

Adopting CEN-ISO/TS 82304-2 and a trusted EU mHealth label for a single market that enables patients, citizens, health professionals, systems and authorities to benefit from a healthy supply of useful apps.

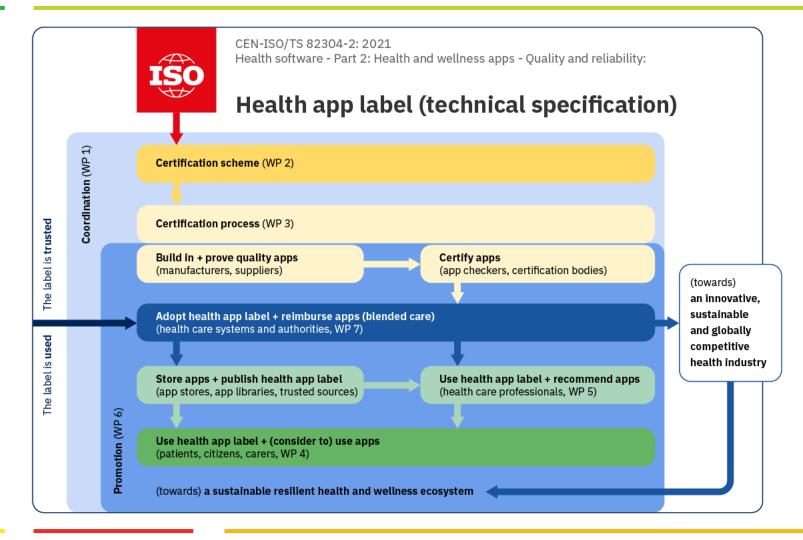
(Solutions to) challenges in reimbursement of health apps

Petra Hoogendoorn – Leiden University Medical Center / National eHealth Living Lab



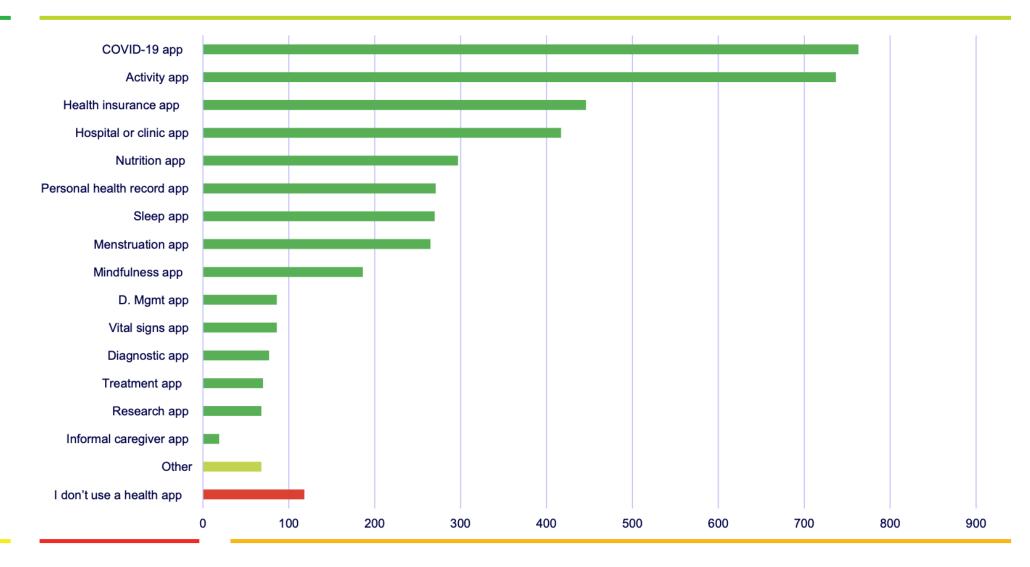
European Union November 28, 2023 2nd Label2Enable roundtable on reimb

our aim: a sustainable resilient health ecosystem





LABEL2 D patient and citizen facing health apps





the consortium: intentionally multi-stakeholder ENABLE

- Title
- Duration
- Instrument
- Туре
- **Grant Agreement number**
- **Partners**

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- June 2022 May 2024
- Horizon Europe
 - **Coordination and Support Action**
- 101057522





- The Green Paper on mobile health (2014) addresses the potential benefits and risks of health apps, questioning how to verify or ensure the efficacy of health apps (e.g. certification schemes) and how to better inform users on the quality and safety of these apps
- The Communication on enabling the digital transformation of health and care in the Digital Single Market (2018) highlights "digital tools and data for citizen empowerment and person-centred care" as a key priority and proposes common principles and certification to facilitate supply of these tools, also by Small and Medium-sized Enterprises
- CEN-ISO/TS 82304-2:2021 (health and wellness apps quality and reliability), an assignment from the European Commission to the European Committee for Standardization (CEN), International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC), delivers a common health app assessment framework and label
- The Proposal for a Regulation on the European Health Data Space (2022) calls for voluntary labelling of wellness apps (Article 31) and a cascading effect in medical devices that aim to be interoperable with Electronic Health Record systems
- Horizon Europe project Label2Enable creates ISO 17067 EU certification scheme for CEN-ISO/TS 82304-2 aligned with EU values and EU legislation, enabling accredited app assessors (third party assessment) to issue trusted CEN-ISO/TS 82304-2 health app quality labels, scores and reports



LABEL2 U ISO/TS 82304-2 helps deliver, review and choose apps

Flag or logo	Health app quality label
App icon	App name
Platform ic	p manufacturer

Benefit of the app

With this app [intended users] can [intended use] / With this app [x in 10] [intended users] [health effect] [if use] Check [here] when app requires approval from a

health professional before use



Comprehensive For wellness and medical device apps, not duplicating the work of notified bodies

Evidence-informed Inspired by the EU energy label: used by 85% EU consumers and in 59 non-EU countries

Label tested with people with low health literacy

Score, label and report communicate quality in a glance to the needed detail

At most 81 questions, of which at most 67 score-impacting yes/no questions

Yes-answers require evidence to be assessed by accredited app assessors

Assessment framework founded in a Delphi study with 83 experts from 8 stakeholder groups



European Commission (2019) New energy efficiency labels explained



Funded by the European Union

November 28, 2023

Inclusive

Testable

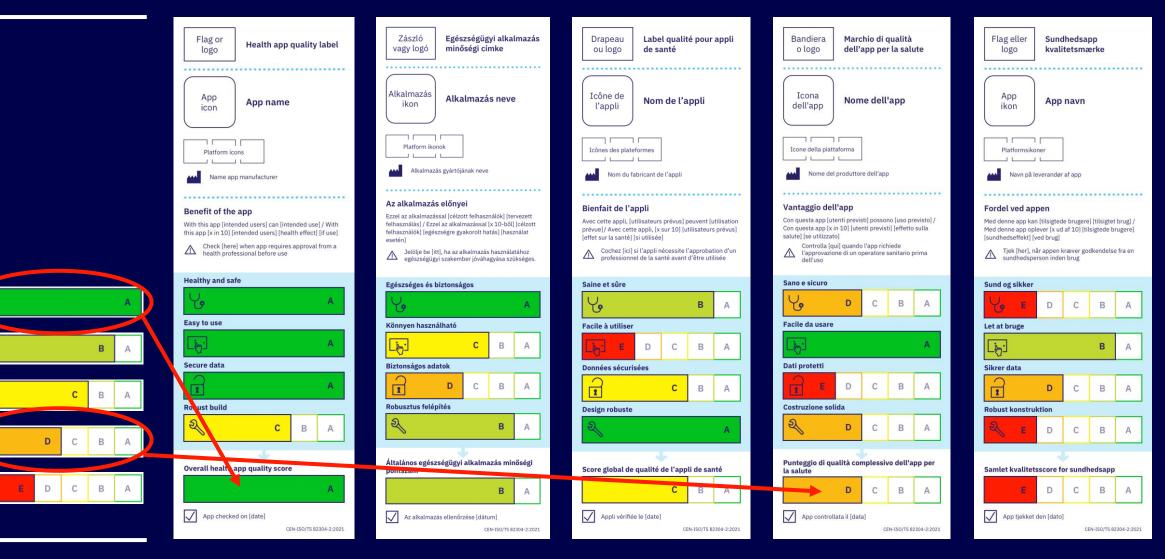
Relevant

Maintained

Informative

Proportionate

LABEL2 U 'the EU energy label but then for health apps'





LABEL2 U the EU energy score

5 jaar garantie

********* (91) Siemens WM14N295NL iQ300 extraKlasse wasmachine





★★★★★ (1) Whirlpool FFDBE 9638 BCEV F wasmachine

497,- Adviesprijs 629,- ✓ Op voorraad

A D

- Energieklasse D
- Vulgewicht 9 kg
- max. 1600 toeren
- 85 dB centrifugeren

Vergelijk product



AEG L8FEN96CAD OKOMix AutoDose wasmachine

- **866,-** Adviesprijs 1.329,- ✓ Op voorraad
- A A
- Energieklasse A
- Vulgewicht 9 kg
- max. 1600 toeren76 dB centrifugeren

Vergelijk product



Miele WED 174 WPS wasmachine

1.379,- ✓ Op voorraad



- Energieklasse A
- Vulgewicht 9 kg
- max. 1400 toeren
- 70 dB centrifugeren

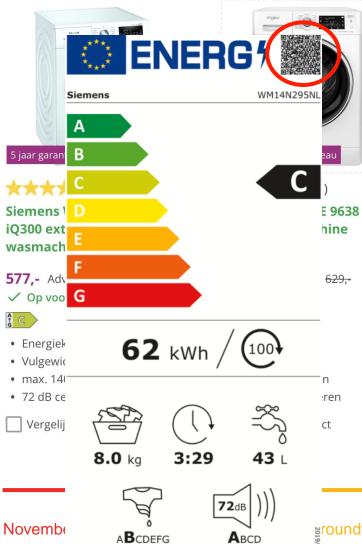
🗌 Vergelijk product



LABEL2 U the EU energy label

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European Union





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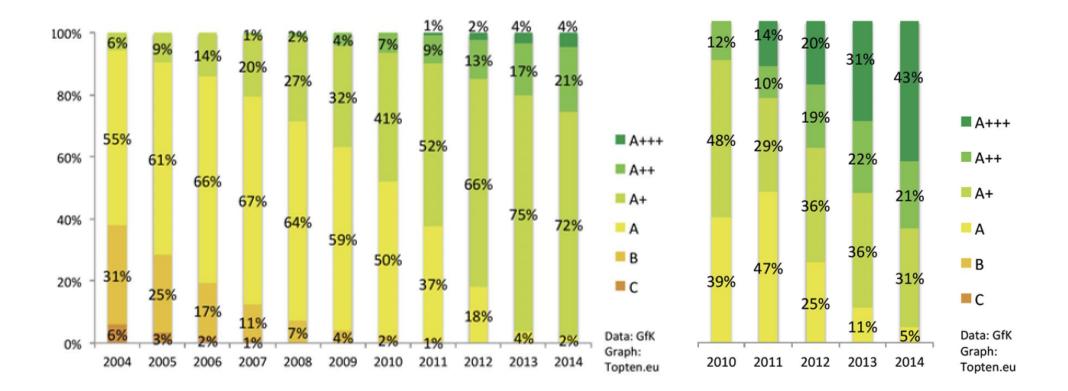
🗌 Vergelijk product

LABEL2 U the EU energy product information sheet

n official websit	e of the European Unio	n How do you know? 🗸					
		uropean ommission				🖪 Englist	n
	EPREL - E	uropean Product Reg	istry for Energy Labell	ling			
	Home > Washing r	nachines > 335652					
	Siemens WM14N29 Genera	95NL al information				ENERG†	
	CA	Overall dimensions	85 (Height) x 60 (Width) x 63	3 (Depth)	cm	Siemens WM14N295NL	
		Energy efficiency Index (EEI)		6	8,6	B	
		Washing efficiency index		1	,04	c C	
	8 Kg	Rinsing effectiveness		4,5 g/	/kg	D E	
		Energy consumption [per cycle, ec	o 40-60 programme]	0,624 kV	Nh	F	
		Weighted energy consumption [per	100 cycles, eco 40-60 programme]	62 kV	Nh	G	
		Water consumption [per cycle, eco	40-60 programme]	43 litr		62 kWh / 1007	
		Maximum temperature inside the te	reated textile (Rated capacity)	44			
		Maximum temperature inside the te	reated textile (Half)	37	°C		
		Maximum temperature inside the ti	reated textile (Quarter)	23	°C	8,0 kg 3:29 43 L	
		Weighted remaining moisture content	ent	52	%		
		Snin sneed (Rated canacity)		1 400 rc	om	72 dB)))	



LABEL2 U EU Energy label: refrigerator & washing machine sales



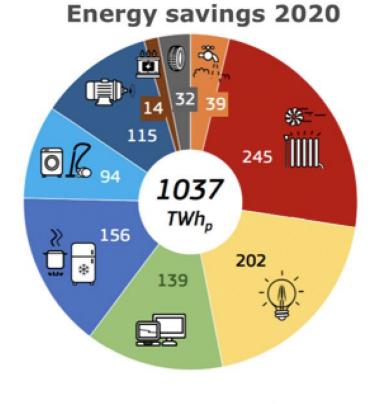


LABEL2 U EU Energy label: impacts estimates

Impacts estimates (2020 vs BaU)

- 1037TWh primary energy ≅ 7% of total EU 27 primary energy demand
- €60 billion/y in consumer expenditure (€ 210/household) based on pre-2021 energy price estimates
- Additional business revenue 21 billion euros and related jobs increase by 324 thousand

Source: Ecodesign Impact Accounting 2020







LABEL2 importance reimbursement: telemedicine

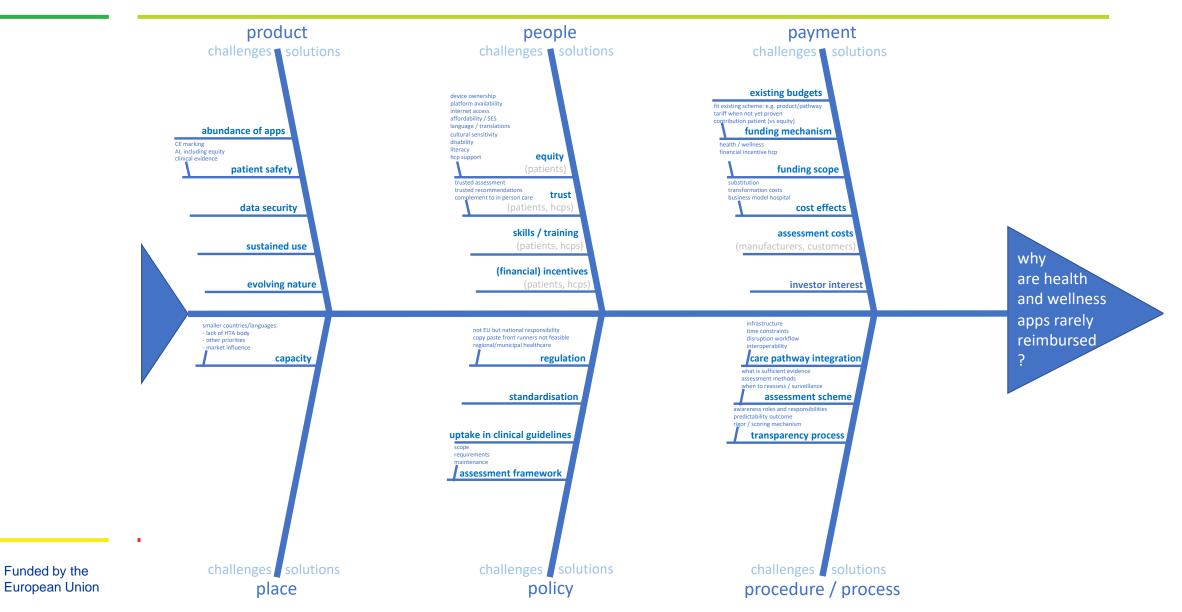
Themes of barriers to adoption	References	Occurrences (<i>n</i> =64)	Probability of occurrence
Increased cost (to provider) because reimbursement does not cover the technology	[20,27,28,34,37,39, 40,50,51,57,60]	11	17%
Patient privacy	[1,40,51,57,58,60]	7	9%
Technical literacy	[9,28,40,51,53]	6	9%
State licensing	[10,51,[55], [56], [57]	5	8%
Data security	[1,27,28,34,39]	5	8%
Socioeconomics	[24,38,42,49,52]	5	8%
Limited reimbursement	[37,46,51,56]	4	6%
Issues of interoperability	[11,39,40,60]	4	5%
Patient safety	[28,34,43]	3	5%
Less personal	[20,39,51]	3	5%
Misaligned incentives	[3,37,51]	3	5%
Can raise ethical issues	[3,28,34]	3	5%
		Scott	Kruso ot al (3

"Reimbursement mechanisms must exist to enable this modality in the healthcare industry of nations. In the U.S., 50 states establish their own standards for the practice of telemedicine, and many of these states require the provider to reside in the state in which telemedicine is being utilized: The situation is similar in Europe [64] Such practices defeat telemedicine's purpose to heal at a distance, through the Internet or mobile device, and in a secure manner [1,4,7,9,32,35,43]. As this new modality of care becomes more widely accepted and preferred, the health policy of nations will have to adjust and expand to govern and monitor it while incentivizing providers and patients to use it "

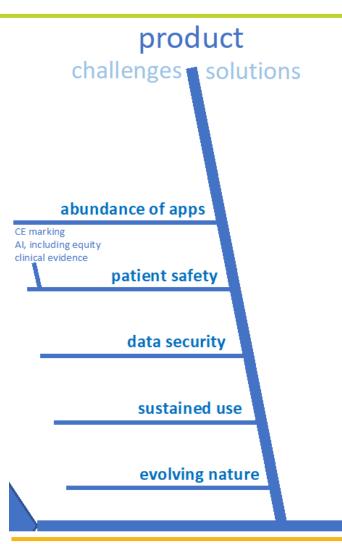
Scott Kruse et al (2021) Telemedicine and health policy: A systematic review



LABEL2 C challenges – initial analysis (fishbone diagram)

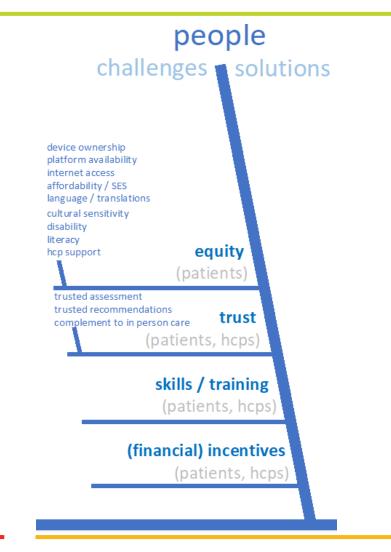












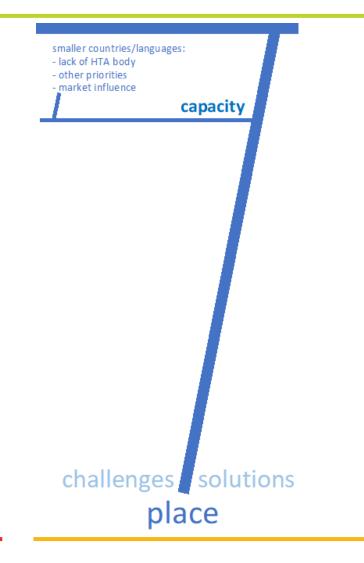




payment
challenges solutions existing budgets
fit existing scheme: e.g. product/pathway tariff when not yet proven contribution patient (vs equity)
funding mechanism
health / wellness financial incentive hcp
funding scope
substitution transformation costs business model hospital COST effects
assessment costs
(manufacturers, customers)
investor interest

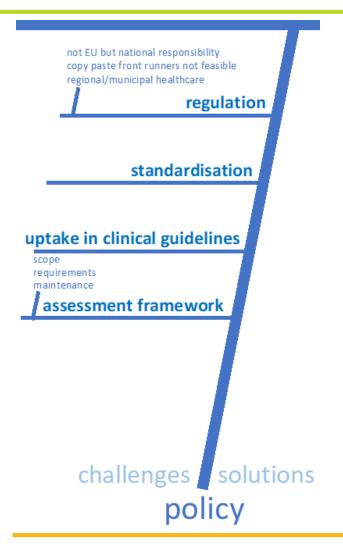














LABEL2 D procedure / process

infrastructure time constraints disruption workflow interoperability	
care pathway integration	
what is sufficient evidence assessment methods when to reassess / surveillance	
assessment scheme	
awareness roles and responsibilities predictability outcome rigor / scoring mechanism	
transparency process	
challenges solutions	
procedure / process)







Email	info@label2enable.eu/a.p.y.hoogendoorn@lumc.nl
Website	label2enable.eu
Twitter (X)	@label2e
LinkedIn	linkedin.com/company/label2enable
Facebook	facebook.com/label2enable





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2nd Label2Enable roundtable on reimbursement of health apps



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LABEL2 Societal benefit ISO 82304-2 – reference WHO

5.2.5.1 Is evidence available of a societal benefit of using the app?

EVIDENCE: Societal benefit evidence. Where many resources are available, provide the most important 5 to 10. Evidence can include evidence relating to non-digital versions of the health intervention and evidence of demonstrably equivalent health apps. Societal benefit can refer to Reference [55]:

— **Information**, which includes a positive effect on lack of population denominator, delayed reporting of events, lack of reliable data, communication roadblocks, lack of access to information or data, insufficient utilization of data and information and lack of unique identifiers;

- Availability, which includes a positive effect on insufficient supply of commodities, services, equipment and/or qualified health professionals;

— **Quality**, which includes a positive effect on poor experiences for persons with health needs, health issues, at risk for health issues or informal carers, insufficient health professional competence, low quality health commodities, low health professional motivation, insufficient continuity of care, inadequate supportive supervision and poor adherence to guidelines;

— Acceptability, which includes a positive effect on lack of alignment with local norms and programs which do not address individual beliefs and practices;

— **Utilization**, which includes a positive effect on low demand for services, geographic inaccessibility, low adherence to treatments and loss to follow up;

— **Efficiency**, which includes a positive effect on inadequate workflow management, lack of or inappropriate referrals, poor planning and coordination, delayed provision of care and inadequate access to transportation;

— **Cost**, which includes a positive effect on high cost of manual processes, lack of effective resource allocation, expenses of persons with health needs, health issues, at risk for health issues or informal carers and lack of a coordinated payer mechanism;

Accountability, which includes a positive effect on insufficient engagement of persons with health needs, health issues, at risk for health issues or informal carers, unawareness of service entitlement, absence of community feedback mechanisms, lack of transparency in commodity transactions, poor accountability between the levels of the health sector, and inadequate understanding of the beneficiary populations.
 [55] WHO 2018. *Classification of digital health interventions v1.0 (WHO/RHR/19.06)*. https://www.who.int/reproductivehealth/publications/mhealth/classification-digital-health-interventions/en/

LABEL2 Societal benefit – reference DiGA

'patientenrelevante Struktur- und Verfahrensverbesserungen (pSVV):

- coordination of treatment procedures
- alignment of treatment with guidelines and recognized standards
- adherence
- facilitating access to care
- patient safety
- health literacy
- patient autonomy
- coping with illness-related difficulties in everyday life
- reduction of therapy-related efforts and strains for patients and their relatives

https://www.bfarm.de/EN/Medical-devices/Tasks/DiGA-and-DiPA/Digital-Health-Applications/Interesting-facts/_node.html





Open your smartphone browser and go to live.voxvote.com enter the following numbers PIN: 25785

Voting is anonymous. Screen name or (nick)name is optional.





European Union

2nd Label2Enable roundtable on reimbursement and payment of health apps



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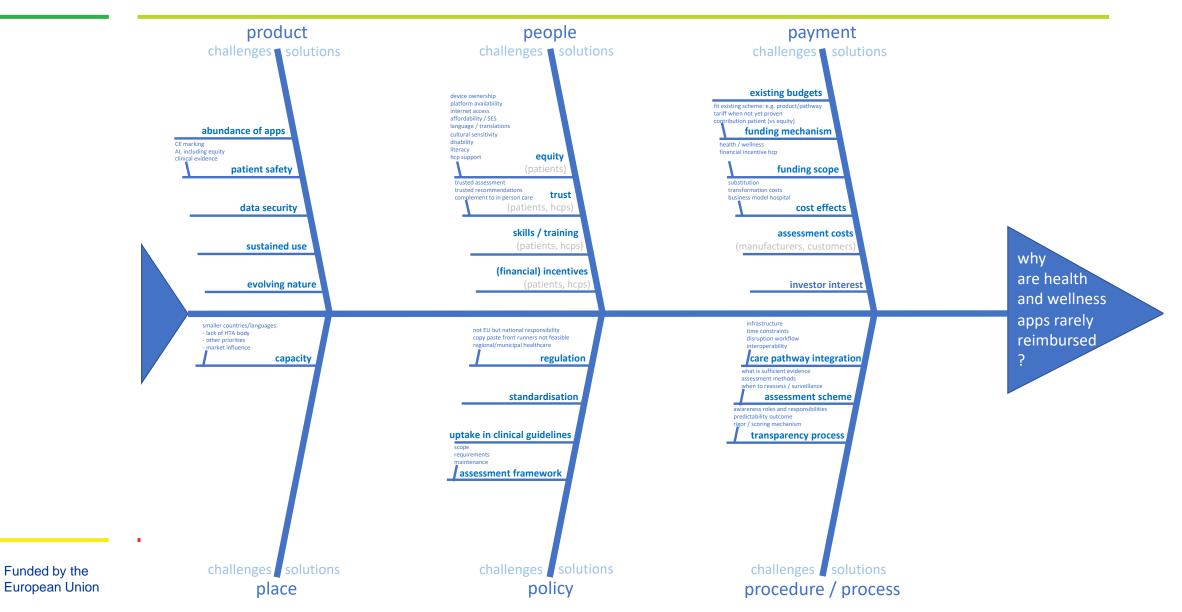
Discussion

Tatjana Prenda Trupec - OptimIT

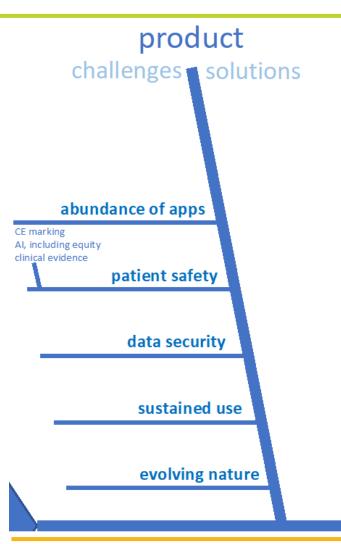


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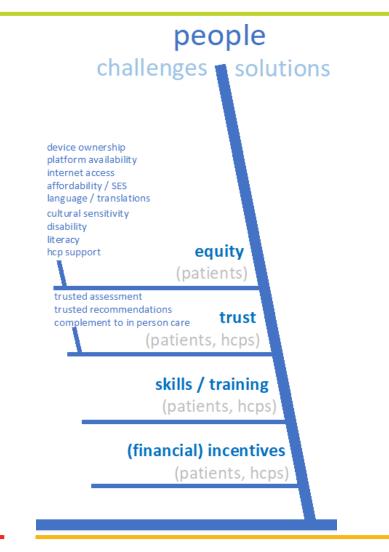














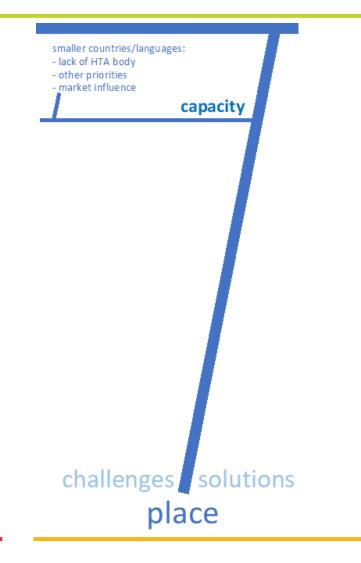


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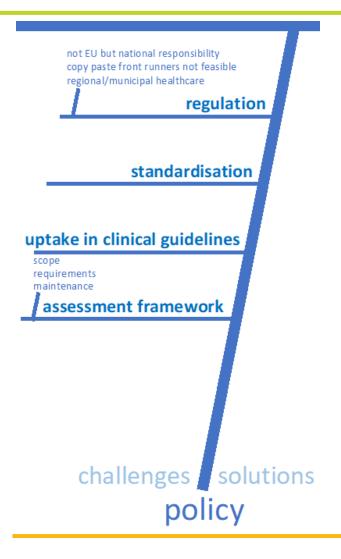
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