Delphi Round 3: Contested items before and after revision

Consensus refinement of implementation recommendations

Key to the table

Item ID	Identification number of the original Round 2 statement (Survey-ID).
Original statement	Wording as rated in the Round 2 survey.
Outcome	Result of the Round 3 discussion: statements were either revised for clarity, revised as a reworded existing recommendation, or not adopted into the final catalogue.
Revised recommendation ID / wording	Recommendation-ID and wording of the resulting entry in the final recommendation catalogue (recommendation level 3), where applicable.

Eight contested implementation statements were selected for discussion. In addition, two already-retained recommendations were reworded to reflect the discussion outcome. The statements were grouped here into eight rows by the underlying topic (three related statements on formal competency examinations are discussed jointly). All revisions were assigned recommendation level 3, as the revised wording was not quantitatively re-rated (see Methods, Delphi Round 3).

Item ID	Original statement (Round 2)	Outcome	Revised ID	Revised recommendation (Round 3)
S-2_1_010	It is sufficient for DHNs to have particularly good knowledge of at least one DiGA per condition for which a DiGA exists.	Revised for clarity	R-2_1_302	It is sufficient for DHNs, alongside a general overview, to have particularly good knowledge of at least one DiGA per condition for which a DiGA exists.
S-2_1_012	DHNs must be able to provide an overview of commonly used DiGAs.	Revised for clarity – added as an additional recommendation alongside the original R-2_1_101, which remains in the catalogue unchanged	R-2_1_303	DHNs must have a general overview of what digital health applications exist.
S-2_2_013	DHNs are only obliged to provide technical support insofar as this contributes to treatment of the condition.	Revised for clarity	R-2_2_304	DHNs are only obliged to provide technical support insofar as this contributes to the handling of the DiGA.
S-2_3_010	Forwarding information from meetings between DHN and patient to the HCP should only take place with the patient's permission.	Revised for clarity	R-2_3_203	Permission to forward information from meetings between DHN and patient to the HCP should be obtained through a release from confidentiality given by the patient at the start of DiGA treatment.
S-2_3_014	There is no need for a fixed schedule for exchanges between HCP and DHN regarding a patient.	Revised for clarity	R-2_3_301	A regular but flexible schedule is needed for exchanges between HCP and DHN regarding a patient.

S-2_5_003 / S-2_5_005 / S-2_5_008	Three related statements on formal competency examinations during training and continuing education (e.g. “A competency assessment should take place as part of DHN training”).	Not adopted – had not met Round 2 inclusion criteria; no consensus reached on formal assessment	–	No consensus recommendation adopted. Instead, two already-retained recommendations were reworded (see R-2_5_101 and R-2_5_102 below) to reflect the discussion outcome.
S-2_5_007	Mandatory continuing education should ensure the ongoing competence of DHNs.	Reworded to reflect Round 3 discussion	R-2_5_101	Certification and competence of DHNs should be renewed through mandatory continuing education.
S-2_5_006	Case studies and role-play scenarios during training already ensure DHN competence.	Reworded to reflect Round 3 discussion	R-2_5_102	The quality of training should be ensured through exercises such as case-based simulations.