



DIGITAL TOGETHER 2026

Germany's Digitalisation Strategy
for Health and Care

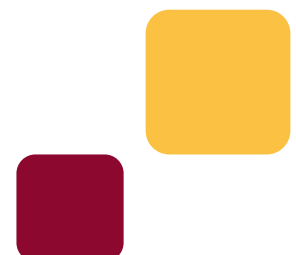


Federal Ministry
of Health



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Dear Reader,

I am very pleased to present to you the advancement of the Digitalisation Strategy for Health and Care¹.

In keeping with the Strategy's motto "Digital together" – in collaboration with the stakeholders in health and care, we are consistently driving the digital transformation forward. Although we have already achieved much, it is clear that our pace and ambitions must remain high. That is why it is necessary that together we regularly review and develop measures further. What steps have we already taken and which ones do we still want and need to take? What new developments must we (increasingly) focus on? Where might we potentially even need to reorient ourselves?

¹ https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/D/Digitalisierungsstrategie/Germany_s_Digitalisation_Strategy_for_Health_and_Care.pdf

With these questions in mind, this advancement of the Strategy outlines the key areas for the coming years – taking into consideration the main developments, such as setting up the European Health Data Space and the increasing significance of AI applications as well as the Strategy’s implementation progress to date. Digitalisation is a central lever in setting up our healthcare system to be fit for the future. For instance, an effective primary care system can only be implemented sensibly using digital elements. Irrespective of the specific digitalisation project, a stable, secure and modern infrastructure is always a basic prerequisite.

With its Vision 2030, the Digitalisation Strategy still marks the path towards the digital transformation. To realise our collective vision, we wish to further develop our healthcare system by 2030 into a people-centred, digitally supported ecosystem that optimally combines digital and analogue healthcare approaches. We are thus responding to the particular opportunities and needs that arise for different population groups.

This advancement would not have been possible without the pro-active collaboration from the health and care system. Over 1,000 stakeholders actively contributed to the preparatory participation process. I am extremely grateful for this. I am also counting on this active involvement when it comes to implementing the Strategy.

I wish you an interesting and insightful read!

Yours sincerely,



Nina Warken

Federal Minister of Health

An advancement of the Strategy – what is the background and what does it entail?

Our vision for health and care in the year 2030 is that digitalisation enables healthier and longer lives for all. As a result, medical and long-term care will become better and more efficient. In conjunction with the underlying vision of a digitally connected health ecosystem, the Strategy provides guidance regarding the design of the digital transformation process. The overarching goals of the Strategy remain of central importance: A “consequent focus on people, patient sovereignty and enthusiasm”, “improving the quality of healthcare” as well as “increased cost-effectiveness and efficiency”.

This advancement of the Strategy ensures that relevant innovations and developments at global, European and national level are taken into account. These include, for instance, the establishment of the European Health Data Space (EHDS), advances in the area of artificial intelligence (AI) and the establishment of a primary care system.

Against this background, this advancement of the Strategy makes adjustments to the short-, medium- and long-term* measures. Thus, around three years after the publication of the Strategy, the strategic compass is being recalibrated based on implementation steps that have already been taken and insights gained. In concrete terms, this means that some measures from the Digitalisation Strategy are no longer included in the advancement on account of their completed implementation or have been repositioned in the implementation timetable. In addition, a large number of new measures were added.

All the measures contained herein are listed under the three established fields of action of the Digitalisation Strategy “Digital together”: “Establishment of people-centred, digitally assisted, cross-sectoral and cross-professional healthcare processes”, “Generation and use of high-quality data for better healthcare provision and research” and “Benefit-oriented technologies and applications”.

The key topics of Europe and artificial intelligence, upon which the advancement process increasingly focuses, are considered overarching cross-cutting themes that are found in all three fields of action (healthcare processes, data, technologies and applications).

Implementation of the **short-term measures has already begun or will commence in 2026. Before the end of the 2020s, **medium-term** projects will follow, which will be complemented by **long-term** measures (from the end of the 2020s).*

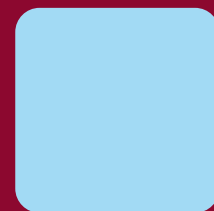


What do we intend to achieve together?

More than **20 million insured persons** will have registered for active use of the ePA by 2030 and benefit from at least seven ePA use cases based on structured health data.

From the end of 2027, **100 percent** of medical reports will be transmitted electronically between healthcare providers.

By the end of 2026, no less than **300 research projects** will be conducted or initiated using data from the Health Data Lab.



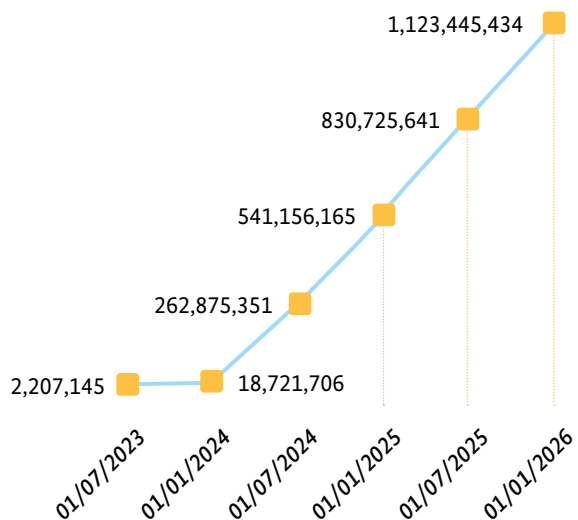
AI-based documentation is supposed to become the standard in the provision of health and long-term care; with more than **70 percent** of facilities to actively use it by 2028.

The digital maturity of hospitals according to the maturity model will increase by more than **35 percent** on average compared to when first measured (2021).



Implementation of the Strategy – Where do we stand?

Filled e-prescriptions



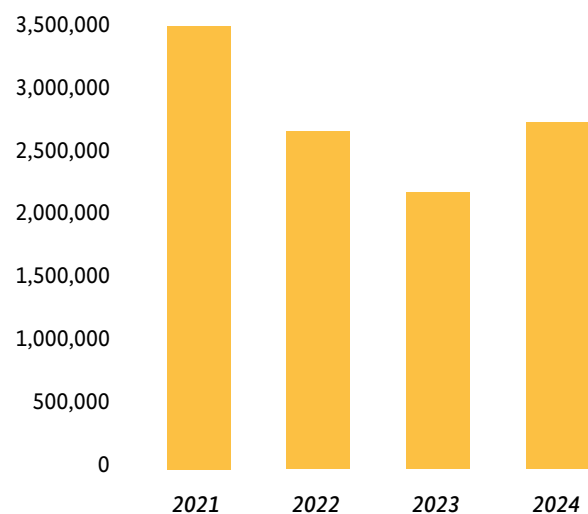
With the electronic patient record (**ePA for all**), around 74.5 million people in Germany covered by the statutory health insurance system have a digital record available to them unless they object.

The **Kompetenzzentrum Digitalisierung und Pflege** (competence centre for digitalisation and care) took up its work on 1 January 2024.

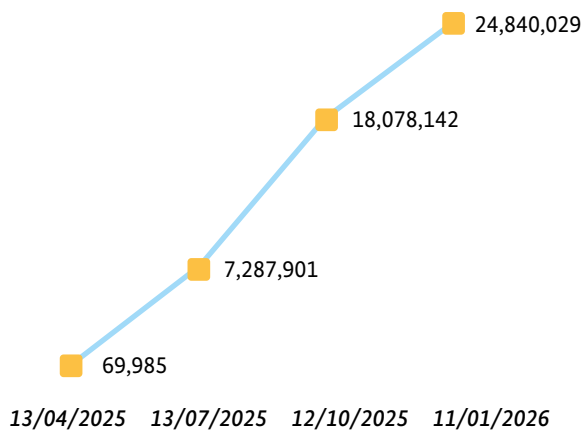
Over 1 billion **e-prescriptions** have been filled since its rollout. This means that e-prescription has now finally become standard when supplying medicinal products.

Telemedicine is an important tool for advancing healthcare and continues to offer great potential. This is also shown by the recent increase in the number of video consultations.

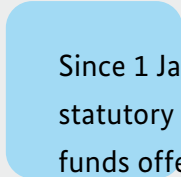
Video consultations



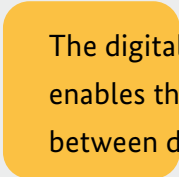
Medication lists opened by healthcare provider



59 digital health applications (DiGAs) are available today – for anything from depression to diabetes. More complex diseases can also now be supported using DiGAs.



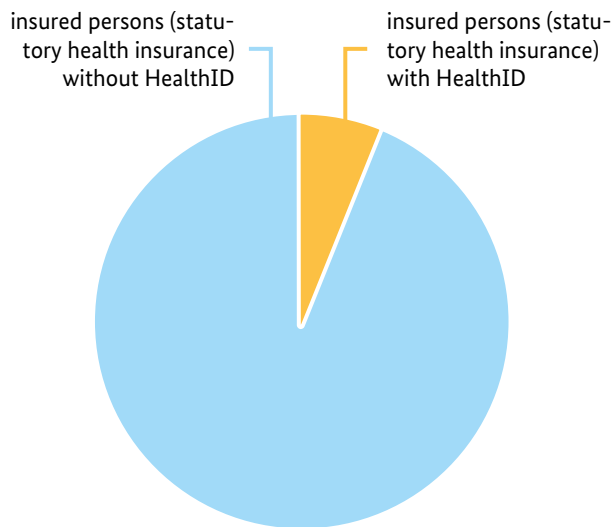
Since 1 January 2024, all statutory health insurance funds offer their members a **HealthID**. This optional service is used by around 4.5 million insured persons.

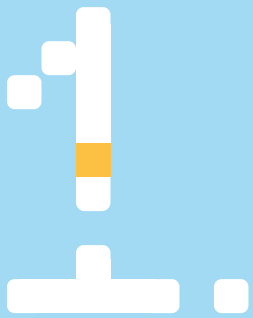


The digitally supported **medication process** enables the detection of interactions between drugs.

Since opening on 9 October 2025, the **Health Data Lab** has been the central point of contact for healthcare research in Germany. As a result, datasets that had previously been unavailable are now available under strict adherence to the highest standards in data protection.

Use of the HealthID





Field of action

Establishment of people-centred, digitally assisted, cross-sectoral and cross-professional healthcare processes

With the progress in comprehensively connecting healthcare providers to the telematics infrastructure (TI), the routine use of e-prescriptions and the introduction of the electronic patient record (ePA), major steps have been taken in recent years towards advancing the core aspect of digitalisation: namely, restructuring digitally assisted care and administration processes across sectors and professions - with the aim of raising quality and cost-effectiveness.

In cooperation with a variety of stakeholders, gematik GmbH has shown that digital process redesign – for example in application and authorisation procedures – is both practical and viable. Decentralised approaches elsewhere also show that it is possible: The electronic transmission of dental treatment and cost plans replaces millions of paper forms every year and digital discharge processes reduce the transmission time of relevant documents between hospitals and rehabilitation facilities from days to mere minutes.

We want to strengthen and support these effective strategies for joint process transformation. That is why procedures and mechanisms are being established that make use of the possibilities of digitalisation in even more processes, to consistently gear them towards quality, efficiency and the needs of those affected, and to incorporate them into everyday healthcare provision. The guiding principle here is to systematically prioritise digital processes where these have been shown to deliver the same or better performance (“digital before outpatient before inpatient”).



Digression: Digital care management using the example of “Omaolo” (Finland)

Finland has a digital platform for healthcare management called “Omaolo”. Users aged 15 or older can enter their symptoms (e.g. headaches, respiratory tract infections) into a symptom checker at any time of day. “Omaolo” analyses these and immediately recommends the appropriate level of care depending on urgency: from digital self-management via a medical hotline to forwarding onto targeted medical treatment or, in urgent cases, to the emergency medical services. The platform supports personal autonomy in health decisions and facilitates access to professional care. Non-critical issues can thereby be fully resolved using digital means, thereby eliminating unnecessary visits to the doctor. This allows for patients to often be helped faster and in a more needs-oriented manner, while relieving the burden on healthcare.

Short-term measures

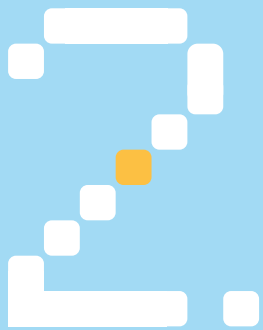
- We are putting in place the conditions necessary for an expansive rollout of the digital, quality-assured initial assessment as well as e-referrals. In addition, we are expanding digital services that schedule outpatient appointments.
- We are prioritising key healthcare processes (e.g. in case of a high burden of disease and high potential for increased quality and efficiency through digital support), re-designing them together with other stakeholders and advancing their implementation within everyday healthcare provision. The ePA is to play a central role in this process.
- The work towards digitalising provision and administration processes in health and care is continuing with a greater focus on putting insights gained to good use.
- The Federal Ministry of Health (BMG) is examining how to design spaces for relevant stakeholders to be able to test new processes in a decentralised manner and supporting suitable approaches.
- Healthcare providers require legal certainty on which AI applications they may or may not use for which purposes. Associations of healthcare providers should regularly inform their members on the latest developments. We are facilitating regulatory advice on the development and use of AI in the healthcare system in AI regulatory sandboxes, which will also benefit other stakeholders.
- During the course of 2027, long-term care facilities will use the communication in medical care (KIM) service on a regular basis.
- The competence centre for digitalisation and care at the National Association of Statutory Health Insurance Funds is to be made permanent.

Medium-term measures

- Guideline information will be updated on a continual basis using routine data and novel technologies and integrated gradually into digitally-assisted treatment pathways and healthcare processes, for example in the form of guidance for healthcare providers via their practice management systems, hospital information systems, decision support systems and TI applications.
- From the end of 2027, 100 percent of medical reports will be transmitted electronically between healthcare providers.
- Healthcare providers with reporting obligations are to use an automated process for real-time submission of their reports to the health authorities of the public health service (ÖGD). The aim is for all reports to be available in a uniform, digital and interoperable format.
- We are enabling indication-specific digital use cases for the treatment of complex health issues, such as diabetes and rare or oncological diseases.
- We will consider the acquisition of skills in areas such as digitalisation, data and AI as well as application-specific digital skills (e.g. interpretation of data, use of AI systems) when drafting and designing future vocational training reforms for medical and allied health professions regulated under Federal law.
- Blueprints for creating conformity assessment documents for AI healthcare applications will be available by the end of 2028.
- We are introducing a requirement for long-term care insurance funds to set up an all-in-one uniform digital space, where insured persons can find any information as well as search and application functionalities regarding their long-term care management (*Pflege-Cockpit* or long-term care cockpit).

Long-term measures

- The ecosystem around the electronic patient record in connection with e-referral, e-prescription, the TI-messenger and digital appointment scheduling services will become the central digital companion in healthcare provision. Using AI applications, it will provide quality-assured health information, safe and easy-to-understand healthcare advice as well as assistance in navigating the healthcare system, and enable public health analyses.



Field of action

Generation and use of high-quality data for better healthcare provision and research

Modern and personalised healthcare relies on high-quality and timely data. The same applies to the research into and development of (digital) innovations. Far too often data is still isolated within silos – difficult to find, not linked and therefore virtually unusable in any meaningful way. Too seldom health data is recorded in a structured and standardised manner, making data use that adds value all the more difficult.

We need data-based added value in healthcare provision and reliable mechanisms for the linkage and secondary use of quality-assured data from different sources. From the perspective of insured persons, health data need to be made easier to understand and interpret. Also, a binding implementation and enforcement of interoperability requirements is needed - for instance by specifying and establishing internationally recognised standards and terminologies.

Where possible, data should already be collected in a structured manner so as to facilitate simple and timely usability. At the same time, applications using artificial intelligence can help to process unstructured data.

The following measures are specifically aimed at contributing toward improving healthcare provision and research through high-quality, readily available data:

74.5

In October 2025, the **Health Data Lab** was opened, where health data from around 74.5 million insured persons are available for research, development and innovation. The use of relevant data can, for example, improve women's health by enabling an earlier recognition of gender-specific disease patterns and the development of targeted treatments.

Short-term measures

- We are using the potential of the European Health Data Space and are actively helping shape the implementation of the EHDS Regulation at national and EU level. In this context, we will consistently accompany the successful implementation of the EHDS Regulation with all the regulatory, organisational and further steps needed.
- We are supporting the provision of anonymised health datasets complementary to the reference data from the EHDS and the Health Data Lab (HDL).
- We are developing an interoperability roadmap and making the corresponding requirements more binding. We are not implementing individual regulations on interoperability/standardisation for each specific use case, but taking a multi-system and multi-sectoral approach to developing solutions. The aim of this approach is for healthcare to receive digital added value more swiftly.
- The transfer of further types of clinical data to the electronic patient record will be accelerated where these data can be re-used—ideally in real time—in corresponding use cases. If possible, data should be available in a structured manner; otherwise, AI will assist in evaluating and using the data.
- We are establishing access points that enable the use of interlinked health and care data from multiple sources (ePA, routine data, study-related data, regional data spaces, etc.) in secure processing environments.
- We are actively involved in the establishment of regulatory sandboxes to advise innovative data use projects regarding data protection and contributing several health-related use cases to ensure the safe use of health data in line with data protection regulations for better prevention and healthcare.
- We aim to underpin the research data landscape with the gradual introduction of a research pseudonym in healthcare-related registries as well as in routine and study-related data to enable linkage between health and care data and other data, such as social data and dates of deaths for use in research. The research pseudonym should also enable linkage with billing and ePA data in line with data protection regulations, while at the same time ensuring the comprehensive enforcement of the rights of data subjects under the EHDS Regulation.

- By the end of 2026, no less than 300 research projects will be conducted or initiated using data from the Health Data Lab (HDL). With the HDL, we will enable healthcare development by introducing new national opportunities for data use.
- The Federal Ministry of Health and the authorities operating within its remit are to receive access to public health-related data from the various interconnected data sources, thereby making an important contribution to data-based decision-making on health policy concerns.
- We are creating rules and regulations for the secure use of health and care data in AI testing and training. The European legal framework as well as pertinent national, EU and international initiatives will be taken into account.
- We want to support clinical registries in their quality development while at the same time facilitating data collection by clinical registries and the exchange of data among one another. This way, we want to help ensure a high quality of data in clinical registries and thus prepare them for linkage to the EHDS. We want to pave the way for better usage of data from clinical registries, including for benefit assessment processes in the context of statutory health insurance provision.

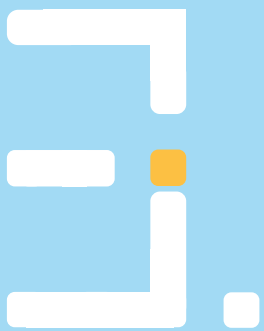
Medium-term measures

- We will set up an interlinked, sovereign health data infrastructure, which will provide large volumes of high-quality data in a secure and user-friendly manner for research, innovation and healthcare development. To this end, we will invest in measures aimed at tapping new data sources and improving the quality of existing data resources. We will support the setting up of flexible and high-performance secure processing environments for health data use, which will enable the research and development of secure data-based products and processes made in Germany, thus promoting health and prosperity in Germany.
- By the end of 2028, all relevant health data infrastructures will be connected to the European Health Data Space and linkable health data from the HDL, the cancer registries and other relevant infrastructures will be made available via secure processing environments.

- We will gradually approach the optimal scenario of structured health and care data ideally being provided in real time. Moreover, we will work towards ensuring that selected routine data from SHI healthcare provision is transferred to the ePA in a structured format, from where it will pass to the Health Data Lab on a daily basis. These data are also to be submitted to the German electronic reporting and information system for infection protection (DEMIS).
- We are expanding the Health Data Lab so that it is AI-capable and will gradually become an agent for a secure and interoperable data space, which is responsible for providing quality-assured, representative datasets to train, validate and test health and care-related AI applications and models.
- By 2028, data from the Health Data Lab will be linkable to cancer registries and the genomeDE initiative.
- We are improving the framework conditions around health data use for population-based as well as personalised healthcare recommendations on prevention and treatment.
- We are working towards standardising AI-based documentation in the provision of health and long-term care; with more than 70 percent of facilities to actively use it by 2028. We also seek to improve the interoperability of documentation (through syntactically and semantically interoperable data formats) and put in place the conditions required (such as standardised terminology and classification systems).
- We are developing standardised profiles of clinical data (e.g. on cardiac insufficiency, diabetes), which will define the data points required for AI-based healthcare suggestions and the structure in which they need to be provided.
- We are assessing the model project on genome sequencing according to section 64e of the Fifth Book of the German Social Code (SGB V) regarding its expansion to other indications and datasets for personalised medicine. We also plan linkage with national and European data infrastructures in line with the provisions on the EHDS.
- Technical and organisational infrastructures will be expanded to ensure that cross-border access to health and care data is available throughout Europe for healthcare provision and research. The priorities and provisions laid down in the EU Regulation on the European Health Data Space are decisive in this context. This will enable, among other things, filling German e-prescriptions anywhere in Europe and vice versa.
- Germany is taking on a shaping role at EU-level through its proactive involvement in relevant EU bodies related to digitalisation of the healthcare system, including newly emerging bodies such as the future EHDS Board.
- The Implant Register Germany (IRD) will switch its technical specification to the FHIR standard for data exchange in order to improve data quality, further reduce the effort of data collection and simplify joint data evaluation at international level. This way, interoperability with other national and international systems will be improved, thereby making the Register more future-proof.
- The German Implant Register (IRD) will be expanded to cover additional implant types.

Long-term measures

- By interlinking it with other important data sets, we will establish the Health Data Lab (HDL) as an innovation engine in the healthcare system, both in healthcare provision and in research, development and translation in a learning healthcare system.
- We are enabling the development of digital twins by improving the availability of high-quality and timely health data, thereby enhancing the prerequisites for predictive, preventive and personalised healthcare.
- We are establishing AI-based early warning systems, risk models and population-based preventive measures as an integral component of public preventive healthcare.



Field of action

Benefit-oriented technologies and applications

The stability and security of the telematics infrastructure and its applications is a basic prerequisite in order to further advance the universal integration of digital applications such as ePA and e-prescription into everyday care. Without it, people-centred, high-quality and efficient digital healthcare provision is scarcely possible. With the aim of stable operation, the TI's technology is also continuously developed further and modernised, while taking into account the needs of vulnerable groups.

As a healthcare (data) platform, the "ePA for all" will become the central hub in healthcare. Accelerating the roll-out of new expansions should enable the high potential for innovation to be tapped into and proactive services to offer insured persons and service providers quicker tangible added value. In addition to the ePA, other digital solutions, such as telemedicine and telenursing, digital health and care applications (DiGAs and DiPAs) as well as AI-based systems, are increasingly being integrated into healthcare provision across the board.

We are committing to the innovative power of the digital health economy, with the aim of supporting the development of benefit-oriented digital solutions through suitable conditions. These conditions also include early and transparent communication of planned projects.

In addition to highly reliable applications and the added value generated by their use, the key to acceptance of digital applications is a high level of digital health literacy along with target group-specific communication in all implementation steps – for example through targeted training of insured persons, relatives and healthcare staff.

The following measures aim to further optimise the framework for the deployment of benefit-oriented technologies and applications:

Discussion in the expert forum

One of the topics frequently discussed in the expert forums was mutual interactions between **acceptance, digital literacy and communication**. Almost every single forum identified stakeholder communication initiatives as important drivers of momentum. With realistic **management of expectations** and targeted **digital literacy training** for health workers, insured persons and relatives, everyone should experience palpable **added value** in their everyday life through digital applications.

Short-term measures

- We are taking the necessary measures to improve the operational stability of the telematics infrastructure and its applications.
- We are assisting secure and digitally supported healthcare provision through the option of mobile access to the telematics infrastructure. This will also enable a digital check-in at the healthcare facility and through the telemedicine process.
- The overall usability of the applications in the telematics infrastructure will be improved. To this end, the conformity assessment procedure will also be able to impose requirements on the functionality of primary systems, among other things.
- The further development of gematik GmbH will be continued in terms of its responsibility for digital applications in the German health and care system, in particular with regard to the telematics infrastructure and corresponding developments at European level.
- The Competence Centre for Interoperability will be strengthened as an independent consultation, review and evaluation centre for a digital healthcare system.
- We are advancing the harmonisation and standardisation of IT infrastructures and increasing the digital maturity of health and care facilities across the board. For this purpose, maturity models will be firmly established across sectors as a regular evaluation tool for measuring effectiveness and used as a quality indicator.
- The digital maturity of hospitals according to the maturity model will increase by an average of more than 35 percent compared to the first evaluation (2021). We are increasing the IT security of critical infrastructures in acute healthcare provision and supporting healthcare providers in implementing specific measures through an immediate action plan for cybersecurity.
- Digital identities will become the secure, user-friendly and consistent identity standard for authentication for digital services in healthcare. European (EUDI Wallet) and German (HealthID) approaches to healthcare will be harmonised.
- We are facilitating the use of existing AI applications in healthcare provision by identifying existing barriers and, where necessary, adapting legal, organisational or remuneration-based frameworks in such a way that these solutions can be used securely, effectively, with little bureaucracy and across the board.
- We are testing secure, data protection-compliant testing environments for the development, validation and risk-based evaluation of AI innovations for health and care, for example using AI regulatory sandboxes.
- We are establishing digital health and care applications as integral components of digitally assisted healthcare processes. In the future, DiGAs and DiPAs will be able not only to write data to the ePA but also read data from the ePA if and to the extent necessary and useful in personalising the application.
- In the future, DiGAs will also be able to map more comprehensive telemedical healthcare concepts with the involvement of doctors.
- Following on from the pilot project for the testing of telenursing (section 125a of Book eleven of the Social Code—SGB XI), care facilities are to be supported in planning, introducing and implementing telenursing approaches.
- We are enabling the access to existing and future digital structures and applications in the statutory health insurance system for persons who have private health insurance or who are insured against the risk of illness with other payers at the federal level, including through the universal allocation of a health insurance number (KVNR).

Medium-term measures

- We are reducing the complexity of the telematics infrastructure and modernising its technological basis. Work on upgrading to TI 2.0 will progress apace.
- The integration of innovative processes and applications into standard healthcare will be improved. Digital pilot projects related to the telematics infrastructure are to be made ready for use faster and directly across Germany.
- We are using established international standards and processes for the creation, quality assurance and provision of representative training, validation and test data sets for AI, including fairness, diversity and bias control requirements.
- The widespread usability of cloud services is strengthening the capacity of healthcare providers and research institutions to act and enhancing Germany's standing as a health and research location as a whole. We are therefore facilitating the secure and data-protection-compliant use of cloud services for the processing of health data in order to significantly improve healthcare provision, research and administration.

Long-term measures

- More than 20 million insured persons will have registered for active use of the ePA by 2030 and will benefit from at least seven ePA use cases based on structured health data.
- In the future, it will be possible to link the health data from the ePA with other digital service areas from the Social Code Books, for example health and long-term care insurance or statutory pension and accident insurance. A shared data basis will enable a consistent and secure exchange of information without media discontinuity, where it will create added value.
- Through collaborative projects and approaches in digitalisation, resilient, scalable and efficient solutions should pool existing resources in a meaningful way and facilitate the sectoral and intersectoral exchange of data. Joint technical and organisational service delivery and coordinated demand for standardised IT services, taking into account modern technologies such as cloud systems, can play an important role in this process.
- Information technology systems and TI applications—whether for inpatient, outpatient or mobile use—should perform and be secure, reliable and easy to use. In this way, digitalisation will create immediate added value for users in healthcare facilities and for patients alike.

Focus Europe

Digital healthcare provision and healthcare innovation across national borders

The ambition to steadily advance the digital transformation in the coming years is not limited to the German health and care system. At EU level, too, particularly in times of increasing protectionism and tensions between countries worldwide, we also want to actively contribute in the context of digitalisation in health and care to the creation of a digitally sovereign and resilient European Union (EU) as a guarantor for stability and unity, but also as a driver of competition, innovation and standardisation. This applies to the following topics, in particular:

In order to strengthen Europe, **Germany needs to play an actively shaping role** within relevant EU bodies. Active German involvement, for example in the emerging EHDS Board or international bodies such as the 'Global Digital Health Partnership', is key to

successfully helping shape the digital transformation in accordance with the Digitalisation Strategy. A pioneering role also includes the aspiration to optimally integrate **European and Member State approaches**, such as the telematics infrastructure and its applications, and to avoid unnecessary duplication of structures. In this context, we are supporting the development of European solutions while keeping in mind the prevailing conditions in Germany.

The emerging **European Health Data Space (EHDS)** helps us to make even better use of the potential of health data also in Germany. It enables the secure exchange and use of health data in the interests of insured persons, healthcare providers, researchers, innovators and regulatory authorities. We wish to and actively will be using this opportunity that

originally came about through an initiative during Germany's 2020 Presidency of the Council of the EU.

The European **AI Act** creates the world's first comprehensive legal framework on the use of artificial intelligence. We will design its innovation-friendly implementation across Germany. This includes, for example, user-oriented supervisory structures for AI applications in the health and care system. As part of the Digital Omnibus (EU), we are working towards a targeted amendment of the AI Act in order to increase legal certainty for AI providers and reduce unnecessary bureaucratic burden.

The healthcare industry is an important pillar of the **business and innovation location of Germany**. As an innovation-driving sector, the (digital) healthcare industry in particular contributes significantly to the digital resilience and sovereignty of Germany and Europe. We want to support it through suitable conditions and an increased use of technologies developed in Europe.

True to the motto "Europe concerns us all", developments at the European level are viewed in this advancement of the Strategy as an overarching cross-cutting topic that is reflected in measures across all three fields of action (healthcare processes, data, technologies and applications).



The European Health Data Space (EHDS) provides the framework for cross-border use of health data in Europe. It enables the secure exchange of health data in the interests of insured persons, healthcare providers, researchers, innovators and regulatory authorities. The EHDS opens up new opportunities for modern cross-border healthcare provision and research. It also makes an important contribution toward Europe's digital sovereignty. That is because European innovations are best developed using data that represent European realities.

Focus AI

Secure, effective and widespread use of artificial intelligence in health and care

Artificial intelligence is already being used in central healthcare provision and administration processes in many healthcare systems around the world—one example: The National Health Service (NHS) in the United Kingdom uses AI systems in appointment scheduling and waiting list management to predict the likelihood of “did-not-attend” appointments. In six months, the drop-out rate was reduced by around 30 percent.²¹

AI is also already in use in Germany, for example in diagnostic radiology, in laboratory and pathology evaluation, in long-term care for instance to detect falls or monitor vital signs, as well as in taking the medical history and preparing medical reports. At the same time, there is a need for the necessary conditions to be put in place to adequately enable AI technologies to remain safe and secure—from medical software and AI-supported healthcare services to care and management applications.

Our goal is to ensure that AI is used appropriately in the health and care system where it has been shown to increase diagnostic and therapeutic quality, recognise risks earlier on, increase safety, make processes more efficient or relieve administrative burden—without replacing the responsibility of doctors or nurses.

Where AI can add value:

- **Research and innovation:** AI can, for example, analyse large biomedical datasets from genomics and imaging as well as real-world data, identify patterns and assist with study design and evaluation, which can help shorten development cycles of innovations and identify new treatment approaches faster.
- **Medical and nursing care:** AI can identify patterns in imaging and laboratory data, generate risk assessments and prognoses

²¹ www.england.nhs.uk/2024/03/nhs-ai-expansion-to-help-tackle-missed-appointments-and-improve-waiting-times

17.6

Example: “Use of AI in mammography screening”

A recently published multicentre observational study from Germany (the PRAIM study) has shown that the use of AI to assist reading and reporting significantly increases the breast cancer detection rate: In more than 463,000 participating women, the detection rate in AI-based screening was increased to 6.7 per 1,000 screened women, representing an **improvement of 17.6 percent compared to the classic double reading without the use of AI (5.7 per 1,000)**. At the same time, the recall rate remained virtually unchanged (37.4 vs. 38.3 per 1,000), meaning: The higher sensitivity due to AI was not associated with an increase in false positives or unnecessary follow-up examinations.³¹

and support personalised treatment recommendations—especially in complex diseases such as oncological or rare diseases. In nursing and long-term care, it can support professional caregivers through monitoring and assistance systems.

- **Information for patients:** AI can structure medical and nursing content and translate findings, treatment options or risks into simple language or foreign languages; this can facilitate education and strengthen health literacy.
- **Individual health:** In future, AI will be able to provide citizens with individualised healthcare recommendations and thereby, as a constant companion, enhance their personal health autonomy and answer questions regarding symptoms of disease.
- **Public health:** AI can evaluate population-related data, detect disease outbreaks and trends early on and predict regional risks, thereby enabling more targeted and effective management of prevention and planning of healthcare provision.

- **Administrative processes:** AI can automate documentation, appointment scheduling and resource management up to a certain degree and can make processes more efficient, freeing up more time for in-person care.

Although there are already many promising pilot projects with AI systems in the health and care sector and both healthcare professionals and insured persons have high expectations of the benefits of AI, there is still no widespread application. Based on the advancement of the Digitalisation Strategy, we are putting in place the necessary conditions so as to support the rapid and secure adoption of new innovations in healthcare provision.

¹ pubmed.ncbi.nlm.nih.gov/39775040/

Summary and outlook

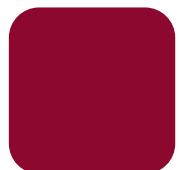
Like the Digitalisation Strategy itself, this advancement of the Strategy was developed on the basis of a broad-based process of stakeholder participation. Over 1,000 organisations and individuals have actively contributed to this development process in various forms. This figure is encouraging and gives reason to hope our Strategy will continue to contribute toward sustained further development of health and care. The first key elements of the Strategy's implementation have already been adopted within the healthcare system: In particular, the "ePA for all" is increasingly being used in everyday healthcare provision, where e-prescription has since become indispensable and setting up the Health Data Lab places an important cornerstone for data-based insights and innovation.

In the coming years, the digital health ecosystem will continue to mature. This process is to be actively shaped. Feedback from the online survey and the expert forums that preceded the development of the advancement of the Strategy highlights which aspects need to be taken into account: the definition and implementation of clear priorities in a targeted governance framework, the further development of the "ePA for all" as a central healthcare

platform with visible added value, ensuring the operational stability of digital infrastructures, binding interoperability and data quality, a consistent orientation towards healthcare processes and needs, the strengthening of digital (health) literacy and communication measures to promote transparency and acceptance, connectivity to European initiatives such as the EHDS, as well as people-centred design and scaling of useful AI applications. Important additional momentum will be generated by the pharma and medtech dialogue and the pharma and medtech strategy based on this, as well as other initiatives by the Federal Government.

Based on the strategic framework, we, as the Federal Ministry of Health, will continue to drive the digital transformation forward in order to achieve the overarching goals of the Digitalisation Strategy step by step. To do this, we continue to rely on the shared interest in implementation and the creative power of those involved.

Thank you for your interest and support. Let us continue to pool our efforts—
"Digital together"!



Acronyms and abbreviations

BMG	Bundesministerium für Gesundheit (Federal Ministry of Health), pp. 4 14 18 30
DEMIS	Infektionsschutz-Meldesystem (reporting and information system for infection protection), p. 19
DiGA	Digitale Gesundheitsanwendungen (digital health applications), pp. 11 21 22
DiPA	Digitale Pflegeanwendungen (digital care applications), pp. 21 22
EHDS	European Health Data Space, pp. 6 18 19 24 25 28
ePA	Elektronische Patientenakte (electronic patient record), pp. 8 10 13 14 18 19 21 22 23 28
HDL	Health Data Lab, pp. 17 18 19
IRD	Implant Register Germany, p. 19
KIM	Kommunikation im Medizinwesen (communication in medical care), p. 14
KVNR	Krankenversicherernummer (health insurance number), p. 22
NHS	National Health Service, p. 26
ÖGD	Öffentlicher Gesundheitsdienst (public health service), p. 15
SGB	Sozialgesetzbuch (Social Code Book), pp. 19 22
SHI	Statutory Health Insurance, pp. 11 14 22
TI	Telematics Infrastructure, pp. 13 15 21 23







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