Sukyeong Kim, PhD, MPH, RPh

Dr. Sukyeong Kim is Senior Research Fellow and International Cooperation Advisor of National Evidence-based Healthcare Collaborating Agency (NECA), Korean governmental agency for Health Technology Assessment. She plays the leading role in the field of health policy regarding local evidence generation and RWE, HTA system, R&D planning, optimal use of drugs and DUR, and patient safety.

Since 2013 she joined NECA, she undertook several research projects focusing on HTA system, patient safety system and R&D for RWE. For more than ten years before she Joined NECA, Dr. Kim played the leading role in the Korean pharmaceutical benefit policy making, drug utilization researches planning and new health technology assessment program development in Health Insurance Review and Assessment Service (HIRA) as the principle investigator and director of Pharmaceutical Benefit Division and Research Department.

As a representative of National HTA Agency of Korea, she is the Chair of ISPOR HTA Roundtable Asia Pacific (2016~2019), one of the regional body composing ISPOR HTA Council. She has been participating regional and international meetings and workshops on HTA, medicine policy and UHC in Asia Pacific countries.

She is a Member of Medical Devices Advisory Committee of Korean Ministry of Food and Drug Safety, and Patient Safety Advisory Committee of Korea Institute for Healthcare Accreditation. She has been participating HTA and health policy societies of Korea as a Board member including The Korean Association for Health Technology Assessment (KAHTA), The Korean Association of Health Economics and Policy, Korean Academy of Social & Managed Care Pharmacy, The Korean Society for Patient Safety, and Korean Society for Quality in Health Care.

Dr. Kim received her bachelor's degree in Pharmacy from Seoul National University and Master and PhD degree in Health Policy from the Graduate School of Public Health in Seoul National University. She was a visiting scholar at the Graduate School of Health Studies in Simmons College, Boston, USA for Biotechnology and Pharmaceutical Industry study.

Vision Statement

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During the past decades HTA system has been rapidly adopted by most of the countries in the world as one of reasonable measures to support decision makings on the resource allocation in health care fields. This has been facilitated by the rapid changes of health technologies, aging population, rapid increase of health expenditure, and people's needs of Universal Health Coverage.

Recently, HTA systems are facing many challenges from the emerging innovative technologies which we need to assess properly, high cost health technologies without sufficient evidence and needs of real-world evidence, and insufficient HTA capacity especially in the developing countries and middle-income countries.

About the emerging, high cost technologies, Managed Entry Schemes have been introduced such as Risk Sharing Agreement. Most of RSAs are financial based, but needs of evidence-based RSA are increasing. This is closely connected to the Real World Evidence generation through the each country's healthcare settings. Even HTA activities generate and synthesis lots of evidence globally, but there are uncertainties when we made decisions on market approval and health insurance benefit coverage. Comparative effectiveness researches also need to improve health technology utilization efficiency based on real world. Therefore, the major evolutions take place in its methodology as a science of evidence generation, and in policy framework as a linkage between generated evidence and decision making for resource allocation especially HTA for personalized medicine, conjoint analysis, mixed treatment comparison, use of real world data, coverage with evidence development, risk sharing scheme, and structured budget impact analysis.

Most of countries tried to build its own HTA capacity. Some countries have long history and experienced greater success compared with others. But some other countries have not. In this point, global HTA networks are important to promote HTA capacity building and HTAi, as a global HTA platform, has leading HTA capacity building and networking globally.

It is interesting to note that Korea has become a leader in terms of HTA system development in

Asia. When I was working in Health Insurance Review and Assessment (HIRA), I could participate the introduction of the National Health Insurance Pharmaceutical Benefit List based on cost-effectiveness and the planning of new Health Technology Assessment program for the procedures with or without medical devices. In NECA, I also introduced local evidence generation program which support comparative effectiveness researches based of real world settings in Korea. This program has supported real world data settings including patient registries, big data use, NHI claims data, and electronic health records. This program has facilitated clinicians to participate HTA in Korea. For this program, I studied other countries' HTA system and evidence generation efforts such as NIHR in the UK, and PCORI in the US.

Based of these my experiences, I could participate ISPOR and became the chair of HTA Roundtable Asia Pacific, one of the regional agency-based meetings. I could learn the experiences of many Asia Pacific countries' HTA situation and understand international cooperation is important for the global HTA society.

Now I would like to contribute myself to global HTA society through HTAi with these my humble experiences in Korea and international HTA society.