Easter Newsletter 2023



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The HcH Easter Letter 2023

From a Reimbursement and Market Access perspective, the first quarter of 2023 was a heated one. As reported here last year, the war in Ukraine and the corona pandemic have brought noticeable design flaws in the area of hospital financing and massive changes are planned, now.

With our Easter letter, we therefore want to provide some guidance on the important Reimbursement and Market Access issues in the familiar way. In concrete terms, we will therefore report on almost the same topics as last year. However, with new information and messages.

- The DRG Forum 2023 and the structural reform of hospitals
- Ambulatorisation and Hybrid DRGs
- Current market figures our HDE-tool (demo version)
- NUB proposal

The DRG Forum 2023 and the structural reform of hospitals

The "DRG Forum" took place again this year (March 30 and 31) in Berlin. With more than 1900 participants and stakeholders from politics, self-government (e.g. German hospital federation, payers, InEK), hospitals and industry, this event is always an important benchmark for us when it comes to evaluating the current political discussions on changes in the area of Reimbursement and Market Access in Germany and making a realistic assessment of the upcoming changes.

Everyone seems to agree! A hospital reform is necessary and will come. It will be the biggest challenge for the learning G-DRG-systems and it seems currently still unclear whether the DRG-system will survive this or whether it will be "overcome", as announced by Health Minister Lauterbach.

In detail, however, there seem to be more questions than answers. This also means that the healthcare reform, the core of which is a change in hospital planning and a linked modular reserve financing for hospitals, will probably take more time than originally envisaged.

At the same time, the financial situation for hospitals is tighter than ever. Numerous hospitals will probably not live to see the effects of the hospital reform and will leave the market before then.

The Healthcare Heads team would be happy to help you work out what this means for your technology. Get in touch with us:

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Hybrid DRG

In addition to a fundamental hospital reform, which focuses on the number and performance of hospitals via adjusted hospital financing, ambulatorisation – a process leading to more outpatient treatments – is one of the health policy megatopics. It is considered certain that more services are provided in hospitals in Germany than in other countries. The proportion of outpatient services is comparatively low. The reason for this is the different reimbursement systems for out-patient and in-patient services, which have so far provided no incentive for hospitals to provide out-patient services. In addition, there is a dual structure. In Germany, doctors work either in the in-patient or out-patient sector. This is now to be changed with the introduction of Hybrid DRGs.

We would be happy to help you work out exactly what this means for you and your technology, and what actions you can take to prepare for the changes.

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Current market figures - our HDE tool (demo version)

The current market figures for procedures and diagnoses have arrived as raw data and have been processed by us. Based on these new figures, we can now perform up-to-date market analyses. We have also developed a tool with which you can perform analyses yourself. Here you can find a demo version with data from 2016.

https://demo.healthcareheads.com/

Username: hde

Password: healthcareheads

Why not try an analysis yourself? Find out how many cochlear implantations were performed in Germany in 2016. Enter the OPS code 5-209.2, select 2016 as the data year, select "No" for "OPS-code is a terminal code" and in the "Summary by" section, select either "Total number" (this works for both the quality data and DeStatis) or "Per hospital" (this only works for the quality data).

If you need data from other years or more support with the analysis, please contact us. We are happy to support you.

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NUB proposal

Even though there is still some time before hospitals have to submit another NUB proposal to InEK at the end of October, we recommend that you actively address the issue now.

By the way, do you already know our "NUB 2nd look service"?

Have you already supported a NUB proposal for your method or your product which has received status 2? And now, you ask yourself:

- Why was my proposal rejected?
- Does it make sense to re-submit the proposal?
- What are the strengths and weaknesses of my existing NUB proposal?
- What else could I possibly change in my proposal to be successful this time?

Or is your NUB proposal ready but not yet submitted and you would like a second opinion to ensure the potential of your method and your application?

We offer you the "NUB 2nd look process", in which two experienced experts independently assess your NUB proposal.

We will inform you of the evaluation results, including possible optimization options, and discuss them with you in detail in a web meeting.

Now is the time to contact us, and we look forward to hearing from you! Arrange a non-binding consultation with us.

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