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Strategies for Obtaining Participation in Technology Evaluation Studies

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Abstract

Background: A substantial proportion of medical procedures are performed without being clinically indicated. Improving the appropriate use of procedures would benefit society, but centers may resist being evaluated and so refuse to participate in appropriateness studies.

Objective: To describe our experience in measuring the appropriateness of coronary revascularization in Spain, a study in which all randomly selected centers agreed to participate.

Methods: Appropriateness criteria for percutaneous transluminal coronary angioplasty (PTCA) and coronary artery bypass graft surgery (CABG) were developed by a Spanish expert panel using the RAND appropriateness method in 1997. A retrospective study was designed to measure appropriateness by comparing actual use with the appropriateness criteria. A random sample of 1,960 PTCA and 1,819 CABG clinical records was designed after stratification by hospital type (public or private) and number of interventions. Of the 109 services performing these procedures, 30 were randomly selected (20 public and 10 private). The challenge was how to obtain the participation of each service. To increase the likelihood of cooperation we contacted each center to explain the following 14 elements of the study: 1) the relevance of the study; 2) its sound methodology; 3) independence of the research group; 4) external evaluation of the project; 5) external and public funding; 6) approval by an ethical committee of the Ministry of Health; 7) endorsement by the Spanish Societies of Cardiology and Cardiovascular Surgery; 8) guarantee of confidentiality; 9) no extra costs to the service; 10) option of having data collection performed by a resident or member of the research team; 11) training of data collectors; 12) small stipend paid to data collectors for each clinical record abstracted; 13) each service to receive individual data analysis; 14) each service authorized to publish own data with project assistance. All these elements were explained in a letter sent to the head of service. Services not replying within 15 days were contacted by telephone.

Results: Twenty-eight of the 30 heads of service agreed to participate based on the information mailed or further conversations with a project investigator. One public cardiology service agreed after receiving the complete project proposal. The remaining private cardiac surgery service agreed after assurance that no private insurance companies were promoting the study.

Conclusions: With the strategy designed we achieved 100% participation of the coronary revascularization services randomly selected in a national sample. We do not know which element of the strategy was most influential in achieving acceptance. These elements may suggest ideas to investigators facing the problem of how to obtain voluntary cooperation in studies designed to detect substandard medical practice.

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