

Building AD relationships from scratch in a virtual environment: Perspectives from Singapore

Tina Chen

Head, Evidence to Practice Office, Agency for Care Effectiveness
Ministry of Health, Singapore

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No conflict of interest

What is the first word that comes to mind when you think about building relationships in a virtual environment?

Outline

- Background to our AD program
- Our approach to 'virtual' AD relationship building
- Reception, reflections and looking ahead

Background

ACE is a technical agency within MOH Singapore that facilitates better decision-making in healthcare by providing trustworthy, evidence-based information

Clinical guidance

ACE CLINICAL GUIDANCE Published: 1 October 2025
www.ace.his.gov.sg

When to order MRI for low back pain



Objective	Scope	Target audience
To enhance appropriate use of magnetic resonance imaging (MRI)	MRI of the lumbar spine for diagnostic investigation of low back pain	This clinical guidance is relevant to all healthcare professionals ordering MRI of the lumbar spine

Globally, low back pain leads to more years lived with disability than any other symptom or condition.¹ The prevalence of low back pain is higher among middle-aged people, as well as in high-income countries, such as Singapore.² As low back pain is largely a self-limiting condition, imaging is not indicated in most cases. When indicated, magnetic resonance imaging (MRI) of the lumbar spine is one of several imaging modalities for low back pain. However, its clinical utility varies with the clinical presentation and working diagnosis.

Statement of Intent


This ACE Clinical Guidance (ACG) provides concise, evidence-based recommendations and serves as a common starting point nationally for clinical decision-making. It is underpinned by a wide array of considerations contextualised to Singapore, based on best available evidence at the time of development. The ACG is not exhaustive of the subject matter and does not replace clinical judgement. The recommendations in the ACG are not mandatory, and the responsibility for making decisions appropriate to the circumstances of the individual patient remains at all times with the healthcare professional.



ACE CLINICAL GUIDANCE Published: 16 October 2020
www.ace.his.gov.sg

Asthma

Optimising long-term management with inhaled corticosteroid



Objective	Scope	Target audience
To advance appropriate management of asthma	Clinical assessment, pharmacological treatment, and non-pharmacological strategies for managing asthma over the long term	This clinical guidance is relevant to all healthcare professionals caring for patients with asthma, especially those in primary care

Asthma is one of the most common chronic respiratory conditions seen in primary care in Singapore.¹ Around 5% of residents in Singapore aged 18 to 69 years have asthma.² About 1 in 3 patients with asthma aged 12 years and older in Singapore report exacerbations in the past year, and about 1 in 2 have missed work or school due to asthma in the past year.³ The impact of asthma locally is also reflected in hospital admissions, with Singapore's asthma hospital admission rates being higher than countries in the Organisation for Economic Co-operation and Development (OECD).⁴

Risk of exacerbations and other poor asthma outcomes, such as hospital admissions, can be reduced with preventer (or controller) medications, particularly inhaled corticosteroid (ICS)—the mainstay of long-term asthma management.^{5,6} Despite wide availability of ICS, use of preventers in Singapore is the lowest among eight countries in the Asia-Pacific region, with only 1 in 4 patients with asthma aged 12 years and older using a preventer in the past month.⁷ Locally, one third of patients with a severe asthma exacerbation requiring mechanical ventilation or intensive care unit (ICU) admission were not on ICS prior to the exacerbation.⁸

To reduce the impact of asthma in Singapore, more optimal ICS use as part of long-term management is needed.

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Health technology assessment

ACE agency for care effectiveness

Technology Guidance

Infliximab biosimilar for treating inflammatory conditions

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has recommended to:

- ✓ Reclassify infliximab biosimilar (Remsima) 100 mg vial from the Medication Assistance Fund (MAF) to the MOH Standard Drug List (SDL)

In view of favourable cost effectiveness compared to other anti-tumour necrosis factor alpha (anti-TNFα) biologics at the price proposed by the manufacturer.

Subsidy status

SDL subsidy will apply for all registered indications of infliximab biosimilar (Remsima) 100 mg vial in Singapore:

- Adults with moderately to severely active rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, ulcerative colitis or Crohn's disease; and
- Children aged 6 years or older with severe active Crohn's disease; and
- Children aged 6 years or older with moderately to severely active ulcerative colitis.

SDL subsidy does not apply to proprietary infliximab 100 mg vial (Remicade) or other infliximab biosimilars.

Published: 18 January 2021

Driving Better Decision-Making in Healthcare

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ACE agency for care effectiveness

Technology Guidance

Bilateral cochlear implants

for children with severe-to-profound sensorineural hearing loss in both ears

Technology Guidance from the MOH Medical Technology Advisory Committee

Guidance Recommendations

The Ministry of Health's Medical Technology Advisory Committee has recommended:

- ✓ Bilateral cochlear implants (BCI) for the management of children (<18 years old) with severe-to-profound sensorineural hearing loss in both ears who have:
 - A hearing threshold of >70 decibels hearing level (dB HL) without acoustic hearing aids (HA),
 - A hearing aid trial of 3 to 6 months, unless contraindicated or inappropriate, and
 - Parental support in the form of motivation and commitment to rehabilitation.
- ✓ Simultaneous BCI should be provided to the eligible child as early as clinically suitable.
- ✓ For children who have received unilateral cochlear implant (CI), the second CI in the contralateral ear should be provided only if this is judged to provide sufficient benefit by the clinician.
 - The second CI should be provided by 6 years of age unless there are special conditions to consider (e.g. large vestibular aqueduct syndrome (LVAS), meningitis, irradiated ears).
- ✓ Children will be eligible for subsidy for the replacement of CI sound processors, which include replacement with or without upgrade where an upgrade refers to a change to a later model than currently used by the individual, if all of the following criteria are met:
 - The child is deemed by the attending healthcare professional to be receiving sufficient benefits from the CI, and demonstrating continued need for CI; and
 - The existing CI sound processor has been used for at least 5 years, and its deterioration in performance is deemed by the attending healthcare professional to warrant replacement for achieving optimal hearing.

Driving better decision-making in healthcare

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Background

- Addition of AD
- Launch of ACE Clinical Update Service (CUES) planned for 2020
 - Topic: asthma management
 - Target audience: general practitioners

2020 – year of pivoting



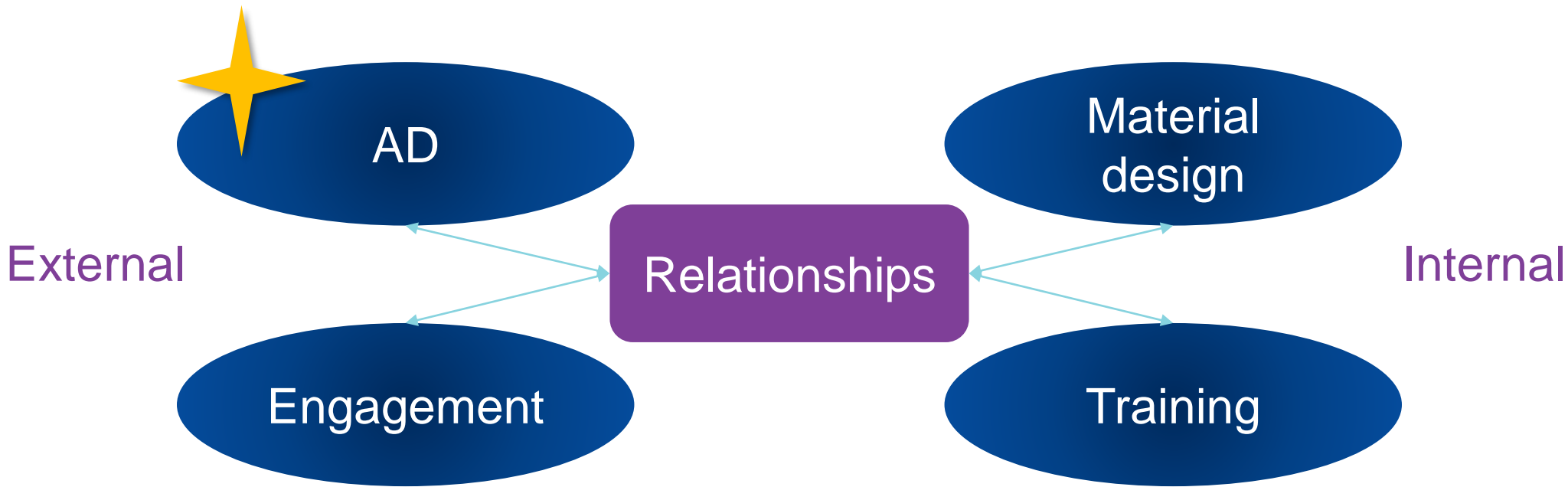
'Virtual' AD relationship building – principles

Keeping to AD!

Same principles as in-person AD (but may require adaptation or additional effort):

- Building credibility
- Establishing rapport
- Co-learning through interaction

'Virtual' AD relationship building – mutual building blocks



Building credibility

Organizational level:

- Leveraging existing profile of ACE – trusted provider of clinical guidelines and HTA
- Synergizing AD with evidence-based recommendations in our clinical guidelines (*but mindful of not becoming a ‘guideline delivery service’*)

Individual level:

- Ongoing training curriculum to strengthen content knowledge and AD skills
- Professional ACE CUES identity



**SIGN UP NOW
FOR ACE CUES**

ACECUES
CLINICAL UPDATE SERVICE

ACE CUES is **CME-accredited** and offers an **efficient** way for general practitioners (GPs) to stay **up-to-date** with **credible** information on patient care. Keeping to COVID-19 precautions, online discussions are offered in place of face-to-face visits for now.

Professional education
(CME-accredited)



Personalised,
one-to-one
discussions



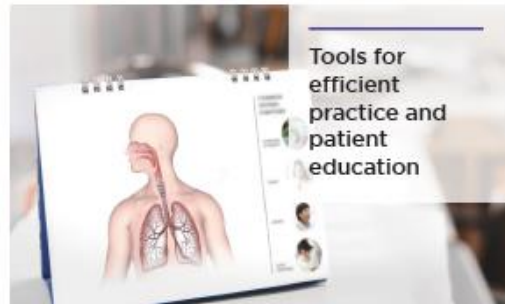
Summaries of
evidence-based
information



Discussions
held at your
preferred time



Tools for
efficient
practice and
patient
education



HOW DOES ACE CUES WORK?

Offering a range of clinical topics over time, ACE CUES is available to private GPs on a free-subscription basis. The service may be extended to other healthcare professionals in the future.

1 Scan the QR code to [sign up](#)



2 Receive email or call to arrange discussion



3 Meet with ACE CUES staff at your preferred time



4 Engage in personalised discussions covering:

Balanced and credible summaries of evidence



Practice challenges and areas of uncertainty



For more information

Email: ACE_CUES@moh.gov.sg
Visit: www.ace-hta.gov.sg/ACE-CUES.html



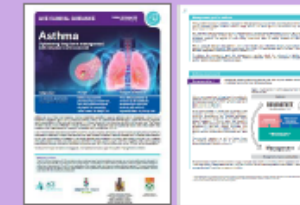
Establishing rapport

- COVID is a great conversation starter!
- Understanding GP's practice context and barriers – fewer clues with virtual
- Pre-session survey
- Supplementary practice tools for practical support – digital catalogue

INFORMATION RESOURCES

Thank you for supporting ACE Clinical Update Service (CUES) on the clinical topic of asthma management. The following resources have been developed to assist you in caring for patients with asthma.

ACE CLINICAL GUIDANCE (ACG)



- Provides evidence-based recommendations to healthcare professionals on clinical assessment, pharmacological treatment, and non-pharmacological strategies for managing asthma over the long term.

Visit [here](#)

PATIENT EDUCATION FLIPCHART



- Facilitates discussions between healthcare professionals and patients or caregivers on the management of asthma.
- Visuals with succinct text to reinforce asthma-related concepts: asthma pathophysiology, role of preventers and relievers, management goal, and common triggers.

Download [here](#)

PATIENT FACT SHEET



- Addresses common concerns that patients with asthma or their caregivers have about steroid inhalers.
- Easy-to-understand text with illustrations that can be read by patients or caregivers on their own.

Download [here](#)

ACE CUES ASTHMA WEBPAGE



- Features inhaler technique videos for patients or caregivers to learn and revise the steps of using asthma inhalers.
- Also features written asthma action plan (WAAP) templates for healthcare professionals to personalise instructions for patients or caregivers on self-management, including for when symptoms worsen.

Visit [here](#)

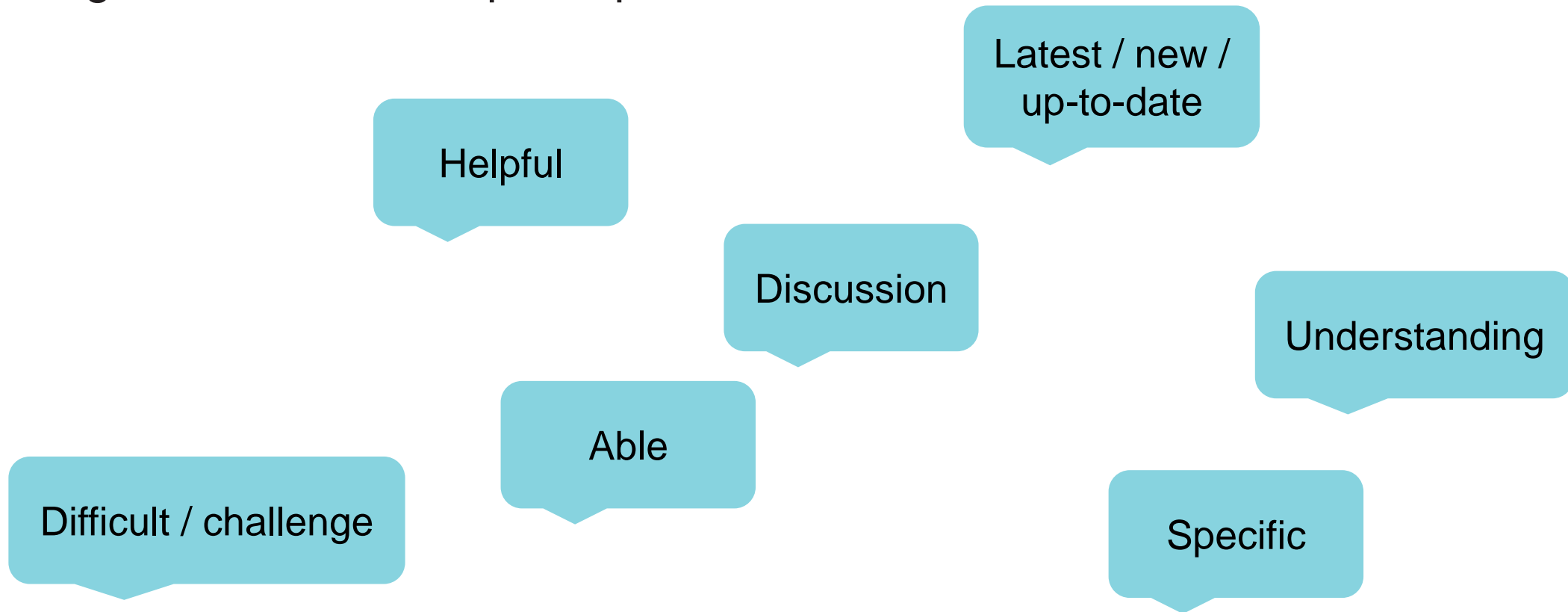
Co-learning through interaction

- AD training conducted virtually – internal co-learning first
- Slides concisely highlighting key clinical concepts – focus is on the personalized discussion
- Limiting screen sharing for ‘face time’
- Touchpoints beyond AD to reinforce key messages and relationships



GP reception and feedback

- Open to sharing, including knowledge gaps and challenges
- Agreeable to further participation in AD



Reflections and looking ahead

- COVID has actually brought about some advantages
- Constraints with 'spontaneous engagement' to introduce AD and address concerns
- Evolving AD with fast-changing circumstances

Virtual environment, real relationships



Thank you

Please scan the QR code to visit our ACE CUES webpage



ace-hta.gov.sg/ace-cues

<https://go.gov.sg/ace-cues>