

Waiting for coronary revascularization: A comparison of Dutch practice with a multi-national expert panel's priority scheme.

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Bernstein SJ, Lázaro P, Fitch K, Aguilar MD, Rigter H, Kahan JP.

Abstract

Objective: To compare actual waiting times for coronary revascularization with the recommendations of an expert panel and to evaluate factors affecting waiting times.

Methods: A panel of 13 surgeons and cardiologists from 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 200 indications that were not judged inappropriate. We then measured the waiting time for coronary revascularization (i.e., the number of days between when a recommendation was made that a patient should undergo revascularization and the time the procedure was performed) for 1690 chronic stable angina patients who were treated at one of 10 hospitals in the Netherlands. We also collected data on how the patient's clinical data was presented at the meeting where the recommendation was made for revascularization: (1) 'direct' presentations occurred when the referring cardiologist or his/her representative attended the meeting; (2) 'indirect' presentations, occurred when the patient's clinical data was provided by telephone, letter or facsimile. We assessed the proportion of patients who underwent revascularization within the panel's mean maximum recommended waiting time.

Results: There was significant variation in the maximum recommended waiting time among the panellists (mean 96 days; standard deviation 85 days). In Holland, angioplasty patients waited, on average, 34 fewer days than bypass patients (36 vs. 70 days, $p<0.001$). Thirty-six percent of patients waited longer than the mean of the panel's maximum recommended waiting time. The majority of patients with excess waiting times were referred for bypass surgery rather than angioplasty (83% vs. 17%, $p<0.001$). patients whose case was discussed during a 'direct' presentation waited fewer days than those patients whose cases were discussed 'indirectly' (50 vs. 60 days, $p<0.001$).

Conclusions: One-third of patients referred for coronary revascularization waited for periods longer than those recommended by a multinational panel. Two contributing factors were the type of revascularization procedure the patient was referred for and how the patient's case was presented, factors not considered by the panel as they felt a patient's waiting time should be determined by clinical symptoms.