

## Executive Summary

### A Study on the System and Execution Model for Health Technology Reassessment

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#### Introduction

Currently, domestic market entry of new health technology is managed by the New Health Technology Assessment(nHTA), but since the introduction of the health market, management has been absent. However, because health technology can differ in the value of safety and effectiveness in the health care system according to life cycle, a regular and systematic reassessment is essential for the existing health technology. Also, the health technology reassessment needs to be compared with alternative technology to induce the use of health technology with bigger benefit in contrast to cost-effectiveness, which is expected to pursue the optimization of the relevant health technology. In line with this, researchers are working to construct a health technology reassessment system and develop an execution model for Korea.

#### Study Method

A systematic review that gives consideration to overseas health technology reassessment systems will be done to identify a health technology reassessment system most appropriate for Korea. Through an expert advisory conference and a public hearing, a domestic reassessment system was established, and through an expert agreement using RAND Method(RAND/ UCLA Appropriateness Method), criteria for each stage were provided.

Lastly, through the demand survey and prioritization assessment by the related agency for the health technology requiring reassessment, health technology appropriate for reassessment was suggested.

## Study Result

Considering the systematic review result and the domestic health care environment, four stages of domestic health technology reassessment model, mainly, “identification“, “prioritization“, “reassessment“, and “decision“, were finally developed.

First, in the health technology reassessment identification, on the subject of health technology collected through methods of demand survey by the government ministry, related agency, and specialized society, or internal monitoring by the National Evidence-based Healthcare Collaborating Agency(NECA), the identification criteria already determined are applied to identify the medical technology proper for reassessment. Second, in the prioritization stage, the selected health technology is set to prioritize the execution of the reassessment based on the prioritization criteria and weighted value already determined. Third, for the health technology selected ultimately, methodologies, such as systematic review and economic feasibility analysis, are used based on the reassessment criteria to execute the health technology reassessment. Here, the specialized reassessment committee (provisional name) provides the mediation plan based on the details discussed. Fourth and lastly, in the decision stage, the Health Technology Assessment Committee(currently, Committee for nHTA) finally decide and notify the reassessment result on the relevant health technology based on the mediation plan advice.

Through RAND Method, this study provided seven “identification“ criteria, seven “prioritization“ criteria and weighted values, and four “reassessment“ criteria to enable the practical reassessment execution.

Also, the developed domestic health technology reassessment execution model was applied to select the health technology for next year’s demonstration project. For the government, related agency, specialized society, and committee for nHTA, a demand survey of the health technology requiring reassessment in an expert’s point of view was executed and a total of 23 health technologies were requested. Through the first selection process, a total of 14 health technologies were selected as candidates for reassessment and reassessment prioritization was performed by the expert advisory committee. Based on the prioritization result, study feasibility was considered and two final health technologies were selected to enable two-way health technology reassessment.

## Conclusions and Policy Proposal

Health technology reassessment is already stabilizing as an important element in the

perspective of total periodic management for health technology. In the initial stage of introduction, health technology reassessment should be focused on the optimization of health technology use and redistribution of health resources, not as a method of “disinvestment”. In the execution of the system, participation of interested parties, being evidence-based, securing transparency, and spreading the result will be important.

Through further demonstration assessment, the weak point of this execution model must be supplemented to provide the health technology reassessment system appropriate for the domestic health care system.

Key Words: Health Technology Reassessment, System Construction, Execution Model