

Specialist Physicians' Insights into the Concept of Cost-Effectiveness in Access Decision-Making

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Introduction and objective

Clinical specialists possess essential expertise on real-world patient care and the practical implications of new treatments. Their insights play an important role in health technology assessment (HTA) processes and reimbursement decision-making, including evaluations of cost-effectiveness.

This study aims to explore how specialist physicians perceive the concept of cost-effectiveness, its role in reimbursement decisions, and its relevance in daily clinical practice.

This study is part of the broader AccessWijzer 2025

Methods

An online quantitative, multiple-choice survey on knowledge and opinion on HTA was conducted in the Netherlands in November/December 2025. 234 physicians participated consisting of five specialist groups: cardiologists (n=105), vascular internists (n=24), dermatologists (n=45), nephrologists (n=35) and lung-oncologists (n=25). For these disciplines access to expensive medicines is a recurring issue. This analysis is part of a broader research program on financing and access to healthcare (AccessWijzer 2025).

The Samhealth National Panel of Health Care Professionals

950+ Cardiologists	610+ GPs	600+ Pulmonologists	600+ Neurologists	500+ Ophthalmologists
460+ Surgeons	450+ Dermatologists	410+ Psychologists	400+ Hospital Pharmacists	300+ Pediatricians
300+ Nephrologists	330+ GI specialists	270+ Oncologists	290+ Rheumatologists	230+ Hematologists

Anesthesiologists, pathologists, endocrinologists, rehabilitation specialists, pharmacists, gynecologists, urologists, vascular specialists, Physician Assistants, nurses, managers

Participating physicians were drawn from the Samhealth active medical panel¹. This larger panel includes specialists, GP's and (hospital) pharmacists and is used for research across a wide range of healthcare topics.

Results are presented as proportions; uncertainty is expressed using 95% (Wilson) confidence intervals where appropriate.

Results

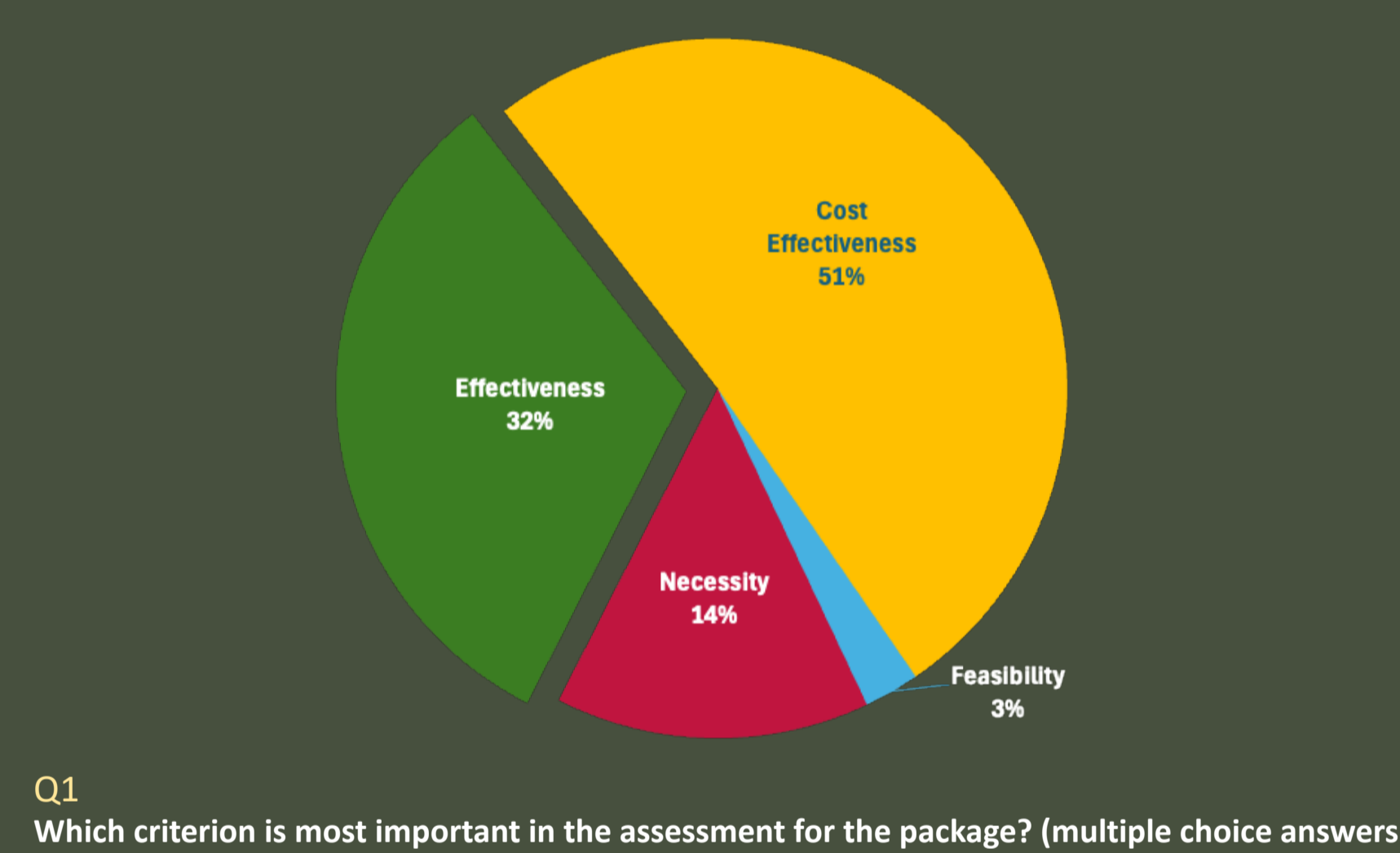
Overall, 51% of physicians perceived cost-effectiveness as the most important criterion in reimbursement decisions (95%CI 45–57), compared with 32% for effectiveness (95%CI 26–38), while effectiveness is formally the primary condition for reimbursement² (figure 1). We observed variations across specialties, but these should be interpreted as trends, they were not statistically significant. Dermatologists most frequently mentioned cost-effectiveness, lung oncologists were the only group in which effectiveness was more often perceived as the most important criterion for assessment. Nephrologists rated cost-effectiveness and medical necessity as more important than effectiveness, while dermatologists considered effectiveness and necessity equally important.

The perceived importance of cost-effectiveness is also seen in daily practice, 90% of physicians (95%CI 86-93) report that cost-effectiveness can be, or always is, a factor in discussions about the availability of medicines within their hospital (figure 2). Within this group, 6% of physicians indicate that cost-effectiveness is a decisive argument, with notable variation between specialties (0% among dermatologists versus 16% among lung oncologists).

More than two-thirds (67%) of physicians demonstrated a misunderstanding of the concept of cost-effectiveness, for example regarding what costs are included in the evaluation³ and how the ICER should be interpreted (figure 3). Responses to knowledge questions were largely consistent across physician specialist groups.

Fig. 1. Perception of Dutch physicians on the most important package criterion for the assessment on reimbursement

1a. Overall multiple-choice answers (all physicians, n=234)



Q1 Which criterion is most important in the assessment for the package? (multiple choice answers)

1b. Multiple-choice answers per physician specialist group

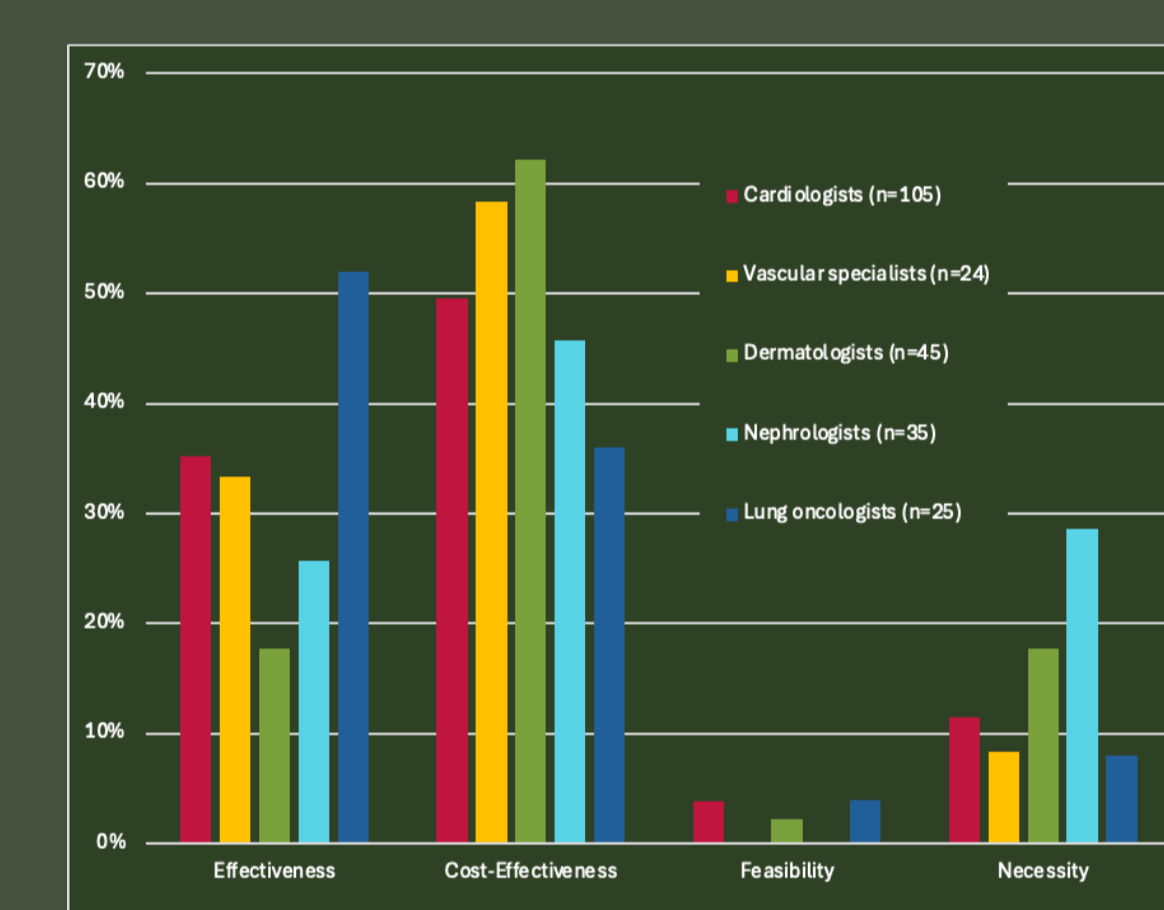
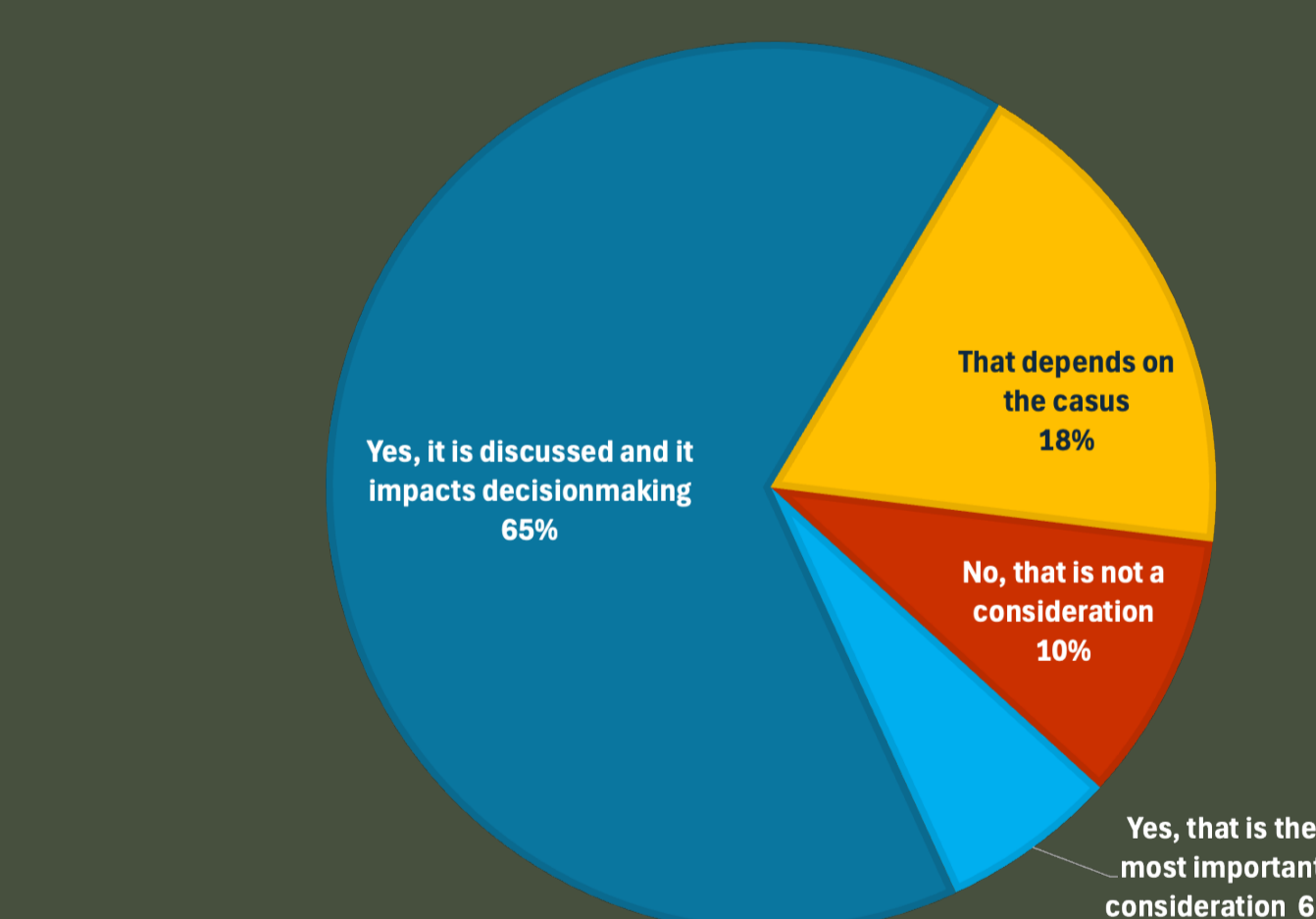
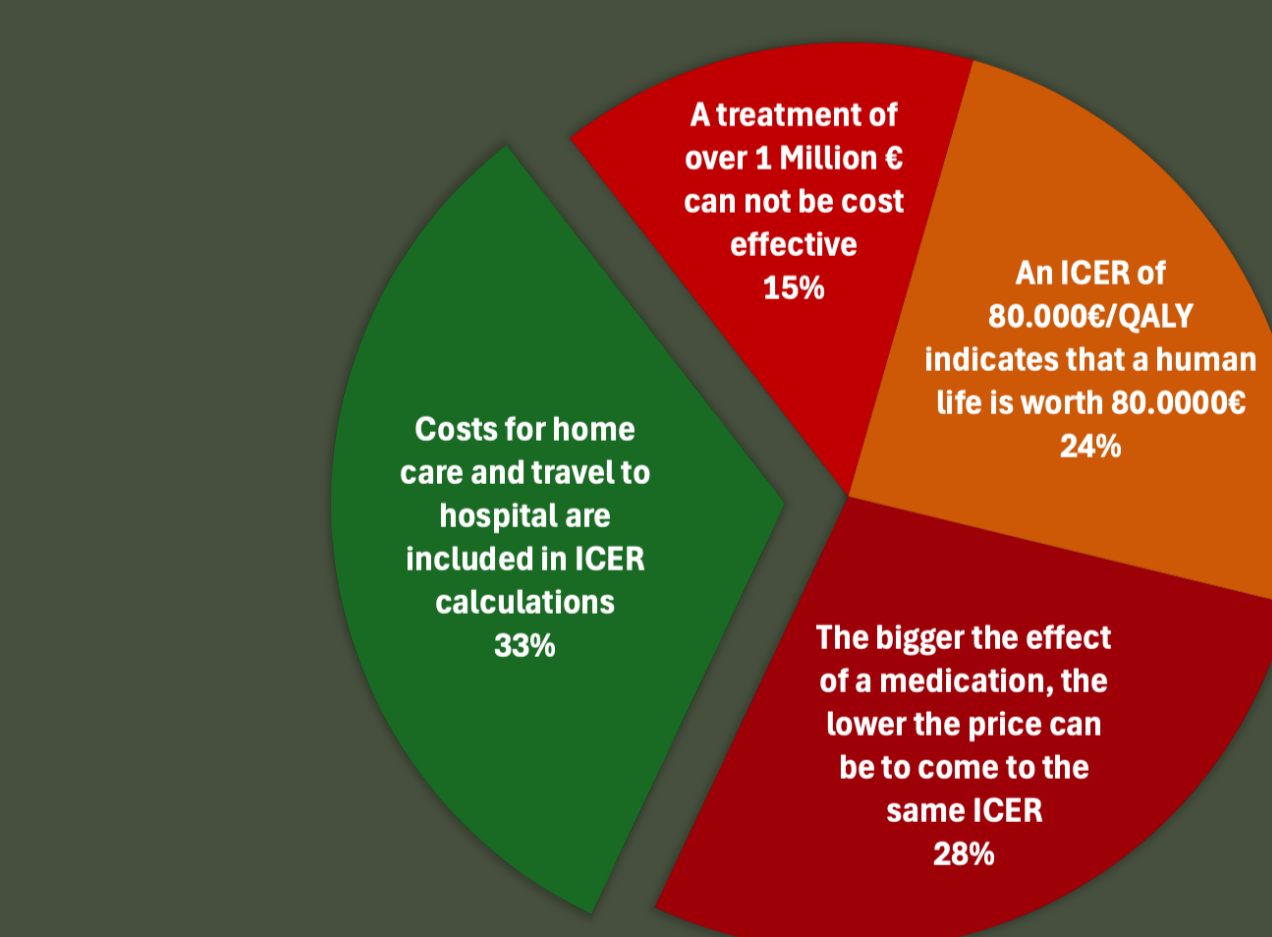


Fig. 2. The importance of cost-effectiveness in the availability of medicines for Dutch hospital physicians



Q2 Is cost-effectiveness an argument you bring up in discussions, for example with the hospital pharmacist, about the availability of medications in the hospital?

Fig. 3. Testing the Dutch hospital physicians' knowledge of the concept of cost-effectiveness



Q3 Which statement is correct?

Discussion and conclusions

Specialist physicians generally perceive cost-effectiveness as the dominant criterion in reimbursement decision-making, whereas effectiveness is the formal prerequisite for inclusion in the Dutch insured package. Given that effective but non-cost-effective medicines have recently not been reimbursed in the Netherlands, this perception is understandable. Observed differences between specialties may relate to recent reimbursement experiences, but further research is needed to draw firm conclusions.

The importance attributed to cost-effectiveness is reinforced by physicians' reports that it plays a substantial role in hospital-level decision-making. Despite its perceived importance, there seems a considerable lack of understanding of the concept of cost-effectiveness. Improving knowledge of cost-effectiveness principles may support more informed hospital-level discussions.

Cost-effectiveness is perceived to be very important by physicians, highlighting the need for clearer guidance and shared understanding of its principles.

References
 1) Panel page Samhealth: <https://samhealth.nl/panel/>
 2) National Healthcare Institute (Zorginstituut Nederland): Uitleg – effectiviteit: is bewezen dat de behandeling werkt (<https://www.zorginstituutnederland.nl/documenten/2025/10/27/effectiviteit-is-bewezen-dat-de-behandeling-werkt>)
 3) National Healthcare Institute (Zorginstituut Nederland): Richtlijn voor het uitvoeren van economische evaluaties in de gezondheidszorg (versie 2024)

Link to the poster

