Protocol

Potentials of Group Settings in Therapeutic Services and Possibilities for Digital Implementation (PRIMAS): Protocol for a Mixed Methods Study

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Abstract

Background: In therapeutic services, group therapies should predominantly be prescribed based on group dynamic or economic effects unless individual therapy is deemed medically indispensable according to the German directive on therapeutic services. However, group therapies have so far accounted for only a small proportion of therapeutic services in practice. Given demographic effects and the increasing shortage of skilled professionals in the field of therapeutic services, group settings as well as digital therapies offer an opportunity to ensure needs-based care while using resources responsibly.

Objective: This study aims to identify the potential of (digital) group therapies compared to (digital) individual therapies in the field of therapeutic services (physiotherapy, occupational therapy, and speech therapy, which covers logopedics as well as voice, speech, language, and swallowing therapy).

Methods: Using a mixed methods approach, the study begins with a systematic literature review. Subsequently, semistructured interviews and self-administered surveys will be conducted with the key groups involved in the health care process. Using statutory health insurance claims data, prescribing and use patterns, as well as cost aspects, will be analyzed. On the basis of these results, the potential of (digital) group therapies will be explored, and recommendations including success factors for a better integration and use of (digital) group therapy services will be derived. Afterward, these recommendations will be refined in a workshop with stakeholders and consolidated as a white paper.

Results: The study is funded by the Innovation Fund of the Federal Joint Committee (grant code 01VSF24017). The study started in April 2025. The systematic literature review was completed in January 2026. The interview guides were finalized in August 2025, and 28 interviews were conducted between October 2025 and February 2026. As of September 2026, the results of the qualitative interview analysis are being prepared for publication as a manuscript. Currently, the survey is being conducted, and the analysis of statutory health insurance claims data is in the data processing phase. The synthesis of all results

is projected for 2027. Following the synthesis, the stakeholder workshop will take place, tentatively scheduled for late 2027. Finally, the white paper is scheduled to be prepared in the year 2028.

Conclusions: By using a mixed methods design, the study follows a comprehensive approach that integrates different perspectives and data sources as a basis for identifying the potential of (digital) group therapies in therapeutic services and translates these findings into actionable recommendations for health care practices and policy.

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Introduction

In accordance with the German directive on therapeutic services, the latter are prescribed to promote recovery or alleviation of illness and to avoid or reduce care dependency [1]. While therapeutic services include several domains, this paper focuses on physiotherapy, occupational therapy, and speech therapy, which covers logopedics as well as voice, speech, language, and swallowing therapy [1]. Therapeutic services are provided by therapists with professional qualifications in each domain [2-4] and, if prescribed by a physician or psychotherapist due to medical reasons, covered by the statutory health insurance (SHI) [1]. In 2025, physiotherapy was the therapeutic domain with the most prescriptions, with approximately 31.6 million, followed by occupational therapy with approximately 3.0 million, while speech therapy accounted for approximately 1.9 million [5].

In Germany, therapeutic services are affected by a shortage of skilled professionals [6,7], which is expected to worsen in the future due to demographic developments: The population is getting older so that the number of newly qualified therapists entering the workforce is expected to fall below the number retiring in the long term. In addition, as the population ages, demand for therapeutic services is also expected to increase [6]. Accordingly, group therapies offer the opportunity to treat several patients simultaneously [8]. They also enable recipients of therapeutic services to exchange illness-related experiences, practice exercises together, and provide mutual social support [9]. Furthermore, group therapies can reduce waiting times [10]. Due to their group dynamic or economic effects, group therapies should be the predominant type prescribed unless there are medical reasons not to [1]. Nevertheless, the proportion of group therapy prescriptions relative to the total number of prescriptions in each therapeutic domain has remained low. In 2025, they accounted for 1.6% in occupational therapy, 0.5% in speech therapy, and less than 0.1% in physiotherapy. Compared to the year prior, an increase of 18.4% in speech therapy and 6.0% in physiotherapy was observed. In occupational therapy, there was a decrease of 0.6% [5].

In addition to group therapies, digital therapies offer the potential to improve therapeutic services. In Germany, following special regulations during the COVID-19 pandemic [11], therapeutic services have been authorized to be provided as telemedicine via video consultation covered by the SHI since 2022 [2-4,12]. Telemedical therapies can facilitate access to health care and enable time saving by eliminating travel times [13]. Not all therapeutic treatments are approved for telemedicine: suitability is determined by the National Association of Statutory Health Insurance Funds and the corresponding leading associations of therapeutic services, with telemedical units limited in proportion [2-4,14] and the first session requiring in-person contact [1]. Recorded videos or digital health applications do not qualify as treatment within the meaning established by the German directive on therapeutic services [1].

According to the literature, studies have demonstrated the feasibility, diagnostic accuracy, and efficacy of telemedicine treatments [15] and shown noninferiority compared to in-person treatment or better results compared to no treatment [16]. Furthermore, group therapies in therapeutic services were not inferior to individual therapy in terms of clinical outcomes [10,17] and led to an earlier start of therapy [10]. However, the factors underlying the reserved implementation of group therapies in Germany remain unclear. It is unknown whether patients receiving therapeutic services are informed about group therapy options, which indications or patient groups are suitable, what role digital formats play, and what structural components are necessary to implement group therapies. For this reason, the Potentials of Group Settings in Therapeutic Services and Possibilities for Digital Implementation (PRIMAS) study will be conducted. The PRIMAS study aims to (1) identify the potential of (digital) group therapies in the field of physiotherapy, occupational therapy, and logopedics, including voice, speech, language, and swallowing therapy; (2) explore reasons for infrequent implementation of (digital) group therapies; and (3) derive evidence-based recommendations for health care organizations and policies to enhance the quality and accessibility of therapeutic services by addressing the potential of group and digital therapies. For this purpose, the study addresses the following research questions:

1. What evidence exists for (digital) group therapies compared to individual therapies? What are the advantages and disadvantages of (digital) group therapies?
2. Which indications are suitable for (digital) group therapies? Are there differences regarding indications and/or phases? For which indications are disease-specific groups or mixed-indication groups more suitable?

3. What barriers to prescription, implementation, integration, and use of (digital) group therapies are perceived by stakeholders in the health care process?
4. What expectations and preferences regarding prescription, implementation, integration, and use of (digital) group therapies are held by stakeholders in the health care process?
5. What is the current level of knowledge among those involved in the health care process regarding (digital) group therapies, and what are their information needs?
6. What prescription and use behaviors of (digital) group therapies compared to (digital) individual therapies can be observed (indications, types of therapeutic services, prescribing physicians, patient characteristics, and group differences)?
7. What differences in cost can be observed in (digital) group therapies compared to (digital) individual therapies?
8. What potential and success factors for increased adoption of (digital) group therapies can be derived from the results in the form of recommendations (eg, in relation to structural requirements, indications, and group composition)?

Methods

Ethical Considerations

Ethical approval for this study was obtained from the Ethics Committee of the Medical Faculty of the University of Duisburg-Essen. The committee raised no ethical objections.

Institutions Involved in the Study

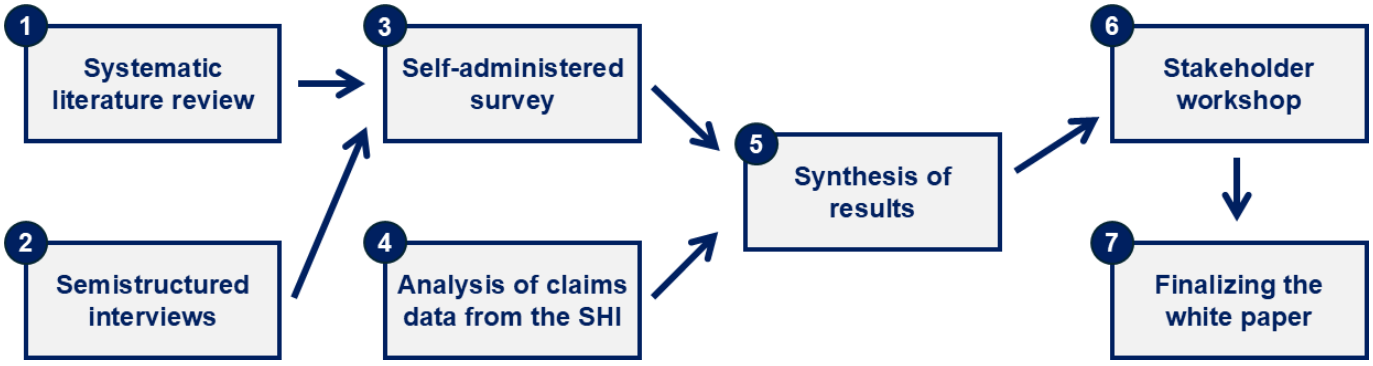
The study is conducted by Essener Forschungsinstitut für Medizinmanagement (EsFoMed) GmbH in collaboration with Techniker Krankenkasse (TK), which is the largest health insurance fund in Germany [18]. In addition, the following organizations will cooperate in the study: Deutsche Schmerzliga e. V. and Bundesvereinigung Stottern & Selbsthilfe e. V. will represent the perspective of patients receiving therapeutic services. In addition, Physio Deutschland - Deutscher Verband für Physiotherapie e. V.; Deutscher Verband Ergotherapie e. V.; Deutscher Bundesverband für Logopädie e. V.; Deutsche Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf- und Hals-Chirurgie e. V.; Kassenärztliche Vereinigung Nordrhein; and the Klinik für Phoniatrie und Pädaudiologie of Universitätsklinikum Münster are involved in the study.

Overall Study Design

Within a duration of 3 years, the study will use a mixed methods approach of 7 steps to derive comprehensive analyses from diverse data sources. The overall study design is shown in Figure 1.

The study consists of 7 work packages that are built upon each other. As of September 2026, evidence regarding (digital) group therapies compared to (digital) individual therapies was identified (research question 1) through a systematic literature review. The findings will serve as a basis for the further course of study. Additionally, groups of people involved in the health care process will be targeted to gather suitable indications, barriers, expectations and preferences, level of knowledge regarding prescription, implementation, integration, and use of (digital) group therapies (research questions 2, 3, 4, and 5). For this purpose, interviews were conducted, and the results will be quantified during a subsequent self-administered survey. Similarly, analyses of use and prescription behavior as well as cost aspects will be conducted using claims data from the SHI (research questions 6 and 7). On the basis of the results of all previous work packages, potential and success factors of (digital) group therapies will be identified (research question 8), and recommendations will be derived. The recommendations will be discussed and concretized in a stakeholder workshop. Finally, recommendations will be prepared as a white paper.

Figure 1. Study design of the PRIMAS (Potentials of Group Settings in Therapeutic Services and Possibilities for Digital Implementation) study. SHI: statutory health insurance.



Systematic Literature Review

First, a systematic literature review was conducted addressing research questions 1 and 2 (evidence and indications).

Data Collection

The search strategy was developed based on the population, intervention, comparator, and outcome (PICO) framework [19] to define the review scope [20]. The PICO framework

for the present systematic literature review is shown in Table 1.

Studies in German or English for which an abstract and full text were available and that dealt with therapeutic services were included. The search was conducted in the bibliographic databases PubMed, Embase, and Web of Science.

Table 1. Population, intervention, comparator, and outcome (PICO) framework for the systematic literature review.

Domain	Description
P (Population)	Patients receiving physiotherapy, occupational therapy, or speech therapy
I (Intervention)	(Digital) group therapy
C (Comparator)	(Digital) individual therapy
O (Outcome)	Effects or effectiveness or indications

Data Analysis

The identified studies were assessed for suitability. Studies in English or German comparing effects of (digital) group therapies with (digital) individual therapy within the range of physiotherapy, occupational therapy, or speech therapy were included. Patients receiving physiotherapy, occupational therapy, or speech therapy were selected as the group to be studied. No criteria were established regarding the patients' characteristics (eg, age or gender) or disease pattern. Two independent reviewers checked all references. A third reviewer was called in if there were any disagreements. The procedure, analysis, and reporting were conducted based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist [19]. In accordance with the PRISMA checklist, the risk of bias in the studies was evaluated [19].

Semistructured Interviews

Second, semistructured interviews were conducted to address research questions 2 to 5 (indications, barriers, expectations and preferences, and level of knowledge).

Participants and Recruitment

At least 2 patients, therapists, and prescribing physicians were interviewed from each therapeutic service area. As, in some areas and person groups, more interviews were conducted because not enough insights had been obtained, the final sample included 8 therapists for therapeutic services, 8 patients receiving therapeutic services, and 6 prescribing physicians. Regarding prescribing physicians, specialist groups that frequently prescribe therapeutic services in each therapeutic domain were interviewed [21]. TK supported the recruitment of patients who received therapeutic services. The recruitment of therapists and physicians took place through targeted contact and was also supported by cooperation partners. In addition, 3 providers of telemedicine solutions for therapeutic services and 3 representatives of health insurance funds were interviewed. These were recruited through targeted contact. Participants received financial incentives.

Data Collection

Semistructured interview guides were developed for each person group. Interviews were conducted digitally via Zoom (Zoom Video Communications) and were recorded after informed consent. The interviews lasted an average of approximately 50.5 (SD 11.1) minutes. The resulting recordings were transcribed.

Qualitative Analysis

A content analysis according to Kuckartz and Rädiker [22] was carried out using the MAXQDA software (VERBI GmbH). The coding was carried out by one person and reviewed by a second person. To optimize the category system [22], a third person coded approximately 30% of the interviews.

Self-Administered Survey

Third, a self-administered survey will be conducted to further explore the information regarding research questions 2 to 5 (indications, barriers, expectations and preferences, and level of knowledge).

Participants and Recruitment

For the survey, Germany-wide random samples of therapists for therapeutic services, patients receiving therapeutic services, and prescribing physicians were selected according to the inclusion criteria outlined in Table 2.

Table 2. Selected person groups for the self-administered survey.

Group	Description
Physicians	Physicians with SHI[a] accreditation from the 2 specialist groups that most frequently prescribe the corresponding therapeutic domain [21]
Therapists	Therapists for physiotherapy, occupational therapy, and speech therapy
Patients	Adults and children insured by TK[b] with residence in Germany who received a therapeutic service in the latest available data year, stratified by the therapeutic domain

[a]SHI: statutory health insurance.
[b]TK: Techniker Krankenkasse.

Questionnaire Development

On the basis of the preliminary insights from the systematic literature review and the ongoing semistructured interviews, a first draft of the questionnaire was developed. Furthermore, previously validated scales and items from established standardized data collection instruments were screened for their suitability and adapted where appropriate. To account for the different perspectives of each targeted group, different tailored versions of the questionnaire were developed for physicians, therapists, and patients. Furthermore, 2 discrete choice experiments were developed for the therapists and the patients. After questionnaire development, the draft versions were iteratively discussed and revised within the project team. Subsequently, all questionnaire versions underwent cognitive pretesting with small pilot samples representing each target group using methods such as think-aloud protocols and probing techniques. The questionnaires were further refined based on the pretest findings prior to field deployment.

Data Collection

A net sample of 92 is required in each group (power=95%; α=.05) for statistically significant mean differences at a moderate effect size. For subanalyses, patient samples will be doubled. Assuming a response rate of 8%, 6900 physicians, 3450 therapists, and 6900 patients will be contacted overall. For physicians and therapists, participation is possible both online and in paper-based format. The patient survey will be conducted exclusively online. Patients will be recruited by TK. Therapists and physicians will be recruited via an address provider.

Statistical Analysis

The analyses will include uni- and bivariate descriptive analyses as well as subgroup analyses (therapeutic domains, regional differences, and characteristics of patients). Depending on variables and distributions, chi-square tests, one-factor variance analyses, *t* tests, or Mann-Whitney *U* tests will be used to assess statistical significance. Furthermore, multivariable regression models will be applied to analyze associations and adjust for potential confounders. In addition, methods of multicriteria decision analysis, such as discrete choice experiments, will be applied to elicit preferences regarding relevant aspects of (digital) group therapy services. Statistical analysis will be carried out using the SPSS Statistics (IBM Corp) and RStudio (Posit PBC) software.

Analysis of Claims Data From the SHI

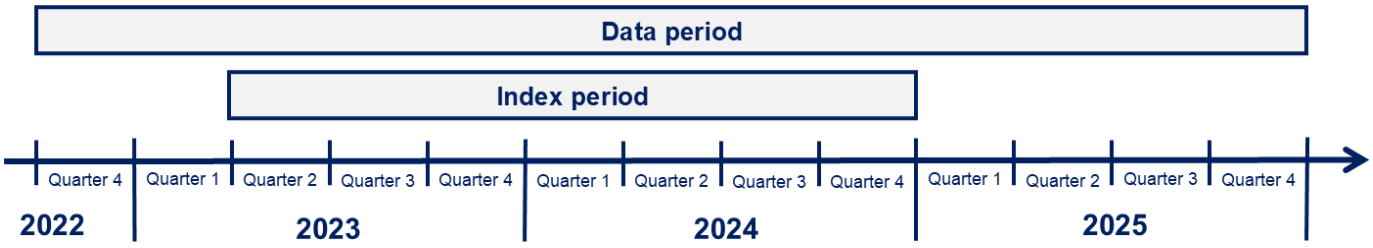
Fourth, prescription and use patterns among (digital) group therapies compared to (digital) individual therapies will be analyzed using claims data from TK. Additionally, differences in financial aspects between the different therapy approaches will be analyzed (research questions 6 and 7).

Participants and Recruitment

Insured individuals who have received at least one prescription for physiotherapy, occupational therapy, or speech therapy in the index period (quarter 2 of 2023 to quarter 4 of 2024) were included. The observation period for the selected insured individuals covers 2 quarters before and 4 quarters after use of the first therapeutic service in the index period. The entire data period thus extends from quarter 4 of 2022 to quarter 4 of 2025, as shown in Figure 2.

Only individuals who have been insured by TK throughout the entire observation period and with permanent residence in Germany were included, stratified by therapeutic domain.

Figure 2. Index and data period for analysis of claims data from the statutory health insurance.



Data Collection

A full census was conducted for group therapy and digital therapy across all 3 therapeutic areas. For occupational therapy and speech therapy, a full census was conducted regarding individual therapy. In the field of physiotherapy, a simple random sample of approximately 10% was collected for individual therapy. The data include therapeutic service prescriptions, basic claims data, outpatient and inpatient data, sickness absence data, medical aid data, rehabilitation data, care data, and drug and digital health application prescriptions.

Statistical Analysis

For statistical analysis, uni- and bivariate descriptive analyses and subgroup analyses (indications, therapeutic domains, regional differences, and characteristics of patients) will be conducted. To determine statistical significance, test procedures will be applied, such as chi-square tests, one-factor variance analyses, *t* tests, or Mann-Whitney *U* tests. The selection will depend on variables and distributions. To analyze associations and adjust for potential confounders, multivariable regression models will be applied. Regression models will be used to identify predictive factors, for example, regarding use of (digital) group or individual

therapies. The SPSS Statistics and RStudio software will be used to conduct statistical analysis.

Synthesis of Results

Fifth, results from all previous work packages will be summarized to derive potential and success factors for a better integration and use of (digital) group therapies (research question 8). On the basis of this, recommendations for health care practices and policies will be developed. On the one hand, the recommendations will include information that applies across all therapeutic domains. On the other hand, specific requirements for the respective therapeutic domains will be included. The recommendations will be formulated tailored for the target groups of health policy decision-makers, prescribing physicians, therapists for therapeutic services, and patients receiving therapeutic services. Legal, structural, and organizational conditions, as well as indications, the current state of knowledge, and barriers, will be considered. The synthesis will also outline the cases in which group compositions should be indication specific and/or can be indication mixed.

Stakeholder Workshop

The developed recommendations will be reviewed for consistency and applicability and critically discussed at a digital stakeholder workshop.

Participants and Recruitment

Stakeholders will consist of representatives of health insurance funds, representatives of patients receiving therapeutic services, prescribing physicians, therapists for therapeutic services, and health policy decision-makers, among others. A maximum of 20 participants will be recruited through a targeted approach supported by the cooperation partners.

Data Collection

The workshop will be led by moderators using a moderation guide prepared in advance. The workshop will be recorded. To serve as a basis for the discussion, the previous results will be sent to the stakeholders in advance.

Data Analysis

The records of the workshop will be evaluated afterward. The analysis will be organized by the following aspects from the perspective of the different groups of people involved in the health care process: conclusiveness and applicability, consideration of financial and organizational conditions, political and legal practicability, and areas of recommendation requiring adjustment. The insights gained during the stakeholder workshop will then be incorporated into the finalization of the recommendations.

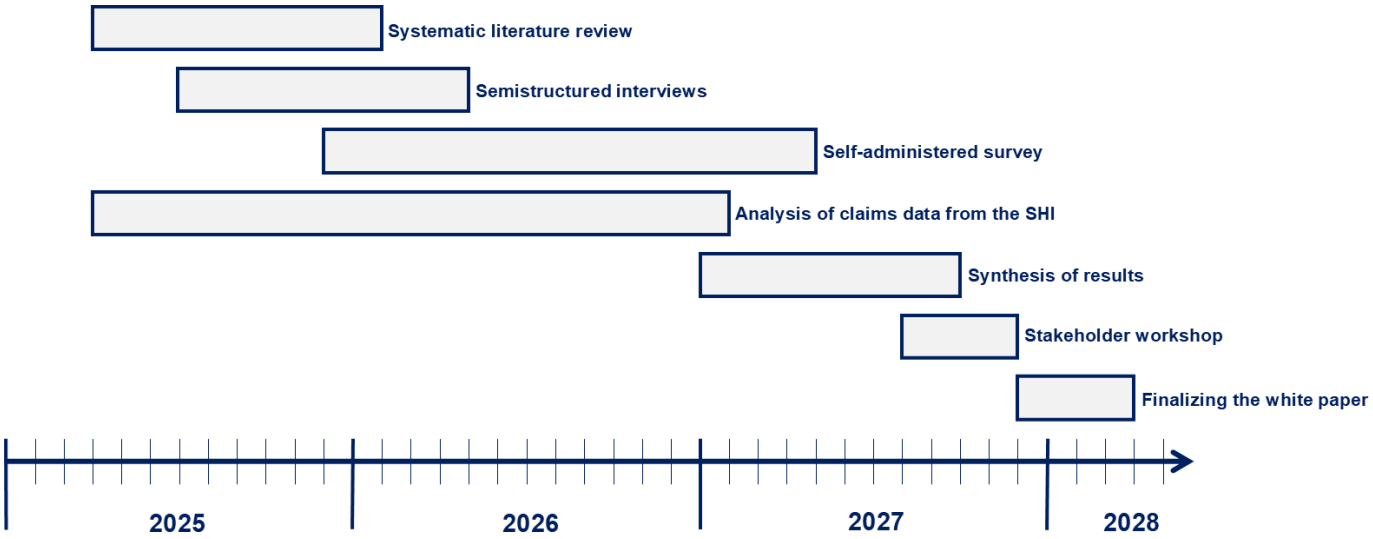
To produce the white paper based on the findings from the stakeholder workshop, the recommendations will be adapted, refined, and finalized accordingly to create a coherent and practical overall concept applicable to standard care. The finalized recommendations will be prepared as a white paper. The white paper is intended to serve as a basis for relevant stakeholders to implement the recommendations in health care practice to better use the potential of group therapies and digital therapeutic services.

Results

An overview regarding the timeline for the results is shown in Figure 3. Periods for the preparation of manuscripts for publication in scientific journals are not included in the timeline.

The study started in April 2025. The systematic literature review began with the development of the search strategy in April 2025. The database search was conducted in May 2025. After title, abstract, and full-text screening, the identified studies were analyzed. The analysis was completed in January 2026, and the results were prepared in a manuscript for publication. Preparation for the interviews began in July 2025. The interview guides were finalized in August 2025. Twenty-eight interviews were conducted between October 2025 and February 2026. As of September 2026, the results of the qualitative interviews are being prepared for publication in a scientific journal. On the basis of the preliminary results of the study to date (systematic literature review and semistructured interviews), work on developing the questionnaires was initiated in December 2025. Initially, a rough draft of the questionnaire was prepared. Furthermore, existing standardized instruments were screened to identify validated scales and items suitable for adoption. The questionnaires underwent cognitive pretesting and development and were completed in August 2026, incorporating the final results of the systematic literature review and semistructured interviews. Regarding the SHI claims data, the analysis concept began in April 2025. Following data delivery in February 2026, data preparation began immediately. The synthesis of all results is projected for 2027. Following the synthesis, the stakeholder workshop will take place, tentatively scheduled for late 2027. Finally, the white paper is scheduled to be prepared in the year 2028. The study is funded for the period from April 2025 to March 2028.

Figure 3. Planned timeline for the results of the PRIMAS (Potentials of Group Settings in Therapeutic Services and Possibilities for Digital Implementation) study. SHI: statutory health insurance.



Discussion

Anticipated Findings

The study aims to develop evidence-based recommendations to improve therapeutic services by addressing and using the potential and success factors of digital and group therapies. To ensure maximum practical relevance, various data sources, including the direct perspectives of the involved stakeholder groups, will be incorporated. Group and video therapies in Germany are not a field that has been studied extensively. For this reason, the PRIMAS study takes an exploratory approach. On the basis of the results of the work steps completed so far, an overview of evidence, as well as insights regarding indications, barriers, expectations and preferences, level of knowledge regarding prescription, implementation, integration, and use of (digital) group therapies in the German context, was obtained. These results now need to be explored in greater depth in the upcoming work steps. Furthermore, data on prescription and use behaviors and differences in costs will be collected.

With a view to expected findings, information from international literature can be used as a reference. Group therapies, by simultaneously treating multiple patients [8], provide an opportunity to reduce waiting times [10] while offering additional benefits through group dynamics [9]. Group therapies can have an impact on motivation, enjoyment, and commitment to training as well as on the social support and self-confidence of participants [23]. Furthermore, group settings can facilitate social connections with other patients of the local community [24]. In group therapies, patients can achieve similar clinical outcomes as in individual therapy [10]. A mixed systematic review including quantitative, qualitative, and mixed methods studies from the field of physiotherapy concluded that among the determinants of positive experience, the most frequently reported from the patients' perspective were access to peer support, being with other patients with similar challenges, and encouragement. The determinant of experience most frequently cited from physiotherapists' perspective was group size. An identified barrier was fear that performing exercises in front of others could cause embarrassment [25]. A survey of occupational therapy practitioners in the United States showed that reimbursement, lack of time, and no support by setting were among the most frequently cited barriers to group treatment [26]. A survey about community aphasia groups in Australia revealed that the reason most frequently mentioned for not holding community aphasia groups was that there were not enough clients or they were poorly matched. Other commonly cited reasons were inability to obtain funding for groups, no or inappropriate availability of group space, not enough speech-language pathologists for prioritization of groups, and geographic dispersion of clients [27].

Published studies have also identified the potential of digital therapies. The feasibility and efficacy of telemedicine treatments [15], as well as the noninferiority of telerehabilitation [16] and digital therapy [28] compared to in-person therapy [16,28], have been illustrated in published studies. Alongside possible time savings from eliminating travel, telemedicine treatments can further enhance access to health care [13]. Against the backdrop of limitations regarding nonverbal cues, communication in telerehabilitation has been reported as more difficult by some participants [25]. There are two published studies from the German context that have included the therapeutic service areas of physiotherapy, occupational therapy, and speech therapy. Lichtenauer et al [29] conducted qualitative interviews with health professionals and patients in nursing, physiotherapy, occupational therapy, and speech therapy from Germany, Switzerland, and Austria about the barriers and resources of video communication. The interviews were conducted during the COVID-19 pandemic. The results showed that telesetting was described as accepted and approved at a high level. The digital skills of participants were characterized as both a barrier and a resource. Furthermore, motivation was shown to be important [29]. Another German study in which a survey of occupational therapy, physiotherapy, and speech therapy or

logopedics staff was conducted showed that there is a great need for support services and training for teletherapy [30].

Comparison With Prior Work

For group therapies, there are diverse study insights regarding the 3 different areas of therapeutic services. The expected results of the PRIMAS study will show whether these experiences also apply in the German context and will systematically identify differences across physiotherapy, occupational therapy, and speech therapy. At the same time, the various perspectives of therapists, patients, and physicians will be systematically mapped. In Germany, video therapies were incorporated into standard care in 2022 [12]. Recently published studies from Germany frequently focus on the experiences with video therapies during the COVID-19 pandemic, during which measures such as quarantine regulations were in place [31]. The PRIMAS study will examine the perceptions after implementation of video therapies in standard care. Video therapies in standard care in Germany have not yet been thoroughly researched, which is why the PRIMAS study is particularly relevant in this field.

Dissemination Plan

While the study is in process, the results will be presented at relevant conferences and discussed among the professional audience. On the one hand, this is intended to create greater awareness of the importance of the topic. On the other hand, findings from the discussion will be incorporated into the course of the study. Moreover, it is intended that the results of the work packages will be published in relevant scientific journals. This aims to provide a knowledge base for stakeholders that can help, for example, better address the needs of patients in the future. After study completion, the developed white paper will serve to implement concrete actions to improve the use of (digital) group therapies in practice. The white paper will contain recommendations for health policy decision-makers, physicians, therapists, and patients tailored to specific target groups.

Strengths and Limitations

The study results will combine scientific findings and knowledge from everyday care. To ensure that the recommendations are practical, the perspectives of patients, therapists, and prescribing physicians will be incorporated through guided interviews and the survey. The views of relevant stakeholders will be considered as part of the interviews and the stakeholder workshop. Furthermore, representatives of relevant stakeholder groups will support the study as cooperation partners. The broad approach of the study enables a better understanding of the status quo based on various data sources. Furthermore, the perspective of the person groups involved in the health care process will be incorporated to identify previously untapped potential of group therapies and telemedicine implementation.

Limitations may arise from the fact that group therapies are currently rarely implemented [5]. Therefore, the number of people involved in the health care process who have practical experience with group therapies may be low. Support of leading associations of therapeutic service professions in approaching experienced individuals will enable targeted outreach. Another possible limitation may be that not enough studies will be found for the systematic literature review. To address this, a preliminary search was performed through which relevant studies in this field were identified. Additionally, low survey participation rates pose a risk, which will be mitigated through targeted information campaigns highlighting the importance, potential benefits, and minimal effort required, supplemented by reminder letters. Moreover, uncertainties and ambiguities in the questionnaire can limit quality in the survey. Therefore, a pretest will be conducted with all survey groups, and adjustments will be made. Another risk is that the final recommendations are not practical to be implemented. To prevent this, the different person groups associated with the health care process will be involved throughout the study. Furthermore, the results and the recommendations will be discussed with relevant stakeholders during the planned workshop before finalization as a white paper.

Generative AI Use

The authors declare the use of generative AI (GenAI) in the research and writing process. According to the Generative AI Delegation Taxonomy [32], and taking the Recommendations for a Classification of AI Use in Academic Manuscript Preparation from the International Association of Scientific, Technical, and Medical Publishers [33] into account, the following tasks were delegated to GenAI tools under full human supervision: literature search and systematization, proofreading and editing, and translation. The GenAI tools used were ChatGPT (OpenAI), Microsoft 365's inbuilt editing tools, DeepL Translator (DeepL SE), and Google Translate. ChatGPT was used to additionally find and identify publications that address the research context of the manuscript to include them in the main text and the reference list of the manuscript. Microsoft 365's inbuilt editing tools were used to check spelling and grammar and thereby improve the language of this manuscript written primarily by the authors. DeepL Translator and Google Translate were used to assist the translation of the original work written primarily by the authors into the English language. The tools were used to optimize the wording for text passages to include them in the manuscript. Responsibility for the final manuscript lies entirely with the authors. GenAI tools are not listed as authors and do not bear responsibility for the final outcomes.

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Data Availability

The datasets generated or analyzed during this study are available from the corresponding author on reasonable request.

Authors' Contributions

Conceptualization: SN, SS, SW, CS, US, AW, AB
Data curation: EP, SN, MM, CV, SS, US, AW, AB
Formal analysis: EP, MM, CV, SS
Funding acquisition: AB
Investigation: EP, SN, MM, CV, SS, US, AW, AB
Methodology: EP, SN, MM, CV, SS, SW, CS, AB
Project administration: AB
Resources: AB
Software: CV, SS
Supervision: SN, AB
Validation: EP, SN, MM, CV, SS, SW, CS, US, AW, BH, MH, DK, NB, GR, OGL, EJ, KN, LH, CG, AB
Visualization: EP, MM, CV, SS
Writing—original draft: EP
Writing—review and editing: EP, SN, MM, CV, SS, SW, CS, US, AW, BH, MH, DK, NB, GR, OGL, EJ, KN, LH, CG, AB

Conflicts of Interest

None declared.

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Abbreviations

EsFoMed: Essener Forschungsinstitut für Medizinmanagement
PICO: population, intervention, comparator, and outcome
PRIMAS: Potentials of Group Settings in Therapeutic Services and Possibilities for Digital Implementation
PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SHI: statutory health insurance
TK: Techniker Krankenkasse

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