Opportunities of § 25b SGB V:

Utilising potential more effectively and sustainably

The use of data for medical care is a trend that will permanently change the healthcare system in the coming years. "Health data will fuel the learning healthcare system of the future" was already predicted in 2019 (Böttinger 2019, p. 215) and there is much to suggest that this statement will prove to be true. The "global market for predictive analytics in healthcare alone was estimated at USD 10.8 billion in 2023 and is expected to reach USD 70.3 billion by 2031, which corresponds to a compound annual growth rate of 26.4 per cent between 2023 and 2031" (straits 2024). Tech companies such as Amazon (e.g. HealthLake or AWS HealthScribe) and Google (e.g. Google Cloud Healthcare API or AI models such as MedGemma and the AMIE agent) are on the market with numerous products and are also targeting end users with their activities.

>> With the aim of identifying individual health risks at an early stage and providing insured persons with targeted information, Section 25b was introduced into the German Social Code Book V in March 2024 with the Health Data Utilisation Act (GDNG). This gives health and long-term care insurance funds the option of analysing the health data available in-house or using it for defined purposes. This legal innovation offers potential to improve patient care. Practical implementation has so far been manageable with just under 10 publicly known projects or named fields of action.

Background

Section 25b SGB V allows analyses to be carried out for certain purposes: rare diseases, cancers, serious drug risks, as yet undetermined need for care, serious health risks in the overriding interest of the insured person and the existence of vaccination indications for vaccinations. The health insurance funds are obliged to inform insured persons about the possibility of data utilisation and their right to object. The circular from the Federal Commissioner for Data Protection and Freedom of Information (BfDI) emphasises that information obligations and transparency are crucial to creating trust. In this context, the BAS refers in its information to notification obligations and possible liability risks for board members (for legal implications, see also: Ruppel/Mertens 2025).

Status quo and obstacles

With the statutory health insurance initiatives known to date, there is still potential for further activities. Smaller health insurance funds in particular are finding it difficult to utilise the instrument or are waiting to learn from the best or, due to their size, to take advantage of offers via insurance-related service providers such as SpectrumK or GWQ.

Conversely, some health insurance funds are beginning to actively utilise or test Section 25b SGB V as new options. The focus is on vaccination initiatives, e.g. to close vaccination gaps, information on previously unrecognised need for care, occasional information on special cancer screening options (bowel, skin, breast) or chronic pain, and rarely on drug risks or changes.

Following the introduction of the new regulations, the focus was particularly on technical and organisational uncertainties and the definition of the necessary new internal processes. There were and still are uncertainties regarding data protection, acceptance on the part of the insured, data quality and data processing, options for monitoring success and the costs incurred.

For example, there is debate as to how policyholders will rate an initiative by their health insurance company that provides information on the individual health status of the policyholder, combined with information on possible care options. Activists are already seeing an "intimidating effect" from letters quoting the legal text (Patients' Rights 2025). Conscientious and sensitive implementation is therefore essential. Chronically ill patients generally welcome trustworthy information due to the many years of suffering that often lead to a clear diagnosis. The Innovation Fund is currently funding a TK project together with the University of Essen in 2026-2028 to survey the challenges, requirements and preferences of stakeholders in connection with Section 25b SGB V.

There is still no evidence on the extent to which health insurance funds also benefit from the provisions of Section 25b SGB V, e.g. cost savings through the earliest possible detection of health risks, more targeted care services and health information.

One implementation problem is the time lag in outpatient data. As long as the billing data is not available on a daily basis or very promptly, the windows for some interventions may be closed when the data is available. As the known use cases are often chronic and therefore persistent illnesses that have already left traces in the data but have not yet been diagnosed, careful analyses are necessary and also possible.

Some health insurance funds have already established methods that also take into account the data protection requirements under the GDPR and the

associated notification obligations for commissioned data processing and also enable opt-outs by insured persons on the Internet.

Potential and benefits

If Section 25b SGB V continues to be implemented consistently, there are several advantages: Firstly, earlier detection of chronic and/or serious or rare illnesses can improve the quality of life of insured persons and reduce treatment costs in the long term. Secondly, gaps in care can be closed, for example in terms of immunisation status, drug risks or the need for long-term care. Thirdly, Section 25b SGB V provides a data-based foundation, also for designing advice for insured persons and prevention programmes in a more targeted way than before. This, in turn, can relieve the burden on the healthcare system and service providers, improve control in the system through low-threshold information services and/or appointments and shorten the pathways to a diagnosis.

Further measures are needed to realise this potential even better:

1 Resources and digital infrastructure: expansion of IT capacities in the health insurance funds (e.g. for data processing or interfaces). Training for staff to adequately master data analysis methods and data protection requirements.

2 Evaluation and quality assurance: Strengthen the monitoring of results and exchange of experiences, e.g. how many insured persons are actually reached, how many recommendations are accepted, what effect the programme has on care. Publication of the results, where possible under data protection law, to enable learning processes.

3 Support initiatives to recognise rare diseases: Strengthen research into implementation options for these vulnerable groups.

Conclusion

The comparison between global trends and the situation regarding the use of health data in Germany shows how far Germany has become detached from international developments. The perceived light years between the ideas and development paths make it all the more urgent to proactively utilise the existing approaches in Germany, such as Section 25b SGB V, and to further develop these approaches in line with European legislation.

Section 25b SGB V provides a necessary legal basis for making prevention and care in Germany more evidence-based and efficient. The first initiatives show that it is possible to break new ground.

Recognising health risks is technically possible on the basis of SHI billing data, as many data traces exist in the data for years in the case of chronic

diseases, for example, but have not yet led to a clear diagnosis, such as

- Developed symptoms that require treatment ,
- symptoms that were attributed to another illness, or
- treatments that were not initiated due to an unclear diagnosis.

Technically, it is possible to develop an algorithm for many different and also rarer diseases using findings from the literature and study evidence, which enables health risks to be recognised at an earlier stage. Interdisciplinary teams are an important success factor here. If doctors, statisticians and data experts work together to identify a disease, it has already been shown that the defined purposes of Section 25b SGB V can be realised. Although there are still some methodological hurdles and the potential of

potential of AI need to be investigated further.

The development of a logic for detection is only one component when considering an initiative by a health insurance fund, as this activity must be embedded in an overall concept that encompasses various components from detection and contact to the insured person and must be well planned. This makes it clear that implementation is a complex process. Regardless of this, it is also clear that health insurance companies often find it difficult to address policyholders in the context of a specific illness and are looking for lower-threshold solutions for a positive customer experience:

1. gradually expand focussed use cases

To date, health insurance companies have gained practical experience by introducing and evaluating specific, narrowly defined use cases (such as vaccination reminders, early detection of chronic illnesses or care needs) in small steps. An agile expansion of further use cases, coordinated with feedback from policyholders and medical benefits, increases acceptance and effectiveness.

Übersicht Krankenkassen und mögliche Anwendungsfälle		
Krankenkasse	**Anwendungsbereich**	**Quelle**
AOK Bayern	Hinweise für Menschen mit erhöhtem Pflegerisiko geplant	https://t1p.de/736pl
TK	Individuelles Darmkrebsrisiko	https://t1p.de/fcc7g
BARMER	Ansprache zur Erinnerung an die HPV-Impfung bei Kindern und Jugendlichen, Hinweise zur Vermeidung von chronischem Rückenschmerz, Impferinnerungen bei Risikopatienten mit COPD	https://t1p.de/a2hg1
IKK classic	Hautkrebsvorsorge bei Handwerkerinnen und Handwerkern, Fokus auf Personen mit regelmäßiger Tätigkeit im Freien sowie zusätzlichen Risikofaktoren für Hautkrebs	https://t1p.de/3ovx7
Vividabkk	Impferinnerung	https://t1p.de/szd7s
mkk (Meine Krankenkasse)	Proaktiver Hinweis bei erhöhter Pflegebedürftigkeitswahrscheinlichkeit; Beratungsmöglichkeit	https://t1p.de/jegef
SBK (Siemens-Betriebskrankenkasse)	Impflücken, Rückruf und Umstellung von Arzneimitteln	https://t1p.de/ir6li
ZF BKK (Use Cases allgemein benannt)	Empfehlung zur Krebsfrüherkennung, Warnhinweise bei problematischen Medikamentenkombinationen, drohende Pflegebedürftigkeit, Erkennung Schlaganfallrisiken, Impferinnerung	https://t1p.de/n4jc1

Tab. 1: Übersicht Krankenkassen und mögliche Anwendungsfälle. Eigene Internetrecherche 15.10.2025.

2. further strengthen clear information and opt-out mechanism

Insured persons must be informed about planned analyses at an early stage, in a clear and easy-to-understand manner, and made aware of their right to object (opt-out). Transparent information materials and digital consent and opt-out options simplify the process for all parties.

3. enable flexible technical and regulatory adjustments

The use of AI should be clearly regulated by law. The development of training models and AI applications should be explicitly included, but an individual assessment should be required before each use (e.g. mandatory notification procedures, as is already the case today). In the future, an opt-in should also make it possible for insured persons to provide real-world data, e.g. through wearables, for analyses. <<

by: Dr rer. oec. Katja[Gehrke1]

(ORCID: 0000-0001-5516-457X) Prof. Dr phil. Andreas [Meusch2]

(ORCID: 0009-0008-0914-5309)

1: Managing Scientist, Institute for Descriptive Health Data Analysis (DGDA)

2: Professor of Health Management, IU International University of Applied Sciences, Bremen

Authors' declaration

The authors declare that there are no conflicts of interest.

Citation reference

Gehrke, K., Meusch, A.: "Utilising potential more strongly and sustainably", in "Monitor Versorgungsforschung" (06/25), pp. 64-66.
http://doi.org/10.24945/MVF.06.25.1866-0533.2777

Literature

Böttinger, E., zu Puttlitz, J. (2019): The future of medicine. Disruptive innovations revolutionise medicine and health, Medizinisch Wissenschaftliche Verlagsgesellschaft Berlin Bundesgesetzblatt (2024): Gesetz zur verbesserten Nutzung von Gesundheitsdaten (GDNG), BGBl I 2024 Nr. 102, https://www.recht.bund.de/bgbl/1/2024/102/VO.html, retrieved: 15.10.2025 Bundesbeauftragte für den Datenschutz und die Informationsfreiheit (BfDI) (2024): Circular with information on the data-based identification of individual health risks by the health and long-term care insurance funds in accordance with Section 25b SGB V, https://www.bfdi.bund.de/SharedDocs/Downloads/DE/DokumenteBfDI/Rundschreiben/Allgemein/2024/Rundschreiben-Krankenkassen-Pflegekassen.pdf?__blob=publicationFile&v=1, retrieved: 15 October 2025

Federal Social Security Office (2024): Circular on data protection and notification procedures according to § 25b SGB V, https://www.bundesamtsozialesicherung.de/fileadmin/redaktion/Datenschutz_Datensicherheit/Anzeigen_und_Meldeverfahren/20240402Rundschreiben___25bSGBV.pdf, retrieved: 15.10.2025

Grätzel von Grätz, P. (2025): What are the health insurance funds doing with Section 25b SGB V, in: eHealthCom from 08.04.2025; https://e-health-com.de/details-news/was-machen-die-kassen-mit-dem-paragraph-25b/

Patientenrechte+Datenschutz e.V. (2025): Techniker Krankenkasse (TK) sends intimidating letters to insured persons;, https://patientenrechte-datenschutz.de/techniker-krankenkasse-tkversendet-einschuechternde-schreiben-an-versicherte/, retrieved: 08.10.2025

Position paper of the scientific advisory board of AOK Nordost (2024): Health prevention through data analysis, https://www.aok.de/pp/nordost/wissenschaftlicher-beirat-der-aok-nordost/gesundheitspraevention-datenanalyse/, retrieved: 15.10.2025

Ruppel, T., Mertens, L.: "Rechtliche Implikationen der Stratifizierung des Versichertenklientels nach § 25b SGB V - Anforderungen an Patienteninformation und KI-Einsatz", in: "Monitor Versorgungsforschung"

(MVF 03/25), pp. 57-63. http://doi.org/10.24945/MVF.03.25.1866-0533.2721

Stegmaier, P. (2025): "Wie genau muss eine Krankenkasse nun informieren?", in "Monitor Versorgungsforschung", 03/25, p. 20 -21, http://doi.org/10.24945/MVF.03.25.1866-0533.2714, retrieved: 15.10.2025

Straits research (2024): Market for predictive analytics in healthcare Size and outlook, 2023-2031; https://straitsresearch.com/de/report/healthcare-predictive-analytics-market; retrieved: 08.10.2025