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Prioritizing the coronary revascularization queue: does potential threat to ability to work alter European specialists' decisions?

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Abstract

Introduction

To determine the effects of social factors on how cardiovascular specialists place hypothetical patients in the queue for coronary revascularization.

Methods

A 13 member panel of cardiothoracic surgeons and cardiologists from 5 European countries (the Netherlands, Spain, Sweden, Switzerland and the United Kingdom) was convened to assess the appropriateness of, and priority for, a set of hypothetical scenarios for coronary revascularization. They rated the appropriateness of these scenarios using a modified delphi process and then assigned a maximum waiting time, on a scale of 7 time frames, for all non-inappropriate indications. They also assessed the impact of the cardiovascular disease on a subset of 45 scenarios. In each of these scenarios the patient was considered to have mild-moderate angina, moderate left ventricular function, and had a low-moderate operative risk. The scenarios varied in the patients ability to work, live independently or care for dependents which was categorized as being: (1) not threatened, but more difficult; (2) threatened, but not immediately; and (3) immediately threatened. The time frame was converted to a linear scale and multiple regression was performed to assess the impact of each factor on waiting time.

Results

Twelve of the 13 panelists responded. Large shifts in ($p < 0.001$) occurred in ratings of waiting time, with the order of priority being those whose ability to work, live independently or care for dependents was immediately threatened first, those whose activities were threatened but not immediately second, and those whose activities were not threatened last. The overall mean shift due to social ability was less than the mean shift due to extent of coronary disease (15.5 vs. 20.8, respectively) but similar to the mean shift for stress test results (15.5 vs. 16.2, respectively).

Conclusion

Cardiovascular specialists may place considerable weight on the threat of cardiovascular disease on a patient's ability to perform their usual social activities. However, the impact of this factor varies according to clinical presentation. The impact of these factors should be assessed in actual practice.

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