

## 14<sup>th</sup> Annual Meeting of the International Society of Technology Assessment in Health Care (ISTAHC). Ottawa, Canada, 1998.

### Physician recommendations for coronary revascularization: variations by clinical specialty

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#### Abstract

**Objective:** To examine the effect of clinical specialty on physician recommendations for the performance of coronary artery bypass graft surgery (CABG) and percutaneous transluminal coronary angioplasty (PTCA) by analyzing how 3 specialty groups rated the appropriateness of hypothetical indications for coronary revascularization in Spain.

**Method:** Following the RAND/UCLA modified-Delphi appropriateness method, which is based on a literature review and the ratings of an expert panel, we convened a 10-member panel made up of 4 cardiovascular surgeons (CVs), 2 interventional cardiologists (ICs), and 4 non-interventional cardiologists (NICs). The panel rated the appropriateness of a comprehensive set of 1,826 hypothetical indications for coronary revascularization on a scale of 1 (highly inappropriate) to 9 (highly appropriate), first, independently, and second, at a 2-day meeting where areas of disagreement were discussed. The same indications were also rated for preference between PTCA and CABG. We calculated the mean rating across all indications for the appropriateness of revascularization and the proportion of indications rated for PTCA-CABG in the intervals 1-3 (preference for PTCA), 4-6 (no preference) and 7-9 (preference for CABG), by specialty group.

**Results:** The ICs had a higher mean rating across all revascularization indications (7.8) than either the NICs (5.7) or the CVs (5.9). For the subset of 533 indications rated appropriate for revascularization by the panel, the ICs preferred PTCA in 54% of indications, as opposed to 39% for the NICs and 25% for the CVs. The CVs preferred CABG in 58% of indications, vs. 32% for the NICs and 20% for the ICs. The proportion of indications for which no preference was expressed was 26% for ICs, 29% for NICs and 17% for CVs.

**Conclusions:** Physicians who perform a procedure may be more aggressive in recommending its use than non-performers. Appropriateness panels should be multidisciplinary to accurately reflect the judgments of the different types of physicians involved in patient care.

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