Impact of the Innovation Fund. Series part 2: Innovation

Innovation as a driver of healthcare

Anyone searching for a scientific understanding of the term innovation will quickly come across Joseph Schumpeter's "Theory of Innovation", which defines innovation as a deliberate and targeted process of change towards something new and unprecedented. According to this understanding, the economy and society are transformed by combining production factors in a novel way. It is of central importance that innovation (as opposed to invention) can only be spoken of once the benefits of a new development have been recognised and the change has arrived on the market. [1] The G-BA's Innovation Fund has also embraced this exploration of new ideas and perspectives across different fields with the aim of driving competition for the best ideas and bringing continuous innovation to the healthcare system: "In this way, the Innovation Fund acts as a powerful engine for better patient care in Germany." [2]

>> Innovation is often referred to as a "driving force" in everyday language, but also in specialist literature. However, this image is overly simplistic, as innovation in the context of healthcare is not a machine that produces a specific result at the push of a button. Even if the evaluation results are positive, the care processes and models developed in projects funded by the Innovation Fund do not automatically lead to better care. Rather, the transfer must already be established in the project phase so that the evidence can primarily serve to initiate and shape the transfer phase. This principle is to be strengthened as part of the further development of the innovation fund . The aim is not to create a detailed planning system that anticipates all eventualities and options. Instead, the aim is to create an innovation generator that, under dynamic environmental conditions, defines the framework for successful innovations and outlines possible development paths in order to minimise risks and increase the likelihood of innovations being implemented. [2]

Against the backdrop of the financing crisis in the healthcare system, it is essential to consider the health economics of healthcare innovations. In the following article, Prof. Juliane Köberlein-Neu, health economist at the University of Wuppertal, considers innovation to be a prerequisite for adapting the healthcare system to constantly changing conditions. She sees innovation fund projects as the first step in the innovation process. Health economics draws on various factors to subject the performance and potential of the healthcare system to a cost-benefit analysis. This health economics perspective should become mandatory for the evaluation of innovation fund projects, alongside factors such as patient benefit. For those implementing innovation fund projects, however, this also means that measures and costs for transfer to standard care must be considered and budgeted for from the outset. If the same standard is applied to existing healthcare measures, it becomes clear that there is room for optimisation. The evidence-based de-implementation of measures in current standard

care that offer too little patient benefit and/or are too costly can create financial leeway for strengthening innovations in the healthcare system. Healthcare research can provide health policy decision-makers with the necessary evidence base for this.



Since the German healthcare system is based on the principle of self-administration, innovations in the healthcare system cannot be implemented without the two key interest groups in the healthcare system: service providers such as doctors, pharmacists, nurses, therapists, etc., and cost bearers (health insurance companies). With regard to these interest groups, the greatest challenge lies in implementing innovations in the healthcare system. This is because every innovation in the healthcare system entails disadvantages for at least one of the above-mentioned groups.

It remains the task of health policy to win over service providers and cost bearers for innovations on the basis of evidence-based decisions.

Dr Ursula Marschall from the Barmer Institute for Health System Research recognises the responsibility of health insurance companies and sees them as playing a formative role. She calls on health policymakers to incorporate the results of successful innovation fund projects into standard care. So far, it is often only selective contracts that are used to take the first step towards transferring innovations into standard care. However, since selective contracts are also business decisions made by individual health insurance funds, other relevant perspectives, such as the patient's perspective, cannot always be reliably taken into account at this stage. It is also possible to use selective contracts for collective agreement-based care by having several statutory (and, if necessary, private) health insurance funds cooperate. Selective contracts thus enable greater flexibility and regionality in care. [3]

Service providers are also strongly committed to innovation in the healthcare system within the framework of innovation fund projects. Contract doctors are taking advantage of the opportunity to try out new forms of care, benefit from scientific findings and thus improve the healthcare system. Ekkehard von Pritzbuer from the National Association of Statutory Health Insurance Physicians (KBV) describes how the transfer of successful innovation fund projects is also perceived as hesitant by the participating doctors. He emphasises that innovations can benefit practices and patients insofar as the integration and sustainability of innovations in standard care are strengthened.

Conclusion

At the end of the series on the Innovation Fund, which spanned several issues of "Monitor Versorgungsforschung" (Health Services Research Monitor), the interview with G-BA Chairman Prof. Josef Hecken and DNVF Chairman Prof. Wolfgang Hoffmann included a survey of Innovation Fund projects, a critical review of the implementation of Innovation Fund projects, inputfrom the most important stakeholders in the Innovation Fund, successful practical examples, and expert and discussion contributionsfrom the joint"Innovation Fund" symposiumheld by the G-BA and DNVF at the German Health Services Research Congress 2025. We can now say with certainty: We know what needs to be done! The collective expertise presented here overlaps considerably in terms of content and underlines the relevance of Prof. Josef Hecken's proposed further development of the Innovation Fund:

- Development and implementation of a communication strategy that also involves stakeholders and political actors (federal, state and local government)
- Anchoring the transfer (also with regard to health economic criteria) already in the development and project phase
- Voluntary commitment by all consortium partners involved to bring successful (effective/resource-efficient) Innovation Fund projects into standard care.
- Establishment of transfer facilitators who support successful projects with transfer-relevant expertise and contacts
- Abolition of care measures for which there is no evidence of effectiveness (de-implementation). [5, 6]

The German Network for Health Services Research (DNVF) e. V. is working together with over 40 other institutions representing the entire spectrum of health services research in Germany to bring about these changes. [7]

It is therefore important to further improve the successful Innovation Fund with regard to the points mentioned above so that it can fully realise its potential to achieve the stated goals. With this objective in mind, the 50 per cent cuts to the Innovation Fund for 2026 must remain merely a blip on the road to achieving the long-term goals. A permanent reduction in the Innovation Fund would deprive the healthcare system of its most important instrument for greater effectiveness, cost efficiency and patient orientation – with consequences for our healthcare system!

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Commentary by Dr Ekkehard v. Pritzbuer (National Association of Statutory Health Insurance Physicians – KBV)

"Impact and limitations of the Innovation Fund in outpatient care"

Over the past ten years, the Innovation Fund has established itself as an important instrument for promoting new forms of care and healthcare research. It opens up opportunities for contract doctors, but also presents challenges. Participation in funded projects has been high from the outset, often in close cooperation with associations of panel doctors . These associations have not only taken on the role of project partners, but have also acted as consortium leaders and multipliers.

The cross-sectoral orientation has led to new forms of cooperation between outpatient and inpatient facilities and with other health professions, as well as to stronger regional networking. These effects are positive, as they often continue beyond the projects, but they are often limited to individual regions and particularly committed actors.

The benefit for contract doctors lies in the opportunity to try out new forms of care and benefit from research results that can improve the quality of care in the long term. Many projects focused on digitalisation, which still has room for improvement in Germany. The fund has provided impetus here by supporting projects that test innovative digital processes in healthcare. For contract doctors, this means, for example, access to solutions that can facilitate practice organisation and communication. Nevertheless, the challenge remains to extend these improvements beyond the project context . It is viewed critically that the transition of successful projects into standard care is often too slow. Numerous projects have produced robust findings, but the results have so far had no consequences. The reasons for this lie less in the projects themselves than in a lack of responsibilities and processes for implementation. Innovative approaches are not always compatible with the existing system, and the regulatory anchoring of new forms of care is proceeding hesitantly. For contract doctors, this means that although they can participate in innovative projects, the benefits do not automatically translate into everyday practice.



The question of whether the Innovation Fund can have a positive impact in the outpatient sector can be answered in the affirmative. Projects show that innovations are practicable and can benefit patients and practices. Nevertheless, their reach remains limited as long as successful approaches are not systematically transferred into standard care. In view of demographic change and increasing demands, it is necessary to continue the fund, but with a stronger focus on integration and sustainability. For contract doctors and associations of statutory health insurance physicians, this means that they can continue to benefit from the opportunities – provided that the structural hurdles are consistently addressed.

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"The ability to evaluate complex interventions in a reliable manner is a unique feature of the German funding landscape."

What role does innovation play in our healthcare system?

Innovations make the healthcare system more efficient, sustainable and future-proof. Any change in or to the healthcare system that aims to improve healthcare is essentially an innovation. In addition to innovations in the industrial health sector, which includes pharmaceuticals, medical technology, biotechnology and digital health solutions, healthcare innovations represent a separate field of innovation in which new solutions are found for the way we organise healthcare and respond proactively and creatively to current and future challenges.

Care innovations enable the needs-based further development of structures, processes and care models. Their goal must be to improve healthcare. This includes improving health outcomes, patient experiences with healthcare, the efficient use of scarce resources in the healthcare sector, the work experiences of healthcare professionals in the performance of their duties, and equity of care (the "quintuple aim"). Innovation is the engine that continuously adapts care to new conditions, such as new technological possibilities, demographic changes and new needs. This means that innovativeness and the ability to innovate are both prerequisites and indicators of the adaptability of the entire healthcare system to conditions that are changing ever more rapidly and dynamically.

What advantages does an innovation science perspective offer in this context?

An innovation science perspective allows innovations to be understood not as random events, but as a malleable process. Through systematic analysis of needs, barriers, acceptance factors and contextual conditions, healthcare innovation can be developed, implemented and scaled in a targeted manner. The innovation science perspective integrates methods such as co-creation, real-world evidence, implementation science and diffusion theories, which are increasingly found in agile innovation approaches. It is interdisciplinary in nature and also provides expertise, particularly in the areas of implementation and scaling. The innovation science perspective views innovation processes as collaborative processes. This is because the transfer and establishment of successfully tested care concepts in the reality of care requires completely different skills than the provision of evidence. An innovation science perspective allows not only new solutions to be found and evaluated, but also their sustainable benefits, transferability and impact on improving care to be anticipated, realised and empirically verified. This perspective makes innovation more predictable, less risky and more needs- and benefits-oriented. And by looking beyond the invention and testing of new care concepts to the transfer and its conditions, it makes innovation successes more likely.



What changes would the Innovation Fund need to make in order to make our healthcare system more innovative and thus more cost-efficient, patient-oriented and, overall, more sustainable?

In order to further develop the Innovation Fund as a central instrument of healthcare innovation in Germany, its strength should be leveraged: the ability to evaluate complex interventions in a robust manner. This is a unique feature in the German funding landscape. The transfer recommendations of the Innovation Committee send a strong signal about the validity of the healthcare promises made in the projects. Such evidence alone is a necessary but not sufficient condition for innovation success. In order to contribute more to innovation success, innovation funding should be more strongly aligned with the idea of "end-to-end" funding – from the idea (healthcare research) to its testing (new forms of care) to scaling (transfer). Because the goal of the innovation fund is to improve care, but this is not organised in projects, chain-like project extensions or even continuations are not an option. Transfer architectures are needed that help those involved in the reality of care to adopt successfully tested concepts beyond the specific project logic into the reality of care. New care concepts should also always be designed in such a way that it is easier to opt for the innovation than to stick with conventional care concepts. A change in the promotion of care innovations that offers support to stakeholders in the field of care innovation in this sense would enable more innovation successes.

Short interview with Prof. Dr. Juliane Köberlein-Neu (health economist at the University of Wuppertal)

"A unique opportunity to test new care approaches under everyday conditions and systematically record their economic effects"

How does health economics view innovation – more as an opportunity or more as a risk?

From a health economics perspective, innovation in healthcare is an investment under uncertainty. The key question is: do the expected benefits justify the resources invested, and what could have been achieved with these resources as an alternative? Innovation becomes an opportunity when it improves care while simultaneously freeing up resources or using them more efficiently. This is not just about individual cases. Our healthcare system is facing profound changes, including an increasing shortage of skilled workers and new clinical pictures. Without continuous renewal, it will lose its ability to adapt to these changing conditions and make sensible use of the available resources. Innovation is therefore not a luxury, but a prerequisite for an adaptable system. Innovation becomes a risk when the costs exceed the benefits or when promising approaches get stuck in the project phase. A rethink is needed here: funded projects should be understood from the outset as the first step on a longer journey. They are a starting point from which an innovation can gain acceptance and spread. After all, the real loss does not arise from failed ideas, but when innovations for which there is robust evidence nevertheless never find their way into standard care.

What efficiency gains or savings potential do innovations offer for our healthcare system?

The question of whether innovation is worthwhile can certainly be quantified. Model calculations estimate the annual savings potential from new forms of care, digital applications and improved therapies at over 20 billion euros – with projections of up to 47 billion euros by 2045. [4] Even if such estimates are subject to uncertainty, they show the magnitude of what could be possible. The savings arise, for example, where outpatient treatment replaces inpatient stays, where telemedicine saves travel, or where more precise diagnostics avoid unnecessary treatment. Added to this is something that is often overlooked in traditional cost calculations: when people are less ill, fewer working days are lost and incapacity for work is prevented, there is a considerable social benefit. Health services research provides the tools to make these connections visible and enable informed decisions. Health economic evaluations are not a cost-saving tool, but rather create the basis for using scarce resources in a way that maximises the benefits for patients.



What health economic instruments or parameters should the Innovation Fund apply in order to be more innovative and cost-effective?

In order for the Innovation Fund to be more innovative and cost-effective, the evaluation perspective needs to be broadened. Until now, the success of projects has been measured primarily in terms of immediate results. However, the true value of an innovation often only becomes apparent in its broader impact on the healthcare system. Health economic evaluations make an important contribution here. They reveal where innovations create real added value and where they do not. Methodologically, cost-consequence analyses that separately report different patient- and system-relevant outcomes, social return on investment calculations to capture societal benefits, or value-of-information analyses that reveal where uncertainties exist and what evidence should be further collected are particularly suitable for this purpose. At the same time, the question of what the introduction of a new treatment into standard care actually costs deserves more attention. Innovations cannot be easily transferred into everyday care. Implementation strategies, such as offering training, adapting processes or creating the necessary technical infrastructure, are necessary and tie up resources. Sometimes this effort is permanently high and exceeds the achievable benefits. Those who are aware of these costs at an early stage can make more targeted decisions about which innovations are really worthwhile. Finally, the downside should also be given greater consideration. The evidence-based discontinuation of care practices that no longer correspond to the current state of knowledge can free up considerable resources. As a funding instrument, the Innovation Fund offers a unique opportunity to test new care approaches under everyday conditions and systematically record their economic effects. This function as a learning element in the healthcare system should be strengthened, especially in times of scarce resources.

Short interview with: Dr Ursula Marschall, Barmer Institute for Health System Research

"Thinking specifically about transition to standard care"

What is the basic stance of statutory health insurance companies on innovation? How do you deal with the risks associated with innovation?

Statutory health insurance companies have a positive attitude towards innovation. If we look at the pharmaceutical market, for example, Germany offers the fastest availability and highest market penetration of innovative drugs compared to all other EU countries. Germany is the only EU country that complies with the requirement to make drugs available to patients within 90 days of approval. But Germany also ranks among the top countries in terms of expenditure, with over 50 billion euros annually and an upward trend, especially for patent-protected innovations. Health insurance funds are also open to new treatment methods. We see a particular need for the establishment of well-organised cross-sector and cross-professional networks. We see this as an opportunity to ensure efficient and high-quality innovative medical and nursing care. As a cost bearer, we naturally focus not only on the quality of treatment but also on cost-effectiveness. Here, we see particular potential for increasing efficiency.

What expectations do statutory health insurance funds have of the Innovation Fund in terms of innovation? To what extent are these expectations being met?

Participation in the Innovation Fund from the perspective of statutory health insurance funds has changed since its introduction in 2016. Initially, it was important to support as many projects as possible in order to be at the forefront of new care concepts and research ideas. In the meantime, the number of applications has increased so immensely that careful selection is necessary, not only for resource reasons on the part of the health insurance funds, but also for qualitative reasons. The role of the health insurance funds has changed from mere data suppliers to important partners who can already provide advice and share valuable experience during the application phase. The number of projects seeking a source of funding has increased significantly. Innovative care ideas are still there, but often there are only vague ideas about how they can be evaluated and how their economic efficiency can be demonstrated. Our expectations that successfully completed projects would be immediately incorporated into standard care have not been fulfilled.



What changes would the Innovation Fund need to make in order to make our healthcare system more innovative and thus more cost-efficient, patient-oriented and sustainable overall?

Concepts that are to be funded by the Innovation Fund should include a module that specifically considers their transfer into standard care. These transfer concepts must be based on existing remuneration system guidelines. In addition, instruments for verifying evidence must be adapted to changes in technology. However, new findings also need to be implemented and enforced politically. This requires a joint effort to maintain the networks that have been established during successful projects. Selective contracts (contracts for special care) with individual health insurance funds are a first step in this direction, but they are not sufficient to reflect standard care. Furthermore, the conclusion of such contracts is a business decision for each individual health insurance fund. Even projects that have been evaluated positively must demonstrate that they are practicable in everyday care. This begins with rolling them out to other regions or transferring the concept to other indications. There are no positive examples of this having already been achieved.

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Effects of tele-support researched

>> A recent Austrian study published in the open access ...

Effects of tele-support researched

>> A recent Austrian study published in the open access journal Scientific Reports (1) investigated the influence of telemedical support on the attention and performance of emergency medical technicians (EMTs) during simulated cardiac arrests outside the hospital. To this end, 43 teams completed two scenarios – one with and one without telemedical support from an experienced emergency doctor – while wearing eye-tracking glasses to analyse their gaze behaviour.

The results of the team of authors led by Vincenz Scharner from the Medical University of Vienna show that tele-support significantly improved the visual attention of team leaders, enabling them to focus more on the medical equipment and be less distracted by non-task-related stimuli. In contrast, no significant changes in gaze behaviour were observed among the team members, which is probably due to their strong physical involvement in chest compressions.

In terms of cognitive load, telemedical support significantly reduced the mental demands on team leaders.

There was a significant difference in the consideration of reversible causes. Without telemedical support, 10 teams (26.3%) did not consider reversible causes in the scenario, while with telemedical support, only 2 teams (5.3%) did so ($p = 0.008$). Telemedical support significantly improved the visual attention of team leaders during simulated out-of-hospital cardiac arrests and had a positive effect on resuscitation performance by increasing compliance with guidelines. Critical measures such as defibrillation or medication administration were not delayed by the involvement of the expert.

Conclusion: The majority of participants rated the system as user-friendly and expressed a high willingness to use this technology in real emergency situations. <<

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