2nd International Conference on the Scientific Basis of Health Services. Amsterdam, The Netherlands, 1997.

Assessing health needs: the need for simpler tools

Lazaro P[1], Fitch K[1], Azcona B[1], Martín Y[1], Kahan JP[2], Bernstein SJ[3].

[1] *Health Services Research Unit, Instituto de Salud Carlos III, Madrid, Spain.
[2] RAND Europe, Delft, The Netherlands.
[3] The University of Michigan and Ann Arbor VAMC, Ann Arbor, MI, USA.

Abstract

Purpose: Wide variations exist in clinical practice regarding when care is necessary. We define a procedure as necessary if: it is appropriate; it would be considered improper care not to provide the procedure; there is a reasonable chance it will benefit the patient; and the degree of benefit is not small. One way to measure the necessity of a procedure is to use the RAND appropriateness method (RAM) to determine the appropriateness of indications for a procedure and then rate the necessity of those indications rated appropriate with an additional one or two rounds of rating. However, this is a very intensive process. Our goal was to develop a simpler process to identify necessary care.

Methods: Using the RAM, which is based on a synthesis of the evidence and expert opinion, we convened a multidisciplinary 12-member expert panel of Spanish physicians to rate a comprehensive list of 936 indications for coronary revascularization on a scale of 1 to 9, where 1 was extremely inappropriate and 9 was extremely appropriate. They rated the indications in a 2-round modified Delphi process, first independently and then as a group. Final ratings for each indication were based on the panel's median score and their level of agreement. With this process, 533 indications were judged appropriate. Necessity is then determined in two ways. The panelists rate the necessity of all indications judged appropriate in a third round of ratings (scheduled for March 1997). We also apply three different statistical definitions to identify necessary indications from among those judged appropriate. We then compare the traditional third round rating of necessity with these alternative definitions.

Results: Applying the most relaxed alternative definition of necessity (median >7 with agreement), coronary revascularization is needed for 388 indications. With a stricter definition (median >8 with agreement), it is needed for 293 indications. For the strictest definition (median = 9 with agreement), it is needed for 139 indications. These indications will be compared with those of the third round necessity ratings.

Conclusions: The alternative method of developing necessity standards is consistent with the assumption that appropriateness and necessity are within a continuum of the same scale, rather than different scales. The traditional three-round RAND method can be simplified if the indications for which revascularization is needed are the same using the alternative and traditional approaches.

* Current Address of the Health Services Research Unit researchers. Tecnicas Avanzadas de Investigacion en Servicios de Salud (TAISS). Cambrils 41-2, 28034, Madrid. Spain. E-mail: taiss@taiss.com.