

Driving the digital transformation of Germany’s healthcare system for the good of patients

The Act to Improve Healthcare Provision through Digitalisation and Innovation (Digital Healthcare Act – [DVG](#))

Apps on prescription, easy use of online video consultations and access to a secure healthcare data network for treatment everywhere – all achievements of the “Act to Improve Healthcare Provision through Digitalisation and Innovation” (Digital Healthcare Act – [DVG](#)), which was approved on 7 November 2019 by the Bundestag and adopted on 29 November 2019 by the Bundesrat.

The following will change with this act:

Patients will be able to use healthcare apps more quickly

Many patients already use healthcare apps that help them, for example, to take their medicines regularly or to document their blood sugar levels. In future, your doctor will be able to prescribe such apps. And, the statutory health insurance will pay for them. To make the process as non-bureaucratic as possible, manufacturers will be given easier access. After the app has been tested for safety, functionality, quality, data security and data protection by the Federal Institute for Drugs and Medical Devices ([BfArM](#)), it will provisionally be reimbursable by the statutory health insurance for the period of one year. During this period, manufacturers must prove to the Federal Institute that their app improves patients’ healthcare. Manufacturers then negotiate the amount of money they will receive for the app with the Central Federal Association of the Health Insurance Funds.

We are promoting the innovative power of our healthcare system

Our goal is for patients to benefit as quickly as possible from innovative approaches to care. This is why we are extending the investment of €200 million per year in the innovation fund until 2024. And we are ensuring that successful approaches are quickly integrated into healthcare.

With this Act, health insurance funds will be able to promote the development of digital innovations in a way that is patient-oriented and meets needs – by providing targeted funding for good ideas and participating in venture capital funds that specialise in health innovation. In addition, health insurance funds may inform their members of innovative healthcare opportunities if they are explicitly requested to do so.

We are creating a obligatory digital network for the health sector

Patients are to be able to use digital offers such as the electronic patient record, nationwide and as soon as possible. This is why we are making it compulsory for pharmacies (by the end of September 2020) and hospitals (by 1 January 2021) to get connected to the Telematics Infrastructure ([TI](#)). Midwives and physiotherapists, as well as long-term care and rehabilitation facilities may connect to the [TI](#) on a voluntary basis. The costs incurred for voluntary connection will be reimbursed. Physicians who still refuse to be connected will be subject to an increased fee deduction of 2.5%, starting 1 March 2020. Until now, this deduction was 1%.

Online video consultations are to become routine

Which doctors do in fact offer online video consultations? To date, there has been very little information available on this topic. We would like patients to be able to find such doctors more easily. That is why from now on we are allowing doctors to provide information on such services on their websites. Additionally, information on an online video consultation can now also be given online, that is, during the video consultation itself – not prior to the appointment, as was previously the case.

An end to the paper chaos

Paper in the healthcare system is finally to become a thing of the past: Alongside the electronic sick leave notice, and the [e-prescription](#) [🔗](#), all other envisaged benefits such as remedies and assistive devices or home nursing services can be prescribed electronically. To date, doctors receive more money for sending a fax than for sending an electronic discharge letter. In future, doctors will be receiving significantly less reimbursement for sending a fax. That will make it more attractive to send discharge letters electronically in future. Going forward, doctors will also have more possibilities for exchange with colleagues through electronic channels. And, anyone wishing to become a voluntary member of a statutory health insurance fund will be able to do so electronically. In addition, in the event of a planned hospital stay, for example, it will become easier to arrange optional services by electronic means.

Improved findings in health services research

Large amounts of data are the prerequisite for medical progress. We are making it possible for the invoicing data available to the health insurance funds to be collected in pseudonymised form at a research data centre, and for anonymised findings to be transmitted to research institutes upon request. This will make a larger amount of more current data available to science within a protected space, so that new findings can lead to improvements in healthcare.

Secure [IT](#) for doctors and dentists

The practices of non-hospital doctors and dentists will see an improvement in [IT](#) security in the long term. To achieve this, the self-administration bodies will be required to stipulate binding [IT](#) security standards. Certified service providers will be allowed to support practices in implementing the standards. With this move, we ensure that the sensitive health data of medical practices will continue to be securely protected in the future.

Equal participation in digitalisation

Not every person currently has the same abilities when it comes to using digital health technologies. To ensure that, in the future, all insured persons will be able to have equal and self-determined access to the advantages offered by digitalisation, the health insurance funds will be required to offer their insured members opportunities to promote their digital health skills. In the process, insured persons can learn how to use digital procedures and applications such as health apps or the electronic patient record.

Networking the healthcare system

The software and hardware in doctors' practices and hospitals are usually organised in an insular manner. The result is many separate data-storage solutions and many similar processes that function independently of each other. This leads to media discontinuity in the exchange of data among the various systems. The consequence is that data needs to be recorded multiple times. In addition to the considerable effort involved – both by the insured person and by the healthcare service provider – recording errors can occur. The Act creates the foundation for further open and standardised interfaces that will allow information to be exchanged faster and more easily in the future, based on international standards.

What’s next for the electronic patient record?

Health data is extremely sensitive data. We want to achieve optimal legal conditions for data protection. To achieve this, a great deal will have to be adapted in the data protection provisions of the Fifth Book of the Social Code ([SGB V](#)). This is so because the legal foundations on which the patient record is based are, in some cases, more than 15 years old. We will be presenting a comprehensive solution in the near future. This is why the additional provisions on the patient record are not included in the Digital Healthcare Act, but will require a separate law. Nevertheless we are still on track for the scheduled introduction on 1 January 2021.

More Information

Digitale-Versorgung-Gesetz

Find here the German version of the explanatory text concerning the Act to Improve Healthcare Provision through Digitalisation and Innovation.



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