

## NECA Round Table Conference for social consensus

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### ☐ Introduction

As rapid economic development improves quality of life for the general public, more attention have been paid in healthcare. Accordingly, the related issues have also dramatically increased, which has caused much social conflict. As healthcare issues require more special knowledge and it might be strong conflict among interested parties, a social mediation mechanism based on social conversation and discussion such as the NECA Round Table Conference(RTC) is needed to objectively and impartially resolve such issues.

The NECA RTC is a one of the consensus meeting for public discussion among panels of experts or citizens toward an ongoing effort to elicit consensus and to pursue consistent social discussions on core controversial issues in the healthcare field through stakeholders' perspective sharing and deliberation.

It was first held in 2009 in order to "propose a social consensus for discontinuing meaningless life support." And total of 9 RTC have held until 2013.

### ☐ Research goals

This research aims to perform successfully the four theme of RTC by applying 1) improved administrative process, 2) the transparent process for topics selection, 3) comprehensive participation from various sectors for

objective and comprehensive discussion, 4) ensuring publicity for the results report, and 5) sufficient deliberative processes.

## **□ Research method**

### **I. Planning of the NECA RTC**

To select topics for the NECA RTC, the survey of demanded topics for RTC was firstly conducted with a focus on research subjects in 2013. With the results of the survey and the developed theme, the final topic was selected through an evaluation on the results of the demand survey for theme and consensus by the director and research team leader.

### **II. Operation of the NECA Roundtable Conference**

The operation of the NECA Roundtable Conference, which is ordinarily carried out roughly in the order of organizing a steering committee, forming speakers and panels, conducting preliminary and plenary meetings, and drawing an agreement, was conducted in a specialized format in that it omitted a preliminary meeting based on the characteristics of a certain topic or panel. The steering committee, comprised of the head and members of a and topic-related experts, decided on the schedule and program for a roundtable conference, set up an agenda range, chose key questions, and selected presenters, panel participants, and the appropriate candidates for chairperson seats. Once presenters and panel participants were determined, a preliminary meeting was held before the plenary meeting so that they were informed of the purpose and progress of the NECA Roundtable Conference.

The plenary meeting was conducted with the final aim of eliciting agreed-upon views from the panels about the controversial health care issues through discussions and deliberations. Following the deliberations, the

healthcare evidence dissemination team summarized what had been discussed, deliberated at the plenary meeting, and prepared a draft. Finally, the agreement was drawn up based on the review by the panel participants. The agreement had disseminated with the forms of the reports, press releases, and journal articles.

## **□ Research result on the roundtable conference on robot surgery for the patient with stomach cancer**

### **I . Administrative procedure**

NECA Roundtable Conference on robot surgery was held in cooperation with the Korean Society of Health Policy and Administration (KSHPA) and NECA.

The plenary meeting was held with the theme "Controversy of and Future Prospects for Robot Surgery" (April 11, 2014). The key participants of the plenary meeting were principal investigator of NECA project on the safety and effectiveness of robot surgery, expertise in medical field, reporter from daily news, representatives of academic associations, representative of the Korea Health Industry Development Institute, the Korea Alliance of Patients Organization, and the Ministry of Health and Welfare were involved in the meeting.

### **II . Results from the plenary meeting**

Comparisons of stomach cancer robot surgery and laparoscopic operation cases did not show any statistical differences in safety or effectiveness same as the other research results from the U.S. in mortality, complications, or the length of hospital stay. In terms of price, however, the robot surgery

cost significantly more. Due to a lack of relevant literature and longitudinal data, it was difficult to draw a conclusive result based on these observations. For an efficient development of robotic surgery devices, an active mutual collaboration between medical experts and robot development-related experts is needed, and a long-term large-scale national investment must go hand in hand with these efforts. To promote the research and development for robotic surgery equipments, related organizations need to take the following roles:

- NECA should further conduct relevant evaluations such as cost-effectiveness analysis and should continue to present supportive scientific data.
- The Ministry of Food and Drug Safety should reasonably improve its regulations so that Intuitive Surgical, Inc. and local companies, as latecomers in robot surgery development, essentially achieve parity.
- The Health Insurance Review and Assessment Service should reflect a proper level of medical expenses for robotic surgery as compensation and wages.
- The company needs an investment source for clinical tests due to its poor financial status. It should strive to develop domestically manufactured robots that will lead the way for Korea's health care field.

There will be an increase in the number of robotic surgeries in years to come, when taking many things into account ranging from the government keynote, which includes health care industry promotion and technological competitiveness enhancement, to the advantage of minimally invasive surgeries and the medical reality that there is a current lack of surgeons.

## ☐ Research results on the roundtable conference on prostate cancer robotic surgery

### I. Administrative procedure

The roundtable conference on the robotic surgery for the patient with prostate cancer was conducted in conjunction with the roundtable conference on stomach cancer robotic surgery under the theme of "Controversy of and Future Prospects for Robotic Surgery," so the operation plan and the detailed operational procedure were the same as those for the stomach cancer robotic surgery roundtable conference.

### II. Results of the plenary meeting

Robotic surgery was first used in urology and has been most commonly implemented. Compared to laparotomy or laparoscopic operation, robotic surgery shows fewer complication such as urinary incontinence, a decline in sexual functions, and less bleeding during surgery. There is also an advantage in that doctors who perform this type of surgery feel less tired. Furthermore, robotic surgery causes less damage to peripheral organs, reduces hospital stays, and is relatively less painful since it enhances the visual field into three dimensions during surgery. Even in a systematic literature review and meta-analysis results, robotic surgery shows better results in the aspect of functional performance than traditional surgery.

In terms of oncological results, longitudinal follow-up results are needed since did not show a difference in occurrence risks. As far as robotic surgery for prostate cancer, its safety and effectiveness has already been proven. First of all, the robotic surgery for prostate cancer should be placed into the health insurance wage system, and this would also help overcome the polarization of medical service usage between high- and low-income

classes. As in the case of robotic surgery for stomach cancer, to reduce the current financial burden, it is urgent to develop domestically manufactured robotic surgery devices. An economic evaluation that appraises cost effectiveness per item also needs to be pursued.

## **□ Research results on the roundtable conference on dementia diagnosis**

### **I. Administrative procedure**

Steering committee meeting and a preliminary meeting was held to discuss a detailed operation of the NECA Roundtable Conference on Alzheimer's disease diagnosis on June 20, 2014. The participants were medical experts from the department of nuclear medicine, radiology, neurology and neuropsychology. The plenary meeting was held under the title "Is an early diagnosis possible before the symptoms of Alzheimer's disease emerge?" on September 26, 2014. The presenters were four clinical experts from the expert of he department of nuclear medicine, radiology, neurology. The panel participants were four clinical experts and policy makers.

### **II. Results of the plenary meeting**

The neuroimaging used to diagnose Alzheimer's disease includes: structural imaging, such as MRI and CT; functional imaging, such as FDG-PET, functional MRI (fMRI) and arterial spin labeling (ASL); and molecular imaging, such as amyloid PET.

Imaging diagnosis for detection Alzheimer's dementia in early stage could be helpful to develop treatment that actually removes the pathological mechanism and make an early-stage Alzheimer's diagnosis, such as mild cognitive impairment (MCI) which the disease is suspected, but it is hard to diagnose.

But, it would be hardly beneficial for there to be no radical treatment measures, even with a good early diagnosis. In relation to the early diagnostic examination, a guideline for the check-up interval and treatment based on the result of the test.

And if the national coverage for the FDG-PET to detection Alzheimer's disease, an issue of overdiagnosis should be considered carefully.

In summary, this roundtable conference was thought to be instrumental in forming a shared view among clinical experts and policy-makers on the possibility and effectiveness of Alzheimer's early diagnosis, its insurance coverage, etc. Moreover, though there are no grounds valid enough to draw the conclusion that all Alzheimer's patients should be entitled to certain image examinations or insurance benefits, a positive review deems it necessary to explore cases having therapeutic importance in order to develop new treatment. Furthermore, there is a need for R&D on various early examination methods that can be used as low-cost selective checkups, since the above-mentioned FDG-PET is a high-cost examination. To this end, it would be helpful to vitalize collaboration with cognitive and brain scientists, as well as clinical specialists.

## ☐ Research results on stem cells therapy

### **I . Administrative procedure**

Stem cells are greatly anticipated due to the fact that they can cure the diseases that are incurable with other treatment measures, and they are attracting the spotlight as a new economic growth engine. However, reckless medical use of stem cells is emerging as a major social issue, even though the scientific grounds on the safety and effectiveness of stem cell therapy have not been clearly established. Therefore, it was decided to make a guidebook for the patient to give a information based on agreed contents which were discussed at this RTC. In order to publish the patient'

guidebook, a steering committee was organized in conjunction with the Korean Society for Stem Cell Research and a planning meeting (September 17, 2014). A preliminary meeting for the production of the guidebook was held on December 23, 2014 with 18 participants from the medical expertises, public sector representatives, and citizen representatives.

## **II. Results of the plenary meeting**

The panel participants expressed concerns about the patients were confused about stem cell therapy with unauthorized therapies and exposed to the treatment in the clinical trial stage. Therefore, the participated panels emphasized that patient guidebook have to contain the evidence-based information to ensure the safety of the general public, as well as the patients.

## **III. Follow-up measures**

The ultimate goal of the roundtable conference on stem cell therapy was to provide the patients (who were either about to receive or were interested in stem cell therapy) with the information they must know about in an easily understandable manner. Such goals were pursued, and the final contents produced were to be posted on the website of the NECA, the Korean Society for Stem Cell Research, etc. Additionally, the printed guidebook were to be distributed to the public sector via the Ministry of Food and Drug Safety, Korean National Institute of Health, relevant associations such as university hospitals, biotech companies, and pharmaceutical companies, as well as press releases.



## □ Conclusions and suggestions

The NECA RTC on the four theme in 2014 were performed successfully and there is more need to be developed.

First, the transparency of selecting a topic was successful. In this roundtable conference, for a systematic and objective selection of a theme, a demand survey for roundtable conference topics was first conducted, and an executive staff evaluated and prioritized in the quantitative manner.

Second, multidisciplinary panel from various fields, including reporters, policy-makers, clinical experts, basic scientists, jurists, representative of patient association were formed for the RTC, although a large-scale citizen panel was not available.

Third, the openness of the results report were kept by following the Chatham House Rule which is not putting actual names and participant identities in the report.

Fourth, a roundtable conference had more focus on process rather than on results can be evaluated as successful as well, so that in this year's roundtable conference, panel participants were able to freely present and share their views without experiencing the pressure of eliciting an agreement, thus creating a venue for communication and deliberation on the issues at hand.

In conclusion, to raise the status of the NECA Roundtable Conference into a leading consensus meeting for Korea's healthcare field, the following areas should be improved. First, it is critical to discover the topics necessary for health care policy-making through various ways including topic demand surveys or focus group interviews. Second, links need to be strengthened among relevant organizations such as the Ministry of Health and Welfare, the Health Insurance Review and Assessment Service, and the National Health Insurance Service. Third, efforts should be made to foster a communicative and cooperative relationship by actively engaging relevant

policy-makers in the roundtable conferences. Finally, a specific guideline needs to be established for the agreement principles. Roundtable conference results can be applied to decision making in healthcare policies through these efforts.

**Key words:** Round-table conference, consensus, robotic surgery, Alzheimer's disease, stem cell therapy