Challenges in reimbursement of health apps
– family medicine doctor perspective

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Introduction

- I have been working in Germany for seven years as a family physician, before that I worked at the same position for about 25 years in Croatia.

- I have about 1,400 to 1,500 patients under my medical care, a daily flow of at least 150 patients, and even more in the winter months.

- I care for a wide age range of patients, from newborns to the geriatric population, which naturally includes variety of diagnostic and therapeutic possibilities, as well as a constant focus on close contact with the patient and continuity of care.

Prescribing of health apps

STEP 1: receiving the information
 In my daily work I come across information about medical apps, but still to an insufficient extent. I get most of the information from medical insurances (Krankenkassen), then from the patients themselves, and occasionally from the app-producers themselves, who randomly send their offers via email or fax.
Informations about health apps are also available on the websites of the Medical Chamber, the institute for drugs and medical products(BfArM), as well as on the website of the Ministry of Health.

STEP 2: making decision
In my clinical work, I often encounter the need to introduce some additional therapeutic option, some supportive option as a link between me as a provider and the patient as a recipient of care, and this is where apps have proven to be an excellent medium of communication and monitoring the course of treatment.
 I am primarily thinking of therapeutic apps, because there are a number of apps that patients can use themselves regardless of the doctor's recommendation (pulse measurement, exercise, etc.)

Prescribing of health apps

STEP 2: making decision
Since the problem with the shortage of doctors and psychotherapists has escalated quite a bit in the last few years, I personally see there an indication for the use of health apps, primarily in the treatment of anxiety-depressive conditions and burnouts.

STEP 3: communication with the patient and prescribing
The patient can receive the health application in two ways;
-prescribing by a doctor or psychotherapist, on prescription, with the costs being covered by the insurer
- directly downloading the application from the insurer, if the patient has evidence of an indication (ie diagnosis)

STEP 4: IT exchange of the patient data
First, I would like to make some general remarks about the exchange of patient data in the virtual sphere…
Since July 1, 2021, according to the law, all doctors and psychotherapists must have the necessary equipment available to transfer or read data into the "ePA" via the telematics infrastructure.
ePa (elektronische Patientenakte) electronic patient record is a patient-managed file. This means that only patients decide whether and how they want to use the file and who they want to make which data available to. They also determine which documents are saved in the ePA and which are deleted again. The ePA is intended to be a lifelong source of information. There may only be one ePA for each insured person. Doctors and psychotherapists are only allowed to access the ePA with the patient's consent. Every access is logged.

Prescribing of health apps

STEP 4: IT exchange of the patient data
Even though *ePa* has been in use for over two years, it is still poorly incorporated, and I see the cause primarily in the unpreparedness of insurers, who still do not sufficiently inform their policyholders about the benefits of this application. I myself have the ePA app on my mobile phone, and for two years now I have been waiting for access data from my health insurer (AOK).
The patients themselves are not too thrilled with the idea of entering their data and findings into the application, which is a consequence of insufficient information (fear of leaking confidential data)
With the patients to whom I prescribed the health app on prescription, there is, of course, an exchange of data, both electronically and in paper form .

STEP 5: monitoring of medical improvements
Patients who use apps are monitored regularly, primarily during my consultations, then via feedback information that I receive from the app provider, every few weeks (mostly every 4 weeks), also electronically and in a paper form .
Since I mainly use mental health applications at the moment in my daily work, I can confirm that there are indeed clinical improvements, in terms of reducing the need for hospital treatment, reducing sick days, and improving the general condition of patients.
And the patients themselves are satisfied because they have continuity of care, and do not wait months and months for appointments with a psychiatrist or psychotherapist.

STEP 6: getting paid
Health insurance companies only cover the costs for digital applications that have been checked by the BfArM-Institute for drugs and medical products (including data protection, user-friendliness, positive health effects) and are listed in the BfArM's public Apps directory. This list is constantly being expanded.
Doctors and psychotherapists receive additional fee for this listed apps.

Challenges

Lack of informaiton/training

As I mentioned earlier, there are enough information about health apps (DiGA) in Germany, but they are simply forgotten in a routine work. We should actually be encouraged to prescribe applications, through CME for doctors, by organizing seminars just on that topic.

Digital and health literacy doctors and patients

No need to repeat, it is really a huge problem in Germany , also observing in the context of the aging of both the general population and medical professionals. Many colleagues simply don't want to deal with it, because digitalisation itself has accelerated their retirement plans .

Lack of clinical gudelines

In the indexed list of all applications that have been approved in Germany, the indications for each of them are listed briefly (*https://diga.bfarm.de/de/verzeichnis*),

however, it is far from clinical guidelines, it is only a recommendation. We definitely need the opinions of professional societies (e.g. cardiology, psychiatry, oncology) and their efforts to incorporate DiGa into their guidelines.

Challenges

Trust (Is it safe? Is it effective? Who is responsible of not?)

Since there are still controversies about the introduction of ePA in routine work, safety is discussed a lot among the health proffesionals . Approval of health applications is regulated by law –Digitale-Versorgung-Gesetz which came into force on December 2019. (regulates prescription of apps, use of video consultations and access to the secure data network in the healthcare system)

The evaluation of the existing apps will probably require a certain amount of time, because they are really not used to a sufficient extent, as the health insurers have noticed themselves. They criticize the high costs and sometimes low benefits of DiGA.

Time to dedicate for the researching which apps to whome, time for educating patient, time for monitoring results etc

As a precondition for DiGA approval, the BfArM is also looking for positive effects of app prescribing and some measurable outcomes, which may not be expected in just a few years of use and uneven prescribing by medical specialties.

Solutions

- Clear procedure for educating and informing doctors and patients, more educational material, more "advertising" in the waiting rooms , definitely to incorporate such topics into CME for doctors

- Professional societies should participate in the development of guidelines which includes prescribing and indications for health apps

- To encourage both doctors and patients to use health applications as a diagnostic/therapeutic tool especially in the era of the impending lack of professional staff

- Increasing the level of informatization, and to diminish prejudgments about digital insecurity (both doctors and patients)