OP71 PriTec Tool 2: Adaptation For Selection Of Technologies To Be Assessed For Inclusion Into The Health Care System

Leonor Varela Lema (leonor.varela@usc.es),

Maria Maceira-Rozas, Janet Puñal-Riobóo and
Maria José Faraldo-Vallés

Introduction. The PriTec Tool is an automatically executable multi-criteria web application developed in 2009 by the Galician Health Knowledge Agency (avalia-t; ACIS) for the prioritization of technologies susceptible of post-introduction observation or obsolescence. Currently, the tool has been updated and improved to support the selection process of technologies to be assessed for inclusion into the National Public Health Care Portfolio. The aim of this work is to present the updated version of the tool (PriTec Tool 2) with the new functionalities.
Methods. The development of the tool was based on a mixed-method approach, comprising a systematic review, followed by a five-step process: (i) development of the preliminary proposal of prioritization criteria and domains; (ii) contextualization and validation of the criteria and domains by a multidisciplinary group of key stakeholders; (iii) assessment of validity, reliability and suitability of criteria; (iv) weighting of domains; and (v) evaluation of applicability, reliability and reproducibility of the tool.
Results. The tool consists of 15 criteria categorized in 5 domains. The web application ranks the technologies through automatic computation of the weighted average of the different criteria and generates a comparative analysis of the individual or working group results. The application allows access to different options: working groups, case studies or technology comparison. It allows for individual prioritizations or managing working groups. When applied to prioritize the Spanish Network of Health Technology Assessment (HTA) Agencies yearly workplan it achieved an intraclass correlation coefficient of 0.71 (95% confidence interval 0.62, 0.88).
Conclusions. The updated PriTec Tool-2 can be very useful to guide decision-making regarding the assessments that would be mostly needed to ensure health, equity and sustainability. The tool stands out for its simplicity and ease of application. It is acknowledged that the tool could be of great interest to policy makers, HTA bodies and other health decision-makers worldwide.

OP72 Software Tools For Systematic Literature Review In Medicine: A Review And Feature Analysis

Kevin Kallmes (kevinkallmes@supedit.com),

Kathryn Cowie, Nicole Hardy and Karl Holub

Introduction. Systematic reviews (SRs) are central to evaluating therapies but have high costs in time and money. Many software tools exist to assist with SRs, but most tools do not support the full process, and transparency and replicability of SR depends on performing and presenting evidence according to established best practices. In order to provide a basis for comparing between software tools that support SR, we performed a feature-by-feature comparison of SR tools.
Methods. We searched for SR tools by reviewing any such tool listed the Systematic Review Toolbox, previous reviews of SR tools, and qualitative Google searching. We included all SR tools that were currently functional, and required no coding and excluded reference managers, desktop applications, and statistical software. The list of features to assess was populated by combining all features assessed in four previous reviews of SR tools; we also added five features (manual addition, screening automation, dual extraction, living review, and public outputs) that were independently noted as best practices or enhancements of transparency/replicability. Then, two reviewers assigned binary 'present/absent' assessments to all SR tools with respect to all features, and a third reviewer adjudicated all disagreements.
Results. Of 53 SR tools found, 29 were excluded, leaving 24 for assessment. Thirty features were assessed across six classes, and the inter-observer agreement was 86 percent. DistillerSR (Evidence Partners; n = 26/30, 87%), Nested Knowledge (Nested Knowledge; n = 25/30, 83%), and EPPI-Reviewer Web (EPPI-Centre; n = 24/30, 80%) support the most features followed by Giotto Compliance (Giotto Compliance; n = 23/30, 77%), LitStream (ICF; n = 22/30, 73%), and SRDB.PRO (VTS Software; n = 21/30, 70%). Seven tools support fewer than half of all features assessed: RobotAnalyst, SyRF, Data Abstraction Assistant, SWIFT-Review, SR-Accelerator, RobotReviewer, and COVID-NMA. Notably, only 10 tools (42%) support direct search, 7 (29%) offer dual extraction, and 13 (54%) offer living/updatable reviews.
Conclusions. DistillerSR, EPPI-Reviewer Web, and Nested Knowledge each offer a high density of SR-focused web-based tools. By transparent comparison and discussion regarding SR tool functionality, the medical community can choose among existing software offerings and note the areas of growth needed, most notably in the support of living reviews.

OP73 Tools That Can Aid Adaptive HTA To Ensure Rapid, Efficient, And Pragmatic Priority Setting: A Scoping Review

Lieke Fleur Heupink (liekefleur.heupink@fhi.no),

Elizabeth Peacocke, Ingvil Sæterdal, Lumbwe Chola and
Katrine Frønsdal

Introduction. Producing new health technology assessments (HTA) can be a time-consuming process. With finite resources in HTA agencies, limited capacities in countries without formalized HTA processes, and growing interest for lifecycles approaches valuing