Impact of the Innovation Fund. Series part 1: Success factors

The Innovation Fund works!

As the transfer successes of the Innovation Fund projects into standard care are not known or not sufficiently recognised by the professional public, the publisher and editor-in-chief of the specialist journal "Monitor Versorgungsforschung", the board of the Netzwerk Versorgungsforschung e. V. (DNVF) and other stakeholders in the healthcare system have agreed to publish an editorial MVF series with positive transfer examples from different perspectives from this issue onwards. This was kicked off in the previous MVF (05/25) with a double cover interview with Prof Josef Hecken, G-BA, and Prof Wolfgang Hoffmann, DNVF (1). They brought up ideas for the further development of the innovation fund, with the discussion focussing on a contracting obligation, possible interim analyses and an implementation obligation for the health insurance funds involved in the project in the event of a positive transfer recommendation. Part 1 of the new MVF series deals with the factors that favour a successful transfer. This part of the series also presents projects whose results have already had a positive impact on our healthcare system.

>> The projects supported by the Innovation Fund are more successful in terms of transfer than is often realised. Therefore, in addition to the fundamental prerequisites for successful transfer, such as positive evaluation results or transfer recommendations from the Innovation Committee, it is crucial that stakeholders are approached with a differentiated communication strategy. In addition, transfer must be considered from the project development stage onwards and provided with appropriate resources - in particular transfer and innovation expertise.

The G-BA's Innovation Fund, which has been funding projects in the areas of "health services research" and "new forms of care" since 2016, has created a central instrument for providing evidence-based decision-making for the implementation of innovations in the healthcare system. The innovation fund, which is fed by funds provided by the statutory health insurance funds and the federal government, is coming under increasing pressure, particularly in times when the priority is to stabilise contributions. In this context, the Federal

Cabinet decided in October 2025 to reduce the Innovation Fund's resources for 2026 by €100 million (corresponding to 50 per cent of the total budget).

If this decision is made permanent, it will become much more difficult to make evidence-based decisions for innovation in the healthcare system. However, these are essential in order to make the system more patient-centred, effective and economical.

This series of articles takes a closer look at the transfer successes already achieved by innovation fund projects. For various reasons, transfer successes are rarely recognised. On the one hand, the employment contracts of those responsible for the projects often end when the funding comes to an end, meaning that they have to focus on preparing the required project and evaluation reports in the final months of the project and, if necessary, facilitate follow-up funding and structures. Appropriate communication of the successes achieved in the transfer is often neglected as a result. At the Innovation Fund symposium as part of the German Congress for Health Services Research on 23 September 2025 in Hamburg, the managing director of the Innovation Committee, Dr Christian Igel, emphasised that all those involved must learn to communicate project results more clearly and explicitly to experts, even outside of scientific publications. Despite positive recommendations and initial transfer successes, many projects come to a standstill because the previous mechanism of writing letters to the stakeholders in the healthcare system who are indispensable for the transfer to standard care is not sufficient to overcome the persistent resistance in the healthcare system (Lindemann et al. 2024). However, there are also often constellations that obscure the view of transfer successes, such as successes that occur despite the lack of a transfer recommendation by the Innovation Committee, or transfer successes that lie outside the reporting period of the innovation fund projects.

The following section presents examples of how the leap from positive project results to changes in healthcare practice was successful. It also becomes clear that these almost never lead to a comprehensive change in standard care in the first step. Instead, the transfer to routine care often takes place via a variety of different paths and intermediate steps. This differentiated picture should be more widely publicised in order to make the successes of the Innovation Fund to date more visible and to make it easier for future good results to become established in healthcare.

Survey of Innovation Fund projects

An initial indication of the promoting and inhibiting factors for the transfer success of the Innovation Fund projects is provided by an anonymous survey of

the Innovation Fund projects conducted by the German Network for Health Services Research (DNVF). Between March and July 2025, all 126 projects of the new forms of care that have been completed since 2022 or are currently being finalised were contacted. 32 projects (35.2 per cent) answered the online questionnaire and took an average of 42 minutes to do so. The DNVF conducted the survey in preparation for the "Innovation Fund" symposium at the German Congress for Health Services Research 2025.



It identified the following key success factors:

- Practical relevance & proven patient benefit of the analysed innovations
- Positive evidence through evaluation
- Relevance for standard care / care practice
- Well-developed cooperation & networks of health insurance companies, politicians and service providers
- Commitment & motivation: perseverance against inertia and formation of a "coalition of the willing "
- Existing structural support due to local cooperation and networks

Obstructive factors were identified:

- Bureaucracy: long deadlines, unclear responsibilities
- Lack of resources: funding gaps after project completion, short project durations
- Political blockades: Resistance, lack of will from key stakeholders
- Methodological limitations: no significant results in the evaluation, case numbers too small or observation period too short
- External factors: pandemic, technical problems, regional restrictions (lack of transferability)

The following statement by a participating scientist emphasises by way of example that the transfer is not sufficiently anchored in the project structure: "Complete lack of clarity in the responsibilities regarding the implementation of the transfer to standard care".

The recommendations for action derived from this by the interviewees for improving the transfer effects of projects are very consistent in themselves:

- Improve structures: Reduce bureaucracy, clear responsibilities, binding transfer process at the G-BA
- More practical projects: longer terms, transitional and interim solutions
- Think about transfer right from the application stage
- Build up stronger competences in the teams (project management, communication & networks, political & legal expertise)
- Systemic perspective (reform of benefit law, less focus on doctors, greater involvement of non-physician healthcare professions in care)

Position paper "Does the innovation fund improve care?"

These results of the current DNVF survey correspond in many respects to the findings of the position paper "Does the Innovation Fund improve care? A critical review of the status of implementation of successful innovation fund projects in healthcare practice" by Lindemann et al. (2024), which describes a descriptive analysis of the transfer recommendations and their implementation in standard care. In contrast to the DNVF survey, the focus is on the end of the project and transfer phase - i.e. on the request to a specific group of addressees to comment on the transfer recommendation of the respective project. A total of 17 projects from the area of new forms of care were analysed - and a total of 431 addressees were contacted. The response rates on the part of the addressed stakeholders were between zero and 58 per cent, and the median duration of the documented responses from different stakeholder groups was between 41 and 101 days. The authors summarise: "The non-response of the institutions and professional associations contacted has so far brought the initiated transfer process to a halt." (Lindemann et al. 2024).

Innovation Fund symposium

This makes it clear, both from the perspective of the projects (DNVF survey) and by analysing the feedback on the transfer recommendations, that the transfer process in practice is in great need of improvement. The success factors and obstacles to transfer were also discussed at the symposium of the G-BA Innovation Fund and the DNVF "Research - Testing - Care (Learning from Practice - Improving Care!)", which took place on 23 September 2025 as part of the German Congress for Health Services Research in Hamburg. The project representatives involved largely confirmed the results of the DNVF survey and the analysis of the feedback on the transfer recommendations by Lindemann et al. (2024). The particularly concise statements and examples of the project

representatives regarding success factors and hindering factors are highlighted below.

Alexander Fischer from the "INVEST Billstedt/Horn" project emphasised that the transfer to standard care was faced with the inertia of established structures and that the shared responsibility of the various project and cooperation partners meant that, in the end, no one saw themselves as having the main responsibility for enabling the transfer. In addition, health economic factors should also be given greater consideration as part of the evaluation. These are an important prerequisite for the subsequent transfer of results.

Ansgar Jonietz from the "PASTA - patient letters after inpatient stays" project made it clear that despite the evident project results and a positive recommendation from the innovation committee, the self-interests of the contractual partners and other stakeholders involved prevailed at some facilities. The transfer also failed for structural reasons.

Prof. Timm Laslo from the project "LandRettung - Future-proof emergency medical reorientation of a district" can point to the successful transfer of his project and emphasised the broad (political) involvement of all relevant stakeholders as a key success factor. From the outset, the project had to be designed as a blueprint with the potential to be transferred to standard care. This requires the consistent implementation of an accompanying communication strategy. This has been successful in the district of Vorpommern-Greifswald in Mecklenburg-Vorpommern.

The concluding discussion at the symposium showed that scientific publications alone are usually not enough to convince the stakeholders who are essential for the transfer.

Parallel to the final and evaluation reports, short and concise materials ("advertising brochures") should be produced by the projects, which should be used as part of strategic and consistently implemented transfer communication. In the event of a positive evaluation, some of the project implementers would like to see a commitment to transfer on the part of the institutional actors involved in the project. The representatives of the Innovation Committee bodies emphasised that this was not possible for legal reasons. Rather, in addition to the instruments of health services research (evidence), the methods of innovation research (innovation research

methods of innovation research (innovation research = economic description or explanation of innovations as a basis for deriving design recommendations for innovation processes), which may have to be introduced into the process from outside. The representatives of the Innovation Committee

emphasised that the project extensions often sought by the project representatives do not correspond to the health policy goal of transferring to standard care. Rather, the transfer objectives and pathways that can then be followed without delay once the effectiveness of the investigated care model has been proven should be identified and agreed upon together with service providers and payers as early as the project conception stage.

Examples of innovation fund projects

The innovation fund projects presented in more detail in this article (see boxes) are examples of how individually different the transfer approaches and the factors that favour and hinder them are.

In the "NPPV - Improved care for mental and neurological illnesses" project, for example, the project content was already incorporated into the "KSVPsych guideline for the coordinated care of severely mentally ill people" during the project period despite the lack of a transfer recommendation. The decisive factor for this success was that translation was anchored early on in the course of the project and that the necessary network structures were established and successfully utilised.

In the "FARKOR - Screening for familial risk of colorectal cancer (CRC)" project, the positive transfer recommendation of the Innovation Committee ensured that the Method Evaluation Subcommittee was asked to examine how the findings could be incorporated into the revision of the guideline for organised cancer screening programmes and the guideline on the early detection of cancer. It is not known whether this review has been carried out and, if so, with what result.

The transfer status of the project "EsmAiL - Evaluation of a structured and guideline-based multimodal care concept for people with acne inversa" is still in progress. Although projects such as EsmAiL are being implemented in accordance with Section 140a SGB V, there is no structural instrument for transferring them to standard care. Negotiations are currently still underway regarding implementation as part of the selective contracts for special care in accordance with Section 10a SGB V.

In April 2025, a consultation process was initiated in the Federal Joint Committee to evaluate the method used in the project.

Another positive example of a transfer result is the addition of seven spinal interventions to the G-BA's guideline on the second opinion procedure based on the results of the "DEWI - Determinants in the care of patients with spinal surgery" project. In addition, the results of this innovation fund project were incorporated into various guideline processes. Building on DEWI, the former

consortium partners also initiated a follow-up project to develop a care monitoring system for spinal diseases.

Conclusion

In addition to the basic prerequisites for successful transfer, such as positive evidence, practical relevance, transfer recommendation and motivation of those involved, a number of success factors can be identified. In the innovation fund projects, the system logics of the healthcare, scientific and economic systems come together. Accordingly, in the area of communication, the scientists involved focus on scientific publications that deal with the acquisition of knowledge and its discussion in the scientific community. However, a concise and promotional communication style is required to convince the transfer-deciding stakeholders. Here, the projects need to develop and implement a differentiated communication strategy that targets stakeholders and political decision-makers in addition to the scientific community.

However, a prerequisite for successful communication is that the transfer is understood as part of the "project DNA", which is effective during all project phases and activities. A voluntary commitment by all consortium partners to bring the project into standard care in the first step, for example with selective contracts, if recommended by the G-BA's Innovation Committee, would anchor the corresponding "transfer gene" in the "project DNA". If, in turn, the transfer potential also became a hard decision criterion for or against funding, significantly more new forms of care financed by the Innovation Fund would have a better chance of being transferred to standard care.

Special transfer and innovation expertise is therefore required to strengthen transfer. The transfer counsellor proposed by the G-BA's Innovation Committee offers an effective lever. This person would have to be involved at a very early project phase and weave the appropriate threads to the service providers and potential financiers. In addition, there is a need to pool the findings from comparable project approaches (e.g. similar pilot projects) (Monitor Versorgungsforschung 05/25).

Finally, a resource-orientated consideration of the transfer process of the Innovation Fund projects should be made. The Innovation Fund stands for the structured transfer of evidence-based measures like no other funding instrument.

With a current share of 27 per cent of projects (as of October 2025) that feed their results into standard care in various ways, the Innovation Fund has already proven to be a functioning instrument. This transfer rate is

comparatively high - often this standard is not applied at all (Monitor Versorgungsforschung 05/25)!

If, in addition to further optimising this transfer process, it is possible to abolish an existing, not well-documented measure for evidence-based innovations (de-implementation), the chances are very good that the healthcare system can be made more effective, patient-oriented and economical in a timely and sustainable manner through the Innovation Fund. Healthcare research can make a decisive contribution to this. This goes far beyond the claim of purely gaining knowledge - health services research wants to and can contribute the data basis to shape the health care system (Hoffmann et al. 2025). <<

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Citation reference

Hoffmann et al.: "The Innovation Fund works! (Part 1 of the Innovation Fund Impact series), in "Monitor Versorgungsforschung" (06/25), pp. 30-34. http://doi.org/10.24945/MVF.06.25.1866-0533.2770

Literature

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Next instalment

In the next issue, MVF 01/26, you can read about the obstacles that have been identified and how these can be counteracted.

NPPV - Improved care for mental and neurological illnesses

Mental and neurological illnesses can lead to a considerable decline in quality of life as well as impairments and cause high medical costs. In its 2018 report, the German Advisory Council on Health and Care pointed out a lack of coordination and cooperation in the treatment of mental illnesses. Discontinuation of treatment, chronification and avoidable hospitalisation are possible consequences. The "Neurological-psychiatric and psychotherapeutic care" (NPPV) project was carried out to overcome these deficits.

The NPPV project trialled a staged, coordinated care model for people with severe mental and neurological illnesses. The central element was cross-professional networking between the doctors and psychotherapists involved in the project. The treatment steps were planned and managed by a reference doctor or psychotherapist, who had various therapy modules at their disposal, such as group treatment programmes or e-mental health. A coordination centre supported patients and service providers with structural services such as case management and network management. The treatment pathways defined in the project were implemented digitally using an IT platform.

The form of care was examined as part of a non-randomised, controlled intervention study with regard to its cost-effectiveness and patients' quality of life, among other things. The evaluation also analysed guideline-compliant care, the acceptance of service providers and the satisfaction of relatives.

The evaluation of the NPPV demonstrated positive effects on treatment continuity and patient quality of life as well as other endpoints - albeit with increased service expenditure in the intervention group. A transfer recommendation was not made; however, it was obsolete, as early findings and central components of the project were incorporated into the KSVPsych guideline for the coordinated care of severely mentally ill people, which came into force during the project period.

The composition of the consortium with committed partners and the successful recruitment of over 14,000 patients and almost 700 participating doctors and psychotherapists were key to the project's success. NPPV has thus met a high demand for coordinated and networked care. The consortium management of KV Nordrhein considered translation early on in the course of the project and lobbied politically for the implementation of NPPV elements in

the KSVPsych guideline. The network structures and experience gained in the project were ultimately decisive for the successful implementation of KSVPsych network associations in North Rhine.

by: Dr Johannes Pollmanns, North Rhine Association of Statutory Health Insurance Physicians

FARKOR - Screening for familial risk of colorectal cancer (CRC)

People with a familial risk of CRC often develop the disease earlier and have a higher risk of developing the disease than the general population. However, standard care does not yet provide adequate structured screening programmes for people under the age of 50. As a result, many of those affected remain undetected and do not receive appropriate early detection.

FARKOR aimed to close this gap in care in Bavaria. Between 2017 and 2021, around 26,000 people with statutory health insurance aged between 25 and 50 were screened for a familial CRC risk as part of a simple family history. Around 6,000 of these showed a corresponding risk and then received an individualised screening offer - either a preventive colonoscopy or an immunological stool test. In addition, doctors received training in risk detection and digital support in implementing the programme.

The scientific evaluation confirmed the high level of acceptance and effectiveness of the approach. As a result, the G-BA's Innovation Committee issued a transfer recommendation: The findings obtained in the project were forwarded to the G-BA's subcommittee on method evaluation. The latter was asked to examine how the findings from the project could be incorporated into the revision of the guideline for organised cancer screening programmes and the guideline on the early detection of cancer. The result is still pending at the time of publication.

The most significant success lies in the nationwide health policy recognition of the relevance of familial risk factors for the prevention of CRC. The transfer recommendation has created a central content-related basis for a future adaptation of the guidelines. The close cooperation between health insurance companies, healthcare providers and scientists as well as the digital infrastructure for risk assessment had a favourable effect.

by: Dr Natalie Schmidt, Association of Statutory Health Insurance Physicians in Bavaria

EsmAiL - Evaluation of a structured and guideline-based multimodal care concept for people with acne inversa

EsmAiL was designed to address the deficits of standard care for acne inversa (Ai). Recurrent, purulent abscesses and fistulas in sensitive areas of the body - such as the armpits, groin, under the breast or on the buttocks - lead to irreversible physical and psychological damage for many sufferers. Around 1% of the population is affected. Progressive Ai can turn young, healthy people into severe sufferers who are increasingly excluded from social and professional life due to chronic pain, odour pollution and accompanying illnesses such as depression. Inadequate outpatient care often leads to inadequate treatment, poor disease control and high costs.

Brief description of the project: As part of EsmAiL, specialised acne inversion centres (AiZ) were set up, a guideline-based digital treatment pathway was introduced and patients were trained in dealing with risk factors and triggers. Quality was regularly audited independently. Collaboration with clinics and care-led wound centres has resulted in cross-sector and cross-professional care. In a randomised controlled study with blinded assessment, care in the AiZ was compared with standard care. Of the 553 patients included in the study, half received standard care and the other half were cared for in the AiZ.

After one year, the intervention group showed a significant reduction in inflammatory activity and pain as well as improvements in quality of life, anxiety and depression. Care in the AiZ led to higher treatment satisfaction and tolerance. The process evaluation confirmed a good acceptance of the counselling services, improved knowledge and increased patient empowerment. The health economic analysis showed potential savings, in particular due to lower demand for biologics.

The Innovation Committee assessed the project favourably and confirmed the high quality of the results. As LAight® therapy was not yet a standard benefit at the time, the committee recommended waiting for the decision on the benefit assessment by the Federal Joint Committee. The transition to EBM is expected in 2026.

Even with the inclusion of LAight® therapy in standard care, the problem of inadequate care management remains. Projects such as EsmAiL are usually

implemented in accordance with Section 140a SGB V, which allows for flexible remuneration and digital infrastructure. However, there is no structural instrument for transferring such models to standard care under collective agreements. The fragmented sector structure hinders patient-centred, effective and cost-reducing care for the chronically ill - there is an urgent need for reform here.

The EsmAiL project is currently negotiating implementation in contracts in accordance with Section 140a SGB V with committed health insurance funds.

by: PD Dr Michael Schultheis, Mainz University Medical Centre / Dr Katharina Hennig, Lenicura GmbH

DEWI - Determinants in the care of patients with spinal surgery

The number of spinal operations almost doubled in Germany between 2005 and 2011. DEWI analysed which patient-related, facility-related and regional factors are associated with spinal surgery. For this purpose, routine SHI data from around 8 million insured persons per year were used nationwide via the Scientific Institute of the German Statutory Health Insurance Funds (WIdO), descriptive and analytical methods were used and the results were discussed with clinical experts.

It was shown that, even after controlling for care and patient characteristics, the rates of spinal surgery depend crucially on local service structures. It was also shown that the probability of a patient with spinal disease receiving an operation decreases with the number of physiotherapy prescriptions. However, only just under half of the patients had received physiotherapy in the two years prior to an operation. The different budgets for remedies between the associations of statutory health insurance physicians were associated with the prescription of physiotherapy for this patient group. Access to imaging and physiotherapy was also dependent on a person's social status within the SHI system. Although the introduction of the National Care Guideline for Low Back Pain in 2010 led to a reduction in the regional spread of MRI examinations of the spine, this increased for other procedures such as acupuncture or highly effective opioids.

The Innovation Committee forwarded the December 2020 report to the G-BA subcommittees on quality assurance (indications for second opinion procedures) and disease management programmes (DMP chronic back pain) as well as to the Federal Ministry of Health (BMG), in each case with the request to examine the promotion of medical guidelines in surgical disciplines.

A second opinion procedure has been in place in Germany since 2015 in accordance with Section 27b SGB V. As a consequence of the DEWI project, seven spinal interventions were added to the G-BA's guideline on the second opinion procedure (Zm-RL) in 2021. The DMP for back pain was adopted by the G-BA during the project period. However, as with the other new DMPs - depression, osteoporosis and rheumatoid arthritis - no contracts have yet been concluded between health insurance funds and associations of statutory health insurance physicians.

In accordance with Section 92b (2) SGB V, the BMG has been setting priorities for the development and further development of guidelines since 2019. In 2021, the topic area "Surgical interventions on the skeletal system / musculoskeletal system" was included in the call for proposals for the first time. Of the 64 guideline projects funded to date, seven had an orthopaedic indication. IQWiG was also commissioned by the Federal Joint Committee to develop a "Decision aid for spinal interventions" for patients.

Building on DEWI, the former consortium partners (ZEGV, WIdO, German Society for Orthopaedics and Orthopaedic Surgery - DGOOC) and the German Professional Association for Orthopaedics and Trauma Surgery (BVOU) initiated the project "Risk-adjusted outcome analysis (quality of outcome) in the treatment of spinal diseases (ROWE)". The project is funded by the DGOOC and BVOU and focuses in particular on the risk-adjusted quality of care for patients with spinal disorders provided by outpatient and inpatient service providers. The aim is to establish a care monitoring system for spinal interventions in Germany.

by: Prof. Dr Jochen Schmitt, MPH, Centre for Evidence-based Healthcare (ZEGV)