

## CONCLUSIONS:

Visualization offers an alternative means of exploring and interrogating large text archives, and has the potential to complement the role of traditional search methods in identifying literature for systematic reviews and health technology assessments. As processing power increases and more and more full-text papers become available open access, it may provide a solution to some of the limitations associated with comprehensive searching.

## REFERENCES:

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2. Wong SS, Wilczynski NL, Haynes RB, Ramkissoon Singh R, Hedges Team. Developing optimal search strategies for detecting sound clinical prediction studies in MEDLINE. *AMIA Annual Symposium Proceedings* 2003;728-32.
3. van Eck NJ, Waltman L. Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics* 2010;84:523. doi:10.1007/s11192-009-0146-3.

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## OP75 Implementing Risk Stratification In Primary Care: A Qualitative Study

### AUTHORS:

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## INTRODUCTION:

A predictive risk stratification tool (PRISM) to estimate a patient's risk of an emergency hospital admission in the following year was trialled in general practice in an area of the United Kingdom. PRISM's introduction coincided with a new incentive payment ('QOF') in the regional contract for family doctors to identify and manage the care of people at high risk of emergency hospital admission.

## METHODS:

Alongside the trial, we carried out a complementary qualitative study of processes of change associated with PRISM's implementation. We aimed to describe how PRISM was understood, communicated, adopted, and used by practitioners, managers, local commissioners and policy makers. We gathered data through focus groups, interviews and questionnaires at three time points (baseline, mid-trial and end-trial). We analyzed data thematically, informed by Normalisation Process Theory (1).

## RESULTS:

All groups showed high awareness of PRISM, but raised concerns about whether it could identify patients not yet known, and about whether there were sufficient community-based services to respond to care needs identified. All practices reported using PRISM to fulfil their QOF targets, but after the QOF reporting period ended, only two practices continued to use it. Family doctors said PRISM changed their awareness of patients and focused them on targeting the highest-risk patients, though they were uncertain about the potential for positive impact on this group.

## CONCLUSIONS:

Though external factors supported its uptake in the short term, with a focus on the highest risk patients, PRISM did not become a sustained part of normal practice for primary care practitioners.

**REFERENCE:**

1. May C, Finch T. Implementing, integrating and embedding practices: an outline of normalization process theory. *Sociology*, 2009. 43.

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## OP76 Economic Contributions Of Older Adults In Europe

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**INTRODUCTION:**

Europe’s population is aging rapidly. Europeans aged 60 years and over formed only 16 percent of Europe’s total population in 1980, but they now constitute 24 percent and will grow to 34 percent by 2050 (1). These challenges may be expected in the form of tighter labor markets, lower savings rates, and slower economic growth, as well as fiscal stress from lower earnings and tax revenue and increased pension and healthcare spending.

We may, however, overestimate the magnitude of these challenges and make poorer policy choices if we underestimate the productive contributions that older adults make to society. The literature measuring these productive contributions is regrettably underdeveloped, as is the literature on what policies can enhance such contributions.

This study focuses on the market and non-market productive contributions of older adults in Europe and addresses three questions:

- (i) What is the nature and magnitude of the contributions made by older adults in Europe?
  - (ii) How do those contributions vary by country, time, and age, and how are they likely to evolve as the relative size of older cohorts swells?
  - (iii) How might changes in policy, institutions, behavior, and health likely influence the economic effects of population aging in Europe?
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**METHODS:**

These research questions are explored using multivariate statistical tools to analyze rich data from multiple countries and waves of the Survey of Health, Ageing, and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA).

**RESULTS:**

Older adults in Europe make significant productive contributions in the form of labor force participation, caregiving for family and friends, and volunteering. These contributions vary widely by country and are correlated with age, health status, official retirement age, and population age structure.

**CONCLUSIONS:**

The economic effects of population aging in Europe can be significantly moderated by effective retirement and healthcare policy.

**REFERENCE:**

1. United Nations Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition. [https://esa.un.org/unpd/wpp/DVD/Files/1\\_Indicators%20\(Standard\)/EXCEL\\_](https://esa.un.org/unpd/wpp/DVD/Files/1_Indicators%20(Standard)/EXCEL_)

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## OP77 Identifying Topics For Health Technology Assessment: The German “ThemenCheck Medizin”

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**INTRODUCTION:**

Clinicians, epidemiologists, economists and other non-medical professions are involved in the production of Health Technology Assessment (HTA) reports. In addition, patients or representatives from patient organizations, as well as the general public, are