

MArS Webinar: Digital health in Germany – start of a rocket or just a big bluff?

28th January 2021

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Virtual Reality Negotiation Training Increases Negotiation Knowledge and Skill

Joost Broekens¹, Maaike Harbers¹, Willem-Paul Brinkman¹, Catholijn M. Jonker¹, Karel Van den Bosch³, and John-Jules Mever²

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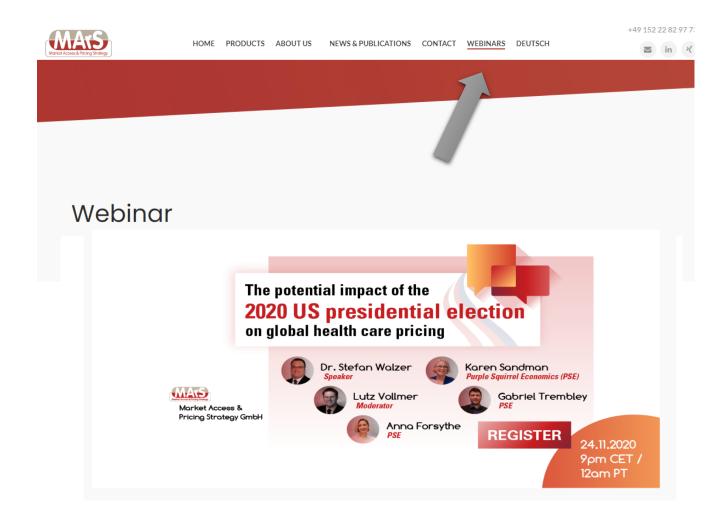
Broekens J., et al. (2012) Virtual Reality Negotiation Training Increases Negotiation Knowledge and Skill. In: Nakano Y., et al. (eds) Intelligent Virtual Agents. IVA 2012. Lecture Notes in Computer Science, vol 7502. Springer, Berlin, Heidelberg

Questions welcome!

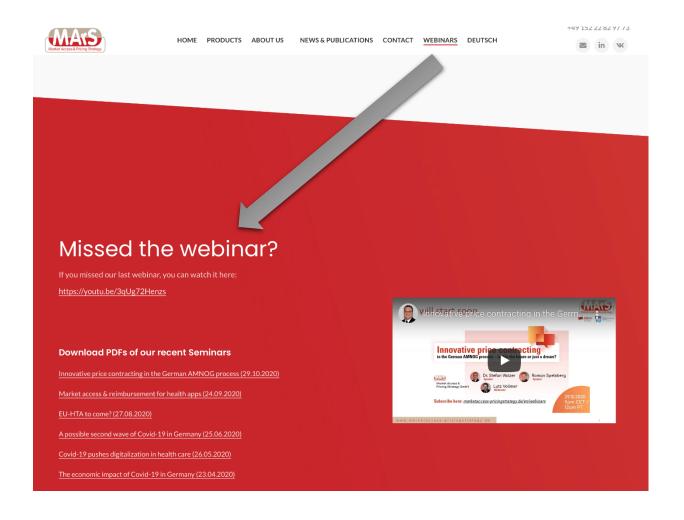


- Feel free to ask questions. After the presentation, we will have time for your questions.
- Use either the Zoom chat function or the Q&A function to raise your questions or comments.
- As always, slides will be provided afterwards, and the video will be published on our website.









Our presenters and discussants today









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Momentum for Digitalisation



The Covid-19 pandemic and the current ministry of health are putting digitalisation on top of the health policy agenda in Germany

- The pandemic was defined as the biggest boost for digital transformation initiatives in hospitals: Hospitals normally only invest their money in projects which have a direct financial benefit for them; Now they were forced to invest in digital projects and realised that they also provide financial benefits
- A lot of hospitals hold their investment budgets back in these days as safety reserves but they will invest once the pandemic is over
- The current situation also led to a shift in the mind-set of physicians: There is a greater willingness to use digital innovations







General hurdles for Market Access in Germany



Decentralised structure and strict separation between in- and outpatient sectors





103 Individual health insurance funds



17 associations of statutory health insurance physicians and 16 "Länder" (regions)



Strict separation of in-and outpatient sector with different regulations and very limited integration



Diverse hospital landscape with private hospitals, big university hospitals and smaller hospitals

Status Quo: Digitalisation in Germany



Hospitals want/need to invest more in digitalisation but are unable due to a lack of funding

Current Level of adoption of HIT^{1,2}:

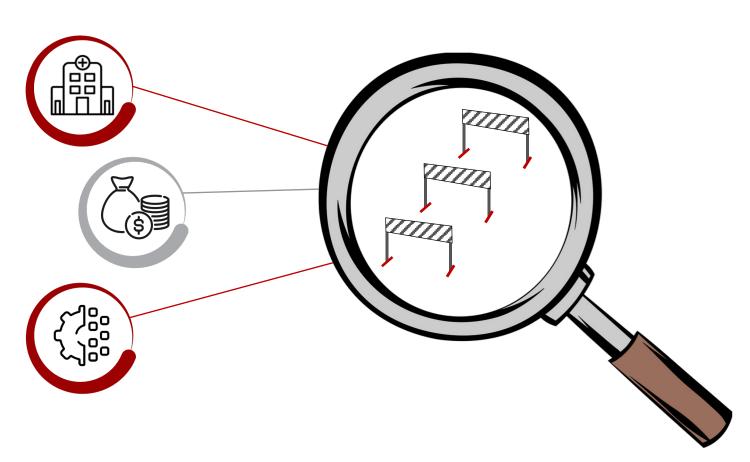
60% of German hospitals at stage 2 of EMRAM scale 36% fully introduced internal Wi-Fi 11% fully implemented EHR systems

Ranking of hurdles for digitalisation^{2,3}:

- 1. Lack of funding
- 2. Missing qualified IT-personal
- 3. Interpretability of IT-systems

Political will for digital transformation⁴:

Several national initiatives targeted on digital transformation in health system → e.g. hospital future act Momentum through pandemic and market pressures



^{1:} Klauber, Jürgen, et al. Krankenhaus-Report 2019: Das digitale Krankenhaus. Springer Nature, 2019.

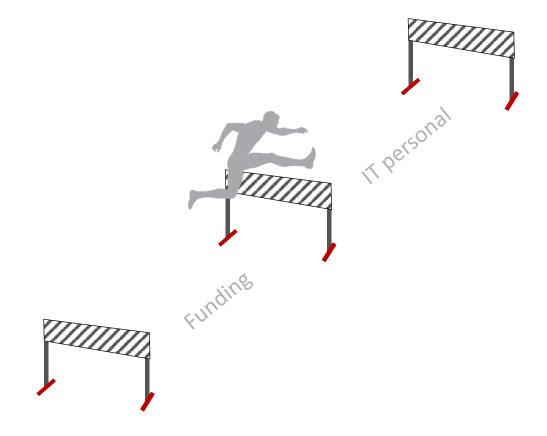
^{2:} Deutsches Krankenhaus Institut: Das Digitale Krankenhaus

^{3:} https://www.marburger-bund.de/bundesverband/themen/krankenhauspolitik/digitale-modernisierung/check-it-das-marburger-bund

^{4:} https://www.bundesgesundheitsministerium.de/krankenhauszukunftsgesetz.html

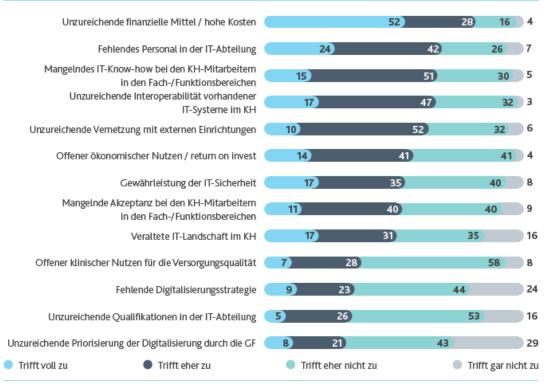
Key Issues for Digital Transformation





Was sind aus ihrer Sicht zentrale Probleme und Herausforderungen bei der Digitalisierung ihres Krankenhauses?

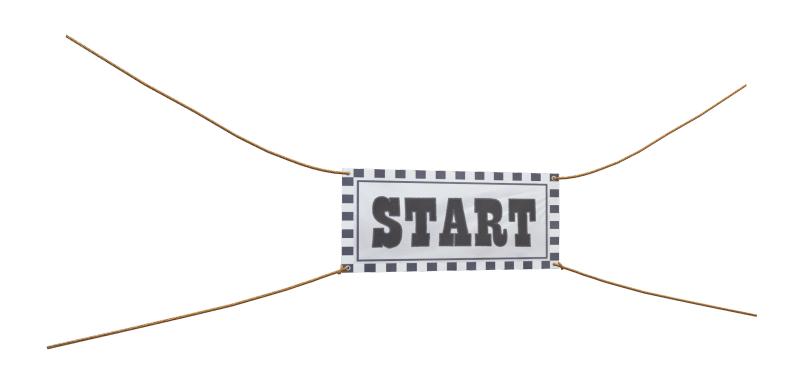
(Krankenhäuser in %)



@ RDO/ DKI

How is digital health care now being implemented in Germany?

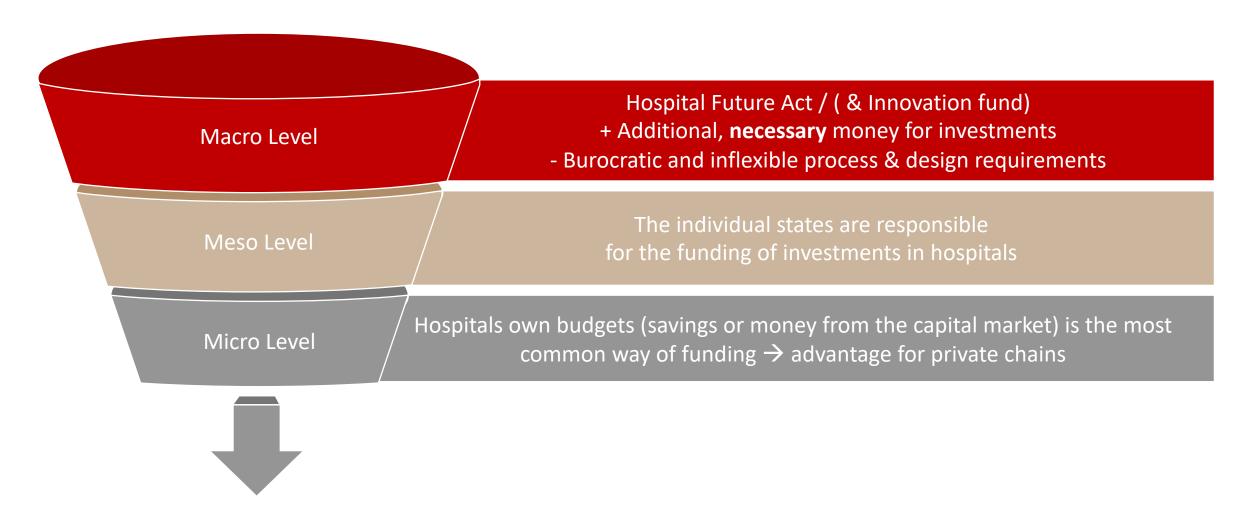




Funding of digitalization in German hospitals



Most projects are financed through the hospital's own funds



Hospital Future Act



The digital boost that hospitals in Germany needed – A beginning but not a solution for all problems



- 3 billion Euros for digitalisation projects in hospitals
- Will be an opportunity for smaller hospitals to achieve a minimum digitalisation stage
- Projects funded through this fund need to be interoperable with the hospitals EMR system it will be therefore important to implement MMT systems with the common interfaces like HL7 or fire
- The states and/or the hospitals cover 30 percent of the investment costs.
- Hospital will get budget cuts if they do not achieve a minimum digitalisation infrastructure by 2025

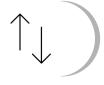
Application to the hospital context in one region



"Länder" (Regions) are responsible for the funding of investments in hospital infrastructure



Prioritization of digitalisation projects in Baden-Württemberg



Unofficially these funding programs are linked to specifications



Baden-Württemberg focuses their funding on hospital mergers



Projects which include the closure of hospitals are also prioritized

Outpatient reimbursement codes were set-up already in 2016



- Outpatient reimbursement codes were set-up before but especially also during the Covid-19 outbreak:
 - Monitoring of patients with a defibrillator or CRT system (introduced in 2016!)

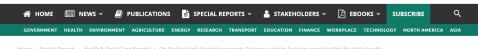


- New codes during the Covid-19 pandemic:
 - Monitoring of patients with a defibrillator or CRT system (introduced in 2016!)
 - Telemedical applications
 - Teleconsultation
 - Video consultation









On the fast-track to reimbursement: Germany unlocks business opportunities for digital health innovators



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Technology



Harvard Business Review

Want to See the Future of **Digital Health Tools? Look** to Germany.

by Ariel D. Stern, Henrik Matthies, Julia Hagen, Jan B. Brönneke, and Jörg F. Debatin

December 02, 2020



HBR Staff/Andrea Colarieti/EyeEm/Getty Images

Definition: Digital Health Application ("DiGA")



DiGA according to § 33a SGB V

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

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



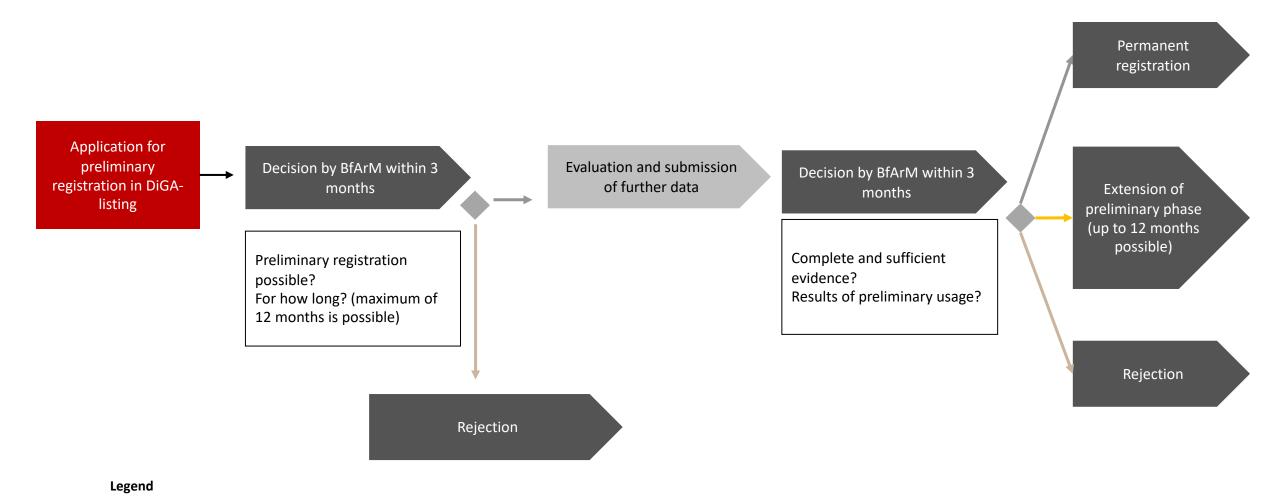
Permanent registration

Type of application

Preliminary registration (with subsequent permanent registration)

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

Arbitration if necessary

Regular reimbursement

Price negotiation with the SHI system

3 months

12 months

3 months

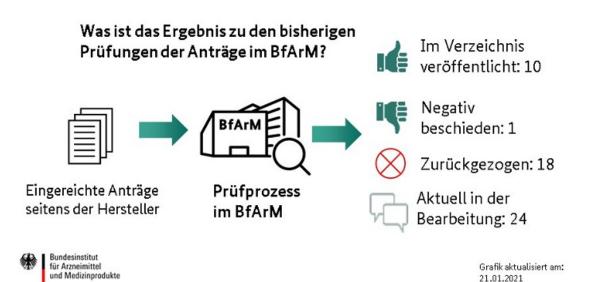
EBM adjustment within 3 months for medical services associated with the DiGA

DiGAs successful?



Wie viele Anträge wurden seit dem Start des DiGA-Antragsportals zur Prüfung beim BfArM eingereicht?





For what are these 10 DiGAs available?



DiGA	Company	Indication	Permanent inclusion	Preliminary inclusion	Evidence	Price (gross)
ele√ıda	GAIA	Multiple Sclerosis	X		RCT in Germany ^a	€ 743.75 (prescription period of 90 days)
Invirto	Sympatient	Agoraphobia, Social phobias, Panic disorder		X	RCT planned	€ 428.40 (one-off costs)
kalmeda	mynoise	Tinnitus aurium		X	German study planned	€ 116.97 (prescription period of 90 days)
% -sense	Newsenselab	Migraine		X	German RCT planned	€ 219.99 (prescription period of 90 days)
Rehappy /	Rehappy	Cerebral transient ischaemia, Subarachnoid haemorrhage,		X	Study planned	€ 449.00 (prescription period of 90 days) € 299 (for further 90 days)

For what are these 10 DiGAs available?



DiGA	Company	Indication	Permanent inclusion	Preliminary inclusion	Evidence	Price (gross)
Somnio das digitale Schlaftraining	mementor	Non-organic insomnia	X		RCT in DACH countries ^a	€ 464.00 (prescription period of 90 days)
Selfapy	Selfapy	Depression		X	German RCT planned ^b	€ 540.00 (prescription period of 90 days)
velibra*	GAIA	Social phobias, Panic disorders, Generalised anxiety disorder,	X		RCT in DACH countries ^c	€ 476.00 (prescription period of 90 days)
ViViRA	Vivira Health Lab	osteochondrosis, gonarthrosis, non-specific knee pain, koxarthrosis,		X	Retrospective study ^d	€ 239.97 (prescription period of 90 days)
zanadio	aidhere	Obesity		X	RCT planned	€ 499.80 (prescription period of 90 days)

a. https://www.zora.uzh.ch/id/eprint/157067/1/randomized_controlled_trial_to_test_the_efficacy_of_an_unguided_online_intervention_with_automated_feedback_for_the_treatment_of_insomnia.pdf

https://www.drks.de/drks_web/navigate.do?navigationId=trial.HTML&TRIAL_ID=DRKS00017191

https://www.cambridge.org/core/journals/psychological-medicine/article/abs/effects-of-a-transdiagnostic-unguided-internet-intervention-velibra-for-anxiety-disorders-in-primary-care-results-of-a-randomized-controlled-trial/88E13C63F3C601D46A62C88E11EAB9F7#

d. https://www.drks.de/drks_web/navigate.do?navigationId=trial.HTML&TRIAL_ID=DRKS00021785_& Prospective RCT, retrospective study and meta-analysis planned

So, is it now a rocket or a bluff?





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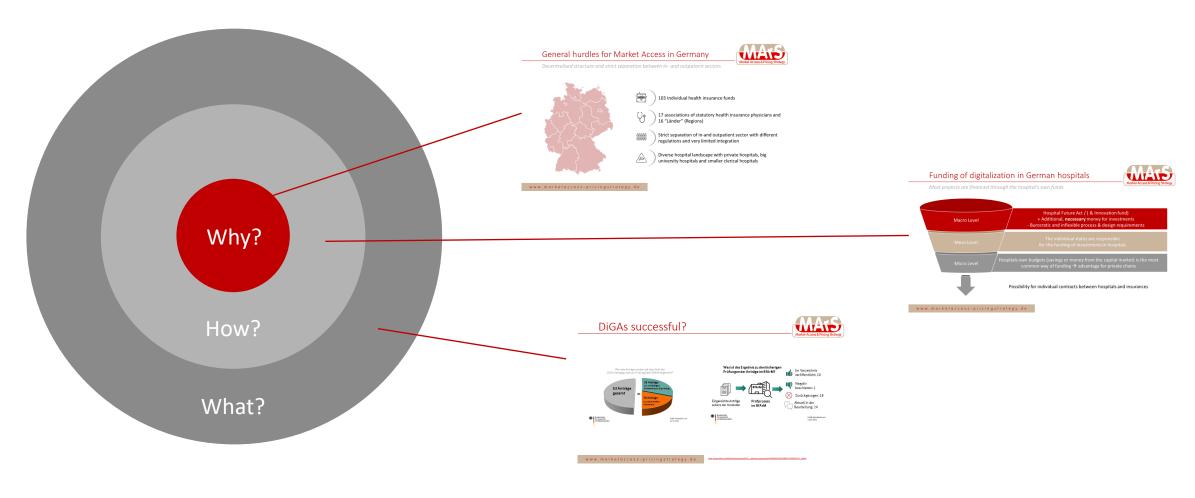


Dr. Ulf Maywald AOK Plus

Conclusions



Digitalization has strongly picked up in the German health care system, but if it will be a success story would still need to be proven!



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The alpes, cheese, banks

- and early paid access for drugs!
Wonderland Switzerland?!



Market Access & Pricing Strategy GmbH



Dr. Stefan Walzer Speaker



Lutz Vollmer Moderator



Remo Christen

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25.02.2021 9pm CET / 12am PT