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GmbH

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Project Protocols

Living Document

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1.1.2 Protocols

1.1.2.1 Promoting Oral Health in Children: Effectiveness and Safety of Screening and Oral Health Promotion Programs for Caries Prevention

Project lead: Aline Dragosits
Project authors: Aline Dragosits, Julia Kern-Kim
Internal review: Ingrid Zechmeister-Koss
Duration: Q1 2026 to Q4 2026 (8 PM)
Language: English (with German summary)

Background:

Oral health refers to a pain-free state of the teeth, oral cavity and jaw, which includes psychosocial aspects and allows essential functions such as speaking, eating and breathing without limitations. As such, it represents a key component of overall health [1]. Traditionally, dental health – as a disease-oriented concept – focused on the absence of oral diseases like caries and periodontitis [2]. However, despite the fact that many oral diseases are preventable, nearly half of the adult population in the European Union is affected by dental caries and periodontal disease [3]. The development of these conditions is influenced both by social determinants, including social, economic, and political conditions, as well as oral hygiene practices and dietary behaviour, particularly the consumption of foods and beverages high in free sugars [1, 3, 4].

To promote oral health, the World Health Organization (WHO) has adopted a global strategy in the form of an action plan covering the period 2023 - 2030. A central objective is to better integrate oral health into general healthcare, with a stronger focus on preventive approaches [1]. Currently, dental care remains largely centred on curative treatment [3]. The WHO recommends a package of safe and cost-effective interventions focusing on prevention, prophylaxis, and treatment programs, designed to target both individual behaviours and broader structural determinants in order to reduce the prevalence of common oral diseases such as dental caries and periodontal diseases. [1].

Evidence indicates that oral health prevention needs to start as early as childhood. Findings from a recent cohort study suggest that children with caries in their primary teeth have a significantly higher risk (2.8 times higher) of developing caries in their permanent teeth [5]. Furthermore, caries in permanent teeth is a strong predictor of future caries development [6].

As early as 1999, the WHO set the target for the European region that at least 80% of 6-year-olds should be caries-free by 2020 [7]. By 2022, this goal had only been achieved by Norway, with 81%, with 58% of caries-free 6-years old in 2024. Children, who are not caries free, have a caries experience. In a European comparison of the proportion of 5- to 7-year-olds with caries experience, Austria ranks in the upper middle range among the surveyed countries at 42%. Children are considered to have caries experience if they currently have decayed primary teeth, have had caries in the past, and/or have required treatment or extraction of primary teeth due to caries. The average level of this experience is reflected by the d3mft index, which measures caries burden by indicating the proportion of children with at least one primary tooth affected by irreversible caries [8]. The WHO set a target value of 1.5 for this index among 12-year-olds by 2020 [7]. In Austria, the current value is 1.9 [8].

The prevalence of caries experience was particularly high among children whose parents have lower levels of education, as well as among children with a migration background. Treatment was needed in 29% of children overall, rising to 51% among children with a migration background and 59% among those whose parents have a low level of education. In children and adolescents, caries is associated with pain, poor sleep quality, lower oral health-related quality of life, and poorer academic performance [9, 10] and it may also lead to nutritional deficiencies [11]. Moreover, caries in childhood has long-term effects on health in middle age [12].

The aim of the project is to think of caries prevention in childhood as a continuous process from birth onwards and to analyse key interventions across different life settings with regard to their effectiveness and safety. This includes, on the one hand, dental screening services for children up to the age of six within the healthcare system, and on the other hand, oral health promotion programs in kindergarten and school. Oral health promotion is understood as a holistic approach. The settings healthcare system as well as kindergarten and schools are systematically examined in separate but thematically

interconnected sections and contextualised for Austria. Overall, the project is divided into three parts, which are addressed as follows.

Part I: Dental screening in healthcare for the prevention of caries in children up to the age of six

First author: Julia Kern-Kim
Second author: Aline Dragosits
Duration: Q1 2026 to Q4 2026

Background:

While caries was previously considered an infectious disease, since May 2019 it has been classified by the WHO as a non-communicable disease. This shift in classification has shifted the focus from curative treatment to preventative strategies, such as reducing sugar intake, regular teeth brushing and regular dental check-ups [13]. On average the first tooth appears at six months [14], yet only 35% of children have their first visit to the dentist by the age of two, while 41% have their first visit between the ages three and four, and 16% do not have their first visit until they are between five and six years old [15]. The question therefore arises of whether an earlier dentist visit, and therefore an earlier start of preventive examinations, could reduce the caries prevalence of children in Austria.

The Austrian Parent-child passport is intended for the provision of preventive healthcare for pregnant people and their children until the 62nd month of life [16]. It currently includes five check-ups during pregnancy and nine after the birth of the child. The first ten check-ups are a prerequisite for receiving the full amount of the childcare allowance [17]. In a further development of the Parent-child passport in 2018, a screening for dental diseases from the seventh month, including consultations on fluoride, nutrition, and oral hygiene, was recommended [18]. However, by this point, the screening has not yet been included in the Parent-child passport. An inclusion could potentially lead to an earlier identification of children requiring treatment or counselling and help prevent future caries.

Project aims:

The project aim is to provide an overview of current recommendations in international, evidence-based guidelines regarding caries prevention in children up to the age of six in the healthcare setting. Recommended screening tools, treatment pathways and involved professional groups will be derived from these recommendations. Additionally, the current evidence on efficacy, safety and accuracy will be examined.

Non-aims:

There will be no systematic review on the efficacy or safety of interventions that would result from screening.

Research questions (RQ):

1. What are the recommendations for screening in children from evidence-based guidelines, especially recommendations regarding professional groups involved, the setting, used screening tools and pathways.
2. What is the evidence on the efficacy, safety and accuracy of screening for caries or oral health in children up to the age of six in the healthcare setting?

Methods:

To answer the first research question, a manual online search for evidence-based guidelines will be conducted in the TRIP and G-I-N (Guidelines International Network) databases, as well as on websites of well-established guideline institutions. Guideline quality will be assessed by two authors independently with the AGREE-II tool following

the methodology outlined by IQWiG. Screening recommendations as well as information on how the screening should be conducted will be extracted. Results will be synthesised narratively.

A systematic literature search for systematic reviews and HTA reports (or if necessary for primary studies) on screening interventions will be conducted in multiple databases (PubMed, The Cochrane Library, PsycINFO, Medline via Ovid, Embase, INAHTA) to answer the second research question. Title, abstract and full text screening will be done by two authors. Extraction will be conducted by one author and validated by a second author. Two authors will independently conduct the quality assessment of the included studies with established tools. Afterwards, study characteristics, efficacy, safety and information about the accuracy measurement will be extracted by one author and validated by a second. Results will be synthesised narratively.

Precise inclusion and exclusion criteria are described in the following PICOs table.

Inclusion criteria (PICOS)

	Inclusion criteria
Population	Infants and children up to the age of six **Exclusion**: Pregnant people, children six years or older
Intervention	Caries screening/ (early) oral health examination (with or without further consultation of the legal guardian) **Exclusion**: Other interventions, dental treatments
Control	No screening
Outcomes	At least one of the following outcomes: RQ1: ▪ Recommendation for or against screening ▪ Recommendation characteristics o Information on screening tools o Professional groups o Setting o Treatment pathways o Intervals o Methods o Etc. RQ2: ▪ Efficacy outcomes, e.g. o Presence of caries (dmf-t-index), o Caries stage (ICDAS) o Dental restauration o Oral health-related quality of life (measured with a validated tool, e.g. ECOHIS), ▪ Safety (any reported safety outcomes that could result from screening such as false negative or positive tests, overdiagnosis, unnecessary treatments, long waiting times because of false positive tests, anxiety/uncertainty) ▪ Screening accuracy o Diagnostic accuracy (e.g. sensitivity, specificity, reliability, etc.) **Exclusion:** Outcomes assessing cost effectiveness
Setting	Health care, for example primary care, paediatricians, dentists, other relevant non-medical professionals… etc. **Exclusion:** Setting Kindergarten and primary school

	Rationale: Since the implementation of a screening is specifically considered in the Austrian parent-child-passport only healthcare settings are of interest.
Study design	Research question 1: Evidence based guidelines Research question 2: Systematic reviews, HTA-reports (If possible, update of a systematic review or inclusion of primary studies)
Countries	Europe, North America, Australia, New Zealand
Languages	German/English **Exclusion:** Other languages
Publication period	Systematic reviews (or primary studies[a]): 2016-2026 Evidence based guidelines: 2021-2026 (or confirmation that the guideline is still valid and up to date) **Exclusion:** Research question 2: If primary studies are included, exclusion of case series or retrospective studies

Note: [a]Primary studies will be used to answer research question 2, if not enough or no high-quality systematic reviews of HTA reports are identified.

Part II: Oral health promotion programmes for caries prevention in children in kindergarten and primary school

First author: Aline Dragosits
Second author: Julia Kern-Kim
Duration: Q1 2026 to Q4 2026

Background:

Although the proportion of caries-free children in Austria is increasing, the WHO-defined target of 80% caries-free children by 2020 is still far from being achieved with a value of 58%. Although the target has already been formulated for 2020, no new target has been formulated by the WHO yet. The Austrian Oral Health Survey further shows that in 2023/2024, 90% of first-graders consume sweets daily or several times a week, and 57% consume sugar-sweetened beverages daily or several times a week [8]. In Austria, oral health promotion and prophylaxis programs are offered for children. The design and implementation of these programs is the responsibility of the respective federal states and varies in terms of availability and structure [19]. The proportion of caries-free children aged six to seven also varied by federal state in 2023/2024, being highest with 72% in Tyrol to 46% in lowest with 46% in Lower Austria [8].

Project aims:

The aim of this project is to analyse the current evidence on the effectiveness and safety of oral health promotion programs for caries prevention in kindergarten and primary school. The focus is on identifying and evaluating key program characteristics that are associated with greater health benefits.

Note: An assessment of the cost-effectiveness of the oral health promotion programs is considered but cannot be implemented within the current available project capacities. The project objectives, research questions and methodological approaches for the cost-effectiveness evaluation will therefore be outlined in more detail in a separate protocol.

Non-aims:

- It is not the aim of this project to evaluate the existing caries prevention programs in Austria

- Medical caries prophylaxis: no analysis of dental care services such as fissure sealants

Research questions (RQ):

RQ1: Which oral health promotion programs for caries prevention in kindergartens and primary schools can be identified from the literature, and what are their key characteristics/scope?

RQ2: How effective and safe are oral health promotion programs for caries prevention in kindergartens and primary schools in comparison to one another with regard to health-relevant outcomes?

Methods:

To answer the first research question a manual online search for evidence-based guidelines will be conducted in the TRIP and G-I-N (Guidelines International Network) databases, as well as on websites of well-established guideline institutions. Guideline quality will be assessed by two authors independently with the AGREE-II tool following the methodology outlined by IQWiG. Key characteristics of oral health promotion programs for caries prevention will be extracted and the findings will be described narratively.

Furthermore, to address the first and, in particular, the second research question, a systematic literature search for systematic reviews and HTA reports (and/or primary studies) will be conducted. Inclusion and exclusion criteria for the literature search will be defined using the PICO framework. Based on these defined criteria, relevant databases (PubMed, The Cochrane Library, PsycINFO, Medline via Ovid, Embase, INAHTA) will be systematically searched. The identified studies will be screened by two authors each, after which the included reviews will be extracted by one author and checked by a second. The quality of the studies will be assessed by two authors each using established appraisal tools. Following the literature selection, information from the relevant literature will be extracted, summarised in pre-structured tables, and narratively synthesised.

The precise inclusion and exclusion criteria for the literature covering both research questions are listed in the following PICO table.

Inclusion criteria (PICO):

	Inclusion criteria
Population	Addressees of the intervention (e.g., children in kindergarten and primary school settings, nursery staff, teachers) **Exclusion:** Children in other settings (e.g., healthcare), children aged 11 and above
Intervention	Community-based oral health promotion interventions (e.g., those contributing to caries prevention)
Comparison	Interventions compared to each other
Outcomes	Including but not limited to, and at least one of the following outcomes: RQ1: ▪ Key characteristics, such as components and duration of the intervention, as well as relevant professional staff or materials of oral health promotion programs for caries prevention RQ2: Primary oral health outcomes ▪ Caries burden (dmft/DMFT-Index) ▪ Caries-free children

	▪ Plaque- and gingivitis-Parameter ▪ Periodontitis prevalence Secondary oral health outcomes ▪ Oral health literacy ▪ Oral health behaviour ▪ Oral health attitudes Safety (any reported safety endpoints, e.g., avoidable hospital admissions, age- and risk-group-appropriate use of active ingredients, e.g., in fluoridation measures, avoidable orthodontic interventions, articulation disorders, Turner's teeth, nutritional deficiencies, days absent due to toothache) Rationale: Based on existing literature
Setting	Kindergarten and primary school Rationale: Existing structure in place **Exclusion:** Healthcare settings, e.g., primary care, paediatrics Parent-child facilities
Publication type	RQ1: ▪ Guidelines & published position- and consensus papers ▪ Reviews RQ2: Systematic reviews (in descending order of priority) based on ▪ Systematic reviews, meta-analyses, HTA-reports (preferred) ▪ Primary studies (alternative) **Rationale**: A "best-evidence approach" is applied to study selection, whereby current and methodologically well-conducted systematic reviews (as assessed by GRADE) are preferentially considered, while attention is paid to the transferability of findings. Although systematic reviews and RCTs represent the methodological gold standard, they may have limited informative value at the population level, as they do not reflect a real-world setting. Furthermore, caries prevention interventions are rarely implemented in isolation but are instead introduced as packages of measures. For this reason, these reviews will be supplemented by primary studies where necessary.
Countries	Countries with a comparable healthcare infrastructure and socioeconomic status to Austria (Global North [20]) Rationale: Social determinants as well as dietary habits have a significant influence on oral health
Languages	German/English **Exclusion**: Other languages
Publication period	Since 2016

Part III: Contextualisation for Austria

Research question:

What recommendations regarding the prevention of caries can be derived for the Austrian context based on the results of the first two parts of the report?

Method:

To answer the research question, recommendation for action in Austria will be discussed based on the findings of the first and second project part.

Timetable:

Period	Tasks
Q1/Q2 2026	Scoping and finalisation of the project protocol
Q2 2026	▪ Systematic and manual literature search ▪ Literature selection
Q2/Q3 2026	Data extraction and quality appraisal
Q2/Q3 2026	Writing
Q3/Q4 2026	Internal and external review
Q4 2026	Layout & publication

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1.1.2.2 Oral Nutritional Supplements: Efficacy, Indications, and Guidelines

Project lead: Viktoria Hofer
Project authors: Viktoria Hofer, Michaela Riegelnegg
Internal review: Julia Mayer-Ferbas
Duration: Q1 2026 to Q4 2026
Resources: 8 PM
Language: English (with German summary)

Background:

Malnutrition describes deficiencies, excesses, or imbalances in a person's energy and nutrient intake and can be divided into two main disease groups. The first group includes malnutrition, which encompasses growth retardation, wasting, underweight, and micronutrient deficiencies. The second group includes overweight, obesity, and nutrition-related noncommunicable diseases such as heart disease, stroke, diabetes, and cancer. Undernutrition can be further subdivided into quantitative malnutrition (insufficient energy intake leading to weight loss and wasting) and qualitative malnutrition (micronutrient deficiencies affecting specific physiological functions) [1].

Within the scope of this project, malnutrition refers exclusively to undernutrition and nutrient deficiencies. These can be both a cause and consequence of poor health and lead to metabolic, functional, and physiological deficits with far-reaching consequences: weight loss, loss of body fat and muscle mass, increased mortality and morbidity, as well as higher consumption of healthcare resources[2, 3].

While malnutrition is often associated with famine and food insecurity, it is also a substantial health problem in high-income countries, particularly among elderly people and those with chronic diseases [4]. Disease-related malnutrition may arise from conditions that either increase nutritional requirements (such as cancer, infections, or burns) or impair nutritional intake through long-term illnesses (dementia, chronic

obstructive pulmonary disease), mechanical problems (dysphagia, reduced gastric capacity), or behavioural issues (selective eating). Despite these wide-ranging aetiologies, the lack of awareness regarding vulnerable groups' nutritional requirements, combined with societal acceptance of weight loss as a normal part of ageing, results in delayed identification and treatment of this largely preventable condition [2-6].

To address malnutrition and its associated health risks, oral nutritional supplements (ONS) are widely used for prevention and treatment. ONS are commercially manufactured products available in liquid, powder, or solid form, containing carbohydrates, proteins, fats, fibre, vitamins, and minerals. Evidence supports their use across a range of clinical settings, with demonstrated benefits including improved clinical and functional outcomes and enhanced recovery and healing. In clinical practice, ONS are frequently prescribed to patients identified as malnourished or at risk of malnutrition. Their use is not without controversy, however: in some healthcare systems, rapidly rising costs and concerns about inappropriate prescribing have prompted scrutiny of current practice. While ONS may offer limited benefit in certain patient groups, they remain essential for others, underscoring the importance of identifying those most likely to benefit from their use [2, 4, 5].

The right to adequate nutrition is enshrined in the International Declaration on the Human Right to Nutritional Care (Vienna Declaration 2022) [7]. Denying ONS access to malnourished patients could violate fundamental human rights. However, ethical considerations must balance this right with concerns about overuse, inappropriate prescribing, and medicalisation when simpler interventions might suffice [8].

Beyond patient care ethics, ONS require sustainability evaluation. Their environmental impact (resource-intensive production, carbon emissions, and packaging waste) raises questions about healthcare's ecological responsibility. Inappropriate prescribing represents a misuse of resources, a potential violation of patient autonomy, and an avoidable environmental burden [5].

Project aims:

This project **aims to** conduct a comprehensive health technology assessment of oral nutritional supplements across different patient populations and clinical indications to support evidence-informed prescribing decisions within the Austrian healthcare system.

This project **does not aim to** evaluate individual clinical indications in detail or to compare the nutritional composition of different ONS products. The scope is limited to orally consumed nutritional supplements and does not include enteral tube feeding.

Research question:

RQ1: What recommendations for ONS prescribing across different patient populations and clinical indications are documented in high-quality international and national guidelines?

RQ2: What is the clinical effectiveness and safety of oral nutritional supplements across different patient populations and clinical indications?

RQ3: What ethical principles and considerations should guide prescribing decisions for ONS in diverse patient populations?

RQ4: What are the environmental sustainability implications of oral nutritional supplement prescribing?

Methods:

The following methods are used to answer the research questions:

RQ1:

- Hand search for guidelines (databases: AWMF, GIN, TRIPS).

- Quality assessment using AGREE II [9] with regard to the domains of effectiveness and safety.
- Restriction to recent guidelines (past 5 years).
- Inclusion of only high-quality guidelines (e.g., evidence-based, no expert papers; recommendations must be clearly identifiable as such, etc.)
- Documentation of identified guidelines in a table.
- Extraction of predefined data from guidelines.
- Summary of results.

RQ2:

- Systematic search for systematic reviews and meta-analyses (PubMed/MEDLINE, Embase, Epistemonikos, Cochrane Library) and HTA reports (INAHTA database).
- Quality assessment using ROBIS (systematic reviews) [10].
- Restriction to literature published during the past 10 years.
- In the case of a large amount of available literature, inclusion of only high-quality literature.
- Documentation of identified systematic reviews in a table.
- Extraction of predefined data from publications or systematic reviews.
- Summary of results.

Inclusion criteria (PICOs):

	Inclusion: population 1	**Inclusion: population 2**	**Exclusion: both populations**
Population	**Adults with different indications (e.g. dementia, cancer etc.)**	**Children and adolescents with different indications (e.g. picky eating, chronic disease)**	-
Intervention	All ONS-types, ready-made products and powders		Tube feeding
Comparison	Any comparator, e.g., placebo, dietary advice, normal diet/standard care		-
Outcomes	Including but not restricted to: Measures of body composition Nutritional intake (e.g. energy and protein intake) Health-related outcomes (e.g. appetite) Clinical and other outcomes (e.g. infections/illnesses, disease progression, serum markers) Mortality Length of stay & hospital readmissions Duration of ONS treatment Adverse events and complications (total, infectious and pressure ulcers) Negative/ undesired implications/ side effects Physical function		-
Publication type	Systematic reviews, meta-analyses, HTAs		Primary studies

Publication date	Since 2016	Studies published before 2016
Countries	Countries with healthcare infrastructure comparable to Austria’s	Studies in which fewer than 50% of participants are recruited from countries with healthcare infrastructure comparable to Austria's, as disease patterns and indications for ONS may differ substantially in other settings.
Languages	English, German	All other languages

RQ3 + RQ4:

- Hand search for information on ethical and sustainability issues of ONS.
- Extraction of data from identified literature.
- Summary of results.

Timetable:

Period	Tasks
Q1 2026	Scoping and finalising the project protocol
Q1 2026 to Q2 2026	▪ Hand search for RQ1 and systematic literature search for RQ2 ▪ Selection of literature for RQ1 and RQ2
Q2 2026	Data extraction and quality assessment for RQ1 and RQ2
Q2 2026	Start to write the report
Q3 to 2026	Hand search for RQ3 + RQ4
Q3 2026 to Q4 2026	Finalising the report
Q4 2026	Internal and external review
Q4 2026	Layout and publication

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1.1.2.3 Effectiveness of Health Warning Labels on Alcoholic Beverages: A Systematic Review with a Narrative Analysis for Austria

Project Lead: Aline Dragosits
Project authors: Madlen Maierhofer, Jule Pleyer
Quality assurance: Aline Dragosits
Duration: Q1 2026 to Q3 2026
Resources: 1.5 PM (Master Thesis + in-house co-author)
Language: Englisch (with German summary)

Background:

According to the World Health Statistics Report 2025 of the World Health Organization (WHO), Europe has the highest per capita alcohol consumption worldwide among the WHO regions [1]. Within Europe, Austria is one of the countries with the highest per capita alcohol consumption [1]. A nationwide representative survey on substance use conducted in Austria in 2020 indicated that 15% of respondents engage in health-risk alcohol consumption. The prevalence of this consumption pattern is higher among men (18%) than among women (11%), indicating pronounced gender differences. [2].

The health risks associated with increased alcohol consumption are diverse and, in some cases, manifest only later in life. There is evidence of an association between alcohol consumption and diseases of the nervous system [3], the digestive tract, the cardiovascular system [4], as well as mental disorders [2]. Of particular note are alcohol-associated cancers, which have increasingly become a focus of research. Excessive alcohol consumption is strongly associated with an increased risk of developing several types of cancer [5] [6]. Alcohol consumption is also associated with psychosocial consequences, burdens on the social environment, and an increased risk of alcohol-related accidents and acts of violence. All of these factors cause a substantial burden of disease and result in challenges for the Austrian social and healthcare systems [2].

The WHO's goal is to reduce harmful alcohol consumption worldwide by 10% by 2030. As one of several measures to achieve this goal, the WHO recommends the introduction of health warning labels on alcoholic beverages [7]. Internationally, the effectiveness of health warning labels on alcoholic beverages regarding certain health-related outcomes is scientifically and socially controversial. According to scientific literature, health warning labels on alcoholic beverages may have positive effects. However, it should be noted that these findings predominantly derived from experimental studies. In addition, the literature describes a wide variety of warning label designs. On the one hand they vary

in terms of their format (e.g., text-based, image-based, or a combination of both), and on the other hand, regarding the target group addressed (general population versus specific vulnerable groups), and in terms of the content conveyed. The latter includes different approaches in consumption recommendations, information on the health consequences of alcohol consumption, and references to the behavioral effects of alcohol consumption [8] [9].

Objectives:

The primary objective of this project is to systematically analyse the existing evidence on the effectiveness of health warning labels on alcoholic beverages. Accordingly, this report focuses on identifying which formats and types of content for health warning labels on alcoholic beverages are described and recommended in the scientific literature. Furthermore, the effectiveness of these warning labels is examined regarding the available evidence on health-related and economic outcome measures. Finally, the findings are contextualised for Austria by discussing which recommendations can be derived for the implementation of health warning labels on alcoholic beverages aimed at the general population.

Non-Objectives:

This report does not aim to empirically examine the effectiveness of health warning labels.

Further, it is not an aim to compare health warning labels with other preventive measures.

Research questions:

1. **RQ1:** What designs for health warning labels on alcoholic beverages can be identified in the literature?
2. **RQ2:** How effective are health warning labels on alcoholic beverages in comparison with each other and in comparison with no warning labels regarding health-related and economic outcomes for the general population?
3. **RQ3:** What recommendations regarding health warning labels on alcoholic beverages can be made based on the available evidence for the Austrian context?

Methods:

To answer the first and second research questions, a systematic literature search will be conducted in accordance with PRISMA guidelines. Precise inclusion and exclusion criteria for the literature search will be defined in the PICOS scheme. Based on these criteria, relevant databases (PubMed, The Cochrane Library, PsycINFO, Medline via Ovid, Embase, INHTA) will be systematically searched and the literature search will be completed by a manual search. The literature will be selected by two independent reviewers, with relevant literature being identified based on the defined inclusion and exclusion criteria in the PICOS scheme. After the literature has been selected, the information from the relevant literature will be extracted, summarized in pre-structured tables, and synthesized narratively. The quality of the identified literature will be assessed using appropriate instruments.

To address the third research question, recommendations for Austria regarding the design of health warnings on alcoholic beverages are developed narratively, based on the findings of the first and second research question.

PICOS:

Population	**General population**
Intervention	Health warning labels on alcoholic beverages, for example ▪ Text-based warnings (e.g., consumption guidelines, information on health consequences, behavioural effects) ▪ Image-based warning labels (including pictograms) ▪ Combinations of image- and text-based warning labels
Control	▪ No health warning label ▪ Health warning labels on alcoholic beverages compared with one another (intervention vs. intervention)
Outcome	At least one of the following outcomes: ▪ Perception of health risks associated with alcohol consumption (e.g., association between alcohol consumption and cancer risk) ▪ Attitudes towards and beliefs about alcohol consumption ▪ Shifts in intension regarding alcohol consumption ▪ Shifts in behaviour regarding alcohol consumption ▪ Incidence of alcohol-related diseases ▪ Economic outcomes (e.g., effects on healthcare expenditures resulting from a potential reduction in alcohol-related indirect costs, as well as costs and benefits for the health and social care systems) Rationale: based on the existing literature
Study design	Meta-analyses, systematic reviews, and other types of reviews (e.g., Cochrane reviews, umbrella reviews, rapid reviews) (preferred) Primary studies, in particular randomized controlled trials (RCTs) (alternative) Inclusion period: 2016–2026 Rationale: A best-evidence approach will be applied for study selection, prioritizing recent and methodologically rigorous systematic reviews, while ensuring the transferability of findings. Although systematic reviews and RCTs represent the methodological gold standard, their explanatory value at population level may be limited due to the lack of a real-world setting. In addition, health warning labels are rarely implemented in isolation. Therefore, where necessary, these reviews are supplemented with primary studies.
Countries	Countries assigned to category “very high human development” according to the Human Development Index [10]
Language	German, English
Exclusion criteria	Health warning labels on non-alcoholic products, e.g.: ▪ Tobacco ▪ Food ▪ Non-alcoholic beverages ▪ Sugar All other alcohol prevention measures, except health warning labels, e.g.: ▪ General awareness campaigns on alcohol ▪ Tax on alcoholic beverages ▪ Adjustment of the minimum age for alcohol consumption ▪ Accessibility and availability of alcoholic beverages ▪ Advertising ▪ Regulations prohibiting alcohol consumption ▪ Health warning labels on alcoholic beverages in combination with other prevention measures

Timetable:

Time period	Tasks
Q4 2025-Q1 2026	Scoping and finalisation of the research protocol
Q1 2026	▪ Registration OSF ▪ Systematic literature search and manual searches
Q1 2026	Screening (abstract and full text)
Q1-Q2 2026	Data extraction and quality assessment
Q2 2026	Writing
Q2 2026	Internal and external Review
Q3 2026	Layout and publication

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1.1.2.4 Measures to Reduce Weight Stigma Against Children and Adolescents with Overweight and Obesity in the Education Sector

Project Lead: Julia Kern-Kim
Project authors: Julia Kern-Kim, Lucia Gassner
Quality assurance: Sarah Wolf
Duration: Q1 2026 to Q4 2026 (5 PM)
Language: English (with German summary)

Background:

According to the World Health Organisation (WHO), 20% of children and adolescents aged five to 19 were suffering from overweight (including obesity) in 2022 [1]. Considering obesity alone, the prevalence in this age group was 8%. Similar numbers were reported in Austria by the Childhood Obesity Surveillance Initiative (COSI), which found an overweight prevalence of 18% in eight- to nine-year-olds, and an obesity

prevalence of 16% in boys and 8% in girls in 2022/23 [2]. With even higher prevalence rates in the adult population [1]. Furthermore, higher prevalence rates are observed in adolescents with an immigrant background and in those from a lower socioeconomic background [3, 4].

Weight stigma can be defined as the devaluation of people in society because of their body weight. Weight bias is defined as a negative attitude towards people because of their weight, while weight discrimination occurs when such negative attitudes influence a person's behaviour [5]. Many adolescents report experiencing discrimination because of their weight, most often from peers or in school [6]. This stigmatisation can manifest itself in bullying, affecting children and adolescents with overweight and obesity more frequently as victims and perpetrators [7, 8]. However, stigmatisation can also be perpetrated by teachers, for example, through poorer school grades for the same level of performance or the belief that pupils with a heavier weight are 'slower' [9].

Experiencing weight stigma can have an impact on physical, psychological, and social health. Such experiences can lead to increased body weight during adolescence and adulthood [9, 10]. Furthermore, children and adolescents who experience weight stigma are more likely to suffer from depression and anxiety, and are at a higher risk of self-harm and suicidal behaviour [9].

As school represents a central environment in the lives of children and adolescents, and weight stigma occurs particularly frequently in this setting, this report focuses on this context. Targeted measures in educational settings may therefore offer a promising approach to reducing weight stigma at an early stage and providing lasting protection for the children and adolescents affected.

Project aims:

Due to the high prevalence of weight stigma in schools and its far-reaching consequences, interventions are needed to reduce it. The aim of this project is to provide a systematic overview of scientifically evaluated and/or recommended interventions for reducing weight stigma against children and adolescents in educational settings. The project also aims to assess the effectiveness of these interventions.

Non-aims:

There will be no overview of interventions to reduce weight stigma against children and adolescents in the *healthcare sector*. This topic was addressed in a report from 2024, which identified no specific literature on this topic for this age group [5].

Based on this background, the following two research questions will be addressed:

Research questions:

1. Which interventions are used or recommended in scientific studies and guidelines to reduce weight stigma against children and adolescents in educational settings?
2. How effective are interventions to reduce weight stigma against children and adolescents in educational settings?

Methods:

Recommendations and characteristics of the measures: summary of guidelines, grey literature and published studies

To answer the first research question, we will conduct a systematic literature review of multiple databases for review articles (and, if necessary, primary studies). Additionally, we will perform a targeted manual search for evidence-based guidelines, published consensus and position papers. After selecting the literature, we will extract the

intervention characteristics into tables and summarise the results narratively. We will not conduct a quality appraisal of the selected literature, as the focus lies on proposed strategies and not their effectiveness. Study selection and data extraction will be conducted according to the four-eyes principle by two authors (JKK and LG).

Effectiveness of the interventions: systematic review

The search results obtained from the systematic search for the first research question will also be used for the second research question. Whether primary studies are included depends on whether enough systematic reviews can be identified. The study characteristics and effectiveness outcomes of interventions for reducing weight stigma against children and adolescents will be extracted. The quality of the included literature will be appraised. The results will be summarised narratively. Study selection, data extraction and quality appraisal will be carried out by the same authors (JKK and LG) according to the four-eye principle.

Inclusion criteria (PICO):

Population	▪ Target audience for the intervention, e.g. healthcare professionals working in the education sector, educational staff, organisations in the education sector (such as all types of schools) and their management, health and education policymakers ▪ Affected population, such as children, adolescents and young adults with overweight or obesity in the education sector, as well as their parents and families. *Key words: weight bias/stigma*/discrimination; obesity bias/stigma*/discrimination; fat phobia; anti-weight bias; sizeism*
Intervention	Interventions … … that could be used to reduce weight stigma in the education sector, or … to reach a stigma free treatment with children and adolescents with overweight or obesity in the education sector.
Comparison	-
Outcomes	**Research question 1:** ▪ Recommended interventions ▪ Intervention characteristics **Research question 2:** ▪ Effectiveness of the interventions in relation to, for example: • Implementation of the interventions (adjustment of teaching style, structural changes in the school setting…) • Reduction of weight bias within the target population (measured using questionnaires, e.g. Anti-Fat Attitudes Questionnaire (AFA), Fear of Fat Scale, Fat Phobia Scale (FPS), Beliefs About Obese Persons Scale (BAOP)) • Experienced weight stigma among the children and adolescents concerned, or their parents (measured using questionnaires, e.g. the 10-item Weight Bias Internalisation Scale – Modified (WBIS-M))
Publication type	**Research question 1:** ▪ Guidelines and published position of consensus papers[a] ▪ Systematic reviews **Research question 2:** ▪ Systematic reviews or meta-analyses (preferred) ▪ Primary studies (alternatively)
Countries	Global North
Languages	German, English and potentially other languages for research question 1[a]

Notes: [a]Depending on how many guidelines and published position and consensus papers are identified in German or English, additional guidelines or papers in their original language will be included or excluded. If included, the texts will be translated using an online tool.

Timetable:

Period	Tasks
Q1 2026	Scoping and finalisation of the project protocol
Q2 2026	▪ Systematic and manual literature search ▪ Literature selection
Q2 2026	Data extraction and quality appraisal
Q2 2026	Writing
Q3 2026	Internal and external review
Q3 2026 to Q4 2026	Layout & publication

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1.1.2.5 Assessment of Interventions Addressing Social Media Use among Children and Adolescents. A Systematic Review and Ethical Analysis

Project Lead: Jule Pleyer
Project authors: Jule Pleyer, Romy Schönegger

Internal review: Reinhard Jeindl, Ingrid Zechmeister-Koss
Duration: Q1 2026 to Q3 2026 (6 PM)
Language: English (with German summary)

Background:

The regulation of social media use by children and adolescents has become an increasingly debated issue in public and political discourse. Social media encompasses digital technologies that enable users to communicate, network, and share content through interactive channels, as defined by the Austrian government [1]. According to the Jugend-Internet-Monitor 2026, the most frequently used platforms among Austrian adolescents aged 11–17 years are WhatsApp (82%), YouTube (76%), Snapchat (65%), TikTok (64%), and Instagram (64%) [2]. This assessment will focus on these and related platforms aligned with this definition and documented usage patterns.

The use of social media is associated with both advantages and disadvantages for children and adolescents. The young people use social media to communicate, form social connections, and build peer support networks that are particularly valuable for minorities and vulnerable groups. Furthermore, social media platforms serve as sources of information and learning and offer young people opportunities for civic participation, social activism and self-expression. Under certain conditions (e.g. authentic self-expression), social media use may be correlated with enhanced psychological well-being [3-5].

However, social media also provides a space for cyberbullying, misinformation, radicalisation and sexual harassment. Excessive use can lead to psychological burden and sleep problems, promote addictive behaviours, reduce physical activity, and impair physiological functions (e.g. neuronal functions or eyesight). Additionally, negative effects on child development, academic performance, and overall quality of life may arise [3-5].

To counteract the negative effects of social media use, various measures are being discussed and implemented in a growing number of countries. These include prohibitions and restrictions on age, time, functions, or content at the policy level, as well as educational programs, particularly in school settings, and societal measures for digital literacy (e.g., parental training, community-based activities) [6-8]. Notably, Australia was the first country to introduce a nationwide, comprehensive ban on social media use for under-16s [9].

Current evidence on measures addressing social media use among children and adolescents is limited, partly because the scale of the problem was long underrecognised, policy interventions are a recent development, and key internal industry data on harms were often not publicly available. Although initial research findings on school-based interventions exist, little to no research has mapped the range of existing measures or assessed their outcomes and related ethical considerations.

Project aims:

In light of this research gap and the growing need for health policy action in Austria, this report aims to systematically synthesise the available evidence from selected countries and to provide comprehensive, evidence-based decision support for Austrian health policy. The central focus is on identifying which measures for regulating social media use and educational measures are suited to protecting the health of children and adolescents and mitigating harmful effects. The findings are intended to inform both scientific and public debate and to systematically map the current evidence base.

The provision of a detailed implementation plan or the assessment of the general impact of social media use itself, or smartphone use more broadly, is outside the scope of this report.

Research questions (RQ):

RQ 1) What restrictions and educational measures in selected countries address the use of social media use by children and adolescents, and what are their characteristics?

RQ 2) What benefits and harms of interventions addressing social media use of children and adolescents are described in the literature of selected countries?

RQ 3) What are the ethical considerations for children and adolescents of social media bans?

Methods:

RQ 1) Hand search (Scoping/Mapping)

Targeted hand search for strategies and interventions addressing social media use among children and adolescents (e.g. in Google Scholar, TRIP Database, Overton, WHO, OECD, websites of ministries of health, education and public health institutions), data extraction with an iterative adaptation of preliminary categories according to the four-eyes principle, tabular presentation, and narrative synthesis.

Inclusion criteria for relevant social media strategies and interventions (RQ 1):

Population	Children and adolescents
Concept	Interventions addressing social media use among children and adolescents ▪ Full restriction/ban (e.g. age limits/age verification) ▪ Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) ▪ Educational programs (e.g. digital literacy, parental training) ▪ Self-regulation (no external action)
Context	Characteristics such as, but not limited to ▪ Age limits (e.g. age under 13, 14 or 16 years) ▪ Responsibilities (e.g. platforms, legal guardians, teachers) ▪ Vulnerable groups ▪ Evaluations ▪ Realisation (including setting, frequency, duration, technical realisation)
Countries	Countries where restrictions on social media have been implemented, passed or are under consideration as of March 11th 2026 [10]
Languages	English, German

RQ 2) Systematic Review with a narrative synthesis

Systematic search for reviews on the benefits and harms of interventions addressing social media use among children and adolescents in several databases (e.g., Embase, Web of Science, PubMed, Cochrane Library, PsycInfo). Selection based on predefined eligibility criteria. Quality appraisal of identified literature supported by appropriate instruments (depending on the study design). Extraction of data in pre-structured tables and synthesised narratively. Literature selection, quality assessment, data extraction (with an iterative adaptation of preliminary outcome categories), and synthesis will be conducted under the four-eyes principle. The outcomes will be prioritised in consultation with children and adolescents and the commissioning team.

Inclusion criteria for benefits and harms of interventions addressing social media use (RQ 2):

Population	Children and adolescents
Intervention	Interventions addressing social media use among children and adolescents
Comparison	▪ Different intervention approaches addressing social media use among children and adolescents compared with one another (intervention vs intervention) ▪ No intervention
Outcomes	**Primary Outcomes** ▪ Mental health (e.g., symptoms of depression, anxiety, mood disorders, stress, body image/eating disorder, self-harm) ▪ Well-being and quality of life ▪ Problematic social media use (e.g., addiction-like behaviour, time spent on social media) **Secondary Outcomes** ▪ Social and behavioural outcomes (e.g., isolation, prosocial/antisocial behaviour) ▪ Sleep quality (e.g., bedtime delay, duration, disturbances) ▪ (Academic) Performance (e.g., school grades, communication, attention and other developmental disorders) ▪ Media literacy ▪ Harm incidence (e.g., sexual harassment, cybergrooming, bullying/cyberbullying) Rationale: based on existing literature
Publication type	Reviews (preferred); primary studies (alternatively); ongoing studies (if no evaluative evidence available) Rationale: Iterative, applied separately by intervention type (full bans, partial restrictions, educational programs, self-regulation): priority to recent, high-quality reviews (systematic reviews, umbrella reviews, rapid reviews, HTA-reports). If such reviews are unavailable, inclusion will be expanded to primary studies; where no evaluative evidence exists (e.g. for full bans), ongoing studies/evaluations will be mapped
Publication date	Studies from 2020 Rationale: Broadly, the period during which measures to regulate the use of social media by children and young people were developed
Countries	Countries where restrictions on social media have been implemented, passed or are under consideration as of March 11th [10]
Languages	English, German

RQ 3) Ethical Analysis

Analysis of ethical aspects of social media bans based on targeted hand search. The focus of this research question is explicitly on ethical issues related to bans (not on partial restrictions, educational programs, or self-regulation). The appropriate methodological approach (e.g. axiological/Socratic) will be selected and adapted based on the results of RQ 1 and RQ 2.

Rationale: Prohibitions of social media are the interventions with the most severe restrictions on freedoms and rights (including personal data).

Inclusion criteria for relevant ethical aspects of social media bans (RQ 3):

Population	Children and adolescents
Intervention	Social media bans for children and adolescents
Comparison	-
Outcomes	Ethical considerations (e.g. autonomy, privacy)
Publication type	E.g. qualitative and quantitative studies, reviews, guidelines, discussion papers, viewpoint papers, and grey literature
Countries	Countries where restrictions on social media have been implemented, passed or are under consideration as of March 11th [10].
Languages	English, German

Timetable:

Period	Tasks
Q1 2026	▪ Scoping and finalising the project protocol ▪ OSF registration
Q1 2026	▪ Systematic literature search and manual searches (RQ 1 + RQ 2) ▪ Selection of literature (RQ 1 + RQ 2)
Q2 2026	▪ Data extraction and quality assessment (RQ 1 + RQ 2)
Q2 2026	▪ Literature search (RQ 3) ▪ Data extraction (RQ 3) ▪ Ethical synthesis (RQ 3)
Q2 2026	Writing the report
Q3 2026	Internal and external review
Q3 2026	Layout and publication

References:

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1.1.2.6 Health Navigators for Vulnerable Persons

Project Lead: Claudia Wild
Project authors: Claudia Wild, Romy Schönegger
Quality assurance: Aline Dragosits
Duration: Q1 2026 to Q2 2026
Resources: 1.2 PM (subcontracting + in-house co-author)
Language: English (with German summary)

Background:

Health navigators (patient navigators [1, 2]) are trained individuals who support people in accessing the healthcare system and act as low-threshold points of contact. The aim is to increase equal opportunities, i.e., to lower barriers to access and promote prevention.

Specifically, the main tasks of health navigators are:

- Providing guidance in the healthcare system,
- Strengthening health literacy,
- Bridging language and cultural barriers, and
- Providing information on local health promotion, prevention, and counselling services.

Health navigators often work on a voluntary basis, in projects or in community initiatives. The initiatives are sponsored by municipalities and/or charitable institutions. They provide information in various languages and act as contact persons in their communities.

There is only one such health project in Austria: the “Gesundheitslots:innen” (health guides) of “Volkshilfe Wien” [3]. It has existed since 2012. In comparison, there are numerous projects (approx. 15) in Germany, both in large cities (Leipzig, Bremen, Essen, etc.) and in regional associations (Wümme-Wieste-Niederung, Rhein-Erft-Kreis, etc.). Health navigators are seen as important bridge builders in disseminating health information in an accessible way and improving equal opportunities in healthcare [4].

Project aims:

The aim is to systematically summarise the experiences and results (scope, areas of responsibility, activities initiated) from health navigator projects aimed at migrants.

The project does not aim to evaluate the Austrian “Volkshilfe” project.

Nor does it aim to evaluate health navigator projects for other target groups (such as the management and coordination of people with complex and chronic illnesses such as cancer, as well as impairments or socially disadvantaged groups in general).

Research questions:

The following research questions (RQ) are to be answered:

- RQ1: What reports on experiences (scope, areas of responsibility, activities initiated, etc.) can be identified from publicly available documents on international projects involving health navigators?
- RQ2: What are the objectives, and how can the achievement of these objectives be measured/determined?
- RQ3: What are the similarities and differences (in the areas of responsibility and the activities initiated) that may influence the impact?

Methods:

The following methods will be used to answer the research questions:

RQ1 and RQ2:

- Systematic literature search in several databases for published articles and systematic synthesis of the identified documents.
- Supplementary web search for health navigator projects in German-speaking countries; letters to initiatives to identify evaluation and annual reports. Targeted inquiries by email if necessary.

RQ3:

- Analysis of the materials with regard to similarities, differences, effects, and survey instruments.

PICOS-Table:

Population	Migrants (immigrants, regardless of residence status)
Intervention	Trained (migrant) health navigators as mediators
Kontrolle	No Intervention
Outcomes	Primary endpoints ▪ Implementation aspects: Scope, outreach, activities, etc. Secondary endpoints ▪ Individual outcomes: orientation in the healthcare system, health literacy, knowledge of services
Studydesign	any
Countries	European Social Security Systems: for experience, Any: for measuring results
Languages	German, English
Exclusion	P: Chronically ill, disabled, socially disadvantaged non-migrant groups (cancer, disabilities, homeless people, etc.) I: Case management, social work, written information (brochures) for guidance only

Timetable:

Period	Tasks
Q1 2026	Scoping and finalisation of the project protocol
Q1 2026	▪ Systematic literature search and manual searches ▪ Literature selection and acquisition ▪ Identification of projects in German-speaking countries, contacting
Q2 2026	Data extraction and quality assessment, survey (if necessary)

Q2 2026	Reporting
Q2 2026	Internal and external Review
Q3 2026	Layout and Publication

References:

[1] Budde H, Williams GA, Scarpetti G, et al. What are patient navigators and how can they improve integration of care? [Internet] Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2022. (Policy Brief, No. 44.)

[2] Budde H, Williams GA, Winkelmann J, Pfirter L, Maier CB. The role of patient navigators in ambulatory care: overview of systematic reviews. BMC Health Services Research (2021) 21:1166 https://doi.org/10.1186/s12913-021-07140-6

[3] Volkshilfe Wien: https://www.volkshilfe-wien.at/angebote-services/asyl-migration-integration/saneas-gesundheitslotsinnen/

[4] Schade M, Lang SA, Stenzel S. Strengthening Health Literacy of Vulnerable Groups—Introduction of Two New Modules Within the Communal Health Guides Intercultural in Frankfurt am Main Project. Health Literacy Research and Practice (HLRP), 2022;6(3):e239–e246

1.1.2.7 FALCO - Fighting Addictions, improving Lives: COmprehensive drug rehabilitation with music

Project coordination: NORCE; **Lead AIHTA:** Lucia Gassner
Project author AIHTA: Lucia Gassner
Internal review: Ingrid Zechmeister-Koss
Duration: Q1 2025 to Q4 2029
Resources: not applicable**;** Third-party funded project
Language: English

Background:

Drug abuse and addiction are associated with a high burden of disease worldwide. Music therapy has shown short-term effects in patients who do not respond to conventional treatments, but its long-term effects are unknown. The FALCO project is conducting a randomised multicentre clinical trial to investigate the long-term effects of different music therapy approaches compared to conventional treatment (led by NORCE Norwegian Research Centre). AIHTA is responsible for conducting a literature review on outcome measurement options and is assisting with stakeholder involvement and the dissemination of results to different target groups throughout the project process.

Method: systematic literature review, stakeholder mapping, writing policy briefs

1.1.2.8 FWF-Projekt #Connecting Minds: Co-designing Perinatalen Mental Health in Tyrol

Project coordination: Medizinische Universität Innsbruck (Jean Paul);
Lead AIHTA: Ingrid Zechmeister-Koss
Project partners: AIHTA, Universität Innsbruck, LBI für Rehabilitation Research

Project authors: Ingrid Zechmeister-Koss, Julia Kern-Kim, Inanna Reinsperger, Romy Schönegger

Duration: Q2 2022 to Q1 2027

Language: English and German

https://aihta.at/page/mitgestaltung-der-peripartalen-psychiatrischen-versorgung-in-tirol/de

Background:

Mental illness is one of the most common complications associated with pregnancy and childbirth. It affects approximately one in five mothers and more than one in ten fathers during the perinatal period (including one year after birth). Mental illness in parents around the time of birth can significantly impair a child's development. Apart from the effects on the health and quality of life of those affected, peripartum mental illness also results in extensive economic costs. In Austria, existing prevention and support structures vary greatly from region to region.

Methods:

The project analyses international evidence and the Austrian situation regarding peripartum psychiatric care models, develops concrete improvement approaches in Tyrol in collaboration with regional stakeholders, and implements and evaluates these approaches.

AIHTA tasks 2026: AIHTA tasks already completed, small-scale consulting activities

1.2 Medical Devices and Digital Health Technologies

1.2.1 Overview

Telerehabilitation in Patients with Neurological Diseases -> in research area rapid reviews
Telemedical Interventions for Sports and Exercise for Patients with Type 2 Diabetes (non-insulin dependent) -> in research area rapid reviews
Human Genetics/2
Placeholder AI topic
Integrated Digital Wound Care Management Systems
MELs
ASSESS-DHT
JCAs Medical Devices
Implementing HTA-R MDs (meetings…)

Legend
Health Insurance
States
Third-party funded

1.2.2 Protocols

1.2.2.1 **Human Genetics/2** (detailed protocol to be developed)

Project Lead: Gregor Goetz
Project authors: NN
Quality assurance: NN
Duration: 2026
Resources: 3 PM
Language: tbd

Note: The project protocol is still being updated

Background:

Currently, no evidence-based reimbursement process for human genetic testing exists in Austria. The 2025 AIHTA human genetics project addressed an overview of clinical indications for human genetic testing, evidence-based reimbursement processes (with a focus on prioritisation), and conducted two pilot assessments. There is ongoing interest in supporting the development of such processes, especially in relation to establishing a test directory and an appropriate, evidence-based reimbursement pathway.

Planned method:

The project will begin with a workshop to clarify needs and priorities regarding evidence-based reimbursement processes for human genetic tests, and to receive feedback on the usability of the two pilot assessments. Depending on the results, further ongoing scientific support will be provided, including, if required, a cross-country comparison of a selected topic (e.g., appraisal phase) to inform the design and implementation of a national test directory in Austria.

1.2.2.2 AI in Healthcare (detailed protocol to be developed)

Project Lead: Gregor Goetz
Project authors: NN, Gregor Goetz
Quality assurance: Judit Erdös
Duration: Q2 2026 to Q4 2026
Resources: 6 PM
Language: English (with German summary)

Background:

The number of digital health technologies with AI components (AI-DHTs) is steadily increasing. Against this backdrop, AI-DHTs have increasingly been submitted for benefit assessment in the inpatient sector. This project is based on a pool of around 5 to 10 current submissions and relevant methodological preparatory work carried out by the AIHTA in 2024 and 2025. As part of a structured selection process, an AI-DHT is prioritised and subsequently evaluated scientifically.

Method planned:

At the start of the project, the available submissions and existing AIHTA preparatory work for 2024 and 2025 will be presented to the relevant decision-makers (primarily WIGEV and SAGES). This will be followed by a prioritisation process and selection of an AI-DHT for the HTA report. The domains to be evaluated are based on methodological preparatory work by the AIHTA and will in any case include clinical, organisational and ethical aspects.

1.2.2.3 Evaluation of Individual Medical Procedures (MEL)

Project Lead: Julia Kern-Kim
Project authors: several AIHTA resarchers for single MELs
Quality Assurance: Gregor Goetz
Duration: since 2009, from October till February and from June to December (17,5 PM)
Publication: MEL 1-3 July 15th 2026
Language: English (with German summary)

Content:

Every year, numerous new medical devices and procedurs are proposed to the Federal Health Agency (BGA) for inclusion in the catalogue of services (known as individual medical services/MEL) eligible for reimbursement. The AIHTA's task is to systematically

assess the effectiveness and safety of these new interventions. The topics are prioritised in a working group of the Federal Health Agency jointly by the Ministry (BMASGPK), the federal states and social insurance.

Method:

Systematic reviews (evidence analyses, approx. 6–8 per year) on individual interventions in individual indications or individual interventions in multiple indications. Recommendations based on GRADE.

1.2.2.4 ASSESS-DHT

Project Lead: Yui Hidaka
Projekt authors: Yui Hidaka, Claudia Wild, Gregor Goetz, NN
Quality assurance: Gregor Goetz, Claudia Wild
Duration: Q1 2024 to Q4 2026
Resources: third-party funding
Language: English

Content:

Trustworthy and effective digital health technologies are considered to be of great importance for the digital transformation of European health systems. The project aims to develop a harmonised assessment methodology that also covers innovative areas such as intelligent AI-based systems (digital therapeutics (DTx) or digiceuticals) and to test this methodology using pilot examples. In 2026, AIHTA will be tasked with piloting the methodology in telemedicine interventions..

Methods:

Piloting the assessment methodology on 2-3 telemedicine interventions.

1.2.2.5 Integrated Digital Wound Management Systems (IDWMS) in the Care of Chronic Wounds: Evidence Assessment and Evaluation Framework for Implementation in the Austrian Healthcare System

Project lead: Yui Hidaka
Project authors: Oliver Bernecker (PMU-Student), Yui Hidaka
Quality assurance: Gregor Goetz
Duration: Q1 to Q3 2026
Resources: 1.5 PM (Master thesis with in-house support)
Language: English (with German summary)

Background:

Chronic wounds (e.g. veinous leg ulcers, diabetic foot ulcers, and pressure ulcers) are associated with a high disease burden, prolonged care trajectories, and repeated contacts across different care settings [1,2]. In practice, documentation, longitudinal monitoring, and information exchange are often fragmented, which complicates clinical decision-making and ties up staff resources. At the same time, requirements for quality

assurance, traceability, and cross-sectoral collaboration are increasing. The main challenges in chronic wound care can be summarized as follows:

- Multiple interfaces between care sectors
- Missing or heterogeneous longitudinal documentation
- Inconsistent wound measurement with low reliability
- High process burden with substantial staff involvement

Robust prevalence and incidence data are lacking at both the international and national levels, as definitions, data collection methods, and data sources vary [1,3,4]. International estimates from the Organisation for Economic Co-operation and Development (OECD) place the proportion of affected individuals in high-income countries at approximately 1% to 2.5% [6]. For Europe, costs are estimated to account for 2% to 5% of total health expenditure, with inpatient stays and personnel costs representing the main cost drivers [7,8].

Integrated digital wound management systems (Digital Wound Management Systems, DWMS) aim to standardize the measurement and documentation of chronic wounds across different interfaces and to make this information digitally available on a shared platform. They are also intended to support the efficient telemedical care of affected individuals [3]. DWMS typically combine wound imaging (two-dimensional/three-dimensional [2D/3D]), (semi-)automated measurement and analysis, structured documentation, and platform functions (dashboard, export functions, and interfaces). In doing so, they incorporate various digital health technologies.

Many DWMS are designed for telemedical use. Wound data are captured and transmitted independent of location and can be assessed by treating healthcare professionals. These systems require the digital transmission and central storage of information between users and healthcare providers. Another digital health technology used in DWMS is artificial intelligence (Artificial Intelligence, AI). AI is expected to be used primarily for image analysis (e.g., segmentation and area/volume measurement) and for decision support (e.g., risk prediction or prognostic assessment of wound progression). Depending on the system, this may involve either static (fixed) or adaptive (self-learning, on-market evolving) AI.

DWMS is an intervention consisting of a software-based medical device, but also other components. In this report, the ASSESS-DHT framework [5] is used as a structuring reference framework to address, alongside the classical health technology assessment (Health Technology Assessment, HTA) domains, DHT-specific cross-cutting issues (e.g., interoperability, data protection, and cybersecurity) in a consistent manner.

Project Objectives:

The project pursues three objectives:

- To map DWMS solutions and structure use cases (indication × setting/workflow) as well as the evidence landscape (clinical, organizational, and economic).
- To assess the evidence on clinical effectiveness and safety.
- To systematically identify requirements, barriers, and implementation options for Austria and to outline a concept for evaluation.

Non-objectives:

The project does not aim to:

- Assess technologies that do not meet the inclusion criteria (e.g., simple photo storage, stand-alone tools without an integrated workflow, or telemedicine-only solutions without integrated measurement/analysis).
- Conduct a health economic evaluation (cost-effectiveness analysis).

Research questions:

RQ1: Which DWMS solutions/models are internationally available or currently in use/being piloted in Austria, and how is the related evidence landscape (clinical and organizational) structured?

RQ2: How do integrated digital wound management systems (IDWMS) perform in clinical practice with regard to clinical effectiveness and safety, technical performance/validity, organizational and process-related effects, and usability/trust, and which evidence gaps remain for a later comparative assessment against standard care?

RQ3: Which recommendations can be derived for implementation in Austria, and how should pilot implementation be evaluated (key performance indicators [KPIs], minimum dataset, and design options)?

Methods:

FF1: Mapping of technologies and the evidence landscape

Data sources:

- Results of the systematic literature search from RQ2 (publications on IDWMS).
- Supplementary sources: gray literature (websites/project reports), manufacturer information, national programs/strategies, and relevant government and social insurance contexts.

Procedure and Output:

- Identify IDWMS candidates and describe them based on minimum characteristics (area of application, setting, workflow integration).
- Define use cases (indication x setting/workflow) and assign evidence types (validation/performance, implementation, comparative evidence).
- Create an evidence map and identify evidence gaps.

RQ2: Systematic review update using a layered approach

1. Structured search of the last five years for systematic reviews (SRs) on IDWMS.
2. Selection of one systematic review as the base review: two reviewers assess independently; selection criteria, in order, are risk of systematic bias in the SR (Risk of Bias in Systematic Reviews, ROBIS), fit with the scope and the Population, Intervention, Comparator, Outcomes (PICO) structure, recency, and coverage (search cut-off date and time period).
3. SR update: Inclusion of the primary studies from the base review plus a systematic update search from the search cut-off date of the base review to the project search cut-off date.
4. Extraction and synthesis: structured according to the European Network for Health Technology Assessment (EUnetHTA) Core Model 3.0 [9] and the ASSESS-DHT manual; risk-of-bias assessment by two independent reviewers; for comparative clinical outcomes, the certainty of the evidence is assessed using Grading of Recommendations Assessment, Evelopment and Evaluation (GRADE) where appropriate.

RQ3: Austrian context, implementation options, and pilot evaluation

Data sources:

- Results from RQ1 and RQ2.
- Targeted sources on the Austrian context (guidelines, care models, programs, eHealth/interoperability, data protection/governance, reimbursement/financing).

- Expert input: collected through semi-structured expert interviews across different care sectors.

Procedure and Output:

- Derive requirements and barriers for implementation (information technology (IT)/interoperability, roles and workflows, responsibilities, training needs).
- Define a pilot evaluation concept (key performance indicators (KPIs), minimum dataset, data collection pathways, design options such as before-and-after studies, controlled observational studies, or phased implementation).

Inclusion and exclusion criteria:

Element	Inclusion criteria	Exclusion criteria
Population	Patients with chronic wounds (e.g., leg ulcers, diabetic foot ulcers, pressure ulcers).	Acute/postoperative wounds, burns, oncological wounds (if outside the scope)
Intervention	IDWMS with the following minimum features: digital imaging + (semi-)automated analysis/measurement + structured documentation/tracking + platform/workflow functions.	Stand-alone tools without an integrated workflow, or simple photo storage without a system-based approach
Comparator intervention	No inclusion criterion. Comparative studies, if available, will be analysed separately, if available.	No explicit exclusion criterion.

Outcome	▪ Clinical effectiveness (wound healing time, wound healing rate, reduction in wound area, hospital readmission rates, therapeutic escalation) ▪ Safety (wound complications, safety-relevant misclassifications, delay in therapeutic escalation, false-negative or false-positive classifications, where relevant) ▪ Patient-reported outcomes (pain, symptom burden, wound-related quality of life, functional status, self-management burden, treatment burden, adherence, if reported by patients) ▪ Patient-reported experiences (communication, coordination or continuity of care, usability, acceptance, perceived benefit, satisfaction with care or technology) ▪ Technical performance and validity (reliability, accuracy, measurement quality, error rates) ▪ Organization / workflow / human Factors (resource use, care time, documentation time, number of contacts/visits, protocol adherence, feasibility of implementation, usability from the perspective of healthcare professionals, trust of healthcare professionals, integration into the care pathway)	No explicit exclusion criteria.
Setting	Outpatient, inpatient, community care/long-term care	–
Time period	Base-layer systematic reviews/health technology assessments: last five years; primary study update: from the search cut-off date of the base review to the project search cut-off date.	–
Language	English and German.	–

Timeline and Milestones:

Timeframe	Tasks
Q1 2026	Scoping/finalization of the protocol
Q1 2026	Literature selection for areas of application: systematic literature search and handsearching, data extraction
Q1 2026 to Q2 2026	Extraction/synthesis & development of the pilot concept
Q2 2026	Internal and external review
Q2 2026	Layout and publication

References:

[1] Schneider, C., Drgac, D., Niederleithinger, M., Hruschka, V., & Himmelsbach, R. (2022). *The management of chronic wounds in the Austrian healthcare system – an overview*. Ludwig Boltzmann Research Group on Aging and Wound Healing. https://doi.org/10.5281/zenodo.6406108

[2] Martinengo, L., Olsson, M., Bajpai, R., Soljak, M., Upton, Z., Schmidtchen, A., Car, J., & Järbrink, K. (2019). Prevalence of chronic wounds in the general population: Systematic review and meta-analysis of observational studies. *Annals of Epidemiology, 29*, 8–15. https://doi.org/10.1016/j.annepidem.2018.10.005

[3] England, C., Boyce, R., Hasler, E., Hughes, S., & Jarrom, D. (2025). The clinical effectiveness of integrated digital wound management systems. *Journal of Wound Care, 34*(10), 852–860. https://doi.org/10.12968/jowc.2024.0086

[4] Health Technology Wales. (2023). *Integrated Digital Wound Care Management Systems to assess and manage people receiving wound care* (Evidence Appraisal Report No. EAR051). Health Technology Wales.

[5] Bowie, D., Needham-Taylor, A., et al. (2025). Working paper on the interim Manual for piloting assessment methods for digital health technologies (ASSESS-DHT Interim Manual 2). (Accessed February 20, 2026).

[6] de Bienassis, K., Llena-Nozal, A., & Klazinga, N. (2020). *The economics of patient safety Part III: Long-term care: Valuing safety for the long haul*. *OECD Health Working Papers*, No. 121. OECD Publishing. https://doi.org/10.1787/be07475c-en

[7] World Health Organization. (November 28, 2022). *Diabetes interventions: Technical briefing for Appendix 3 of the Global Action Plan for Non-Communicable Diseases* (Version November 28, 2022).

[8] Guest, J. F., Fuller, G. W., Vowden, P., & Vowden, K. R. (2020). Cohort study evaluating the burden of wounds on the UK's National Health Service in 2017/2018: Update from 2012/2013. *BMJ Open*. https://doi.org/10.1136/bmjopen-2020-045253

[9] EUnetHTA Joint Action 2, Work Package 8. HTA Core Model® version 3.0. 2016.

1.2.2.6 Joint Clinical Assessments (JCAs) Medical Devices

Project lead: Judit Erdös
Project authors: Judit Erdös, NN
Quality assurance: NN
Duration: Q1 2026 to Q4 2026 (ongoing)
Resources: Third-party funding
Language: English

Background:

Since January 2025, the implementation of the HTA Regulation (HTA-VO) has been mandatory. Starting in January 2026, the clinical added benefit of selected high-risk medical devices must be evaluated through joint European assessments (Joint Clinical Assessments/JCA). AIHTA has declared its readiness to conduct a JCA for medical devices in 2026.

Planned methods: Conducting JCAs based on the joint European methodological guidelines.

1.2.2.7 Implementing HTA-R MDs (meetings…)

Lead: Gregor Goetz
Team: Ingrid Zechmeister-Koss, Sabine Geiger-Gritsch, Gregor Goetz, Judit Erdös
Quality Assurance: not applicable
Duration: Q1 2026 to Q4 2026 (ongoing)
Resources: third-party funding
Language: English

Content and Tasks:

The HTA Regulation became legally binding in January 2025. In the context of the EU HTA Regulation, AIHTA plays a central role in technical collaboration, national coordination, and international representation. Key tasks include:

- **Committee Work:** Participation in the HTA Coordination Group, JCA, EHT, and Methods Subgroups; continuous coordination with national institutions.
- **Training & Evaluation:** Participation in the EU HTA training program; preparation of the Member State report (due 01/2027) for the evaluation of the EU HTA Regulation (by 01/2028).
- **IHSI Horizon Scanning Feasibility Study:** One AIHTA employee regularly contributes input to a study on the feasibility of a horizon scanning system for medical devices.

1.3 Drug Assessments

1.3.1 Overview

Appraisal Board ▪ Conducting 5 HTAs ▪ Ongoing expansion of a database of clinical experts in various specialist areas ▪ Creation of a methods and processes manual ▪ Development of a methods guideline for health economic evaluations -> being worked on in the Health Economics research area ▪ Support for the prioritisation of medicinal products (long lists, fact sheets, short lists, etc.) ▪ PICO & document reviews: contribution of the Austrian assessment scope for intramural products; continuous review of EU documents; clarification of product classification (intramural/extramural/interface).
JCAs medicinal products
Implementing HTA-R medicinal products (meetings…)
Contextualising JCAs
Evaluation of Selected Subcutaneous Oncological Therapies: Organizational and Economic Implications (Bispecific Antibodies and Immunotherapies as Examples)
Pipeline Monitor oncology /2-year forecast for budget planning & Use of IHSI database

Legend
Appraisal board
Third-party funding

1.3.2 Protocols/Short Descriptions

1.3.2.1 Appraisal Board

Project Lead: Sabine Geiger-Gritsch

Team/Authors across all tasks: Sarah Wolf, Michaela Riegelnegg, Naomi Linton-Romir, Alba Colicchia,Diana Szivakova, Eleen Rothschedl, Eva Malikova, Daniel Fabian, Tatiana Marschik

Duration: Ongoing

Publication: Continuous

Language: English

Content:

As part of the recent reform of the Austrian healthcare system, the establishment of an Appraisal Board for selected high-cost and specialized medicinal products, as well as other highly specialized therapies in the intramural setting or at the interface between intra- and extramural care, has been legally mandated. The operational implementation

of the Appraisal Board, along with its alignment with the EU HTA Regulation, requires a range of preparatory and ongoing activities.

In 2026, AIHTA will continue to support the administrative office at the ministry in the following areas:

- Continuous expansion of a database of clinical experts across various specialties
- Development of a methods and process manual,
- Creation of a methodological guideline for health economic evaluations (see RA health economics)
- Support for the prioritization of medicinal products (longlists, fact sheets, shortlists, etc.)
- Conducting HTAs, taking into account, where available, European Joint Clinical Assessments (JCAs) for medicinal products selected by the Evaluation Board (for 2026: 5 HTAs)
- Coordinating PICO-Surveys for JCAs on medicinal products in the hospital setting

1.3.2.2 Joint Clinical Assessments (JCA) Medicinal Products

Project Lead: Judit Erdös
Project Authors: Judit Erdös, NN
Duration: Q1 2026 to Q4 2026 (ongoing)
Resources: third-party funding
Language: English

Background:

The HTA Regulation has been mandatory since January 2025. This means that the additional clinical benefit of all newly approved oncology drugs and advanced therapy medicinal products (ATMPs) must be assessed in the form of joint clinical assessments (JCAs). The AIHTA has been involved in the preparation of a JCA as a co-assessor since December 2025 and is expected to be involved in another one as an assessor/co-assessor in 2026.

Methods:

Conducting JCAs based on common European methodological guidelines

1.3.2.3 Implementation HTA-R Medicinal Products

Lead: Ingrid Zechmeister-Koss
Team: Ingrid Zechmeister-Koss, Sabine Geiger-Gritsch, Gregor Goetz, Judit Erdös
Quality Assurance: Not applicable
Duration: Q1 2026 to Q4 2026 (ongoing)
Resources: Third-party funding
Language: English

Content & Tasks:

The HTA Regulation became legally binding in January 2025. In the context of the EU HTA Regulation, AIHTA plays a central role in technical collaboration, national coordination, and international representation. Key tasks include:

- **Committee Work:** Participation in the HTA Coordination Group, JCA, EHT, and Methods Subgroups; continuous coordination with national institutions.
- **Training & Evaluation:** Participation in the EU HTA training program; preparation of the Member State report (due 01/2027) for the evaluation of the EU HTA Regulation (by 01/2028).

1.3.2.4 National Contextualisation of JCAs

Project Lead: Michaela Riegelnegg
Project Authors: Michaela Riegelnegg, Eleen Rothschedl
Quality Assurance: Sabine Geiger-Gritsch
Duration: ongoing after publication of 1st JCA for hospital use onwards
Resources: third-party funding
Language: German

Background:

From 2026 onwards, JCAs will be completed on an ongoing basis. According to the HTA Regulation, these must be taken into account in national decision-making processes. However, the JCAs only contain an HTA on the added value of a newly approved medicinal product compared to existing treatment alternatives. The contents of the JCAs must be enriched with Austria-specific contextual information and prepared in the form of short fact sheets as a basis for decision-making (e.g. for medicinal product commissions).

Method:

Development of a suitable format, piloting and subsequent routine application

1.3.2.5 HTA-R Capacity Building

Project Lead: Agenas, Italy
Project Team: Consortium of 15 HTA institutes; AIHTA: Judit Erdös
AIHTA Lead: Judit Erdös
Duration: Q4 2024 – Q1 2027

Background:

The HTA-R Capacity Building Program is an EU initiative to strengthen the expertise of HTA authorities in EU, EEA, and EFTA countries under the EU HTA Regulation. Its aim is to prepare staff for joint assessment processes such as **Joint Clinical Assessments (JCA)** and **Joint Scientific Consultations (JSC)**, and to build sustainable capacity within national HTA institutions.

Participants receive training through virtual classrooms, e-learning modules, and tutoring by EU-HTAR experts. The target group includes HTA assessors, co-assessors, and staff of national HTA agencies. To support participants, the **HTAR Community** provides a secure space for exchange and networking. It contains all relevant training materials, offers expert answers to curriculum-related questions, and enables peer interaction among participants.

The program and community are provided by the **European Commission**, which, as an independent executive body of the EU, is responsible for implementing EU legislation.

AIHTA Role:
AIHTA is part of the advisory board. During regular meetings, members provide advice, review results and milestones, and participate as tutors in the training program.

1.3.2.6 Amivantamab Plus Lazertinib vs Osimertinib Plus Chemotherapy in the First-line Treatment of Advanced Non-Small Cell Lung Cancer

Project lead: Eva Malikova
Project authors: Eva Malikova, Judit Erdös, Sabine Geiger-Gritsch
Duration: Q1 2026 to Q2 2026 (2 PM)
Resources: 4 PM
Language: English (with German summary)

Background:

Lung cancer is the leading cause of cancer-related mortality worldwide. In Austria, over 5,200 new cases were recorded in 2023, making it the second most common malignancy for both sexes. Despite novel treatments, 5-year overall survival remains around 20%, comparable to the European level [1]. Worldwide, non-small cell lung cancer (NSCLC) represents 85% of lung cancer cases and has a high mortality rate. Smoking is the main cause of NSCLC, accounting for about 85% of cases [2].

NSCLC develops from the lung's epithelial cells and is categorised into three main subtypes: adenocarcinoma, squamous cell carcinoma and large cell carcinoma, of which adenocarcinoma is the most prevalent. Epidermal growth factor receptor (EGFR) mutations drive the development of NSCLC and serve as targets for personalised treatments, with 85-90% representing exon 19 deletions (Ex19del) or exon 21 L858R substitutions [2].

In the first-line treatment of patients with these mutations, both the 2026 NCCN and Onkopedia guidelines recommend osimertinib monotherapy, osimertinib plus platinum-based chemotherapy and pemetrexed or amivantamab plus lazertinib [3, 4].

Osimertinib (Tagrisso®), a third-generation, irreversible, central nervous system–active EGFR-tyrosine kinase inhibitor (TKI), was first authorised in the EU in February 2016. Its indication was expanded in July 2024 to include the combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of adult patients with advanced NSCLC whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations [5].

Amivantamab is an EGFR–MET bispecific antibody with immune cell–directing activity and a multitargeted mechanism of action. Lazertinib is a third-generation central nervous system–penetrant EGFR TKI with efficacy against activating mutations in EGFR. The intravenous formulation of amivantamab (Rybrevant®) was initially authorised in the EU as a monotherapy in December 2021 for the treatment of patients with EGFR exon 20

insertion mutations. This indication was extended in March 2025 to include the combination with lazertinib for the first-line treatment of adult patients with advanced NSCLC with EGFR exon 19 deletions or exon 21 L858R substitution mutations. Furthermore, in June 2025 the subcutaneous formulation of amivantamab was authorised [6]. Both amivantamab plus lazertinib and osimertinib plus chemotherapy are approved for the same indication, yet their comparative clinical effectiveness and safety, along with their organisational and economic implications for the healthcare system, are unclear.

Project aims:

The systematic health technology assessment will evaluate the clinical effectiveness, safety, organisational aspects, and economic consequences of the respective treatment options in order to support evidence-based and patient-centred healthcare decision-making in Austria.

Research questions (RQs):

For the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer with EGFR Exon 19 deletions or Exon 21 L858R substitution mutations:

RQ1: What is the comparative effectiveness and safety of amivantamab (i.v./s.c.) plus lazertinib versus osimertinib plus chemotherapy?

RQ2: What is the comparative effectiveness and safety of amivantamab (i.v.) plus lazertinib versus amivantamab (s.c.) plus lazertinib?

RQ3: What are the organisational aspects of the treatment with amivantamab (i.v./s.c.) plus lazertinib compared to osimertinib plus chemotherapy?

RQ4: What are the economic aspects of the treatment with amivantamab (i.v./s.c.) plus lazertinib compared to osimertinib plus chemotherapy?

Methods:

A systematic literature search will be conducted in four databases together with a hand search for systematic reviews, randomised controlled trials, non-randomised controlled trials and HTA reports. Relevant references on the organisational and economic aspects will also be identified. Additionally, clinical trial registries will be searched for ongoing clinical trials. Records will be screened independently and in a blinded manner by two assessors at the abstract and full-text level. Data extraction will be systematically performed by one assessor and cross-checked by a second assessor.

The risk of bias in the included studies will be assessed using the Cochrane Risk of Bias (RoB) tool v.2 for randomised placebo-controlled studies, ROBINS-I for non-randomised studies and ROBIS for systematic reviews and HTAs. The strength of evidence will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach.

The extracted data will then be synthesised narratively, with a focus on summarising the efficacy and safety of the interventions. The organisational aspects will be extracted from included clinical studies and records identified by hand search, supplemented by input from clinical experts. The results will be described narratively.

For the economic aspects, available evidence, including published cost-effectiveness analyses, will be summarised narratively. In addition, a budget impact analysis of amivantamab (i.v./s.c.) plus lazertinib in comparison to osimertinib plus chemotherapy will be conducted for the Austrian context.

Inclusion criteria (PICO):

Population	Adult patients with locally advanced or metastatic EGFR-mutated non-small cell lung cancer with common mutations (exon 19 deletion or exon 21 L858R mutation)
Intervention	RQ 1, 3, 4: Amivantamab (intravenous/subcutaneous) plus Lazertinib RQ 2: Amivantamab (intravenous) plus Lazertinib
Comparison	RQ 1, 3, 4: Osimertinib plus pemetrexed and platinum-based chemotherapy RQ 2: Amivantamab (subcutanous) plus Lazertinib
Outcomes	RQ 1, 2: ▪ Efficacy: OS, PFS, DOR, Objective response rate (ORR), Median time to symptomatic progression, Median time to treatment discontinuation, Median time to subsequent therapy, Median PFS after first subsequent therapy, Intracranial PFS, Intracranial objective response, Median duration of intracranial objective response, Second PFS after first subsequent therapy, Disease control ▪ Quality of life ▪ Safety: AEs in total, Serious AEs, Severe AEs, Death, Treatment discontinuation, Treatment interruption RQ 3: organisational aspects RQ 4: cost-effectiveness (ICER)
Study design	▪ Systematic reviews, HTAs and ITCs ▪ RCTs ▪ NRCs ▪ SATs ▪ CEA (for RQ 4) Excluded: in vitro, animal, case studies, conference abstracts, letters to the editors and authors' responses.
Languages	English, German

Abbreviations: AEs…adverse events, CEA…cost-effectiveness analysis, DOR…duration of response, EGFR…epidermal growth factor receptor, ICER-incremental cost-effectiveness ratio, ITC…indirect treatment comparison, NRCs…non-randomised controlled studies, NSCLC…non-small cell lung cancer, OS…overall survival, PFS…progression-free survival, RCTs…randomised controlled trials, SAEs…serious adverse events, SATs…single-arm trials

Timetable:

Period	Tasks
Q1 2026	Scoping and finalising the project protocol
Q1 2026	▪ Systematic literature search and manual searches ▪ Selection of literature
Q1 2026	Data extraction and quality assessment
Q1-Q2 2026	Conducting budget impact analysis
Q2 2026	Writing the report
Q2 2026	Internal and external review
Q2 2026	Layout and publication

References:

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1.3.2.7 Use of IHSI Data: Oncology Pipeline Monitor and Therapy Profiles for 'High-Cost Medicines'

Project Lead: Diana Szivakova
Project Authors: Diana Szivakova, Daniel Fabian
Quality Assurance: Sabine Geiger-Gritsch
Duration: From 2026 (modification of the previous Horizon Scanning Oncology / "Onko-Factsheets" program line)
Resources: 1 PM
Language: English (possibly German factsheets)

Background:

High-cost medicines, particularly innovative therapies such as targeted therapies, immunotherapies, or cell therapies, account for a growing share of intramural drug costs. The increasing number of new products complicates budget planning and strategic resource allocation.

Content:

- **Oncology Pipeline Monitor:** Development of a pipeline monitor for oncological therapies, including cost estimates for the next 2 years. Use of the IHSI database to identify current and planned oncological therapies and adaptation of the information for the Austrian context, referencing available reports from other countries/institutions (Canada, IQVIA).
- **Therapy Profiles for Innovative Medicines across Indications:** Preparation of therapy profiles for high-cost, innovative medicines in various indications, focusing on expected developments over the next 1–2 years. Use and processing of IHSI data to generate therapy profiles and development trends. Visual presentation of data for use by decision-makers in hospitals and regional health funds.

Method:

- Development of a search strategy within the IHSI database
- Collaboration with IHSI and hospital providers
- Report preparation including visualization, possibly dashboards for regular queries

1.4 Health Economics and Health Services Research

1.4.1 Overview

Endometriosis: International Care Standards and Healthcare Reality in Vienna
Rapid recovery programs after surgical procedures
Costing & Unit Cost (Part 2)
Guideline Health Economics

Legend
States
Own-defined
Appraisal board

1.4.2 Protocols

1.4.2.1 Endometriosis: International Care Standards and Healthcare Reality in Vienna

Project lead: Lena Grabenhofer
Project authors: Lena Grabenhofer, Doris Giess, Naomi Linton-Romir, Eleen Rothschedl
Internal review: Christoph Strohmaier
Duration: Q1 2026 to Q3 2026 (8 PM)
Language: English (with German summary)

Background:

Endometriosis is one of the most common gynaecological conditions affecting people of reproductive age [1]. In addition to women, trans men and non-binary individuals may also be affected; the terms “individuals” and “patients” are used throughout to reflect this diversity.

Endometriosis is a benign, chronic inflammatory condition characterised by the presence of endometrium-like tissue (endometriotic lesions) outside the uterus [2, 3]. The condition primarily affects the abdominal cavity, the ovaries, the fallopian tubes, and the bladder [2]. The severity of symptoms can vary considerably, and not all affected individuals experience symtomps. The type and intensity of symptoms depend, amongst other factors, on the location and degree of inflammation of the endometriotic lesions [4]. The most common symptoms include severe pain, particularly during menstruation, pain during sexual intercourse, and infertility; these are frequently associated with a reduced quality of life and psychosocial impairment [3, 4]. Data from Austria indicate that nearly all individuals with a diagnosis of endometriosis suffer from menstrual pain, with 81% reporting very severe, severe, or moderate pain. Approximately 61% report additional

pain symptoms related to endometriosis [1]. A complete cure of the condition is currently not possible, as its exact aetiology remains unknown [2, 4]. Therapeutic measures aim to alleviate symptoms and improve quality of life. The choice of treatment is guided by the individual circumstances of the affected person, in particular whether pain, an unfulfilled desire to have children, or both are the primary concern. Possible treatment options include pharmacological pain management, hormonal treatments, and surgical interventions, which may be applied individually or in combination [4].

Despite being one of the most common chronic conditions affecting people of reproductive age, many patients with endometriosis report that their pain and symptoms are not taken seriously by healthcare professionals or are dismissed as “normal.” This experience of not being heard contributes to emotional distress, loss of trust, and delayed diagnoses [5, 6].

In Austria, 6.4% of menstruating individuals aged 14 to 60 are estimated to be affected by endometriosis, approximately two-thirds (67%) of whom are pre-menopausal. A further 4.4% are suspected of having the condition [1]. The true number is likely underestimated due to the high number of undiagnosed cases, with estimates suggesting that up to 300.000 individuals may be affected [7]. The evidence base on endometriosis in Austria is generally very limited, with little representative data available on risk factors or the state of healthcare provision [8]. Furthermore, nearly one-third (31.3%) of potentially affected individuals have no prior knowledge of endometriosis as a condition. The time to diagnosis in Austria currently averages 6.6 years [1].

Project Objectives:

This report aims to systematically identify and synthesise current international guideline recommendations and care pathways for the diagnosis and treatment of endometriosis, to derive evidence-based recommendations, and to assess the extent to which these recommendations are implemented within the current healthcare system in Vienna. The interdisciplinary care structure will be described, and those aspects of care that can be improved from the perspective of patients and healthcare providers will be identified.

Non-Objectives:

- The project does not aim to systematically evaluate treatment methods.
- The project does not aim to conduct a health economic analysis.

Research Questions:

RQ1: Which evidence-based diagnostic and therapeutic recommendations for endometriosis are contained in current international guidelines, how are these classified regarding the level of evidence and strength of recommendation, which high-evidence interventions can be derived for clinical practice, and which organisational structures and care pathways are recommended internationally?

RQ2: What is the current care structure in Vienna, and which gaps in care and unmet needs do patients and healthcare providers identify in practice?

RQ3: To what extent does current care practice in Vienna align with international guideline recommendations and recommendations for care pathways?

Methods:

RQ1: To address the first research question, a hand search for international guidelines on the diagnosis and treatment of endometriosis will be conducted, supplemented by a targeted hand search for recommendations on care pathways and models. The guideline synopsis published in the Australian Journal of General Practice (AJGP) [9] will serve as a starting point, which will be updated and, where appropriate, expanded to include additional selected guidelines. The selection of relevant publications will be based on

pre-defined inclusion and exclusion criteria. All methodological steps, including literature selection, data extraction, and quality appraisal, will be carried out according to the four-eyes principle: one author will take primary responsibility for processing, whilst a second author will review and validate the results. Following completion of the literature search, the identified outcomes will be systematically extracted and synthesised. These will be used to map the key diagnostic and treatment pathways. Because the included guidelines use varying systems for levels of evidence and grades of recommendation (LoE/GoR), an attempt should be made to convert all recommendations into a uniform scale to facilitate comparability. This will enable a consistent synthesis and a clear presentation of high-evidence recommendations.

RQ2: To capture the reality of endometriosis care and any existing gaps in Vienna, a hand search for data on existing care structures will first be conducted. The comparative analysis of the organisation of endometriosis care in five high-income countries by Leroy et al. (2025) [10] will serve as the basis for this. In addition, the perspectives of affected patients and healthcare providers are also assessed.

The hand search aims to provide a comprehensive overview of existing care structures, services offered, and their accessibility.

To capture the perspectives of patients and healthcare providers, a standardised survey will be conducted in Vienna. The survey instrument combines open-ended questions with pre-defined response categories to collect both quantitative and qualitative data.

The patient survey examines experiences with the diagnostic and therapeutic process, perceived strengths and challenges of care, patients' needs and expectations regarding healthcare provision, and satisfaction with current treatment.

The healthcare provider survey focuses on the implementation of guideline recommendations in clinical practice, existing barriers, the organisation of interdisciplinary care structures, and an assessment of the feasibility of implementing existing guideline recommendations from the AJGP guideline synopsis within the Austrian healthcare context.

RQ3: The findings from all three methodological components will be synthesised and systematically compared. The international care standards identified in RQ1 will serve as a reference framework. These will then be compared with the findings from RQ2 to analyse the extent to which the recommended standards are actually being implemented in healthcare practice in Vienna.

The mixed-methods approach is intended to enable the identification of specific areas for action to optimise endometriosis care in Vienna, considering both evidence-based guideline recommendations and the perspectives of healthcare providers and patients.

PICOS Table for the Synopsis of International Guidelines and Care Pathways:

Population	Individuals with a confirmed or suspected diagnosis of endometriosis Healthcare providers (e.g. gynaecologists, general practitioners, nursing staff, therapists) in the context of endometriosis care
Intervention	Care in accordance with evidence-based guidelines and recommended treatment pathways
Kontrolle	—
Outcomes	▪ Current evidence-based guideline recommendations for the diagnosis and treatment of endometriosis ▪ Indications and fields of application, Level of Evidence (LoE) and Grade of Recommendation (GoR) ▪ Care structures and organisational models ▪ Recommendations for care pathways and their implementation in practice
Studiendesign	Evidence-based guidelines and recommendations on care pathways
(Länder)	Selected western countries with comparable healthcare systems
Sprachen	English, German

Timetable:

Period	Tasks
Q1 2026	Scoping and finalisation of the project protocol
Q1 2026	▪ Manual literature search ▪ Literature selection
Q1/Q2 2026	Data extraction and quality appraisal; survey data collection
Q3 2026	Analysis and evaluation of surveys
Q3 2026	Writing
Q3 2026	Internal and external review
Q3 2026	Layout & publication

References:

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1.4.2.2 Implementing Rapid Recovery Programs in Total Hip and Knee Replacement Surgery: Challenges and Opportunities in Austria

Project lead: Daniel Fabian
Project authors: Diana Szivakova, Sabine Geiger-Gritsch
Internal review: Sabine Geiger-Gritsch
Duration: Q1 2026 to Q2 2026 (6 PM)
Language: English (with German summary)

Background:

A reform of the hospital financing system in Austria, effective January 1st, 2025 [1], has created significant pressure to discharge patients as quickly as possible, as hospital stays of up to two days are now reimbursed immediately. To avoid a decline in medical quality, there is an urgent need to implement suitable support programs nationwide in the coming years. In many countries, Rapid Recovery programs have already been successfully implemented - but not in Austria on a nation-wide scale. Therefore, various hospitals are interested in Rapid Recovery programs and have already piloted them. However, without a structured protocol in place to support hospitals, any efforts towards successful implementation are personnel-dependent and run the risk of failing due to weaknesses in the care pathway and limited collaboration between service providers.

The Enhanced Recovery After Surgery (ERAS) society [2] has been publishing guidelines for Rapid Recovery programs since 2005, covering a wide range of surgical procedures. However, in real-world settings with differently organised public healthcare systems, the possibilities of implementing all components of these comprehensive guidelines are limited. There is therefore a need to analyse the possibilities that the Austrian healthcare system provides and to offer recommendations for the successful implementation of suitable interventions from these guidelines.

After an expert consultation, Orthopaedics was identified as the most relevant field for analysing the implementation of Rapid Recovery programs. The ERAS Society has guidelines for spinal lumbar fusion and total hip and knee replacement surgery [3], with the latter [4] identified by the experts as the most relevant.

Project aims

This project aims to identify effective and safe programs and protocols that reduce the length of hospital stay without compromising the quality of care or worsening patient outcomes in the Austrian setting. The goal is to provide recommendations for implementing Rapid Recovery protocols in Austrian hospitals, with all preoperative, intraoperative and postoperative aspects considered.

Research question

Primary question

How effective and safe are Rapid Recovery measures in total hip and knee replacement surgery compared to the standard of care?

Secondary questions

1) How can ERAS guidelines for total hip and knee replacement surgery be adapted and implemented within the Austrian public healthcare system to reduce length of hospital stay, while maintaining or improving quality of care and patient outcomes?
2) What structural and organizational barriers, particularly regarding the interface between inpatient and outpatient care and collaboration between service providers, currently limit the implementation of Rapid Recovery protocols in Austria, and how can these be addressed?
3) What is the cost-effectiveness of Rapid Recovery components identified in the primary question compared to the standard of care?

Methods:

1.) To identify the relevant sources of information, a scoping phase is required, encompassing a review of recommendations from professional societies, publications in PubMed, and discussions with experts, prior to commencing the systematic literature search.
2.) To answer the primary research question, a Health Technology Assessment (HTA) will be conducted on a stepwise approach:
    a. In the first step we will search for systematic reviews (SR) for elective primary total hip and knee replacement surgery. Based on the evidence and quality, either a review of review or an update of the SR will be conducted using the Cochrane Handbook for Systematic Reviews of Interventions [5].
    b. In case no existing and recent SR with sufficient evidence and quality is found, we will conduct a SR including primary studies and we will use the GRADE approach.
    c. Then, the most relevant elements from the ERAS protocol will be identified.
3.) To answer the secondary research question part 1 and 2, the identified literature will be screened to identify the main organizational elements that are required to successfully implement rapid recovery programs. If needed, an additional search will be conducted. After identifying the main organisational elements, the most relevant interventions (identified in the primary research question) will be assessed for their implementation.
4.) To answer the secondary research question part 3, an additional search for cost-effectiveness evidence will be conducted, including only studies that assessed Rapid recovery elements identified as relevant in the primary research question. Subject to the availability of such evidence, key characteristics and results of the identified studies will be summarised. Study quality will be appraised using a suitable checklist.
    Search criteria: Population and comparator as specified in the clinical review protocol above. Intervention restricted to the Rapid recovery elements identified

in the primary research question. Setting restricted to health systems comparable to the Austrian healthcare system.
Study design: Relevant health economic study design (cost–utility analysis, cost-effectiveness analysis, cost–benefit analysis, cost–consequences analysis, comparative cost analysis).

Inclusion criteria (PICO for primary research question):

Population	Adult patients undergoing elective primary total hip or knee replacement (THR – total hip replacement/TKR – total knee replacement)
Intervention	**Standardized perioperative care according to the ERAS® protocol:** **Preoperative interventions (prehabilitation):** Preoperative information, education, and counselling Preadmission patient optimization Preoperative physiotherapy Preoperative fasting Preoperative carbohydrate treatment Pre- anaesthesia protocol medication Standardized anaesthesia protocol **Intraoperative intervention:** Surgical technique Standardized anaesthesia protocol Local anaesthetics for infiltration analgesia and nerve blocks Postoperative nausea and vomiting (PONV) prophylaxis Prevention of perioperative blood loss Multimodal oral analgesia Maintaining normothermia Antimicrobial prophylaxis Antithrombotic prophylaxis **Postoperative interventions:** Perioperative fluid management Postoperative nutritional care Early mobilisation Criteria-based discharge Continuous improvement and audit
Comparison	Conventional standard perioperative care without/only partially structured ERAS protocol
Outcomes	Length of hospital stay, perioperative complication rates, rehospitalization rate (30 days), postoperative function, mobility, mortality, patient-reported outcomes, adverse events, complications related to early discharge
Publication type	Meta-analyses and SR of randomised controlled trials (RCTs), HTAs; If no SR with sufficient evidence and quality is found, primary studies will be searched
(Countries)	North America, Europe
Languages	English, German

Timetable:

Period	Tasks
Q1 2026	Scoping, stakeholder meeting and finalising the project protocol
Q1-Q2 2026	▪ Systematic literature search and manual searches ▪ Selection of literature
Q2 2026	Data extraction and quality assessment
Q2 2026	Writing the report
Q2 2026	Internal and external review
Q3 2026	Layout and publication

References:

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1.4.2.3 Costing & Unit Cost (Part 2)

Project lead: Christoph Strohmaier
Project authors: Christoph Strohmaier, Tatiana Marschik
Internal review: Ingrid Zechmeister-Koss
Duration: Q2 2026 to Q3 2026
Resources: 5 PM
Language: English (with German summary)

Background:

In Austria, health economic evaluations have so far played a subordinate role, as among other things, a corresponding guideline with a standardised "reference case" and a uniform "costing process" has been lacking until now. However, a reference case and a costing process – in which resource consumption is identified, measured, and valued – are fundamental to ensuring the comparability of health economic analyses and enabling evidence-based healthcare system planning. Therefore, Part 1 of this work examined the respective reference cases and costing processes in 12 countries. In doing so, the original focus shifted from so-called "unit costs" to acquiring the necessary foundational knowledge about the costing process itself. Part 2 focuses on identifying relevant data sources in Austria for calculating unit costs, conducting use cases and deriving standards for application in health economic evaluation and system planning. The results will be incorporated into the ‘Health Economic Guideline’ project (see next project).

Pre-Scoping:

Conceptual knowledge and literature from Part 1 are available.

Planned Method:

- Identification of Austrian data sources and data for use in health economic evaluations and system planning.
- Contextualisation of the results from Part 1 for Austria: Derivation of best-practice strategies and development and application of potential calculation methods.

1.4.2.4 Guideline Health Economics

Project lead: Ingrid Zechmeister-Koss
Project authors: NN
Internal review: NN
Duration: from Q2 onwards
Resources: 8.6 PM
Language: English and German

Background:

In Austria, health economic evaluations have so far played a subordinate role, which is due, among other things, to the lack of a corresponding guideline. Guidelines provide methodological standards for conducting and assessing health economic evaluations. Their overarching goals are quality assurance, methodological standardisation, and increased transparency, while simultaneously requiring the consideration of context-specific aspects. To achieve this and establish an Austrian guideline, a systematic development and implementation process with the involvement of key stakeholders is indispensable.

Pre-Scoping:

- Conceptual knowledge and literature from previous projects are available.
- A small number of countries have published articles on the development and implementation process in academic journals.

Planned Method:

- Guideline overview (in progress)
- Overview of development and implementation processes in other countries (in progress)
- Interdisciplinary guideline development group involving stakeholders (system partners, guideline users, those affected by the guideline)
- Contextualisation of existing knowledge for the Austrian setting
- Interactive format (Workshops) with AIHTA lead

1.5 Rapid Reviews

1.5.1 Overview

Ad Hoc Rapid Reviews (ÖGK, BVAEB): ▪ Intracutaneous injection/Wheal therapy ▪ Intraarticular infiltrations ▪ …
Ongoing DiGA Support from an AIHTA Researcher
Telemedical Interventions for Sports and Exercise for Patients with Type 2 Diabetes (Non-Insulin Dependent)
Telerehabilitation for Patients with Neurological Disorders
De-Implementation Processes

Legend
Health Insurance
AIHTA-defined

1.5.2 Protocols/Short Description

1.5.2.1 Ad Hoc Rapid Reviews (ÖGK, BVAEB)

Project lead: Reinhard Jeindl, Julia Mayer-Ferbas
Project authors: Reinhard Jeindl, Julia Mayer-Ferbas, Andrea Titieni-Schuhmann, Sabine Ettinger
Internal review: NN
Duration: ongoing
Resources: 7 PM
Language: in consultation with topic inquirers

Background:

Providing scientific support to Austrian social insurances requires a rapid, agile, and timely response to inquiries. The project is carried out in the form of a framework agreement (with the option to submit a limited number of ad hoc questions/assessments, depending on the scope of the topics).

Pre-Scoping:

Topic-based assessment of whether the research question is suitable for assessment using the rapid review methodology.

Planned Method:

Rapid review methodology manual contains information on the process of topic inquiry and topic processing, as well as criteria for suitability as a Rapid review: https://aihta.at/page/hta-information-service-rapid-reviews/en

1.5.2.1.1 Intracutaneous Injection/Wheal therapy

Project lead: Julia Mayer-Ferbas
Project authors: Julia Mayer-Ferbas, Reinhard Jeindl
Internal review: Sabine Geiger-Gritsch
Duration: Q4 2025 to Q1 2026
Language: German

Background:

Musculoskeletal pain affects the entire musculoskeletal system and can result from incorrect loading, injuries, inflammation, or wear and tear. Wheal therapy is based on intracutaneous injections of local anaesthetics. The Rapid Review examines the efficacy and safety on the basis of systematic reviews and, supplementarily, primary studies.

Planned Method:

Rapid review: systematic literature search, guideline search

1.5.2.1.2 Intraarticular infiltrations

Project lead: Julia Mayer-Ferbas
Project authors: Julia Mayer-Ferbas, Andrea Titieni-Schuhmann
Internal review: Reinhard Jeindl
Duration: Q1-Q2 2026
Language: German

Background:

In the outpatient setting, intra-articular infiltrations (small and/or large joints) are performed for pain therapy with the administration of local anesthetics, glucocorticoids, or hyaluronic acid. The relevant outcomes include effectiveness (pain reduction, improvement in function/mobility), side effects/complications, patient-relevant endpoints (quality of life), differences depending on the type of substance injected, long-term results/sustainability of results, and the relationship between the frequency and extent of treatments and effectiveness.

Pre-Scoping:

In a first scoping meeting, two scenarios were discussed with the topic inquirers, who opted for an overview of several joints with less detail per joint (as opposed to limiting the scope to one joint with a more detailed evidence analysis).

Planned Method:

Rapid review: systematic literature search, guideline search

1.5.2.1.3 Further topics to be defined during 2026

1.5.2.2 Ongoing DiGA Support from an AIHTA Researcher

Project lead: Reinhard Jeindl
Project authors: not relevant
Internal review: not relevant
Duration: ongoing
Resources: 0,5 PM
Language: German

Background:

Participation in DiGA working groups of the ÖGK and DVSV, inquiries regarding DiGA evaluations and DiGA implementation project.

Pre-Scoping: Not applicable.

Planned Method: Depending on the request.

1.5.2.3 Telemedical Interventions for Sports and Exercise for Patients with Type 2 Diabetes (Non-Insulin Dependent) (detailed protocol to be developed)

Project lead: Alba Colicchia
Project authors: Alba Colicchia, Lucia Gassner
Internal review: Tatiana Marschik
Duration: Q1 2026 to Q3 2026
Resources: 4 PM
Language: English (with German Summary)

Background:

Telemedicine interventions have so far focused on regular communication between patients and telemedicine healthcare providers, as well as on the continuous monitoring

of blood sugar levels. Exercise plays a crucial role in improving the health and lifestyle of people with type 2 diabetes. There is a considerable need to develop and evaluate telemedicine interventions that promote physical activity.

Pre-Scoping:

Can supportive telemedicine interventions improve the long-term achievement of sports and exercise goals in people with type 2 diabetes (non-insulin-dependent)?

Planned Method:

Systematic literature search; implementation as a rapid review is possible, but more time-consuming if primary studies are available. The topic may also be addressed as a use case in ASSESS-DHT.

1.5.2.4 **Telerehabilitation for Patients with Neurological Disorders** (detailed protocol to be developed)

Project lead: Romy Schönegger
Project authors: Romy Schönegger, Daniel Fabian
Internal review: Yui Hidaka
Duration: Q2 2026 to Q4 2026
Resources: 3 PM
Language: English (with German summary)

Background:

Neurological disorders (such as conditions following a stroke, multiple sclerosis, Parkinson's disease) are often chronic and require long-term, frequent, and intensive rehabilitation to maintain function. Telerehabilitation (e.g., via video conferencing, digital platforms) is a new health technology that supports the implementation of rehabilitation in the home setting.

Possible research question: How effective and safe is telerehabilitation for neurological disorders (e.g., multiple sclerosis, Parkinson’s disease, post-stroke condition) compared to standard on-site rehabilitation or no rehabilitation in terms of improving function, quality of life, and secondary complications?

Pre-Scoping:

Systematic reviews available, clear PICO

Planned Method:

Systematic literature search; implementation as a rapid review, but possibly more extensive, as more than one indication is of interest (possibly to be narrowed down/prioritised).The topic may also be addressed as a use case in ASSESS-DHT.

1.5.2.5 **De-implementation Processes** (detailed protocol to be developed)

Project lead: Reinhard Jeindl
Project authors: Reinhard Jeindl, Julia Mayer-Ferbas

Internal review: Sabine Geiger-Gritsch
Duration: Q12026 to Q4 2026
Resources: 5 PM
Language: English (with German summary)

Background:

Numerous medical services are provided and reimbursed despite a lack of scientific evidence of their benefits. Decision-makers need knowledge about effective de-implementation processes for medical services in existing service catalogues. The aim of de-implementation is the systematic identification of low-value care services and the targeted reallocation of resources to evidence-based interventions.

Pre-Scoping:

Systematic reviews and overviews on de-implementation are available. Frameworks are available (e.g., Choosing Wisely De-Implementation Framework CWDIF).

Planned Method:

Systematic literature search, expert consultations (examples from other countries, current developments). Communication strategy (to prevent resistance from physicians and patients). Service catalogues: Reviewing the evidence for service codes, de-implementing individual codes if necessary, or linking them to specific patient populations.

1.6 Horizontal Projects

1.6.1 Teaching PMU

Project Lead: Ingrid Zechmeister-Koss
Coordination: Sarah Wolf
Project Team: Ingrid Zechmeister-Koss, Sarah Wolf, Gregor Götz, Lucia Gassner, Sabine Geiger-Gritsch
Duration: ongoing

Background:

Since 2021, AIHTA has had a cooperation agreement with Paracelsus Medical Private University-Private Foundation (PMU). The aim of this cooperation agreement is to build capacity among young professionals within the Master's program in Public Health in the field of Health Technology Assessment (HTA) to provide evidence-based decision support in healthcare. Teaching takes place several times a year in the form of virtual lecture halls.

Method:

Written assignment (preparing a scoping document) and presentation in an Online forum.

1.6.2 AIHTA Method Handbook

Project Lead: NN
Project Team: several AIHTA researchers
Quality Assurance: NN
Duration: from Q2 onwards
Resources: 3 PM
Language: English

HTA Austria
Austrian Institute for
Health Technology Assessment
GesmbH