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The assessment of technology: who pays for it?

New medical technologies, including pharmaceuticals, surgical procedures and therapeutic devices, are some of the factors commonly cited for the explosive rise in the cost of American health care. The use of new technologies accounts for an estimated one third of American health care costs, as much as $200–300 billion annually. Yet in the midst of our nearly trillion dollar health care quagmire physicians often operate blindly with regard to what is worthwhile and what is not. This ignorance generates higher costs and forces patients to assume greater risks by accepting unsafe or ineffective treatments, or being denied therapies that ultimately prove safe and effective.

As recent controversies have shown (silicone gel breast implants, Bjork-Shiley heart valves, Halcion, Prozac) the current system of medical technology assessment in America is inadequate for the needs of the exponential growth of cutting edge scientific developments such as gene therapy, fibre-optics, and lasers. Generating sufficient research on new products has become arduous and extremely expensive, and still leaves many questions unanswered before patients are exposed to the products. Health care consumers pay higher prices as companies price their products with an eye toward quickly recouping years of development costs. Moreover, the system's inadequacies cause more American companies to look at the lower costs and greater ease of testing and selling medical devices and drugs in foreign markets. To remain at the forefront of medical technology and to decrease the costs of developing new products, America must overhaul its system of medical technology assessment.

The biomedical industry's aim is to bring products to market expeditiously without prohibitively expensive testing and development. Yet hospitals and third party payers (including the largest of all third party payers—the Federal Government) want assurances that what they are paying for is safe, effective, and reasonably priced.

What is urgently needed is a less expensive, more efficient system of evaluating the safety, efficacy, benefit, and financial implications of new products. To this purpose, President Clinton should consider a National Health Research Consortium of representative hospitals organised to perform medical research and work with the financial support and cooperation of the pharmaceutical, medical device, and health insurance industries.

Based on the Japanese model of keiretsu where the government supports a particular industry by fostering cooperation between otherwise competing companies, a National Health Care Consortium has obvious advantages. Backed by the combined resources of government and the private sector, the medical community could conduct broader studies on diverse medical, ethical, and financial issues than is currently possible. This benefits undermanned and underfunded government organisations and assists them in the time consuming and labour intensive reevaluation of product studies. Further, a National Consortium could eliminate the costly reduplication of effort currently going on locally in the medical community and within industry.

In line with his plan to improve access and delivery of medical care for all Americans, President Clinton must bring together developers, users, and payers to generate state-of-the-art research on the appropriate implementation of new drugs, devices, and procedures. Within the scope of his health care reform, Clinton should call for a public/private joint venture National Health Research Consortium.

CORY FRANKLIN
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This column is now open to allcomers (maximum 700 words). We would like to keep this column running.—SGS.