



MaHTAS

e-Newsletter

Advocating Informed Decision Making

MALAYSIAN HEALTH TECHNOLOGY ASSESSMENT SECTION

VOLUME 22

JULY— DEC 2017



Facilitators and Barriers of HTA Utilisation

HTA was firstly introduced in the late 1960s and since then has grown in many countries. The role of HTA was further enhanced with Universal Health Coverage (UHC) high on the global health agenda.

In 2014, sixty-seventh World Health Assembly had approved a resolution on Health Intervention and Technology Assessment in Support of Universal Health Coverage. The resolution urged Member States to establish and strengthen HTA as a necessary tool for setting priorities especially in the UHC context. Effectiveness of HTA program will depend on its influence, the extent to which information provided has had an effect on decision makers and in what ways. In Malaysia, HTA has been formally established for more than two decades ago.

In order to escalate HTA utilisation to the next level, a mixed-method evaluation was conducted to examine the indication and level of impact/influence of HTA/mini-HTA and, to explore the facilitators and barriers to its use for informed decision making related to health technologies.

A total of forty-six HTA/mini-HTA reports were evaluated comprising of :

- * medical devices (32.6%)
- * traditional and complementary medicine practices (21.7%)
- * procedures (15.2%)
- * programs (15.2%)

The results showed that the three most common indications of influence were :

- * conclusion/ recommendation of the reports being accepted (89.1%)
- * reports used as reference material (80.4%)
- * reports incorporated into policy/decision/ administrative documents (39.1%).

In-depth interview with stakeholders revealed factors that may facilitate or hinder the use of HTA in decision making as summarized in the table:

FACILITATORS

Promotion of evidence-based culture	Evidence-based was not really utilised at ground level Suggestion: more promotional activities to be conducted at the state and hospital level
Reliable report and user-friendly summary	Availability of executive summary makes the reports more user friendly
Accessibility	Many people are still unaware of its existence, including the public although the reports are available in the MOH website and accessible through mobile apps Suggestion: attractive promotional activities (social media and infographics) to access the reports

BARRIERS

Lack of resources	Financial and human resources (main barrier in implementing of HTA recommendations)
Outdated and long period required to produce a report	Rapid advancement of the technology may not be meet by the outdated reports Time required to produce a report is perceived as too long
Interpretation of conclusion	Difficulty in understanding medical terms and misinterpretation by non medical person

What we found?

Several facilitators and barriers identified offer valuable information and step-up measures can be taken in further enhancing the utilisation of HTA and refining HTA program in the country, which may potentially applicable to other HTA agencies.

By Dr. Izzuna/Dr. Roza

HTA-CPG COUNCIL MEETING 2/2017

HTA-CPG council meeting 2/2017 was held on 20 November 2017 and chaired by YBhg. Datuk Dr. Jeyaindran Tan Sri Sinnadurai, Deputy Director General of Health (Medical).

Three HTAs, eight mini-HTAs, three CPGs and one Horizon Scanning report as listed in the boxes below were presented.



CPG

- ◆ Management of Diabetes in Pregnancy
- ◆ Management of Asthma in Adults
- ◆ Management of Colorectal Carcinoma

HORIZON SCANNING (TechBrief)

◆ Novel drug

Oral HIF-PHI (Hypoxia Inducible Factor-Prolyl Hydroxylase Inhibitor) for The Treatment of Anaemia in Chronic Kidney Disease

HTA

- ◆ Low dose CT scan for Lung Cancer Screening
- ◆ Quit Smoking Interventions
- ◆ Microinvasive/Minimally Invasive Glaucoma Surgery

MINI-HTA (Technology Review)

Cancer

- ◆ Intra-Arterial Chemotherapy Treatment For Pancreatic Carcinoma
- ◆ Antibiotic Prophylaxis For Chemoport Insertion

Obstetric and Gynecology

- ◆ Low Molecular Weight Heparin (LMWH) As A Prophylaxis For Venous Thromboembolism In Pregnancy And Postpartum

Renal diseases

- ◆ Oral Folic Acid For Chronic Kidney Disease

Nutrition

- ◆ The Effect Of Marketing Of Unhealthy Food And Beverages To Children

Traditional and Complementary Medicine

- ◆ Clinical Hypnosis/Hypnotherapy For Pain Management, Anxiety, Depression And Addiction

Aesthetic Medicine

- ◆ Platelet-Rich Plasma For Facial Rejuvenation
- ◆ Platelet Rich Plasma For Treatment Of Osteoarthritis (An Update)



Lung cancer is a global public health problem including in Malaysia. Currently, there is no national screening program for lung cancer in Malaysia. Early screening studies using chest x-ray with or without sputum cytology demonstrated no mortality benefit. Low dose computed tomography (LDCT) imaging is a non-contrast procedure with effective radiation dose of 1.5mSv per examination. It is taken with a single breath-hold lasting approximately 15 to 20 seconds. It is said as a more sensitive imaging modality created and proposed as a potential lung cancer screening tool. Thus, a Health Technology Assessment was conducted to evaluate its effectiveness, safety and cost-effectiveness for lung cancer screening among high risk group in Malaysia.

The review found, LDCT has good sensitivity of 93% and moderate specificity between 67.6% to 73.4% for lung cancer. It leads to 20% relative decrease in deaths from lung cancer compared to chest x-ray. The number needed to screen to prevent one death due to lung cancer ranged from 320 to 954. Higher number of stage I and total lung cancers was also seen following screening using LDCT compared to control. However, LDCT resulted in probability of 18.5% that any lung cancer detected was an over diagnosis. There was considerable variation in incremental cost-effectiveness ratio for one-time LDCT screening. In Malaysia, if lung cancer screening focused on smoker's ≥ 25 packs years, the estimated financial implication ranged from RM103, 984,367 to RM193, 334,490 per screening.

In summary, screening for lung cancer using LDCT reduced lung cancer specific mortality and improved early detection of lung cancer. However, LDCT had high sensitivity but moderate specificity when used for lung cancer screening among the high risk group. Hence, LDCT may be used for lung cancer screening among the high risk group in a research environment or for research purpose.



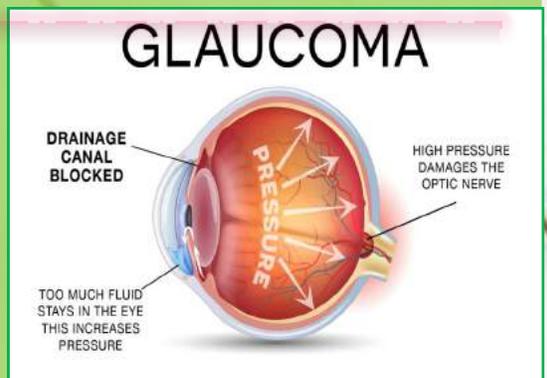
Microinvasive/Minimally Invasive Glaucoma Surgery (MIGS)

Glaucoma is the leading cause of irreversible blindness in the world. Once diagnosed with glaucoma, you will be adhered to the topical glaucoma medications (TGM) (e.g. eye drop) for the life time. However, for severe glaucoma, conventional surgery is the current management.

Microinvasive/Minimally Invasive Glaucoma Surgery (MIGS) offers an option for management of patients with mild to moderate open angle glaucoma (OAG). There are many choices of MIGS to reduce Intra Ocular Pressure (IOP) such as iStent, Trabectome, Hydrus Microstent, Gonioscopy-assisted transluminal trabeculotomy (GATT), Excimer Laser Trabeculotomy (ELT), CyPass Micro-Stent, Endocyclophotocoagulation (ECP), and XEN gel stent.

Most studies reported >20% reduction in IOP and topical glaucoma medications. The magnitude of IOP and TGM reduction were greater with higher pre-operative IOP (>21 mmHg) or the number of iStent implanted. When compared to conventional treatment, MIGS (Hydrus Microstent, ELT, and ECP) were found to be at least as effective as Canaloplasty, SLT, and Trabeculectomy in reduction of post-operative IOP, respectively. In terms of success, although most studies reported moderate to high success rate, we were unable to compare the success rate between different types of MIGS due to lack of standardisation in defining success.

MIGS is considered as a safe procedure with minimal complications. It is safer than Trabeculectomy. The most commonly reported complications were malposition or obstruction, transient hyphema, transient early IOP spike, transient hypotony, and peripheral anterior synechiae (PAS). A cost-analysis suggested that treating glaucoma patients with Trabectome, iStent, and ECP may be cost-saving when compared to monodrug, bidrug or tridrug therapy over six years period. Hence, MIGS has the potential to be a valuable option for management of patients with mild to moderate OAG. However, criteria for patient's selection should be developed and clinicians should be credentialed and privileged to perform the procedure.

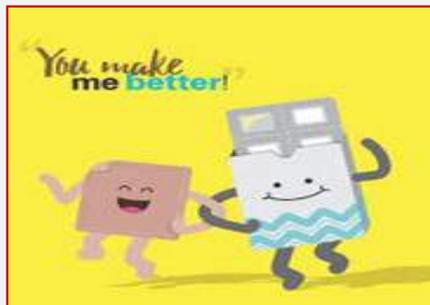


QUIT SMOKING INTERVENTIONS

HTA
IN BRIEF

Smoking-related diseases such as cancer and cardiovascular disease are the main causes of premature death globally and in Malaysia particularly. In Malaysia, diseases related to smoking remain the top causes of death in Ministry of Health (MOH) hospitals, accounting for more than 15% of hospitalisations and 35% of in-hospital deaths. There are 486 quit-smoking clinics and 47 hospitals within the Ministry of Health facilities throughout the country that provide various smoking cessation services including promotion, screening, counseling and pharmacotherapy services. Health Technology Assessment (HTA) was conducted to assess the effectiveness, safety and cost-effectiveness of these interventions and the findings were:

- ◆ Multicomponent interventions in primary care were effective, safe and able to achieve greater long-term continuous smoking cessation compared to usual care and counseling alone.
- ◆ Patients who received specialist one-to-one behavioural support were twice more likely to remain abstinent than patients seen by a general practitioner (GP) and pharmacy providers.
- ◆ Group-based behavioural support were three times more effective compared to seen by a GP or pharmacy providers in achieving abstinence.
- ◆ Proactive, population-based tobacco cessation care using proactive outreach to connect smokers to telephone or in-person smoking cessation services was effective.
- ◆ Large scale distribution of free nicotine replacement therapy (NRT) resulted in successful quit rate among NRT recipients compared to non-recipients.
- ◆ Intensive counseling interventions that began during the hospital stay and continued with supportive contacts for at least one month after discharge increased smoking cessation rates after discharge.
- ◆ Adding NRT to intensive counseling significantly increases cessation rates over counseling alone, but there was insufficient evidence on adding bupropion or varenicline.
- ◆ Emergency department-initiated tobacco control combining motivational interviewing and booster phone calls showed a trend toward increased episodically measured tobacco abstinence up to 12 months.
- ◆ NRT, bupropion SR, and varenicline improve the smoking cessation rates.
- ◆ NRT increase smoking abstinence at six months by 53%–68%.
- ◆ Use of a combination of NRT products increases cessation rates more than the use of a single NRT product. Bupropion SR increase smoking abstinence at six months by 49%–76%. Head-to-head comparisons between bupropion and NRT showed equal efficacy. Varenicline was more effective than bupropion and NRT (nicotine patch, nicotine gum) in smoking abstinence. Combination therapy of varenicline plus NRT was more effective than varenicline alone, especially if pre-cessation treatment of nicotine patch was administered.
- ◆ There is beneficial impact of mobile phone-based smoking cessation interventions on cessation outcomes. A Malaysian study found smoking cessation intervention consisting of phone calls and counseling delivered during the first month of quit attempt to have significant higher abstinence rates compared to a standard care approach. Offering free NRT through a state quitline was an effective means of increasing quitline utilization and improving quit rate.



By Dr. Erni Zurina

INTERNATIONAL VISIT



Delegates from Ministry of Public Health, Thailand with YBhg Datuk Dr. Jeyaindran and MaHTAS staff.

We are honoured to welcome delegates from Institute of Medical Research & Technology Assessment, Department of Medical Services, Ministry of Public Health, Thailand. The delegates were led by Dr Jitsuda Buakhao, on behalf of Director General, Department of Medical Services. The institute conducts HTA on medical technologies and primary research, and develops clinical practice guidelines.

The delegates had fruitful discussion and exchange of views regarding HTA and related issues with the Deputy Director General of Health (Medical), Datuk Dr Jeyaindran Tan Sri Sinnadurai and MaHTAS staff.

The delegates had the chance to visit MaHTAS office which displayed its various products including manuals.

By Mr Lee SW

CLINICAL HYPNOSIS/ HYPNOTHERAPY FOR PAIN MANAGEMENT, ANXIETY, DEPRESSION AND ADDICTION

Clinical hypnosis/hypnotherapy is one of the modalities in mind-body medicine which is increasingly used in medical specialities, psychiatry, psychology and social work. A technology review was conducted and showed hypnosis reduced acute procedural pain and is at least as effective as other complementary therapies. When compared to standard care control, hypnosis produced significantly lower pain ratings. Hypnotic analgesia seemed to be especially effective in minor surgical procedures. Interventions with more than one sessions reported more significant effect than did studies involving only one session. Shorter intervention time (≤ 30 minutes) and performed before the day of procedure produced the best results. For women in labour, the women who received hypnosis were less likely to use pharmacological pain relief or analgesia than those in control groups, however no significant difference was seen for sense of coping with the labour and satisfaction with pain relief.

In chronic pain involving physical disability group, hypnosis offered effective short-term pain relief. For elderly patients with chronic pain, hypnosis provided more prolonged analgesic effect as adjunctive therapy to pharmacological treatment compared to massage during hospitalisation. There was no difference in long term effect of pain intensity and mood between the hypnosis and massage groups.

In reducing exam anxiety, hypnosis was an effective therapy. A combination of hypnotherapy with other psychotherapy was more effective at reducing test anxiety than the hypnosis alone and had positive prolonged effects. On emotional distress (anxiety, depression) in adults undergoing surgical or medical procedures, hypnosis was found to be effective especially when given preoperatively or before procedure compared to intraoperatively or during procedure. For cancer patients with anxiety, hypnosis was able to reduce anxiety, especially for paediatric cancer patients who experience procedure-related stress. Patient was able to achieve deeper trance state when hypnosis was delivered by live hypnoterapist compared to audio hypnosis. The treatment was more effective when it combined therapist delivery with self-hypnosis.

In conclusion, hypnotic intervention was associated with a moderate reduction in depressive symptoms. Hypnotherapy was not found to be superior compared to other interventions such as brief attention, pharmacological treatment and psychological treatment for smoking cessation.

By Dr. Erni Zurina



PLATELET-RICH PLASMA



blood is centrifuged to produce a plasma layer that has platelet concentration above baseline values which will be injected into the affected area. We conducted two technology reviews on PRP to evaluate the evidence on the efficacy, safety and cost-effectiveness PRP for the treatment of OA and facial rejuvenation as below:

1

TREATMENT OF OSTEOARTHRITIS (AN UPDATE)



Osteoarthritis (OA) is the most common articular disease globally and a leading cause of pain and chronic disability. Most of the studies on PRP for OA have a high risk of bias and varies in terms of the PRP preparation and treatment frequency. The longest

outcome data available were only for 12 months. The short term evidence consistently showed that there were no major adverse events related to intraarticular PRP treatment for OA and there was no significant differences in the risk of adverse events between PRP and control groups. Nevertheless, minor adverse events which were self resolved such as pain, swelling and stiffness did occur. As for efficacy, the evidence showed that PRP significantly reduced pain and improved physical functions in patients with OA at six and twelve months when compared to placebo or HA. However, there was no significant difference in pain reduction when compared to corticosteroid.

By Dr. Izzuna

2

FACIAL REJUVENATION



Platelet-rich plasma has been increasingly used in dermatology for various indications.

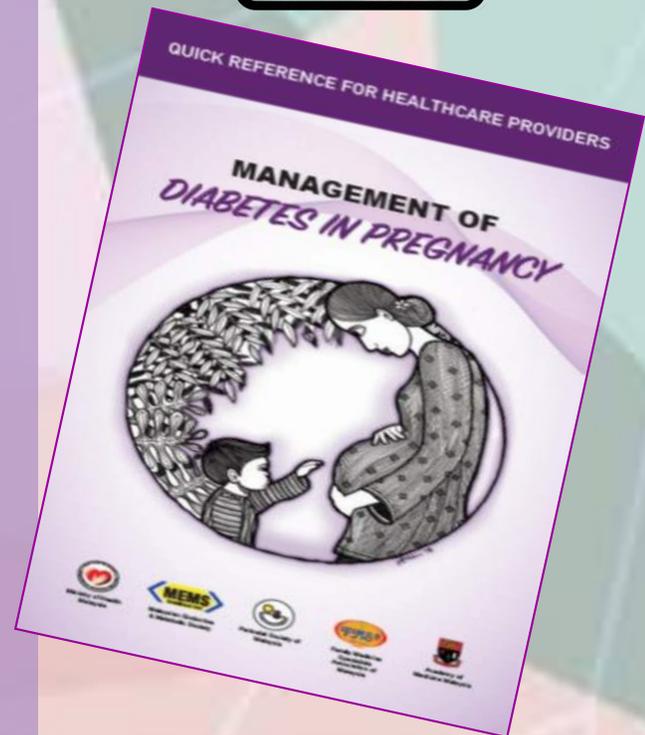
Limited evidence retrieved based on case series. Both injection and topical PRP resulted in positive outcomes after treatment such as reduction in periorbital wrinkle, dyschromia, improve skin texture, tones, homogeneity, elasticity, firmness, reduce ecchymosis and oedema. Combination of PRP and fibroblast growth factor (FGF) enhanced improvement of facial wrinkles. The response of skin rejuvenation may be increased in younger population. PRP alone was ineffective for deep wrinkles and acne scars but with combination of laser therapy, topical PRP gel showed 90.9% participants experienced more than 50% clinical improvement after the third treatment. No serious side effects were reported in the studies except burning sensation which commonly occurred after PRP injection and resolved on its own. No retrievable evidence on cost-effectiveness.

By Mdm Maria

MANAGEMENT OF DIABETES IN PREGNANCY

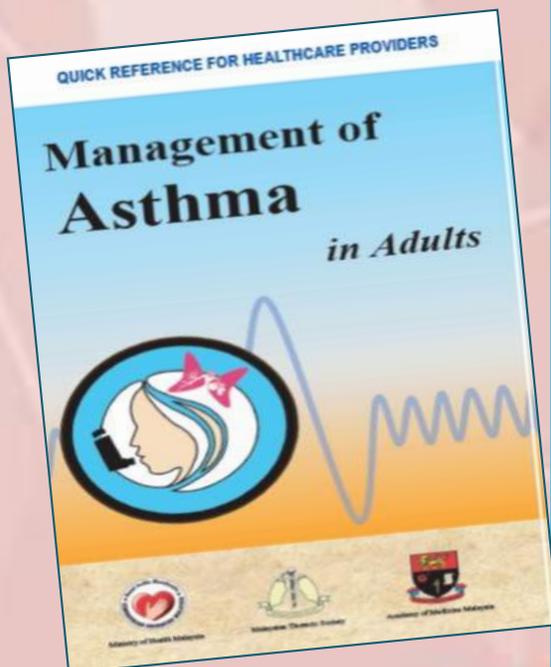
1. Diabetes in pregnancy is associated with risks to the woman and developing fetus.
2. Screening for gestational diabetes mellitus (GDM) based on risk factors using 75 gram oral glucose tolerance test (OGTT) should be done at booking.
3. Overt diabetes in pregnancy should be managed as pre-existing diabetes.
4. Pre-conception care of women with pre-existing diabetes which involves a multidisciplinary team should be fully implemented in all healthcare facilities.
5. Supplement of 5 mg folic acid per day should be given to women with diabetes who plan to become pregnant at least three months prior to conception and continue until 12 weeks of gestation.
6. Pregnant women at risk of GDM and those with diabetes should be given individualised medical nutrition therapy (MNT) which includes carbohydrate-controlled meal plan and monitoring of gestational weight gain.
7. Options of treatment for diabetes in pregnancy include MNT, metformin and insulin therapy.
8. Women with pre-existing diabetes should have ultrasound scans for dating, structural anatomy and growth.
9. Timing and mode of delivery in pre-existing diabetes and GDM should be individualised, taking into consideration the estimated fetal weight and obstetric factors.
10. In women with history of GDM, OGTT should be performed at 6 weeks after delivery to detect diabetes and prediabetes. If negative, annual screening should be performed.

CPG KEY MESSAGES

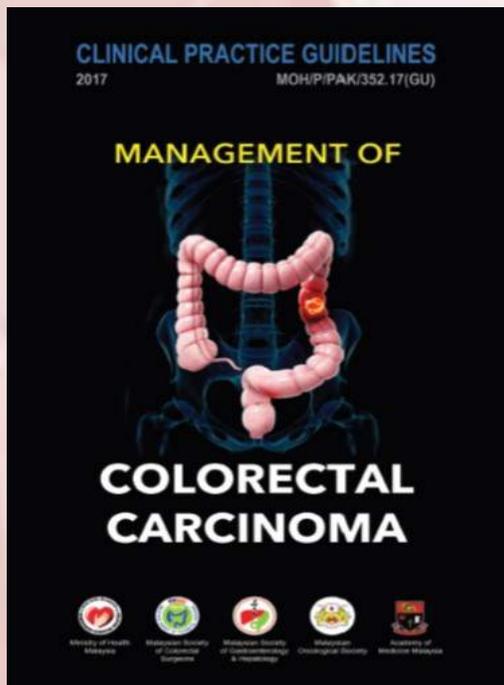


MANAGEMENT OF ASTHMA IN ADULTS

1. Asthma is an inflammatory airway disease triggered by external stimuli in genetically-predisposed individuals.
2. Diagnosis of asthma should be made based on typical clinical history and supported by positive obstructive airflow reversibility with spirometry. Spirometry is the investigation of choice and more reliable than peak expiratory flow (PEF).
3. Asthma patients should be regularly followed-up to assess asthma control and adjust treatment accordingly.
4. All asthma patients should be offered self-management education (written asthma action plan).
5. All asthma patients should be advised to quit smoking and offered smoking cessation programme.
6. Inhaler technique and adherence to treatment should be assessed at every asthma clinic visit.
7. Inhaled short-acting β_2 -agonists are the reliever of choice in stable asthma. Low to moderate dose of inhaled corticosteroids are the preferred maintenance therapy in asthma.
8. Rapid clinical assessment of severity should be performed in all acute asthma. Early referral for critical care should be considered for asthma patients who respond poorly to optimal treatment and at-risk of respiratory failure.
9. In acute asthma, inhaled β_2 -agonists is the first-line treatment and systemic corticosteroids should be given to all patients.
10. Monitoring and evaluation of asthma severity should include PEF and oxygen saturation. In life-threatening asthma or oxygen saturation on pulse oximetry $<92\%$, arterial blood gases should be done if readily available.



By Dr. Ayuni



By Dr. Ayuni

MANAGEMENT OF COLORECTAL CARCINOMA

1. Colorectal carcinoma (CRC) is the second most common cancer in Malaysia.
2. Screening of CRC should be offered at the age of 50 years and continues until 75 years old for average risk population. Immunochemical faecal occult blood test is the preferred method.
3. Colonoscopy is the screening method for moderate and high risk groups.
4. All individuals with family history suggestive of a hereditary colorectal carcinoma syndrome should be referred to a clinical genetics service for genetic risk assessment, where accessible.
5. The use of carcinoembryonic antigen (CEA) is exclusively confined for monitoring and follow-up. It is performed pre-operatively for baseline investigation and surveillance. CEA should not be used as a screening method.
6. Computed tomography scan should be used for staging and surveillance of CRC. Magnetic resonance imaging is the modality of choice in diagnosing and staging of rectal carcinoma.
7. Standardised histopathology reporting proforma incorporating TNM Classification of Malignant Tumours (TNM) staging system should be used.
8. The mainstay of treatment for CRC is surgical resection, which offers the best curative outcome.
9. Chemotherapy and radiotherapy are used to downstage, as adjuvant therapy and for palliative purposes.
10. In advanced CRC, multidisciplinary team approach in patient management should be practiced.

HORIZON SCANNING TECHBRIEF: ORAL HIF-PHI (HYPOXIA INDUCIBLE FACTOR-PROLYL HYDROXYLASE INHIBITOR) FOR THE TREATMENT OF ANAEMIA IN CHRONIC KIDNEY DISEASE

Roxadustat is a novel oral therapeutic agent under a new drug class of hypoxia inducible factor prolyl hydroxylase inhibitor (HIF-PHI). It works by reversibly inhibits prolyl hydroxylase domain (PHD) enzymes activity from degrading the HIF- α subunit and stimulates the body response to hypoxia without changing the partial pressure of oxygen in the tissues. This leads to a better iron metabolism as it reduces the effect of hepcidin. This horizon scanning review was conducted to assess its potential efficacy, safety, and cost-effectiveness for treatment of anaemia in CKD.

Five articles on six clinical studies were identified and the results showed roxadustat have potential to improve Hb response, reduce hepcidin levels, and improves iron bioavailability by stimulating the production of endogenous erythropoietin. About 92% patients with stage 3 or 4 non-dependent dialysis CKD (NDD-CKD) achieved Hb response with roxadustat. Five deaths were reported in two studies. However, the deaths were classified as not related to roxadustat. No treatment emergent adverse events were reported as drug related. The price is not known yet. More clinical trials is warranted to prove its efficacy and safety.



By Mdm Maria



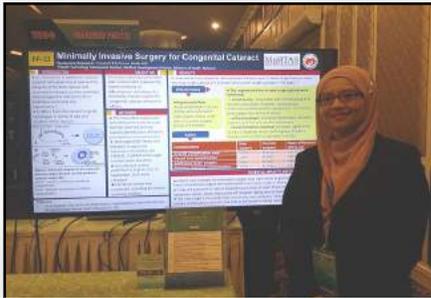
2nd Kelantan International Health Conference in conjunction with 22nd National Conference on Medical and Health Sciences

25-26 July 2017

Grand Riverview Hotel, Kota Bharu, Kelantan

Two horizon scanning reports were presented. The oral presentation entitled 'Potential Impacts of Vascular Targeted Photodynamic Therapy for Localised Prostate Cancer' and the poster entitled 'Minimally Invasive Surgery for Congenital Cataract' were delivered by Dr. Syaharatul. Both topics were in line with the conference theme 'Innovation in Healthcare'.

Congratulations to Dr. Syaharatul Patimah for being listed as the best top 10 posters.



Dr. Syaharatul with poster presentation

5th Asia Pacific Conference on Public Health 2017

10-13 September 2017

Riverside Majestic Hotel, Kuching Sarawak

Two MaHTAS delegates had an opportunity to share their work during free paper sessions at 5th Asia Pacific Conference on Public Health 2017.

A horizon scanning report entitled "Malaria Vaccine: A New Weapon?" was presented by Dr. Syaharatul Patimah and a technology review report entitled "Integrated Notification for Tuberculosis" was presented by Mdm. Balqis Abdul Ghani.



Dr.Syaharatul and Pn. Balqis as conference delegates



Dr. Syaharatul presented "Malaria Vaccine"

Scientific Writing and Manuscript Writing for Journal Publication

9-11 August 2017

Pejabat Kesihatan Putrajaya

We are honoured to invite Prof. Dr. Low Wah Yun to conduct a 3 days workshop on Scientific Writing and Manuscript Writing for Journal Publication. She shared her experiences on how to write a good scientific paper and prepare it to be published on the different reputable journals. She also guided us on the good publication ethics and what we should do to contribute to the body of evidence.



SCIENTIFIC WRITING AND MANUSCRIPT WRITING FOR JOURNAL PUBLICATION WORKSHOP 9 TO 11 AUGUST 2017

Participants of scientific writing workshop

The International Forum on Quality and safety in Healthcare

24-26 August 2017

Kuala Lumpur Convention Centre

This annual prestigious forum was organised by the Institute for Healthcare Improvement and British Medical Journal (BMJ), and was officiated by DYMM Paduka Seri Sultan Nazrin Mu'izzuddin Shah, the Sultan of Perak. The mission of the International Forum is to improve outcomes for patients and communities, provide practical ideas that can be implemented in the workplace, promote research into quality and safety improvement, foster effective innovation, and connect healthcare leaders and practitioners worldwide. Four posters from MaHTAS were presented during this forum.

Dr. Izzuna with Horizon Scanning poster entitled: Setting Up Horizon Scanning of Emerging Technologies System: Malaysia Experience



Dr. Junainah with HTA poster entitled: Health Technology Assessment (HTA) Supporting Informed Decision Making: Malaysia Experience



Dr.Roza with Monitoring & Evaluation poster entitled: Adherence to Clinical Practice Guidelines (CPG) in patient care- An Illustrative example of CPG Dengue in Malaysia



Dr.Hanin Farhana with CPG poster entitled: Clinical Practice Guidelines: The Prerequisites





Systematic Review on Evidence-based CPG Development and Implementation Workshop 2/2017

21 - 23 August 2017
Bilik Mesyuarat Ibnu Al-Razi, Blok E1, KKM

This second biannual training of the year was attended by thirty-six participants comprising of Development Group members of Clinical Practice Guidelines (CPG) Management of Hepatitis C and CPG Management of Breast Cancer (Third Edition).

The participants, consisting of gastroenterologists, breast and endocrine surgeons, family medicine specialists, pharmacists and others, were trained on the methodology of evidence-based CPG development and implementation.



Economic Evaluation in Healthcare: TreeAge Software Application

27-28 September 2017
Bilik Perbincangan MaHTAS, Aras 4, Blok E1, KKM

We were honoured to have Associate Professor Dr. Zafar Ahmed from Universiti Malaysia Sarawak as our speaker and trainer for this two-day's interactive workshop. The objective of this workshop was to support the capacity building activity by MaHTAS in the field of health economics. It is a way forward for us to improve the quality of our reports in advocating informed decision making.



Economic Evaluation in Healthcare
TreeAge Software Application Workshop
27 to 28 September 2017
Bilik Perbincangan HTA

Public Speaking and Powerpoint Development Course

1-3 November 2017 & 8-10 November 2017
Pejabat Kesihatan Putrajaya

We invited a famous speaker Tuan Shamsuddin Kadir to conduct two sessions of public speaking, one for support staff on 1-3 November and one for management and professional group on 8-10 November where every staff was trained individually to master the science and art of public speaking. Besides, the skill of preparing a power point presentation was also practiced.



Public Speaking and Powerpoint Development Course
8 - 10 November 2017
Pejabat Kesihatan Putrajaya

Training of Core Trainers (ToT) CPG Management of Nasopharyngeal Carcinoma

31 October 2017
Institut Kanser Negara, Putrajaya

The CPG on Management of Nasopharyngeal Carcinoma was published in 2016 and a Training Module had been developed as one of the strategies to increase the utilisation of the CPG.

The objective of the ToT was to disseminate the contents of the CPG to healthcare providers and to assist the 'trainers' in delivering all components related to the implementation of the CPG systematically and effectively.

The CPG Development Group delivered lectures and facilitated case discussions during the training. A total of 71 participants from all states in Malaysia attended the ToT and subsequently, these core trainers will conduct echo trainings in their respective states or institutions later. Medical lecturers from selected universities were also invited and they can use this Training Module as teaching materials for their medical students.



Horizon Scanning Engagement Session with Universities & Research Institutes

6 November 2017
Bilik Mesyuarat Ibnu Al-Razi, Blok E1, KKM

MaHTAS has an opportunity for an engagement session with research and innovation management centre from universities in Malaysia. Twenty five representatives from public and private universities participated in this engagement session.

The objective was to create awareness on Horizon Scanning activity and its work process. Furthermore, it was hope to enhance collaboration between universities and MaHTAS in supporting local innovation.





MAHTAS INVOLVEMENT AS SPEAKERS/TRAINERS/CONSULTATION

By Dr. Norrina

1 **10-12 July 2017: Mdm Noormah Darus**
 Workshop on Evidence Based Medicine (EBM) and Critical Appraisal (organised by Clinical Research Centre Perak and Pharmaceutical Services Division, Perak State Health Department)

2 **18 July 2017: Dr. Izzuna Mudla Mohamed Ghazali**
 Engagement session on Horizon Scanning with Pharmaceutical Association Malaysia (PhAMA)

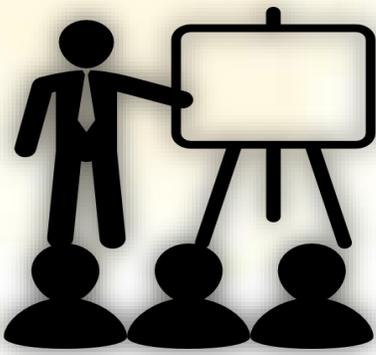
3 **31 July-2 August 2017: Dr. Mohd Aminuddin Mohd Yusof, Mdm Noormah Darus, Dr. Ainol Haniza Kherul Anuwar, Mr Lee Sit Wai**
 Systematic Review in the development and implementation of dental CPG for specialist and dental officer, Bahagian Kesihatan Pergigian KKM

4 **8-9 August 2017: Dr. Izzuna Mudla Mohamed Ghazali**
 International Medical Device Conference, 2017 (organised by Medical Device Authority)

5 **27 September 2017: Dr. Izzuna Mudla Mohamed Ghazali**
 Bengkel Pengkomersialan Inovasi Kementerian Kesihatan Malaysia (organised by Unit Inovasi, Bahagian Khidmat Pengurusan KKM)

6 **24-26 October 2017: Dr. Izzuna Mudla Mohamed Ghazali**
 Konvensyen QA Peringkat Kebangsaan Kali ke-9, Enhancing Quality: Do More With Less (organised by KKM, JKN Perak, UniKL)





INTERNAL TRAINING

The capacity to learn is a *gift*; the ability to learn is a *skill*; the willingness to learn is a *choice*.

Brian Herbert

18 August 2017: Echo Training on Casemix and video preview on Economic Evaluation by Dr. Erni Zurina Romli.



24 August 2017: Economic Evaluation-Hands on by Mdm Ku Nurhasni Ku Abdul Rahim.



28 August 2017: Economic Evaluation—Proposal Presentation by Mdm Ku Nurhasni Ku Abdul Rahim.



6 October 2017: Basic Statistic for Critical Appraisal by Mdm Noormah Darus.



16 October 2017: Update on OVID platform by Mr. Alan Finn



17 October 2017: Introduction to Evidence Based Medicine (EBM) by Mdm Noormah Darus.



ACHIEVEMENT

EKSA Pantun Competition 2017

EKSA Pantun Competition was organized by JK Promosi EKSA Zon Perkembangan for the first time in Zon Perkembangan from 23rd August to 8th September 2017.

A total of six staff from MaHTAS participated in the *pantun* writing competition and two of them were selected as the best five *pantun*. Congratulation to Mdm. Nurul Akhma and Dr. Ainol Haniza for winning this competition!

"Let's keep the spirit soaring high!"



**"Continuous effort - not strength or intelligence - is the key to unlocking our potential."
Winston Churchill**

We Are The Champion!



Well done
is better than
well said.
- Benjamin Franklin

Occupational Safety and Health Week 2017

Year after year, Occupational Health and Safety Week organised by Medical Development Division is a sell-out success story for MaHTAS. We participated in every activities organised during the event. Solid teamwork and commitment showed by MaHTAS were once again drove MaHTAS as the winner of the following activities:

First place- Anugerah Tempat Kerja Sejahtera: MaHTAS

Best workstation: Dr. Erni Zurina Romli

First place- Safety Innovation Award: Eye Care, Do you care? : Dr. Roza Sarimin, Dr. Aidatul Azura Abd Rani & Dr. Asliza Ayub

First place: Treasure Hunt: Dr. Asliza Ayub, Mr. Faizfendi Ahmad Kasrin & Mdm. Nurul Akhma Abd Hamid

By Dr. Ainol Haniza

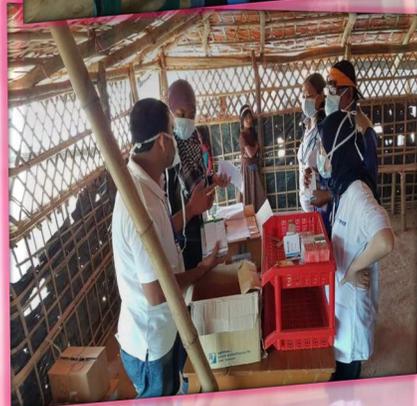
MERCY Malaysia's Rohingya Refugee Crisis In Cox Bazar, Bangladesh : Humanitarian and Medical Volunteer Activities



Affectionate with humanitarian mission, two medical officer from MaHTAS, Dr. Erni Zurina Romli and Dr. Asliza Ayub had enrolled as medical volunteers from 8th December 2017 till 22nd December 2017.

As reported in World Health Organization (WHO), since 25 August 2017 more than 400 000 people are estimated to have crossed from Myanmar to Bangladesh following violence in Rakhine state, Myanmar. Owing to sudden influx of immigrants in Cox's Bazar Bangladesh, the need for shelter, food, essential items and emergency medical care are critically deprived. Several agencies had offered medically by providing healthcare services including mobile teams, medical consultations, in-patient facilities, vaccinations, reproductive health services, psychosocial support, rehabilitation services and nutritional services. Others are constructing water and sanitation facilities and distributing non-food items.

MERCY Malaysia has deployed their missions consisting of Emergency Response (ER) team starting from 12 September 2017 in collaboration with Bangladesh's local agency Coastal Association for Social Transformation Trust (COAST). Primary Health Clinics (PHCs) services were provided in Balukhali and Kutupalung to cater common diseases among refugees such as acute gastroenteritis, upper respiratory tract infection, skin infections, eye infections and musculoskeletal disease. **-By Dr.Asliza-**





INTERNATIONAL ACTIVITIES

On 19-22 September 2017, two officers from MaHTAS, Dr. Erni Zurina Romli and Mdm. Atikah Shaharudin were sponsored by WHO to attend a "Meta-analysis: Advanced method using the STATA software" course.

The course was jointly organised by Cochrane Switzerland and the Institute of Social and Preventive Medicine (IUMSP), Lausanne, Switzerland.

Meta-analysis is the quantitative analysis of systematic reviews which is an essential skill in MaHTAS. The aim was to learn in details the methodological and statistical elements of meta-analysis technique. using STATA software. **-By Mdm. Atikah-**



ISPOR 36th Health Technology Assessment Roundtable - Asia-Pacific was held on 23rd September 2017 at Taipei, Taiwan. The theme of the roundtable was Health Technology Assessment of Medical Devices and Diagnostic in Asia Pacific. Twenty-seven participants from 15 countries namely Australia, China, India, Indonesia, Japan, Kazakhstan, Malaysia, Mongolia, New Zealand, Philippines, Singapore, South Korea, Taiwan, Thailand and Vietnam attended the roundtable. Dr Izzuna Mudla Mohamed Ghazali from MaHTAS represented Malaysia.

The roundtable comprised of country presentations and three discussion sessions. Among the issues discussed were challenges in conducting HTA on medical device compared to pharmaceuticals, approaches in HTA for medical devices, prioritisation criteria, recent trends of medical devices and opportunities for HTA cooperation in this region. **-By Dr. Izzuna-**



The HTAi Asia Policy Forum is a yearly event. This year, from 2nd to 3rd November 2017, the forum was organised by the Health Technology Assessment International (HTAi) and China National Health Development Research Centre. The two days forum enabled sharing of information, views, and aspirations among various HTA agencies, policy makers and industries with the aim of achieving UHC in Asia using HTA and real world data without compromising integrity. The forum consisted of six plenary sessions and three round table discussions.

-By Dr. Junainah-



EDITORIAL BOARD

Advisor

Dr. Junainah Sabirin

Editors

Dr. Izzuna Mudla Mohamed Ghazali

Dr. Mohd Aminuddin Mohd Yusof

Dr. Norrina Jamaluddin

Designers

Dr. Norrina Jamaluddin

Matron Wong Wai Chee

Contributors

Dr. Junainah Sabirin

Dr. Izzuna Mudla Mohamed Ghazali

Dr. Roza Sarimin

Dr. Hanin Farhana Kamaruzaman

Mdm Ku Nurhasni Ku Abdul Rahim

Dr. Erni Zurina Romli

Mdm Maria Ja'afar

Mr Lee Sit Wai

Dr. Asliza Ayub

Dr. Norrina Jamaluddin

Dr. Noor Ayuni Bazura Muhamad

Dr. Ainol Haniza Kherul Anuar

Mdm Atikah Shahrudin

Mdm Balqis Abdul Ghani

Mdm Siti Mariam Mohtar

COURSES & WORKSHOPS

Conducted from July-December 2017

Scientific Writing and Manuscript Writing for Journal Publication workshop	9 -11 August 2017
Systematic Review on Evidence-based CPG Development & Implementation Workshop 2/2017	21-23 August 2017
Workshop on Economic Evaluation : Tree Age Application	27-28 September 2017
Training of core trainers (ToT): CPG Management of Nasopharyngeal Carcinoma	31 October 2017
Public Speaking : For Support Staff Public Speaking and Powerpoint Development Course	1-3 November 2017 8-10 November 2017
Horizon Scanning Engagement Session with Universities & Research Institutes	6 November 2017

Planned for January-June 2018

Health Technology Assessment (HTA) Course For Expert Committee & Central region 2018	5-6 March 2018
Systematic Review on Evidence-based CPG Development & Implementation Workshop 1/2018	13-15 March 2018
Interpreting and Reporting Biostatistics Course	26 – 28 March 2018
Introduction for Health Economic Evaluation	28-29 June 2018

Malaysian Health Technology Assessment Section (MaHTAS)

Medical Development Division

Ministry of Health Malaysia

Level 4, Block E1, Complex E, Precinct 1

62590 Putrajaya

TURNOVER OF MAHTAS STAFF

	603-88831229		www.moh.gov.my
	603-88831230		MaHTAS Malaysia
	htamalaysia@moh.gov.my		@MaHTASMalaysia

WELCOME

Dr. Noor Ayuni Bazura Muhamad
Medical Officer UD48
Joined on 1st November 2017



WE

for your

CONTRIBUTION

Madam Noormah Md Darus
Senior Principal Assistant Director U54
(Pharmacist)
Retired on 31st December 2017



Thank You!



Specially dedicated to

Madam Noormah Md Darus

The sun shine brightly as it sees your smile
Your contagious laughter filled our morning even just awhile
Tender smile that lighten our days
Chasing away the gloomy haze
A shoulder to cry on, stories to share
And the day just sailed on with nothing else to spare
Truly a warm heart and soul that really cares
Your inspirational words raised us to our glorious days
Shaping our future brighten our path
Never in a moment, showing your wrath
Hold our hands tightly and never let it go
Silently and proudly you allow us to glow
You will always be in our heart
Even though we are apart
We will carry your legacy till the end of our life
To be better than before, we will try to thrive
May your life showered with happiness, joy and good health
Because that is more worthy than a chest full of wealth
Words aren't enough to describe our gratitude



**A Mother, A Teacher, A Mentor,
A Best Friend**

Thank you for being the wonderful YOU!!

-Love & Thanks by Double H-