Delphi Round 1: Identification of relevant topics

Implementation of the Digital Health Navigator role

Key to the statement tables

Subtopic	Subdivision of the discussed topic, for clarity.
Statement cluster	Participant statements that address the same point.
Item ID	Identification number of each statement.
Statement	Statements contributed by participants on the topic. Editorially revised; not verbatim quotations.
Spontaneously mentioned	Points raised by participants during discussion, without being prompted by a prepared question.
Emphasised as important	Points to which participants attributed particular importance, or which were discussed more intensively.

Integration of the DHN into patient care

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
Integration into the treatment team	Knowledge transfer on DiGAs	T-1_6_001	Knowledge about DiGAs should be brought into the team by the DHN.		
		T-1_6_002	HCPs should have an overview of DiGAs, just as they should have an overview of the medications they prescribe.	✓	✓
		T-1_6_003	The DHN should present new DiGAs to the team during team meetings.		
		T-1_6_004	Where needed, the DHN should be able to provide more in-depth knowledge about a specific DiGA.		
	Remit	T-1_6_005	The DHN must not make any decisions regarding diagnosis.	✓	
		T-1_6_006	The DHN must not make any decisions regarding treatment planning; the initiative always remains with the HCP.	✓	
DHN–patient relationship	Interacting with the patient	T-1_6_007	The DHN should maintain a neutral stance towards the patient and their data.	✓	✓
		T-1_6_008	The DHN should approach the patient with a benevolent attitude.	✓	✓
		T-1_6_009	The DHN should foster a positive and motivating working atmosphere.	✓	✓
		T-1_6_010	The DHN should have a sense of the patient's level of functioning and shape their interaction accordingly.		

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-1_6_011	The DHN should not base their interaction with patients on diagnosis alone.		
		T-1_6_012	A good rapport and trusting relationship between patient and DHN is considerably more important than the DHN's knowledge of mental illness.		✓
		T-1_6_013	The DHN's technical competence is just as important as their manner of interacting with patients.		
DiGA-use process	Patient participation requirements	T-1_6_014	Patients should be assessed for suitability for DiGA use before participation.		
		T-1_6_015	The basic prerequisites a patient must bring for DiGA use include existing technical skills, available resources (e.g. a suitable device, internet connection), and motivation.	✓	✓
		T-1_6_016	Patients' reluctance to create user accounts represents a realistic barrier to DiGA use.	✓	✓
		T-1_6_017	Incompatibility between patients' devices and the available DiGAs represents a realistic barrier.	✓	
		T-1_6_018	There should be an option to lend devices to patients for the duration of treatment.		
		T-1_6_019	Lending devices to patients is not sensible, as they are most likely unfamiliar with the technology.	✓	
	Before the first patient–DHN meeting	T-1_6_020	The DHN and patient should get to know each other before their joint meetings to establish a shared basis of trust.	✓	
		T-1_6_021	The DHN should have been briefed by the HCP about the patient and their condition.		
		T-1_6_022	The DHN should have been informed about the patient's condition and background via a questionnaire completed by the patient.	✓	
	Patient–DHN meetings	T-1_6_023	The first meeting should be used to install, set up, and introduce the prescribed DiGA.		
		T-1_6_024	Meetings between patient and DHN should be documented by the DHN.	✓	
		T-1_6_025	Noteworthy data from the DiGA used by the patient should be documented.	✓	
		T-1_6_026	Documentation of patient–DHN meetings should only take place with the patient's consent.	✓	
		T-1_6_027	Passing information from the patient–DHN meeting on to the HCP should only occur with the patient's consent.	✓	

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-1_6_028	The DHN was informed by the HCP about the patient's current status before the meeting.		
		T-1_6_029	The DHN reviews the data collected by the DiGA together with the patient.	✓	
	Patient–HCP meetings	T-1_6_030	The HCP was informed by the DHN about the patient's current status before the meeting.	✓	
		T-1_6_031	No fixed schedule is needed for HCP and DHN to exchange information about the patient.	✓	
		T-1_6_032	Data collected via the DiGA should feed into the patient's treatment.		
	Example workflow	T-1_6_033	The process after a patient is onboarded into DiGA-based treatment should be defined individually by each clinic.		
		T-1_6_034	A sensible example workflow for onboarding a patient into DiGA-based treatment: the HCP identifies the patient's potential for DiGA use; the DHN assesses the patient's technical skills; the DHN reports back to the HCP and gives a DiGA recommendation if appropriate; the HCP prescribes the DiGA; DiGA-based treatment begins.		
		T-1_6_035	The patient, DHN, and HCP should meet together to select a DiGA.		

Integration of DiGAs into DHN training

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
Knowledge of framework conditions		T-2_1_001	The DiGA prescription and reimbursement process is of secondary importance, which also depends on the DHN's setting.		
		T-2_1_002	Knowledge of how DiGA data are processed could be a benefit but is not considered necessary.		
General knowledge of DiGAs		T-2_1_003	The DHN should be able to familiarise themselves with DiGAs independently.	✓	
		T-2_1_004	There are very many DiGAs a DHN would have to engage with; a good compromise would be for the DHN to know more about the DiGAs prescribed most frequently than about those prescribed less frequently.	✓	
		T-2_1_005	The DHN should have basic, general knowledge of DiGA data processing.		✓
DiGA-specific knowledge	Depth of knowledge	T-2_1_006	The DHN must be able to give an overview of a DiGA (comparable to a 1–2 slide presentation).	✓	✓
		T-2_1_007	The DHN must have knowledge of a DiGA that goes beyond an overview.	✓	✓

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-2_1_008	The DHN should know the contents of a DiGA.	✓	✓
		T-2_1_009	Given the number of DiGAs, it is sufficient for the DHN not to have in-depth knowledge of individual DiGAs.	✓	
		T-2_1_010	The DHN should be able to answer patients' questions about a DiGA.	✓	
		T-2_1_011	The DHN should be able to install and set up a DiGA.	✓	✓
		T-2_1_012	The DHN should have gained hands-on experience with a DiGA.	✓	✓
		T-2_1_013	If the DHN has only limited knowledge of a DiGA, this may reduce trust in the DHN's competence.	✓	
	Specific competencies	T-2_1_014	The DHN should be aware of the evidence for a DiGA.		✓
		T-2_1_015	The DHN should have knowledge of a DiGA's indications and contraindications.		
		T-2_1_016	The DHN does not need to know DiGA-specific information about data processing/security.		

Requirements for a DiGA information website

These requirements were elicited in two phases: first as free-form wishes, then through a hands-on test of the German DiGA directory.

Phase 1: Elicited requirements

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
Structure		T-2_2_001	The website should provide an overview of the conditions for which DiGAs exist.	✓	✓
		T-2_2_002	From a condition, users should be able to reach an overview of all DiGAs that can be used to treat it.	✓	
		T-2_2_003	The website should allow DiGAs with the same indication to be listed together.	✓	
		T-2_2_004	There should be a detail view for each DiGA containing all its relevant information.	✓	
		T-2_2_005	A separate website for patients and professionals is not necessary.	✓	
Content	DiGA-specific	T-2_2_006	The website should include a pros/cons list for each DiGA.	✓	✓
		T-2_2_007	The website should indicate any additional devices required for a DiGA.	✓	

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-2_2_008	The website should indicate the time commitment required to use a DiGA.	✓	
		T-2_2_009	The website should display user reviews for each DiGA.	✓	✓
	User reviews	T-2_2_010	User reviews from app stores for the respective DiGAs would be sufficient.	✓	
		T-2_2_011	User reviews should be stored directly on the website.	✓	
		T-2_2_012	User reviews shown on the website should be verified beforehand to ensure their quality.	✓	✓
		T-2_2_013	User reviews shown on the website should have been verified by DHNs beforehand.	✓	
		T-2_2_014	The website should include information on the DiGA prescription and reimbursement process.	✓	
Functionality	Findability	T-2_2_015	DiGAs should be findable via a search function.	✓	
		T-2_2_016	DiGAs should be findable via a filter function.	✓	
		T-2_2_017	The website should allow direct comparison between DiGAs.	✓	✓

Phase 2: Findings from the hands-on test of the DiGA directory

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
Structure	Filter function design	T-2_3_001	It should be possible to differentiate mental illnesses within the filters, not only via the search field.	✓	✓
		T-2_3_002	The current filter design causes filter options to be overlooked; a clearer layout is therefore desirable.	✓	
	Information for patients and professionals	T-2_3_003	In a DiGA's description, information for professionals should appear after the information for patients.		✓
		T-2_3_004	Showing information for patients and professionals simultaneously creates clutter; there should be separate views for patients and professionals.		
		T-2_3_005	The website design overwhelms the user; it is not intuitively clear how to reach the goal of selecting a DiGA efficiently.	✓	✓
		T-2_3_006	The large selection of DiGAs overwhelms users; there is a wish for DiGA recommendations.	✓	✓
		T-2_3_007	Some information can only be found if one knows where to look.		✓

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-2_3_008	External websites should be linked in the same language in which the DiGA website is displayed.	✓	✓
		T-2_3_009	The website should also be usable on a smartphone.	✓	✓
Content	DiGA descriptions	T-2_3_010	A DiGA's detail view should convey a sense of how it is used, e.g. via a demo or screenshots.	✓	✓
		T-2_3_011	DiGA descriptions should not be provided by their manufacturers, to avoid the risk of advertising.		✓
		T-2_3_012	DiGA descriptions should be provided by a neutral party, based on scientific criteria and in a factual manner.		
		T-2_3_013	DiGA descriptions should include a pros/cons list.	✓	✓
	Manufacturer's price	T-2_3_014	Stating the manufacturer's price is misleading or unsettling and should therefore be explained.	✓	✓
		T-2_3_015	Stating the manufacturer's price is misleading or unsettling and should therefore not be listed.	✓	✓
		T-2_3_016	User reviews should be integrated directly into the website rather than linked via external sites such as app stores.		
		T-2_3_017	The PZN (central pharmaceutical number) was quick to find.		
Functionality	Comparing DiGAs	T-2_3_018	DiGAs treating the same condition cannot be compared with one another; a function for this should be implemented.	✓	✓
		T-2_3_019	DiGAs should be comparable in a table using hard facts such as platform, indication, and features (e.g. an Amazon-style product comparison).	✓	
		T-2_3_020	The filter function should be made clearer; during a search, users should be able to see which filters are active.	✓	✓
		T-2_3_021	There should be an option to present the website in plain language (e.g. no technical terms for conditions).	✓	✓
		T-2_3_022	A guidance function should let users reach recommended DiGAs by answering questions.	✓	✓

Training framework conditions

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
General framework conditions		T-2_4_001	Attending training courses / continuing education is a fully sufficient qualification for the DHN role.	✓	✓
		T-2_4_002	DiGA manufacturers should ideally contribute at least partly to the cost of DHN training.	✓	✓
Competency assessment in training	Examination	T-2_4_003	There should be no competency examination as part of the training.	✓	✓
		T-2_4_004	There should be a competency examination as part of the training.	✓	✓
		T-2_4_005	Linking the training to an examination would reduce interest in the training.	✓	✓
		T-2_4_006	An examination would be too high a barrier for the DHN role.	✓	✓
		T-2_4_007	Practical examples and jointly working through scenarios during training already ensure DHNs' competence.	✓	✓
		T-2_4_008	It is the trainers' responsibility to ensure that the trained DHNs are competent.	✓	✓
Recertification	Examination	T-2_4_009	Mandatory continuing education should ensure DHNs' ongoing competence.	✓	✓
		T-2_4_010	There should be no competency examination as part of continuing education.	✓	✓
		T-2_4_011	Continuing education should take place online.	✓	✓

Additional statements raised at the end of Round 1

Statements raised by participants after the topic-based discussions; these were assigned to the relevant topics in the subsequent round rather than forming a separate topic.

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
Digital Health Navigators	DHN training design	T-1_7_001	DHNs should be able to support both Android and iOS.	✓	✓
		T-1_7_002	The technical focus of DHN training should be on setting up, operating, and supporting DiGAs.	✓	
		T-1_7_003	Hands-on experience with DiGAs should be part of DHN training.	✓	✓
		T-1_7_004	DHNs should have access to a user account for all DiGAs through which they can test and evaluate them.	✓	
	Competencies	T-1_7_005	DHNs should be able to support the setup of DiGAs.	✓	✓
		T-1_7_006	DHNs should be able to explain the treatment plans of DiGAs.	✓	
		T-1_7_007	The DHN should be able to recall knowledge about DiGAs without much effort.	✓	

Subtopic	Statement cluster	Item ID	Statement	Spontaneously mentioned	Emphasised as important
		T-1_7_008	Where knowledge gaps about DiGAs exist, the DHN should be able to close them independently.	✓	✓
		T-1_7_009	DHNs are only obliged to provide technical support insofar as it contributes to treating the condition.	✓	✓
Digital health applications (DiGAs)	Evaluation	T-1_7_010	There should be pros/cons lists for the use of every DiGA.	✓	✓
		T-1_7_011	DiGA evaluations should preferably be expressed in words rather than via point-based systems.	✓	
		T-1_7_012	Patients should be provided with an information sheet on common technical problems and their solutions.	✓	