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# German and United Kingdom Physicians Express Frustration with Health System Challenges

This issue brief summarizes preliminary results compiled from twelve 30-minute, one-on-one, in-depth, telephone interviews with a mix of physician specialists from the United Kingdom (U.K.) and Germany. While the physicians discussed benefits of their respective health care systems, many raised significant challenges and limitations in providing the care they believed would be best for their patients, including long appointment wait times, limited access to innovative medicines, financial constraints and lack of clinical and prescribing flexibility. Perspectives of physicians in the U.K. and Germany are informed by their direct professional experiences, and also by differences in cultural values between these markets and the United States.

Structured interviews were conducted to gain insight into physicians' perspectives and experiences working in their country's health system, particularly as it relates to access and availability of innovative medicines. The sample consisted of oncologists, neurologists, rheumatologists, immunologists and hematologists.

Issues covered in the interviews consisted of physicians' views on their health system overall, and on strengths and weaknesses in particular aspects of the health system relevant to their day-to-day practice, including: degree of clinical flexibility and use and enforcement of national clinical guidelines; physician and patient access to novel therapies; the role of the government in health care; and the strength of biomedical research and development.



## Key Findings

The physicians interviewed feel guidelines are being applied too rigidly and without the necessary flexibility required to treat patients in a real-world setting, leading to the loss of professional autonomy in clinical decision-making. Physicians believed these restrictions were primarily motivated by the need to contain costs.



*"We, as physicians, our hands are so tied. We can recommend what the patients want but yes, it is very much up to the government in terms of what they can get... and this is not just for HIV, but for other conditions such as cystic fibrosis drugs." - U.K. Immunologist*

*"Our problem is more of a structural problem. We are very overregulated... The system is difficult; it is like an old oil tank that is difficult to manoeuvre. And if you do want to move it, you have to let it know 30 kilometres in advance. The structures are difficult." - German Immunologist*

*"Obviously, in the U.K., [the government] is heavily involved... which as a clinician you feel at times a bit frustrated because you have no direct control of things even within your own clinical area in your own local geographical region." - U.K. Oncologist*



Both U.K. and German physicians appreciated that all citizens, regardless of their financial status, receive the basic level of health care. However, many of the physicians interviewed voiced the desire for more freedom in their clinical decision making with less monitoring and regulations.

*"We want to have less monitoring and regulation. Less bureaucracy and less influence from [the government] ... when one has less possibilities then the efficacy of the care is worse." - German Hematologist*

*"If they do not meet the criteria, you cannot be treated. Your only other alternative is to submit an individual funding request, which will be automatically rejected." - U.K. Rheumatologist*

*"[Patient access to medicines] is being limited increasingly, in my opinion. So that patients are forced through regulations and pressure of cost to use certain medications..." - German Hematologist*

*"What is difficult is the feeling of uncertainty around if a new, very expensive medication is approved, whether we can prescribe it or whether we will have recourse. That sword of Damocles of recourse hangs above us, so to speak." - German Immunologist*

Although the health care systems often allowed patients to have access to medicines once approved for reimbursement, physicians, particularly in Germany, reported that they felt the burden managing a budget resulted in significant challenges in providing their patients with the most innovative medicines. This pressure ultimately led physicians to make treatment decisions based on economic factors, rather than clinical reasons.

Physicians in both the U.K. and Germany expressed that the government has too much involvement in the health care system and they would like more transparency in how products are approved for access and reimbursement.

*"[The process for setting drug prices] is a little bit cloak and dagger...it is not very transparent or obvious to the person using or prescribing the drug." - U.K. Rheumatologist*

*"I do not classify IQWiG as an independent institution that is trying to use evidence-based strategies to find out whether a certain new medication is better than X or Y. It is a pure solicitor for negative outcomes." - German Immunologist*

*"I think there is a very widely held feeling that the NHS is a political tool and I think there are many changes made whenever there is a government change which is to the detriment of the service." - U.K. Hematologist*

*"I work in areas where there are drugs which are licensed and have licensed for use for two and a half years, but we still do not have access to in the U.K. That is frustrating." - U.K. Oncologist*

*"I would say that the benefit in the U.S. is the faster availability, because of the lack of bureaucratic hurdles...That the doctor has much more freedom to decide, without having to fear the federal institutions." - German Rheumatologist*

Physicians from both countries said that lack of availability of innovative medicines can cause challenges in treating patients, but these challenges were experienced differently in the U.K. and Germany (e.g., differences in outright non-coverage vs. prescribing restrictions) as a result of differences in their government's policies on covering and paying for medicines.

Most physicians interviewed expressed the desire to see more research in their country with the hope it would bring innovation medicines to their patients faster. When asked where they believed the most medical innovation was occurring, the large majority of physicians said the United States. Some physicians said the number of reviews by regulatory and health technology assessment bodies compared to the United States is a primary reason why innovative medicines become available in the United States faster than in the European Union.



*"One aspect of the U.S. health care that I like is they have plenty of money for research... while in the U.K., ever so slowly research is dying because of lack of funds. We are really deplorable country because of this... This country was a country of excellence for a hundred years. And now, we are getting bad not because we are poor, it is just because of a lack of insight. I think the bottom line is as a country we are just in a short-term game. Nobody looks at the bigger picture. Always short outcomes." - U.K. Endocrinologist*

*"The largest medical innovations are usually started in the U.S. That is my feeling. The FDA approves medicines usually earlier than the EU does." - German Rheumatologist*



## Conclusion

These preliminary interviews with physicians reflect some of the key trade-offs that must be addressed in health care reform. While it is clear that physicians in the U.K. and Germany appreciate the broad access to care that their countries guarantee their citizens, the level of government oversight and bureaucracy does in some cases limit patient access to innovative medicines.

These qualitative interviews are being followed by a second phase of research utilizing an online survey. Results should be released by the end of the year.



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