

Executive Summary

Social Utilization of HTA -2015 Report of the 3rd NECA annual conference-

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Background

The National Evidence-based Healthcare Collaborating Agency (NECA) has continuously tried to provide scientific evidence to support decision making for the rational use of limited national medical resources. The recent NECA annual conference to recognize the organization's sixth anniversary was held under the topic "Social Utilization of Medical Technology Evaluation" in order to review the outside opinion that use of research results in policy making was lacking and to explore improvement measures. The major purpose of the conference was to explore the barriers and facilitating factors in decision making from the user perspective, including the general population, medical community, and policy makers, regarding how the results of the research and evaluation projects conducted by the NECA can be used effectively. By conducting a multifaceted review of the use of NECA research in terms of social structure, system, and culture according to real consumers, and by examining the expectations of the NECA and barriers to policy decisions and evidence-based reimbursement decisions, the aim was to enable the planning of highly effective research that contributes to promoting public health.

Objective

Three study goals exist: 1) to help increase the use of NECA research results by identifying their existing use in policy and academia and exploring the factors that promote or impair their widespread use, 2) to increase external recognition by disseminating the NECA research results, and 3) to promote internal capabilities by networking with relevant institutions.

Methods

I. Planning the NECA Annual Conference

In the first half of the study, preliminary preparation work for the conference, event hosting, and follow-up work were performed; in the second half of the study, the 2016 annual conference was planned after rectifying the flaws found through the examination and review of the annual conference's outcomes. In the following year's conference, we tried to reflect the measures for improvement by reviewing the previous conference and international symposia.

(1) Selection of the NECA Annual Conference Agenda and Program Configuration

First, the program was devised by determining the areas for improvement from the previous conferences; second, issues surrounding the agency were examined, such as the national audit findings; third, plans were compiled for several topics by reviewing the annual conferences of similar foreign institutes; and fourth, an executive committee comprising people above the research fellow level selected "Social Utilization of Medical Technology Evaluation" as the topic and the program was finalized.

(2) Composition of Speakers and Panelists

After the program was finalized, the task force selected speaker and panelist candidates appropriate for the topic of each session. The candidates were contacted directly by telephone or email and were asked to select speakers within their team for each session topic.

(3) Production of Brochure and Event Promotion Activities

After selecting candidates to sponsor the annual conference and then the final sponsoring institutions, promotional activities were undertaken by contacting representatives from each institution. An invitation letter and brochure were produced, with the letter being distributed after preparing a list of major participants to recruit. Press releases and press conferences were used to promote the event. The NECA promotional video and event poster were produced and distributed to the major institutions, officials, and schools. The NECA annual conference was also promoted on the agency's homepage by creating banners and popups. Applications to participate were made in advance by general participants through the homepage.

II. Annual Conference

The event was held from 9:30 a.m. to 5:20 p.m. on March 24, 2015.

III. Survey

After the event, a survey was conducted to investigate participant satisfaction so that any shortcomings could be rectified for the subsequent year's annual conference.

IV. Follow-up Measures

(1) Mailing Thank You Letters

After the annual conference, thank you letters were sent to the VIP attendees who delivered congratulatory remarks. The content included appreciation for effectively conveying the social values and means of using medical technology evaluation and evidence-based healthcare research conducted by the NECA to the relevant institutions, health and medical experts, and policy customers.

(2) Production of the Event Video Materials

After making videos of the lectures and dividing the contents presented during the annual conference by session, these were published on the agency's homepage.

□ Results

For national health promotion and reasonable use of limited medical resources, the NECA holds the annual NECA conference to share the contents and results of evidence-based medical research and medical technology evaluation projects with national and international experts, and to devise measures to use the research results throughout society and in policy making.

On March 24, 2015, for its sixth anniversary, the NECA held the third Annual Conference on the topic of “Social Utilization of Medical Technology Evaluation” at the eighth-floor auditorium of the Seoul National University Dental Hospital. This event was organized to analyze the state of NECA research that had been accumulated for the past 6 years, and to discuss measures to increase the use of research results in policy with real consumers, such as patients and the wider public, medical community, and healthcare and health insurance policy makers.

The event was divided into morning and afternoon sessions; in the first half, Taehwan Im, NECA director, and José Asua, a Representative of the Basque Office for Health Technology Assessment (OSTEBA) in Spain, delivered keynote speeches. On the topic of “Social Value of Medical Technology Evaluation,” Director Taehwan Im proposed directions for the advancement of evidence-based healthcare research by identifying the use of NECA research results in society, and analyzing barriers and facilitating factors in the dissemination of the results. José Asua of the OSTEBA, discussed “Decision makers' utilization of in the life cycle of health technologies,” sharing the full Spanish medical technology evaluation system, including the definition, target, regulation, and use range of medical technology evaluation.

In the second half of the event, the value of NECA research was discussed from the perspective of the general public, medical community, and healthcare and health insurance policy makers, in addition to areas of improvement for policy and reimbursement decisions, and strategies to

disseminate research results. In the first session, the characteristics and formation process of evidence-based healthcare policies were discussed under the topic “Healthcare Policy Making and Medical Technology Evaluation” to explore directions for systematic development through the analysis of successful and failed cases of Korean evidence-based policies. In the second session, under the topic “Insurance Reimbursement Decisions and Medical Technology Evaluation,” the policy functions of two agencies—the NECA and the Health Insurance Review and Assessment Service (HIRA)—were examined, ranging from evaluation systems for new medical technology, differences in the nursing reimbursement decision system, and the roles of the NECA and HIRA in the insurance reimbursement decision process. Finally, in the third session, under the topic “People’s Treatment Choices and Medical Technology Evaluation,” a Japanese media editor gave a presentation about the functions and roles of new medical technology evaluation to ensure people’s right to health, using examples from actual cases of new medical technology evaluation.

At the end of the conference, satisfaction and measures of improvement were proposed through responses to the questionnaire distributed at the beginning of the conference. All 10 questions that were investigated received at least 4 out of 5 points.

□ Conclusions

The measures to overcome the barriers to the use of existing NECA research results in policy due to the nature of the domestic healthcare system can be summarized as follows.

The first is to discover research topics based on social demand. Highlighting current issues in a timely manner by linkage with policy timeliness is needed. Here, research is required on current issues that can be applied to the public or to relieve conflict. Next, issues to be faced by the healthcare community in the mid and long term must be proactively analyzed, and the internal capabilities strengthened so that countermeasures

can be proposed through research results. If use in the area of policy is sought when selecting a research topic, a system should be created that discovers agendas relating to the government by closely analyzing the correlation with healthcare, health insurance, and healthcare industry policies, and then sharing the research results.

The second measure is to improve the process of research project. Results from NECA research project should ensure transparency and fairness in the research process.

The third is increase usefulness of research projects. Even during the research process, greater communication with real NECA research staff is needed. After the completion of research, efforts are needed to share and disseminate the research results publically through research result briefings, hearings, and the operation of a NECA roundtable based on strategic approach.

The fourth is to provide and use customized information from the research results. In particular, when agreement or conflict mediation on a certain social issue is needed from individual stakeholders in the healthcare sector, the NECA should try to actively perform its role of increasing the rights of not only the government but also the general public to know about medical use through the analysis and presentation of previous research results.

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Key words

Health Technology Assessment, Social Utilization, Annual conference