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Healthcare kiosks and co. with a commitment to outcomes

>> The most important elements for better support of medical and nursing care - health kiosks and health regions - have been removed from the draft bill for the Act to Strengthen Healthcare Provision in Local Authorities (GVSG) for the time being. This makes it possible to coordinate with the other ministries and obtain feedback from associations. According to the Federal Ministry of Health and the parties in the coalition government, the possible reintroduction of these and other currently excluded approaches will then be examined in the subsequent parliamentary procedure.

More room for manoeuvre for local authorities

Put simply,health kiosks are tangible points of contact for counselling, information and referral before or after a visit to the doctor's surgery in socio-economically disadvantaged areas. Health region contracts represent an overarching opportunity to assume regional responsibility for care and to promote the transformation towards cross-sectoral care by local service providers.

Both offer municipalities and districts new opportunities to exert influence that they currently lack in healthcare planning. The latter can in turn transfer management to third parties. Experience has been gained with both solutions not only internationally, but also in Germany, some of which have already been assessed by the Innovation Fund.

This is how the countermovement argues

The inclusion of the two topics in the coalition agreement between the SPD, FDP and Greens in 2021 and the first statements by the Minister of Health in September 2022 regarding his plans for up to 1,000 health kiosks triggered a countermovement.

Health insurance companies complained that the planned cost-sharing model for health kiosks (74.5% statutory health insurance, 5.5% private health insurance, 20% local authorities) would place too great a burden on them, as the costs would actually be borne by society as a whole . The health insurance funds with the presumably lower proportion of insured persons in the socio-economically disadvantaged areas even indicated their intention to sue.

Individual medical associations called for the planned money to be invested in higher remuneration for doctors' surgeries , as this counselling is already being provided there. The local authority umbrella organisations were also not overly committed to the idea, as they feared that this would place responsibilities and obligations on them that the local authorities would not really be able to fulfil .

Other arguments - which united the opponents despite their differing positions - were the references to an 'unnecessary duplication of structures' and the already existing 'shortage of skilled workers' in the care sector if the kiosks were to be staffed primarily by specialist carers. Within the three governing parties, the FDP proved to be the most receptive to these arguments, with the result that the Federal Ministry of Finance blocked the release of the draft bill until the SPD-led BMG removed the passages on health kiosks.

There was no such intensive debate on the health regions and the contract options that would enable them, but the wording in the original draft bill was also so vague that the supporters at least saw glimmers of hope in it and the opponents could feel sufficiently secure to leave cost-effective contracts on the negotiating table forever.

Abandoning empiricism and outcomes

What is particularly striking in the debates is the extensive lack of empirical evidence. The BMG has failed to substantiate the urgent need for these solutions by pointing out the avoidable escalation of diseases and the current misuse of the wrong levels of care as well as the social benefits that could result from these concepts and by referring to German and international experience already gained. It should only be pointed out here that there are too late and too short treatment appointments in overburdened practices in problem neighbourhoods, too few practices in rural areas, inadequate support for multimorbid chronic patients, a lack of education and prevention services specifically tailored to the local population and a lack of coordination and support for people who cannot find their way around the healthcare system. This applies in particular to people with a history of migration or those in precarious living conditions. On the other hand, the doctors' associations and, more recently, the pharmacists' associations have not calculated how many surgeries or pharmacies could be equipped with the reduced volume of around 1,000 to around 200 kiosks and around 4 employees. Nor have they thought about how they would regulate the competitive conflicts between the remaining practices and pharmacies.

All those involved, both critics and the majority of those in favour, remain stuck in their respective path-dependent and sectorally limited thinking and avoid dealing with the problems experienced by citizens. If reference is occasionally made to them, this is done with a view to individual experiences instead of calculating the resulting social costs and showing how the new instruments could be used to effectively prevent them.

More room for manoeuvre required for regional players

Almost simultaneously with the 'gutting' (Dr Carola Reimann) of the GVSG by the BMG, the AOK Federal Association presented a position paper with concrete text proposals for legislative changes in favour of kiosks, primary care centres, cross-sectoral care providers and 'regional sector-independent care' (RegioSV). The AOK'sconclusion : 'Care takes place locally. The regional players know what is needed and also have ideas and starting points for ensuring good care. To do this, they need more room for manoeuvre - be-

Citation

Hildebrandt, H.: ‚Healthcare kiosks and co. with a commitment to outcomes', in „Monitor Versorgungsforschung" (03/24), S. 20–21. http://doi.org/10.24945/MVF.03.24.1866-0533.2622

yond sectoral thinking.

This conclusion is almost congruent with that of other stakeholders, according to a joint statement entitled 'Courage for reform - courage for regions!' by the NDGR Netzwerk Deutsche GesundheitsRegionen e. V., the AdA - Bundesverband der Arzt-, Praxis- und Gesundheitsnetze e. V., the Bundesverband Managed Care e. V. and the Deutsche Gesellschaft für Integrierte Versorgung im Gesundheitswesen e. V. (German Association for Integrated Healthcare).

Needed: a cross-sector economic model

The challenge remains: Even if regional players are quite 'willing' to make changes, why should they invest in a complex change to regional care structures if the benefits do not accrue to them, but to patients, health insurance companies or the municipality? Every hour of negotiation costs time and effort, and experience with the integrated care contracts and their uncertainties has made many stakeholders react rather cautiously to new contract preparations.

If there is one thing we have learnt from the debate on climate protection, it is the need toexpand the social debate on how individuals can react to climate change to include effective market-based instruments such as the carbontax, which make it economically viable for all sectors of the economy to invest in avoiding carbon emissions .

We need the same for the healthcare sector. We need a cross-sector economic model that makes it economically attractive for service providers - unlike today - to invest in prevention and the avoidance of disease escalation based on an overarching logic. Health kiosks and health regions can provide the infrastructure for this, but their contracts would have to be incentivised towards these public health outcomes and not just remunerate additional individual services.

The hope: Wouldn't this be a possible solution to the problem in an agreement between the three governing parties together with the CDU/CSU, the municipalities and the health insurance companies - and for the best benefit of people, citizens and patients? <<

Literature:
https://t1p.de/4i74d
https://t1p.de/5c3t9

GAIA presents study results for BPS therapy DiGA

>> To date, no pharmacotherapeutic treatment has been approved for the indication borderline personality disorder (BPD). This makes the results of a fairly large clinical study for this indication, which analysed the effectiveness of the world's first digital BPD therapy DiGA (1) called 'priovi', which is now also available for clinical use and long-term application for the treatment of borderline personality disorder (F60.31), all the more important. The manufacturing company, GAIA AG, which also offers numerous other solutions for mental illnesses as well as other indications such as rheumatism, MS and back pain, is making the digital web application available as a one-off licence for 855.82 euros. This means that once registered, the programme continues to run beyond the original one-year period and is even extended automatically if it is used regularly.

The study was conducted at the Centre for Integrative Psychiatry at the University of Lübeck under the direction of PD. Jan Philipp Klein, MD. The study on behalf of GAIA AG with 580 patients is one of the largest borderline RCTs worldwide. The participants included in the study showed severe borderline symptoms at the start of the study, 50% of whom were undergoing psychotherapeutic treatment. The primary endpoint was defined as the reduction in borderline symptoms after three months of using 'priovi'.

According to GAIA, the study showed a significant and clinically relevant reduction in borderline symptoms (Borderline Symptom List score, BSL-23) when using priovi ($p<0.001$). The reduction in suicide attempts was also significant, as the suicide attempt rate was 57.5% lower with priovi than in the control group. After six months, there were even fewer cases of attempted suicide, with a 61.3% lower rate.

PD Dr Gitta Jacob, Head of R&D at GAIA and one of the world's leading borderline specialists, explained in an online press conference that borderline personality disorder - estimated to affect around 1.5 million people in Germany - is an indication area for which there are no effective drugs to date, making 'priovi' a real breakthrough. She said: 'We are particularly pleased with the positive efficacy results for patients, who can now benefit from this digital health application in the long term.' <<

1: https://diga.bfarm.de/de/verzeichnis/01853

RCT for onco-app 'Mika'

>> For 'Mika', an app-based platform, the results of the Onko-DigiTrial II study (1) on the effectiveness of the app led by Prof Dr Anja Mehnert-Theuerkauf from Leipzig University Hospital were published in the Journal of Internet Medical Research (JMIR); Prof Dr Guy Montgomery from the Icahn School of Medicine at Mount Sinai in New York was involved in the study. The randomised controlled OnkoDigiTrial II study (1) with a waiting list control group was conducted from September 2021 to March 2022 at Leipzig University Hospital with a total of 218 patients.

The study results prove the therapeutic influence of the app on several of the most common side effects of cancer: chronic fatigue, depressive mood, psychological stress and anxiety symptoms. After all, around 500,000 people in Germany are diagnosed with cancer every year. Dr Gandolf Finke, founder and CEO of Mika, explains that the study proves that 'Mika is a reliable digital therapeutic tool and an evidence-based source of information and motivation, especially in such cases'. <<

1: https://www.jmir.org/2024/1/e51949