

## Market access & reimbursement for health apps

Differences and similarities between the French and German approaches

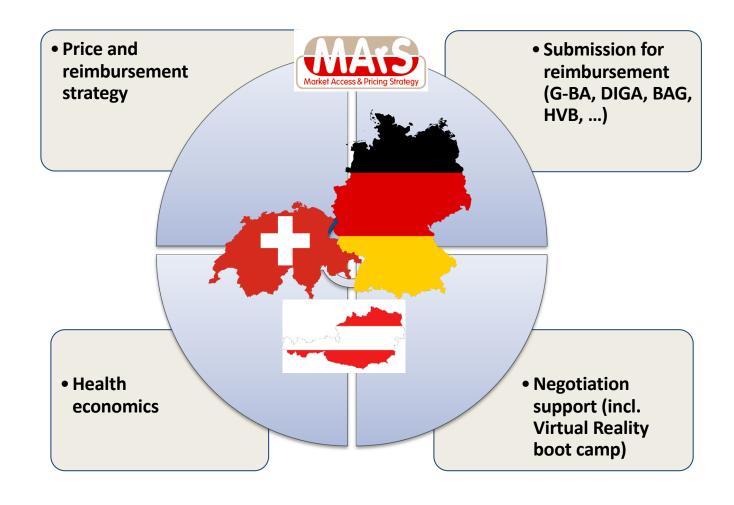
September 24th 2020

Dr. Stefan Walzer<sup>1,2,3</sup> & Guy Eiferman<sup>4</sup>

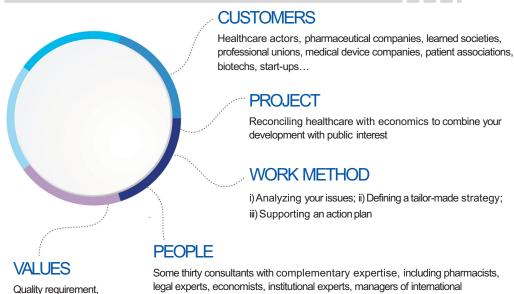
1 MArS Market Access & Pricing Strategy GmbH, Germany
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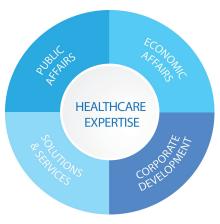
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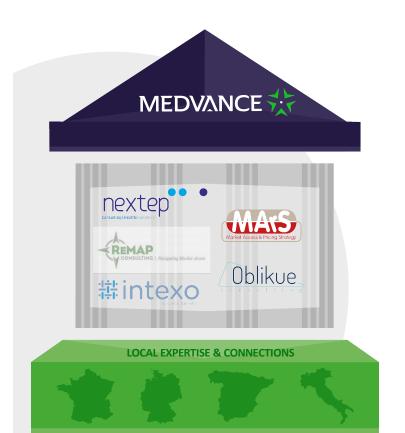
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- Local offices, local consultants, local language
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### Questions welcome!



- Feel free to ask questions. After the presentation, we will have time for your questions.
- Use either the Zoom chat function or the Q&A function to raise your questions or comments.
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How could such a system be implemented in Europe and the different health care markets.



Market Access & Pricing Strategy GmbH



Dr. Stefan Walzer



Lutz Vollmer Moderator

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27.08.2020 9ρm CET / 12am PT









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100 day health care

ost of Covid19 in Germany

**Lutz Vollmer, Health Economist** Dr. Stefan Walzer, General Manager MArS Market Access & Pricing Strategy GmbH



## Market access & reimbursement for health apps

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## The idea by German health politicians...





### Driving the digital transformation of Germany's healthcare system for the good of patients

The Act to Improve Healthcare Provision through Digitalisation and Innovation (Digital Healthcare Act – DVG)

Apps on prescription, easy use of online video consultations and access to a secure healthcare data network for treatment everywhere – all achievements of the "Act to Improve Healthcare Provision through Digitalisation and Innovation" (Digital Healthcare Act – DVG), which was approved on 7 November 2019 by the Bundestag and adopted on 29 November 2019 by the Bundesrat.

### Definition: Digital Health Application ("DiGA")



MEDVANCE \*\*

Medical device class I or IIa according to MDR and MDD transitional periods (class IIa, if applicable I)

**DiGA** according to § 33a **SGB V** 

Main function relies mainly on digital technologies

Purpose: Support of insured persons or in (mainly outpatient) care by service providers

Functionalities: detection, (monitoring), treatment, alleviation, (commentary) of diseases, injuries or disabilities

### Types of DiGA-listings



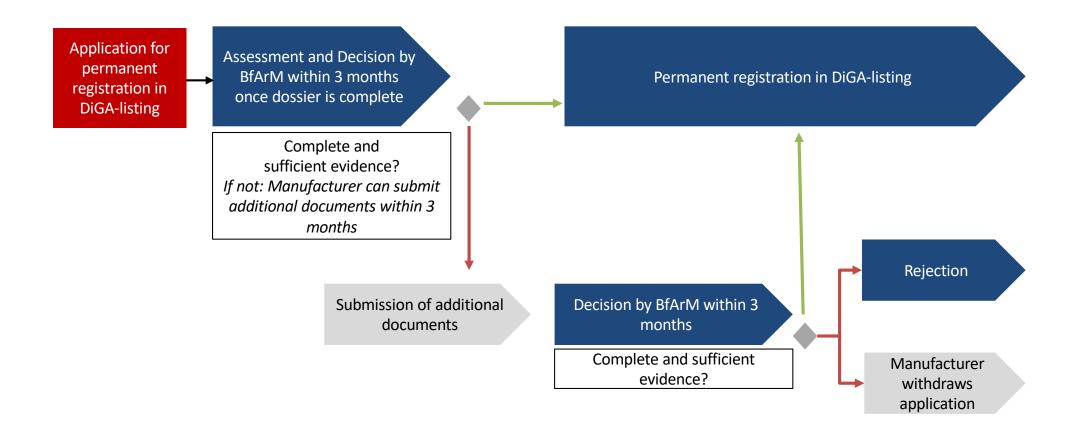
Type of application

Permanent registration

Preliminary registration (with subsequent permanent registration)

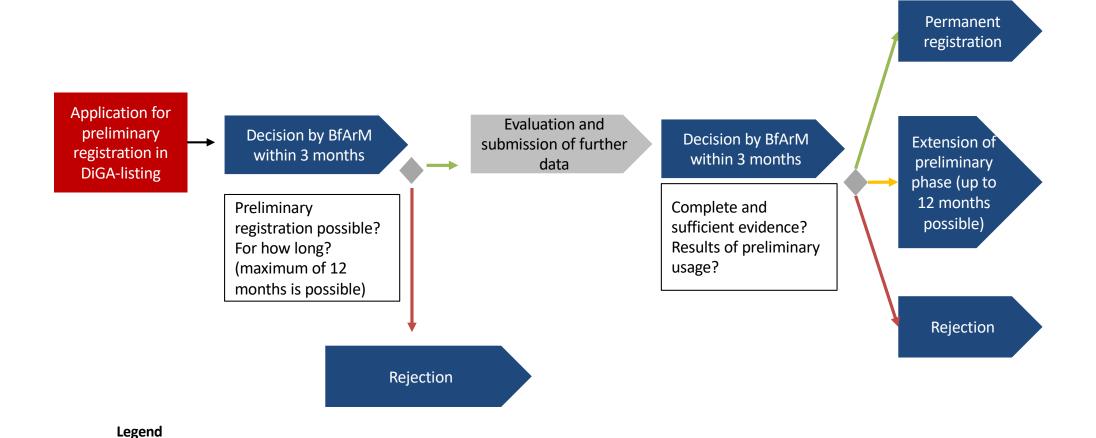
## Process of permanent registration in DiGA-listing





## Process of preliminary registration in DiGA-listing





Decision requiring binding criteria

### Time to reimbursement



Application for inclusion in the DiGA directory

BfArM decision within 3 months

12-month participation in the standard care with free price of the manufacturer and reimbursement obligation of the health insurance

Price negotiation with the SHI system

Arbitration if necessary

Regular reimbursement

3 months

12 months

3 months

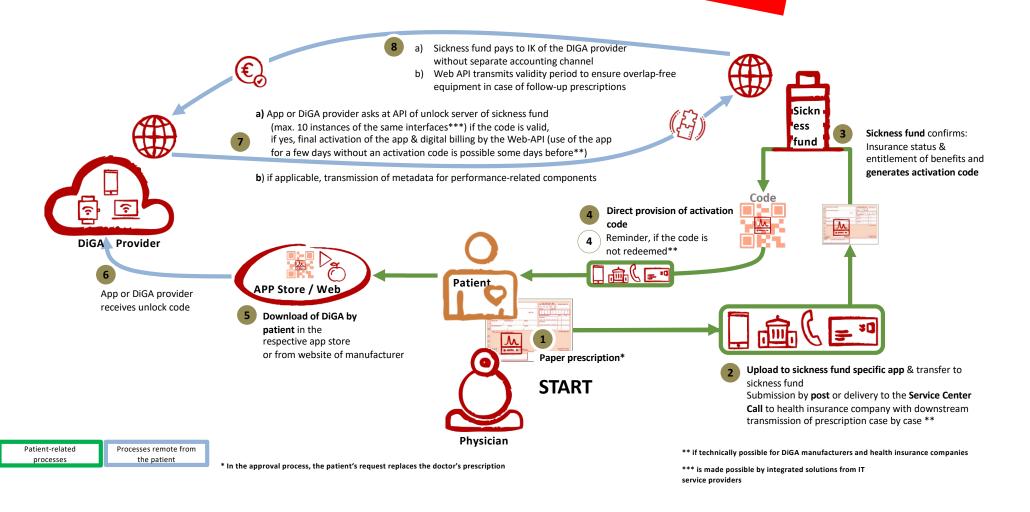
EBM adjustment within 3 months for medical services associated with the DiGA

Consensus process & launch configuration

(status: not yet finally agreed – as of September 22)







#### My Health2022 Bill (pre Covid)



#### Many relevant provisions ...

New ways to pay / reimburse (by episode rather than activity) .. requiring generating and analyzing data

Increased empowerment of Regions ... favoring local experiments

Hospital regrouping .. triggering Information Systems upgrade

Increased access to public health data .. with creation of a National Agency, the Health Data Hub

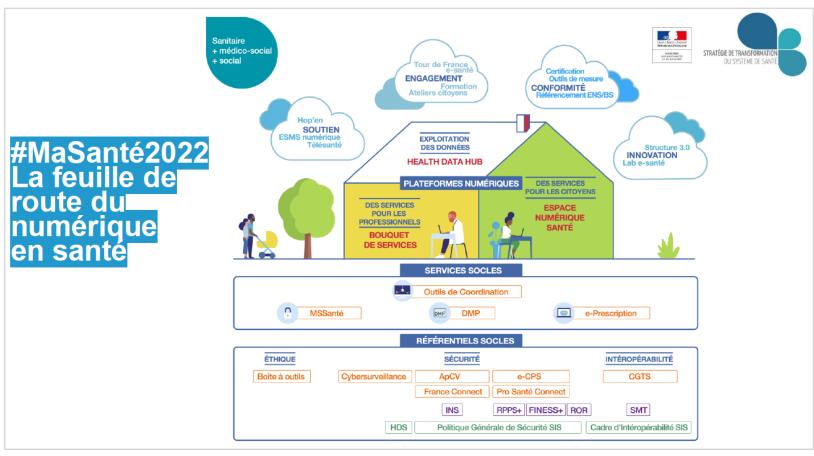
Incentives for HCPs for telemedicine & e-prescription ... removing major barrier for adoption

Delegation of tasks to nurses, medical assistants ... requiring tracking of data

Increased role for patients & their representatives ... triggering development of P.R.O.M. Systems

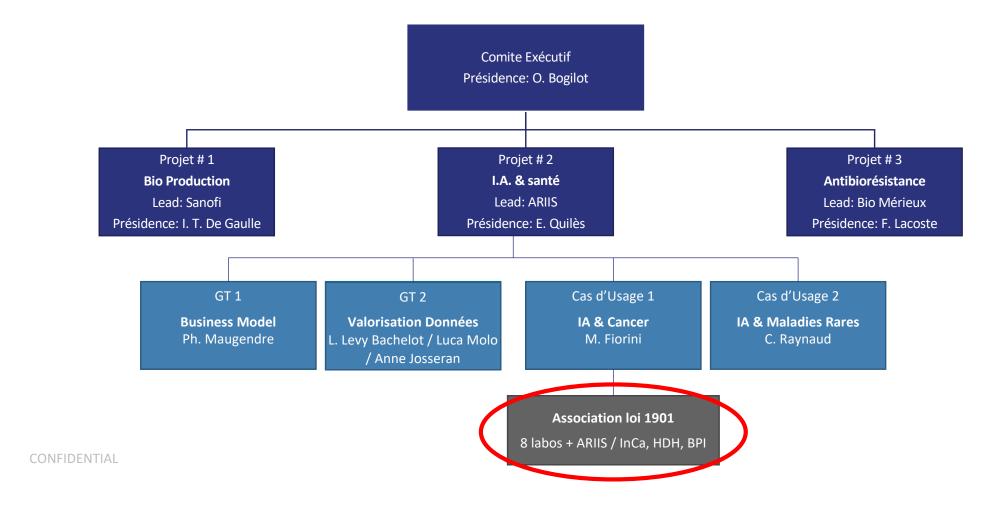
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#### Status Report for Digital Health Roadmap (Dec 2019 – PreCovid)



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#### Illustration of Capability Creation / Enhancement : AI & Cancer Project in CSF



#### Illustration of a Stand Alone Therapeutics or Services

#### Diabeloop

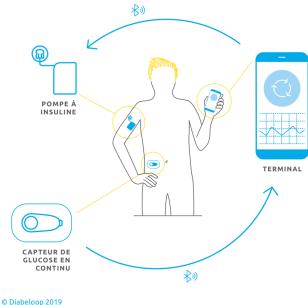
For the first time the HAS recommended a 3- year reimbursement period for the DBLG1 semi-closed loop insulin delivery system from the French company Diabeloop.1

This "artificial pancreas" system combines an insulin pump, a blood glucose sensor and a self-learning algorithm that calculates the insulin doses to be administered based on continuous blood glucose measurement and information entered by the patient, and automatically controls the delivery of insulin by the pump.

The comparators considered for HAS evaluation were "open-loop" systems that include an insulin pump and an independently operating interstitial glucose sensor.

The product was given an ASA III & a "sufficient" SA

Cnedimts made the renewal of the DBLG1 listing conditional on "the completion of a comprehensive prospective study on all patients using the system".

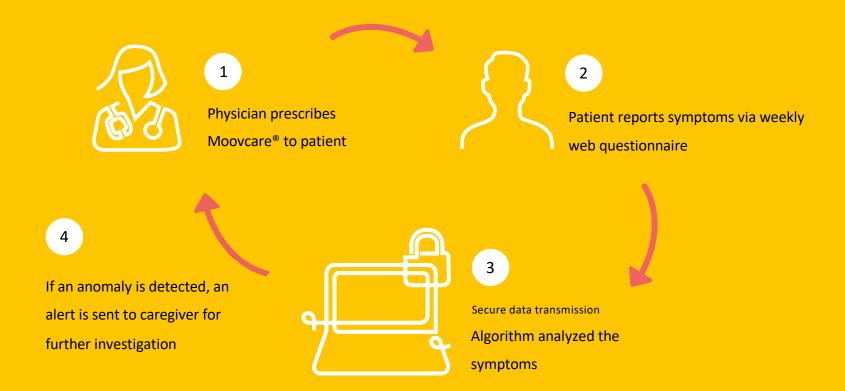


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<sup>1</sup>https://www.has-sante.fr/upload/docs/evamed/CNEDIMTS-5998 DBLG1%205998 occultation.pdf

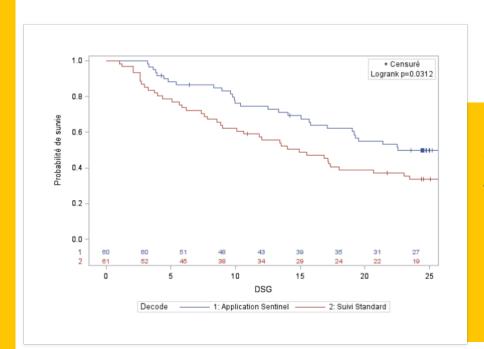


#### **Moovcare Workflow**



#### Moovcare Impact on Overall Survival

Reimbursed by French National



Significant improvement in overall survival of 7.6 months in the SENTINEL group compared with the standard group: median survival of 22.5 months [17.0 - NV] vs 14.9 months [8.9 - 20.6] ( p = 0.0312)







Two-Year Survival Comparing Web-Based Symptom Monitoring vs Routine Surveillance Following Treatment for Lung Cancer

## Do not forget your questions!



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# Conclusions: Different pathways in Germany and France – but both are getting ready for the future...



Germany has a dedicated new reimbursement pathway for DiGA including "experimental coverage"

France has adopted its existing reimbursement process to be applicable also for digital health solutions



Please visit our website www.marketaccess-pricingstrategy.de where you will find more information.





#### In case of questions please contact me directly:

Dr. Stefan Walzer | General Manager Mobile +49 152 22 82 97 73 stefan.walzer@marketaccess-pricingstrategy.de





18-20, place de la Madeleine - 75008 Paris Tél.: 01 53 38 44 50 - Fax: 01 53 38 44 51 www.nextep-health.com



**Guy Eiferman** Partner – Solutions and Services ph: 01 53 38 44 50 guy.eiferman@nextep-health.com

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