Executive Summary (영문)

2016 round table conference for consensus of healthcare and social issues

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▢ Background

The roundtable conferences of the National Evidence-based Healthcare Collaborating Agency (NECA), known as "NECA Resonance," organize discussions on core issues of public health and medical care to seek consensus among a wide range of interested parties. Since its establishment in 2009, NECA has held roundtable conferences to resolve conflicting issues in healthcare by developing policies based on rational decision-making processes. The name "NECA Resonance" originates from a branding process of the NECA roundtable conferences intended to preserve the literal meaning of the Korean term "resonance," which means to empathize with others' thoughts, emotions, and behaviors, as well as to create a healthier society based on social consensus through a sense of resonance.

▢ Objective

The purpose of this research is threefold: first, to improve the operation of roundtable conferences by identifying possible improvements based on previous roundtable conferences; second, to obtain social consensus by narrowing the gap between theory and practice, finding resolutions among

stakeholders for roundtable topic conflicts; and finally, to promote the use of roundtable results as a basis for health policy decisions.

▢ Methods

Ⅰ. Planning the NECA roundtable conferences

The NECA roundtable topics were selected largely by 2 methods. The first method was to select the topics among the suggested topic candidates through an evaluation at the meeting of the Planning Committee, after a survey of demand among the head researchers of research projects in 2015. The second method was to select the topics for internal planning through long-term consultation with policy makers, in-house researchers, and the policy cooperation department in order to ensure the timeliness of the policy issues and the efficient operation of NECA Resonance.

Ⅱ. Operation of the NECA roundtable conferences

The operation of the NECA roundtable conferences involved the following key steps: constituting the steering committee, composing a program of presenters and panels, preliminary meetings, a plenary session, and the drafting of an agreement. Occasionally, preliminary meetings were skipped according to the topics and characteristics of the panels. The steering committee was composed of researchers and related experts and selected the roundtable meeting schedule and array of programs, agenda settings, key questions, presenters, panels, and chairperson candidates. The speaker presented his or her opinions on the topic of the roundtable, based on scientific evidence, to help the panels make judgements regarding issues related to the topic. The panels sought consensus on the issues through evaluation of the evidence, discussion, and deliberation. Once the presenter and the panel were selected, a preliminary meeting was held before the plenary session to explain the purpose and progress of the NECA roundtable. The plenary session, the most important stage of the roundtable discussion, proceeded with discussion and deliberation, aiming to reach a consensus

among the panels on issues in healthcare. The agreement was drafted by the researchers after a summarization of the discussions and deliberations at the plenary session, and the agreement was reviewed by the panels.

Ⅲ. Follow-up measures

The final agreement was publicly announced in the form of reports, press releases, and papers. Following the Chatham House Rule, the content of the discussions was made public in order to ensure the openness of the discussion and comments from participants, but some information, such as name and affiliation, was not disclosed when the reports were written or published.

▢ Research Results: Rheumatoid Arthritis

Ⅰ. Management plan and detailed operating procedures

The first and second steering committees discussed the approximate dates and possible locations for future meetings, as well as potential organizers, programs and participants, presentation and discussion topics, and possible ways of reaching agreements (7-18-2016, 8-30-2016). Invited plenary moderators and presenters attended the preliminary meetings, which had been organized for the purpose of consulting with external experts about the steering committee discussions, as well as to set up a detailed management plan (9-30-2016).

The NECA roundtable plenary session, "Agreement on Educational Content for the Standardization of Education for Patients with Rheumatoid Arthritis," took place in the NECA meeting room (11-25-2016). The goal was to reach a consensus on the principles of patient education (goal, timing, provider), the content of patient education (both content and formats), future research areas, and other topics.

Ⅱ. Results of the plenary session

Since the sole purpose of this roundtable was to reach a consensus, the

panel discussion mainly focused on the content of the agreement and modification of the wording. The agreement was first drafted by the operational team in advance, and it was finalized after a careful review by the chair and the presenters. Panel members modified specific phrases in the agreement based on the presentation content, which focused largely on 4 topics: principles, methods, and contents of patient education, as well as future research areas. Due to time limitations, finalization of the modifications to all phrases was not possible, but a framework for the overall agreement was completed. Additional modifications to the wording were to be completed through reviews by panel members via email at a later date.

The main content that was agreed upon is as follows.

○ The goal of rheumatoid arthritis patient education is to provide patients with continuous education, allowing them to understand the characteristics of the disease and the principles of treatment and to actively participate in the decision-making process. In addition, this education aims to improve quality of life through improvement of joint function and disease activity as well as by providing psychosocial support.

○ Rheumatoid arthritis patient education is targeted at not only patients with rheumatoid arthritis, but also family members, and should be provided by educators qualified through professional training and continuous education from rheumatologists.

○ The patient education period should help to improve treatment compliance, prevent complications, and achieve therapeutic goals through active education at the early stage of diagnosis. In addition, systematic and structured education should be continuously carried out not only at the time of diagnosis of the disease, but also as needed, such as when the patient changes medication.

Ⅲ. Follow-up measures

The complete agreement, which reflected the views of all the panel members in the plenary session, was released to the press (11-29-2016).

▢ Research Results: Differentiated Thyroid Cancer

Ⅰ. Management plan and detailed operating procedures

A steering committee composed of internal and external research teams held 2 meetings and addressed the discussion topics, presenters and panels, potential moderators, programs, and possible dates and places for upcoming sessions (8-4-2016, 9-6-2016).

The NECA roundtable plenary session, “Study on Selection Criteria for Additional Diagnostic Radioiodine Whole-body Scans in Differentiated Thyroid Cancer,” took place in the NECA meeting room (10-7-2016). The purpose was to reach expert consensus on the research results regarding secondary (diagnostic) radioiodine (RAI) whole-body scans in differentiated thyroid cancer patients (2016).

Ⅱ. Results of the plenary session

The plenary session proceeded with a topic presentation and panel discussions. Panels discussed the actual usage of diagnostic RAI whole-body scans as well as the clinical applicability, significance, and limitations of this study.

1. Panel discussions and agreements

(1) Actual usage of diagnostic RAI whole-body scans

Through an analysis of health insurance claim data, the proportions of the number of tests per patient were 50.8% for one-time testing, 37.0% for 2 times, and 12.2% for 3 times or more. This means that, according to expert opinion, 50.8% of patients with total thyroidectomy did not undergo a secondary RAI whole-body scan after primary RAI treatment.

(2) Clinical applicability of the research results

According to expert opinion, it is reasonable for the predictive model regarding secondary RAI whole-body scans in patients with differentiated thyroid cancer to be considered as generating criteria according to which certain patients may be exempted from undergoing such scans, rather than selection criteria to identify a subset of patients that should undergo these scans. In addition, much progress has been made in the field of the diagnosis and treatment of thyroid cancer in recent years, and it was difficult to say that the patient group of this study (patients who underwent total thyroidectomy from January 2009 to June 2010) was adequate for understanding the impact of recent changes, such as the provision of insurance benefits for Thyrogen and new developments in surgical procedures.

(3) Clinical significance and limitations

According to the results of this study, the percentage of patients (1) whose measured at the time of the secondary RAI whole-body scan exceeded 2 ng/mL or (2) with recurrence at follow-up was 39.2% (445 of 1136 patients). This means that approximately 40% of the patients required secondary RAI whole-body scans. However, there was a disagreement in this study regarding the inclusion of both the criterion of rs-Tg 〉2 ng/mL and recurrence in the operational definition of patients requiring secondary RAI whole-body scans.

In terms of selection of the subjects, this study had the limitation of only drawing subjects from 2 general hospitals in Seoul, South Korea; moreover, it included many early-stage cancer patients in whom recurrence is generally rare, and the follow-up period was limited to 5 years. Subsequent studies are necessary to confirm the recurrence rates with multicenter validation and long-term follow-up to determine how representative that study was.

Ⅲ. Follow-up measures

The roundtable decided to summarize the results of the survey in the

report.

▢ Research Results: Statins

Ⅰ. Management plan and detailed operating procedures

The first and second steering committees discussed the approximate dates and possible locations for future meetings, as well as potential organizers, programs and participants, presentation and discussion topics, and possible ways to reach agreements (3-31-2016, 7-6-2016). Invited plenary moderators and presenters attended the preliminary meetings, which had been organized for the purpose of obtaining consultation from external experts about the steering committee discussions, as well as to set up a detailed management plan (11-15-2016).

The plenary session, whose main theme was “Roundtable for the Rational Use of Statins,” took place in the NECA meeting room (11-21-2016). After sharing and evaluating the results of national and international research and the results of research on statins conducted by NECA in 2015, the plenary session discussed recommendations for the rational use of statins based on the statin preference survey conducted among general public over 40 years of age.

Ⅱ. Results of the plenary session

Since the sole purpose of this roundtable was to reach a consensus, the panel discussion mainly focused on the content of the agreement and modification of the wording. The agreement was first drafted by the operational team in advance, and it was finalized after a careful review by the chair and the presenters. Panel members modified specific phrases in the agreement based on the presentation content, which focused largely on 4 topics: whether statins increase the risks of cardiovascular disease, whether statins increase the risks of diabetes, medical messages for the rational use of statins, and people’s preferences for taking statins. Due to time limitations, finalizing the modifications to the phrases was not possible,

but a framework for the overall agreement was completed. Additional modifications to the wording were to be completed through reviews by panel members via email at a later date.

The main content that was agreed upon is as follows.

○ Statins are effective medications for the prevention of cardiovascular disease, not only by improving lipid metabolism, but also by reducing the incidence of coronary artery disease and cardiovascular mortality.

○ Statins should be prescribed with caution, because statins can increase the risks of diabetes, based on the findings of national and international research on statins.

○ In adults with dyslipidemia, the efficacy of statins in the prevention of cardiovascular disease has been proven, but they have also been found to increase the incidence of diabetes. However, considering the efficacy of statins in the prevention of cardiovascular disease, it may be more dangerous not to prescribe statins in order to prevent diabetes. Therefore, the primary-care physician in the clinical context must fully explain the characteristics of statins to patients and continuously monitor patients after prescribing statins.

Ⅲ. Follow-up measures

The final recommendation reflecting the opinions of all the panelists attending the plenary session and the roundtable conference protocol for making the recommendation were published in the NECA journal Evidence and Values (12-31-2016).

▢ Research Results: Appropriate Computed Tomography Scan Usage in Individual Health Assessments

Ⅰ. Management plan and detailed operating procedures

A steering committee composed of internal experts and radiologists discussed the general plans for national and international roundtables as well

as topics for national roundtables, moderators, panels, presenters, direction of the panel discussion, programs, and methods and locations of the meetings (10-20-2016).

The plenary session, whose main theme was "Roundtable for Appropriate Use of Radiology Tests in Individual Health Assessments," took place in the NECA meeting room (11-3-2016). By sharing and reviewing the evidence and circumstances of the results of national and international research, the plenary session discussed the plan for developing guidelines regarding the appropriate use of radiology tests in individual health assessments.

Ⅱ. Results of the plenary session

Panel members modified specific phrases in the agreement based on the presentation content, which focused largely on 3 topics: what kinds of information should be provided to the examinee when using computed tomography (CT) scans in individual health assessment and whether accurate information is provided before examination, whether there is sufficient scientific evidence for the appropriate use of CT scans in individual health assessments, and what direction to take in improving the appropriate use of CT scans for individual health assessments in South Korea. Due to time limitations, finalizing of modifications to the phrases was not possible, but a framework for the overall agreement was completed. Additional modifications to the wording were to be completed through reviews by panel members via email at a later date.

The main content that was agreed upon is as follows.

○ When using CT scans in individual health assessments, the examinee should be provided with sufficient explanation and be able to decide to undergo a CT scan, because CT scans not only provide potential benefits such as the early detection and treatment of disease, but also carry potential risks such as overdiagnosis, false positives, false negatives, radiation exposure, discomfort with the test itself, side effects

from the contrast agent, and additional examinations for confirmation and associated complications and costs.

○ In order to provide balanced information to the examinee, sufficient explanation from the medical staff, consent from the examinee, and educational materials are necessary before the examination.

○ The scientific evidence for the potential benefits and risks of CT scans in individual health assessment is scarce, and it is necessary to accumulate reliable scientific data. Therefore, it should be possible to collect and utilize accumulated individual health assessment data for research purposes in the public interest, and it is suggested that practical procedures be prepared for linking data with other healthcare resources in the future.

Ⅲ. Follow-up measures

A press release about the national roundtable meetings, based on the complete agreement reflecting the views of all the panel members in the plenary session, was drafted and released (12-8-2016). In addition, the agreement was translated into English and distributed to World Health Organization (WHO)-Individual Health Assessment (IHA) representatives and international experts (12-12-2016).

▢ Conclusions

NECA Resonance was held 4 times in 2016 to reach consensus on social and public healthcare agendas. In order to ensure the efficient operation and timeliness of NECA Resonance, evaluations for the selection of topics began in the deliberation stage of the research studies of NECA. As a result, 3 topics were selected from the research topics of NECA in 2015, and 1 topic was selected through topic suggestions and internal deliberations.

In order to increase the participation rates of internal principal investigators, as suggested in research from 2015, changes were made to previous NECA operations such that the general department was in put

charge of operational training, management, and general support, while sub-departments composed of researchers studying selected NECA Resonance topics conducted the actual roundtable conferences and drafted consensus agreements. This method of operation has advantages in terms of strengthening subject-oriented expertise, the capacity of internal researchers, and the efficiency of operations. However, it is necessary to ensure that the steering committee, which oversees NECA Resonance, is active in order to draw effective conclusions while operating with detailed tasks. The planning committee has been involved only in the selection of topics, and the steering committee has operated only after the structuring of specific topics. However, from the initial NECA planning stage, the steering committee should strengthen its practical role to provide consultation and operational support for all subjects.

As the research topics were mostly selected from the previous year's tasks, there was no major problem in terms of ease and efficiency of operation and diffusion of research results, but there were some limitations in terms of timeliness. Considering the purposes of NECA Resonance, it is necessary to select topics through careful monitoring when healthcare issues or discussions arise, to invite experts, to prepare a forum for presentations and discussions, even though NECA researchers did not conduct the research on those topics, and to develop a platform for reaching consensus.

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