

Perception of Country-Specific Health Care Reform and Consideration of Real World Evidence in Routine Practice: Survey of Oncologists in Europe, the United States, China, and Brazil

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KEY POINTS . . .

Oncologists in Europe, the United States, China, and Brazil reported varying levels of concern regarding the direction of health care reform (in their respective countries) and how it will affect them and their practice.

Majority of Oncologists reported taking patient Health-related Quality-of-Life in to consideration when prescribing medications.

Oncologists were less likely to consider product cost and patient affordability when prescribing medications, especially in Europe.



A number of health care reform initiatives are being implemented in countries around the globe, to improve efficiency in care delivery and achieve optimal outcomes with increasingly limited resources [1-9]. Some of the proposed or enacted policy changes involve issues of payment reform, incorporation of real world evidence in assessment of efficacy, safety and cost-effectiveness of medications, and consideration of the patient's health-related quality of life (HRQoL) in treatment decisions [3,4,9]. Given that oncology is an area with complex and evolving treatment paradigms and high treatment costs, oncology practices are often the focus of reform, and thus, engagement with oncologists is critical for developing policies that improve efficiency in care delivery and ultimately improve patient health outcomes [10]. As such, this research sought to understand the perspectives of oncologists regarding health care reform in their respective countries as well as their attitudes toward real world evidence, cost and patient affordability, and patient HRQoL when making treatment decisions.

whereas in other studied countries, the geographic spread is diverse; a response rate of 35-40% is usually achieved. Presence of prior consent to contact the physicians in the panels enabled distribution of email invites to the random target population within the planned study data collection window of three weeks. Reminder emails were sent not more than once to the original email invitees during the data collection period to encourage participation. The survey consisted of multiple choice questions probing physician sub-specialty area (namely, medical oncology, radiation oncology, surgical oncology, gynecologic oncology, pediatric oncology and hematology-oncology), how often they consider 'real world evidence' on product effectiveness and safety when they prescribe oncology medications, to what extent they take product cost and patient affordability into consideration when they prescribe oncology medications, and how often they consider patient HRQoL benefits when they prescribe oncology medications. The oncologists were also asked about their perceptions of health care reform in their

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Data Source

Data are from a multi-country, cross-sectional, online survey of oncologists. The research was conducted in February 2013 in Europe (5EU: France, Germany, Italy, Spain, and the UK), the United States (U.S), China, and Brazil. Participants within the concerned specialty (oncology) were randomly sampled in each of the countries via online physician panels to attain a geographically representative sample in the respective region, and invited to participate in a brief online survey. The physicians represented both hospital-based and private practices in the respective geographies; in China and Brazil, the physicians are usually concentrated in metropolitan areas,

respective countries through a multi-item question that sought their impression of whether (yes/no) 'it is (or, not) heading in the right direction', 'I am enthusiastic (or, concerned) about its implications for me and my practice', 'It is going to control costs and make medications more affordable for patients', and 'Not enough focus on 'real world evidence' needs and cost-effectiveness of medications. The survey was translated into local languages, where necessary, and programmed into a centralized online survey portal. Consecutive physician responses obtained within the study data collection period across the geographies were collated for analysis.

What We Found

A total of 257 oncologists from 5EU (n=92), U.S (n=86), China (n=43), and Brazil (n=36) participated in the survey. The most common sub-specialty was medical oncology (69%), followed by hematology oncology (11%), radiation oncology (9%), surgical oncology (5%), gynecologic oncology (3%), pediatric oncology (2%), and other oncology (2%).

Overall, 40% of the oncologists in the study reported that they are “not sure” whether their respective country health care reform is heading in the right direction. This oncologist perception varied within the top-3 sub-specialty types (medical oncology: 38%, hematology oncology: 46%, radiation oncology: 38%) as well as by region (Tables 1a & 1b).

Only 16% (across the regions; medical oncology: 15%, hematology oncology: 21%, radiology oncology: 25%) reported they believed that the health care reform is heading in the right direction. Oncologists in China were most likely to indicate that their country’s health care reform did not have enough focus on real world evidence and cost-effectiveness of medications; average across regions was 23%, and this varied slightly by top-3 sub-specialty types and region. Only 14% thought that health care reform would control costs and make medications more affordable for patients. In the US, 50% of the oncologists reported that they were “concerned” about health care reform’s implications for them and their practice; this varied by top-3 sub-specialty types and by region. Correspondingly, only 11% across regions were “enthusiastic” about health care reform’s implications for them and their practice. This as well varied slightly by top-3 sub-specialty types and region. (Tables 1a & 1b).

Across the regions, 37% of oncologists (medical oncology: 37%; hematology oncology: 32%; radiation oncology: 42%) stated that they consider real world evidence of product effectiveness and safety “all the time” when prescribing oncology medications; this varied by region (Fig. 1). Another 50% of the oncologists (medical oncology: 49%; hematology oncology: 61%; radiation oncology: 54%) reported that they consider real world evidence “most of the time”.

Oncologists were less likely to consider product cost and patient affordability

Table 1a. Perceptions of Oncologists Concerning the Health Care Reforms in Their Respective Geographies

| | ALL n=257 | 5EU n=92 | US n=86 | China n=43 | Brazil n=36 |
|---------------------------------------------------------------------------------------|--------------|-------------|------------|---------------|----------------|
| Not sure whether it is heading in the right direction | 40% | 39% | 40% | 44% | 36% |
| It is heading in the right direction | 16% | 12% | 23% | 19% | 8% |
| Not enough focus on ‘real world evidence’ needs and cost-effectiveness of medications | 23% | 16% | 24% | 37% | 19% |
| It is going to control costs and make medications more affordable for patients | 14% | 13% | 9% | 21% | 19% |
| I am concerned of its implications for me and my practice | 38% | 30% | 50% | 44% | 19% |
| I am enthusiastic about its implications for me and my practice | 11% | 8% | 8% | 19% | 19% |

Table 1b. Perceptions of Oncologists Concerning the Health Care Reforms among the Top-3 Physician Sub-specialties

| | Medical Oncologists n=177 | Hemato- Oncologists n=28 | Radiation Oncologists n=24 |
|---------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------|
| Not sure whether it is heading in the right direction | 38% | 46% | 38% |
| It is heading in the right direction | 15% | 21% | 25% |
| Not enough focus on ‘real world evidence’ needs and cost-effectiveness of medications | 23% | 25% | 29% |
| It is going to control costs and make medications more affordable for patients | 11% | 18% | 17% |
| I am concerned of its implications for me and my practice | 41% | 29% | 33% |
| I am enthusiastic about its implications for me and my practice | 11% | 14% | 17% |

when prescribing oncology medications, especially in 5EU. Overall, 23% (medical oncology: 25%; hematology oncology: 18%; radiation oncology: 21%) reported that they consider the product’s cost and patient affordability “all the time” when prescribing oncology medications; this varied by region, reflecting differing payment structures across health care systems (Fig. 2). Another 42% of the oncologists (medical oncology: 41%; hematology oncology: 39%; radiation oncology: 42%) reported that they consider real world evidence “most of the time”.

More than half of the oncologists (54%) reported that they consider patient HRQoL benefits “all the time” when prescribing oncology medications; this varied by top-3 sub-specialty types (medical oncology: 53%; hematology oncology: 50%; radiation oncology: 58%) and region (Fig. 3). Another 40% of oncologists reported considering HRQoL benefits “most of the time” when making treatment decisions; this also varied by top-3 sub-specialty types (medical oncology: 42%; hematology oncology: 39%; radiation oncology: 42%) and region.

Conclusion & Implications

Most oncologists consider patient HRQoL in their daily practice. Many also consider real world evidence; however, especially in China and the US, many were concerned that their country’s health care reform did not have enough emphasis on real world evidence. Many oncologists reported concern regarding the direction of health care reform and how it will affect them and their practice. Extrapolation of the results should be cautioned owing to small sample sizes. Confounding factors (incl. any response bias) and reasons behind why the physicians responded in specific manner were not explored owing to the brevity of the survey focusing on only key questions of interest. This is the first study, however, to compare the perceptions of oncologists across the key geographies around the world where health care reforms are taking shape to improve population health and increase the accountability of health care professionals (for efficient care delivery) while curtailing costs. The focus on value of medicines, quality metrics and the trend towards tying the reimbursement levels to quality metrics (‘pay for performance’) is likely influencing the physician’s

Fig 1: Consideration of “Real World Evidence” of Product Effectiveness and Safety by Oncologists.

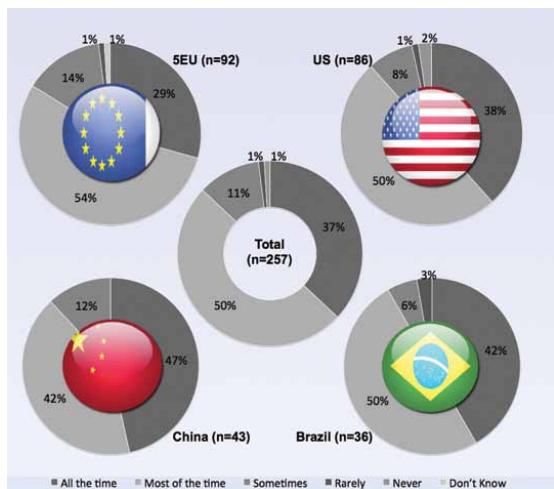


Fig 2: Consideration of “Patient Cost” and “Patient Affordability” by Oncologists.

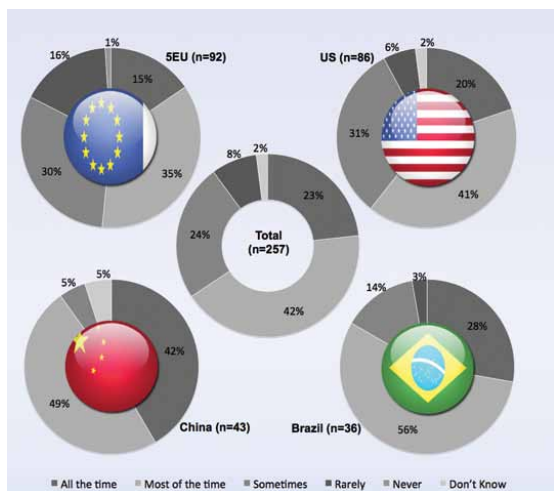
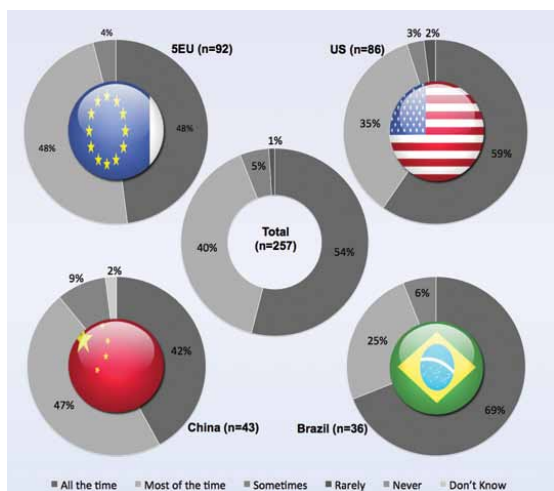


Fig 3: Consideration of “Patient HRQoL Benefits” by Oncologists.



consideration of real world evidence and patient’s affordability or drug cost in their treatment decisions. [10]

As the national and regional payers across the studied geographies exercise fiscal management of health care expenditures [3,5-7,9,11-15], oncologists are not only expected to adhere to standard clinical treatment guidelines (or specific treatment pathways) and document real world evidence for improved health outcomes to support continued reimbursement of costly medicines, but are also burdened with administrative hurdles to get the right medicine to the cancer patient in need, all the while trying to maintain financial stability of their clinical practice/institution [10]. These pressures may have contributed to the oncologist’s concerns identified in our study. Prevalence of these concerns could lead to more active involvement/engagement of a subset of physicians in the health care debate to have their voice heard, while such concerns could very well lead to dis-engagement of many oncologists from the health policy debate, thereby adversely affecting their practice behavior and the equilibrium of health care ecosystem. Modalities of engaging physicians in health policy discussions to influence facets of health care dynamics need careful consideration.

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