

consultations it became clear that, in the context of HTA, the definition depends on understanding what is missing from current deliberations around the value of new health technologies. There was consensus among workshop participants that: (i) “patients” and “the public” are not the same; (ii) the role of the public may be to ensure societal values are reflected in HTAs and HTA-informed decision-making processes (e.g. serving an audit function); and (iii) a legitimate definition of “the public” could be: “A non-aligned community member with no commercial or professional interest in the HTA process who is not a patient or member of a stakeholder group”.

CONCLUSIONS:

Consensus on the use of the terms “patient” and “public” will support rigorous, evidence-based public and patient engagement in HTA. The proposed definition indicates a way forward in this debate.

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OP118 Women’s Preferences And Perspectives On Cervical Cancer Screening

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INTRODUCTION:

Cervical cancer screening (CCS) is conducted through multiple testing modalities including Papanicolaou smears and more recently, HPV Testing. Participation in CCS is influenced by a multitude of barriers and facilitators governed by the preferences, values, and beliefs of women. This presentation will discuss the findings from a Patient Perspectives and Experiences review for a CADTH Health Technology Assessment on HPV Testing for Primary Cervical Cancer Screening.

METHODS:

A systematic literature search yielded 4864 citations published from 1 January 2002 to 1 November 2017. One hundred and six eligible studies were analyzed using the qualitative meta-synthesis methodology.

RESULTS:

The social location, circumstances and resources available to women significantly influence how they negotiate the factors that influence their CCS

participation. Some of the factors we identified are Emotions, Understanding Personal Risk, Logistics, and Multiple Roles of Women. In this presentation, we will discuss how these factors interact with a woman’s social location to influence women’s choices and preferences about engaging in cervical cancer screening. Specifically, we describe an analysis that conceptualizes social location as a balancing fulcrum, which changes the force exerted by factors acting as incentives and disincentives. Women who experience social and material deprivation may find that disincentives are harder to overcome than women who have access to ample social and material resources. More incentives in quantity and strength would tip the balance in favor of incentives and increase CCS participation. This presentation will also describe how incentives and disincentives were operationalized in the context of a patient perspectives and experiences review for a health technology assessment.

CONCLUSIONS:

Women’s decisions to participate in CCS are influenced by many factors. The way women negotiate these factors is closely related to their personal circumstances and the availability of social, material, and financial resources.

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OP119 Appraising Qualitative Research For Qualitative Evidence Syntheses

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INTRODUCTION:

The growth of the evidence-based policy movement sought to determine how to better assess and incorporate qualitative evidence in clinical practice and policy development. The question engendered was not whether qualitative research is valuable but how researchers can enhance its rigor. From this discussion arose over one hundred appraisal tools for the quality appraisal process of qualitative studies. For those without a deep familiarity with the qualitative research paradigm, navigating through the breadth of tools to find the most suitable tool for the task is a cumbersome process. This presentation will review the descriptive

characteristics of available quality appraisal tools for assessing the quality of primary qualitative studies in qualitative evidence syntheses (QES). This presentation will also offer a critical discussion on the use of reflexivity as a de facto quality criterion, and how methodological reporting may influence the application of quality criteria in QES.

METHODS:

We conducted a systematic search to identify quality appraisal tools of qualitative research designed for use in QES. This search built upon the work of Santiago-Delefosse and colleagues by extending their search to 2016.

RESULTS:

We identified eight appraisal tools intended for use in the quality appraisal process of a QES. We provide a description of the structure, content, objectives, and philosophies of tools followed by considerations concerning their historical antecedents, common patterns regarding structure, content, and purpose, and the implications of these patterns on the QES process.

CONCLUSIONS:

Quality appraisal of qualitative research is an important step in QES, and there have been a proliferation of tools for this purpose. By providing an overview of available tools detailing their intent and strengths, this presentation will assist those engaging in QES to choose an appropriate tool for their work.

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OP120 Rapid Qualitative Reviews: A Scoping Review Of Guidance And Examples

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INTRODUCTION:

Decision-makers are increasingly recognizing the usefulness of qualitative research to inform patient-centered policy decisions, and are accordingly increasingly demanding qualitative evidence as part of health technology assessment (HTA). In the context of tight HTA timelines, a new form of evidence synthesis has emerged—rapid qualitative reviews. The need for

rapidity requires either an increase in resources or, more commonly, a compromise in rigor, yet guidance on appropriate compromises for qualitative reviews is lacking.

METHODS:

In order to inform de novo guidance, we conducted a systematic scoping review to identify existing guidance and published examples of rapid qualitative reviews. We searched Medline and CINAHL using medical subject headings and keywords related to “rapid reviews” and “qualitative” research, and screened the 1,771 resultant citations independently in duplicate. Additionally, we searched the grey literature and solicited examples from our contacts and other evidence-synthesis organizations. We summarized included guidance and reviews using the Search, Appraisal, Synthesis, Analysis (SALSA) framework to identify abbreviations in the review process.

RESULTS:

We found no guidance documents specific to rapid qualitative reviews. We found one published peer-reviewed rapid qualitative review, and several more (>10; grey literature search in process) through our organizational contacts. While methods to abbreviate the process are poorly reported, an abbreviated literature search (years and databases searched) and the use of a single reviewer appear common.

CONCLUSIONS:

A number of agencies are producing rapid qualitative reviews, however our review identifies the urgent need to develop and explore methods for the synthesis of qualitative research that balance rapidity and rigor.

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OP121 Experiences With Using The GRADE-CERQual Approach In Systematic Review

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INTRODUCTION:

There are many approaches to synthesis of qualitative studies. The GRADE-CERQual approach (Confidence in the Evidence from Reviews of Qualitative research)