Interreg CENTRAL EUROPE

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DIGIVITALITY

Status analysis of Digivitality healthcare ecosystems

Gaps and opportunities of public financing for digital healthcare solutions

June 2025

SUMMARY

The global population is rapidly aging due to increasing life expectancy and declining birth rates. The number of people aged 60 and older is projected to double to 2.1 billion by 2050, with the segment aged 80 and above growing even faster. While this demographic shift is a global phenomenon, some developed regions are experiencing particularly rapid increases, bringing significant implications for many areas of society, especially healthcare systems.

Digital health technologies offer promising solutions to manage a larger patient load with existing personnel while maintaining or enhancing patient safety. Telemedicine and other digital solutions can reduce the burden on healthcare professionals by minimizing unnecessary patient visits, shortening hospital stays, and decreasing rehospitalizations.

Despite these benefits, widespread adoption of digital health technologies faces substantial barriers. These challenges cannot be overcome without the active participation of public stakeholders and strong cooperation among health insurance companies, hospitals, businesses, and patients.

This document summarizes findings from the Interreg Central Europe project Digivitality[1], that mapped the current state, key gaps, and opportunities for digital solution adoption in Central and Eastern Europe (CEE). This CEE mapping serves as a prerequisite that is compared with an overview of existing reimbursement frameworks from Western Europe, specifically designed to accelerate the uptake of digital solutions in healthcare ecosystems – therefore offering inspiration for the CEE region. **Monitoring of chronic diseases**, m**ental health, rehabilitation and physiotherapy** as well as r**emote health monitoring for the elderly and chronic patients,** especially in rural areas were identified by experts as key areas with high potential and strong marketability prospects in terms of the need for adoption of digital solutions.

This mapping is a preliminary output of the Digivitality project, which will be further developed through a participatory process. Local innovation hubs implementing this project will organize workshops to validate identified gaps and opportunities, and to brainstorm action points for policymakers to improve the environment for digital solution adoption in their respective countries. All this information will be summarized in the final output of the Digivitality project *Joint strategy and country-level action plans on public financing of digital healthcare solutions.*

This document specifically focuses on digital health applications or digital therapeutics – mobile or web applications prescribed by physicians for medical purposes to support the diagnosis, monitoring, or treatment of various illnesses. It does *not* cover broader "Digital healthcare" technologies that covers e.g. teleconsultations, remote monitoring, AI decision support, or electronic health records that deliver remote healthcare services via online interaction (e.g., virtual visits or electronic records) between patients and doctors.

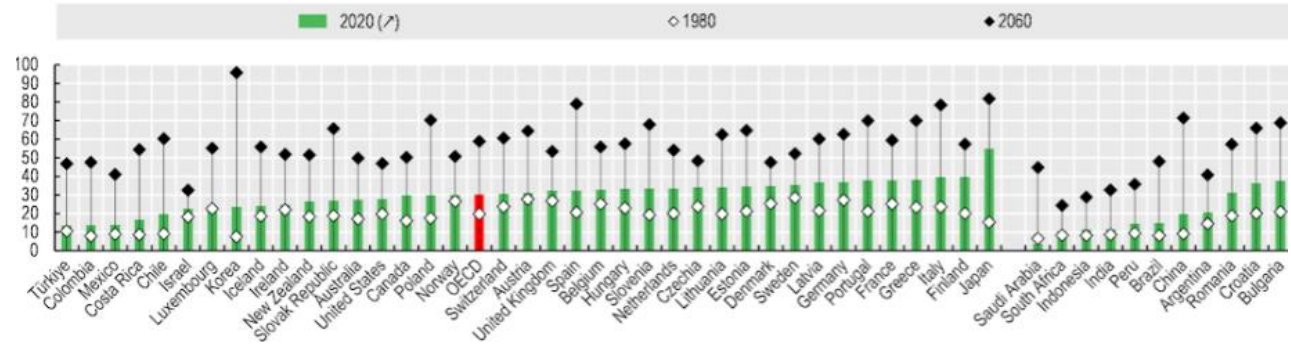
[1] https://www.interreg-central.eu/projects/digivitality/

Catalyst for uptake of digital healthcare technologies

The main goal for accelerating the adoption of digital health solutions is to ease the burden on healthcare staff by cutting down unnecessary patient visits, shortening hospital stays, and reducing rehospitalizations. In simpler terms, with the same number of healthcare professionals, tools like mobile apps, wearables, and computerized decisions should help manage more patients while keeping or even improving patient safety.

Managing a growing number of patients is a global challenge in nearly every developed country. This issue stems from rising healthcare costs and a growing elderly population (Chart 1), which will strain existing outpatient and hospital capacities in the coming decades.

Chart 1: The demographic old age to working ratio will double over the next four decades



*Number of people of retirement age (65+) per 100 people of working age (20-64), in 1980, 2020 and 2060. Source: OECD and calculations from United Nations, World Population Prospects – 2022 Revisions[2].

[2]https://www.oecd.org/en/publications/society-at-a-glance-2024_918d8db3-en/full-report/demographic-trends_06973ace.html

Digital healthcare: Global aspiration, everyday obstacles

Globally, there has been a focus on significant uptake of digital health technologies. The COVID-19 pandemic particularly catalyzed a substantial surge in telehealth adoption, enabling continued access to care despite physical distancing requirements, and utilization rates have remained higher than before the pandemic[3]. For example, the share of EU citizens who had at least one remote (online or telephone) consultation with their general practitioner rose from 28.7 % (Jun/Jul 2020) to 38.6 % (Feb/Mar 2021). In Spain that percentage reached 71.6 %[4]. Last year, 40 % of EU residents booked a medical appointment online, while 58 % searched for health information and 28 % accessed their personal health records online[5].

International efforts are also focused on establishing frameworks and accelerating the development and access to digital health solutions. The European Health Data Space (EHDS) initiative, for example, aims to enforce legal, semantic, and technical standards to ensure seamless cross-border health data exchange, thereby empowering citizens and healthcare providers to securely and efficiently access and share health records[6]. The World Health Organization (WHO) has endorsed a Global Strategy on Digital Health for 2020-2025, emphasizing the integration of digital health into national systems. The Regional Digital Health Action Plan for the WHO European Region 2023-2030 also focuses on strengthening digital literacy and capacity-building in the health workforce[7].

Despite the global momentum, the comprehensive adoption of digital health technologies faces significant barriers. Barriers to digital apps uptake are often multilayered, existing at individual, structural, and technological levels, suggesting that solutions need to address multiple barriers concurrently.

Common concerns reported by healthcare professionals include[3]:

- infrastructure and technical barriers (such as limited networks, compatibility issues, connectivity speed, and absence of standardized systems),
- psychological and personal issues, and concerns about increasing working hours (despite its one-off nature) to implement digital solutions,
- technical issues seem to be more challenging in rural areas.

Patients also report barriers[7]:

- including a lack of interest, lack of skills or ability,
- lack of access to technology and
- concerns about the quality of care.

Conversely, facilitators of adoption include[7]:

- training and educational programs and the perception of technology effectiveness.

[3] (Borges do Nascimento et all., 2023)
[4] (European Union, 2022)
[5] (Eurostat, 2024)
[6] (da Silva Carvalho et all., 2024)
[7] (Kemp et all., 2025)

In contrast, user engagement and collaboration with system developers are considered crucial facilitators throughout the design, development, deployment, and utilization stages to ensure applications are fit for purpose and meet the needs of both, healthcare providers and patients[8].

[8] (Borges do Nascimento et all., 2023; Kemp et all., 2025)

Digital healthcare initiatives in Western Europe

Despite multilayered barriers to the adoption of digital solutions at personal, organizational, and infrastructure levels, examples of frameworks exist that effectively overcome some technical and psychological hurdles. Such tangible healthcare digitalization initiatives, going beyond mere strategies and action plans, include:

- the German DiGA (Digital Health Applications)[9],
- Belgian mHealth[10] and
- France PECAN[11].

All three schemes aim to integrate digital health applications into national healthcare systems. Their key advantage lies in a **provisional and testing framework** that allows digital solution providers to deploy, monitor, and improve their applications for a limited period while additional evidence, such as clinical data, is gathered. Crucially, during this testing phase, such applications are **temporarily listed and funded by the national health insurance scheme** [9,10,11].

These frameworks offer **regulated pathways to reimbursement focused specifically on digital health applications used in the out-patient sector**. A fundamental prerequisite for inclusion in any of these schemes is that the application must be **CE-marked as a medical device**. While each scheme involves a formal process for evaluating and validating the digital health solution (requiring applicants to provide evidence of the application's value or benefit), a **dedicated regulatory body** must ensure safety, quality and efficacy of digital health solutions [9,10,11].

All schemes emphasize the critical importance of **data protection, privacy, and security**, typically aligning with **GDPR requirements**. Beyond GDPR, key criteria include **interoperability** and specific **ICT standards for secure connection or integration**.

These schemes primarily focus on **low-risk digital solutions** that aid in detecting, monitoring, treating, or alleviating diagnoses in areas such as mental health, the nervous system, musculoskeletal conditions, and cardiovascular health [9,10,11].

From a financial perspective, the **size of the market and the budgets of health insurers are crucial** factors that determine how to set reimbursement framework:

- The **German DiGA and French PECAN models** allow digital solutions to be fully funded during a provisional status period if they meet strict Key Performance Indicators (KPIs). For instance, in Germany, out of approximately 3,200 digital apps, only 70 have achieved provisional status[9,10]. Despite this limited number and existing pricing caps, the framework still faces criticism, primarily from health insurers. They argue that the DiGA scheme must be adopted to the local conceptual framework of the pricing and reimbursement system in order to prevent the abuse of the provisional reimbursement period by setting high prices that might not be justified by the therapeutic value determined in the follow-up clinical studies[12].

[9] https://revolve.healthcare/blog/what-is-diga

[10] https://shorturl.at/G5AXV

[11] https://mhealthbelgium.be/validation-pyramid

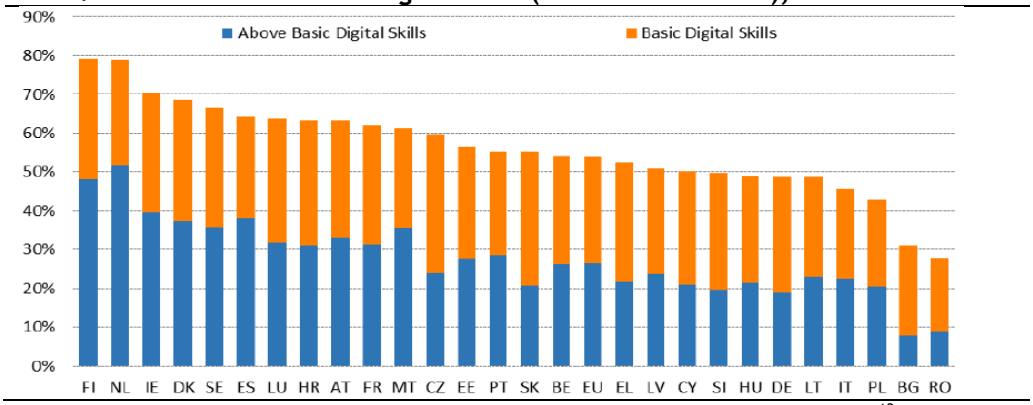
[12] Expert opinion based on the interviews performed during the implementation of the Digivitality project.

- The **Belgian mHealth framework** employs a three-tiered differentiation based on an applicant's ability to demonstrate socio-economic value. Full reimbursement for a digital application is only granted at the third level, where there is a clear socio-economic benefit for patients[11].

Adoption of digital health solutions in CEE

Are these reimbursement schemes suitable frameworks for the Central and Eastern European region? Discussions in this area usually begin with the digital readiness of the population as a predictor for a broader use of digital solutions in a society. However, common rankings evaluating digital skills (Chart 2) reveal that the prevalence of basic and above-basic digital skills varies significantly among countries. Therefore, digital skills of the society solely are not a good predictor for the presence of reimbursement schemes as Germany and Belgium (countries with reimbursement schemes) are ranked lower than other CEE countries like Slovakia or the Czech Republic (countries without reimbursement schemes).

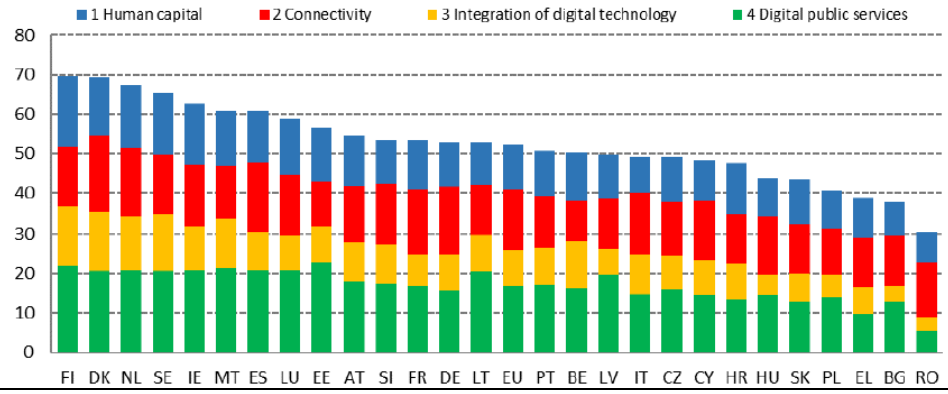
Chart 2: Basic and above basic digital skills (% of all individuals), 2021



Source: Eurostat, Community survey on ICT usage in Households and by Individuals[13].

If the digital environment is indeed important for success of reimbursement schemes, it suggests that other factors – not solely digital skills - are at play as well. The full Digital economy and society index (DESI) shows the CEE region is ranked lower compared to Western European countries that supports the narrative about the presence of reimbursement schemes only in the Western Europe (Chart 3).

Chart 3: Digital economy and society index, 2022



Source: DESI 2022, European Commission[13].

Furthermore, desk research and interviews with key experts conducted during the Digivitality project indicate that the CEE region faces several common challenges. These, alongside country-specific nuances, are more significant for the adoption of digital healthcare solutions than the digital readiness of society.

[13] https://digital-strategy.ec.europa.eu/en/policies/desi

Commonalities related to uptake of digital healthcare solutions in the CEE region:

Gaps for public financing:

- **The lack of clear and dedicated reimbursement pathways for digital health solutions to enter the public health insurance system**. Existing legislation on reimbursement is often inadequate or outdated, failing to properly define or accommodate digital health tools like telemedicine or digital apps. This regulatory ambiguity makes it difficult, especially for agents out of the healthcare system like startups, to navigate the process of obtaining reimbursement.
- **The lack of systematic public reimbursement for standalone digital health applications**. Digital solutions are often only financed as pilot cases by health insurers from their operational budgets for limited patient groups.
- **The assessment processes, such as Health Technology Assessments (HTA), may not be simplified or tailored for digital innovations**. Some experts interviewed during the project implementation hold the opinion that HTA potentially requires alternative evidence formats in case of digital health solutions. Current reimbursement models may not reward innovation or efficiency gains derived from these technologies. The specific structure of national reimbursement systems can also be incompatible with models used elsewhere, like the German DiGA which relies on prescription for payment.
- **Challenges related to data and interoperability**. Countries often lack centralized digital depositories for patient health data, or existing data is unstructured and siloed, making it difficult for new digital tools to get integrated with existing health IT systems. There is also a lack of adequate frameworks for handling critical issues like safety, interoperability, and data security related to digital health solutions.
- **Absence of Leadership**. While stakeholders in CEE countries are aware of benefits that stems from digitalization and digital health application uptake schemes, they often expect a perfect solution. Current schemes are largely considered suboptimal by CEE stakeholders, yet there are limited efforts from their side to propose improvements that would adapt these Western EU models to the specific nuances of the CEE region.

Key medical areas with high potential for digital solutions:

Experts interviewed across the CEE region specifically highlighted the following diagnoses and areas as those with high potential and strong marketability prospects for digital health applications:

- **Monitoring of chronic diseases** such as diabetes, cardiovascular conditions, and respiratory issues.
- **Mental health** is identified as a field with high demand for digital tools like telepsychiatry and online therapy.
- **Rehabilitation and physiotherapy** are noted as benefiting from home-based digital platforms.
- **Remote health monitoring for the elderly and chronic patients,** especially in rural retirement homes (common in CEE regions), is seen as a "low-hanging fruit" and a promising high-impact opportunity for digital solutions. Personnel in these homes can be trained to use medical devices and: telehealth solutions. This type of monitoring reduces the need for

regular visits by chronic patients in rural areas, where doctors are often scarce, and helps prevent health deterioration, thereby limiting hospital admissions.

General marketability prospects of digital innovations:

- The marketability prospects appear constrained by the identified barriers, particularly **the lack of clear reimbursement pathways and integration challenges**.
- **Small market size is a significant issue for most CEE countries,** with Poland being a possible exception. Only digital solutions requiring low investment are attractive for piloting in smaller markets, and their further scaling is evaluated on a case-by-case basis. While pilot projects do exist, they are often funded by health insurers' operational budgets.
- Another issue arises from the substantial **administrative and financial resources needed to obtain the CE mark and comply with the Medical Device Regulation (MDR) in the EU**. Compared to other markets, particularly the Food and Drug Administration (FDA) in the USA[14], this represents a significant drawback, lowering the motivation for digital solutions to enter the European market.

Interests and KPIs of public financiers in existing reimbursement schemes:

- Public health insurers are engaged in piloting digital solutions, indicating also some interest in the building up reimbursement pathways.
- However, their interests are also tied to managing costs, as they potentially fear "extensive use" if solutions are easily available and reimbursed without limits from public budgets. They may expect tools to curb this perceived extensive use, which they believe is currently missing from the existing schemes. Yet, they offer little opinion on how to improve or adapt these schemes for the CEE region.
- Further interests and opinions are more country specific and presented in below.

[14] Set of regulatory requirements to obtain the FDA certification is in general less strict. Furthermore, FDA is less administratively and financialy costly if a similar solution („substantial equivalence“) exists on the market. Therefore, digital solution attemtping to obtain FDA certification is „evaluated“ against existing alternative and full scope regulatory requirements are not required.

Country specific information:

Slovakia:

Key stakeholders relevant for uptake of digital solutions:

- Ministry of health (departments: medical devices, health procedures, ICT),
- National institute for value and technologies in healthcare (NIHO),
- State institute for drug control (SUKL),
- Health insurance companies: Dôvera (private), Union (private); General health insurance company (public).

Status quo: are there available digital solutions reimbursed from public health insurance?

- Currently, **no digital apps are listed on the official Categorization list necessary for public reimbursement**. However, health insurers are running several pilot cases financed from their operational budgets.
- Some teleconsultations are reimbursed as a health procedure where doctor is paid for the time spent with teleconsultation.

Gaps for public financing:

- The process for introducing new digital health solutions into Slovakia's public health insurance system is **unclear and not easily accessible**, particularly for startups.
- While medical devices are categorized electronically, health procedures require direct email submission to the Ministry of Health. This email address **is not clearly publicly available**.
- A significant barrier is the **insufficient current legislation**, which fails to define terms such as "telemedicine solution" or "digital app." This omission prevents their proper categorization and subsequent reimbursement. Additionally, current law mandates that medical devices be provided by a pharmacy. This creates a hurdle for solely online digital solutions directly downloaded by patients, necessitating the legislative introduction of a mandatory electronic platform.
- Beyond procedural issues, there is **no established methodology or framework** for addressing the safety, interoperability, and data concerns related to digital solutions. The Slovak health system also **lacks a central digital repository for patient health data**, which limits the potential adoption of digital solutions as end-user applications.

Key medical areas with high potential for digital solutions:

- Areas with high potential include remote health monitoring for the elderly and remote monitoring in households.

Adaptability potential and prerequisites for existing reimbursement schemes:

- **Relevant stakeholders are aware of existing reimbursement schemes but hold mixed opinions**, fearing full implementation due to concerns about extensive use and potential misuse of provisional status for inflating costs.

- Some barriers, like data safety, interoperability, and the absence of a central digital depository, are being discussed in working groups focused on healthcare innovation. For now, lack of those ICT standards limits the full potential for full utilization of data collected by digital solutions.

Czech Republic:

Key stakeholders relevant for uptake of digital solutions:

- Ministry of health
- State institute for drug control (SUKL)
- National Centre for eHealth
- National Cyber and Information Security Agency
- Seven health insurance companies

Status quo: are there available digital solutions reimbursed from public health insurance?:

- No standalone digital therapeutic app has so far been granted national coverage. For example, Czech start-up Vitadio with the app for type-2 diabetes is reimbursed in Germany. On the local market it operates only in pilots or self-pay mode.
- Public system finances services (video visits, RBP's telemonitoring package) rather than named apps. Work on new remote-monitoring codes in the upcoming 2026 Reimbursement Decree should expand nationwide coverage beyond these few examples.

Gaps for public financing:

- **HTA capacity bottleneck:** SÚKL is overloaded, delaying dossier reviews well beyond the statutory 180 days, often extending to 9–12 months.
- **Slow reimbursement:** Innovators face waits of up to 12 months for reimbursement because new billing codes for SaMD (Software as a Medical Device) and telemedicine can only be added to the Reimbursement Decree once per year.
- **Missing telemedicine implementing decree**: Although Section 10a of the Health Services Act permits telemedicine, the technical and safety regulations outlined in the implementing decree have not yet been published. Consequently, only video consultations currently have an approved code.
- **Fragmented e-health infrastructure**: Despite substantial e-health investments, no unified, secure messaging layer exists. This forces vendors to build dozens of bespoke interfaces for integration into hospital systems.
- **Complex insurer contracts:** Each of the seven public insurers requires its own annex, KPIs, and reporting. This means manufacturers spend months negotiating separate contracts even after a code is approved.
- **Lack of staff capacity for adoption**: Even when solutions are reimbursed, hospital and clinic staff lack the capacity for training and pilot testing. Without immediate workflow relief, adoption stalls.

Key medical areas with high potential for digital solutions:

- Chronic-disease management
- Mental-health support
- Rehabilitation and physiotherapy
- Elderly care and fall prevention

- Medication adherence and polypharmacy management
- Oncology follow-up and symptom monitoring
- Preventive screening and public-health campaigns

Adaptability potential and prerequisites for existing reimbursement schemes:

- Alliance for telemedicine and digitalization of healthcare explicitly studied DiGA reimbursement model and its regulatory underpinnings as a case study. Other reimbursement models are known as well. However, further implementation steps are not defined.

Poland:

Key stakeholders relevant for uptake of digital solutions:

- Ministry of health
- Agency for Health Technology Assessment and Tariff System (AOTMiT)
- Office for Registration of Medicinal Products, Medical Devices, and Biocidal Products (URPL)
- National health fund (NFZ)

Status quo: are there available digital solutions reimbursed from public health insurance?:

- **Systematic reimbursement for standalone digital health applications** (e.g., mobile apps for chronic disease management) **does not yet exist**. However, a few pilot programs are underway. For instance, in oncology and cardiology, remote monitoring tools have been integrated into care pathways and reimbursed under specific NFZ programs (e.g., KOS-zawał for cardiac patients). Additionally, digital platforms like ZnanyLekarz and Telemedi have been utilized in NFZ-funded pilot projects, but these are not yet permanently reimbursed.
- There are **limited but growing examples of reimbursed telemedicine solutions and digital apps** from public health insurers. The National Health Fund (NFZ) reimburses teleconsultations in primary care (POZ), outpatient specialist care (AOS), and mental health services. These services are covered under standard contracts with healthcare providers and are widely used for general practice, follow-up visits, psychiatry, and psychotherapy.
- In mental health, **some telepsychiatry and telepsychology services delivered through digital platforms** are reimbursed when provided by contracted facilities. However, Poland has not yet implemented a formal pathway for the reimbursement of certified digital therapeutics (DTx) or standalone health apps, unlike Germany's DiGA system.

Gaps for public financing:

- **Lack of a dedicated reimbursement pathway** for digital tools, coupled with the need for simplified Health Technology Assessment (HTA) guidelines tailored to digital innovations, potentially accepting alternative evidence formats like real-world data.
- **Legal harmonization** is needed between the Medical Device Regulation (MDR), national regulations, and reimbursement rules.
- Healthcare professionals often **lack sufficient digital skills**, limiting their willingness and ability to use new tools. National clinical guidelines rarely recommend digital apps or telemedicine, and there is **strong resistance to change** within public healthcare institutions.
- Patients frequently **distrust digital health technologies** due to low awareness or insufficient support.
- Hospitals **lack financial incentives** to implement digital solutions under current reimbursement models.
- Health data is often unstructured or siloed, making **interoperability challenging**. Additionally, **uneven access to digital health services** exists due to internet infrastructure gaps in rural areas..

Key medical areas with high potential for digital solutions:

- Mental health, cardiology, diabetes, primary care and remote health monitoring for the elderly.

Adaptability potential and prerequisites for existing reimbursement schemes:

- While some experts are aware of the German DiGA scheme, comprehensive understanding is limited.

Hungary:

Key stakeholders relevant for uptake of digital solutions:

- Ministry of Interior
- The Division for Health Technology Assessment at the Hungarian National Center for Public Health and Pharmacy (NNGYK)
- The National Health Insurance Fund (NEAK)

Status quo: are there available digital solutions reimbursed from public health insurance?:

- No telemedicine solutions or digital apps are currently reimbursed by health insurers from public budgets.

Gaps for public financing:

- **Hungary's reimbursement system does not regulate the inclusion of digital health technologies**, and no ministerial decree for its regulation exists.
- While the National Directorate General for Hospitals is authorized to conduct public procurements for the entire healthcare sector, it performs **only a limited number of procurements, none of which involve digital health technologies**.

Key medical areas with high potential for digital solutions:

- neurology, psychiatry, oncology, and cardiology

Adaptability potential and prerequisites for existing reimbursement schemes:

- **Relevant stakeholders are aware of the DiGA, PECAN, and mHealth schemes**, but they find them incompatible with the Hungarian reimbursement system. This incompatibility stems from these schemes' allowance of conditional inclusion without proven clinical effectiveness and their permission for initial free pricing.
- Stakeholders also note that **DiGA's reliance on prescriptions may not align with Hungarian models** based on lump-sum payments or general license fees.

Slovenia:

Key stakeholders relevant for uptake of digital solutions:

- Ministry of health
- Institute of Macroeconomic Analysis and Development
- Slovenian Agency for Medicinal Products and Medical Devices (JAZMP)
- Health insurance institute of Slovenia (ZZZS)

Status quo: are there available digital solutions reimbursed from public health insurance?:

- No known standalone digital apps with full ZZZS reimbursement status
- Limited examples exist, mostly focused on digital tools that health care employees use, not for at-home patient use.
- Teleconsultation services (e.g., ePosvet via zVEM portal) are partly reimbursed.

Gaps for public financing:

- **Lack of specific reimbursement pathways**: No dedicated reimbursement framework for digital health applications, leading to uncertainty and delays.
- **Lack of a responsible body**: No responsible organisation, dedicated and empowered to implement digital innovation in the public health system
- **Limited HTA capacity:** Insufficient resources and expertise to conduct comprehensive assessments of digital health technologies.
- **Rigid regulatory environment:** Existing regulations are not fully adapted to accommodate the unique aspects of digital health solutions.
- **Funding constraints:** Limited financial resources allocated for the adoption and integration of innovative digital health technologies.
- **Low trust and risk aversion among decision-makers.**

Key medical areas with high potential for digital solutions:

- Chronic diseases: diabetes, cardiovascular, and respiratory
- Rehabilitation: stroke, Parkinson’s, Multiple sclerosis
- Home monitoring
- Personalized medicine and remote diagnostics

Adaptability potential and prerequisites for existing reimbursement schemes:

- Relevant stakeholders in Slovenia have very limited knowledge about existing reimbursement schemes in the Western Europe.

Conclusion

Digital health technologies offer significant promise for addressing systemic challenges in healthcare by improving efficiency, reducing costs, and enhancing care quality. Globally, there's a clear trend toward greater adoption, spurred by events like the COVID-19 pandemic and supported by major initiatives such as the European Health Data Space and WHO strategies. These initiatives aim to standardize data exchange and build workforce capacity.

However, realizing this potential requires overcoming substantial barriers. These challenges affect healthcare professionals (e.g., infrastructure, technical issues, psychological factors, workload concerns), patients (e.g., lack of skills, access, trust, quality concerns), and stem from an insufficient enabling environment that demands significant contribution from policymakers.

While Western Europe has experience with specific frameworks tailored for digital solution adoption in their healthcare systems, the Central and Eastern European (CEE) region faces several interconnected challenges despite recognizing the need for digital solutions.

Key Common Gaps Across Slovakia, Czech Republic, Poland, Hungary, and Slovenia:

- **Lack of clear regulatory and reimbursement pathways**: It's difficult to navigate complex or non-existent formal processes for classifying digital health solutions and obtaining public reimbursement.
- **Outdated or insufficient legislation**: Legal frameworks often fail to adequately define or accommodate digital health tools.
- **Data silos and interoperability issues**: There's an absence of central data repositories and difficulties integrating new solutions with fragmented existing IT systems.
- **Low digital literacy and resistance to change**: Challenges exist with healthcare professionals' digital skills and patient trust, coupled with institutional resistance to change.
- **Lack of financial incentives**: Current reimbursement models provide insufficient motivation for healthcare providers and institutions to adopt digital solutions.

Following key medical areas with high potential and strong marketability prospects in terms of the need for the adoption of digital solutions in the CEE region were identified by interviewed experts:

- **Monitoring of chronic diseases such as diabetes, cardiovascular conditions, and respiratory issues.**
- **Mental health** as a field with high demand for digital tools like telepsychiatry and online therapy.
- **Rehabilitation and physiotherapy** are noted as benefiting from home-based digital platforms.
- **Remote health monitoring for the elderly and chronic patients,** especially in rural retirement homes common in CEE region. Here, elderly populations with lower digital skills could significantly benefit from digital solutions utilized by trained personnel employed in these homes. This approach could lead to substantial reductions in hospital stays and decrease the number of visits to physicians, who are typically scarce in rural areas.