Ministry of Health Malaysia

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MALAYSIAN HEALTH TECHNOLOGY ASSESSMENT SECTION

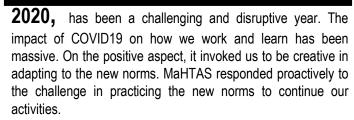
## e-NEWSLETTER

## CPG Launching: Embracing New Norms

By Pn. Siti Aisah Fadzilah

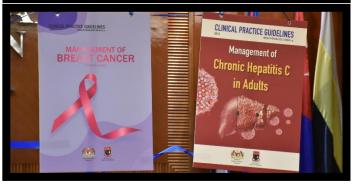






Launching of Clinical Practice Guidelines (CPG) is an important implementation strategy to increase awareness of the CPG existence among the stakeholders and thus, increase utilisation of the CPG. It aims to create awareness of the CPG existence among the stakeholders. In view of the current COVID-19 pandemic, the launching of four CPGs [i.e. CPG Management of Major Depressive Disorder (Second Edition), CPG Management of Rheumatoid Arthritis, CPG Management of Breast Cancer (Third Edition) and CPG Management of Chronic Hepatitis C in Adults] approved in 2019 was conducted virtually for the first time in one event.





The four CPGs were virtually launched on 30 December 2020 with an opening speech by YBhg. Tan Sri Dato' Seri Dr. Noorhisham Abdullah, Director-General of Health Malaysia. The ceremony continued with a multimedia presentation featuring the experience and journey of each CPG development. This is an appreciation to the CPG development group members on their efforts and co-operation in the successful development of the CPGs as national guidelines.

The final part of the launching is a lively gimmick presentation. It was attended by the four CPGs' chairpersons namely Dr. Uma Visvalingam [CPG Management of Major Depressive Disorder (Second Edition)], YBhg. Datin Dr. Asmahan Mohamed Ismail (CPG Management of Rheumatoid Arthritis), Dr. Haniza Omar (CPG Management of Chronic Hepatitis C in Adults) and Dr. Zahurin Ismail [chairperson representative CPG Management of Breast Cancer (Third Edition, Dr Anita Baghawi)].

## HTA & CPG Council Meeting 1/2020

Health Technology Assessment (HTA) and Clinical Practice Guidelines (CPG) council meeting 1/2020 was held on 13th November 2020.

Altogether two HTA reports, five CPGs, nine Technology Review (TR) and one Horizon Scanning Tech Brief reports were presented at the meetings.

### Clinical Practice Guidelines (CPG)

- CPG Management of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (Second Edition)
- CPG Management of Dengue in Children (Second Edition)
- CPG Management of Non-ST Elevation Myocardial Infarction (NSTE-ACS) (Third Edition)
- CPG Management of Type 2
   Diabetes Mellitus (Sixth Edition)
- CPG Management of Ischaemic Stroke (Third Edition)



### Horizon Scanning (HS): TechBrief

Polypill For Heart Disease and Stroke



### Health Technology Assessment (HTA)

- Pre-Dialysis Educational Program
- Diagnostic Approaches to Solitary Pulmonary Nodule



### **Technology Review (TR)**

- Influenza Vaccination for the Elderly and Economic Evaluation
- Intravenous (IV) Iron for the Treatment of Iron Deficiency Anaemia
- Programmatic Management of Latent Tuberculosis
- Cinacalcet for the Treatment of Secondary Hyperparathyroidism in Patient with End Stage Kidney Disease and Economic Evaluation
- Automated Guided Vehicles (AGVs) for Transportation of Food and Materials in Hospitals
- Digital Dental Impression
- Biocompatible Peritoneal Dialysis Solutions
- Prophylactic Anticoagulation in Ambulatory Cancer Patients
- Antifibrotics for Treatment of Idiopathic Pulmonary Fibrosis

## Pre-Dialysis Educational Program

By Dr. Nur Farhana Mohamad

### **BACKGROUND**

Pre-dialysis education programme (PDEP), often described as multidisciplinary education programme, for advanced chronic kidney disease (CKD) patients aims to provide patients with information on end-stage renal disease treatment options, help decision-making between treatments and encourage self-care to improve quality of life.

#### **EFFECTIVENESS**

Structured PDEP was found to be generally effective in patients with advanced CKD in terms of survival, mortality, morbidity, hospitalisation/length of stay as well as patients' choice for peritoneal disease and home dialysis. However, significant variation in practice was noted between the programmes.

### **SAFETY**

There was **no retrievable evidence on the safety issues** of PDEP for advanced CKD patients.

### **COST-EFFECTIVENESS**

Potential cost-saving with significant reduction in medical expenditure after initiation of haemodialysis was largely due to early preparation of vascular access and reduced hospitalisations.

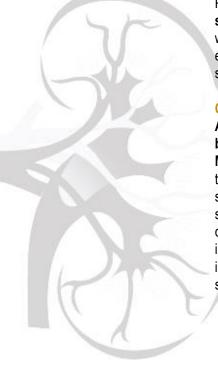


### LOCAL SURVEY ON PRE-DIALYSIS EDUCATION PROGRAMME

Patients and carers **preferred to have a 30-minute single session with multiple educators** every three months which was delivered by a multidisciplinary team with a mix of education materials. It may be given as an individual or group session depending on the patient's preference.

### CONCLUSION

A standardised approach to PDEP should be outlined before the expansion of PDEP to all Ministry of Health, Malaysia facilities. A multidisciplinary team involving well-trained personnel and optimally with mixed individual and group sessions as well as using interactive mixed education materials should be established. Comprehensive and more personalised content tailored according to the CKD stage taking account individual needs, emotional support, psychosocial aspects, involvement of family as well as caregivers and additional support from patients' support group are advocated.



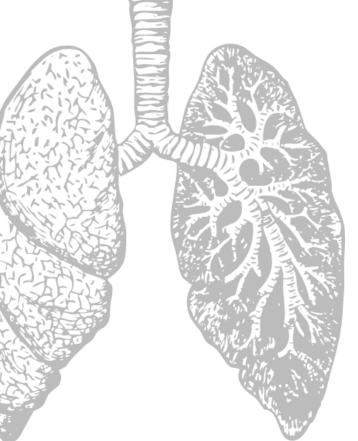
By En. Syful Azlie Md. Fuzi

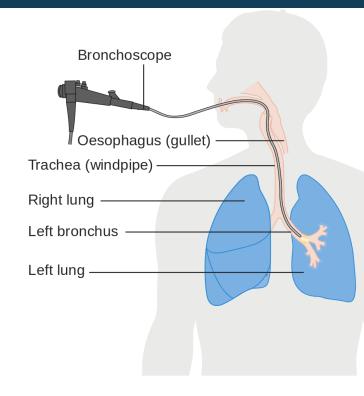
### **BACKGROUND**

The major question that follows detection of a pulmonary nodule is to determine its diagnosis. The differential diagnosis may be broad, but implications rest on whether the lesion is benign or malignant. Surprisingly, the field of interventional pulmonary has blossomed with significant improvement in the guidance technology defined as guided bronchoscopy techniques for bronchoscopic sampling of SPN.

### **EFFECTIVENESS**

The availability of evidence differs between guided bronchoscopy biopsy techniques, and most was related to the use of radial endobronchiol ultrasound (r-EBUS). There was fair to good level of retrievable evidence to suggest that the combined use of navigation bronchoscopy (virtual or electromagnetic) with r-EBUS improves overall test performance characteristics beyond either technique alone but lower than percutaneous computed tomography (CT)-guided biopsy or computerised-assisted transthoracic needle aspiration; typically varying with lesion size, location, and equipment used as well as other factors including the presence of a bronchus sign, biopsy technique and institution expertise or learning curve of the operator.





### **SAFETY**

The major strength of guided bronchoscopic biopsy techniques is clearly its safety profile, especially regarding the risk of procedure-related pneumothorax and haemorrhage, which is about 10 times lower than conventional bronchoscopy or CT-guided biopsy.

### **COST-EFFECTIVENESS**

Given the existing evidence, cost of managing complications was the main factor that influenced cost-analysis results. For this reason, guided bronchoscopy biopsy techniques was found to be cost-effective when a sequential diagnostic strategy were applied and when cancer prevalence was high.

#### CONCLUSION

Guided bronchoscopy techniques which mainly use a combination of virtual bronchospy navigation or electromagnetic navigation bronchospy with r-EBUS are an appropriate biopsy approaches to SPN and may be used for management of patients with lung cancer in selected centres in Ministry of Health hospitals, provided local expertise is available.

# Prophylactic Anticoagulation in Ambulatory Cancer Patients

By Cik Gan Yan Nee

### Antifibrotics for Treatment of Idiopathic Pulmonary Fibrosis

By Dr. Roza Sarimin

### **BACKGROUND**

Venous thromboembolism (VTE) is a common complication in cancer patients. Cancer patients have a 4- to 7-fold increased risk of VTE compared with the general population or people without cancer. About 5-10% of cancer patients develop VTE within the first year of cancer diagnosis.

### **EFFECTIVENESS**

Eight systematic reviews and two cost-effectiveness analyses were included in this review. Compared with placebo or no thromboprophylaxis, prophylactic anticoagulation with lowmolecular-weight heparins (LMWH) or direct oral anticoagulants (DOAC) significantly reduced venous thromboembolism (VTE) events in ambulatory cancer patients without significant increase in risk of major bleeding but appeared to have no effect on mortality.

#### **SAFETY**

The risk of bleeding, while not reaching statistical significance, suggests caution when considering prophylactic anticoagulation for ambulatory cancer patients.

### COST-EFFECTIVENESS

When DOAC prophylaxis was given only to high-risk patients (Khorana score ≥3), greater risk reduction and incremental cost-effectiveness ratio were observed, suggesting that Khorana score risk assessment may be considered.

### **ORGANISATIONAL ISSUES**

A substantial number of cancer patients with VTE may not be identified via Khorana score and may, therefore, not benefit from thromboprophylaxis. More evidence is needed to ascertain the performance of Khorana score in selecting ambulatory cancer patients at high risk for VTE.

### CONCLUSION

Based on the review, prophylactic anticoagulation with LMWH or DOAC may be given to selected ambulatory cancer patients who are considered to be at high risk of VTE and low risk of bleeding.

### **BACKGROUND**

Idiopathic pulmonary fibrosis (IPF) is devastating lung disease with considerable impact on patients. Nintedanib (Ofev) and Pirfenidone (Esbriet) are disease-modifying therapies approved by USFDA and EMA. Both Nintedanib and Pirfenidone have been granted orphan drug designation for treatment of IPF. In Malaysia, Nintedanib has recently been listed in the MOH drug formulary (2019), however Pirfenidone is not in the list yet.

### **EFFECTIVENESS**

In adults with IPF, compared to placebo, Pirfenidone and Nintedanib were effective in improving FVC from baseline and slowing rate of FVC decline. Pirfenidone demonstrated benefit for mortality outcomes, disease progression at one year and dyspnoea. Nintedanib showed benefit in reducing the rate of acute exacerbation compared to placebo.

### **SAFETY**

Treatment using Pirfenidone and Nintedanib were reported as safe and well tolerated.

### **COST-EFFECTIVENESS**

Compared with best supportive care, ICER ranged from £132,658 to £145,310 per QALY gained (nintedanib) and £172,198 to £190,146 per QALY gained (pirfenidone).

### **ORGANISATIONAL ISSUE**

There was lower risk of respiratory-related hospitalisation (following Pirfenidone) over one year.

### CONCLUSION

Based on the review, Nintedanib and Pirfenidone may be used in the treatment of patients with mild to moderate IPF. Pirfenidone may be provided as available option for patients such as those contraindicated to Nintedanib. The treatment should be initiated and supervised by specialist experienced in diagnosing and treating IPF.



## Influenza Vaccination for the Elderly and Economic Evaluation

By Pn. Atikah Shaharudin

### **BACKGROUND**

Annual influenza vaccination is considered an effective strategy to prevent influenza by the World Health Organization and recommended for the elderly. While a goal of reaching 75% vaccination coverage among older person by 2010 was set during 2003 World Health Assembly, only a few regions have reached this target, hence the target was extended to year 2015.

#### **EFFECTIVENESS**

Evidence showed vaccinated elderly experienced less influenza and Influenza-like Illness (ILI) compared with unvaccinated elderly. The influenza vaccination also prevented ILI in type 1 and type 2 diabetic patients, reduced all-cause mortality among diabetic patients and reduced mortality following hospitalisation for pneumonia and influenza.

#### **SAFETY**

No significant adverse effects such as fever and nausea was reported. The reported influenza-related deaths in South Korea were associated with certain brands of quadrivalent influenza vaccines.

### **COST-EFFECTIVENESS**

A cost-effectiveness study conducted in Singapore found vaccinating the elderly plus a fraction (20%-100%) of other age groups (0-19&20-64) to be the most cost-effective strategy compared to annually, elderly alone and biannual, elderly alone. The lowest estimated cost of trivalent influenza vaccination for the elderly with diabetes mellitus (prevalence: 41.5%) in Malaysia was RM 22.61 million per year.

### CONCLUSION

Annual vaccination may be offered to the elderly population. However, delivering annual vaccination to this group requires considerable ongoing investment. Thus, it is suggested to prioritise the vaccination to elderly with comorbidities.







**Technology** 

Review (TR)

In Brief



## Techbrief Highlights

## Polypill for Heart Disease and Stroke

By Dr. Norrina Jamaluddin / Infographic by Pn. Nurfarah Aqilah Ahmad Nizam



Polypill or Fixed-Dose Combination (FDC) is a new approach which combines several medicine that simultaneously control several risk factors or disease mechanisms in a single pill





A meta-analysis and nine clinical trials reported on effectiveness and safety of polypill from different countries.





The patient's **adherence** on polypill showed an average of **70% to 86%** of patients adhered compared to standard treatment (46% to 65%) with significant reduction of systolic blood pressure (SBP) for more than a year.



The evening-polypill demonstrated higher adherence and more effective in lowering LDL-cholesterol, systolic and diastolic blood pressure.



There is **no significant reduction** in triglycerides **(TG)** and high-density lipoprotein **(HDL)** cholesterol. One study reported on an **improvement of quality of life** in the polypill patient's group based on significant EQ-5D visual analog scale score.



The **adverse events** (AE) ere fewer. The most common AEs were muscle ache, mild dizziness and hypotension.

Polypill is **not approved yet** by the United States Food and Drug Administration (**US FDA**) due to uncertainty regulatory process. However, polypill is **widely available** and marketed in

Europe, Latin America, Zambia and India

The estimated monthly cost:
USD 26
(RM 95)





## **CPG** Key Messages

By Dr. Noor Ayuni Bazura Muhamad Management of Attention-Deficit/ Hyperactivity

Disorder in Children and Adolescents (Second Edition)

Attentiondeficit/hyperactivity
disorder (ADHD) is a
common childhood
neurodevelopmental
disorder and often lasts
into adulthood

ADHD is defined as a persistent pattern of inattention and/or hyperactive and impulsive behaviour ADHD has a
multifactorial and
complex aetiology
which includes both
biological and
environmental factors

Any child or adolescent presenting with academic difficulties, behavioural problems, mood disturbances, interpersonal relationship issues, substance use or personality disorders should be evaluated for ADHD

Assessment and diagnosis of ADHD requires obtaining information from multiple informants, including parents and teachers, as well as conducting a clinical examination and evaluation for co-morbidities on the individuals

Psychoeducation, occupational therapy, parent training, schoolbased and behavioural interventions should be offered in ADHD

Organisational skills training and cognitive behavioural therapy-based intervention should be considered in ADHD

Medication should be offered to children aged ≥6 years and adolescents with ADHD if indicated

Combination of pharmacological and non-pharmacological treatment should be considered when the symptoms persist and cause functional impairment

ADHD patients need continuous care and long-term monitoring during their teenage and adult years.

They have increased risk of co-existing psychiatric disorders both in childhood and adulthood

Management of Dengue in Children (Second Edition) By Pn. Siti Aisah Fadzilah

econd Edition) By

Children suspected of dengue infection should be tested with a combination of NS1 Antigen/IgM/IgG rapid test (dengue rapid combo test).

ELISA for dengue may be used in centres where combo test is not offered

Notification should be done

for all suspected dengue cases from private and public health facilities by telephone/fax/e-notification to the nearest health office within 24 hours of diagnosis. This should be followed by written notification using the standard notification form

Critical phase in dengue fever usually begins after the third (or earlier) day of illness (typically around the time of defervescence i.e. when temperature drops to and remains below 38°C). Plasma leakage may occur as a result of increased capillary permeability and is manifested by warning signs

All children with dengue infection treated as outpatient should have daily clinical and laboratory monitoring using dengue record card until resolution of critical phase

Dengue in children
has a wide spectrum
of clinical
presentations ranging
from non-severe to
life-threatening.

Isotonic crystalloid solutions should be used in resuscitation and maintenance therapy in children with dengue. Colloid solutions may be used in persistent shock despite resuscitation with crystalloid solutions

Close monitoring and frequent reassessment should be done to guide appropriate fluid management of children with dengue shock Those with prolonged and/or decompensated shock should be admitted to the high-dependency or intensive care unit

Blood transfusion should be given in life-threatening conditions and given as soon as severe bleeding is recognised (overt) or suspected (occult) in children with dengue Dengue infection in infants should be managed in a hospital with paediatric services

### International Activities

2 July 2020

## Webinar hosted by HTAi Developing Country Interest Group (DCIG)

By Dr. Roza Sarimin

The Developing Country Interest Group (DCIG) of HTAi organised a webinar on 2 July 2020, and Dr. Izzuna Mudla Mohamed Ghazali, the Head of MaHTAS, was invited to moderate the session. Panellists shared and exchanged their experiences on the role HTA agency had played in guiding decision making during COVID-19 pandemic in their countries. Besides, Dr Izzuna Mudla also delivered talks on the following topic during the webinar:

- MaHTAS Role in Responding COVID-19
- Utilizing Evidence to Informed Decision Making in Response to COVID-19: Malaysia Experience

## HTAIWEBINAR LMIC's and Utilizing Evidence to Inform Decision Making in Response to COVID-19

PANELISTS:
Dr Izzuna Mudla Mohamed Ghazali (Moderator)
Head of MatiTAS

Dr. Alexo Esperato Martínez
Bill And Melinda Cates Foundation, India

Dr. Anthony Nsiah

Ur. Anthony Nsian
Ghana Health Service
Lauren Pretorius
Campaigning For Cancer NPC, South Africa
Dr. Ana Pérez Galán
Health Assessment Division, Ministry of Health, Uruguay

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Get ready at 9.00 pn



8 Sept. 2020

### Seminar ISPOR 50<sup>th</sup> HTA Roundtable (Asia Pacific)

By Dr. Roza Sarimin

The goal of ISPOR HTA Roundtable is to discuss the application of research on health technology results and promote a valuable exchange of information, methods and knowledge among key decision makers in the development of value assessment or HTA in Asia Pacific region. In 2020, the Roundtable focused on "The challenges and opportunities that have surfaced due to COVID-19 and the role of HTA in Universal Health Coverage". The session was attended by two dedicated officers from MaHTAS, Dr. Izzuna Mudla Mohamed Ghazali and Dr. Roza Sarimin, virtually on 8 September 2020.

## HTAi 2020 Annual Meeting (Virtual)

By Dr. Roza Sarimin

The HTAi 2020 Annual Meeting is a key international gathering for sharing latest research, advancing discussions in policy and methods and, building global networks. The Beijing HTAi 2020 Virtual Annual Meeting ran from July through December 2020; with poster, oral, panel, and plenary presentations scheduled throughout the five months. The year's theme was Attaining, Maintaining, and Sustaining Healthcare Systems in a Changing World: The Role of HTA, with three plenary sessions covering the following topics:

- The Role of HTA in Achieving and Progressing Universal Health Coverage
- How to Adapt HTA to Address Technologies That Are 'Disrupting' Health Systems
- Incoming Tides and What it Means for HTA; the Rise of Real-World Evidence, 'Big Data', and Artificial Intelligence

Four MaHTAS officers; Dr. Izzuna Mudla Mohamed Ghazali, Dr. Roza Sarimin, Dr. Syaqirah Akmal and Dr. Ana Fizalinda Abdullah Sani had the opportunity to attend the virtual meeting and benefited from the sessions.

22 Sept. 2020

18 - 20

Aug. 2020

## INAHTA 2020 Annual Business Meeting

By Dr. Roza Sarimin

The INAHTA annual business meeting was conducted virtually on 22 September 2020, attended by worldwide INAHTA member agency representatives including two officers from MaHTAS; Dr. Izzuna Mudla Mohamed Ghazali and Dr. Roza Sarimin, as well as external partner representatives namely EUnetHTA, EUROSCAN, GIN, HTAi, REDETSA and WHO. The meeting discussed on upcoming INAHTA Congress, governance items, HTA glossary, updates of HTA database and several INAHTA position statement taskgroups on Process Piloting, INAHTA's Uniqueness, Disruptive Technologies, Patient Engagement and Real World Evidence. Patient Engagement Learning Group (ongoing) and HTA impact assessment project (completed) were among activities undertaken to deliver value to members.

### International Activities

19 Nov. 2020

## HTAi Asia Policy Forum: sharing of REALISE project

By Dr. Izzuna Mudla Mohamed Ghazali & Dr. Zawiah Mansor

Representatives from MaHTAS were among the 55 attendees from the asian region. The highlight of the session was the sharing of The **REAL** World Data In ASia for HEalth Technology Assessment in Reimbursement (REALISE) project: 'Use of Real-World Data and Real-World Evidence to Support Drug Reimbursement Decision Making in Asia'. The purpose of REALISE project are to maximise the potential of Real-world data (RWD) and Real-world evidence (RWE) and, to provide a framework to generate and use RWD/RWE in a consistent and efficient manner for decision-making in Asia.



8 Dec. 2020

### EuroScan International Network Annual Membership Meeting 2020

By Dr. Asliza Ayub

Moving towards the betterment of this organisation, international engagement is one of many channels to align MaHTAS priorities, needs and strengths in check. With that intention, MaHTAS participated in the EUROSCAN International Network Annual Membership Meeting 2020 which was held virtually on the 8 December 2020.

Euroscan International Network is an international organisation and a collaborative network of member agencies for the exchange of information on important emerging new drugs, devices, procedures, programmes and, settings in health care. AsiaScan with the other four regional groups i.e. AfroScan, ArabScan, EuroScan and LatinScan have been introduced to team up in their own locality to share ideas, exchange knowledges and support common action and, development within the regional groups.

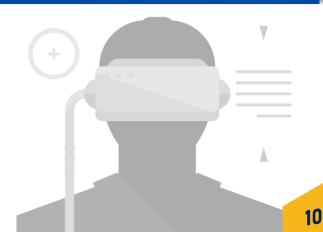
### DUKE-NUS Core 2nd Regional Multistakeholder Roundtable On Patient Engagement

23 - 24 Nov. 2020

By Dr. Syaqirah Akmal

Three MaHTAS officers (Dr Syagirah Akmal, Dr Mohd Aminuddin Mohd Yusof and Pn Ku Nurhasni Ku Abdul Rahim) participated in this 2-day event hosted by Duke-NUS CoRE, in partnership with Rainbow Across Borders, Milken Institute, Patient Focused Medicines Development and Singhealth Duke-NUS Global Health Institute. The theme of the event was Accelerating Patient Engagement for Resilient Health Systems. In this virtual roundtable, participants from 13 countries had the opportunity to discuss the impact of COVID-19 on patient engagement. Patient engagement were further explored through various perspectives (different countries or agencies such as HTA agencies, health ministries, regulators, academics, industries and patient groups). The discussion also revolved around moving anecdotes to evidence on patient engagement as well as next steps in setting-up evidence-based and collaborative regional patient engagement.





# Ma H T A S VOL. 27 e-NEWSLETTER International Activities

10 Dec. 2020

HTAi Virtual Annual Meeting: Using Health Technology Assessment for Universal Health Coverage in Malaysia

By Dr. Izzuna Mudla Mohamed Ghazali

Health Technology Assessment (HTA) plays an important role in improving patient-relevant outcomes while sustaining healthcare systems. Attaining universal health coverage (UHC) is a pressing issue for many countries, particularly those with lower and middle incomes. HTA is a recognised tool for priority setting, evidence-based resource allocation decisions, and benefits packages to achieve UHC. In these healthcare systems and in countries that have achieved UHC, HTA plays an ongoing role in progressing UHC and the sustainability of the healthcare systems.

However, current developments are challenging with the changing treatment and epidemiological paradigms. Prominent examples include 'disruptive' technologies, such as cell and gene therapy, and the incoming data tide, including increased utilisation of existing real-time data sources (like wearables), and modern technologies such as artificial intelligence, blockchain, and big data architecture. The consequences for HTA and the needs to adapt is apparent and must be faced globally to ensure the continued sustainability of healthcare systems.

The 2021 HTAi provided a platform for the leading minds in HTA to discuss and debate the role of HTA in attaining, maintaining and sustaining healthcare systems in a changing world. Head of MaHTAS, Dr. Izzuna Mudla Mohamed Ghazali had the opportunity to share the Malaysian experience using HTA for Universal Health Coverage.



Guiding Critical Decisions for Universal
Health Coverage (UHC): A WHO

Compendium to Inform Health Service/Benefit Package

By Dr. Izzuna Mudla Mohamed Ghazali



One of WHO's three strategic goals is to ensure that an additional one billion people in the world are protected by universal health coverage (UHC) by 2023 - able to access the services they need to keep healthy, without falling into poverty.

The WHO UHC Compendium of Health Interventions is a new tool for countries to develop packages of health services for UHC. Compendium offers national health authorities and decision-makers a database of over 3 500 health actions across different health areas from which they can choose when planning and budgeting their health programmes.

The Compendium brings together evidence, guidance, resource inputs and cost analysis into one go-to platform. In addition, it gives tips and options for choosing among the most cost-effective actions to develop a comprehensive package suited to national context.

On 14 December 2020, WHO launched the WHO UHC Compendium. Country experts shared their experiences in package development and the potential role of the Compendium in national planning processes. Dr. Izzuna Mudla Mohamed Ghazali shared MaHTAS experience in Horizon scanning and health technology assessment, and the compendium may assist countries in undertaking these activities to achieve UHC. Further information on UHC Compendium:

https://www.who.int/universal-health-coverage/compendium

16 - 17 Dec. 2020

### APEC Virtual Policy Dialogue on Rare Diseases in Malaysia & the Asia-Pasific

By Dr. Izzuna Mudla Mohamed Ghazali

Asia-Pacific Economic Cooperation (APEC) Virtual Policy Dialogue on Rare Diseases in Malaysia & Asia-Pacific, organised by APEC Rare Disease Network & Ministry of Health, Malaysia was held on 16 and 17 December 2020.

MaHTAS was invited to participate in a session on Improving Availability of Rare Disease Therapies: From Regulatory Approval to Health Technology Assessment (HTA). Dr. Izzuna Mudla Mohamed Ghazali, Head of MaHTAS, introduced the role of HTA, horizon scanning dan clinical practice guidelines (CPG) in supporting the rare disease management in Malaysia.



Three assessments produced by MaHTAS showing the impact in policy decision making are:

- · Haemophilia with inhibitors
- Continuous intrathecal baclofen (ITB) infusion for severe spasticity and dystonia
- Enzyme replacement therapy for lysosomal storage disease (LSD)

We strive to ensure inform decision-making in order to promote an equitable, efficient, and high-quality health system.

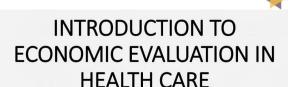


### Local Activities: conducted by MaHTAS

### Cost-analysis for Healthcare Workshop

24-25 August 2020 | By Pn. Ku Nurhasni Ku Abdul Rahim

Cost analysis for healthcare workshop was attended by 30 participants including virtual attendance of officers from Centre of Health Economics Research (CHEeR), Institute for Health System Research Ministry of Health. Associate Professor Dr. Azimatun Noor binti Aizuddin was invited to share her knowledge with MaHTAS officers on steps of conducting cost analysis. The knowledge will be important for both in conducting critical appraisal of health economic literature and economic evaluation of health technologies.



#### ASSOCIATE PROF DR. AZIMATUN NOOR BT AIZUDDIN

Senior Medical Lecturer & Public Health Consultant
Department of Community Health,
Faculty of Medicine, UKMMC
Head of International Casemix and Clinical Coding,
Hospital Canselor Tuanku Muhriz





### HTA Course for Technical Advisory Committee Members 2020-2021

By En. Syful Azlie Md Fuzi | 1 September 2020



This one-day introductory course exposed the participants to various topics including the HTA work process, formulating clinical questions and search strategy, study designs, introduction to economic evaluation, evidence synthesis for decision making, as well as generalising and transferability of HTA. In addition, this course aimed to provide a foundation in HTA report development and translating the findings into health policy and clinical practice. This will be beneficial in guiding the participants when providing technical inputs in future meetings.

### Healthy Mind @ Work Seminar 2 September 2020 | By Pn. Siti Mariam Mohtar

MaHTAS has organised a half-day seminar; Healthy Mind @ Work as part of its continuous effort in valuing physical and mental well-being of its staff. A distinguished guest speaker, Dr. Rosnawati Muhd Robat, Public Health Physician from Selangor State Health Department was invited to share her knowledge and experiences on two topics; Every Mind Matters At Work and Individual Resilience At Workplace. The seminar was held to raise awareness on mental health issues at workplace and strengthen staff commitment in creating health working environment.

## Local Activities: conducted by MaHTAS

Bengkel Pelan Strategik MaHTAS bagi Persediaan Rancangan Malaysia ke-12 (RMK-12)

By Cik Nurkhodrulnada Muhamad Lattepi | 9 - 11 September 2020

MaHTAS reviewers and members from Horizon Scanning, Health Technology Assessment, Health Technology Economic Evaluation and Clinical Practice Guidelines Technical Advisory Committees have attended the workshop at Holiday Inn, Malacca. Two experts from Malaysian Industry-Government Group for High Technology (MIGHT), En. Mohd Nurul Azammi Mohd Nudri and Dr. Tan Shu Ying shared their knowledge and experience and have brilliantly rolled out the scenario planning methods to identify areas for improvement and and strengthening of the work process, activities and services. The output from this fruitful meeting will inform MaHTAS 2025's action plan as laid out in the Strategic Framework of Medical Programme 2021 - 2025.





Training of Core Trainers (ToT) CPG Management of Major Depressive Disorder (Second Edition)
21 - 22 September 2020 J By Pn. Siti Mariam Mohtar

Training of Core Trainers (ToT) on CPG Management of Major Depressive Disorder (Second Edition) was successfully conducted in collaboration with Malaysian Psychiatric Association at Zenith Hotel Putrajaya. The new CPG edition was published in 2019 with expanding scopes on collaborative care, pregnant and postpartum women as well as chronic medical illness. A total of 74 participants consisting of psychiatrists, family medicine specialists and clinical psychologists nationwide attended the training. The two-day training comprised of 12 didactic lectures and four active case discussions. Both facilitators and participants shared their knowledge and experiences in management of the mental disorder. The participants are expected to deliver echo-training of the training module at state level in 2021.





### Local Activities: MaHTAS involved as invited trainers

Kursus Systematic Review on Development and Implementation of Dental CPG bagi Pakar & Pegawai Pergigian 2020 23 - 25 September 2020 | By Dr. Parveen A/P Thanabalen

"Abundance is not measured by what you have, it is created by what you share." This quote went well for MaHTAS officers as they were invited to be speakers and facilitators in the Systematic Review for Development & Implentation of Dental Clinical Practice Guidelines 2020 Workshop at Concorde Hotel Shah Alam. It was organised by Oral Health Technology Section, Oral Health Division, Ministry of Health, Malaysia. A total of 22 participants in the Dental CPG Development Groups from various dental specialities attended this workshop.



### **Biostatistics and Critical Appraisal Workshop**

By Dr. Erni Zurina Romli | 28 - 29 September 2020

A two-day workshop was organised by National Pharmaceutical Regulatory Agency (NPRA) for its officers with the aim to develop core skill in biostatistics and critical appraisal of scientific evidence. MaHTAS was honoured to be invited as guest speaker for the second day session of the workshop. Four MaHTAS officers had the opportunity to share their knowledge on search strategy for scientific evidence, use of reference manager and critical appraised of scientific evidence.



Guest Lecturer for Final Year Medical Students in University of Cyberjaya

By Dr. Izzuna Mudla Mohamed Ghazali | 17 December 2020

Dr. Izzuna Mudla Mohamed Ghazali was invited to give a lecture on Introduction to Health Technology Assessment in University of Cyberjaya, Selangor.







### Guest Lecturer for Final Year DrPH Students in Universiti Malaysia Sarawak

By Dr. Izzuna Mudla Mohamed Ghazali | 23 December 2020

Dr. Izzuna Mudla Mohamed Ghazali was invited as a guest lecturer for Final Year Doctor of Public Health program, University Malaysia Sarawak on Health Technology Assessment and Decision Making.





## Internal Training



17 July 2020

Research Design

By Pn. Fatin Nabila Mokhtar



In order to answer a particular research question, the type of research design is determined by the nature of question, the goal of research, and the availability of resources. Since the design of a research can affect the validity of its results, it is important to understand the different types of research designs and their strengths and limitations. During the above training, various research designs were enlightened and discussed.



23 July 2020

### **CPG and HS Work Processes**

By Dr. Asliza Ayub

As one saying "Repetition is the mother of learning, the father of action, which makes it the architect of accomplishment", the internal training on these topics gave further depth of understanding on workflow of two important units in MaHTAS, namely Horizon Scanning and Clinical Practice Guidelines Units. The sharing session was initially arranged to brief our intern on the functions of the two units. However the invitation was extended to more participants mainly our staff and also public by broadcasting it on Facebook Live. Well done Dr. Noor Ayuni Baizura Muhamad and Dr. Asliza Ayub!





2 October 2020

**CPG Implementation and Its Challenges**By Dr. Nur Hanani Mat Daud



CPG implementation is mainly to encourage the utilisation of CPG recommendations and MaHTAS plays an important role as facilitator in the implementation. In the above talk, various CPG implementation strategies were highlighted e.g. development of Quick Reference, launching of the CPG, ToT using CPG training module, publication in scientific journal and patient information leaflet. Monitoring of the activities were done yearly. Apart from that, challenges in the implementation were discussed. Among others, commitment and co-operation of the stakeholders was paramount in the smooth conduct of the implementation strategies.



## e-NEWSLETTER Achievement

### **EuroScan Regional Group Coordinator**

Dr. Izzuna Mudla Mohamed Ghazali, Head of MaHTAS was appointed as the Regional Group Coordinator for AsiaScan which covers Western Pacific Region (WPRO) and South-East Asia Region (SEARO) during EuroScan International Network annual membership meeting.

MaHTAS will do our best in coordinating activities among members in AsiaScan for better future of healthcare.



Izzuna Mudla Mohamed Ghazali

Candidate for Regional Group Coordinator - Western Pacific (WPRO) and South-East Asia Region (SEARO)



### Chairman (SIRIM Standard Project Committee on Face Shield)

Dr. Syagirah Akmal was elected as the chairman of the Project Committee for SIRIM Standards on Face Shield. She was responsible for the conduct of the meetings that started on 3 September 2020 and overall management of the Project Committee. All views expressed by the committee members were adequately summed up to produce the final draft standard. The draft was then opened to public comment from 21 September - 20 October 2020 and submitted for stakeholder consultation on 12 October 2020 before finally being published as SIRIM Industry Standard 41:2020.





### Ekosistem Kondusif Sektor Awam (EKSA): Pantun & Poster

MaHTAS participated in two competitons organised by JKK Promosi EKSA Zon Perkembangan. The theme for these competitions was "New Norm in Workplace". Congratulations to our talented staff!





### **EKSA** *Pantun* Competition Winners

2nd Place • Pn. Nurfarah Agilah 3rd Place • Pn. Atikah

#### **Participants**

En. Wan Mohd Nor Fakarudin Pn. Wong Wai Chee En. Latif Abgari

### **EKSA Poster Competition** Winners

1st Place • Pn. Fatin Nabila 2nd Place • Pn. Wong Wai Chee 3rd Place • Pn. Nur Iman Eryna

### **Participants**

05

En. Latif Abgari











### **Evaluation/ Research Activities**



Quick Reference for Clinical Practice Guidelines
Management of Asthma in Adults

Quick Reference Utilisation Survey (QRUS) on CPG Management of Asthma in Adults was conducted from March to July 2020 involving 53 selected MOH facilities nationwide. A total of 342 respondents participated in the survey (86.4% response rate). The proportion of awareness and utilisation of QR Management of Asthma in Adults among participated respondents were 60.5% and 73.4% respectively.

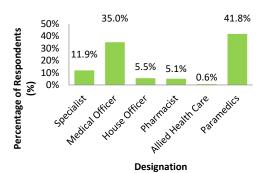


Figure 1: Designation of respondents

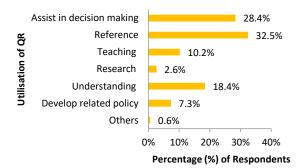


Figure 2: Reason of respondents using the QR

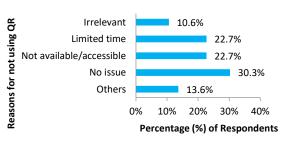


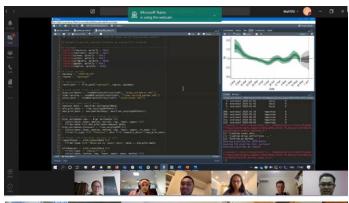
Figure 3: Reason of respondents not using the QR



Mathematical Modelling for Pandemic Control of COVID-19 in Malaysia

A collaboration was funded by WHO Western Pacific Office (WPRO) and, in collaboration with WHO Country Office (Malaysia) and Malaysian Health Technology Assessment Section under the purview of Medical Programme, Ministry of Health Malaysia. The aim was to capture the dynamics of COVID-19 transmission and the impact on hospital services requirements and preparedness in Malaysia. All meetings were conducted virtually every 2 to 4 weeks and were facilitated by Dr. Karina Razali from WHO Country Office Malaysia. A modified SEIR model was developed by Assoc Prof Dr. James Trauer, Dr. Jamie Sziklay and team from Monash University Sydney, Australia and Assoc Prof Dr. James Wood from University of New South Wales (UNSW) Sydney, Australia. Key findings were presented to the Crisis Preparedness and Response Centre Hospital Services, Medical Program Ministry of Health Malaysia.

A capacity building session was conducted regularly, (i.e. once a week) to ensure the competency and continuity of the analysis that is conducted by MaHTAS officers. The sessions were mentored by Dr. Richard T. Gray from the Kirby Institute, UNSW Sydney, NSW, Australia, Dr. Robert Leong, School of Public Health and Community Medicine, UNSW Sydney, NSW Australia and Dr. Le Linh-Vi from WHO Western Pacific Regional Office.





Courses and Workshops

Conducted from July until December 2020



Training of Core
Trainers CPG
Management of
Chronic Hepatitis C in
Adults (Virtual)

Systematic Review on Evidence-Based CPG Development and Implementation 1/2021

HTA Expert Committee
Training

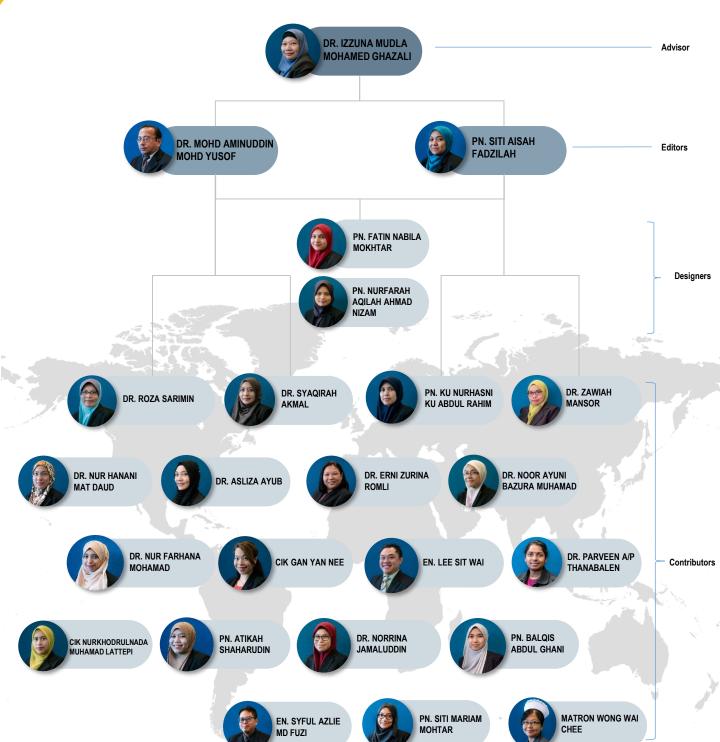


Training of Core
Trainers CPG
Management of
Rheumatoid Arthritis
(Virtual)

Training of Core
Trainers CPG
Management of
Breast Cancer (Third
Edition) (Virtual)

Horizon Scanning Manual Update

**Editorial Board** 



# Ma H T A S VOL. 27 e-NEWSLETTER Turnover of MaHTAS Staff



Pn. Subhiyah Ariffin from Hospital Sultan Abdul Halim, Kedah



Pn. Nurul 'Ain Abd Jalil from Bahagian Pembangunan





Pn. Rosnani Abdul Latip To Jabatan Kesihatan Negeri Pulau Pinang



Dr. Hanin Farhana Kamaruzaman Further study (PhD) in Glasgow, Scotland

Bon Voyage!

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