

Applying the appropriateness method to improve quality of care: coronary revascularization procedures.

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Abstract

Purpose: To develop standards for the appropriate use of percutaneous transluminal coronary angioplasty (PTCA) and coronary artery bypass surgery (CABG) in order to determine how appropriately these procedures are applied in Spain and to promote their appropriate use.

Methods: A synthesis of the evidence was made for PTCA and CABG, together with a comprehensive and mutually exclusive list of 1866 specific clinical indications for which revascularization may be considered. These documents were sent to a 12-member expert panel who rated the appropriateness of PTCA and CABG for each indication on a scale of 1 to 9 (1 is extremely inappropriate; 9 is extremely appropriate) in a two-round modified Delphi process: first, independently, and second, at a 2-day meeting where areas of disagreement were discussed and panelists were able to modify the original list of indications. Based on the panel's median score and level of agreement, each indication was rated as appropriate, uncertain or inappropriate for PTCA and/or CABG.

Results: The 1866 first round indications were reduced to 1826 for the second round of ratings. Following the second round, 38.0% of PTCA indications were rated appropriate, 31.2% uncertain and 30.9% inappropriate. CABG indications were rated 38.4% appropriate, 17.5% uncertain and 44.1% inappropriate. These percentages refer only to hypothetical indications, not to actual use. The appropriateness of use of PTCA and CABG in Spain will be determined by applying the panel's ratings to a representative sample of patients who underwent revascularization in 1995.

Conclusions: Knowledge of the appropriateness of indications for revascularization can be used retrospectively, to measure quality of care, and prospectively, to promote appropriate use. The selective elimination of inappropriate procedures may free resources for other more effective diagnostic and therapeutic procedures.