

Evaluasi Ekonomi Aplikasi HARKIT iCARE Pada Prevensi Sekunder Paska Sindrom Koroner Akut = Economic Evaluation of HARKIT iCARE Application in Secondary Prevention of Acute Coronary Syndrome

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Abstrak

Aplikasi mHealth memiliki potensi menurunkan angka rekurensi sindrom koroner akut. Tujuan penelitian ini adalah mengetahui efektivitas ekonomi layanan standar disertai monitoring menggunakan aplikasi HARKIT iCARE dibandingkan layanan standar pada prevensi sekunder paska sindrom koroner akut. Penelitian ini berbentuk uji klinis acak tersamar dengan perspektif sosial yang melibatkan 106 pasien paska sindrom koroner akut yang dirawat di Pusat Jantung Nasional Harapan Kita dari bulan Juni sampai Desember 2022. Randomisasi menggunakan permutasi blok acak dengan tindak lanjut selama enam bulan. Utilitas kesehatan dinilai menggunakan kuesioner EQ-5D-5L yang dikonversi menjadi quality adjusted life years. Luaran penelitian berupa incremental cost effectiveness ratio. Permodelan Markov sederhana dengan jangka waktu lima tahun dan siklus 30 hari dilanjutkan analisis bootstrapping 10.000 kali simulasi menunjukkan quality adjusted life years lebih tinggi pada kelompok HARKIT iCARE (3,23 vs 3,06) namun total biaya yang lebih tinggi (Rp 5.495.920.454 vs Rp 5.041.510.027). Incremental cost effectiveness ratio per quality adjusted life years sebesar Rp 2.673.002.511 melebihi ambang batas kesediaan untuk membayar Indonesia yaitu Rp 225.000.000. Tidak terdapat perbedaan yang bermakna pada kematian segala sebab dan kejadian kardiovaskular mayor. Layanan standar disertai monitoring aplikasi HARKIT iCARE tidak bersifat efektif secara biaya jika dibandingkan dengan layanan standar pada prevensi sekunder paska SKA.

.....mHealth application has a potential to improve acute coronary syndrome recurrency. The objective of this study was to determine the economic effectiveness of HARKIT iCARE compared to standard secondary prevention in acute coronary syndrome. This study was an economic evaluation alongside randomized clinical trial with societal perspective. A total of 106 hospitalized acute coronary syndrome patients from June to December 2022 in National Cardiovascular Center Harapan Kita were randomized using permuted block method. Base case trial follow-up period was six months. Health utility values were assessed using EQ-5D-5L questionnaire and then converted into quality adjusted life years. Study outcomes were incremental cost effectiveness ratio. A simple Markov model was constructed with time horizon of five years and 30 days cycle. Bootstrapping analysis with 10,000 simulation showed quality adjusted life years was higher in HARKIT iCARE group (3,23 vs 3,06) but higher total cost (Rp 5.495.920.454 vs Rp 5.041.510.027). Incremental cost effectiveness ratio per quality adjusted life years was Rp 2.673.002.511, exceeding the willingness to pay threshold based on three times of Indonesia gross domestic product per capita in 2023 Rp 225.000.000. There was no difference in all-cause mortality and major adverse cardiovascular event. HARKIT iCARE as addition to standard secondary prevention was not cost effective compared to standard care in post acute coronary syndrome patients.