

# Unmet Medical Needs (UMN): A Patients' Perspective with Focus on Greece

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## Introduction

Unmet Medical Needs (UMN) refer to challenges in disease management, health care technology, socioeconomics, and health processes that remain unaddressed despite advancements in healthcare (European Federation of Pharmaceutical Industries and Associations, 2023).

In Greece, unmet medical needs have emerged as a significant public health concern. Based on the study of OECD (2023) “Health at a Glance 2023: OECD”, Greece had the second highest level of unmet medical care needs among EU countries.

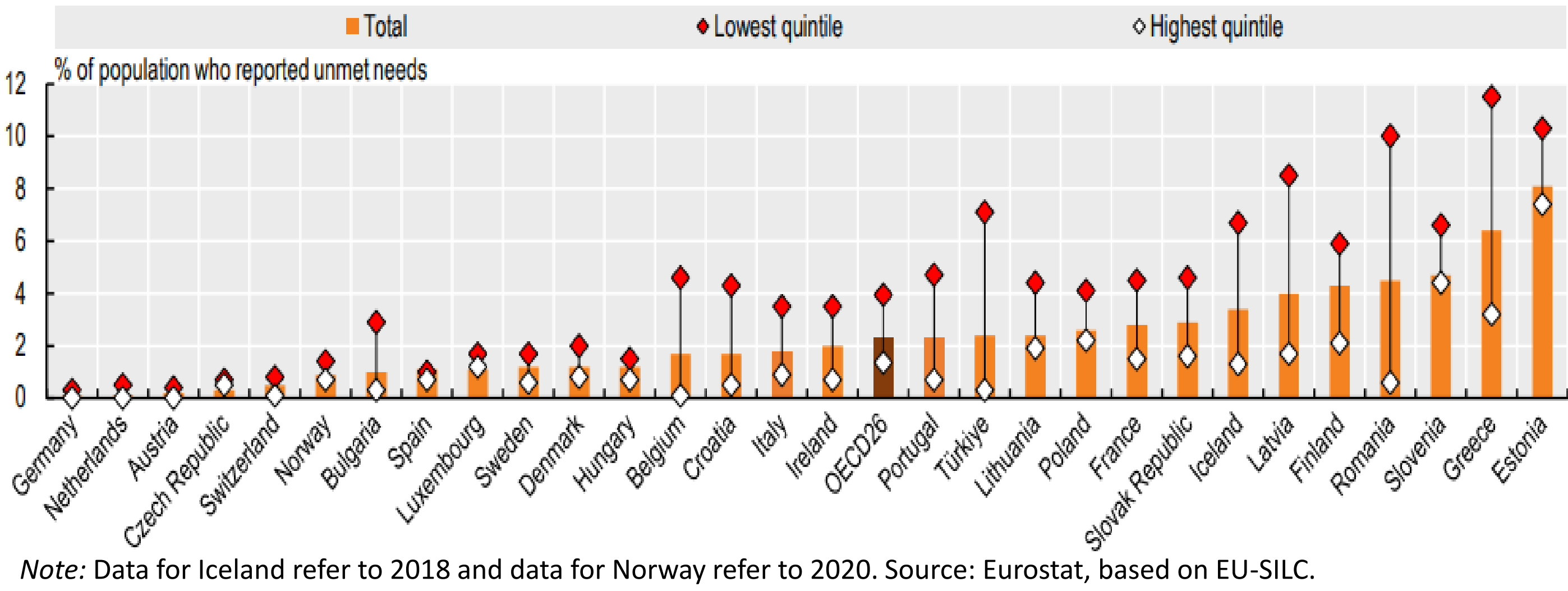


Figure 1. Population reporting unmet needs for medical care, by income level, 2021

## Results

Our research, via literature review and patient interviews, revealed that factors like age, sex, education, and marital status can influence UMN. Other key factors are: (1) availability (e.g., long waits, service shortages), (2) accessibility (e.g., financial or transport barriers), and (3) acceptability (e.g., busyness or neglect of health issues).

Overall, patient satisfaction with treatment effectiveness ranged from moderate to high. However, satisfaction was notably low for treatments related to Pompe disease, regardless of the administration method. Side effects were generally rated as moderate to minor concerns, though this varied by condition and administration route, with factors like dosing challenges and difficulty of administration influencing perceptions.

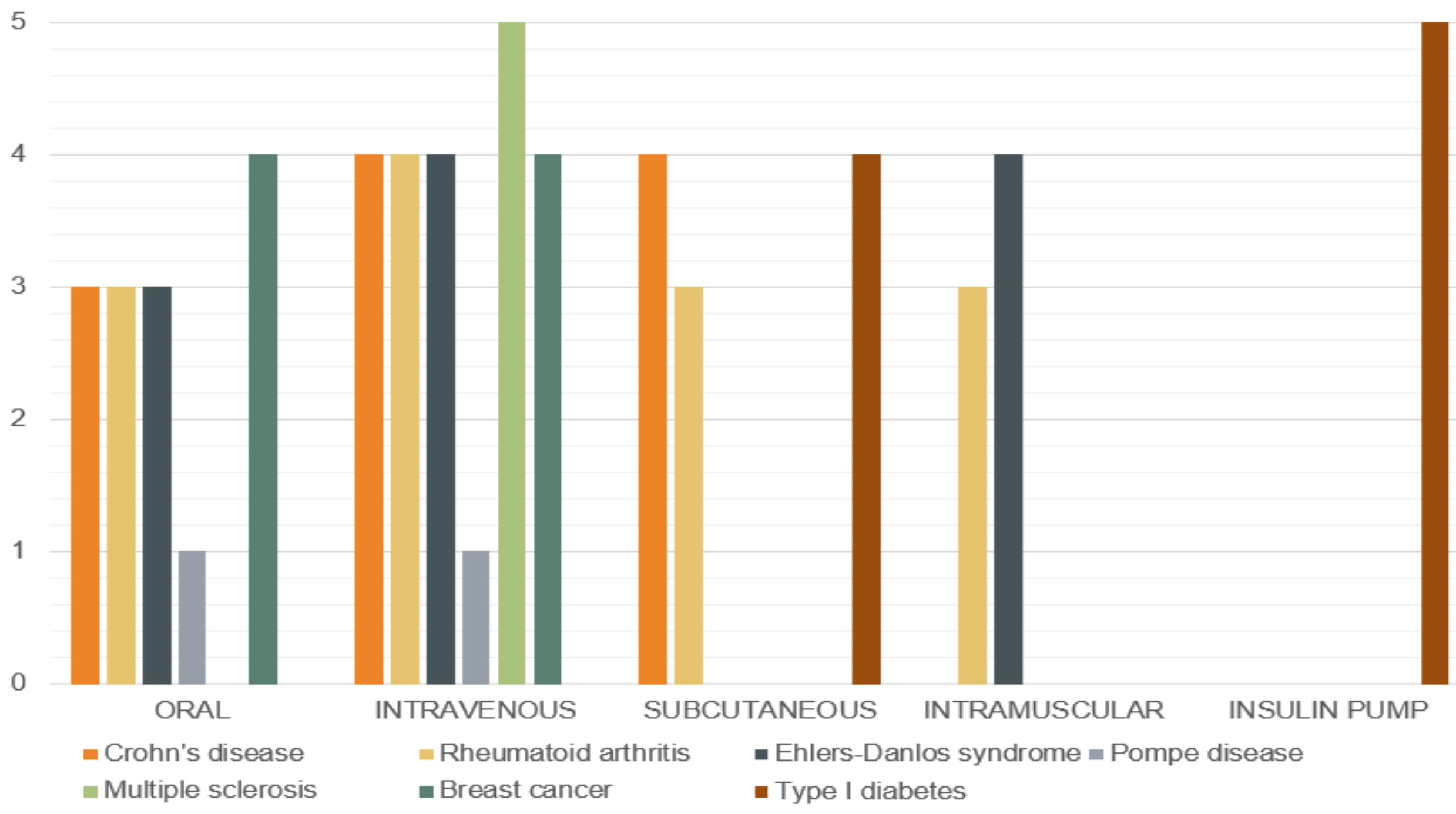


Figure 2. Effectiveness of Treatments

Access to treatments was rated from moderate to very good. Primary challenges included occasional delays in obtaining community-dispensed medications, difficulties in scheduling treatment appointments, and some additional costs associated with non-medication-related treatments, such as diagnostic tests and travel to hospitals.

## Conclusions

Summarizing the patients' view, unmet medical needs are in reality **unmet healthcare & patient support needs, across the whole spectrum of health services**. The most important conclusion is that all these parameters are highly differentiated by disease and by condition-severity.

The main purpose of our research was to identify the unmet medical needs from the patients' perspective with focus on Greece and to question whether the EU Directive Proposal adequately address the introduction of innovation and the challenge of adjusting for unmet needs, especially for the vulnerable populations.

## Method

The methodology employed for our research involved a comprehensive review of existing literature, reports, and other publications related to UMN in Greece. Additionally, semi-structured interviews with selected patients' focus group were conducted to gather their perspectives.

The focus group consisted of seven patients. The patients participated in the interviews were chronic patients from different therapeutic categories, with various levels of disease severity & functionality status, being on treatment for over than 3 years. There was an age variation from 23-65 years old, and residence variation among urban and non-urban areas in Greece.

	ORAL	INTRAVENOUS	SUBCUTANEOUS	INTRAMUSCULAR	INHALED	COMMENTS
Crohn's disease	2	5	5	-	N/A	2: Shortages in Private Pharmacies Patient Contribution to Pharmaceutical Expenses
Rheumatoid arthritis	3	3	3	3	N/A	
Ehlers-Danlos syndrome	5	4	-	4	N/A	
Pompe disease	4	4	-	-	N/A	
Multiple sclerosis	-	5	-	-	N/A	There is good access to treatments The patient did not rate.
Breast cancer	-	-	-	-	N/A	
Type I diabetes	-	-	4	-	N/A	4: Insulin pump

Note: 1=Moderate satisfaction, 5=High satisfaction

Figure 3. Access to Treatments (Cost, Availability, Delays, Shortages)

Regarding the prioritization of UMN, a common observation was that factors like duration of use, frequency, and ease of use were not top priorities (ranked 7th, 8th, and 9th) compared to other parameters. High-priority factors varied and were influenced by patients' experiences, with effectiveness and improvement in quality of life ranked highest for UMN (1st and 2nd). Safety, access, cost, and availability ranked in the mid-priority range (3rd, 4th, and 5th).

	Crohn's disease	Rheumatoid arthritis	Ehlers-Danlos syndrome	Pompe disease	Multiple sclerosis	Breast cancer	Type 1 diabetes	Average
Number of Available Treatments	6	3	6	6	5	6	8	5.71
Effectiveness of Treatments	2	1	2	1	2	1	5	2.00
Safety / Side Effects of Treatments	5	2	5	4	1	3	4	3.43
Cost of Therapeutic Management	3	6	4	3	9	4	7	5.14
Access to Treatments	4	4	3	9	4	2	2	4.00
Quality of Life	1	5	1	5	3	5	3	3.29
Ease of Use / Administration	7	7	9	2	6	8	1	5.71
Frequency of Use / Administration	8	8	7	7	7	9	6	7.43
Duration of Use / Administration	9	9	8	8	8	7	9	8.29

Note: 1= High Importance, 9=Low Importance

Figure 4. Classification / Prioritization of Unmet Needs

## References

OECD. (2023). Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>

European Federation of Pharmaceutical Industries and Associations. (2023). Addressing unmet medical need. Available at: <https://www.efpia.eu/media/5mdnhjcq/addressing-unmet-medical-need.pdf>

## Acknowledgment

This study has been supported by Pfizer Hellas A.E.