

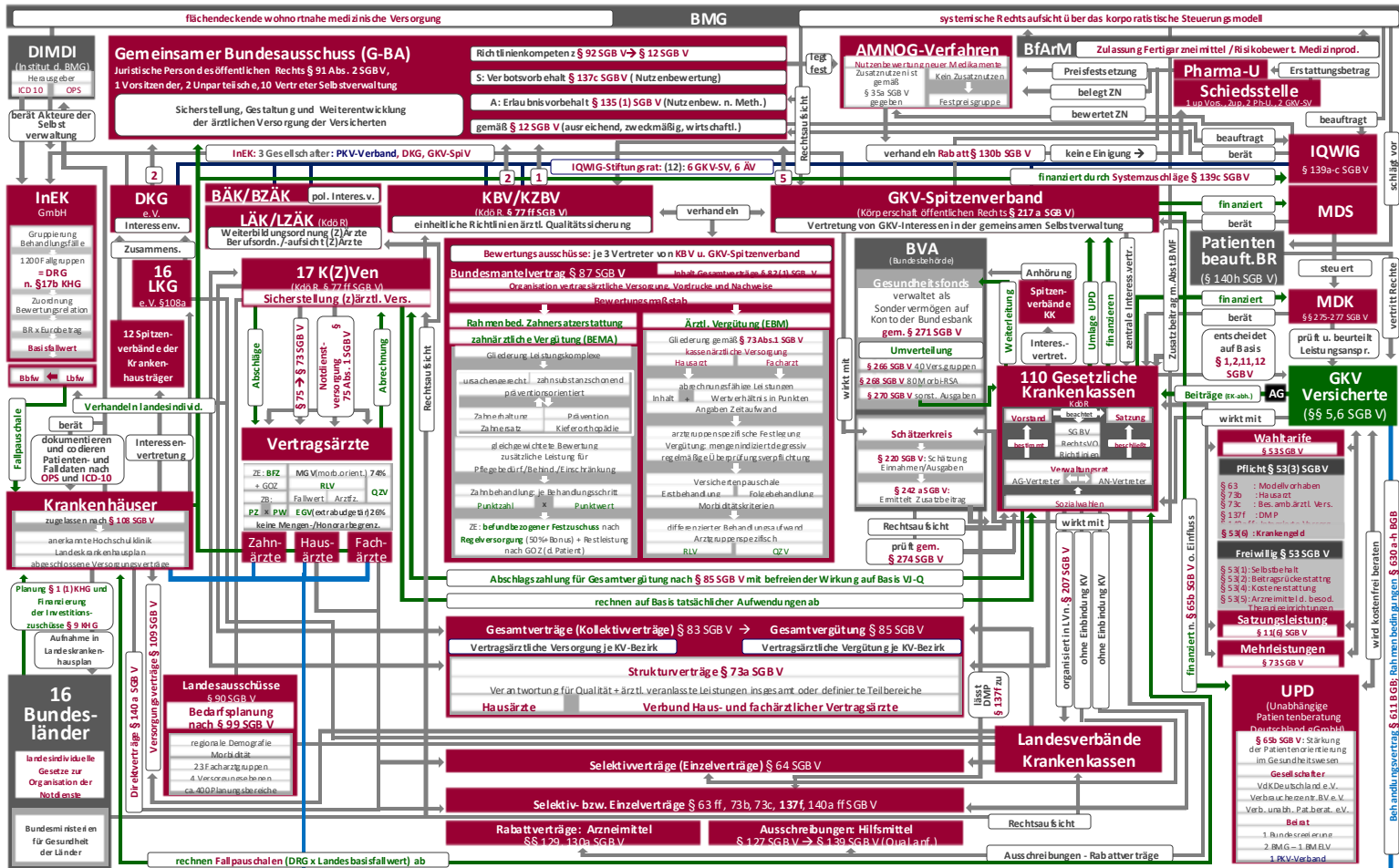
Re-imbbursement for quality improvement interventions in insurance-based healthcare systems (the German example)

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Presenter disclosure information

- **No conflicts of interest to disclose**



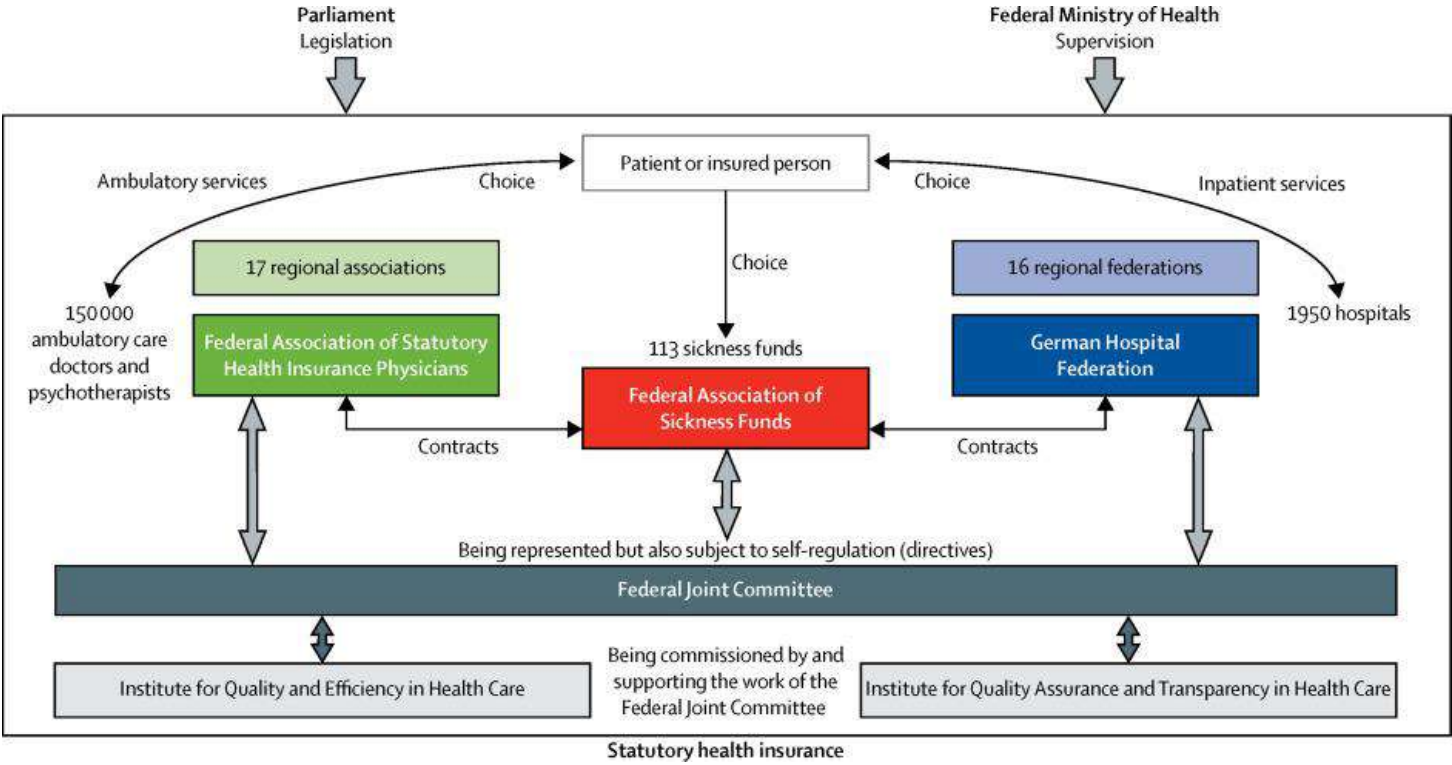
Re-imburement for quality improving intervention

- The German health care system
 - brief overview
 - re-imburement system and incentives
- The central role of the GBA
- Implementation of quality improving interventions
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Re-imburement for quality improving intervention

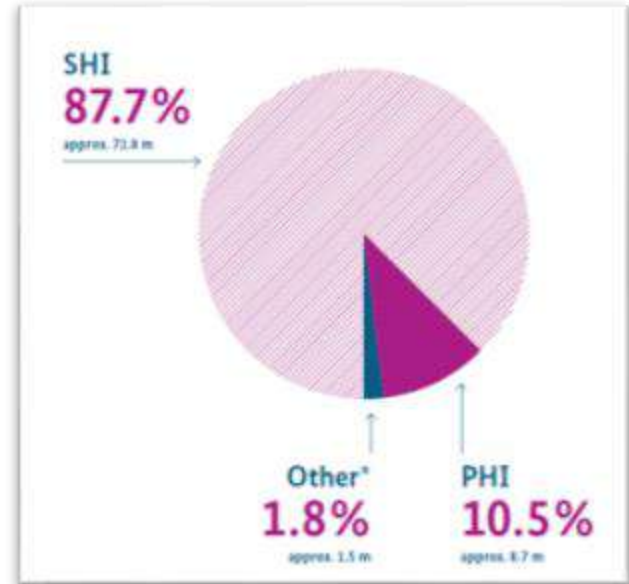
- Quality improvement by implementation of
 - new process applications
 - new outcome data
 - new technology data
 - pharma innovations
 - new data on citizen/patient expectations / desires
 - digital innovations
- What is the most successful and time effective way for implementation of quality improving interventions?
- How does “the system” act and who are the key stakeholders?

The German health care system



The German health care system

- statutory health insurance system
- > 1800 hospitals
- since 2003 in hospital reimbursement based on DRG-system
- 2019 total health care budget 390 bn
 - 12% GDP
 - 100 bn hospital sector
- 2022 total health care budget 440 bn
- further increase expected



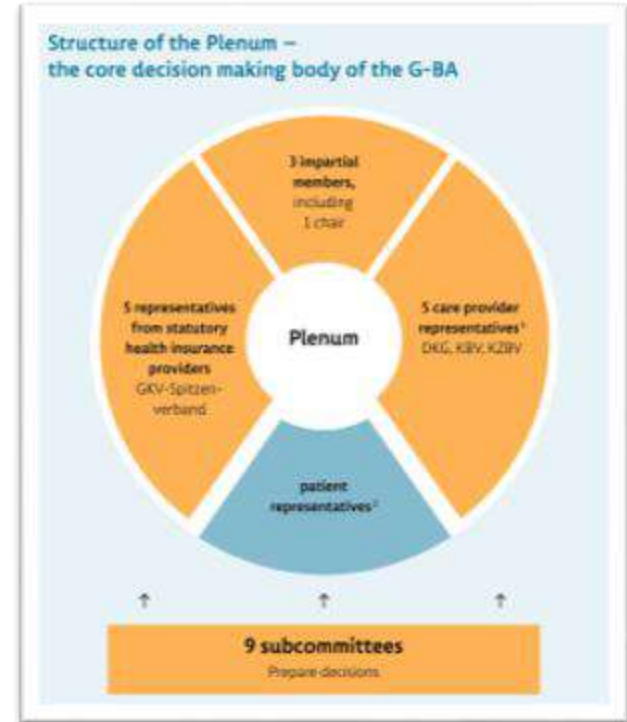
Source: German Ministry of Health; 2020

The German health care system

- not an efficient health care system
- poor incentives for value-based health care
- few and moderately effective quality control
- lacks flexibility and dynamic adjustment
- resistive to changes (and innovations)
- allows or promotes innovations / changes predominantly as “add on” services
- is in the lowest 20% of European countries in the field of digitalization in medicine

Re-imbusement in German system: central players

- The Federal Joint Committee (G-BA) is a public legal entity comprising the four leading umbrella organizations of the self-governing German healthcare system: the National Associations of Statutory Health Insurance, Physicians and Dentists, the German Hospital Federation, and the Central Federal Association of Health Insurance Funds.
- The GBA issues directives for the benefit catalogue of the statutory health insurance funds (GKV) for more than 74 million insured persons and thus specifies which services in medical care are reimbursed by the GKV.

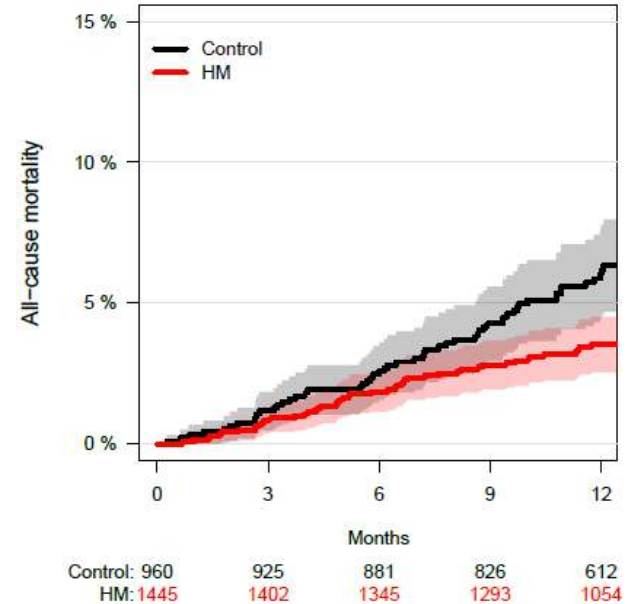
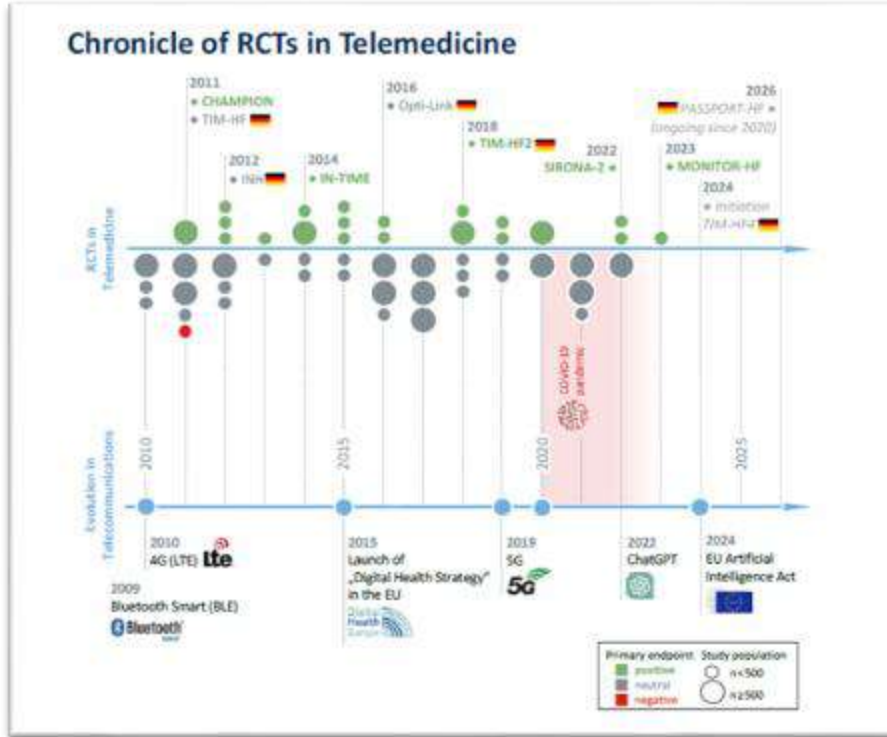


Source: GBA website 2024

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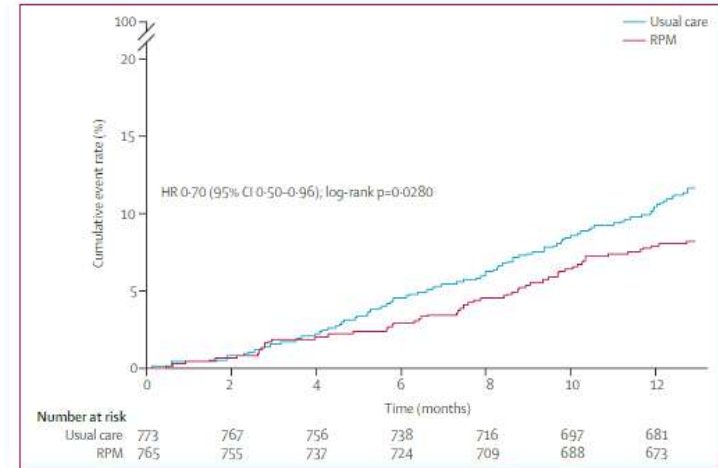
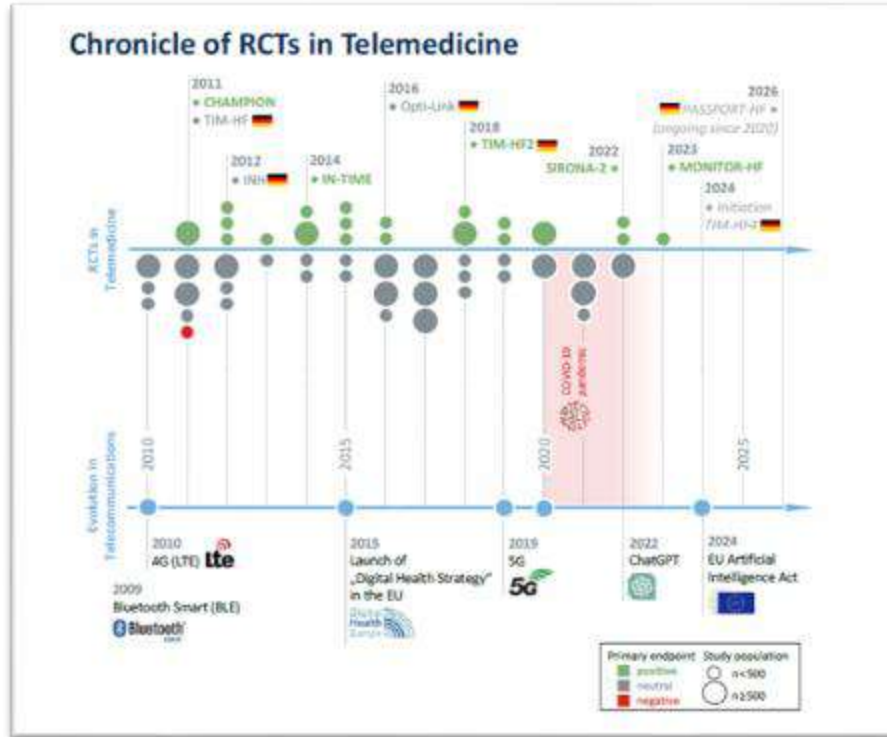
Implementation in Germany: case 1 – TM and CIEDs



Implementation in Germany: Case 1

- Review process 2015 for CIEDs and telemedicine declined the inclusion into the re-imbbursement system
- Reply by the German Society of Cardiology, German Society of Internal Medicine, German Heart Foundation, German Foundation for Chronic Diseases
- Digital roadmap of the ESC Digital Health Committee
- No implementation in re-imbbursement

Implementation in Germany: TM external sensors



Köhler F et al. Lancet 2018

Implementation in Germany: Case 1

- Review process 2015 for CIEDs and telemedicine declined the inclusion into the re-imbursement system
- Reply by the German Society of Cardiology, German Society of Internal Medicine, German Heart Foundation, German Foundation for Chronic Diseases
- Digital roadmap of the ESC Digital Health Committee
- Another review 2019 including TIM HF2 data resulted in an acceptance of telemedicine for heart failure monitoring with external sensors and CIEDs
 - for HFrEF, LVEF<40%, NYHA II/III on OMT
- Complex system with many roadblocks

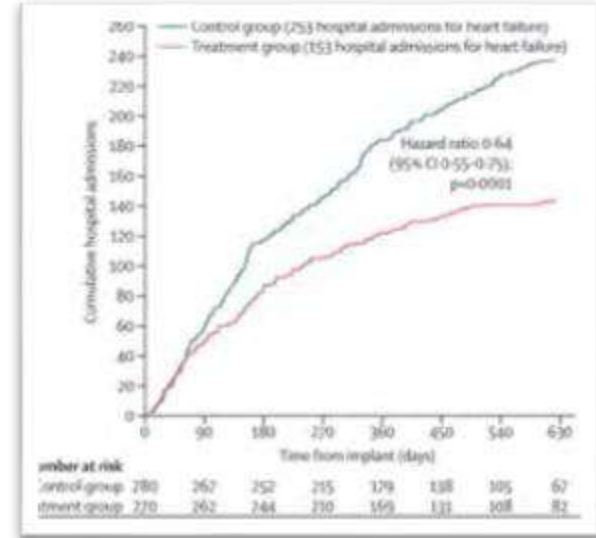
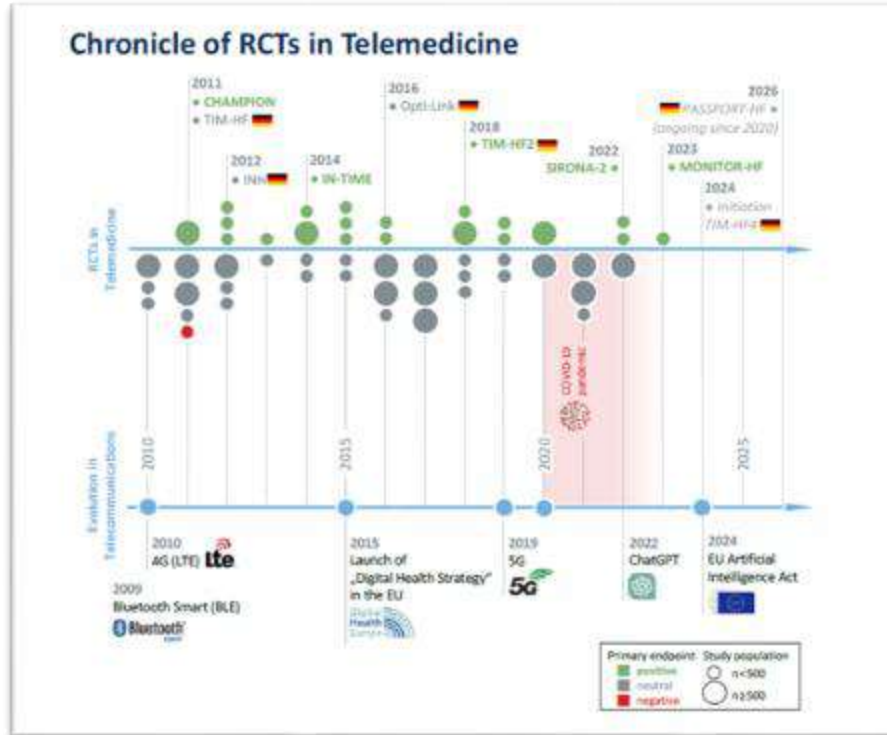
The German health care reform 2024



Source: German Heart Foundation 2022

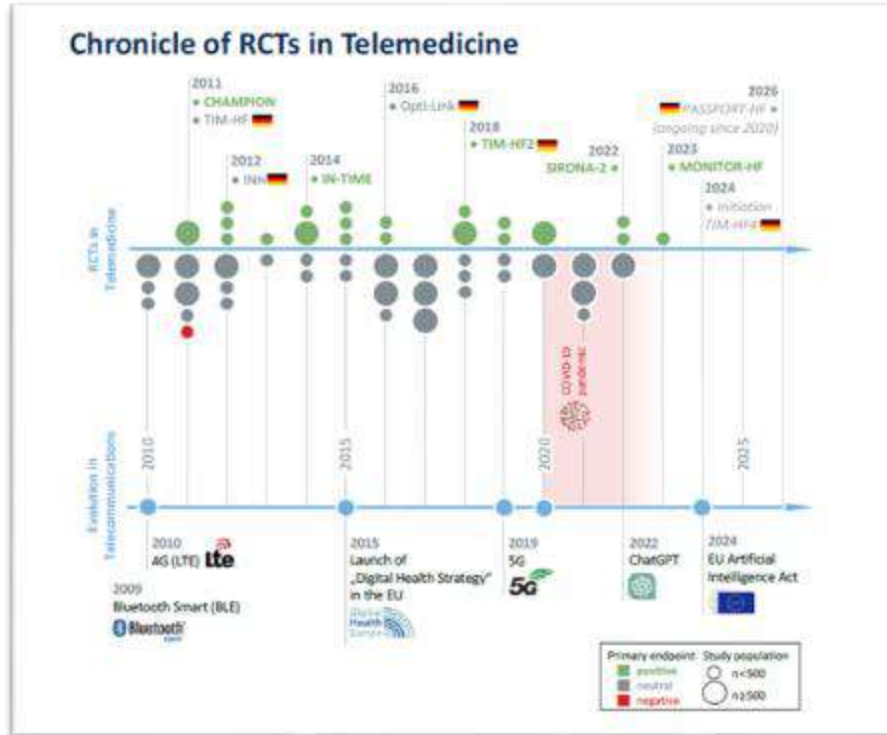
- Restricted to outpatient settings
- Hospitals are not allowed to provide TM service
- App. 200.000 pts. would qualify for TM
- Less than 5% are included in the system since 2021

Implementation in Germany: TM implant. sensors



Abraham B et al. Lancet 2011

Implementation in Germany: TM implant. sensors

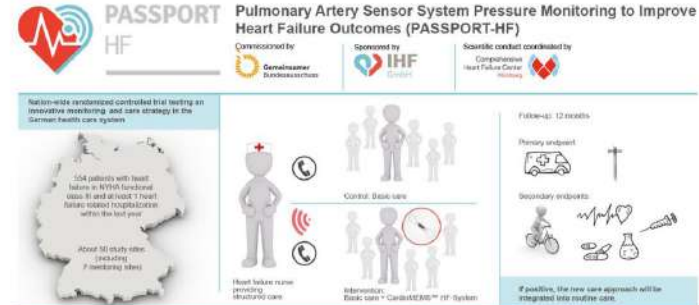


Randomized Controlled Trial > Clin Res Cardiol. 2022 Nov;111(11):1245-1255.

doi: 10.1007/s00392-022-01987-3. Epub 2022 Mar 4.

Pulmonary artery sensor system pressure monitoring to improve heart failure outcomes (PASSPORT-HF): rationale and design of the PASSPORT-HF multicenter randomized clinical trial

Graphical abstract



Störck S et al.; Passport HF

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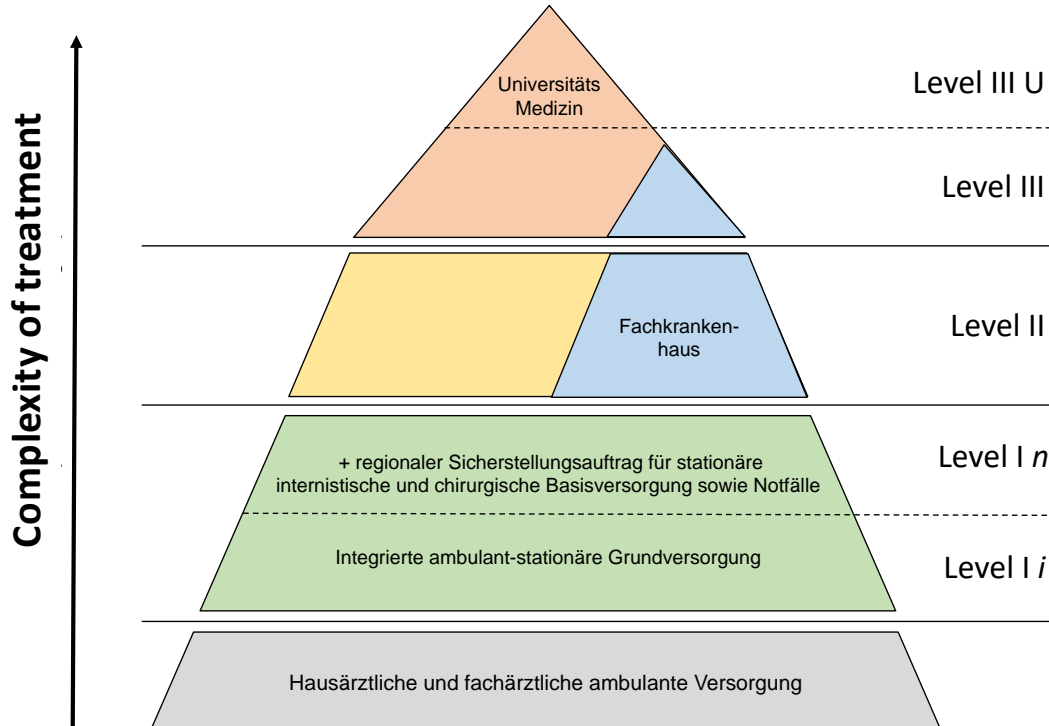
Re-imburement for quality improving intervention: What is needed for effective implementation?

- In German health care only re-imbursed interventions will be applied and used
- Convincing data that provided patient centered benefits
- Documented improved care and the potential to replace existing modalities
- Support / respect economic balance in a solidarity-based system
- Intense communication and networking activities to promote initiatives for quality improving interventions
 - medical societies
 - academic institutions
 - national /international key opinion leaders
 - patient organizations
 - medical industry sector
- Communication focus on public awareness and political/regulatory decision makers / decision panels
- However, it is a long and bumpy road to implement quality improving interventions in the German health care system

Re-imburement for quality improving intervention

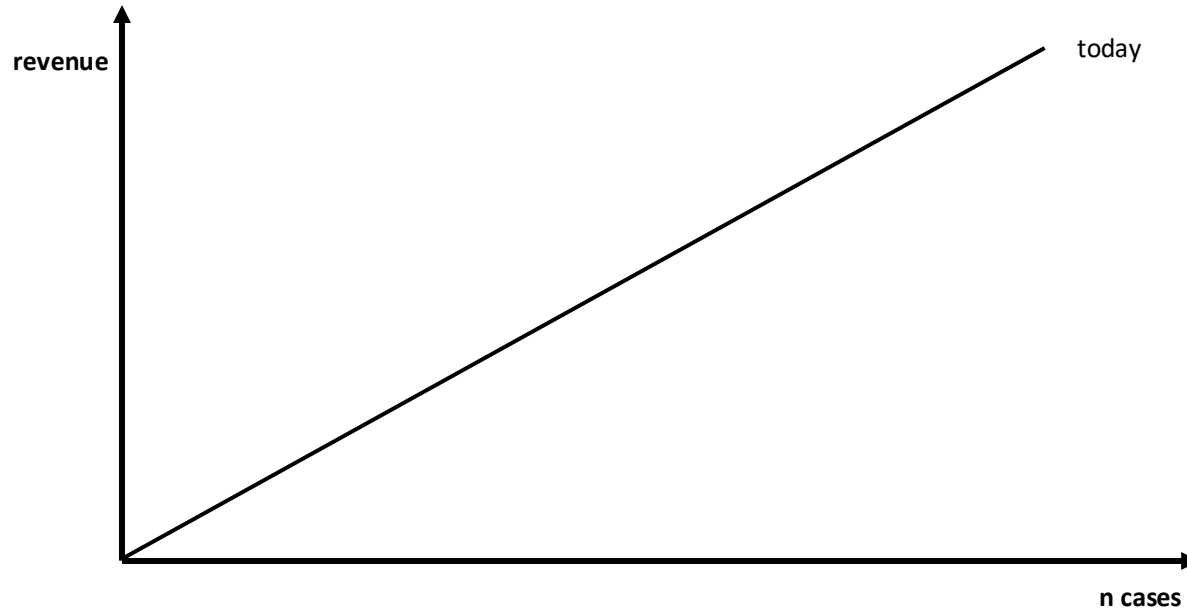
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The German health care reform 2024



- 3 levels
- III U university clinic
- III specialized clinic
- II general clinic
- I regional clinic
- Ii integrated low care
- Specialized physicians
- General practitioners

The German health care reform 2024



The German health care reform 2024

