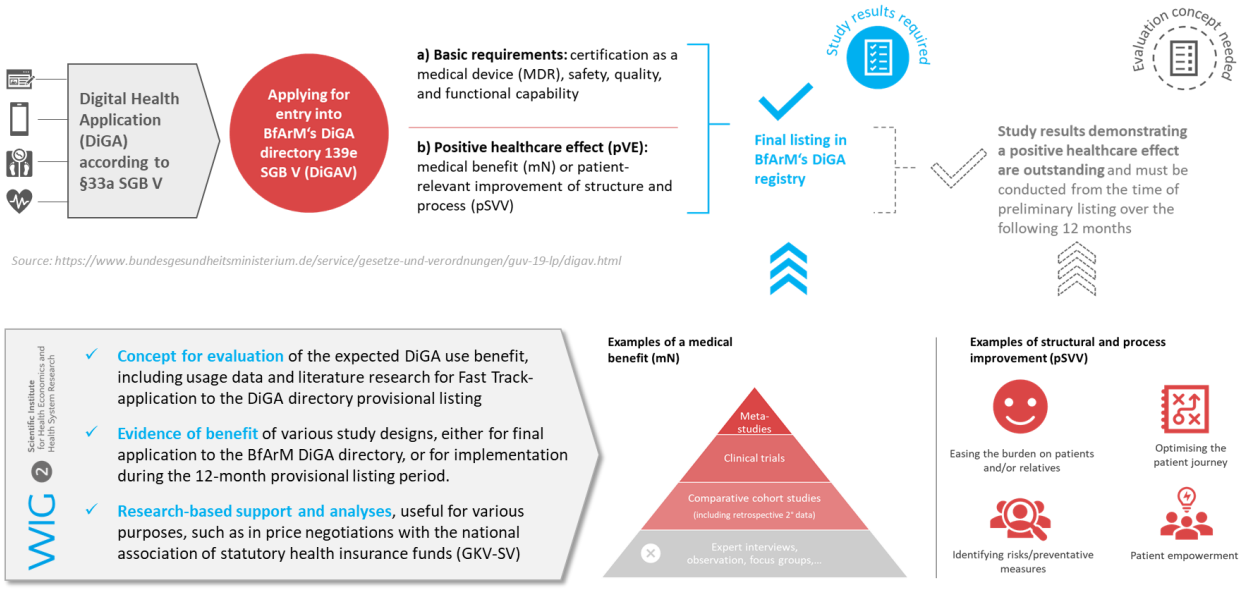
Positive care effect (pVE) for the “fast track” application process to the DiGA directory, according to §139e SGB V



1. *The DiGA Fast Track as a new option for standard care market access*

The Digital Healthcare Act (DVG) came into effect in Germany on December 19th, 2019, reinforcing the role of digital health options (DiGA) as an increasingly important branch in healthcare. At the Federal Institute for Drugs and Medical Devices (BfArM), a new pathway for inclusion of these options in standard care was initiated: a *Fast Track*. Innovative digital health services can now be included in the catalogue of services financed by statutory health insurance (SHI), provided some defined criteria can be met. Particularly criteria in terms of safety, quality, functionality (certification according to medical device regulations (MDR) in risk class I or IIa), and a positive healthcare effect (pVE) are necessary for inclusion. These are regulated by the Digital Health Applications Ordinance (DiGAV), an associated legal ordinance to the Digital Healthcare Act (DVG). BfArM’s acceptance or rejection of the application is made in no more than three months. The application takes place through an online portal. Of particular interest, is preliminary inclusion in the directory over a period of 12 months is still possible, even if a study proving a positive healthcare effect is not yet available, under the condition that certain prerequisites are fulfilled. For digital health service providers, this opens a new opportunity to enter the German healthcare market, independent of often selective contracts or privately financed healthcare services.

2. *Positive healthcare effects (pVE) in the context of the DiGAV and the BfArM guide.*

Definition of positive healthcare effects (pVE):

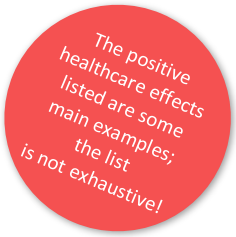
- ✓ indicates a medical benefit (mN) OR a patient-relevant improvement of structure and processes (pSVV)
- ✓ DiGA providers have evidence of at least one pVE for inclusion in the DiGA directory according to §139e SGB V (pVE verifiable by a mN OR a pSVV).
- ✓ each pVE must be patient-centred; only patient-relevant outcomes are valid

Medical benefit (mN):

- ✓ A mN is a patient-relevant effect, especially:
  - improving health status/reducing disease duration (morbidity)
  - prolonging survival (mortality)
  - improving the quality of life

Patient-relevant improvement of structure and processes (pSVV):

- ✓ A pSVV involves patient-centred detection, monitoring, treatment, or mitigation of disease, or in the detection, treatment, mitigation or compensation of injury or disability. Improving the patient's handle on their health (patient empowerment) or processes between patients and providers, particularly:
  - coordination of treatment processes
  - guideline-based treatment
  - adherence
  - access to healthcare services
  - patient safety and authority
  - health literacy
  - coping with everyday difficulties due to illness
  - reducing effort and burden on patients and/or caregivers

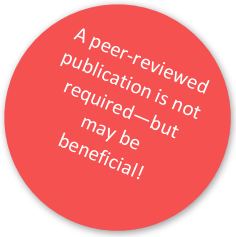


Required information on the positive healthcare effect in the application to the DiGA directory:

- ✓ *Defining the patient group*
  - Definition based on an indication (using three- or four-digit ICD-10 codes, with additional outpatient identifier if applicable) for which the DiGA benefit is provided.
  - If the listing is successful, the DiGA may only be prescribed/reimbursed for the specified indication(s).
  - Several ICD-10 defined patient groups are possible, but proof of benefit must be provided separately for each group. Unless it is reasonable that the pVE to be proven is/are substantially comparable in these indications (must be approved by BfArM).
- ✓ *Defining the positive healthcare effect (pVE)*
  - At least one pVE (mN or pSVV), most be proven. Further effects are possible at the discretion of the provider and may have a positive effect on future remuneration amounts.
  - Evidence must be consistent with DiGA's intended use as a medical device; functions, content and any promotional statements made about it (e.g., in marketing or sales material).

3. General requirements for studies demonstrating a positive healthcare effect (pVE)

- ✓ The DiGA provider must present evidence of the results by way of a comparative study, demonstrating an added value as a result of applying the DiGA compared to a group in which it was not applied; the comparator group must reflect the reality of healthcare for the indication in Germany.
- ✓ Non-application in this case can mean:
  - Treatment without the use of a DiGA (currently the standard treatment)
  - Non-treatment
  - Treatment with a comparable DiGA listed in the DiGA directory.
- ✓ The choice of the comparison group must reflect the realistic healthcare situation in Germany
  - An example: Non-treatment as a supply reality for digital psychotherapy, otherwise waiting time of several months for therapy
- ✓ The comparison group can be created from retrospective data, e.g., health insurance claims data (SHI routine data), if suitable comparison data for the DiGA intervention are available.
- ✓ Selecting a study method:
  - Depends on the research question (hypotheses) and the endpoints to be investigated (clinical or epidemiological study, healthcare, social or behavioural research).
  - Exclusively quantitative comparative studies are appropriate to the subject matter of the DiGA
- ✓ The study must be implemented in Germany
- ✓ Study registration:
  - Registration in a public study registry is mandatory
  - Primary or partner register of the WHO International Clinical Trials Registry Platform; the German Clinical Trials Registry (DRKS) at DIMD for Germany.
- ✓ DiGAs applied diagnostically are an exception:
  - Additional study to prove the diagnostic quality may be necessary, if measurement instruments are not already established and proven to be valid!
- ✓ Publication:
  - a complete publication of all results no later than 12 months following the end of the study must occur online (only confidential trade secrets may be redacted).
  - The study report must comply with official standards for the planning, methodologies, implementation, and evaluation (such as the Consort Statement); as comprehensive as possible.

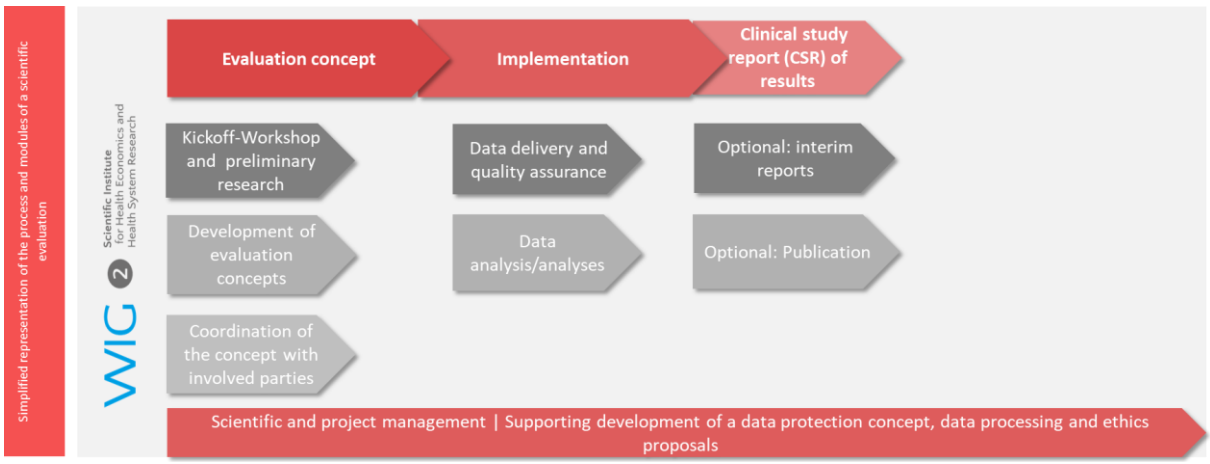


4. Exception: provisional inclusion in the DiGA directory while awaiting evidence of a positive healthcare effect

- ✓ DiGA manufacturers can apply for a trial phase in standard care, if final study results demonstrating a positive healthcare effect have yet be produced, provided potential results are plausible. If the application is accepted, the DiGA will be included in the directory for 12 months. Prerequisites for this are:
- ✓ **A healthcare improvement is justified:**
  - By submitting a systematic evaluation (formerly referred to as a pilot study) of DiGA usage data with initial indications for the study to be conducted in the form of:
    - intervention effects
    - case numbers
    - measurement instruments
    - recruitment methods
    - relevant questions
- ✓ **There is a scientific evaluation concept**
  - Application for provisional entry in the directory must be accompanied by a concept for evaluation, drawn up according to general scientific standards
  - The concept must be conceptualized and prepared by an institution independent of the manufacturer, also named in the application. The concept is binding and must be implemented during the trial period of preliminary listing in the DiGA directory (§139e Para. 4 SGB V).
  - The evaluation must address the results of the user data evaluation.
  - The concept must be suitable for demonstrating the positive healthcare effect (pVE)
  - Recommended guidelines include Methodological Memoranda of the DNVF (German Network Health Service Research) (Pfaff et al., 2009), Recommendations for Good Epidemiological Practice (Ahrens et al., 2007) or Good Practice Secondary Data Analysis (Swart et al., 2015).

Private-sector institutes are considered independent, as per SGB V and BfArM!

! **In some cases (and with BfArM's approval), the trial period can be extended by 12 months once, if a positive healthcare effect cannot be proven during the 12-month trial period. This is only possible if the effect is foreseeable in the 12-month extension, based on the test results submitted. The application must be submitted 3 months before the end of the trial period, at the latest.**



5. Study requirements:

- ✓ Studies should be based as accurately as possible on the reality of healthcare services, and be conducted with healthcare system-relevant data.
- ✓ Use of retrospectively available data (billing data, clinic and register data, etc.) is explicitly possible!
- ✓ For proof of a pVE, at least one retrospective, comparative study is therefore required, e.g. case-control study, retrospective cohort study, or intraindividual comparisons.
- ✓ Proof with a study of a higher evidence level is always possible in addition
- ✓ The manufacturer can freely select the study approach and the pVE
- ✓ Study design and data sources must be methodologically valid, especially the selection of appropriate statistical methods and comparability of study groups (age, gender, disease status, socio-economic status, etc.).
- ✓ The use of retrospective data may not be approved by BfArM, e.g. if a new parameter to measure the DiGA effect cannot validly be depicted in existing data sources (focus: reliability).
- ✓ Each application is a case-by-case assessment at the discretion of BfArM.

! **Unacceptably study designs include purely literature review studies, expert opinions or reports, case studies, or cross-sectional studies. Meta-analyses are only permissible if they include original data and fulfil all other requirements.**

6. Miscellaneous

- ✓ Before submitting an application, a legally non-binding consultation with BfArM is possible, specifically around details of a positive healthcare effect (pVE), such as questions regarding the evaluation concept when applying for provisional listing. The consultation protocol can be attached to an application. Costs: €5,000 for specific enquiries.
- ✓ Fee schedule for pVE-relevant BfArM services according to § 24 ff. DiGAV:
  - Final admission: €3,000 to €9,900
  - Provisional admission: €3,000 to €9,900
  - Testing Proof of pVE after testing: €1,500 to €6,600
  - Extension of trial period: €1,500 to €4,900
- ✓ Partial fee exemptions are possible, e.g. in the case of an unprofitable DiGA, with a very small target group or a highly specific indication.

Include a BfArM consultation prior to application submission!

We look forward to inquiries and exciting DiGA Fast Track projects!

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