

# Finding evidence about the costs of palliative care: CareSearch's suite of search tools

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Sarah Hayman<sup>1</sup> and Jennifer Tieman<sup>2</sup>

## What is already known about the topic?

- Access to reliable current information about the costs of palliative care is crucial to provide evidence to underpin service provision, to assist in clinical and policy decision making and to inform ongoing research.
- The vast and growing quantity of information about the costs of palliative care can be hard to navigate; it is stored in many different databases, across disciplines, and indexed on a variety of platforms with differing terminology.
- Health practitioners, policymakers and researchers in palliative care may not readily have the time or expertise needed to frame the detailed searches required to search the many different sources effectively.

## What this paper adds

- The paper describes the development of a resource that facilitates the retrieval of current high quality literature about economic aspects of palliative care.
- This paper highlights the importance of searching in multiple and appropriate databases for economics literature.
- The paper outlines the identification, testing and evaluation of existing search filters and other sources of information to determine the best resources to use and the best terms to use for each one.

## Implications for practice, theory or policy

- Anyone with web access can use the resource to reach globally published evidence and connect to evidence-based information with one click, knowing that underneath is a search that has been tested.
- Evidence is thereby made available to inform practice for health practitioners in all disciplines associated with palliative care, to underpin funding decision making for service providers and policymakers and to inform ongoing research.
- Links are provided to searches about the impact of costs for individuals, families and carers, in addition to general costs and economic aspects of palliative care.

The cost of palliative care is of perennial importance. Access to reliable current information about costs of palliative care can furnish evidence to underpin service provision, to assist in clinical and policy decision making and to inform ongoing research. Consumers, and those supporting their needs, want to know about palliative care costs.

There are significant challenges to finding this information within the medical literature and in general online sources. The large growing body of information about costs of palliative care can be hard to navigate; it is stored in many different databases, across disciplines, and indexed on a variety of platforms with differing terminology. Wagstaff and Culyer's<sup>1</sup> bibliometric analysis of EconLit highlighted the rapid growth in health economics literature and the growth in the range of health economics topics being published. Health practitioners, policymakers and researchers in palliative care may not readily have time or expertise to frame the detailed searches required to

search the many different sources effectively. Supporting searchers in easy rapid retrieval of relevant literature will potentially increase the use of published evidence in practice and in decision making.

CareSearch is an online resource funded by the Australian Government's Department of Health. It is designed to help those needing relevant and trustworthy information and resources about palliative care. The CareSearch Project Team undertook an investigation into the use of search filters to assist in the discovery of reliable evidence about the costs of palliative care and thereby develop an open

<sup>1</sup>Flinders Filters, Flinders University, Daw Park, SA, Australia

<sup>2</sup>CareSearch Palliative Care Knowledge Network, Flinders University, Adelaide, SA, Australia

### Corresponding author:

Sarah Hayman, Flinders Filters, Flinders University, Health Sciences Building, Repatriation General Hospital, Daws Road, Daw Park, SA 5041, Australia.  
Email: sarah.hayman@flinders.edu.au

web-based resource to connect health practitioners, researchers and policymakers directly to evidence.

We introduce here this Economic Searches guided searching resource at <https://www.caresearch.com.au/Caresearch/tabid/2232/Default.aspx>.

We identified, tested and evaluated existing search filters and other sources of information to determine the best resources to use and the best terms to use for each one. We tested the following existing search filters:

- McMaster University Health Information Search Unit (HIRU) search filters for Costs and Economics at [http://hiru.mcmaster.ca/hiru/HIRU\\_Hedges\\_MEDLINE\\_Strategies.aspx](http://hiru.mcmaster.ca/hiru/HIRU_Hedges_MEDLINE_Strategies.aspx).
- Scottish Intercollegiate Guidelines Network (SIGN) search filters for economic studies at <http://www.sign.ac.uk/methodology/filters.html#econ>.
- Canadian Agency for Drugs and Technologies in Health (CADTH) Narrow Economic Search Filter (then unpublished; since April 2016 at <https://www.cadth.ca/resources/finding-evidence/strings-attached-cadth-database-search-filters#narrow>).

For each of the filters we reviewed construction and reported performance to identify a PubMed search with a balance between the volume of retrievals and the relative number of relevant and irrelevant retrievals. The three HIRU search strategies had reported precisions of 13%, 37% and 18% (too low for our purposes). The SIGN strategy did not provide information on performance against a gold standard but the construction of the search indicated that it was designed to maximise sensitivity (appropriate for systematic review purposes but likely to retrieve inappropriate numbers of irrelevant retrievals for general searching). The CADTH Narrow Economic Filter was developed 'to allow for significant time savings for both HTA researchers and information specialists, without sacrificing quality'.<sup>2</sup> Analysis of retrievals by the existing economics search filters in combination with the Palliative Care Search Filter<sup>3</sup> (and other associated CareSearch topical search filters) confirmed that the best fit for our purposes, for retrieving general costs literature, was the CADTH Narrow Economic Search Filter.

The general economics searches in the CareSearch resource use the Palliative Care Search Filter combined with the CADTH Narrow Economic Search Filter, to search PubMed, providing open access to information about resources. We provide links to resources available in free full text for those who do not have access to fee for service databases. Beyond PubMed, we provide additional searches with suggested terms for significant databases in this area (both open access and commercial) including sources of grey literature. Relevant information will be found in economics databases and general scholarly databases as well as medical literature. General publications including government reports and conference papers are also relevant. The selected databases include EconLit,

Scopus, IDEAS, HSRProj, Health and Society, Web of Science and Google Scholar.

We have, wherever possible, embedded each search string directly as a clickable link. Thus, users click on a chosen link and are taken directly to real-time results without having to input their own searches. Results will be consistent and can be compared over time so users can keep up with current literature and evidence.

The searches are free and provide one click access to globally published evidence for anyone with web access. Evidence is thereby made available to inform practice for health practitioners in all disciplines associated with palliative care, to underpin funding decision making for service providers and policymakers and to inform ongoing research. Links are provided to searches about the impact of costs for individuals, families and carers, in addition to general costs and economic aspects of palliative care.

In summary, we have used existing searching resources, validated where possible, to coordinate a suite of searching solutions for the costs of palliative care. We have aimed to meet the varied needs of different user groups: those looking for broad economic information, those concerned with provision of palliative care and consumers directly experiencing the costs.

We did not here set out to develop a new search filter for costs of palliative care, but rather to utilise and add value to existing tools. However, the feasibility of a 'costs of care' search filter remains as an open question. Our approach and discovery raise the tantalising possibility of a series of search filters efficiently retrieving targeted information relating to the costs associated with care provision, the economics of care provision and the costs experienced by patients, carers and families that could support decision making locally and at a policy level.

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