

**Chapter 1 : Medical Equipment, Medical Supplies, Elderly, Disabled**

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Published online Oct Institut Catala de la Salut. Bellaterra, Spain Corresponding author. This article has been cited by other articles in PMC. Abstract Background A high percentage of cervical cancer cases have not undergone cytological tests within 10 years prior to diagnosis. Different population interventions could improve coverage in the public system, although costs will also increase. The aim of this study was to compare the effectiveness and the costs of three types of population interventions to increase the number of female participants in the screening programmes for cancer of the cervix carried out by Primary Care in four basic health care areas. The patients will be randomly distributed into the control group and the three intervention groups IG1: Clinical effectiveness will be measured by the number of HPV, epithelial lesions and cancer of cervix cases detected. The number of deaths avoided will be secondary measures of effectiveness. The temporal horizon of the analysis will be the life expectancy of the female population in the study. In addition, univariate and multivariate sensitivity analysis will be carried out. Discussion IG3 is expected to be more cost-effective intervention than IG1 and IG2, with greater detection of HPV infections, epithelial lesions and cancer than other strategies, albeit at a greater cost. Trial Registration Clinical Trials. Despite being one of the neoplasms with an easy preventive and therapeutic approach, it remains an important cause of morbid-mortality, although the figures in developed countries are lower than those in developing countries. In Spain, the incidence of cervical cancer is 7. In the Department of Pathologic Anatomy of our reference hospital C. The aetiological cause of cervical cancer is infection by the human papilloma virus HPV [ 3 ]. High and continuous coverage of this vaccine in girls from 11 to 14 years of age may lead to a redefinition of screening, a variation in the schedules and, perhaps, the incorporation of primary screening with the HPV detection test in vaccinated women [ 7 ]. Thus, this continues to be the main diagnostic test used in screening programmes worldwide. One of the characteristics of the cytology test is its low sensitivity requiring periodical repetition. The test for the determination of HPV has recently been included in the screening programmes and, since , HPV positive cases have been detected in the study area. In Catalonia, the protocol, which was revised and modified by the Oncology Management Director Plan and the Catalan Institute of Oncology in , did incorporat the establishment of triennial periodicity of cytologies in women from 25 to 65 years of age as well as the incorporation of the HPV test in women from 40 to 65 years of age with no prior cytology within the previous 5 years or with a cytology carried out for longer than 5 years, abnormal cytology no specified atypical squamous lesions and women with post-conization control of intraepithelial lesions. The protocol also emphasizes the preventive role of the Basic Health Care Area BHCA and incorporates the figure of the midwife as a skilled professional for sample obtainment [ 9 ]. The research team decided to establish the age range for the population study between 30 to 70 years. The justification for the lower age limit is based on: In addition, the justification of the upper age limit is based on: Eighty percent of the cases of cervical cancer in Catalonia have not undergone previous cytology during the 10 years prior to diagnosis [ 15 ]. Thus, an increase in screening coverage should be a priority objective for health care authorities if cervical cancer cases are to be reduced and women who do not periodically undergo cytology are to be identified. Some authors have reported that factors such as ethnic origin, age, education, and the socioeconomic levels condition participation in screening programmes [ 16 ]. Reasons to justify why women do not attend screening could include: With regard to the factors related to the health care system which influence the participation in screening in our setting, some authors have suggested: The coverage of women attending our health care system CIH in A systematic review of the Cochrane collaboration [ 16 ], which evaluates interventions to stimulate the participation of women in the screening of this disease, concluded that invitations and educational interventions seem to be the most effective methods to increase absolute participation in the screening, although, to date, this has not been analysed from the point of view of efficiency. At present, no study has evaluated from the efficiency point of view these interventions, though economic evaluation has been highly recommended for the cervical cancer screening programmes and HPV infections [ 18 - 20 ]. One

key question influencing participation in screening programmes has been precision of population registers if an invitation letter is used i. Due to the high prevalence of cervical cancer cases in this particular county we propose to launch a comparison of three different alternatives to improve the present coverage of the populational screening programmes in all the BHCA, therefore facilitating accessibility of population to the public health care system. The screening model proposed is centred on the recruitment of women with incorrect screening, performing cytology and the hybrid capture test for HPV to add diagnostic resolution due to the greater sensitivity of the test and the absence of screening in this population of women. Hence, systematic screening should be incorporated since these women have a greater risk of having cervical disease because of not having visited the health care system before. Therefore, this would facilitate earlier action in detecting pre-malignant lesions, helping to reduce the incidence of invasive cancer. To achieve so, the research team propose three different interventions, consisting in sending: Following the indications of the National Health Care System to optimise the interventions of cancer prevention [ 18 ], the aim is to assess which is the most cost-effective intervention for a cervical cancer screening programme. The analysis will be conducted from the National Health Care System perspective [ 22 ].

**Chapter 2 : Personal Care - Skin Care, Bees Medical**

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Originally published in the Journal of Medical Internet Research <http://www.jmir.org>: Except where otherwise noted, articles published in the Journal of Medical Internet Research are distributed under the terms of the Creative Commons Attribution License <http://creativecommons.org/licenses/by/2.0/>: This article has been cited by other articles in PMC. Abstract Background As Internet use grows, health interventions are increasingly being delivered online. Pioneering researchers are using the networking potential of the Internet, and several of them have evaluated these interventions. Objective The objective was to review the reasons why health interventions have been delivered on the Internet and to reflect on the work of the pioneers in this field in order to inform future research. Papers were reviewed for the reasons given for using the Internet, and these reasons were categorized. Results We included studies evaluating 28 interventions plus 9 interventions that were evaluated in pilot studies. The interventions were aimed at a range of health conditions. Reasons for Internet delivery included low cost and resource implications due to the nature of the technology; reducing cost and increasing convenience for users; reduction of health service costs; overcoming isolation of users; the need for timely information; stigma reduction; and increased user and supplier control of the intervention. A small number of studies gave the existence of Internet interventions as the only reason for undertaking an evaluation of this mode of delivery. Conclusions One must remain alert for the unintended effects of Internet delivery of health interventions due to the potential for reinforcing the problems that the intervention was designed to help. Internet delivery overcomes isolation of time, mobility, and geography, but it may not be a substitute for face-to-face contact. Future evaluations need to incorporate the evaluation of cost, not only to the health service but also to users and their social networks. When researchers report the outcomes of Internet-delivered health care interventions, it is important that they clearly state why they chose to use the Internet, preferably backing up their decision with theoretical models and exploratory work. Evaluation of the effectiveness of a health care intervention delivered by the Internet needs to include comparison with more traditional modes of delivery to answer the following question: What are the added benefits or disadvantages of Internet use that are particular to this mode of delivery? Internet, intervention studies, literature review Introduction The Internet is still a relatively new medium for seeking and delivering health care, although this use is increasing rapidly [ 1 , 2 ] and includes health information seeking [ 3 ], Internet-based peer support groups [ 4 ], online health consultations [ 5 ], and delivery of health interventions [ 6 ]. Some pioneer researchers have published studies that evaluate health interventions delivered directly to the users via the Internet for their ability to improve the health status of their users. In this paper we review their work, focusing on the reasons why these authors chose to use the Internet for delivery of a health care intervention. Our aim was to consolidate the findings from these early research papers to inform the development of future research. We include only health interventions in which the networking provided by the Internet is a component of the intervention. We reflect on the drivers to using the Internet for the delivery of health care. This paper does not review the outcomes of the interventions. Methods Identification of Studies The initial identification of studies used five sources: This latter review involved collation and identification of relevant literature through systematic searches of electronic bibliographic databases covering health and social sciences literature to December , including Medline, HMIC, CINAHL, Sociological Abstracts, Sociofile, and Web of Science. We worked in pairs, reviewing the search results to identify relevant intervention studies. We did not set out to identify every published eHealth intervention paper, but aimed to search the majority of the available literature in a systematic way for a meaningful overview of the field. Inclusion and Exclusion Criteria Inclusion and exclusion criteria were applied to the studies identified from the three sources described above. We included only peer-reviewed full research papers. We defined intervention studies as the use of information and communication technology to deliver a specific health intervention to a client or patient group. The study had to include a health-related outcome as part of evaluating the intervention, and the intervention had to include use of the networking provided by the Internet. Studies with no networked features, such as computer-based decision support

systems delivered from a CD or interventions where there was no use of the Internet beyond delivery ie, they could have been delivered by a CD , were excluded. A further key characteristic of the Internet is its accessibility via a networked computer anywhere and anytime. Hence, we excluded studies in which access to the intervention was provided only in the clinical setting as use of the intervention is restricted in place and time. It is also possible that effectiveness may be influenced by the clinical setting. Our review focused on the use of the Internet for delivery of the interventions and therefore did not include non-Internet based telemedicine studies. The focus was on specific interventions for specific health problems, so we excluded interventions involving the provision of general Internet access such as home computers, Internet kiosks, or training in use of the Internet even if the outcomes included health related measures. We only included interventions in which the individuals using them were known to the health care professional or organization delivering the intervention to be sure that the participants were using their real identity and responding in a genuine way to the intervention. This cannot be ensured for a study that recruits participants solely via the Web, with no direct contact between investigators and participants. We excluded studies that solely involved the placing of health information on the Web for public access, even when there was opportunity for interaction or feedback. Analysis When there were several papers concerning the same intervention eg, a pilot study followed by a full evaluation , we grouped these papers together and treated them as one study. For each study, all the reasons given for delivering the health care intervention on the Internet were listed. These were the reasons the authors of the papers gave for choosing the Internet as the mode of delivery, rather than post hoc reasoning given in the discussion of the study results. We then categorized the reasons; one study could be categorized in a number of different groups. Again, we worked in pairs, comparing results and resolving any discrepancies through further examination of the papers and discussion among team members. Results Types of Interventions We found full evaluations of 28 interventions and a further 9 interventions for which only pilot work had been published Multimedia Appendix. All the papers were from Europe, North America, or Australia. Some targeted health promotion issues such as smoking cessation 1 study , physical activity 1 study , and obesity 3 studies. One intervention aimed at supporting rural women with chronic illness. One study reported the delivery of cognitive behaviour therapy CBT for a number of disorders, including headache, tinnitus, and panic disorders; two other studies reported CBT delivery for depression and one for post-traumatic stress disorder. Three interventions were specifically for young people or children: Reasons for Internet Delivery of Interventions The reasons cited for using the Internet to deliver health interventions included the unique advantages of the Internet technology, reducing cost and increasing convenience for users, reducing health service costs, reaching isolated or stigmatized groups, timeliness of access to the Internet, need for user or supplier control of the intervention, and research-related reasons Textbox. Summary of findings Reducing cost and increasing convenience for users Reduction of health service costs Reduction of isolation of users The need for timely information Reduction of stigma Increased user and supplier control of the intervention Possible drawbacks of Internet interventions: Potential for reinforcing the problems the intervention was designed to help May overcome isolation of time, mobility, and geography, but may be no substitute for face-to-face contact Elements of future evaluations: Incorporate the cost not just to the health service, but also to users and their social networks Be alert to unintended effects of Internet delivery of health interventions, and include a comparison with more traditional modes of delivery Not all the studies in the early research papers mentioned the reasons for use of the Internet. Therefore, in the following analysis, the papers referenced are the papers for which the reason for Internet use was mentioned. Unique Advantages of the Internet Technology There were 13 interventions studied [ 6 , 11 , 16 , 20 , 24 , 32 , 35 , 37 , 41 , 45 , 52 , 57 , 60 , 67 , 71 - 73 ] for which the reason for Internet use was connected with the nature of the technology: Two of these 13 studies [ 57 , 16 ] expressly valued the Internet for its ability to reach a maximum number of people at minimum cost. All these studies also give other reasons for Internet use. Reducing Cost and Increasing Convenience for Users Reducing cost and increasing convenience for the user was given as a reason for delivery over the Internet in 20 of the interventions studied [ 20 - 23 , 29 , 32 , 39 , 43 - 48 , 50 , 52 , 53 , 56 - 58 , 60 - 63 , 65 , 66 , 75 ]. These studies targeted a range of health issues. Various aspects of increased convenience to the user were mentioned, including saving the user time, requiring less effort from

the user, being more accessible, and not requiring the user to attend a particular facility. Two studies advocated use of the Internet as it may reduce the loss of users from their maintenance programs for obesity [ 46 , 47 ]. Reducing Health Service Costs By using Internet delivery, 14 of the interventions studied [ 11 , 12 , 14 , 15 , 24 , 28 - 30 , 39 , 41 , 42 , 46 , 48 , 57 , 58 , 60 , 65 , 67 , 68 , 72 - 75 ] aimed to reduce costs to health services or address a lack of provision. Of these, two studies, one on linking parents with their low-birth-weight babies in intensive care [ 41 ], and the other on the management of encopresis [ 60 ], specified reduction in health service cost as a reason for Internet use. The cost of service provision was also given as a reason by a number of other studies, but with slightly different emphases. One study saw the Internet as a cost-effective way of delivering an intervention to encourage physical activity in a broad range of people in many places [ 58 ]. All the above studies discussed a general lack of these services. None of the studies gave a specific localized service failure as the reason for Internet delivery, but two mentioned service failure more generally. The authors of one other study [ 48 ] argued for Internet delivery because patients with diabetes have been found to have poor control despite specialist care, and their control may become even worse after the devolution of diabetes care to primary care services. In six of the interventions studied, researchers wanted to avoid the cost to the health service of providing the intervention face-to-face, including psychological interventions for the treatment of depression [ 42 ], eating disorders [ 71 - 75 ], obesity [ 46 - 66 ], lack of physical activity [ 57 , 58 ], and a range of conditions headache, tinnitus, panic attacks, and insomnia [ 11 - 13 ]. The authors of the latter intervention studied also argued that Internet delivery increases access to an otherwise costly therapy [ 14 , 15 ]. Another study [ 19 ] explicitly addressed inequalities of health care, suggesting that Internet delivery helped to overcome inequalities of access to health services. Reaching Isolated Groups Dimensions of isolation were given as reasons for using the Internet in 13 of the interventions studied [ 18 , 19 , 21 , 25 - 30 , 33 , 34 , 37 , 43 , 49 , 52 , 53 , 75 ]; 5 stated geographical isolation as their reason. These studies included interventions for rural women with chronic disease [ 33 ] or diabetes [ 34 ], an intervention for women with breast cancer [ 43 ], a cognitive behavioral program for eating disorders [ 75 ], an intervention for people with post-traumatic stress disorder [ 53 ], and an intervention for children with cystic fibrosis [ 52 ]. The authors of the latter study also mentioned the advantage of providing peer support without the risk of cross infection that can be life threatening for children with cystic fibrosis. In other studies, the cause of the isolation was not geographical. Several studies mentioned that Internet delivery enabled users to be in contact with people with similar health issues and so receive support. The implication was that this would be unlikely to happen otherwise as the condition was rare or restricting, for example, children in pain [ 49 ], children with cystic fibrosis [ 52 ], young mothers [ 37 ], people living with AIDS [ 28 - 30 , 43 ], and people with type 2 diabetes [ 18 , 19 ]. Reaching Stigmatized Groups The researchers of 11 interventions saw the Internet as a way of reaching people suffering from conditions that caused them to feel embarrassed or stigmatized [ 18 , 19 , 22 , 24 , 28 , 30 , 31 , 37 , 43 , 45 , 46 , 57 , 60 , 73 - 75 ]. The anonymity of Internet delivery was a reason for using the Internet in the following interventions: Three studies suggested that Internet delivery avoids embarrassment about the health issue for which the intervention was used. One of these was for breast cancer [ 43 ], the second referred to embarrassment about failure to lose weight in an obesity intervention [ 46 ], and the third was aimed at child encopresis [ 60 ]. The suggestion was that people need information or advice at a time of crisis, for example, when their child is ill or when they are making a decision such as a change in treatment or their own behavior. The continuous access provided by the Internet was seen as helpful in these situations. User Control of the Intervention Many authors advocated use of the Internet because users could take control of the intervention [ 11 , 21 , 32 , 37 , 45 , 48 , 58 , 60 , 63 , 67 , 72 , 74 ], tailoring the information they received to their own needs. Other studies advocated use of the Internet because users could use the intervention at their own pace. These included CBT for depression [ 32 ] or tinnitus [ 11 ], an educational program for cardiac patients [ 63 ], peer support interventions providing young mothers with support [ 37 ] or facilitating weight loss [ 67 ], an intervention for those at risk of eating disorders [ 72 , 74 ], and an intervention for encopresis [ 60 ]. Supplier Control of the Intervention For some interventions that delivered CBT as a self-help program, the Internet was seen as a potentially appropriate mode of delivery for such a structured, evidence-based intervention [ 12 - 15 , 32 , 42 , 57 , 58 , 66 , 71 - 74 ].

One author stated that Internet delivery was superior to professional psychologists in delivering structured and standardized interventions [ 42 ]. However, in delivering these structured programs, the studies supplemented the standardized intervention through individualized email feedback, tailored information, online peer support, or a combination of the three. Research-Related Reasons Almost all authors justified the evaluation of Internet-delivered interventions by saying that they need evaluating or adapting for specific populations. Six studies give this as their only reason [ 38 , 40 , 54 , 55 , 59 , 61 ]. Most studies give examples of successful Internet-delivered interventions to support their own research. However, one study gives, as its only reason for Internet-delivered intervention, that the intervention or a similar intervention had been useful in other studies [ 40 ]. One study [ 54 ] questions whether face-to-face and online support groups for those with breast cancer would work together, and gives this question as the only reason for delivering the intervention via the Internet. A few studies did not give a research-related reason for evaluating an Internet-delivered intervention. These studies were descriptive accounts of an intervention [ 33 , 48 , 51 ] or were evaluating the use of an Internet-delivered intervention that was in response to a specific health service-related problem [ 60 ].

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