Technology and Cost: The Ethics of Health Technology Assessment

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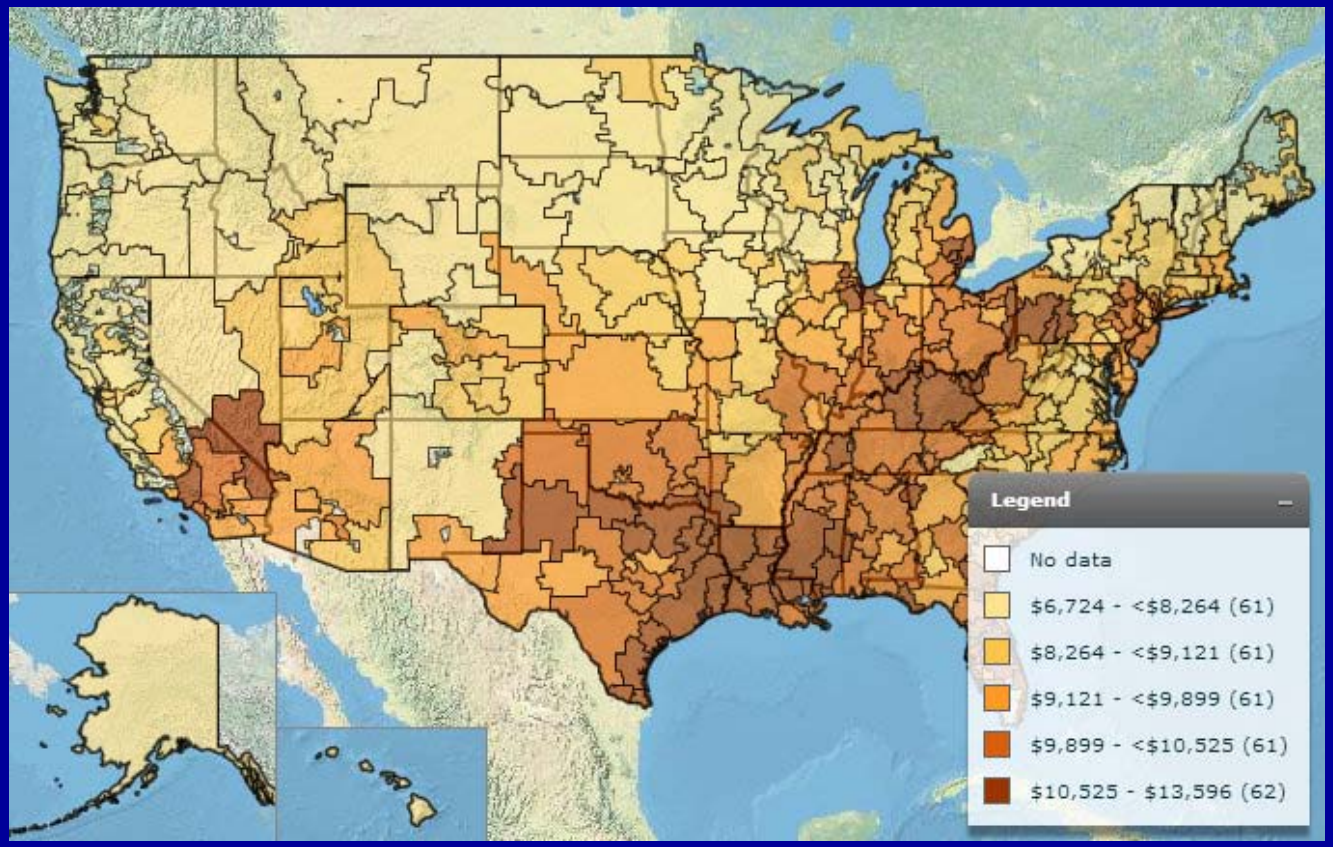
Dartmouth Health Atlas

Total Medicare Reimbursements Per Enrollee

Adjusted by Price, Age, Sex and Race, 2012



Lofty Expectations

- "If we can move our nation toward the proven and successful practices adopted by lower-cost areas and hospitals, some economists believe health care costs could be reduced by 30% – or about $700 billion a year – without compromising the quality of care.
  - Peter Orzag, Director, Office of Management and Budget

Feared Consequences

- “The stimulus bill included a national health board similar to the one in Britain that could potentially lead to bureaucrats making health care decisions rather than patients and their doctors”
  - Conservatives for Patients’ Rights
- “We don't want [the research] to be used to deny access to care.”
  - Lori Reilly, Vice President for Policy and Research at the Pharmaceutical Research and Manufacturers of America
- “This research to deny access to appropriate treatments for individual patients with individual medical histories and individual needs should not be the objective.”
  - Teresa Lee, vice president of the Advanced Medical Technology Association

History of Health Technology Assessment in the U.S.

- Previous federal efforts to institutionalize health technology assessment have been abandoned, dismantled, or downscaled
  - Rejection of cost-effectiveness analysis by Medicare (1989)
  - AHCPR back surgery practice guidelines (1996)
  - United States Preventive Service Task Force mammography recommendations (2009)
  - ACA Restrictions on PCORI

How to count costs and benefits?

- What about “downstream” costs and benefits?
- What sort of discount rate should we use?
- Distributional consequences
- Disability rights critique
- Opportunity costs