



**The Heart
Failure Policy
Network**

From guidelines to action

Opportunities for heart failure advocacy in Germany



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About this document

The Heart Failure Policy Network (HFPN) is developing several country-specific heart failure advocacy briefings that identify existing tools and mechanisms available to drive system change at the national and local levels.

The briefings build on our previous work, particularly *Heart failure policy and practice in Europe* and its accompanying country profiles, which highlight policy and system gaps in heart failure. They are part of a new series exploring barriers to and opportunities for implementing evidence-based heart failure care, inspired by *From guidelines to action: opportunities for change following the 2021 ESC guidelines*.

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1. Actions for heart failure advocates in Germany

By taking a closer look at heart failure (HF) policy and extracting key insights from local pioneers, the HFPN aims to support HF advocates in maximising opportunities to improve the lives of people with HF. We hope that the specific actions proposed in this briefing can help drive system change for better HF diagnosis and care at the local and national levels in Germany.

Advocacy opportunity	Action
Development and delivery of strategies on cardiovascular health	<ul style="list-style-type: none"> • Call on the Federal Ministry of Health to develop a comprehensive national strategy for cardiovascular disease (CVD) that includes HF • Call on the government to include detection of HF and prevention of hospitalisation in the upcoming national prevention strategy • Call on the Association for Social Security and Policy Research to set national health targets for CVD that include HF
Monitoring of quality indicators for HF	<ul style="list-style-type: none"> • Demand that the collection of data on quality indicators, including the use of telemedicine, is promoted in HF care programmes
Driving delivery of best-practice care in HF	<ul style="list-style-type: none"> • Call on the Federal Joint Committee to update the disease management programme (DMP) for HF and accelerate its implementation to ensure best-practice care for everyone living with the syndrome • Demand a greater focus on person-centred care for people living with HF
Investment in the digital transformation of the health system	<ul style="list-style-type: none"> • Demand that the patient perspective is captured and included in telemedicine research and service design • Push for the Federal Joint Committee to allocate resources from the Innovation Fund to HF care and research by taking part in the consultation process

2. Heart failure burden and the health system in Germany

Heart failure places a substantial burden on the German health system and on people living with the syndrome

In Germany, HF is estimated to affect approximately 4% of the population, which corresponds to well over 3 million people.¹ Among people over the age of 70, it is estimated that as many as one in ten has HF.² In 2021, HF accounted for nearly 35,000 deaths – more than 3.5% of all deaths in the country,³ and in 2016, it was the most common cause of unplanned hospital admissions.⁴ Germany has one of the highest HF-related healthcare costs worldwide, spending more than €25,500 per person per year.¹ At the same time, there are substantial regional disparities in terms of outcomes, with more people dying prematurely due to HF in east Germany than in west Germany.⁵

For more information about the context of HF policy and practice in Germany, please see [Heart failure policy and practice in Europe: Germany](#).

Driving change in the German health system

The German health system provides universal healthcare coverage, which is delivered by two insurance systems.⁶ The vast majority of the population (around 88%) are covered by statutory health insurance (Gesetzliche Krankenversicherung),⁷ made up of more than 100 multi-payer sickness funds.⁸ This form of insurance is funded through wage contributions that are mandatory for anyone earning over a certain annual wage.⁹ Statutory health insurance covers a wide range of services, including preventive healthcare, inpatient and outpatient care, prescription medications and rehabilitation services.⁶

At the national level, the Federal Ministry of Health supervises the Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA), which is responsible for monitoring the quality of care across Germany. It includes representatives from insurance companies, hospitals and other healthcare facilities. The committee makes decisions about the care services that will be covered by the sickness funds that are part of the statutory health insurance,⁹ taking into account evidence of efficacy and cost-effectiveness. At the regional level, many sickness funds are supervised by the state in which they operate. However, funds that operate in more than three states – over half of the funds – are supervised by the Federal Office for Social Security (Bundesamt für Soziale Sicherung).¹⁰

To implement best-practice HF care, there is a need to develop a common national vision for HF and CVD more broadly, setting out shared goals to drive improvements in care. Multi-stakeholder involvement and ownership will be key to translating this vision into meaningful change and improved HF outcomes. As the next step, local decision-makers will need to adapt these broader goals to the needs of their communities.

3. Advocacy opportunities for optimising heart failure care

Development and delivery of strategies on cardiovascular health

HF advocates can demand the development of a national CVD strategy with the inclusion of targets for HF.

In 2021, the German government announced plans for a national CVD strategy that would include HF. The initial proposal for the strategy mentioned improving the early detection of HF, strengthening research on HF causes and treatments, and certifying HF units. Another aim was to further develop telemedicine for CVD, including HF.¹¹

However, the development of the strategy appears to have stalled. There has reportedly been very little consultation with stakeholder groups, such as HF specialist nurses and patient organisations, and low engagement with state governments and other interested parties.¹²⁻¹⁴ The current status of the CVD strategy is unclear, and experts have expressed concern that either health-related topics are being deprioritised or actions are primarily targeted at tackling infectious diseases or cancer.¹⁵

Decision-makers have not set national health targets for HF or CVD, hindering the improvement of care quality. The national health targets are defined by a collaborative network of more than 140 health system stakeholders, run under the auspices of the Association for Social Security and Policy Research (Gesellschaft für Versicherungswissenschaft und -gestaltung e.V., GVG).¹⁶ Each network member commits to implementing measures in their area of responsibility. Although HF is mentioned in the target relating to healthy ageing, no concrete actions have been proposed to address it.¹⁷ There also do not appear to be any plans to introduce a health target on CVD; such a target would, by its nature, include HF.

The German government has committed to strengthening disease prevention and promoting healthy ageing. Using the existing disease prevention law¹⁸ as a basis, the government has pledged to implement a national prevention plan containing concrete measures that focus on various aspects of healthcare, including screening, primary and secondary prevention, healthy ageing, and targeted services in rural areas.¹⁹ In this context, the German Cardiac Society (Deutsche Gesellschaft für Kardiologie) has called for a heart check to feature as part of a dedicated CVD prevention effort.²⁰ Such check-ups should also promote the use of natriuretic peptide (NP) testing, as this key tool in diagnosing HF is not consistently being used in primary care settings as yet.²¹



Action: call on the Federal Ministry of Health to develop a comprehensive national CVD strategy that includes HF

HF advocates could take the following actions:

- **Request that a broad range of stakeholders be involved in the development of a CVD strategy** to ensure that complementary priorities and perspectives are captured. Stakeholders could include state governments, cardiologists, patient advocates, specialist nurses and allied health professionals, such as patient guides (Patientenlotse).
- **Develop a proposal for key priorities for HF along the care pathway.** These could include reducing fragmentation of care and improving long-term management to ensure the availability of NP testing in primary care, along with the wider implementation of telemonitoring programmes.



Where has this approach succeeded?

The national cancer plan, which has existed since 2008, has driven progress in various areas of cancer care. It was developed by a multi-stakeholder group, including German Cancer Aid (Deutsche Krebshilfe), the German Cancer Society (Deutsche Krebsgesellschaft) and the Working Group of German Tumour Centres, together with the Federal Ministry of Health. Its aims centre around early cancer detection, effective treatments, suitable care pathways and patient-centredness, with research as a cross-cutting theme. Stakeholders are working with regional authorities, service providers, sickness funds and advocacy organisations to drive the plan's implementation.^{22 23}



Action: call on the government to include detection of HF and prevention of hospitalisation in the upcoming national prevention strategy

HF advocates could:

- **call for a national heart check** that encompasses screening for HF, including NP testing
- call for investment in research and the piloting of **screening programmes for people at high risk of HF**, including people with hypertension, diabetes or chronic kidney disease and those who have had a heart attack
- call for a focus on the **management of HF in the national health target on healthy ageing**, noting the impact that an HF diagnosis can have on quality of life and workforce participation.



Action: call on the GVG to set national health targets for CVD that include HF

The criteria for selecting health targets include the burden of disease – in terms of mortality and costs to health systems and society (lost productivity) – and the potential for improvements in care.²⁴ It is essential that the GVG establishes national targets for CVD, a leading cause of death in Germany. HF advocates can collaborate with advocates for other types of CVD and **make the case for a dedicated CVD health target** by demonstrating the burden of disease and the benefits of better diagnosis and care.



Where has this approach succeeded?

Since 2000, the Federal Ministry of Health and the GVG have set national health targets for several diseases, including breast cancer and type 2 diabetes.¹⁶ These targets are accompanied by the compulsory collection of data to improve care quality.

Monitoring of quality indicators for HF

HF advocates can demand that the collection of quality indicators be incentivised to drive evidence-based improvements in HF diagnosis and care.

National and international expert groups have developed quality indicators for HF, but these are yet to be implemented in Germany. At the European and national levels, professional CVD societies have developed specific quality indicators to assess the delivery of integrated HF care within specialist HF centres.^{25,26} In Germany, the Institute for Quality and Efficiency in Healthcare (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, IQWiG) has produced 12 quality indicators for HF in primary care and other outpatient settings.²¹ However, experts have noted that data collection on these quality indicators is not incentivised, which poses a barrier to their widespread use.²⁷



Action: demand that the collection of data on quality indicators, including the use of telemedicine, is promoted in HF care programmes

As part of full reimbursement models, **mandatory data collection** can be an important tool in supporting the widespread use of quality indicators. Data collection is particularly important for newly rolled out **telemedicine services** in HF to allow for an ongoing assessment of this component of care.



Where has this approach succeeded?

In the Westphalia-Lippe region of Germany, all percutaneous coronary interventions (PCI, also known as stenting) must be electronically recorded according to standardised specifications, including quality indicators.²⁸ The collection of data is reimbursed as part of the PCI care delivery model. Since July 2022, the quality assessments have included information gathered from patient surveys in an attempt to incorporate the patient perspective.²⁸

Driving delivery of best-practice care in HF

Professional societies have established specialist centres for HF care, but the lack of a corresponding disease management programme (DMP) means gaps remain in long-term management.

Delays in finalising the DMP for HF have hindered the implementation of best-practice care across settings. In 2021, the IQWiG reviewed recommendations from 12 international evidence-based clinical guidelines and found that the draft outline for the DMP – released in 2018 but never implemented – required significant updates to ensure the delivery of best-practice care for people living with HF.²⁹ The review discusses gaps in the use of telemonitoring, notes the importance of comprehensive discharge and follow-up care, and highlights the need to address comorbidities. Experts have also noted that HF with preserved ejection fraction (HFpEF), which accounts for 50% of all HF hospitalisations,³⁰ is not covered under the draft DMP.²⁷

The roll-out of HF networks provides an opportunity to deliver more integrated care and prevent hospitalisations. Since 2016, cardiovascular professional societies in Germany have worked together to optimise care for HF.³¹ They promote the development of integrated, multidisciplinary HF networks (HF-NETs) that aim to overcome gaps in post-discharge management and better manage episodes of worsening HF. These networks bring together HF units, cardiologists, primary care professionals and other healthcare staff, and they are certified to ensure adherence to quality standards. Despite these developments, Germany has relatively few specialist HF centres relative to its population size, lagging behind countries such as Denmark, Italy, Norway and Slovenia.³²

The roles of specialist HF nurses and allied health professionals in the management of HF are increasingly being recognised, but barriers to widespread use remain. Training courses for HF specialist nurses exist in some regions, and the HF-NETs have emphasised the important role of non-physician specialists (including nurses and medical assistants),³¹ who have a defined education curriculum.³³ However, there is a lack of funding structures to support the use of HF specialist nurses across settings.¹² This is compounded by the fact that the draft DMP does not recognise HF specialist nurses as key partners in the multidisciplinary support and education of people with HF, despite this being recommended in the European HF guidelines.^{34,35}



Action: call on the Federal Joint Committee to update the DMP for HF and accelerate its implementation to ensure best-practice care for everyone living with the syndrome

The delays in implementing the DMP for HF mean people living with HF continue to miss out on comprehensive management of their condition. The difficulties around funding and designing the evaluation of the patient education programmes that form part of the DMP have been described as a key barrier to its implementation.³⁶

HF advocates could:

- **urgently request that HFpEF be included in an updated DMP for HF** to help address the current lack of diagnosis and treatment for this population³⁰
- highlight how an updated DMP could help **address the significant issues around fragmented care** and improve post-discharge management and long-term support³¹
- call on the Federal Joint Committee to **overhaul its criteria and processes** for updating DMPs to accelerate the roll-out of patient education programmes and allow for rapid advancements in HF research to be integrated into patient care.




Where has this approach succeeded?

No national comprehensive programme to manage HF across care settings exists in Germany, but various approaches have been implemented at regional levels.

In Kinzig Valley, the Strong Heart programme is offered to people living with HF and coronary heart disease as part of the integrated care programme *Gesundes Kinzigtal* ('Healthy Kinzig Valley').³⁷ People who enrol in the programme receive comprehensive care from their chosen general practitioner (GP), including regular telephone support and patient education.³⁷ It is designed to increase patient involvement (for example, through the joint development of an individualised treatment plan) and has an emphasis on prevention.³⁸ Healthcare professionals in the programme are incentivised to meet quality indicators and incorporate feedback from patient surveys.³⁸

Strong Heart has resulted in positive outcomes for people with HF in the programme compared with those in other regions in Germany, and the wider *Gesundes Kinzigtal* programme has reduced overall healthcare costs.³⁹ However, it has been noted that the programme might not be applicable to other regions in Germany.²⁷



The BNK Service is a subsidiary of the Federal Association of Resident Cardiologists (Bundesverband Niedergelassener Kardiologen e.V., BNK), which represents more than 90% of cardiology practices in Germany.⁴⁰ The service has developed an electronic quality management system to facilitate the use of a defined and integrated care pathway. It has also set up structural contracts (Strukturverträge) between health insurance providers and healthcare professionals to improve care for people with HF.⁴¹ For example, the KardioExpert contract between BARMER health insurance and healthcare professionals nationwide covers 28,000 people with HF and provides increased reimbursement for cardiologist and GP practices, including for preventive visits. The contract has resulted in cost savings of €500 per person per year and an increase in guideline-recommended care.⁴²

The Heart Network Cologne (HerzNetz Köln) has developed similar cross-sectoral collaboration for HF care, involving hospitals, cardiologists and GP practices, as well as rehabilitation facilities, medical assistants and HF specialist nurses. It currently covers HF patients insured by AOK health insurance, but the network is in discussion with other providers to expand coverage. In a study, improved care within the Heart Network led to a significant reduction in hospitalisations (6.2% vs. 18.9% in the control group) and readmissions (16.6% vs. 36% in the control group), as well as cost savings of €400 per person per year.⁴²



Action: demand a greater focus on person-centred care for people living with HF

HF advocates could highlight the:

- **need to increase the roll-out of dedicated HF centres** in hospitals to ensure access to specialised care
- **importance of promoting nurse-led care** as a key component in helping people with HF understand and manage their condition and navigate the care pathway³³
- **need to better understand the patient experience** and to actively engage patients in care planning and service design to ensure their needs and perspectives are considered.

Investment in the digital transformation of the health system

The German government has committed to the digitalisation of healthcare. HF advocates can leverage the changes in reimbursement and organisation to promote the wider implementation of telemedicine.

The government's commitment to the digitalisation of healthcare provides opportunities for implementing innovation in HF care. In 2019, the German government passed the Digital Healthcare Act, cementing its intention to take advantage of digitalisation and innovation to improve healthcare services.⁴³ Since 2020, the Innovation Fund, managed by the Federal Joint Committee, has supported the roll-out of innovative, integrated care projects, often using digital health.⁴⁴ These policies and funds provide opportunities for HF advocates to position HF telemedicine as a key component of healthcare digitalisation.

Changes in reimbursement and organisation have facilitated the implementation of telemedicine for people with HF, but gaps remain. In 2022, the National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung) announced the reimbursement of telemedicine for people with advanced HF, including this approach in the German Uniform Evaluation Standard (Einheitlicher Bewertungsmaßstab, EBM).^{45 46} Cardiac monitoring devices transfer measurement data to a telemedicine centre, where cardiologists assess the information and send it to primary care physicians, with warning messages when necessary.^{46 47} Despite these positive developments, implementation requires the creation of dedicated care pathways and the training of staff in remote monitoring.⁴⁸ In addition, the German Medical Technology Association (Bundesverband Medizintechnologie, BVMed) has pointed out that in 90% of cases, health insurers are not paying for transmitters.⁴⁶

At the same time, it has been noted that people with HF have had little input into the design and delivery of telemedicine interventions in HF. The relative lack of patient input may mean telemedicine services are not always fit for purpose – for example, because they pose barriers to uptake.²⁷ Although telemedicine represents an important opportunity for improving access to care and quality of care, such initiatives can only be effective if they are centred around the needs of the person with HF. It is important to remember that telemedicine is a complement to in-person care rather than its replacement⁴⁶ and that research is needed into how individuals wish to be supported.



Action: demand that the patient perspective is captured and included in telemedicine research and service design

Telemonitoring and other eHealth services can only reach their full potential for enhancing HF care and facilitating patient empowerment if they are **tailored to the needs and preferences** of each person living with HF. Dedicated **research and evaluation** are therefore crucial.



Action: push for the Federal Joint Committee to allocate resources from the Innovation Fund to HF care and research by taking part in the consultation process

Until 2024, the Innovation Fund has €200 million available every year to spend on innovative person-centred care and research.⁴⁴ HF advocates can **participate in the consultation process** that takes place ahead of funding decisions and make the case for funding HF. The Innovation Fund will publish the consultation processes for 2023 and beyond on its website, where the criteria for previous funding allocations can be found.⁴⁹



Where has this approach succeeded?

A telemedicine project for people with HF, funded by the Federal Joint Committee, is being tested in two German regions.⁵⁰ The project consists of an eHealth platform that provides primary care physicians and specialists with access to patient data. People with HF can upload measurements, such as blood pressure and body weight, to the platform from home. A team is involved in the ongoing monitoring of data, alerting physicians when needed. A patient survey has found that the project empowers people with HF to understand the positive effects of treatment adherence on their health metrics.

Hospitals in the state of North Rhine-Westphalia can now use a digital platform, the 'Virtual Hospital', to access the expertise of the Heart and Diabetes Center in Bad Oeynhausen when treating patients with HF. The platform allows doctors to consult with specialists remotely, which is particularly useful in rural areas. The initiative has already been helpful during the COVID-19 pandemic, and future plans include expanding the platform to incorporate liver tumours and rare diseases.⁵¹

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The Heart Failure Policy Network

About the Heart Failure Policy Network

The Heart Failure Policy Network (HFPN) is an independent, multidisciplinary group of healthcare professionals, patient advocacy groups, policymakers and other stakeholders from across Europe whose goal is to raise awareness of unmet needs surrounding heart failure and its care. All members provide their time for free. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London.

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