

RESULTS:

Though the estimates for the four outcomes did not change substantially across the different analysis methods, the Yusuf-Peto method underestimated the treatment harm and overestimated its precision, especially when the estimated odds ratio (OR) deviated greatly from 1. For example the OR for suicidality for children and adolescents was 2.39 (95 percent Confidence Interval, CI 1.32 to 4.33, using the Yusuf-Peto method), but increased to 2.64 (95 percent CI 1.33 to 5.26) using conditional logistic regression, to 2.69 (95 percent CI 1.19 to 6.09) using beta-binomial, to 2.73 (95 percent CI 1.37 to 5.42) using the GLMM and finally to 2.87 (95 percent CI 1.42 to 5.98) using the MCMC approach.

CONCLUSIONS:

The method used for meta-analysis of rare events data influences the estimates obtained and the exclusion of double zero-event studies can give misleading results. To ensure reduction of bias and erroneous inferences, sensitivity analyses should be performed using different methods and we recommend that the Yusuf-Peto approach should no longer be used. Other methods, in particular the beta-binomial method that was shown to be superior, should be considered instead.

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VP28 The Use Of Ethnographic Fieldwork In Health Technology Assessment

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INTRODUCTION:

The aim of the study was to introduce ethnographic fieldwork (1), including participant-observation and ethnographic interviews. Ethnographic fieldwork is a robust research methodology to study patients experiences and perspectives and, therefore, particularly valuable for Health Technology Assessment (HTA). Conducting ethnographic fieldwork requires that the researcher joins the people under study where they live or work for a period of time to observe and experience their everyday life and grasp their point of view in relation to the assessment of a health technology.

METHODS:

The presentation focuses on ethnographic fieldwork with participant-observation and ethnographic interviews. In relation to HTA, fieldwork can be highly relevant in order to understand the social world of the patients, for instance how they perceive and act in relation to a health technology. Furthermore fieldnotes, considerations on the analytic process and the production of knowledge will be a focus in the presentation.

RESULTS:

We argue, that a small fieldwork study based on participant-observation can do much more than just act as supplements to different forms of interviews. We demonstrate that in the production of an HTA, patient knowledge should not depend on or prioritize one method like interviews or recorded talks. We show the importance of good fieldnotes in the process of analysis together with a discussion of the production of knowledge.

CONCLUSIONS:

To explore patients perspectives is thus not to identify one 'true' perspective through an individual interview. Patients perspectives and experiences are emerging, relational and shifting. Therefore, there is a need for enhancing methodological and epistemological reflections and discussions about future development of ethnographic fieldwork in relation to HTA and patient involvement. The potential use of ethnographic fieldwork including participant-observation and ethnographic interviews will be highly relevant in relation to the assessment of new screening procedures, tele-health solutions, and collaboration between different sectors such as hospitals, municipalities and general practice. Furthermore, ethnographic fieldwork would be of importance for exploring how technology is working in local settings.

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VP29 Organizational Aspects In Health Technology Assessment: A New Approach For Future Assessments

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INTRODUCTION:

Organizational aspects influence the behavior of healthcare professionals and managers, and may help to overcome the barriers in the implementation of new health technologies. However, the organizational domain is often under-represented or absent when Health Technology Assessment (HTA) reports are built. The objective of this study was to to explore the

organizational assessment in HTA and build a new framework for applicative experience after the comparison with the European Network for HTA (EUnetHTA's) CoreModel 3.0.

METHODS:

A literature review was performed by extracting full HTA reports through INAHTA (International Network of Agencies for Health Technology Assessment) members websites, HTA agencies and snowball search, and the aspects relating to the organizational assessment were analyzed. A quantitative and qualitative analysis was performed on the retrieved reports and the results were compared with a framework of five domains and fifteen subdomains from EUnetHTA's CoreModel 3.0. A Multiple Correspondence Analysis was carried out in order to evaluate the power of CoreModel and identify new common domains to guide the organizational assessments in HTA reports.

RESULTS:

The assessments of organizational issues in the reports were significantly heterogeneous and less common than inclusion of other classic assessments. When included, domains and subdomains of the CoreModel were not covered homogeneously by the organizational assessments (representation level varied from 19 percent to 62 percent). The statistical analysis performed on the current data and the subsequent clustering of items offered the possibility to develop a new methodology based on three new composite indicators.

CONCLUSIONS:

This ongoing study analyzed the relevance of organizational assessments in current literature and the challenges of promoting an international approach to the matter. In this sense, according to the current state of the research, we proposed a new methodology to cover the most relevant aspects of organizational appraisal according to new, more homogeneous domains and a less context-oriented approach to encourage health professionals to perform organizational analysis and better fulfill the needs of future HTA research.
