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The effect of country and specialty on a multinational panel's ratings of the appropriateness of coronary revascularization.

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Abstract

Background: Large variations in the use of coronary revascularization procedures have been observed among countries. As part of a BIOMED Concerted Action on the appropriateness of medical and surgical procedures, a multinational panel was held to rate the appropriateness of a set of clinical scenarios ("indications") for percutaneous transluminal coronary angioplasty (PTCA) and coronary artery bypass graft surgery (CABG). Although many countries have held national level panels to rate the appropriateness of coronary revascularization using the RAND Appropriateness Method, this was the first such attempt using a multinational panel. Objectives: To compare appropriateness ratings for PTCA and CABG by country and by medical specialty.

Methods: Fifteen physicians from 5 European countries [The Netherlands (NL), Spain (ES), Sweden (SE), Switzerland (CH), and the United Kingdom (UK)] participated in an expert panel that rated the appropriateness of PTCA and CABG. Each country was represented by 1 cardiovascular surgeon (CS), 1 interventional cardiologist (IC) and 1 non-interventional cardiologist (NIC). Panelists rated the appropriateness of PTCA and CABG for 740 indications for coronary revascularization on a scale of 1 to 9 where 1=extremely inappropriate and 9=extremely appropriate. Each panelist received a review of the scientific literature on the efficacy and risks of the two procedures along with the rating form. The panelists rated the indications in two rounds: first, independently, in November 1998, and second, at a 2 day meeting in December 1998. The results presented are from the first round.

Results: The ratings for PTCA varied more than those for CABG. They varied more among countries (2.3 point spread between lowest and highest mean ratings) than among specialties (1.6 point spread). For CABG, variation among countries and among specialties was similar (1.2 point spread).

Conclusions: Specialists have a tendency to recommend procedures that they actually perform, as seen in the fact that ICs have the highest ratings for PTCA and CVs have the highest ratings *W* CABG. These findings are consistent with those of many national level appropriateness studies and highlight the need for a multidisciplinary approach. Likewise, a multinational approach has the potential to reduce clinical practice variations among countries by providing them with a common tool to help reduce the number of procedures done for inappropriate reasons.

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