Strategies for Medical Technology Assessment

September 1982

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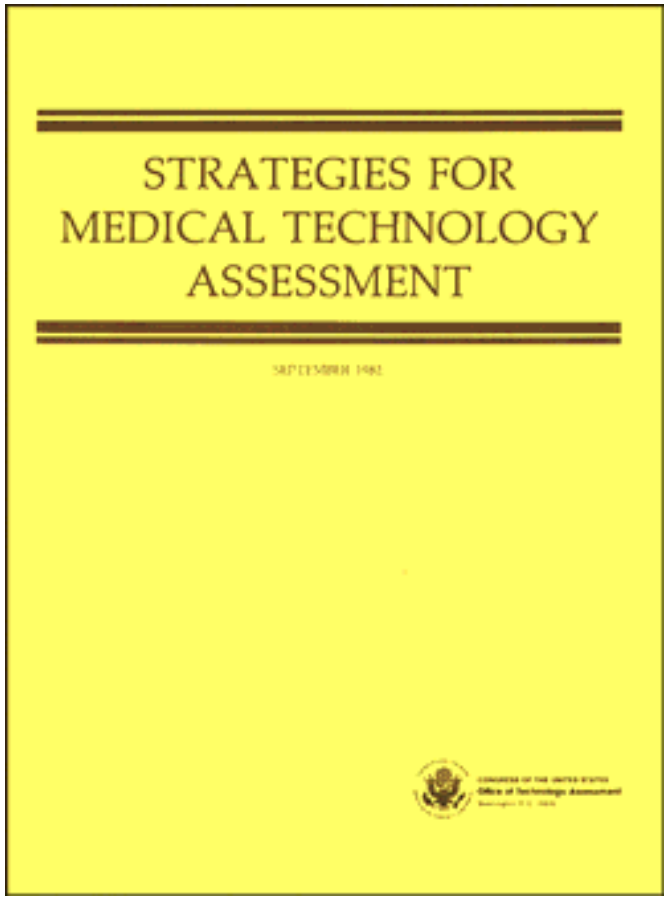

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Foreword

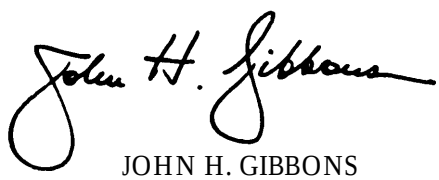
This report, *Strategies for Medical Technology Assessment*, analyzes the present system of identifying and testing medical technologies and of synthesizing and disseminating assessment information. OTA began the study in July 1980, at the request of the House Committee on Energy and Commerce.

The report focuses on the flow of information that is central to an efficient assessment system. Methods for testing technologies and for synthesizing information are explored, and a compendium of data and bibliographic sources are included. The report also describes the innovation process for medical technologies, the effects that Federal policies have on that process, and the needs those policies generate for technology assessment information. It critiques the current system of assessment and provides policy options, both legislative and oversight, for Congress to improve the system.

During the course of this assessment, both the House Committee on Energy and Commerce and the Senate Committee on Labor and Human Resources requested that OTA study several specific areas in more depth. In response to these requests, OTA is publishing three other volumes: 1) a report on medical technology under proposals to increase competition in health care, 2) a report on the postmarketing surveillance of prescription drugs, and 3) a technical memorandum on MEDLARS (the National Library of Medicine's Medical Literature Analysis and Retrieval System) and health information policy. Another paper, funded as part of this assessment, concerns the potential role of Professional Standards Review Organizations in medical technology assessment.

In preparing this report, OTA consulted with members of the advisory panel for the assessment, with contractors and special consultants, and with numerous other experts in industry, medicine, economics, pharmacology, ethics, information science, and health policy.

Drafts of the final report were reviewed by the advisory panel chaired by Dr. Lester Breslow, by the Health Program Advisory Committee chaired by Dr. Sidney S. Lee, and by approximately 100 other individuals and groups representing a wide range of disciplines and perspectives. We are grateful for their many contributions. As with all OTA reports, however, the content is the responsibility of the Office and does not constitute consensus or endorsement by the advisory panel or the Technology Assessment Board.



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