Congress 'The Innovation Fund: between stabilisation and further development'

Hecken: 'We have a great opportunity'

643 projects were funded, 230 of which were new forms of healthcare and 413 healthcare research projects, including guideline development projects. 1.25 billion euros were invested in new forms of healthcare and 450 million euros in healthcare research projects. Looking at the hard figures of the Innovation Fund, which were presented at the congress 'The Innovation Fund: Between Continuation and Further Development', the fund is definitely a success story that was transferred from 'temporary' to 'permanent' status with the Digitisation Act passed by the Bundestag at the end of 2023. The transition has worked here, but less so for many of the Innovation Fund's projects themselves. There is a need for action here, as the actors involved, above all the Chairman of the G-BA and the Innovation Committee, Prof Josef Hecken, are aware.

>> In his opening speech, which lasted just under an hour, Hecken did not want to eulogise a project that 'has certainly been successful', but rather speak of a project that - according to the impartial G-BA Chairman - 'requires permanent further development and constant adaptation'. Since the Innovation Fund was launched in 2016, there has been a 'steep but sometimes painful learning curve'.

According to Hecken, this relates to the issue of case number planning, which was initially too euphoric, especially when it came to defining patient-relevant endpoints that would determine whether projects could be transferred to standard care or selective contract contexts. For this reason, much closer attention must be paid to case number planning, to a more precise definition of endpoints and to the cooperation agreements after the continuation in order to rule out the possibility of the funded projects being triggered on the wrong endpoint. According to Hecken, this is both a challenge and an obligation. Because: 'We spend 200 million euros per year. In view of the 330 billion that we move in the SHI system, this is certainly not an amount that will make the earth tremble. But the 200 million is an amount that flows from insured persons' money into healthcare research projects and new forms of care, and we are accountable to the community of insured persons for every single euro we spend here to ensure that this money, which does not flow into healthcare, but is invested to promote the gain of knowledge in such a way that we can say with a clear conscience that something sensible has been done with it.'

The continuation was not a sure-fire success either, as many in the Bundestag had said that it was nice when healthcare research felt good and there were a number of projects on new forms of care that would contribute to improving care, but where were the outcomes after eight years? In his view, the positively assessed innovation fund projects should not 'fizzle out into nirvana without consequences'. He would therefore have liked to see those who are not the G-BA, but who are the recipients of transfer or continuation recommendations and who then have to justify to the BMG or politicians why consequences were not drawn from certain findings within a reasonable period of time, being held even more accountable with the stabilisation of the innovation fund. Hecken: 'We have learnt that in our system, which is characterised by a relatively high degree of inertia, it is not enough to have a good project, say that we can draw consequences for care from it and send a letter to distributor 'H3' - worldwide plus three reserve copies - to all those involved and say, please do this.' Positive recommendations for trialling and transfer have so far been received by 27% of the 65 completed new forms of care projects and 26% (plus 2% trialling as a new form of care) of the 131 health services research projects. 18% of the recipients were the G-BA itself, 17% the supporting organisations of the G-BA and 16% the BMG. 'I still see weaknesses in the recommendations for transfer,' said Hecken self-critically. However, it is also regrettable that a project (editor's note: 'STEP.De') with the recommendation 'for unconditional translation' had to be re-evaluated after an erratum because there were 'doubts about the validity of the results originally presented'.



Opening speech by Prof Josef Hecken, impartial chairman of the G-BA and chairman of the G-BA's Innovation Committee, at the congress 'The Innovation Fund: between stabilisation and further development'. Around 100 people took part in the face-to-face congress at the Urania, and over 1,000 online via livestream.

As a second example, he cited a healthcare research project on assessment systems in emergency care (editor's note: 'OPTINOFA'), the positive results of which had been incorporated into the G-BA guideline on initial assessment in inpatient emergency care. However, this would then have been criticised by a specialist association - in its entirety. Hecken's question and criticism: 'And because this is done in a somewhat crude manner and the necessary subtlety in the assessment of a guideline consisting of ten paragraphs cannot always be assumed, you simply object to the whole thing?' There is now a risk that this initial assessment instrument will disappear 'into the orcus of history for the time being', although with an 'intellectually honest approach' and 'a little respect for the use of tax or contribution funds', it might have been possible to consider not making paragraphs 1 to 3, which explicitly deal with the emergency assessment instrument in the relevant G-BA guideline, the subject of an administrative court review

by the BMG.

Hecken also addressed the WiZen project (see MVF 06/23), in which there had been 'one or two methodological weaknesses'. He said this so that no one would claim in retrospect that he had hyped the project, when one or two others had claimed that it had methodological problems. However, the results of this project, which showed the connection between quality of results and treatment in oncology centres, are now the subject of 'improvements in the draft hospital structure reform, wherever it exists'. Hecken had also become aware of media statements by the Federal Minister of Health that a service subgroup was to be formed that would allow 'the treatment of oncological diseases in certain stages to be focused on centres'.

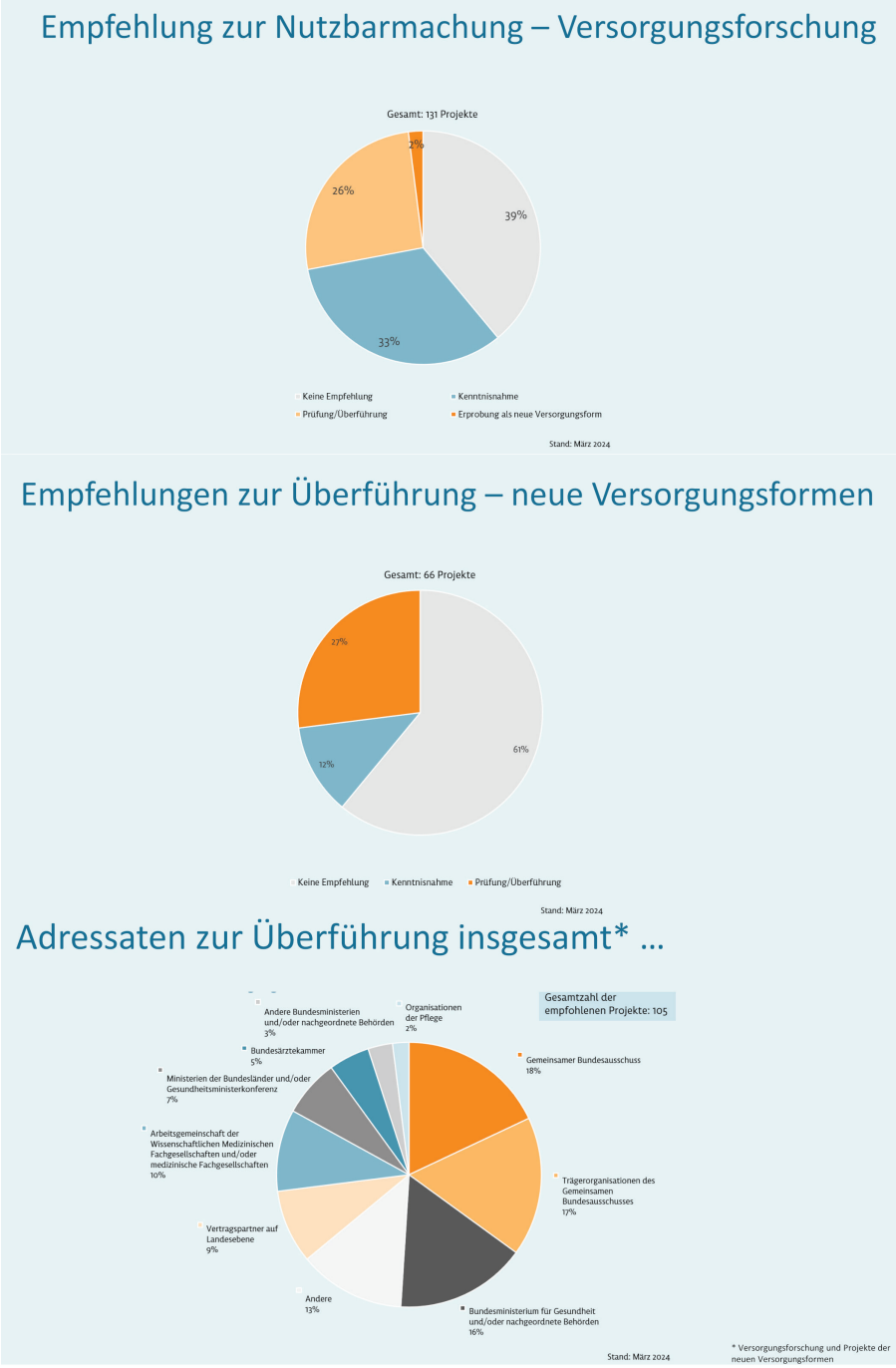
Last but not least, Hecken addressed another important innovation fund project: INVEST Billstedt/Horn with its prototype health kiosk. The impartial chairman of the G-BA did not want to condemn it to the ground in socially deprived urban centres. However, he wondered whether such kiosks represented a financial obligation of the SHI system and whether general welfare was not more responsible. The number of cases of 1,000 kiosks is also debatable. However, he left this to the decision of the legislator, whose decisions he was bound by anyway.

Hecken: 'You see me standing here in front of you as a citizen subject to the law. In certain situations, such health kiosks are certainly the right way to promote the utilisation of health services. But whether they need to be implemented as a new standard service seems a little daring to me.' Despite all these detailed problems and his 'critical reflection', Hecken was nevertheless proud that the innovation fund has now been stabilised. Hecken: 'We have a great opportunity that we must seize together in the interests of the insured.' We are all familiar with the 'inertia of the system', said Hecken, and bringing about change here is worth every effort, especially in view of the staff shortages that are being experienced today and will be even more so in the future. For this reason alone, structures and processes need to be changed instead of always philosophising about AI and/or relying on 'some meaningless apps'. <<

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