time-consuming for information specialists to keep up-to-date with the latest developments in the field. To help searchers with this challenge, the Interest Group on Information Retrieval (IRG) of Health Technology Assessment International (HTAi) has compiled the best available research evidence on information retrieval aspects into an open-access web resource: Summarized Research in Information Retrieval for HTA (SuRe Info). The resource can be accessed at http://www.sure-info.org

METHODS:

The Sure Info team run topic-specific search strategies in selected relevant databases to identify information retrieval methods publications that fulfil the SuRe Info inclusion criteria. Eligible publications receive a structured abstract containing a brief critical appraisal. Key messages for search practice based on the appraisals and accepted best practice are summarized into topic-specific chapters.

RESULTS:

SuRe Info currently offers fourteen chapters, with more in development. SuRe Info chapters fall into two categories: (i) chapters about general search methods that are used across all types of research, such as how to develop search strategies and the availability and use of search filters, and (ii) chapters summarizing the methods to use when searching for specific aspects of HTA (as defined in the European Network for HTA (EUnetHTA) HTA Core Model®), including searching for evidence on clinical effectiveness and safety, and identifying economic evaluations. References at the end of each chapter are linked to appraisals of publications that have been used to develop each chapter. Links to the full-text of the publications are provided when freely available. The SuRe Info chapters are reviewed every six months and updated if new evidence is identified or if resources change.

CONCLUSIONS:

SuRe Info is a unique resource, identifying and summarizing current best research evidence on information retrieval aspects for HTA. It supports the timely uptake of potential efficiencies arising from new evidence that may be incorporated into the evidence identification processes of HTA organizations.

OP72 Adherence Of Budget Impact Analyses To Principles Of Good Practice

AUTHORS:

Giampiero Favato (g.favato@kingston.ac.uk), Cristina Oliva, Emmanouil Noikokyris

INTRODUCTION:

Budget Impact Analysis (BIA) is an integral element of a comprehensive Health Technology Assessment. Prior systematic reviews showed significant methodological dissimilarities in BIAs published from 2002 to 2015 (1,2). Aimed to improve the generalisability and transferability of outcomes, a guidance on methods was updated in 2014 (3). The objective of this study was to measure the adherence to Principles of Good Practice of BIAs published after the release of the updated guidelines.

METHODS:

Fifteen features representative of methodological appropriateness were identified from the Principles of Good Practice. A systematic review of the extant literature was conducted to identify BIAs published from January 2015 to December 2016. The adherence of each BIA to the Principles of Good Practice was defined by the number of representative characteristics taken into consideration as a percent of the total.

The full study protocol is available online: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016049287

RESULTS:

A sample of thirty-nine published BIAs were included in the analysis. The mean adherence of BIAs to the Principles of Good Practice was 69 percent (10.4 representative features out of 15). The highest

https://doi.org/10.1017/S0266462317001532 Published online by Cambridge University Press

adherence was 87 percent, while the lowest was 33 percent. The distribution of the scores was highly concentrated around the mean value, with thirty-four BIAs (87 percent of total sample) showing a level of adherence $\geq$ 60 percent. Only two BIAs reported an adherence $<$ 50 percent (5 percent of total sample). Six representative features showed a level of adherence $<$ 50 percent: off-label use (0 percent); uncertainty (26 percent); validation (33 percent); choice of computing framework (44 percent); eligible population (44 percent) and relevant features of healthcare system (49 percent).

CONCLUSIONS:

Compared to the Principles of Good Practice, the BIAs included in the systematic review were overcomplicated and deterministic, ignoring the impact of possible scenarios relevant to budget holders. The research advocates a wider use of scenario planning as a tool to link uncertainty to the economic assessment of new interventions.

REFERENCES:

1. van de Vooren K, Duranti S, Curto A, Garattini L. A Critical Systematic Review of Budget Impact Analyses on Drugs in the EU Countries. *Appl Health Econ Health Policy*. 2014;12:33–40.

2. Faleiros DR, Alvares J, Almeida AM, et al. Budget impact analysis of medicines: updated systematic review and implications. Expert Rev Pharmacoecon Outcomes Res. 2016;16(2):257-66. doi: 10.1586/14737167.2016.1159958. Epub 2016 Mar 17

3. Sullivan SD, Mauskopf JA, Augustovski F, et al. Budget Impact Analysis—Principles of Good Practice: Report of the ISPOR 2012 Budget Impact Analysis Good Practice II Task Force. Value Health. 2014 Jan-Feb;17(1):5-14. doi: 10.1016/j.jval.2013.08.2291. Epub 2013 Dec 13.

OP73 Using Visualization In Scoping The Literature For A Prognostic Health Technology Assessment

AUTHORS:

Mark Clowes (m.clowes@sheffield.ac.uk)

INTRODUCTION:

One of the challenges of large scale Health Technology Assessment (HTA) projects is managing the large volume of studies retrieved by the requisite comprehensive literature searches. At the scoping stage of the project, a pragmatic judgement needs to be made as to how sensitive the search strategy should be in order to find all the relevant papers without returning an overwhelming volume of irrelevant studies.

METHODS:

For this HTA (evaluating prognostic and predictive markers in rheumatoid arthritis), the research team already had prior knowledge of several key markers of interest, but wanted to ensure that no others had been missed. Advice from practising clinicians was obtained, but for additional validation, a broad scoping search was conducted for 'rheumatoid arthritis' using the sensitive Haynes filters for prognostic (1) and clinical prediction (2) studies. Unsurprisingly, this initial search retrieved too many studies for them all to be admitted to the full review; but once those dealing with known markers had been removed, a sample of the remaining records was loaded into a software visualization tool (3) to display "heat maps" of frequently occurring terms and phrases.

RESULTS:

On this occasion, no additional markers were identified, however this provided reassurance that the advice obtained from clinicians was comprehensive, enabling the HTA team to proceed confidently with its evaluation of the selected markers.

https://doi.org/10.1017/S0266462317001532 Published online by Cambridge University Press