

Conclusions. HTA can play a pivotal role in equipping policy makers and public health payers to make appropriate decisions for healthcare budget allocations when mapped with the true disease burden of the population. It is important to highlight negative results and to create a national repository of HTA studies to facilitate faster adoption of best practices in India.

OP145 Review Of eHealth Interventions For Improving Primary Healthcare In Low-Middle Income Countries

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Introduction. Web-based and mobile health interventions, also called eHealth, have significant potential to deliver cost effective, quality health care. The present review maps common eHealth technology solutions for primary healthcare by evaluating their safety, efficacy, and effectiveness, and the challenges associated with their implementation in low-middle income countries (LMIC) in the last ten years.

Methods. A search of various electronic database was conducted, including PubMed, Scopus, and PsycINFO, to identify articles published between 2009 and 2019 that focused on the implementation of eHealth in the primary healthcare setting across LMICs. A total of 450 articles were screened and thirty-nine relevant articles were selected for review.

Results. The thirty-nine included studies were classified into the following four categories: (i) assessment of intervention effects (n = 26); (ii) cost-benefit analysis (n = 4); (iii) systematic review (n = 5); and (iv) conceptual exploration of eHealth interventions (n = 4). The eHealth studies covered three domains: (i) non-communicable diseases; (ii) reproductive, maternal, newborn, and child health; and (iii) other health issues. The included eHealth technologies comprised mobile health (n = 27), telemedicine (n = 10), and information and communication technology (n = 2).

Conclusions. The majority of studies assessed eHealth technologies based on the following eight dimensions: safety, clinical effectiveness, technical aspects, acceptability, cost, ethical aspects, adaptability to local needs, and scalability. However, evidence on safety, cost effectiveness, and scalability were limited. The main implementation challenges identified were technology development and maintenance costs, the need for trained human resources, and acceptability among users. The methodologies and assessment frameworks of the studies were heterogeneous in nature, highlighting the need for a robust, standardized, and comprehensive framework for assessing eHealth technologies.

OP178 Assessing Digitally Enabled Therapies: Challenges And Opportunities

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Introduction. In 2017, the National Institute for Health and Care Excellence (NICE) and the National Health Service England

established a program to identify Digitally Enabled Therapies (DET) that increase access to Improving Access to Psychological Therapies (IAPT) services. The aim was to determine whether DETs could improve service efficiency, and whether outcomes are at least as good as those achieved by NICE-recommended non-digital therapies.

Methods. An IAPT assessment briefing (IAB) was developed for each eligible DET. IABs included an assessment of content, technical standards, clinical effectiveness, and cost and resource impact. IABs were reviewed by the NICE IAPT expert panel to decide whether a DET is suitable for evaluation in IAPT services, needs further development, or is not suitable. Suitable DETs were evaluated for up to two years.

Results. Of 154 DETs reviewed by the program, fourteen had IAB assessments. The high dropout rate was due to ineligible products or developer withdrawal. Of the fourteen IABs, five were recommended for evaluation, one was recommended for development, and eight were not recommended.

Conclusions. DETs can provide an alternative for patients who may not be able to access treatment. When establishing programs to review DETs, centers must consider the quality of the products submitted and, where necessary, make pragmatic decisions about assessment criteria.

OP179 Nationwide Electroencephalographic Screening Using Telemedicine Apps

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Introduction. Disruptive telemedicine tools can help overcome the lack of specialized care and electroencephalographic (EEG) support for diagnosing and treating nervous system disorders such as epilepsy in remote communities. However, evidence on how such cloud-based platforms could enhance data-driven health care is limited. The utility of telemedicine-based apps to achieve EEG screening of communities in rural areas of Paraguay was investigated.

Methods. This descriptive study was carried out by the Telemedicine Unit of the Ministry of Public Health in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute in Paraguay and the Basque Country University in Spain to evaluate the utility of telediagnostic apps for EEG screening. For this purpose, the results obtained by tele-EEG apps implemented in nineteen public community hospitals were analyzed to determine the utility of the apps as epidemiological surveillance tools.

Results. Among the 10,791 remote EEG studies performed, the most common reasons for the test included epileptic seizure (44%), headache (22%), seizure disorder (8%), follow up (6%), attention deficits in children (5%), cognitive impairment (4%), cranioencephalic trauma (3%), brain death (1%), history of seizure (0.9%), abnormal movements (0.7%), and behavioral disorders (0.5%).

Conclusions. The results showed that telemedicine apps can significantly enhance nationwide EEG screening by freeing up