

**CONFLICTS IN HEALTH
TECHNOLOGY ASSESSMENT – A
PERSPECTIVE FROM A
DEVELOPING COUNTRY**

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BACKGROUND

- HTA - often provides input into national policy formulation
- HTA unit - based in Ministry of Health Malaysia - assists in policy making at national level
- HTA reports - basis for formulation of CPGs - translating policy into practice
- evidence - used in local context
- conflicts with policy makers, healthcare practitioners –
 - may impinge on established local practice
 - appear to be against expert opinion
 - decry use of modern technology
 - against established norms

ADOPTION OF HTA

- initial attempts - adopt HTA from other countries for local implementation
- issues -
 - “foreign” assessments applicable in local context?
 - compromise quality of patient care?
- HTA reports
 - Use of routine pre-operative investigations
 - Routine use of electronic foetal monitoring
- policy circular sent out to MOH hospitals – encountered resistance

PILOT PROJECTS

- pilot projects implemented in some hospitals
- baseline – usual practice
 - routine pre-operative investigations in elective surgery
 - routine use of CTG during labour in low risk mothers
- patient outcomes monitored for month

PILOT PROJECTS

- interventions implemented –based on HTA recommendations
 - pre-op investigations only on needs basis
 - CTG not used in low risk deliveries
- some pre-op investigations carried out for no apparent reason
- concerns about poor nursing care in obstetric care
- patient outcomes also monitored for month
- outcomes – similar in both groups – quality of care not compromised
- benefits – cost savings, easier provision of care

NEWBORN SCREENING FOR HEARING LOSS

- evidence – for universal screening
- baby has to be kept in ward if positive results – second screening
- return later for confirmatory test
- local constraints
 - resources – shortage of audiologists, speech therapists, facilities for cochlear implants
 - clinical practices – rapid discharge after delivery
 - customs & tradition – mother ‘confined’ at home – difficulties faced in bringing babies back to hospital after discharge
- policy of screening only high risk babies proposed

NEWBORN SCREENING FOR HEARING LOSS

- unhappiness expressed by practitioners – worry about missing out babies with hearing loss – good evidence – early intervention improves learning ability
- rationale explained to clinicians – intention to screen all babies - constraints
- studies – even with late intervention – ultimate learning abilities similar
- plan for review of assessment recommendation in near future

SCREENING FOR CONGENITAL HYPOTHYROIDISM

- evidence –
 - screening most effective few days after birth
 - heel prick most suitable
- practice in many countries
- found to be difficult locally - local practices, tradition & customs
 - mother 'confined' at home – difficulties faced in bringing babies back to hospital after discharge

SCREENING FOR CONGENITAL HYPOTHYROIDISM

- HTA recommendation - neonatal screening using cord blood
- rationale
 - can be carried out at birth
 - hitching on existing programmes – screening for G6PD – cord blood on blotting paper
- conflict with practitioners – felt going against established practice
- discussions – general agreement
- many babies detected & treated

CONCLUSION

- conflict –integral part of HTA
- multi-factorial – political, professional practice (beliefs), resistance to change
- adequate communication, compromise, amicable resolution, ‘saving face’....
- ultimately community/patients must benefit