40 or more, equivalent to being in "good" mental health or better, as compared to "fair" or "poor" health, based on PROMIS reference population) shown in Figure 1.
	Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Social functioning	Response to question: "In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]", response options range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (compared to fair or poor). Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Well-being	Response to five questions measuring well-being (have felt cheerful and in good spirits, calm and relaxed, active and vigorous, fulfilled in daily life, fresh and rested), response options scale of 0-5. Average score of patients (raw scale 0-25 converted to 0-100 scale).
	Percentage of patients reporting positive outcome (score >=50, indicating not at risk of clinical depression) shown in Figure 1. Data instrument: WHO-5 Well-being Index.
General health	Response to question: "In general, would you say your health is" where response options range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (as compared to fair or poor). Data instrument: PROMIS® Scale v1.2 – Global Health scale.
	Patient-Reported Experience Measures (PREMs)
Confidence to self- manage	Response to question: "How confident are you that you can manage your own health and well-being?", response options range from not confident at all (0) to very confident (3).
	Percentage of patients that are confident or very confident (compared to somewhat confident or not confident at all). Data instrument: P3CEQ Questionnaire.
Experienced co-ordination	Response to five questions measuring care co-ordination (care joined up, single named contact, overall care plan, support to self-manage, information to self-manage). Response options scale of 0-3. Average score of patients (on a scale of 0-15).
	Percentage of patients reporting positive experience (scored 50% or more across 5 questions, i.e. scale score >=7.5) shown in Figure 1.
	Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.
Person-centred care	Response to eight questions measuring if care is person-centred (discussed what is important, involved in decisions, considered "whole person", no need to repeat information, care joined up, support to self-manage, information to self-manage, confidence to self-manage). Response options scale of 0-3. Average score of patients (on a scale of 0-24).
	Percentage of patients reporting positive experience (scored 50% or more across 8 questions, i.e. scale score >=12) shown in Figure 1. Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.
Experienced quality	Response to question: "When taking all things into consideration in relation to the care you have received, overall, how d you rate the medical care that you have received in the past 12 months from your primary care centre?", response option scale of range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (compared to fair, poor, and not sure).
	Data instrument: Adapted from Commonwealth Fund International Health Policy Survey.
Trust in healthcare system	Response to question: "How strongly do you agree or disagree that the healthcare system can be trusted?", response options range from strongly disagree (1) to strongly agree (5). Percentage of patients that agree or strongly agree (compared to neither agree nor disagree, disagree, strongly disagree Data instrument: Based on OECD Guidelines on Measuring Trust and similar to questions in selected national surveys.

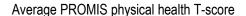
Source: See Chapter 2 for more details.

People with multiple chronic conditions in Luxembourg report average health outcomes

People living with multiple chronic conditions report lower levels of physical and mental health, well-being and social functioning compared to those who live with one chronic condition (Chapter 3). This pattern is consistent with most other countries. Specifically:

- In Luxembourg, people with three or more chronic conditions are less likely to report better health compared to those with two chronic conditions. This pattern is consistent with other countries' results.
- People living with multiple chronic conditions in Luxembourg have poorer physical health compared
 to those living with one chronic condition with a seven-point difference, a pattern consistent with
 the OECD PaRIS average. The physical health scores for people with one, two, or three or more
 chronic conditions in Luxembourg are comparable to the OECD PaRIS average (Figure 2). For
 example, people with three or more chronic conditions in Luxembourg score on average below the
 good-fair cut-off point (42) for physical health, similar to the OECD PaRIS average.

Figure 2. Physical health for people with one, two and three or more chronic conditions





Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for physical health is a T-score metric with a range of 16-68, and a good-fair cutoff of 42, higher values represent better physical health.

Source: OECD PaRIS 2024 Database.

Similarly, Luxembourg performs comparable to the OECD PaRIS average regarding the mental health of people living with one, two, and three or more chronic conditions. People with three or more chronic conditions in Luxembourg report poorer mental health than those with one chronic condition with a four-point difference; this represents comparable difference between the groups compared to the OECD PaRIS average (five-point difference) (Figure 3).

Figure 3. Mental health for people with one, two and three or more chronic conditions

Average PROMIS mental health T-score

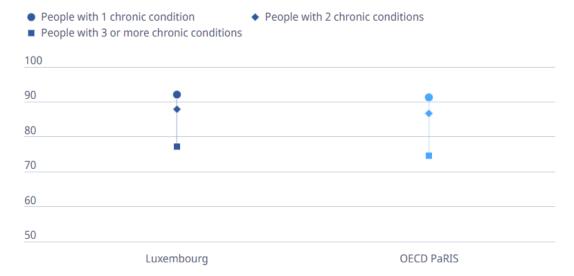


Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for mental health is a T-score metric with a range of 21-68, and a good-fair cutoff of 40, higher values represent better mental health. Source: OECD PaRIS 2024 Database.

Like in other countries, people in Luxembourg with multiple chronic conditions less often report good social functioning than people with one chronic condition (Figure 4). While 92% of people with one chronic condition in Luxembourg have good social functioning, this goes down to 77% of people with three or more chronic conditions, which is slightly above the OECD PaRIS average.

Figure 4. Social functioning for people with one, two and three or more chronic conditions

Percentage of people reporting good, very good, or excellent social functioning



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health item on social functioning. Percentage of patients that responded good, very good or excellent (as compared to fair or poor) to the question: "In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]". Source: OECD PaRIS 2024 Database.

Luxembourg performs at an average level for primary care consultation features compared to OECD PaRIS, but has a lower proportion of people managed in practices with non-physician staff involvement in care

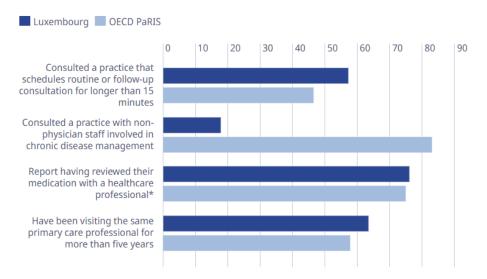
Primary care consultation features associated with higher levels of experienced quality care are related to time, both time-scheduled for regular and follow-up consultations, and length of relationship with the same primary care professional (Chapter 3). The role of staff other than physicians supporting the management of people with chronic conditions also plays a role in improving healthcare delivery for people with multiple chronic conditions (Chapter 3). Systematic medication reviews in people with multiple chronic conditions can enhance medication safety and efficacy while also increasing experienced care co-ordination.

Luxembourg performs at an average level in terms of primary care consultation features compared to the OECD PaRIS average, except for a lower-than-average proportion of people managed in primary care practices with non-physician staff involved in chronic disease management (Figure 5):

- About three out of five people (57%) with two or more chronic conditions in Luxembourg are managed in primary care practices that offer follow-up and regular consultations of more than 15 minutes; this is more than 10 percentage points higher compared to the OECD PaRIS average of 47%.
- Almost one out of five people (18%) in Luxembourg with two or more chronic conditions are managed in primary care practices where non-physician staff is involved in chronic disease management; this is 65 percentage points lower than the OECD PaRIS average of 83%.
- More than three out of four people (76%) with three or more chronic conditions in Luxembourg report that their medication was reviewed by a healthcare professional over the past 12 months (Figure 5); this is similar to the OECD PaRIS average of 75%.
- More than three out of five people with two or more chronic conditions (63%) in Luxembourg report being with the same primary care professional for more than five years; this represents more than 5 percentage points above the OECD PaRIS average (58%).

Figure 5. Primary care delivery for people with multiple chronic conditions

Percentage of people with two or more chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. *Results for patients with three or more chronic conditions reporting their medication was reviewed by a healthcare professional over the past 12 months.

Source: OECD PaRIS 2024 Database.

People-centred care: Luxembourg demonstrates strengths in support for chronic condition management and care co-ordination, but areas for improvement in digital health literacy and electronic medical records

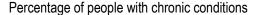
People-centred care, meaning that healthcare addresses the needs of people, is an essential indicator of the quality and performance of healthcare systems and healthcare professionals (Chapter 4). PaRIS data show that a people-centred approach that prioritise strong patient engagement and effective care co-ordination, is associated with enhanced health outcomes and patient experiences. This approach is particularly beneficial in managing chronic conditions, as it empowers patients to actively participate in decisions about their health.

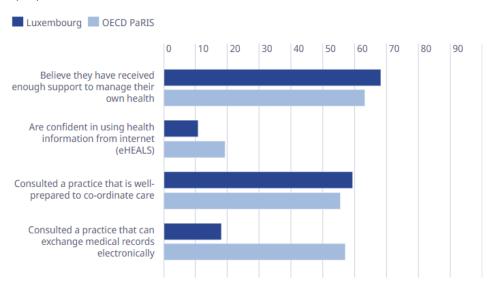
On several indicators of people-centred care, Luxembourg demonstrates a mixed performance compared to the OECD PaRIS average (Figure 6):

- 68% of people with chronic conditions in Luxembourg receive enough support to manage their own health, which is above the OECD PaRIS average of 63%.
- 11% of people with chronic conditions report having confidence in using health information from the internet, this is low compared to the OECD PaRIS average of 19% (range of 5-34%).
- A slightly higher proportion (59%) of people with chronic conditions are managed in primary care
 practices that report being well-prepared to co-ordinate care, compared to the OECD PaRIS
 average of 56%.
- However, only 18% of people with chronic conditions are managed in practices that can exchange medical records electronically, significantly below the OECD PaRIS average of 57%.

These results highlight Luxembourg's strengths in care co-ordination and patient support but also reveal areas for improvement in digital health literacy and the adoption of electronic medical record systems in primary care settings.

Figure 6. Co-production, co-ordination and use of digital tools in primary care





Note: Results for people with one or more chronic conditions matched to a practice. Co-production: Patient receiving enough support and confidence in using health information from the internet (eHEALS) are reported by patients. Co-ordination: Patients managed in practices well prepared to co-ordinate care and that can exchange medical records electronically are reported by patients and participating primary care practices. OECD PaRIS average does not include the United States for practice-level indicators.

Source: OECD PaRIS 2024 Database.

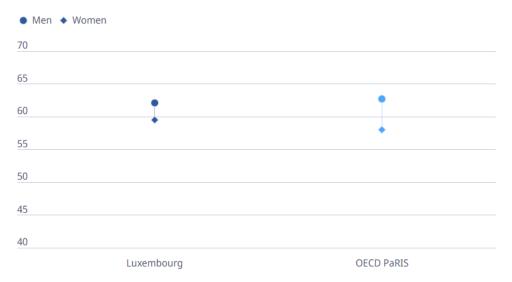
While inequalities between genders in well-being are small in Luxembourg, differences in trust in the healthcare system are relatively large

There are differences in well-being and trust in the healthcare systems across genders in Luxembourg, both indicators being generally lower for women (Figure 7 and Figure 8).

- The gender gap in well-being in Luxembourg is the smallest among the OECD PaRIS countries. This gender gap mirrors results for other countries but is not statistically significant. Luxembourg performs similar to the OECD PaRIS average in terms of well-being for men and women.
- While about 73% of men in Luxembourg have trust in the healthcare system, only 58% of women have trust in healthcare system. These trust levels are higher than the OECD PaRIS average for men (67%) and similar for women (58%).
- The gender gap in trust in Luxembourg (15 percentage points) is the largest among the OECD PaRIS countries (average difference of 9 percentage points).

Figure 7. Well-being reported by men and women

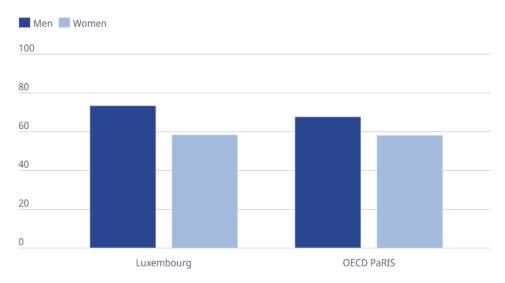
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest. Source: OECD PaRIS 2024 Database.

Figure 8. Trust in healthcare system reported by men and women

Percentage of people with chronic conditions reporting trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: "How strongly do you agree or disagree that the healthcare system can be trusted?", "strongly agree, agree" versus "neither agree nor disagree, disagree, strongly disagree".

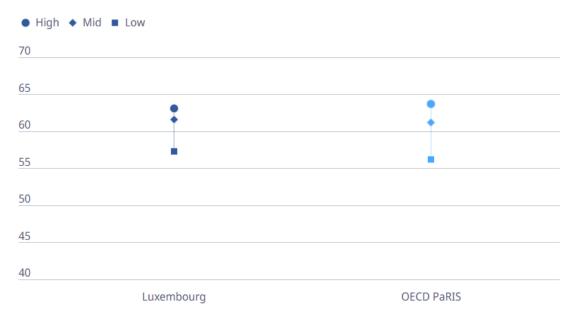
Source: OECD PaRIS 2024 Database.

Similar to other OECD countries, people with chronic conditions and higher income report higher well-being and trust in the healthcare system (Figure 9 and Figure 10):

- Across OECD PaRIS countries, people with higher incomes report 6 points higher well-being than
 those with lower incomes. Luxembourg well-being levels across income groups are comparable to
 the OECD PaRIS average (7 point difference).
- In Luxembourg, among people living with chronic conditions, seven out of ten people (74%) with higher income trust the healthcare system, compared to 63% of people with lower income. The trust levels in the healthcare system across income groups are higher than the OECD PaRIS average for high (70%) and low (59%) income groups.
- There is a 10 percentage point difference in trust between the high- and low-income groups in Luxembourg, similar to the OECD PaRIS average (11 percentage point difference).

Figure 9. Well-being by income level

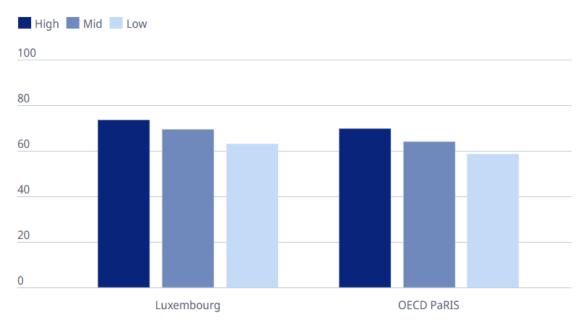
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest. Source: OECD PaRIS 2024 Database.

Figure 10. Trust in healthcare system reported by income level

Percentage of people with chronic conditions trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: "How strongly do you agree or disagree that the healthcare system can be trusted?", "strongly agree, agree" versus "neither agree nor disagree, disagree, strongly disagree".

Source: OECD PaRIS 2024 Database.

Key features of PaRIS

PaRIS at a glance

PaRIS contains information on patient-reported outcomes and experience measures as well as health behaviours and capabilities, sociodemographic characteristics from patients and primary care practice characteristics information from healthcare providers. The data collection took place in 2023-24 and first results were released in the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS)*.

Results span 107 011 primary care users (aged 45 years and older) and 1 816 primary care practices in 19 countries.: Australia, Belgium, Canada, Czechia, France, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Romania, Saudi Arabia, Slovenia, Spain, Switzerland, the United States and Wales (United Kingdom). All results in this country note are age- sex standardised to adjust for the different demographic profiles of the countries. In Figure 1, highest (lowest) represents the highest (lowest) values found for each indicator among 17 PaRIS countries. In Italy and the United States, eligibility criteria for patient participation differed from the guidelines, therefore, these countries are not included in this figure. For detailed information on national sampling procedures and other methodological details, see Chapter 7 of the report.

Results for Luxembourg are based on 1 590 patients and 52 primary care practices. Patients were sampled by probability sampling from the Calculus patient dataset. All primary care practices from the Calculus healthcare provider dataset were invited to participate in the survey.

In Luxembourg, primary care practices responded to the questionnaire online. Patients responded to the questionnaire online and via paper-and-pencil surveys.

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The full book is available in English: OECD (2025), Does Healthcare Deliver?: Results from the Patient-Reported Indicator Surveys (PaRIS), OECD Publishing, Paris, https://doi.org/10.1787/c8af05a5-en.

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