



# Impact of the COVID-19-pandemic on cancer prevention, health services, cancer patients and research

Answers of the German Social Insurance to the BECA survey  
25th February 2021

The German Federal Pension Insurance (DRV Bund), the German Social Accident Insurance (DGUV), the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) and the national associations for statutory health and long-term care insurance and the Social Insurance for Agriculture, Forestry and Horticulture have come together because of their common European policy interests to form the "German Social Insurance - Working Group Europe".

The association represents the interests of its members vis-à-vis the EU organs as well as other European institutions and advises the relevant players within the context of current legislative projects and initiatives.

As part of Germany's statutory security system, health and long-term care insurance, pension insurance and accident insurance offer effective protection against the consequences of major life risks.

## I. Preliminary remark

German Social Insurance (DSV) expressly welcomed the establishing of a special parliamentary committee on combating cancer last year.

The Special Committee on Cancer Action (BECA) in the European Parliament launched a survey in early February. In terms of content, the committee is interested in gathering evidence on the impact of the COVID 19 pandemic on the care of cancer patients.

– <https://www.europarl.europa.eu/committees/en/beca/covid19-consultation>

We are delighted to be able to support your work and answer your questions in the following. We must point out in advance that we do not yet have empirical data on individual issues.



## II. Comments/Answers

### 1. Impact on lifestyle-related behaviours

According to the, global alcohol consumption is said to have increased significantly during the pandemic. 43 percent of respondents reported drinking alcohol more often and 36 percent reported drinking more alcohol in spite of bars and restaurants not being open. A total of 58,811 people were surveyed for the international study in Germany, France, the UK, Ireland, Austria, the Netherlands, Switzerland, Australia, New Zealand, Brazil and the USA during May and June 2020.

According to the Society for Consumer Research (GfK), 34 percent more wine and 31 percent more spirits have been sold in Germany since the outbreak of the Corona pandemic. It is unclear whether this is a shift of alcohol consumption to the home, because since mid-March 2020, bars and restaurants were temporarily closed across Germany and thus no more alcohol could be consumed here.

- [Global drug survey](#)
- [Tagesspiegel vom 21. April 2020](#)

For example, the pronova BKK health insurance company surveyed 154 psychiatrists and psychotherapists in practices and clinics as part of its "Mental health in crisis" study. More than every second therapist saw increased nicotine addiction as well as medication and drug abuse playing a greater role. One third of the experts diagnosed more frequent use of drugs such as cannabinoids, cocaine or hallucinogens. Therapists also saw this in their new patients, whom they have only been treating since the start of the coronavirus crisis. Every second therapist noted that they increasingly resorted to alcohol. Cigarettes, medications and other, hard drugs also played a more prominent role during the coronavirus crisis, according to reports from about three out of ten respondents. 16 percent were diagnosed with more frequent eating disorders. The second wave exacerbated the problems. 73 percent expected alcohol and drug abuse to increase during the next twelve months. Surveys by DAK-gesundheit underline these observations.

- [pronova BKK, press release from 1/2/2021](#)

Figures from other health insurance companies also confirmed this trend. The German Social Insurance believes that the EU should continue to pay close attention to the field of addictive disorders in the context of public health protection and fund projects to combat these addictions. Although dealing with the consequences



of a pandemic is primarily a task for the national social security systems, an exchange of experience organised by the EU could contribute to the sharing of best-practice examples.

- [e.g. KKH; press release from 20/10/2020](#)

We would like to refer you to the cancer-fighting measure proposals that are set out in the “Beating cancer plan” in Section 3, (saving lives through sustainable cancer prevention) are also extremely suitable for combating the consumption of tobacco products, alcohol and unhealthy food. The German Social Insurance expressly welcomes the proposals covering taxation, limiting marketing and applying ingredient and warning labels, etc.

Mental health, especially that of children and young people, also deserves special attention. According to a study by the Hamburg-Eppendorf university hospital, lockdown and home schooling have led to an increase in mental health problems among children. This is also confirmed by figures released by the DAK-Gesundheit health insurance company.

- [Copsy study UKE](#)
- [DAK-Gesundheit press report from 16/02/2021](#)

## 2. Impact of cancer prevention measures

According to preliminary findings, cancer prevention offers in Germany have not been substantially restricted in the long term, but have been supplemented by digital offers. However, due to the pandemic and the associated restrictions on contact, insured persons may be expected to have temporarily reduced their use of preventive measures. However, there is not yet enough reliable data available for an evaluation.

### 2.1 Prevention

#### Individual prevention

In their statutes, the health insurance companies provide benefits for the prevention and reduction of disease risks (primary prevention) and for promoting self-determined, health-oriented measures to be taken by the insured (health promotion). In addition to individual offers ("prevention courses") this also includes measures for occupational health promotion as well as measures to be taken in non-working environments (e.g. schools, daycare centres, youth homes, senior citizens' residences, etc.).



The number of providers certified by the Central Prevention Control Board increased in Germany in 2020. Currently, 151,906 providers are registered and they provide prevention courses that are reimbursed by the statutory health insurance funds (about 6,000 more providers than at the beginning of 2020). This is partly due to the fact that certified course providers were promised that they would be able to transfer their prevention courses (pandemic-related and temporary) to digital platforms in 2020. Currently, there are 95,623 courses available in the physical activity sector. It is not known how many of these will be provided digitally by the providers. In the nutrition field, there are 6,293 certified courses. Numerous offers (exercise, nutrition) have also been designed exclusively for digital implementation. They have to undergo a separate test procedure with special test criteria. There are a total of around 500 so-called ICT courses available in the exercise and nutrition sector. These two sectors have also been shown to be relevant to cancer prevention.

Overall, it was possible to secure quality-assured provider structures in the course sector through specific special regulations and to maintain relevant offers and more and more courses are being designed as digital courses from the outset.

From mid-2021, health insurance companies could also provide digital apps or internet prevention applications, which will expand the spatial and temporal flexibility of use as compared to conventional course offerings.

#### Occupational health promotion/prevention in non-workplace environments

There are still shortfalls here as more people are on short-time work or working from home and schools and daycare centres are closed. This is partly compensated for by the fact that in the occupational health promotion sector, investments have also been made in digitally supported counselling and supporting companies and their employees as well as including employees with changing work locations (e.g. field service, care) in the prevention measures. In principle, there was and still is the possibility to partially compensate for the lack of services through the individual prevention programmes.

#### Occupational safety

Concrete figures on cancer prevention are not available. Nevertheless, in the area of occupational health and safety, it can be reported with regard to the prevention activities of the accident insurance institutions during the pandemic that the accident insurance institutions are continuing to provide intensive on-site advice and monitoring to companies and educational establishments. The use of written and electronic communications channels (including video conferencing) is also on the rise. While counselling and monitoring services in the current situation focus on



the prevention of SARS-CoV-2, other hazards in establishments and facilities remain in focus. In addition to the counselling and monitoring preventive services, preventive action also includes other preventive services such as information, qualification and investigation, which also work towards cancer prevention.

#### Secondary/tertiary prevention

The German Pension Insurance offers oncological rehabilitation within the framework of oncological secondary and tertiary prevention. Tertiary prevention of the underlying disease for adults and children including family rehabilitation as well as within the framework of the multimodal therapy concept for concomitant mental illnesses. These continued to be carried out under pandemic conditions.

## 2.2 Early detection screening

Organised screening programs for cervical and bowel cancer were introduced in Germany in 2019/2020. The invitation procedure for these programmes continued without interruption despite the COVID-19 pandemic, as no appointment was given with the invitation, but the participants were free to make an examination appointment. Reliable participation rate data is not expected to be available until mid to late 2021. However, we would caution that it will be difficult to reliably demonstrate the impact of the COVID-19 pandemic on care.

Available data for cervical cancer screening shows a temporary decline in utilisation. As the participants have to make the appointments themselves, it can be assumed that the screening will be implemented during the coming months. There is currently no clear evidence that the COVID-19 pandemic has significantly worsened care over a prolonged period of time.

Mammography screening invitations were suspended from the end of March up to April 30 due to the pandemic. Screenings were subsequently delayed as screening units have to increase their capacity. In the case of mobile screening units (mammobiles), which are used in rural areas, capacity expansion is not easy. It will not be possible to determine before August whether the overall number of participants has declined or not.

Initial figures on the changes in case numbers during the first three quarters of 2020 in German doctors' practices - including early detection screening - were provided in the report from the Central Institute for Statutory Health Insurance in Germany. This is "early information" obtained from billing data from the associations of SHI-accredited physicians.



- [Changes in the use of services by SHI-accredited physicians during the COVID crisis, Central Institute for Statutory Health Insurance in Germany](#)

The extended screening programme for asbestos-related diseases is of great importance in the detection of occupational cancers. In view of the very long latency period, a joint facility of all statutory accident insurance institutions regularly offers insured persons, previously exposed to asbestos, follow-up occupational medical screening by doctors close to their place of residence. During the first coronavirus lockdown, pending examinations in the extended preventive care programme had to be suspended until it was possible to resume them safely for the parties involved (insured person, doctors and practice staff). In ongoing cases, the further procedure was made dependent on the respective stage of the proceedings and the specific health situation of the insured person. In this respect it can be assumed, in the absence of detailed reliable statistics, that fewer preventive examinations took place in 2020.

### 3. Impact on the well-being of patients with cancer and their caregivers

We cannot provide any reliable information about the experiences of cancer patients.

### 4. Impact on cancer treatment

The figures for risk structure compensation in health insurance in Germany can provide a comprehensive picture of changes in the spectrum of diseases treated and their diagnoses. The relevant 2020 data is expected to be available from August.

#### 4.1 Outpatient care

A good illustration of the changes in treatment cases - also for oncology patients - is provided in the report from the Central Institute for Statutory Health Insurance for the first three quarters of 2020.

Sharp declines were seen during the mid-March to the end of May period. With regard to qualified oncology care for cancer patients, the case load at the end of March 2020 was down significantly from the previous year, virtually 40 percent. Increases in treatment were again seen in June and July. The number of treatment cases has been falling again since August. This applies - with a few minor devia-



tions - to all specialist groups and care sectors as well as the entire range of services (early detection, outpatient surgery, imaging and psychotherapy). In the case of radiotherapists, at least for malignant diseases, there was no decline in the use of their services, but an increase. However, seasonal effects must also be taken into account here.

On the contrary, the number of telephone consultations rose sharply (e.g. March 2020 + 245 percent). Video consultations, which were few and far between in 2019, have also risen sharply from 1,164 to nearly 1.7 million.

- [Changes in the use of services by SHI-accredited physicians during the COVID crisis, Central Institute for Statutory Health Insurance in Germany](#)

#### 4.2 Hospital treatment

A deliberate political decision to keep hospital beds free for COVID-19 patients was made in Germany for the first time on the 16th March 2020. The hospitals were compensated for the loss of earnings caused by unoccupied beds at a flat rate; which was initially 560 euros per day.

A complete evaluation of all health insurance funds is not yet available. An example of this is a project report by the RWI Leibniz Institute for economic research carried out in conjunction with the Technical University of Berlin from February 2020. According to the report, there was a 7 percent decrease in malignant neoplasm cases during the 1st January 2020 to the end of September 2020 period. Specifically: colorectal resection: - 12 percent, oesophageal resection: -1 percent, gastric resection: - 10 percent, pancreatic resection: - 4 percent, mammary resection: -4 percent.

- [RWI/TU Berlin "Analyses of the revenue situation and service performance of hospitals during the coronavirus crisis"](#)

#### 5. Impact on shortages of medicines, products and equipment

Social security has been made aware through the media and reports from service providers that there have been temporary shortages. Panic buying of certain preparations (especially painkillers) occurred during the initial phase in the spring of 2020. Certain medical products as well as protective equipment (FFP2 masks, medical masks, protective suits, antiseptics) were briefly unavailable in sufficient quantities. Social Insurance does not have figures to quantify these shortages.



We have no evidence that there were any particular shortages of cancer therapies in connection with the COVID-19 pandemic. Supply shortages also occur outside pandemic events. The so-called structured dialogue at the national competent authority (Federal Institute for Drugs and Medical Devices), in which the Robert Koch Institute, the Paul Ehrlich Institute, the pharmaceutical industry and now also the health insurance through the National Association of Statutory Health Insurance Funds are involved, offers help in dealing with supply bottlenecks.

However, the German Social Insurance welcomes the initiative of the EU to become active within the framework of its resilience plans ("European health union") in order to make Europe more resilient in the event of health crises.

- [DSV opinion on the "European health union"](#)

## 6. Impact on the EU cancer workforce

Nine out of ten occupational groups with the highest absenteeism associated with COVID-19 are part of the healthcare sector. This includes, among others, medical and dental assistants, employees in nursing and geriatric care as well as those involved in occupational therapy and physiotherapy. This is according to sick leave data obtained between March and October 2020. Only those working in childcare and education were more likely to take sick leave due to the coronavirus.

- [Wido evaluation, press kit from 20/12/2020](#)

An extensive evaluation of all comprehensive health insurance providers is not available. Figures provided by the BARMER health insurance company for the last quarter of 2020 also confirm that health and care professionals were frequently on sick leave due to infections with the SARS-CoV-2 coronavirus.

- [BARMER press release from 14/02/2021](#)

## 7. Availability and deployment of data

German Social Insurance supports EU's efforts to record the availability and possible bottlenecks of medicinal products and medical devices as far as possible through real time networking. This applies in particular to cancer therapies. The revision of the European Medicines Agency (EMA) regulation are the initial and correct steps here. We also support efforts to create electronically networked structures that provide the necessary transparency on drug availability. We have positioned ourselves accordingly:





- [DSV opinion on the pharmaceutical strategy roadmap](#)
- [DSV opinion covering the pharmaceutical strategy](#)

The German Social Insurance also welcomes the creation of a EHDS (European Health Data Space). Again, we are happy to provide our opinion. German Social Insurance has also commented on the draft Data Governance Act. Interaction between the data governance structure and the EHDS should play a decisive role in determining which data will be available for secondary use in the future.

- [DSV Opinion on the roadmap to the EHDS](#)
- [DSV Opinion on the Data Governance Act](#)

We would also like to point out that a law is currently being drafted in Germany to combine the data at the federal level from the epidemiological and clinical cancer registries maintained nationwide. This data will be able to give a good overview of the incidence of cancer and the care of patients in Germany.

## 8. Impact on research and innovation

The pandemic has also given a boost to digitalisation in social insurance. For example, the following are now possible and more widespread in healthcare:

- telemedicine services
- digital health applications
- video consultations

For example, the report from Germany's Central Institute for Statutory Health Insurance indicates that in the first three quarters of 2020, the number of invoiced video consultations grew from 1,164 consultations to nearly 1.7 million video consultations.

- [Changes in the use of services by SHI-accredited physicians during the COVID crisis, Central Institute for Statutory Health Insurance in Germany](#)

Digitalisation is also becoming increasingly widespread in disease prevention and health promotion. More and more purely digital prevention offers are being added. From mid-2021, health insurance funds could also provide digital apps or internet prevention applications over and above the existing options, which will expand the spatial and temporal flexibility of use compared to conventional course offerings for primary prevention.



## 9. Long-term policies

In principle, the German Social Insurance welcomes the European Commission's activities to make Europe and its national health systems more resilient within the framework of the existing distribution of competences between the EU and its member states. In this context, measures will also be taken to address supply shortages and to make Europe more strategically independent with regard to essential medicines. These could be reviewed and, if necessary, further developed from the perspective of cancer therapy. In its opinion, the German Social Insurance therefore suggested that similar procedures to the transparency measures with regard to essential medicinal products and medical devices, as provided for in the draft EMA regulation, should not only be provided for in the event of a crisis, but also, in principle, for all or a selection of medicinal products and medical devices relevant to the provision of healthcare.

- [DSV opinion on the "European health union"](#)

In addition, the Union's pharmaceutical strategy also aims to improve the supply of medicines within Europe in terms of availability and affordability of medicines, including cancer therapies. Special attention and support will also be given to scientific R&D. The German Social Insurance explicitly draws attention to the connection between the high prices of medicinal products and their availability. This is especially true for cancer therapies. Further proposals can be found in the attached opinions.

- [DSV opinion on the pharmaceutical strategy roadmap](#)
- [DSV opinion covering the pharmaceutical strategy](#)