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Can they or won't they? - a replica

>> Firstly, I would like to thank Klaus Piwernetz and Edmund Neugebauer as authors of the article 'Can they or won't they?' in the last issue of MVF (1). They have described in a systematic way why Germany is not succeeding in establishing a 'modern, efficient and adaptive healthcare system': Particular goals versus system goals, a lack of predictability of the effect of legislative influences, dysfunctionalities inherent in the system, e.g. with regard to the planning and implementation of major projects under the framework conditions of democratic clocking, but also a lack of patient orientation and, above all, a lack of political health and care goals are mentioned as keywords.

You may not agree with one or two of the arguments in the article or weigh them differently, but the analysis is generally correct. Unfortunately, the solution section 'Ways out of the impasse' is a little short.

But that's where the music plays, so I'd like to add a few words from the perspective of a scientist and former professional politician with sufficient practical experience of the Innovation Fund. The latter should serve here as an example of the 'so what' when it comes to ways forward in the German healthcare system.

The Innovation Fund was a success story when it came to a wide variety of stakeholders overcoming their particular interests and everyday concerns in order to try out new forms of care in joint projects. A good example of how politics can create a framework that unleashes positive forces. The spirit of optimism of these courageous people was palpable. And the contented rubbing of hands from the health services research community was equally palpable (but why not?).

However, the innovation fund is a disaster when it comes to translating the diverse experiences from the projects into concrete care optimisations, let alone care innovations.

You have to feel ashamed to explain to an ordinary citizen that two billion euros of insured persons' money has now gone down the chimney without even a noticeable change in everyday healthcare provision for the population. In the meantime, the innovation fund has degenerated into a pension improvement fund in which politicians are noticeably no longer interested. And if politicians are no longer interested, why should the decision-makers on the G-BA benches behave altruistically? Piwernetz and Neugebauer's statement applies here: decision-makers behave logically according to the settings in which they have to fulfil their tasks. And the setting is not exactly conducive to innovation.

So what can be done? Professor Köberlein-Neu has identified a very important measure, which can also be found in the latest issue of 'Monitor Versorgungsforschung' (2): It is simply not enough to trial a new form of care on a case-by-case basis alone. If the intervention as such is seen as promising, it must then be trialled for implementation.

However: Implementing innovations in a healthcare system is usually a much more difficult task than the case intervention itself. This is because it is only at the implementation stage that an oath is made: Who is responsible for the intervention? Who pays? Who controls how? Who ensures quality? And how is patient-centredness ensured?

It seems that of the hundreds of innovation fund projects, there is only one (on its own behalf: LEX LOTSEN OWL) that explicitly deals with these questions - in this case in relation to the implementation of pilots. But there should be dozens, one for each successfully trialled new form of care.

Conclusion: This is where the Innovation Fund needs to be tweaked, away from more and more small-scale projects and towards implementation projects with a mandatory regional component in order to ensure the cooperation of all those involved.

And then the politicians can - no, must - take up the mantle again. The minister's lack of interest in the innovation fund projects is surprising at best, given that it was he, together with his CDU/CSU colleague, who launched the fund in the first place. 'Fire and forget': a classic bad habit in politics, when the order of the day is to 'drill thick boards'. On a positive note, there are quite a few people in the BMG and other ministries who still believe in the innovation fund and are courageously and knowledgeably speaking out in favour of some projects. May the force be with them.

In the end, the legislature at federal and state level is important. You can achieve a lot with MPs if you reach them. It is also advisable to involve non-specialist politicians in supply innovations, as they can still see the forest and not just the (favourite) trees in the supply jungle. As every member of parliament is familiar with the supply needs of their own constituency, it is definitely worth persuading them at this point. Incidentally, party politics hardly play a role here, rather the differences between local, state and federal politics.

Finally, let health services research recognise its opportunity: not because of the honey pots of additional projects according to the usual scheme for its own research group, but because of the blank spots in implementation research in Germany, see Köberlein-Neu.

But here too, research is not an end in itself and certainly not a fig leaf for indecisive politicians and self-administrators. Therefore: Be innovative! Measure the right thing! The ultimate data point always comes from the people themselves when they say: Things are finally getting better! <<

Literature:
1: https://t1p.de/q6ejx
2: https://t1p.de/6qanl