

Paying for Digital Health Interventions: A Rapid Review of Payers' Evidence Frameworks

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Objectives

The COVID pandemic has accelerated the uptake of digital health interventions (DHIs) in healthcare systems. The aim of this rapid review is to provide an overview about the evidence frameworks required by payers when assessing DHIs.

Results

As of September 2021, we identified 6 evidence frameworks specific to reimbursement decisions concerning DHIs from Australia (Medical Services Advisory Committee, MSAC), Belgium (National Institute for Health and Disability Insurance, RIZIV), Germany (Federal Institute for Drugs and Medical Devices / Directory of Reimbursable Digital Health Applications, BfARM / DiGa), Finland (Finnish Coordination Centre for Health Technology Assessment, FinCCHTA), France (French National Authority for Health, HAS) and the United Kingdom (National Institute for Health and Care Excellence, NICE). All frameworks specified requirements concerning the health problem and comparator, safety, clinical effectiveness as well as patient and social aspects. Four frameworks covered legal and ethical aspects (Australia, Belgium, Germany, United Kingdom) as well as organizational aspects, data security and interoperability (Australia, Belgium, Germany, Finland) and technical aspects / stability (Australia, Germany, Finland, France). Usability was covered by only three frameworks (Australia, Germany, Finland).

Conclusions

The evidence frameworks for DHIs require a wider perspective than is often applied to pharmaceuticals. However, they require additional refinement to ensure that the level of evidence is commensurate with the technology being assessed and that relevant stakeholders are included to assess more holistically produced outcomes.

References

Kolasa K., Kozinski G.: How to value digital health interventions? A systematic literature review, Int J Environ Res Public Health, Mar 23, 17(6)

Methods

We reviewed recent literature and the websites of the leading payer and HTA bodies (Australia, Canada, Western Europe) for evidence frameworks which have been developed for the evaluation of DHIs. We sought whether and how the following evidence framework domains were covered: health problem and comparator, safety, clinical effectiveness as well as patient and social, economic, legal, ethical, organizational and technical / stability aspects, usability, data security and interoperability.

						
Health problem and comparator						
Safety						
Clinical effectiveness						
Patient and social aspects						
Economic						
Legal						
Ethical						
Organizational						
Usability						
Data security						
Interoperability						
Technical aspects and stability						