MSD Health Forum: Workshop 'From the Innovation Fund to standard care'

How do we get all the way into care?

There is little doubt that the Innovation Fund has provided significant impetus for the further development of healthcare in recent years. There is also no doubt that there is still significant potential for further development in the way the results and findings are handled. The barriers and success factors for the translation of innovation fund concepts into standard care were therefore discussed at the MSD Health Forum 2024 on 6 November. This article is a commentary with a technical categorisation of the discussion by the authors.

>> The first steps have already been taken: Before the new Digital Act (DigiG), the Innovation Committee could only make recommendations in the event of positive project results, the implementation of which was at the discretion of the addressees. Since May 2024, however, these addressees have been obliged to report on the implementation of the recommendations within 12 months. However, the addressees are not legitimised to define standard care, nor are there any obligations for third parties to cooperate that are necessary for the transfer to standard care. It therefore remains unclear how a fixed and reliable path for the transfer of innovations (and not just projects) to standard care can be organised.

From an innovation management perspective, this raises the question of how a successfully trialled prototype can be turned into a marketable solution.

In Germany, the Innovation Fund has taken a path that has attracted a great deal of international attention: with the aim of transferring successfully evaluated care concepts into healthcare provision, a different approach was deliberately chosen than the typical 'projectitis'. There is no doubt that the fund offers valuable opportunities to test new concepts that are designed to meet the growing demands of an overburdened healthcare system. Even after eight years, the quality and relevance of the subsidised projects remains at a high level.

However, the more projects are completed, the more pressing the question of what happens to the results achieved. Despite positive votes, many concepts are not transferred to healthcare after the Innovation Fund project is completed. There are two central questions: Why do innovations that are recommended for transfer to healthcare often fail to achieve this? And how can sustainable translation into healthcare be achieved?

This was discussed in the MSD workshop 'From the Innovation Fund to standard care: Barriers and success factors in implementation' with Prof Dr Martin Dietrich (Federal Ministry of Health), Prof Dr Daniel Grandt (German Society of Internal Medicine) and Marcel Böttcher (BARMER). Particular attention was paid to the Innovation Fund project examples 'AdAM - Application of digitally supported drug therapy and care management' and 'eRIKA - ePrescription as an element of interprofessional care pathways for continuous AMTS' (see Boxes 1 and 2).

Orientation towards innovation processes from innovation research

In the authors' view, it is worth taking a look at iterative processes from innovation management, which usually comprise several steps ranging from problem identification and brainstorming to the successful implementation of an idea. An established example in the public sector is the OECD Innovation Lifecycle (2020) (see Fig. 1), which describes innovation processes in six steps and goes far beyond the evaluation and assessment phase of projects. The evaluation or assessment of ideas and concepts is only one stage on the way to the successful implementation of an innovation.

In addition to the identification of problems and the development of ideas (steps 1 and 2), this innovation process also includes the development of proposed solutions (step 3), the implementation and evaluation of projects (steps 4 and 5) and the realisation of a successfully tested concept (step 6) (OECD, 2020).

While such established innovation processes are often successfully applied in other industries, they are not implemented in this way in the healthcare sector: The Innovation Fund's support covers the process up to the assessment of the evaluation results of innovative care concepts by the Innovation Committee, but not beyond.

For the long-term integration of care-relevant concepts into the healthcare system, adjustments to the intervention, framework conditions or remuneration are required to varying degrees. To date, there has been a lack of pathways for the transition of various innovative concepts from the concept phase to implementation in healthcare, which also do justice to the heterogeneity of the projects.

Overcoming barriers to the implementation of innovations

The effective transfer of the innovative concept into care can be a greater challenge than the implementation of the innovation fund project itself. In recent years, implementation research (implementation science) has become established in the scientific community to address this problem. The integration of tried and tested concepts into existing complex healthcare systems requires a high degree of adaptability in terms of system structures, financing, compliance with regulatory requirements as well as acceptance and active support from stakeholders. Even projects with a favourable vote often encounter difficulties due to a lack of structural prerequisites for the integration of innovative concepts or their individual components into healthcare provision.

One example of this is the completed project 'AdAM - Application of digitally supported drug therapy and care management', which analysed the effectiveness of a new form of care at the level of the insured per-



Fig. 1: *Starting points for improving the practical feasibility of healthcare innovation. Source: own illustration.*[1]

son as part of the Innovation Fund (see box). The AdAM project was able to demonstrate a trend towards improvements in overall mortality and hospital admissions within 15 months through digitally supported GP medication management. However, the results were not statistically significant. Survival time analyses showed a significant reduction in mortality in patients with polypharmacy who were not under medication review. The project thus provided impetus that could have long-term effects on healthcare provision in North Rhine-Westphalia and could potentially serve as a model for implementation throughout Germany. The implementation of the results in regulatory measures is already taking place in part, as shown for example by the introduction of the ePA and the electronic medication plan. Nevertheless, despite positive results and a pronounced transfer recommendation by the Federal Joint Committee, the transfer is made more difficult by existing sector boundaries and a lack of financial support and commitment after project completion. Last but not least, there is a lack of obligations to co-operate on the part of those who define and enforce the technical and revenue-related framework conditions for care.

Building on the results of AdAM, the follow-up project 'eRIKA - ePrescription as an element of interprofessional care pathways for continuous AMTS' (see box) is currently being carried out. The eRIKA project utilises the data from the ePrescription specialist service and the dispensing data from the pharmacy to automatically guarantee a complete and up-to-date medication plan for patients undergoing drug therapy at all times. The aim of the project is to avoid medication errors with a digitally supported process between insured persons, doctors' surgeries and pharmacies using the ePrescription. If successful, the eRIKA process ensures that all patients with drug therapy automatically always have an up-to-date and complete medication plan for the prescribed drug therapy.

Operationalising the next steps of the innovation process

In order to facilitate the transfer of successfully tested care concepts from innovation fund projects such as AdAM into care, the authors believe that individual areas could be further developed: strengthening the implementation expertise within the projects as well as the effective communication and scaling of results through collaboration. Building on the OECD Innovation Lifecycle (2020), these previously undefined areas could be defined and operationalised for scalable concepts from the Innovation Fund (see Fig. 1).

Concrete proposal: Integrate implementation expertise more closely

A promising approach to improving utilisation competence could be the establishment of a central contact point that provides targeted support for innovation fund projects to develop their utilisation potential and achieve the necessary maturity for the integration of concepts into healthcare. This contact point could act as a link between the implementation phase and the 'new phase' after project completion, for example by providing advice, expertise and training.

At present, the development of implementation concepts isnot part of the original remit of innovation fund projects and is often only given secondary importance in the applications. Implementation expertise should therefore also be more firmly anchored within the projects themselves or promoted through collaboration with external partners. For a sustainable increase in implementation expertise, it is crucial to generate not only final results, but also interim results. Therefore, an accompanying process evaluation from the application to the final concept

Innovation fund project AdAM

Many illnesses can be treated effectively with medication, but the large number of medications can lead to dangerous side effects and interactions, especially in older people with multiple illnesses. The AdAM project - Application of Digitally Supported Drug Therapy and Care Management - was initiated by BARMER, the Westphalia-Lippe Association of Statutory Health Insurance Physicians (KVWL) and numerous other partners to support GPs in drug therapy management and improve treatment quality and patient safety.

The aim of the new form of care (NVF) was to improve the care of patients who took at least five active ingredients over two quarters. GPs were provided with a structured overview of all drug prescriptions using special practice software that supported them in the audit. In a cluster-randomised study with a waiting control group, the effectiveness and cost-effectiveness of the intervention were evaluated using BARMER routine data.

In summary, the evaluation showed a trend towards improvements in overall mortality and hospital admissions. Survival time analyses showed a significant reduction in mortality in the intervention group. The health economic evaluation revealed indications of lower costs as a result of the intervention. In addition, doctors reported an increased awareness of the risks of multi-medication and patients were positive about the digital decision support.

The project was approved for 54 months by the Innovation Fund at the Joint Federal Committee with a total of around 16.3 million euros.

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evaluation could help to identify new ideas and scalable concepts at an early stage. In addition, a systematic pool of topics, which is already filled when new innovation fund projects are approved, could serve as a collection of ideas for evaluating and selecting scalable concepts and components. Ideally, this 'new phase' will promote the multiplication of findings and the exchange of best practices (see Fig. 1).

Concrete proposal: communicate results effectively

The Innovation Fund already has a high level of transparency, as numerous reports and results are comprehensive and publicly accessible. However, a further step is required for the implementation of successfully trialled care concepts from Innovation Fund projects in the provision of care.

It is not enough to simply publish results - targeted and effective communication of these results is crucial to promote the interest and active participation of all relevant stakeholders. Often the results achieved remain insufficiently publicised, which limits their practical relevance. Well thought-out and targeted communication could also strengthen confidence in the innovation potential both at regulatory level and among service providers.

In order to effectively communicate the positive effects of innovation fund projects, it is important to further intensify the promotion of cooperation and collaboration between the various stakeholders. However, there is currently a lack of an 'open innovation' culture in the healthcare sector that actively supports the exchange of ideas and the joint development of new solutions. In this context, the creation of a public pool of topics could also help to increase the transparency of projects and tried-and-tested concepts and improve the findability of relevant information.

Last but not least, the active involvement of doctors, other healthcare professionals and patients in the innovation process is of crucial importance. Without their involvement and support, it will be difficult to integrate entire concepts or parts of successfully trialled concepts into healthcare. The early involvement of service providers and patients can help to address patient-relevant additional benefits and increase the acceptance of new care approaches.

eRIKA innovation fund project

People who have to take several medications at the same time due to illness (polypharmacy) should have a complete medication plan. This is crucial for the safe prescription of medicines and comprehensive pharmaceutical counselling. However, a complete and up-to-date overview of all medication is often missing, which can lead to avoidable risks.

Against this background, the innovation fund project eRIKA - ePrescription as an element of interprofessional care pathways for continuous AMTS - was initiated by BARMER, AOK Nordost, the Westphalia-Lippe Association of Statutory Health Insurance Physicians (KVWL) and other partners. It utilises the e-prescription process and the KIM (Kommunikation im Medizinwesen) communication service to enable the secure transmission of medical information via the telematics infrastructure. Doctors receive detailed information on their patients' health history and overall medication when prescribing. Pharmacists also receive the necessary data for their counselling and patients can view their medication plan digitally.

The project is being evaluated using a randomised control design (real-world laboratory) and a quasi-experimental design. The primary endpoints are hospitalisation and mortality up to three months after prescription. In addition, drug effects and cost-effectiveness will be analysed. If successful, eRIKA will contribute to increasing the safety of drug therapy by improving the transfer of patient information and guaranteeing the traceability of drugs back to the patient.

The project is being funded for 48 months by the Innovation Fund of the Joint Federal Committee with a total of around 11.7 million euros.

Conclusion

The further development of the Innovation Fund towards the effective integration of successfully tested care concepts into healthcare requires a comprehensive approach that goes far beyond mere project approval and evaluation. It is important to identify recommendations that promote the transfer of innovative concepts or individual components of these concepts into healthcare. There should also be a stronger focus on the dissemination of the results achieved.

In this context, a central component could be the integration of the innovation fund projects into a pool of topics that makes innovative ideas and concepts visible. Nevertheless, the optimal approach remains a balanced one: results should neither be rigidly implemented nor forgotten. A flexible and adaptable process is needed that supports the transfer of scalable concepts into practice. This mandate of the Innovation Fund is correct - it is all the more important to develop a process that goes beyond mere project completion and promotes implementation into care in a 'new phase'. <<

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Literature:
1: OECD (2020), "The public sector innovation lifecycle: A device to assist teams and organisations in developing a more sophisticated approach to public sector innovation", OECD Working Papers on Public Governance, No. 37, OECD Publishing, Paris, https://doi.org/10.1787/0d1bf7e7-en.