

CONCLUSIONS:

The POEM procedure should be carried out at an experimental or trial level only, with strict auditing of results. POEM procedures should ideally be performed at institutions where an adequate level of surgical and critical care backup is available to provide expert care should complications arise. Monitoring of patient outcomes, including symptom improvement, is recommended for clinical assessment and reporting to determine future adoption in the South Australian public health sector.

.....

VP34 Incorporation Of Medical Equipment In Northeastern Brazil

AUTHORS:

Paulo Leonardo Ponte Marques (paulomarques@unifor.br), Antonio Ferreira Rodrigues Junior, Luiza Jane Eyre de Souza Vieira

INTRODUCTION:

Improving universal health coverage is a big challenge in many nations. Nevertheless, in countries like Brazil, the Constitution provides for universal access to meet population needs. Medical equipment is indispensable for the diagnosis and treatment of diseases in public and private health services. This study aims to analyze medical diagnostic equipment incorporation in a Brazilian state.

METHODS:

This evaluative research was carried out using data from Brazil’s Unified Health System (SUS) and Private Health Services. The research took place in Ceará, Northeastern Brazil. It is the eighth most populous Brazilian state, with 8.8 million inhabitants. Data on the types and quantity of medical devices in the public and private services were collected from August 2005 to August 2017. The results were analyzed by comparing population and normative parameters with technology incorporation in Brazil.

RESULTS:

A mean of 17.6 +/- 10.6 (SD) devices were incorporated each year in SUS versus 31.7 +/- 15.7 (SD) in the private services. Over a twelve year period, the

incorporation of equipment increased 59.7 percent in the public system and 152.6 percent in the private services. The production from these technologies increased to 18.1 percent. Considering both public and private services, tomography equipment coverage exceeds (147.4 percent) the parameter established by the Ministry of Health while magnetic resonance imaging equipment coverage is 90.5 percent.

CONCLUSIONS:

An expressive number of medical devices were incorporated in public and private health services, with higher rates in the latter. Both services presented a downward trend, suggesting that the incorporation of equipment is no longer needed. Such an extra coverage reveals an uncritical incorporation of these devices, that was not based on real needs; therefore, it is necessary to develop an action plan aimed at a better distribution of these devices to allow effective universal coverage.

.....

VP36 Benefit Cost Analysis Of Electronic Claims Processing System In Ghana

AUTHORS:

Rebecca Addo (Rebecca.Addo@chere.uts.edu.au), Justice Nonvignon, Huihui Wang

INTRODUCTION:

Since the inception of the Ghana National Health Insurance Scheme (NHIS), it has been pursuing a number of provider payment mechanisms that could not only control the continuous escalating costs of claims payout, but also facilitate the claims processing time. In lieu of this, electronic processing of claims (E-claims) was introduced in 2013 as part of the World Bank supported Health Insurance project that sought to facilitate the financial and operational management of the NHIS. It was piloted in 29 health facilities up to March 2014. They reported cost savings made by the NHIS using E-claims, creating interest in scaling it up. However, the comparative effectiveness and cost effectiveness of E-claims to the health system compared to manual claims processing is unknown. Therefore, to provide decision makers with the appropriate information to choose between manual and E-claims processing, this study sought to evaluate the cost-benefit of E-claims.