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Assessing necessity: the need for simpler tools

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Abstract

Purpose

Wide variations exist in clinical practice regarding when care is necessary. We define a procedure as necessary if it is appropriate; if it would be considered improper care not to provide the procedure; where there is a reasonable chance it will benefit the patient; and the degree of benefit is not small. The necessity of a procedure may be determined by adding an extra step to the RAND appropriateness method (RAM). However, this is a very intensive process. Our goal was to develop a simpler process to identify necessary care.

Methods

Using the RAM, we convened a multidisciplinary 12-member expert panel of Spanish physicians to rate a comprehensive list of 936 indications for coronary revascularization on a scale of 1 to 9, where 1 was extremely inappropriate and 9 was extremely appropriate. They rated the indications in a 2-round modified Delphi process, first independently and then as a group. Final ratings for each indication were based on the panel's median score and their level of agreement. With this process, 533 indications were judged appropriate. Three alternative definitions of necessity have been applied to the appropriate indications. The indications thus rated as necessary will be compared to the indications judged necessary by applying the traditional RAND third round of necessity ratings.

Results

Using the most relaxed alternative definition of necessity (median ≥ 7 with agreement), coronary revascularization is needed for 388 indications. With a stricter definition (median ≥ 8 with agreement) it is needed for 293 indications. For the strictest definition (median = 9 with agreement), it is needed for 139 indications. These indications will be compared with those of the third round necessity ratings, to be carried out in February 1997.

Conclusions

The alternative method of developing necessity standards is consistent with the assumption that appropriateness and necessity are within a continuum of the same scale, rather than different scales. The traditional three-round RAND method can be simplified if the indications for which revascularization is needed are the same using the alternative and traditional approaches.

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