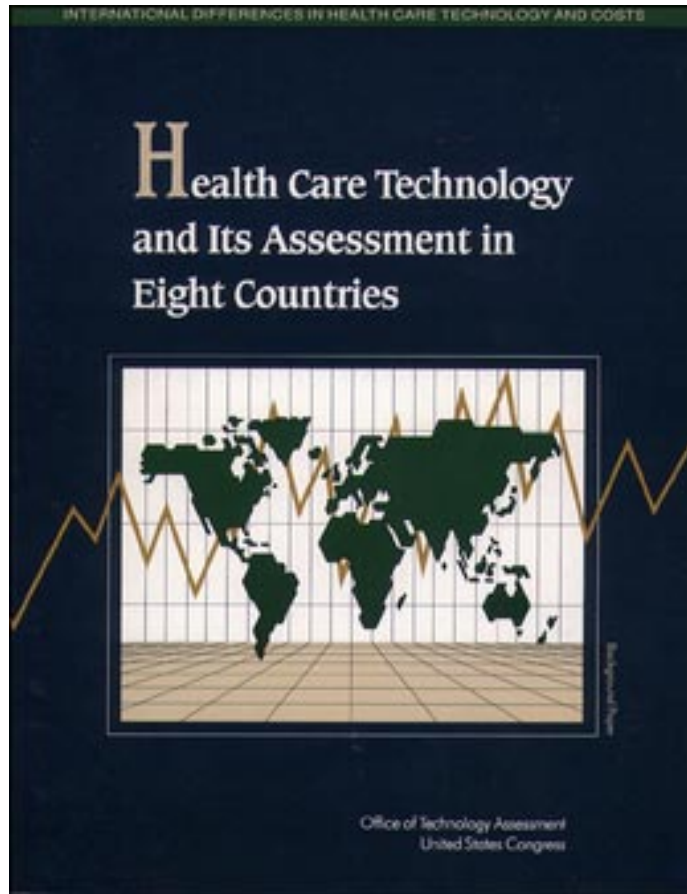


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# Foreword

In 1980, when OTA examined the management of health care technology in 10 countries, we stated that “international literature in the area of evaluating and managing medical technologies is sparse.” The richness and variety of experiences in 1994, captured for eight countries in this background paper, is evidence that major changes have occurred. Technology assessment in health care was just emerging in the United States at the earlier date, and in other countries it was largely a new concept whose role had not yet been defined. Today, it would take a volume bigger than this one to fully describe technology assessment just in the United States. In each of the other countries studied—Australia, Canada, France, Germany, the Netherlands, Sweden, and the United Kingdom—technology assessment organizations also have become part of the health care landscape.

It is easy to catalog health care technology assessment organizations and their work in each country but difficult to discern how the adoption and use of technology has been affected by those efforts. In this background paper the experiences of each country with six technologies (or sets of technologies)—including evaluation and management efforts and how the technologies diffused—are presented and compared. The six areas are: 1) treatments for coronary artery disease, 2) imaging technologies (CT and MRI scanning), 3) laparoscopic surgery, 4) treatments for end-stage renal disease, 5) neonatal intensive care and 6) breast cancer screening.

This background paper is part of a larger study on International Differences in Health Care Technology and Spending, which consists of a series of background papers. *International Health Statistics: What the Numbers Mean for the United States* was published in November 1993, and *International Comparisons of Administrative Costs in Health Care* appeared in September 1994. An additional background paper will report on lessons for the United States from a comparison of hospital financing and spending in seven countries.

The country chapters of this background paper were written by experts in those countries, and the entire effort was guided by David Banta of the Netherlands. It was greatly assisted by the advisory panel for the overall study, chaired by Rosemary Stevens of the University of Pennsylvania. In addition, many other individuals helped in various ways and OTA acknowledges gratefully the contribution of each one. As with all OTA documents, the final responsibility for the content rests with OTA.



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Note: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this background paper. OTA assumes full responsibility for the background paper and the accuracy of its contents.

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