

coaching service). MedicineWise app features were developed iteratively using a human-centred design approach. Consumers were involved in the design, prototyping and testing stages before the features moved to technical-build stage.

**Results.** Three use-cases will be presented to demonstrate how the MedicineWise app was used to provide personalized medicines management service offerings. These include: (1) curating relevant content and delivering push notifications to users for health conditions including asthma, rheumatoid arthritis and osteoporosis; (2) providing a triaged medication adherence support program with escalating levels of intervention for heart failure patients; and (3) collecting user-reported medication usage data and data monitoring by health professionals to provide support for heart failure patients.

**Conclusions.** The utility of MedicineWise app can be extended to provide personalized medicines management service offerings in the consumer health care space.

## VP61 Rapid HTA Of The CarbonCool Full Body Suit For Exertional Heat Injuries

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**Introduction.** The CarbonCool full body suit is a portable, non-invasive core body cooling system for use by first responders and clinicians for targeted temperature management and heat stroke treatment. It uses pads made of a highly thermal conductive carbon-based cooling medium to absorb heat from the body. Our department was requested to review the effectiveness of the suit and whether it might be used in place of a Body Cooling Unit (BCU).

**Methods.** A rapid review was carried out on the technology. The PICO elements were: Population- Emergency department patients with exertional heat injury; Intervention- CarbonCool full body suit; Comparator- Body Cooling Unit; Outcomes- Adverse effects, clinical outcomes (survival, neurological status), physical measures (rate of cooling). The NHS Centre for Reviews & Dissemination databases, Cochrane Database of Systematic Reviews, PubMed (MEDLINE) and the US National Guidelines Clearinghouse were searched for systematic reviews, HTA reports and clinical practice guidelines. The importer was contacted to provide supporting studies for their product.

**Results.** No publications were found on CarbonCool products. The importer provided the unpublished abstract of a retrospective cohort study of 124 post-cardiac arrest patients requiring targeted temperature management. The importer advised that a trial on pre-hospital heat stroke was pending. The full body suit is not intended as a replacement for body cooling units. Three clinical practice guidelines on management of heat injuries did not mention such cooling systems, but did recommend ice packs as a treatment option.

**Conclusions.** The CarbonCool Full Body Suit is not intended as a replacement for a Body Cooling Unit. No published studies were found showing effectiveness for managing exertional heat injuries. A trial on pre-hospital heat stroke was pending. Guidelines on managing heat injuries do not mention the use of the technology. It was recommended to await results of pending trials, or to use it only under research.

## VP62 The EUnetHTA Companion Guide: A New Repository To Support European HTA

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**Introduction.** Good quality management (QM) and the sound application of EUnetHTA's (European network for Health Technology Assessment) well-established methodology and tools are fundamental prerequisites for reliable and trustworthy joint work. To provide ultimate support and guidance to the assessment teams of EUnetHTA – and further, to ensure a sustainable mode of work for the post-2020 period – a comprehensive web-based so called “EUnetHTA Companion Guide” is established in Joint Action 3.

**Methods.** The Companion Guide was created using the open source Wiki software “DokuWiki”. We divided the content into five main parts: 1. EUnetHTA's QM concept, 2. QM for rapid Relative Effectiveness Assessment (REA) Pharma, 3. QM for rapid REA Other Technologies (OT) 4. Scientific Guidance & Tools and 5. QMS-related training material. The assessment processes for rapid REA Pharma and OT have been subdivided into single process steps for which the Companion Guide provides standard operating procedures (SOPs), checklists, templates, guidelines and tools. The content of the Companion Guide is continuously subjected to evaluation by means of a structured survey with regard to the achievement of its purpose of ensuring to ensure high-quality HTA reports.

**Results.** In May 2018, the Companion Guide was launched and is now available to all EUnetHTA partners. It provides central access to all components of the newly established QMquality management system for EUnetHTA. The user has access to training modules that provide information on how to use the Companion Guide. Moreover, the training material enables EUnetHTA partners to build up necessary capabilities for QMquality management, and application of methodologies and tools in the context of EUnetHTA.

**Conclusions.** The purpose of the Companion Guide is to ensure the production of high-quality HTA reports by providing ultimate support and guidance to the EUnetHTA assessment teams during their joint work. The continuous evaluation will reveal necessary revisions and the need for further developments and guidance.

## VP63 EUnetHTA Planned And Ongoing Projects Database: Usage And Challenges

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**Introduction.** The European Network for Health Technology Assessment (EUnetHTA) Planned and Ongoing Projects (POP) database allows sharing information on projects of HTA organisations participating in EUnetHTA. It enables users identifying overlaps and therefore has the potential to reduce duplication of work on similar topics. The aim of our research was to examine

the usage of the database, how it helps to reduce duplication, and identify challenges to be addressed.

**Methods.** We conducted a systematic data collection and analysis on the topic overlaps retrospectively and complemented it with an electronic survey aimed at database users. The dataset on the overlaps was collected between June 2016 and September 2017. The survey was conducted in October 2017.

**Results.** During the data collection period, the POP database contained on average 800 projects provided by around fifty percent of the EUnetHTA partner organisations. One hundred and sixty nine identical projects could be identified from which ninety-two percent had different starting dates. Twenty-five percent of the identical projects were elaborated on by three organisations, 10 percent by four, and 6.5 percent by five organisations. Analysis of the survey showed a pattern of “wait and see”: users are informed about what other EUnetHTA partners are working on, wait for a finalised HTA or exchange the project plan, search strategies, search results, extraction tables, etc. The data collection and survey could not provide a precise number of collaborations initiated based on information gathered from the database.

**Conclusions.** The POP database is suitable for information sharing and has the potential to save time and resources at EUnetHTA partners. The collaboration is hindered by differences in national processes, including the timing and scope of the assessments. The impact of the POP database on the facilitation of collaboration and reduction of duplication of HTAs produced by EUnetHTA partners is yet to be strengthened.

## VP65 HTA Beyond 2020: Need For “Professionalization”?

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**Introduction.** Health Technology Assessment (HTA) should continue evolving in order to effectively meet stakeholder expectations in the next decade. There is need for strengthening current expertise while developing new capabilities to keep up with rapid innovations in health care. Institutionalizing knowledge and skill through professionalization of HTA is a critical factor for successful “smart capability building” and the practice of HTA beyond 2020.

**Methods.** Professionalism is understood to mean different things by different people. This paper does not primarily focus on whether HTA is or should be a “profession” but on the development of institutions, structures, and attitudes that are characteristic of a profession and the impact they could have on the practice of knowledge and skill in HTA. “Professionalization” is used in this case to refer to the status of institutions, structures and attitudes and the process of establishing them. Professional standards include both ethical standards and standards of (technical) competence. Ethics applies to standards of competence, because stakeholders expect professionals to adhere to standards of competence and ethical standards. I will argue for the institutionalization of the practice of HTA knowledge and skill for mutual benefit and the prevention of exploitative and unjust use of HTA capabilities and processes. Is expertise necessary in HTA? Yes, conducting HTA requires specialized skills and knowledge. Effective decision-

support requires multidisciplinary and efficient HTA teams. Core competencies and smart capabilities must be clearly defined and institutionalized for the production of effective HTA in the coming decade. Credentialism also becomes necessary for protecting the public from the consequences of bad evidence and bad choices. It will also protect the integrity of HTA practitioners and bolster professional autonomy.

**Results.** Professionalization is instrumental in the development of ethical standards and standards of technical competence necessary for successful HTA practice.

**Conclusions.** HTAi should professionalize HTA to facilitate and guide “smart capability building”.

## VP67 Caring For Children With Neurodevelopmental Disorders

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**Introduction.** Professionals dealing with children with Neurodevelopmental Disorders (NDDs) need to be constantly trained because of the numerous challenges posed by the particularities arising from the multiple conditions that pervade child development. The aim of this study is to describe the training processes of education, health and social care professionals who care for children aged 0 to 12 years with neurodevelopmental disorders.

**Methods.** The revision overview was registered in the PROSPERO platform CRD42018100715 that followed the parameters of the PRISMA protocol and aimed to identify the existing multi-professional training processes, aimed at health professionals, education and social assistance aimed at promoting skills for care with children and families with TND. The research question was structured according to the acronym PICO. The search was performed in PubMed, Embase, Cochrane Library, CRD, Web of Science, Campbell Library, Health System Evidence, Epistemonikos and Joanna Briggs databases in May 2018.

**Results.** We selected 23 articles. Of these, 21 (91 percent) were health professionals, 22 (96 percent) referred to intellectual disability, 16 (71 percent) were in the American continent and 15 (65 percent) used in-service training as educational resource. The outcomes showed that the structuring of teaching-learning in the practice of health, education and social care professionals determines a more inclusive proposal in the treatment of children with NDD.

**Conclusions.** The health professional is the most trained to attend children with NDD, however, training and development policies are lacking for professionals from other areas who act as a gateway to diagnostic services. Establishing in-service training initiatives strengthens the support and structuring of intersectoral programs that would facilitate multi-professional participation in the prognosis and treatment directed at children with NDD. Therefore, associating the use of assistive technologies allows new opportunities to access tools and electronic devices that allow the formation of professionals.