New Technologies Assessment

A Physician’s View

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The view from the trenches

• The premise is the we need new technologies and devices

• BUT it can not be based on minimal evidence, FDA approval and a large exhibition booth
There Must Be Comparative Assessment

- Technology is often “sexier”, not better
- Developmental goal is often to increase shareholder’s value or revenue
- New devices and technologies are often more expensive, not better
- Get away from “Technology drives Volume” as dictated by the marketplace
- We are here to make patients’ lives better
What is important and makes me believe in it?

• Identify what is “better” and establish meaningful and acceptable endpoints
  • Less pain, more expensive
  • Faster recovery
  • Better “outcomes”
  • Less money
  • Payers are inherently biased

• Provide a consistent and sound blueprint for testing
  • No wasted resources for large case reports
  • Ensure that results of testing are believable
More

• Provide funding for testing
  • Too much right now based on individual initiative with suboptimal scientific value

• Consider “centers of excellence network” model as a evaluation network with proper infrastructure

• Approved trials may follow CTX principle by care provided being paid for
• Physicians need to be at the table
  – Patient’s advocates
  – Experts

• All of it has to have consequences:
  – Useless technology needs to be flagged
    • Currently not done

  – Use of beneficial technology needs to be rewarded (quickly and uniformly) and introduced
    • Currently not done (e.g. EBUS and stenting)
CTE

• It needs to be done to

• It can be done

• But it needs to be done right

• Physicians will participate in the effort