



EUSCREEN study meeting – Poznań, March 8, 2019

Evaluation report of the EUSCREEN Webtool Workshop

During the EUSCREEN study meeting in Poznań, a webtool version of the EUSCREEN vision and hearing screening evaluation model was presented. Participants (both Country Representatives and Consortium partners) had the choice between attending a demonstration of the prototype or participating in a practical exercise with the model prototype. The objectives of the workshop were a) to introduce the EUSCREEN webtool, b) to facilitate a practical exercise and c) to create a moment of feedback for further improvements of the tool.

All participants had received an email in preparation of the workshop. This included registration instructions and preparatory questions. In total, 39 people participated in the workshop (22 hearing, 17 vision). Additionally, 18 people attended a demonstration session. A total of 15 out of the 39 (38%) participants filled out an evaluation form (6 for vision and 9 for hearing). This report provides mean responses and highlights some open comments. The evaluation form is attached to this report.

Overall, the workshop was rated 4.2 on a scale from 1 (strongly disagree) to 5 (strongly agree). The meeting of expectations by the webtool was rated 3.7. On average, the usefulness for various stakeholders (professionals, policy makers, coordinators and researchers) was rated 3.95. Table 1 shows the overall rating of the webtool content. With the first three items rating the overall usability of the webtool and the next five items rating each module of the webtool.

Table 1: Mean scores of webtool evaluation.

Overall rating:	Mean score (scale 1 – 5)
The lay-out was logic and user friendly	4.0
It was clear what information was required	3.7
The information/indicators required was relevant	3.7
Module rating:	
Priorities for public spending	3.9
Existing contact moments	3.9
Costs	3.4
Scenarios	4.2
Results	3.8

Most responses were similar for both vision and hearing groups, with a maximum difference in average response of 0.6 points between the two groups. Except for the following three questions. Sufficient time for individual support during the workshop was rated 4.7 in the vision group and 3.9 in the hearing group. The meeting of expectations by the webtool was rated 3.3 in the vision group and 4.1 in the hearing group. The usefulness of the webtool for policy makers was rated 3.5 in the vision group and 4.2 in the hearing group.

The relevance of the variables included in the webtool could be scored by either 'yes', 'maybe' or 'no'. On average, the respondents found all variables relevant for the webtool. The number of screening locations and the number of screening devices were both found least relevant for the vision group (>50% of respondents answered no/maybe). The hearing group respondents found the number of tests failed/rejected the least relevant (six respondents answered 'maybe').

In general, it is found to be quite difficult to obtain empirical data on model parameters such as disease incidence; target condition; screening coverage and attendance rates; number of tests failed/rejected; training costs and treatment success rates.

Open questions

Not all respondents answered all open questions. It is therefore difficult to draw general conclusions from these answers. We will quote some responses that are provided, either written on the evaluation forms or verbally as feedback during the workshop sessions.

- Costs data is often difficult to provide and it should be made more clear what is exactly required.
- A help text could be useful, not only for costs but also for definitions of attendance and referrals.
- Some countries have vision screening and diagnostics within one consultation.
- Some countries perform both OAE and aABR tests for all well babies in their first hearing screen.
- In some countries, medical specialists have private offices where they perform their exams. This option should be made available.
- Sometimes, multiple vision charts are used, either within one screen or within different age groups.
- It would be useful to have a graphical overview of final results.

Additional output parameters that users would like to evaluate:

- Number of children with a refractive error
- Costs for false positive and false negative cases

Overall, the workshop was very well received by participants. It is noted that there was only limited time to get acquainted with the webtool. For that reason, the webtool remains available for all participants to practice until July 1, 2019. It is still possible to register as user at <https://miscan.euscreen.org/login>. After July 1st, the webtool will be updated and an improved version will be available for all Country Representatives in a later stages of the EUSCREEN project (2020).

All written and verbal feedback will be discussed within the EUSCREEN consortium and – where applicable and possible – be taken into account when improving the webtool.

Attachment: EUSCREEN Webtool Evaluation

Workshop experience	Strongly Disagree	Disagree	Undecided	Agree	Strongly agree
Information was clearly presented.	1	2	3	4	5
There was enough time to practice.	1	2	3	4	5
There was enough time for individual support.	1	2	3	4	5

Overall webtool experience	Strongly Disagree	Disagree	Undecided	Agree	Strongly agree
The webtool met my expectations	1	2	3	4	5
This approach will be useful to policy makers in my country.	1	2	3	4	5
This approach will be useful to screening professionals in my country.	1	2	3	4	5
This approach will be useful to screening programme coordinators in my country.	1	2	3	4	5
This approach will be useful to screening researchers in my country.	1	2	3	4	5

Webtool content	Strongly Disagree	Disagree	Undecided	Agree	Strongly agree
Priorities for public spending					
The lay-out was logic and user friendly	1	2	3	4	5
It was clear what information was required	1	2	3	4	5
The indicators are relevant for countries with no screening programme	1	2	3	4	5
Existing contact moments					
The lay-out was logic and user friendly	1	2	3	4	5
It was clear what information was required	1	2	3	4	5
The information required was relevant	1	2	3	4	5
Costs					
The lay-out was logic and user friendly	1	2	3	4	5
It was clear what information was required	1	2	3	4	5
The information required was relevant	1	2	3	4	5
Scenarios					
The lay-out was logic and user friendly	1	2	3	4	5
It was clear what information was required	1	2	3	4	5
The information required was relevant	1	2	3	4	5
Adding 4 extra scenarios is sufficient	1	2	3	4	5
Results					
The lay-out was logic and user friendly	1	2	3	4	5
The information required were clear and understandable	1	2	3	4	5

Model input parameters

The future toolkit will most likely contain a broader set of input parameters to vary. We would like to know your opinion on all parameters

Parameter	Relevant variable in the webtool	Too difficult to obtain data for my country
Disease prevalence	Yes / Maybe / No	Yes / Maybe / No
Disease incidence by age	Yes / Maybe / No	Yes / Maybe / No
Target condition (for vision screening: refractive error, amblyogenic risk factors, etc.)	Yes / Maybe / No	Yes / Maybe / No
Referral criteria	Yes / Maybe / No	Yes / Maybe / No
Coverage	Yes / Maybe / No	Yes / Maybe / No
Attendance	Yes / Maybe / No	Yes / Maybe / No
Referral rate	Yes / Maybe / No	Yes / Maybe / No
Test sensitivity	Yes / Maybe / No	Yes / Maybe / No
Test specificity	Yes / Maybe / No	Yes / Maybe / No
Number of tests failed / rejected	Yes / Maybe / No	Yes / Maybe / No
Number of screening locations (current/new)	Yes / Maybe / No	Yes / Maybe / No
Types of screening professionals	Yes / Maybe / No	Yes / Maybe / No
Number of screening professionals (current/new)	Yes / Maybe / No	Yes / Maybe / No
Types of screening devices	Yes / Maybe / No	Yes / Maybe / No
Number of screening devices (in use / needed)	Yes / Maybe / No	Yes / Maybe / No
Salary costs of screening professionals	Yes / Maybe / No	Yes / Maybe / No
Costs of training current / new professionals	Yes / Maybe / No	Yes / Maybe / No
Startup costs in case of new programme	Yes / Maybe / No	Yes / Maybe / No
Types of treatment / early intervention	Yes / Maybe / No	Yes / Maybe / No
Success rate of treatment / early intervention	Yes / Maybe / No	Yes / Maybe / No

Do you miss other important parameters in the current Webtool? If yes, please specify.

1. Do you think this Webtool adequately captures most of the issues that you experienced for vision/hearing screening in your country?

2. What features of the Webtool do you think work well, and why?

3. What features of the Webtool do you think need changing? Do you have suggestions for improvement?

4. Do you think the indicators of 'acceptability, appropriateness and sustainability' adequately capture the priorities in public health care spending?

5. The simulation results shows an overview of your simulations and the output. Do you miss any information in this overview and are there other output parameters you would like to evaluate?

6. Do you wish to make any further comments or suggestions?

THANK YOU!