Funding and e-health

Various laws are in place to regulate funding for e-health as a form of healthcare. Funding is applicable from the moment an application has been developed and tested, and is ready for implementation. Several factors are involved in funding and reimbursing e-health solutions, such as whether the solution is intended for patient use or exclusively for use by healthcare professionals (see also: innovation routes).

Consumer e-health applications are subject to less stringent regulations than applications used by healthcare providers as part of a patient treatment plan. If the e-health application falls in the latter category, it is subject to the provi sions in the Healthcare Market Regulation Act (*Wet Marktordeninggezondheid*, Wmg). Among other things, this means that patient care in the Netherlands can only be charged by submitting specific declarations. These declarations are different in every sector and often allow more room for e-health applications than healthcare professionals and health insurers might think. But creating room for e-health solutions is not the same as creating incentive for parties to capitalize on it. The rules and the possibilities differ per application.

Procurement and e-health

Health insurers are an important link in the healthcare procurement chain, which includes the e-health solutions offered by healthcare professionals. If the application or intervention is not included in a specific package, insurance companies will not reimburse patients for it. This reimbursement can often be use to provide care in the form of e-health. Health insurers can draw up contracts with healthcare providers to determine how e-health can be incorporated into healthcare plans.

As a result, healthcare providers are major buyers of the e-health applications created by developers. They are the ones who will use the application in daily practice. The healthcare provider can then make agreements with insurance companies about how to reimburse healthcare and the e-health solutions.

Questions and answers

What funding options are available for implementing and upscaling e-health?
Successfully implementing and upscaling e-health innovations requires proper funding regulations. The motto should be: think about funding at an early stage, because if no one is willing to pay for your innovation, your upscaling is doomed to fail.

Implementation and upscaling take time and money. Money to pay the project leader, for communication activities, for organizing meetings with users, for adapting the innovation to local needs… But also to integrate the e-health innovation in business operations. More and more, implementation and upscaling are seen as the responsibility of the field. And the well of grants is starting to dry out due to budget cuts.

Funding for e-health innovations is determined by the opportunities offered by healthcare and support funds, the options in supplementary insurance packages, local municipal policies, investments by private parties, and contributions by patients and clients. There are also other sources of funding available.

What are the most common problems facing e-health innovations?

Funding for e-health is often considered problematic. This needs further explanation. In a recommendation issued in July 2013, the Dutch Healthcare Authority (NZA) concluded that there are numerous possibilities to fund hospital care, but these require further exploration. In this publication, we hope to provide additional insight on funding options.

That said, many healthcare innovators struggle to find funding for their e-health innovations, especially in the transition from research, development, and pilots to implementation and upscaling. These problems involve the transition from temporary to structural funding, whereby the end of temporary funding signals the end of the project.

Some problems include:

- Funders of research or development projects do create the conditions for implementation and upscaling once a project is completed.
- The positive results of a project, for example its relevance, quality, or efficiency, say little to nothing about the feasibility of implementation and upscaling.
- The business case/value for funders and/or end users does not inspire further investment.
- The cost savings/substitution achieved after implementation is not substantiated.
- There is no management to implement a healthcare substitute, which only serves to increase costs for healthcare institutions, health insurers, or governments (who pay the premiums).
- A social business case says little to nothing about the business case of individual parties like healthcare institutions and healthcare professionals.
- The current funding options do not allow for structural funding of e-health services geared towards self-care and self-management, with the exception of the Personal Budget (*Persoonsgebonden Budget*, PGB). Home-based healthcare is also at the expense of the healthcare budget available to institutions.

Is e-health a version of existing healthcare?

Zorg voor Innoveren considers e-health to be a version of existing healthcare, in accordance with the definition provided by Zorginstituut Nederland. This means that all rules and regulations governing a healthcare process also apply to e-health, which is part of that same process.

Due to the digital nature of e-health applications, it may be necessary to redefine or reinterpret certain rules and regulations, as these tend to be based on the personalized care provided by a healthcare institution.

More information

If you would like to receive more specific information about the rules governing e-health funding, please feel free to contact Zorg voor Innoveren at info@zorgvoorinnoveren.nl