

**METHODS:**

The framework and tool were tested using two types of technologies: high volume (underpads, diapers) and highly specialized (transcatheter aortic valve implantation). Companies were invited to participate following standard procurement rules. For each dimension, criteria, metrics and weights were defined, using multidisciplinary hospital teams. In parallel, companies were asked to do the same. Product performance scores were obtained from companies' information. Challenges to implement MEAT in real life were identified through face-to-face meetings.

**RESULTS:**

The process was well perceived by companies and hospital. Nevertheless, the level of information provided by companies was heterogeneous (quantity and quality). A match in the cost and outcome criteria was observed between hospital and companies; but relative weights assigned differed. Value propositions and robustness of information provided by companies varied across technologies and size of companies. Implementing the MEAT VBP framework and tool need extra time and knowledge.

**CONCLUSIONS:**

MEAT VBP value technologies ahead of price, leading to the most economic advantageous purchasing. Nevertheless its implementation in real life is limited.

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## OP169 Usability Evaluation Of A Portable Dry-Electrode Electrocardiography Device In Vietnam

**AUTHORS:**

Precious Kilimo, Ngoc Phan, Tai Le, Thai Hoang, Dung Han, Linh Dang, Nguyen Vu, Nga Pham, Tuan Nguyen, Hung Cao, Cuong Nguyen ([cuong.kieu.nguyen@phad.org](mailto:cuong.kieu.nguyen@phad.org))

**INTRODUCTION:**

According to the Vietnamese Cardiovascular Association, one-fifth of Vietnam's population is suffering from cardiovascular disease (CVD) – now the leading cause of death in the country that accounts for about one-third of total deaths every year. Yet affordable and convenient solutions to monitor and

detect CVDs remain limited and not available nationwide. This study aimed to investigate the usability of a portable dry-electrode electrocardiography (ECG) device, paired with a mobile phone, in supporting ECG service delivery in Vietnam.

**METHODS:**

An evaluation study was designed to combine a portable dry-electrode ECG device to measure and a mobile phone to receive and record ECG signals. Healthy young college students were invited to participate in the study. Three rounds of ECG measurement were administered for each of the participants. Usability of the device was assessed through the reliability of the measures and feasibility of use during intervention. Standard error of measurement (SEM) and intra-class correlation coefficient (ICC) estimations were used for reliability, while structured questionnaire administered before and after measures was used for feasibility assessments.

**RESULTS:**

A total of 234 participants enrolled in the study. No major difference was found in SEMs between trials one and two (4.96 percent, 90% CI: 4.61 – 5.37) and two and three (4.14 percent, 90% CI: 3.85 – 4.48). A slight improvement was observed in ICC of trials two and three (0.95, 90% CI 0.94 – 0.96) in comparison to one of trials one and two (0.94, 90% CI: 0.92 – 0.95). The SEM and average ICC of all trials were 3.41 (90% CI: 3.17 – 3.69) and 0.96 (90% CI: 0.95 – 0.96) respectively. Forty-five percent of participants thought the device would be suitable for their parents while 69 percent thought the device would benefit their grandparents the most.

**CONCLUSIONS:**

High consistency of measures demonstrated that the device is reliable to provide ECG service delivery. The study also showed great potential of device usage in primary health care of Vietnam.

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## OP170 Regulatory And Health Technology Assessment Considerations In Alzheimer's Disease

**AUTHORS:**

Jacoline Bouvy ([Jacoline.Bouvy@nice.org.uk](mailto:Jacoline.Bouvy@nice.org.uk)), Pall Jonsson