

# 15<sup>th</sup> Annual Meeting of the International Society of Technology Assessment in Health Care (ISTAHC). Edinburgh, United Kingdom, 1999.

## Rating the Quality of Evidence for the Appropriateness of Coronary Revascularization.

Kahan J<sup>1</sup>, Lazaro P<sup>2</sup>, Bernstein SJ<sup>3</sup>, Fitch K<sup>2</sup>, Aguilar MD<sup>2</sup>, van Het Loo M<sup>1</sup>.

<sup>1</sup>RAND Europe, Leiden, The Netherlands; <sup>2</sup>\*Health Services Research Unit, Institute of Health Carlos III, Madrid, Spain; <sup>3</sup>University of Michigan, Ann Arbor, MI, USA.

### Abstract

#### Background

The RAND Appropriateness Method obtains expert ratings of the appropriateness of the use of procedures after providing them with a review of the scientific evidence. But to date, it has not determined how the panelists make use of that evidence in their ratings.

#### Objective

To examine panelist judgements of the quality of the scientific evidence.

#### Methods

A multinational (Switzerland, Spain, The Netherlands, Sweden, and the United Kingdom), multispecialty (coronary surgeons, invasive cardiologists, noninvasive cardiologists) panel of 15 experts rated the appropriateness of performing coronary artery bypass graft surgery (CABG) and percutaneous transluminal coronary angioplasty (PTCA) in patients with coronary artery disease. They also stated for each indication whether their rating was based upon: (A) High-quality scientific evidence, (B) Lesser-quality but promising scientific evidence, (C) Expert opinion/consensus, or (D) Their own or peers' experience.

#### Results

The panelists rated 25 percent of the indications in evidence category A, 34 percent in category B, 22 percent in category C, and 19 percent in category D. There were major differences depending on the procedure rated (CABG ratings were based more on scientific evidence than those for PTCA), physician specialty (surgeons based ratings most on scientific evidence and noninterventional cardiologists least) and nationality (Spanish and Swiss panelists saw more of a scientific basis for ratings than the other three nationalities).

#### Conclusions

For coronary revascularization procedures, which are among the most extensively studied in large-scale randomised controlled trials, panelists believed that almost 3 out of 5 of their appropriateness ratings were based upon scientific evidence (categories A or B above). Within this overall moderate level of use of scientific evidence, there were important differences for procedure, physician specialty, and nationality. Further research is needed to ascertain the effect of these differences on appropriateness ratings.

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\* 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](mailto:taiss@taiss.com).