Reimbursement of telemedicine in Germany: Quo vadis – anything beyond selective contracts?

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INTRODUCTION:

- Telemedicine has been an innovation driver within e-health initiatives in health care in recent years. However, the uptake of such initiatives in Germany is low.
- Key question on that is if non-adequate reimbursement/funding might be the key reason for the slow introduction of e-health.

METHODS:

- We have reviewed German e-health initiatives and assessed the requirements for available reimbursement pathways specifically for telemedicine initiatives in Germany and grouped them according to the application setting.
- Reimbursement pathway analysis for inpatient and outpatient e-health initiatives was evaluated by conducting a targeted literature search analyzing the reimbursement pathways and requirements reported.
- Additionally relevant institutional sites were screened for relevant documents.
- Search terms:
  - Reimbursement, Market Access, Funding
  - Health Economics, Health Policy

RESULTS:

- Overall there are currently 289 e-health initiatives implemented in Germany in only few centers (mainly Berlin, Bad Oeynhausen, Munich, Hamburg). Telemedicine is being handled as medical devices in Germany within the market access pathway.
- Most of the initiatives are being executed in ...
  - Berlin (22)
  - Bad Oeynhausen (15)
  - Munich (13)
  - Hamburg (10)
  - Karlsruhe (11)
  - Bochum (6)
  - Göttingen (6)

- Potential reasons for the negative perception and the non-inclusion of e-health in the regular care reimbursement in Germany as far as:
  - Missing clinical evidence
  - Missing rules for data protection (and liability)
  - Missing trust between all involved stakeholders
  - Decentralized health care system in Germany

- The exact process depends if the device is an inpatient or outpatient product. In the inpatient setting relevant DRG and OPS codes are applicable; theoretically NUB and additional fee (Zusatzentgelt) could also be applied for.
- In the outpatient setting, reimbursement of e-health devices is driven through the respective catalogue of aids and appliances whereas the actual physician service would need to be reimbursed through the EBM (Einheitlicher Bewertungsmaßstab).
- For the application of a new e-health in the outpatient sector a positive reimbursement decision is mandatory. The first strategy should be to apply for inclusion in the EBM (the uniform assessment standard of the physician’s fee schedule) and GOÄ (physician’s fee schedule for private health insurance provisions) fee schedules, or if applicable for inclusion in the HMV it is mandatory to provide specific clinical and health economic evidence during the application process.

CONCLUSION:

- Currently there is no specific EBM code available, and health politicians have missed a deadline in 2014 to create one. In the outpatient setting the EBM adaptation for e-health was not moved forward. G-BA members (physicians, health insurers) were not convinced updating the current outpatient codes or adding a new one.
- Potential (preliminary) EBM codes for outpatient funding:
  - EBM 04416: Controlling of a pacemaker or an implantable cardioverter or defibrillator (32.49 €)
  - EBM 13552: Functional analysis of a pacemaker and/or implantable cardioverter or defibrillator (38.64 €)
  - EBM 01435: OP/special fixed amount: 9,64 €
- Besides the self-payment option as individual physicians services (IGA), there is the opportunity through selective contracts or integrated care contracts.
- Selective Contracts can be set up by all GÖS’ (mandatories integral part), all health care providers, all management organizations in addition to GKV (regular care collective contracts). The choice of the contractual basis depends mainly on the content design of the selective contract for the special forms of health care; it is mandatory to provide specific clinical and health economic evidence during the application for an inclusion in the selected contract to the advisory board.
- For inpatient selective contracts could be the opportunity for reimbursement. In order to qualify for such an initiative the individual company (preferably in combination with a care provider) would contact the health insurance company. Selective contracts could cover any costs which would be agreed during the development of the contract.
  - Set-up costs
  - Device costs
  - Treatment cost (vis.c time for the physician)
  - Training cost

Currently the most relevant market access pathway for telemedicine initiatives in Germany is through selective contracts or integrated care contracts. Once health politicians put e-health as a priority the introduction of specific DRG and EBM codes could initiate fast adaptation and more telemedicine introductions in Germany.