

INTRODUCTION

The “Judicialization of health” is a judicial option, provided by the Brazilian constitution, which aims to guarantee the access of the population to healthcare products or services to which they were denied or that were otherwise unavailable on the Unified Health System (SUS) (1). This highlights deficiencies in public policies (2). Considering the progressive impact of the judicialization on the budget and the lack of real-world evidence on the subject, the objective was to describe the judicialization profile of physiotherapeutic devices in the city of Rio de Janeiro and to estimate the spending on them within the system.

METHODS:

The profile was traced based on the analysis of the processes (n = 243) submitted to the Technical Advice Unit of the Rio de Janeiro Justice Court between May 2013 and September 2015, which litigated the provision of physiotherapeutic devices. Direct cost information was obtained from both public and private sources. The analysis was carried out using the SUS perspective.

RESULTS:

About 63 percent of the patients were over 60 years old. The majority of the requests were due to chronic respiratory diseases, the most common being obstructive sleep apnea-syndrome (31 percent), chronic obstructive pulmonary disease (14 percent) and pulmonary fibrosis (11 percent). The most judicialized devices were continuous positive airway pressure (21 percent), oxygen concentrator (17 percent) and portable oxygen cylinder (13 percent). None of these devices are currently covered by SUS. The expenses related to the purchase of the devices pleaded was approximately USD812,500 over 29 months.

CONCLUSIONS:

The total spend on these devices were considered very high when compared to Rio de Janeiro’s health budgetary capacity. This scenario could be worse if this type of demand were not planned, and needed to be accomplished quickly with urgent purchases. The results obtained shows that judicialization

phenomenon has a meaningful impact on the economic viability of the Brazilian healthcare system.

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PP064 Registration Of Healthcare Mobile Apps In Brazil

AUTHORS:

Benefran Bezerra, Eduardo Alves
(eduardo.dr@gmail.com)

INTRODUCTION:

The use of applications (app) on mobile phones to health care is a trend. Its applications range from the use as energy calculators, monitoring clinical parameters, as well association with medical devices, personal health records or used to request appointments (1). Thus, it is intended to evaluate the regulatory instruments available in Brazil as to their sufficiency to analyze this new technology.

METHODS:

Assessment of regulatory instruments for mobile app registration by the Brazillian Health Regulatory Agency (Anvisa) (2). The main variables in the form of Class I and II are: Submission type, Postal Code, Electronic Site, Product code, Classification Rule, Class, Indication of Use / Purpose, Principle of Operation, Platform, Target Audience, Type of Environment, Compatibility, Safety Characteristics, Technical Standards used, Product Origin.

RESULTS:

Since 2010, the registration of software in Anvisa has been observed. The evaluation of Class I and II software is performed through the registration analysis to be completed by the requesting company. Class III (high risk) software is registered as a medical device embedded software (2).

Anvisa's analysis of the software still depends directly on the application for registration of the companies. In this way most of the analyzed software are for use by health professionals and health services.

CONCLUSIONS:

There are Brazilian regulations for health products with software registration forecast, however its use as a health service still lacks studies mainly with the trends of new information and communication technologies (3).

The regulation of mobile applications becomes difficult because applications are freely downloaded in virtual stores, their domains are usually in foreign territory and their use is given directly by the user.

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PP066 Disseminate Results Through Social Video And Social Networks

AUTHORS:

Susanne Eksell, Debora Egenvall
(debora.egenvall@sbu.se)

INTRODUCTION:

We are experiencing a fundamental change in the way our target groups interact with information online, moving from passive consumption to more active creation of content, for example social video and social networks. This means a great potential in reaching more people in a cost-effective way which in the end will result in greater impact.

METHODS:

The Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU), have developed an easy way to produce and disseminate our results through social video and social networks.

SBU has a special social media editorial committee for communication via social media, which includes participants from different departments. The editorial committee discusses on a weekly basis the issues to be raised on the agency's Twitter and LinkedIn accounts.

SBU works actively with social video as a message channel. During the past year several videos have been published with various themes (1 - 3). All of the members of the social media committee have attend a short training course in order to be able to produce and publish social videos. For shorter production, we make ourselves with iPhones and editing with iMovie or Adobe Premiere Pro. For more extensive videos we produce together with a production agency.

RESULTS:

The number of followers on Twitter have increased from 500 in December 2015, to 1,400 in December 2016. Our followers are for example professors, doctors, nurses,