18th International EBHC Symposium

October 9-10, 2023 | hybrid format

Evidence-Based Health Care 2023 Symposium

English

Preliminary programme

version 11 / September 26, 2023

Dear Friends,

On behalf of CEESTAHC, I heartily invite you to take part in the 18th International Evidence-Based Health Care Symposium titled

Integrating evidence for enhanced outcomes

which will be held in Krakow on October 9-10, 2023.

For the first time since the pandemic, we are returning to the traditional, stationary formula of the meeting. We invite you to a unique place, inextricably linked to the history of Krakow for 200 years - the Kościuszko Mound. The course of the Symposium will also be available on the streaming platform: live.ceestahc.org

Ever since the era of health technologies began, the process of generating scientific evidence has been dispersed, lengthy and divided into stages implemented independently by numerous teams. Initially, research design was too focused on optimising the scope of the collected data, as excessive data volumes could exceed a facility's capacities and its budget. It was necessary for researchers to consider costs (e.g., of analysts' work), time (required calculations), technical limitations (database capacity) and silo mentality regarding research processes.

I intend to cover all these topics during the upcoming EBHC – hopefully I will see you there.

Magdalena Władysiuk
President of CEESTAHC

Integration no. 1 – uniform questionnaire formats

During the individual stages of the research process, data were formatted and processed to meet the requirements of various methods of analysis and inference. Significant technical, financial, and human resources were engaged in collecting, reproducing, sending, and storing paper and later electronic research documentation. Data gathered with such effort were (and still are) closely guarded by various institutions. Creating and protecting sensitive data is important not only from the perspective of the average patient, but also due to the matter of intellectual property. In the meantime...

Integration no. 2 – scale, assessment, credibility...

Conducting isolated studies, even those large-scale ones, is impractical in the long run, as it does not allow for reaching synergy by combining results from numerous examined populations. Secondary research offered the opportunity to create more accurate conclusions, but it required a standardisation of analytical processes including methods of data synthesis for scientific goals, creating new technologies, as well as analysing healthcare systems.

Integration no. 2.5 – reimbursement!

Another revolution was brought about by applying scientific evidence to assessments of the validity of reimbursing health technologies. The progress of medicine, supported by the pharmaceutical industry (and its primary and secondary research) and, to varying degrees, by the public sector resulted in an enormous growth of knowledge resources, as well as difficulties in implementing them in health care and improving the quality of patient care. The subjective needs of patients were quantified in health technology assessment or quality assessment processes more and more often; however, the adopted tools would not provide an answer to the questions regarding satisfying the needs of people covered by healthcare.

Integration no. 3 – human factor

New concepts emerged as a counterweight for these imperfections; they were supposed to complete and support HTA-based decision-making and health care management. They include, among others, Value-Based Health Care (VBHC), which focuses on patients' needs, and Real-World Evidence (RWE). The need to include patients, who are the broadest group of stakeholders begins to take shape in provisions and regulations concerning patients' participation in the decision-making processes (e.g., NICE's Public Involvement programme). RWE proposes using mass real-world data already at the lowest decision-making processes (e.g., by physicians), bypassing the time-consuming processing and formal reports drawn up by institutions. The COVID-19 pandemic and development of digitalisation accelerated the use of RWE. At the same time, it was the catalyst which boosted the process of creating RWE. Doctors fighting with the pandemic were updating the entire world on an ongoing basis about the results of their activities. That was the first mass use of RWE – without a formal system and with the use of improvised measures (social media, phones, emails).

As technology progresses, especially the ubiquity of digitalisation and a huge increase of database possibilities, it is easier for the contemporary researchers to process data. They do not need to be afraid of the abundance of data. Gathering different types of data resembles playing with blocks which have different types of connection combinations. The more connections our blocks have, the larger the possibility of attaching them to the "structures" (research) of other researchers. However, as the blocks get larger, we need increasingly bigger boxes to store them (databases). In return, we get the possibility to integrate scientific evidence acquired from completely different sources, environments, and research techniques. Creating new connections become the subject of international regulations e.g., of the European Health Data Space (EHDS).

Integration no. 4 – just new toys or already a matrix?

Integrating scientific evidence at the HTA level becomes increasingly popular and is often initiated at very early stages of creating health technologies. An approach combining randomised controlled trials (RCT) and real-world evidence can serve as a strategic path for growth for all stakeholders of the healthcare system. These new possibilities will also bring about new challenges, not only in the context of medical advances, but also in the evolution of healthcare systems.

The sudden growth of the amount of collected data might give raise to concerns whether their reasonable analysis is possible, but in fact the answer might lie in the implementation of artificial intelligence (AI). Perhaps AI will soon allow us to determine the key models for analysing data and assessing efficacy, e.g., without the need to conduct randomised controlled trials (RCT). It will surely help choose patients for such trials more accurately. Thanks to the RWE analysis with the AI support, it might be possible to create a digital model of the healthcare system that will facilitate following diagnostic paths, monitoring areas that require interventions, identifying, and breaking though diagnostic barriers. Such a model could also adjust the manufacture levels to the system's current needs or recommend the optimal number of places at medical universities based on the trend analysis.

Digitalisation creates such huge opportunities that finding and implementing reasonable ideas to their full potential will still need to take some time. However, new dilemmas are already emerging, such as issues regarding privacy and safety of citizens' data and the necessity to create solutions that do not generate further inequalities in healthcare.

Monday, October 9, 2023 9.00–17.00		
Sessions / Lectures	Invited speakers * not confirmed	
Session 1. Opening Moderator: Magdalena Władysiuk	Timing **9.00–10.30** 1 h 30 min.	
Opening of the Symposium	Magdalena Władysiuk	10 min.
Tha future of HTA	Daniel Ollendorf	20 min.
Changing perspectives on value	Michael Schlander	20 min.
Discussion: Maciej Miłkowski*, Roman Topór-Mądry*		40 min.
Break	10.30–10.45 15 min.	
Session 2. International HTA developement Moderator: Magdalena Władysiuk	Timing **10.45–12.45** 2 h	
EU joint clinical assessment	representative of EU	20 min.
EHDS – the digital future of medicine	Marta Musidłowska, Jan Zygmuntowski	25 min.
Developing scientific reserch – the industry's perspective	Michał Byliniak	20 min.
Collaboration to develop robust Real World Evidence for Decision Making	Karen Facey	20 min.
Integrating data into evidence for HTA. Where is our future?	Clifford Goodman	20 min.
Discussion		15 min.
Lunch	12.45–13.45 1 h	

Monday, October 9, 2023 9.00–17.00		
Sessions / Lectures	Invited speakers * not confirmed	
Session 3. Challanges for local governments – difficult choices, election time.. Moderators: Tomasz Jan Prycel, Marek Wójcik	Timing **13.45–15.45** 2 h	
Chronic disease prevention - financing activities of local govenments under the Medical Fund	Maciej Miłkowski	10 min.
Future of health policy programmes in diabetology	Tadeusz Jędrzejczyk	10 min.
Prevention of infectious diseases as a challenge by 2030 on the example of HCV	Krzysztof Tomasiewicz	10 min.
Financing paths for vaccinations for adults – using the example of shingles	Michał Seweryn	20 min.
Pneumoccocal infection prevention programme for adults. Risk group: cancer patients	Marcin Pasiarski	10 min.
In this session, after each speech, a separate discussion with lecturers and experts in the field to which the speech is devoted is planned.		
Break	15.45–16.00 15 h	
Session 4. Poland and Ukraine – common healthcare challanges Moderators: Tomasz Jan Prycel, Marek Wójcik	Timing **16.00–17.00** 1 h	
Forms of health care for refugees. Figures and facts on health care for refugees in selected diseases, including HCV and HIV	Maciej Miłkowski*	20 min.
Health care in Poland from the perspective of refugees from Ukraine	representatives of NGOs from Ukraine	10 min.
Discussion covering: 1) practical aspects of interaction with refugees and their problems from the Polish and Ukrainian perspective, 2) good examples of local solutions, 3) key criteria for long-term solutions, 4) ideas and recommendations for effective health and systemic education. Speakers: Magdalena Władysiuk, Barbara Pepke, Magdalena Ankiersztejn-Bartczak, Maria Piętak-Frączek. Panelists from the local government session and invited special guests will also take part in the debate.		30 min.

Tuesday, October 10, 2023 9.00–16.15		
Sessions / Lectures	Invited speakers * not confirmed	

Session 5. The need of innovation in HTA Moderator: Magdalena Władysiuk	Timing **9.00–11.00** 2 h	
HTA and gudelines developement	Magdalena Władysiuk	20 min.
Efficent HTA literature searching	Justin Clark	20 min.
HTA framework for digital technologies	Magdalena Ruth Moshi	20 min.
Turning Real World Data into Real World Evidence with Health Economic Modeling	Mark Parker	20 min.
Uncertainty in HTA	Bonny Parkinson	20 min.
Discussion		20 min.

Break	11.00–11.15 15 min.

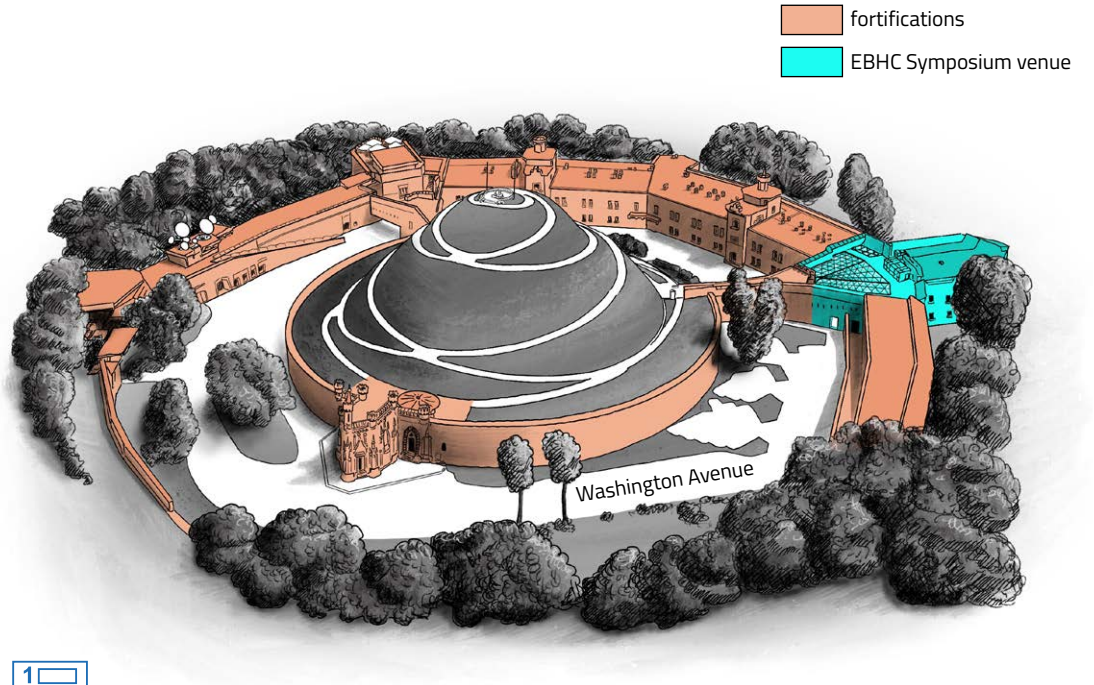
Session 6. Patient active contribution in HTA Moderator: Maria Libura	Timing **11.15–13.15** 2 h	
	Michał Chodorek	20 min.
Patient in the world of digitasation	Maria Libura	20 min.
	Jack Nunn*	20 min.
Patient's engagement - practical approach	Richard Morley*	20 min.
Discussion		40 min.

Lunch	13.15–14.15 1 h

Tuesday, October 10, 2023 9.00–16.15		
Sessions / Lectures	Invited speakers * not confirmed	

Session 7. Best practices of integration in care Moderator: Magdalena Władysiuk	Timing **14.15–16.15** 2 h	
Value of measurement-based care	Wija Oortwijn	20 min.
Improving hematology patient care - hematology network in Poland	Ewa Lech-Marańda	20 min.
Cardiological network - two years of experience	Tomasz Hryniewiecki	20 min.
Cancer care coordination - experiences of patients in Poland	Magdalena Władysiuk	20 min.
Final discussion and closure of the Symposium		40 min.

Kosciuszko Mound in Krakow



Conditions of participation

1. Variants of participation in the Symposium:
   - 2 days
   - 2 days + gala dinner
   - fee free opening session on October 9th only
   - fee free online participation
2. **Fee participation in the Symposium includes:**
   - personal participation in scientific sessions
   - conference materials
   - coffee breaks
   - lunch
   - all components of the free participation

   The price does not include accommodation.
3. The cost of participation for one person depends on the scope of participation and the nature of participation (details in the Price table).
4. Conditions for obtaining discounts:
   - representatives of public institutions and NGOs: presentation of a certificate on request
   - students and doctoral students: based on presentation of a student ID
5. Applications for personal participation can be made via:
   - registration system at **www.ceestahc.org**
   - application form (send by email: sekretariat@ceestahc.org or fax no. +48 12 396 38 39)
6. **Payment should be made within 7 days** following acceptance of declaration (no later than 5 working days before commencement of the Symposium) to the following account:
   Bank PKO S.A O/Krakow
   Rynek Glowny 47, 30-960 Krakow, POLAND
   PL 97 1240 4689 1111 0000 5142 0745
   Swift code: PKOPPLPW
   Payment title: „EBHC Symposium 2023" + invoice ID
7. Cancellation. If participation is cancelled no later than September 30th, 2023, the cost of cancellation will be 50% of the fee; after that day the fee will not be returned.

8. **Fee free participation in the Symposium includes:**
   - online participation in sessions
   - access to online conference materials
   - the ability to ask questions in the text chat
   - possibility to chat with other participants
   - access to session recordings (also from previous editions of the Symposium)
9. Due to its special educational value, admission to the **opening session is fee free**. In this way, we want to encourage those who cannot attend the entire Symposium.
10. We provide simultaneous Polish and English translation.
11. Applications for online participation can be made via: **live.ceestahc.org**
12. The terms of use of the streaming portal are set out in the portal's regulations - available at: live.ceestahc.org.
13. Detailed conditions for participation in the EBHC Symposium are contained in the EBHC Symposium Regulations - available at: **live.ceestahc.org**.
14. The organises are not liable for transmission problems resulting from the Participants' connection speed.
15. The organisers reserve the right to change the Symposium programme.

Price table (nett prices 23% VAT)	Private sector	Public institutions, NGOs, students and PhD students
personal participation* (2 days)	283 Euro	70 Euro
gala dinner**	43 Euro	35 Euro
fee free online participation	0 Euro	0 Euro
personal participation in fee free opening session*	0 Euro	0 Euro

* Registration for personal participation until September 30, 2023.

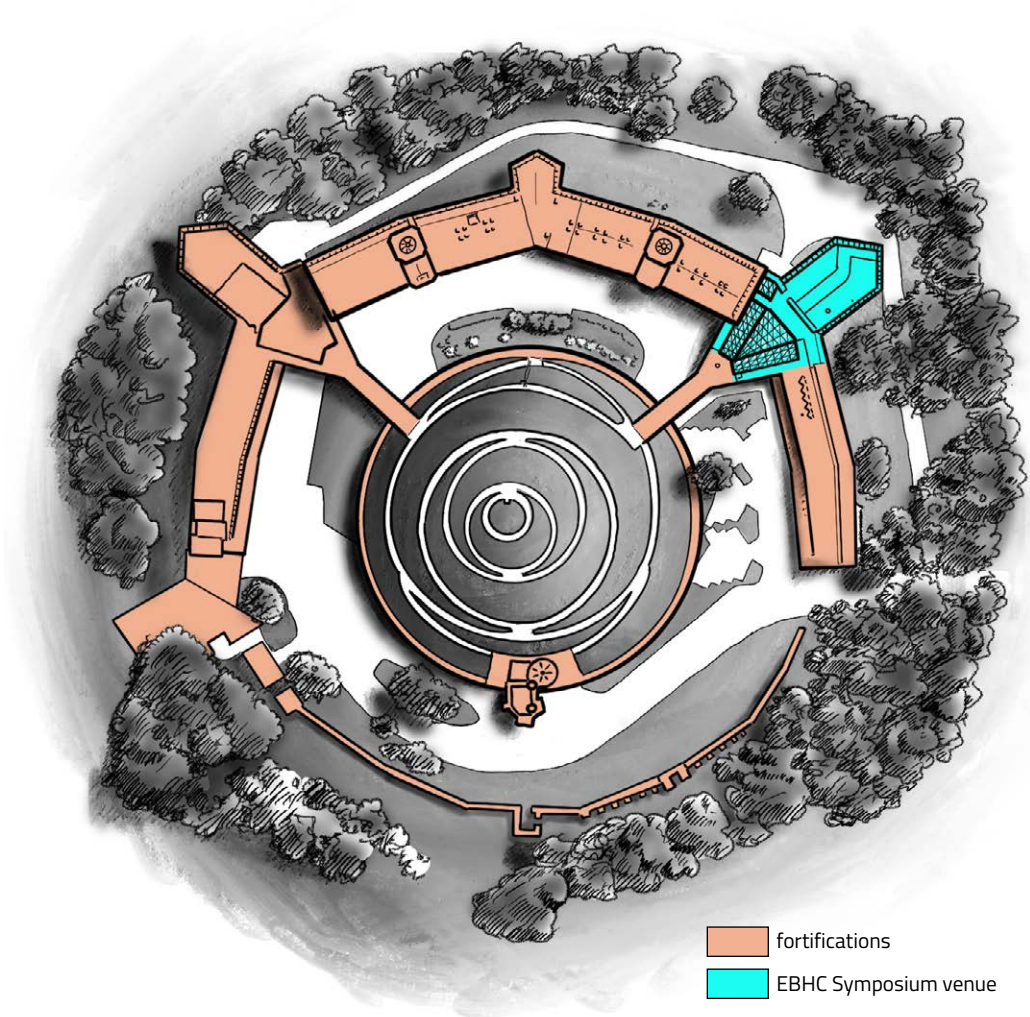
** Registration for gala dinner only with fee personal participation.

*** Gala dinner is financed from the donations given by the Symposium participants.

Kosciuszko Mound in Krakow

This year we organize a Symposium on Kościuszko Mound – a unique place, associated with the history of Krakow for 200 years. The Symposium will be held in the conference space, built in the courtyard of the fort under a glass roof. The catering space will be located in the buildings of the fort.

The venue of our Symposium does not have the status of a museum and is intended for commercial rental.



Central and Eastern European Society of Technology Assessment in Health Care (CEESTAHC)

The Society was founded in Krakow in 2003. We associate professionals in the fields of HTA, economic and cost evaluations, EBM and quality assurance in clinical trials.

Our main aim is development and progress of standards and methods of assessment of drug and non-drug health technologies in Central and Eastern Europe. Our additional goal is to develop and promote a common understanding and vocabulary, which allows various parties in the health care system to communicate: physicians, representatives of health insurance, medical societies, pharmaceutical companies, politicians, economists, hospital managers and other specialists who deal with financial aspects of medical services and assessment of both health care system quality and effectiveness of health technologies.Our further aim is to promote HTA and EBM in our part of Europe.

We help especially those who has just begun with HTA
– we consult, organize training and offer other forms of support.

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