

Executive Summary

Patient centered HTA and Decision making

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Background

Social interest in healthcare service has greatly increased due to the advance of medical technology and the extended average life expectancy. Today's scientific technology in healthcare provides the opportunity for easy access to a variety of information. Along with this grew the demand for quality medical information. It eventually has become a national priority to establish measures to improve public health using the limited medical resources in the most reasonable and efficient manner to maintain a sustainable healthcare system.

The National Evidence-based Healthcare Collaborating Agency (NECA) is an independent agency for medical technology assessment founded in 2009. Its mission is to contribute to enhancing the rational decision-making process in healthcare and improving public health. In this light, the agency provides analyses of scientific evidence related to the clinical and economic effects of healthcare technologies. It provides the public with accurate information and knowledge of medical technologies. Additionally, it holds an international symposium and annual conference every year to disseminate and promote research outcomes as part of its efforts to establish a foundation for healthcare policies.

Objective

This study aims to achieve the following:

First, the current research projects in progress at the NECA should be disseminated to the general public, experts, and related organizations; it is important to provide a forum for information on medical technology and assessments of new medical technologies to emphasize the necessity. Ultimately, the purpose of this study is to raise awareness of the importance of the NECA and its strategy for the future. Second, the study draws an important agenda concerning the current issues emerging in the area of healthcare. By providing a forum of discussion for experts, it attempts to explore research directions for future-oriented medical technology assessment. Third, it aims to explore directions for the development of government-led clinical research that can be adapted to the future healthcare environment. Fourth, it conducts research reflecting the value of patients and explores a concrete action plan to become the nation's most trusted organization. Ultimately, it explores a measure for the NECA to contribute to enhancing public health and the development of healthcare.

History of Annual Conference

The NECA has been hosting an international symposium and annual conference every year since its foundation. It held the 1st Annual Conference in 2012 and the 5th Annual Conference in 2017.

In the 1st Annual Conference in 2012, the trends and tasks of comparative effectiveness research (CER) and CER methodologies reflecting the Korean context were discussed. CER cases at the NECA were shared under the theme of "Measures to Develop Korean Comparative Effectiveness Research." In the 2nd Annual Conference in 2014, the past, present, and future of medical technology assessment were examined under the theme of "evidence-based medical research and medical technology assessment: a leap

toward the future.” Additionally, a new paradigm for evidence-based medical research and medical technology assessment was discussed. In the 3rd Annual Conference in 2015, the status of NECA research outcomes accumulated over the past six years in real practice. Speakers discussed measures to enhance the policy applicability of research outcomes with policy clients (healthcare and health insurance policymakers, the medical community, patients, and the general public) who actually use them. In the 4th Annual Conference in 2016, development directions for the precision medicine and evidence-based Korean clinical research in the era of big data were explored. In the 5th Annual Conference in 2017, research outcomes produced through medical technology assessment, clinical research, and research using big data in patient-centered healthcare and related foreign cases were shared.

□ Methods

I. NECA Annual Conference Planning

The 2017 Annual Conference was planned from the latter half of 2016. The process of the 2016 Annual Conference was evaluated at a researchers' meeting to identify matters to improve. The concluded points were to be reflected in the 2017 Annual Conference. Various candidate themes were discovered to broaden the range of themes. The real Annual Conference planning started from January 2017. Themes of choice were finalized, and the program details were confirmed. Speakers and panel were selected. Finally, target groups were determined, and corresponding promotion strategies were established.

1. Selecting the agenda for the NECA Annual Conference and program design

To discover a new theme, themes were examined from the annual conferences and symposiums of foreign organizations such as Agency for Healthcare Research & Quality (AHRQ), National Institute for Health and Care Excellence (NICE), and Canadian Agency for Drugs and Technologies in Health (CADTH) and domestic ones such as the National Health Insurance Service, Health Insurance Review & Assessment Service, and Korean Medical Association. News articles related to healthcare were also reviewed to identify the latest trends. Based on these references, candidate themes were drawn at the researchers' meeting. An organizational management meeting was held with the presence of team leaders or higher-level employees to decide the final theme from the candidate themes drawn. As a result of the meeting, "future strategies for patient-centered and evidence-based healthcare" was finally chosen as the theme for the 2017 Annual Conference. The program composition was also discussed in this meeting. It was decided to hold an internal NECA workshop and the Annual Conference on two consecutive days.

2. Composition of presenters and discussion panel

Researchers made a list of candidates fit for presentations and discussions at the workshop and the Annual Conference based on the confirmed theme and program. The group of candidates was chosen based on research papers and media articles, relevance to the theme of the Annual Conference, and understanding of the NECA. The final presenters and the panels were selected from the candidates through a discussion at the team leader-level meeting (a management meeting for team leaders or those in high positions).

3. Producing promotion materials and promotion activity

The event was promoted by contacting contact persons from each organization. An invitation and the promotion materials were sent out on-

and offline according to a list of invitations for major participants. Event posters were published at and distributed to major organizations, staff, and schools.

The information of the upcoming NECA Annual Conference was posted on the official website of the NECA. Registration for participation was opened, and the information of media release was shared to inform the program of the NECA Annual Conference and other important details.

II. Holding the Annual Conference

1. Internal NECA workshop

The internal workshop consisting of sessions 1 and 2 was given on Thursday, March 23. Session 1, under the theme “Does trust matter for patients?,” was conducted in the conference room of the NECA. Professor Michael Calnan participated as a speaker. Participants were the NECA executives and staff. A Q&A session was held after the presentation by Professor Michael Calnan. Session 2 was held at the Sejong Hotel with the theme of “Australian healthcare data support system.” Professor Tom Walley and Professor Louisa Jorm participated as speakers. The session was attended by the NECA executives and staff and the supervisors of the clinical research projects for public health.

2. NECA Annual Conference

The NECA Annual Conference was held with the theme of “strategies for the future of the patient-centered and evidence-based healthcare” from 9 am to 5 pm on Friday, March 24. During the conference, domestic and foreign experts discussed measures and shared information to support the decision making for patient-centered healthcare. The venue was the convention hall, 23rd floor of the Gwanghwamun Kyobo Building. The event consisted of Plenaries 1, 2, and 3. Major participants included 3 chairpersons, 9 presenters, and a panel of 12 experts consisting of members

from the Ministry of Health and Welfare, clinical specialists, experts from related organizations, and sociologists. A total of 427 participants consisting of 301 external participants and 126 NECA employees attended the event.

3. Satisfaction survey

A satisfaction survey was conducted with conference participants to identify points to improve for the Annual Conference. The survey questionnaire comprised a total of 10 questions on a 5-point scale.

III. Follow-up Measures

After the Annual Conference, letters of appreciation for participation were sent to the major participants including the chairperson, presenters and panel members, members from related organizations, and clinical specialists as an effort to establish a global network for knowledge and information. The events filmed during the Annual Conference were edited by each plenary session. The video clips were shared on YouTube and our blog for those who were unable to attend the event to allow them to easily obtain desired information.

□ Results

I. Discussion in Each Session at the Annual Conference

1. Trust and communication in healthcare

Three presenters gave presentations about the theme “trust and communication in healthcare” at Plenary 1. The first presenter recognized the uncertainties concerning the medical technology assessment, which is implemented for more efficient distribution of medical resources. In the main process, he emphasized that it is important to establish a trusting relationship incorporating social values. The second presenter pointed out

that the level of trust in the Korean healthcare system is falling considerably behind compared to other countries. The presenter identified the major cause as a structural problem that hinders the continuous communication and relationship between patients and medical staff. The last presenter expected that the general public's increased health literacy for health information would resolve the medical provider (doctor)-user (patient) asymmetry and strengthen the foundation of trust in the healthcare system. The panel discussed the reasons for the lagging trust in the Korean healthcare system and policy studies and measures required to increase trust.

2. Creating grounds to realize patient-centered healthcare

In Plenary 2, three presenters gave presentations about “creating grounds to realize patient-centered healthcare.” First, the presenter from the British National Institute for Health Research introduced the mechanism of patient (user) participation in the process of healthcare research and decision making, which are conducted to realize patient-centered healthcare. The second presenter pointed out that systematic review (SR) has been complementing various limitations found in individual clinical trials but that SR studies are also saturated, and critical review is necessary for more accurate information communication. Finally, the last presenter argued that state-led “public clinical trials” should be actively conducted to guarantee an improved quality of healthcare and patient safety. She presented a mid-term plan to consolidate the clinical trial project for public health. The panel discussed directions for discovering new research subjects, ways to secure budgets, and establishing an infrastructure for clinical trials.

3. Big data platform to realize patient-centered healthcare

Presentations at Plenary 3 addressed the theme “the big data platform to realize patient-centered healthcare.” A presenter introduced the Australian practice of big data application for patient-centered healthcare. She highlighted the Australian efforts of solving the information accessibility

problem by connecting data and of securing big data experts as human resources. Another presenter proposed pharmacological treatment customized for patients based on pharmacogenomics as a solution to the increasing social burden due to the incidents of harmful effects of medication. He suggested a healthcare system based on pharmacogenomics for the future. The last presenter pointed out that Korea still lacks legal grounds to connect public data sources in contrast to the international trend of further advancing patient customization research using big data. The panel discussed establishing a big data platform and applications and the NECA's role in realizing patient-centered healthcare.

II. Satisfaction Survey Results

A total of 88 participants responded to the survey. The average score for the 10 questions was 4.5. The question with the lowest average score was question 7 with 4.3 points. The reason for the relatively lower score of question 7 is probably the fact that the information of the venue for lunch was not adequately communicated, and many of the participants unfamiliar with the surrounding area of the conference venue experienced confusion. Therefore, it is necessary to distribute informational material with a list of nearby restaurants and a map for the next Annual Conference.

Conclusions and Policy suggestions

The NECA has been ceaselessly working toward promoting the value of evidence-based medicine in Korea for the last eight years since its foundation. This Annual Conference suggested “patient-centered healthcare” as a new focus for a future strategy. Thus, the NECA shall continue to exert efforts to shape trust in medical technology assessment and the healthcare system considering the values of patients. The NECA's future Annual Conferences will provide a space for building a solid fellowship with

healthcare specialists and associated organizations. Finally, these events will continue to promote the NECA's identity and offer a forum that shapes important discourses, which should be shared across our society.

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Key words

Annual Conference, patient-centered, evidence-based, healthcare