

# 參與Evidence Live 2013 Oxford (UK)

研習會心得分享

彰化基督教醫院 陳書毓督導長 2014年2月22日







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25-26 March University of Oxford, UK

The most innovative talks in evidence-based healthcare live at Evidence Live 2013.

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### Evidence Live 2013 主辨單位

■ Carl Heneghan
Director, CEBM



(牛津大學實證醫學中心主任)

■ Fiona Godlee

Editor-in-Chief, BMJ



(英國醫學雜誌British Medical Journal主編



## 研習會主題

- 1. Transforming healthcare
- 2. Controversies in evidence the case against screening in breast cancer
- 3. The next frontier for EBM medical testing
- 4. Counting the dead in developing countries
- 5. Scientific integrity in scholarly research the challenge for publishers
- 6. Saints or Sinners what is the role of the pharmaceutical industry?





## 研習會主題

- 7. Addressing unwarranted variation in healthcare- can better care cost less?
- Issues in conducting overviews tensions between avoiding bias and understanding the context
- Research misconduct in pharmaceutical and medical devices industries
- 10. How can EBM become successful?
- 11.Developing evidence based public health NICE and easy?





### Keynote Speech (1)

### **Transforming Healthcare**

National Health Goals –

The Triple Aim

1. Better patient health

(improved patient outcomes)

2. Better care

(increased standardization, use of evidence-based practice, clinician collaboration)

3. Lower costs

(more efficiency, quantifiable data for reports)



Sir Muir Gray
NHS Chief Knowledge Officer and
Director,
Oxford Centre for Healthcare

Oxford Centre for Healthcare Transformation





# Keynote Speech (2) Controversies in evidence

The case against screening in breast cancer

- Benefit?
- Risk?
- Balance?
- Communication



Peter Gøtzsche
Director, The Nordic Cochrane Centre

JC I國際認證



# Keynote Speech (3) Saints or Sinners

- What is the role of the pharmaceutical industry?
- Example: VIOXX

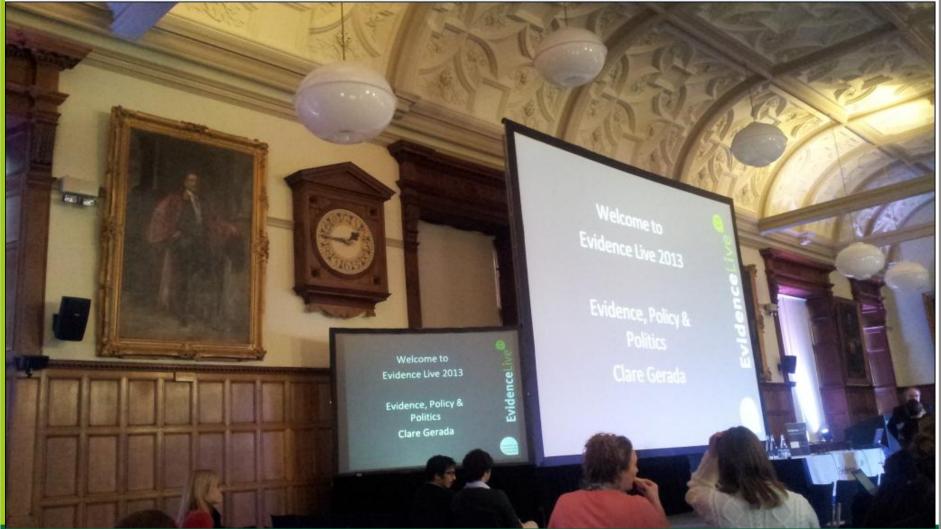


Sir Michael Rawlins
Chairman, national Institute for
Health & Clinical Excellence
(NICE)





#### **Keynote Speech (4-13)** (略)



CHANGHUA CHRISTIAN HOSPITAL 10

# Health technology assessment

- Health technology assessment, HTA
- Using health technology assessments to identify, evaluate and combine research evidence.





### The IDEAL Collaboration

- To improve research quality in surgery and other complex interventions.
- The purpose of **IDEAL** is to improve the quality of research in **surgery** by emphasizing appropriate methods, transparency of data and rigorous reporting of outcomes.
- The IDEAL framework provides a set of recommendations for improving the evidence base from research at each stage of innovation.
- The recommendations emphasize evaluating new procedures prospectively, entering patients and studies into registries and databases to capture all incidences of a procedure, and reporting outcomes by established protocols.



## Who holds the power?

- Who holds the power in prioritizing health care research....time for change?
- Using the 「James Lind Alliance (JLA) model」 of Priority Setting Partnerships as an example.
- Priority Setting Partnerships bring patients and clinicians together to work through the JLA process.
- The aim of a Priority Setting Partnership is to identify patients' and clinicians' shared priorities for research into the treatment of specific health problems.



#### James Lind Alliance model

#### Four key stages

- Gathering of treatment uncertainties
- Checking of existing research evidence
- Interim prioritization to identify the priorities of relevant individuals and stakeholder groups
- Final consensus meeting to reach agreement on the top ten research priorities

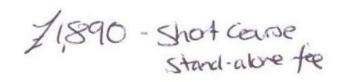
Reference: Alex Pollock, Bridget St George, Mark Fenton, Lester Firkins (2012). The Lancet Neurology, 11 (3), 209.





# 其他議題

- ■民眾參與:實證需要轉譯從民眾能夠理解與 接受的語言,讓民眾一起參與。
- ■政策改變:政策改變需要實證,而實證想要 改變人類生活,也需要從政策改變開始。
- ■學術倫理:以往有很多學術報告負面成果沒 有被發表,造成很大的publish bias,也造 成後人引用的錯誤。提倡臨床試驗登錄系 統,以及數據發表系統,掌握所有數據。





#### Fees for Graduate Admission in 2013-14

These rates (in pound sterling) are for the academic year 2013-14 and will increase annually

Postgraduate Certificate in Health Research	Postgraduate Diploma in Health Research	MSc in Evidence-Based Health Care	DPhil in Evidence-Based Health Care
Course duration 1 – 2 years Illustration below assumes 2 years of study	Course duration 1 – 3 years Illustration below assumes 2 years of study	Course duration 2 – 4 years Illustration below assumes 3 years of study	Course duration 5 – 8 years Total below assumes 8 years of study
2 annual award fees  o £2,520 for Home/EU or o £10,400 for Overseas	2 annual award fees  o £2,520 for Home/EU or o £10,400 for Overseas	3 annual award fees  6 £3,780 for Home/EU or 6 £15,600 for Overseas	University Fee and College Fee (quoted for 1 year on programme of study)  o £3,375 for Home/EU or o £8,230 for Overseas
Plus 3 module fees: £4,725*	Plus 6 module fees: £9,450*	Plus 6 module fees: £9,450*	
		Plus Dissertation fee: £4,725	
Total:	Total:	Total:	Total (if taken over 8 years):
o £7,245 for Home/EU or	o £11,970 for Home/EU or	o £17,955 for Home/EU or	o £27,000 for Home/EU or
o £15,125 for Overseas	o £19,850 for Overseas	o £29,775 for overseas	o £65,840 for Overseas

\*Module fee: £1,575 (per taught module)

- 1. See the Oxford University Website for Home/EU and Overseas classification of students for fees purposes.
- 2. The illustration is based on the fee rates for the academic year 2013-14, however, fee rates for attendance in future years will increase, so students attending for more than one year should expect the total to be higher than in the illustration. The exact amount will depend on the fee rates set annually, and upon the years you are in attendance; these are normally published well before the start of each academic year, but for your own budgetary purposes you may wish to estimate a 5% annual increase on fee rates.

For further information please visit www.conted.ox.ac.uk/EBHC



## **Thank You!**



