studied, we performed headroom and threshold analyses. For the 10 (33 percent) developed technologies where some (pilot) data were already available, scenario and/or cost-effectiveness analyses were performed. The assessments, that were commissioned by developers, clinicians or hospital managers informed evidence-based decisions on (further) development, focus, research design or adoption in clinical practice. Preliminary results suggest that after the assessment, decisions were made to stop further development (n=2), continue outside healthcare (n=1), change the target population (n=3) or change the proposed positioning in the care pathway and/or value proposition (n=4).

CONCLUSIONS:

Stakeholders deemed an early, formative assessment useful in informing development, research and adoption decisions, in different stages of development. Even before developing a technology, headroom analyses appeared to be feasible and useful. Consequences of the assessments mostly related to a shift in focus, which may result in more efficient research and development, as well as more valuable innovations.

OP75 Tailoring Review Methods: Scope, Timescale And Needs Of Commissioners

AUTHORS:

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INTRODUCTION:

Commissioners of systematic reviews have differing requirements in terms of breadth of scope, level of analysis required, and timescales available. Planning a review requires consideration of the trade-off between these elements. This applies to both "rapid" reviews and "traditional" reviews with a broad or complex scope.

METHODS:

Approaches for tailoring review methods to commissioner requirements are described. These will be illustrated via case studies of reviews conducted for the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) and Health Services & Delivery Research (HS&DR) programs and other organizations.

RESULTS:

An initial step is to discuss with commissioners the trade-off between timescales/resource available, breadth of review scope, and level of analysis; for example, broad overview of many studies or in-depth analysis of a narrower set. Where the evidence base is unknown, one option is to undertake an initial mapping review to assess the volume and type of evidence available. This may assist in refining the selection criteria for the main review, to prioritize the most relevant evidence. In complex reviews, a further option is to develop a conceptual model (logic model) with input from commissioners and experts, to help identify factors which may influence outcomes. This can enable design of focused mini-reviews (not necessarily exhaustive) around each factor. These methodological approaches will be illustrated through three case studies including an HTA on cannabis cessation (trade-off of breadth versus depth); a review of yoga and health (initial mapping to refine selection criteria); and a rapid review of congenital heart disease services (conceptual model to identify areas for focused reviews).

CONCLUSIONS:

Different approaches may enable discussion with review commissioners around the trade-off between scope, methods and timescales, in order to tailor the review method to best meet commissioner requirements within the timescales available.

OP77 Conducting Rapid Assessments: Lessons From 25 Years Of Good Practice

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INTRODUCTION:

The Health Technology Assessment (HTA) Program at the Institute of Health Economics (IHE) has conducted rapid assessments (RAs) for 25 years. The presentation draws on this experience to chart the evolution of RAs over a 25-year relationship between a policy maker and an arms-length HTA agency to quantify the effects of this partnership on the RAs produced.

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METHODS:

The number, types, and methodological attributes of RAs produced over a 25-year partnership with a single requestor were reviewed. The reasons for developmental changes in RA products over time were charted to document the push-pull tension between requestor needs and HTA best practice. The elements contributing to the relevance and impact, or not, of the RAs were also identified.

RESULTS:

Results demonstrated the dynamic relationship required for HTA researchers to meet best practice and requestor needs. As literature search spans lengthened and data analyses became more complex, limitations were imposed on RAs to fulfill the requirements of timeliness, utility, and best practice. Adaptations were driven by requestor, researcher, and the external policy environment. Facilitators of RA utility for HTA requestors include: asking focused, well-articulated questions; specifying the request's purpose; providing detailed information about local context and other relevant issues; and understanding the risk of bias associated with RAs. Considerations for HTA doers include: assembling a team using a triage process; involving requestors throughout RA development; negotiating deliverables and timelines using a HTA product matrix; transparently reporting methods; narratively describing methodological issues; and internally reviewing the draft RAs.

CONCLUSIONS:

RAs are a useful component of HTA programs. To keep these products relevant and useful, HTA agencies must allow RAs to evolve according to need, but with grounding in good practice. Negotiating the line between rigor and relevance is a key skill for HTA agencies. Having the right team is helpful.

OP78 Code Of Ethics: Missing Cord In The Evidence-To-Action Connection?

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INTRODUCTION:

Ethics is a set of moral principles that guide our behavior when it affects others. HTAi acknowledges the fundamental values of "service, collaboration, professionalism and integrity, transparency, accountability". Ethical conduct balances self-interest with consequences of that behavior for others. Unethical behavior has serious personal consequences and in the case of HTA practitioners it can damage stakeholder trust and thereby hinder implementation of evidence by policy makers. Compliance with regulation alone may not suffice in building stakeholder confidence. There is need for individuals and agencies to develop a 'culture of integrity' at all levels in the HTA process above and beyond compliance with the law. A strong ethical culture will foster trust of stakeholders, strengthen collaboration, improve implementation of recommendations and benefit society. This is the importance of developing a code of ethics to guide conduct and detail standards of professional practice expected of HTA practitioners affiliated to HTAi and related agencies.

METHODS:

I will argue for the development of a detailed code of ethics for HTAi and related agencies. To do this, I will explain how the code of ethics gives guidance and informs the users (HTA practitioners), and how they can guide stakeholders in the HTA processes. The public relations benefits of a code of ethics will also be discussed. I will explain why having a mere list of seven words as "values" is not sufficient guidance to professionals with diverse backgrounds who are collaborating in a multidisciplinary team.

RESULTS:

The role of a code of ethics in helping professionals to choose their actions well is an effective way to integrate ethics in HTA, safeguard the integrity of HTA processes, and improve evidence implementation by stakeholders.

CONCLUSIONS:

HTAi should develop a detailed code of ethics for its membership.

OP79 A Meta-Framework To Inform Health Inequalities In Systematic Reviews

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