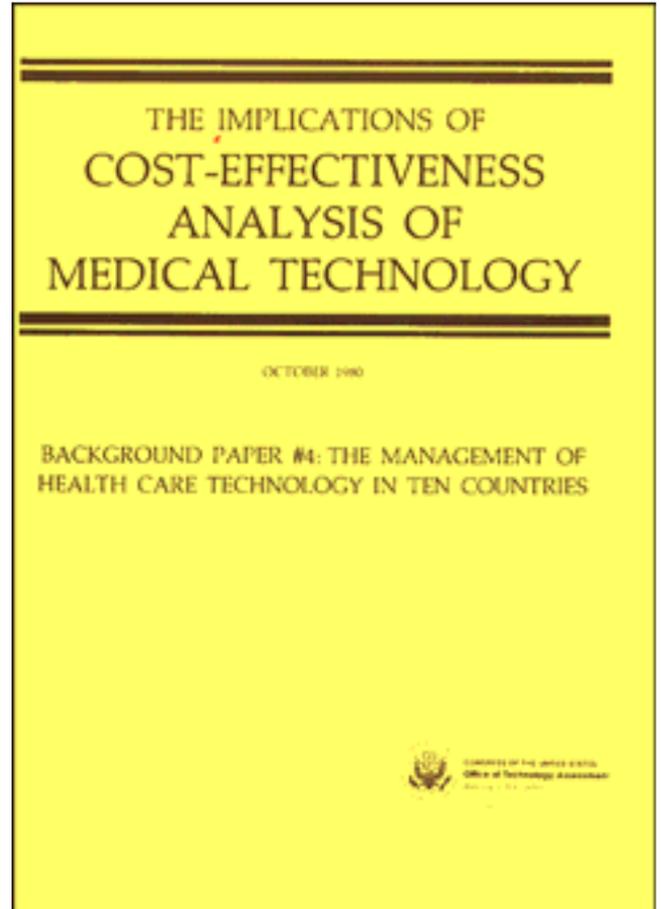


*The Management of Health Care  
Technology in Ten Countries*

October 1980

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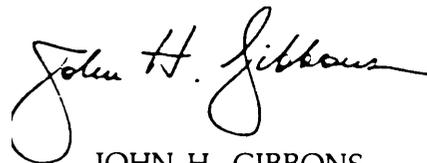
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## Foreword

This report was developed as part of OTA'S study on the use of cost-effectiveness analysis to evaluate medical technologies. Recognizing a common international concern about the costs and benefits of medical technologies, OTA commissioned papers describing the health care systems of nine countries and the mechanisms these countries use for managing the diffusion and use of medical technologies. Whenever possible, the authors included data on five specific medical technologies: the computed tomography scanner, renal dialysis, coronary bypass surgery, cobalt therapy, and automated clinical laboratory services. Equivalent information for the United States is presented and compared to that for the nine other countries in the summary and analysis (ch. 11), which was prepared by OTA staff and Louise Russell, Ph. D., of The Brookings Institution.

Initial drafts of the nine papers on the management of medical technologies in other countries were reviewed by Dr. Russell and OTA staff. Helpful comments were also provided by Henry Aaron, Ph. D., of The Brookings Institution. On November 1, 1979, most of the authors met for a 1-day workshop in Washington, D. C., to discuss their papers and the implications of their findings. In the following weeks, they completed their revisions. Helpful comments on the Japan paper were given to OTA by Dr. John Bowers of the Macy Foundation and Professor Daizo Ushiba of the International Medical Information Center, Tokyo. Dr. Irv Asher of the Food and Drug Administration furnished specific information on drug and device regulation in several countries, and Dr. Peter Frommer of the National Heart, Lung, and Blood Institute provided helpful comments on coronary bypass surgery. A draft of the entire volume was reviewed by two OTA advisory bodies: the Health Program Advisory Committee and the Advisory Panel on the Implications of Cost-Effectiveness Analysis of Medical Technology. OTA is grateful for the many contributions of all these individuals.

As a background study, this volume does not include policy options. It should be noted that since international literature in the area of evaluating and managing medical technologies is sparse, firm conclusions are difficult to reach—only a few conclusions are stated in chapter 11. The many different approaches to medical technology in other countries do offer a fruitful testing ground for new ideas, however, and OTA hopes that this report will stimulate further activity, including comparative research.



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