

Oral Presentations

OP139 Attaining Universal Electrocardiographic Diagnosis Coverage Through Telemedicine

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Introduction. Innovative health technologies, like telemedicine, offer advantageous telediagnostic apps that can improve the health care of populations in remote regions. However, evidence on how these developments can enhance universal coverage for electrocardiographic (ECG) diagnosis to support a cardiovascular disease prevention program is limited. The utility of telemedicine for attaining universal coverage for ECG diagnosis according to the national cardiovascular disease prevention program in Paraguay was investigated.

Methods. This cross-sectional survey included adults (aged 19 to 80 years) and children (aged 1 to 18 years) with a medical prescription. The study was carried out by the Telemedicine Unit to evaluate the utility of a telemedicine net for a countrywide detection and prevention program for cardiovascular disease. The results obtained by the tele-ECG net, which was implemented in sixty public hospitals countrywide, were analyzed and used to verify adherence to the cardiovascular prevention program.

Results. Between 2014 and 2019, 331,418 remote ECG diagnoses were performed. Of these, eighty-two percent ($n = 270,539$) were in adults and eighteen percent ($n = 60,879$) were in children. Among the adult diagnoses, the majority (52%) were pathological and included sinus bradycardia (13%), right bundle branch block (6%), left ventricular hypertrophy (5%), and ventricle repolarization disorder (5%). Among the children, only twenty percent of diagnoses pathological and included sinus bradycardia (11%) and sinus tachycardia (4%). The mean rate of adherence to the prevention program was 38.2 per 1,000 diagnoses performed.

Conclusions. The results showed that telemedicine can significantly enhance coverage for universal ECG diagnosis to support cardiovascular disease prevention and health programs. However, before carrying out the systematic implementation of such a program contextualization using the regional epidemiological profile must be performed.

OP141 Health Technology Assessment In India: Current Scenario And Way Forward

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Introduction. India has introduced health technology assessment (HTA) as a tool for improving the allocation of health resources. The core mandate of HTA in India (HTAIn) is to undertake critical appraisal of available technologies, identify cost-effective interventions, and help the government pursue evidence-informed decisions regarding public health expenditures. We conducted a systematic review to assess economic evaluation studies published in the last four years from India.

Methods. Economic evaluations published from September 2015 to September 2019 were identified by searching various databases, including PubMed, Scopus, Embase, The Cochrane Library, and CINAHL according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline. Cost-effectiveness studies and HTAs reported or conducted in India were included. Two independent reviewers performed the final selection of studies by assessing the full-text articles and conducted the data extraction. Differences of opinions were resolved through discussion and mutual consensus.

Results. After screening 2,837 articles, seventy met the inclusion criteria and were selected. The articles predominantly used secondary data (70%) to evaluate the cost effectiveness of an innovation. Among the technologies assessed, fifty-seven percent were curative in nature and most commonly addressed infectious diseases (27%), closely followed by non-communicable diseases, and maternal and child health. Principally, the cost effectiveness of a technology was expressed in terms of disability-adjusted or quality-adjusted life-years. Only two studies reported negative findings.