# New Technologies Assessment

# A Physician's View

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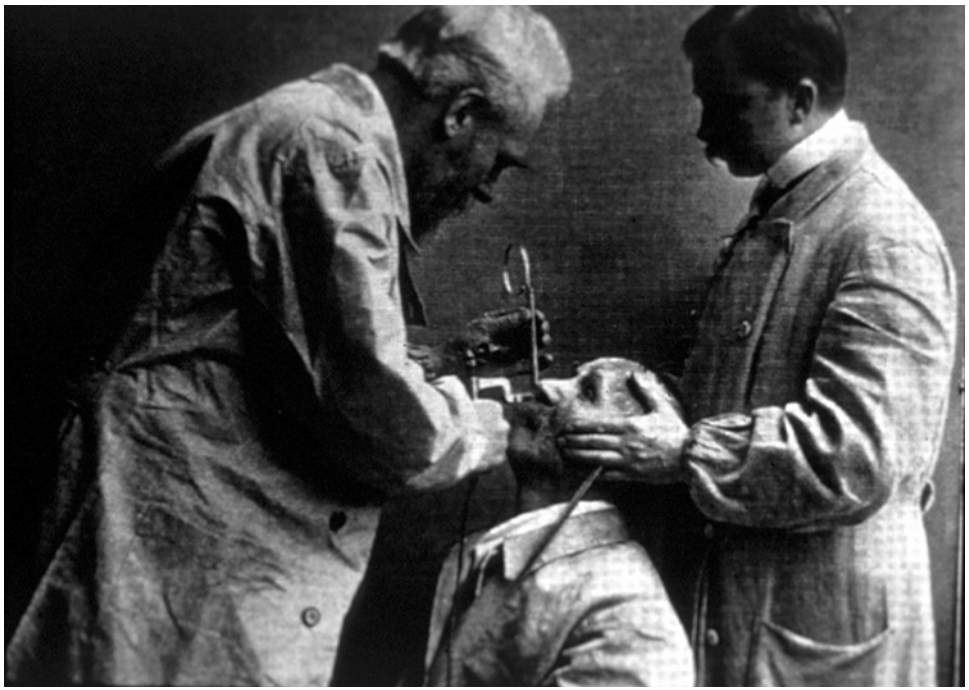

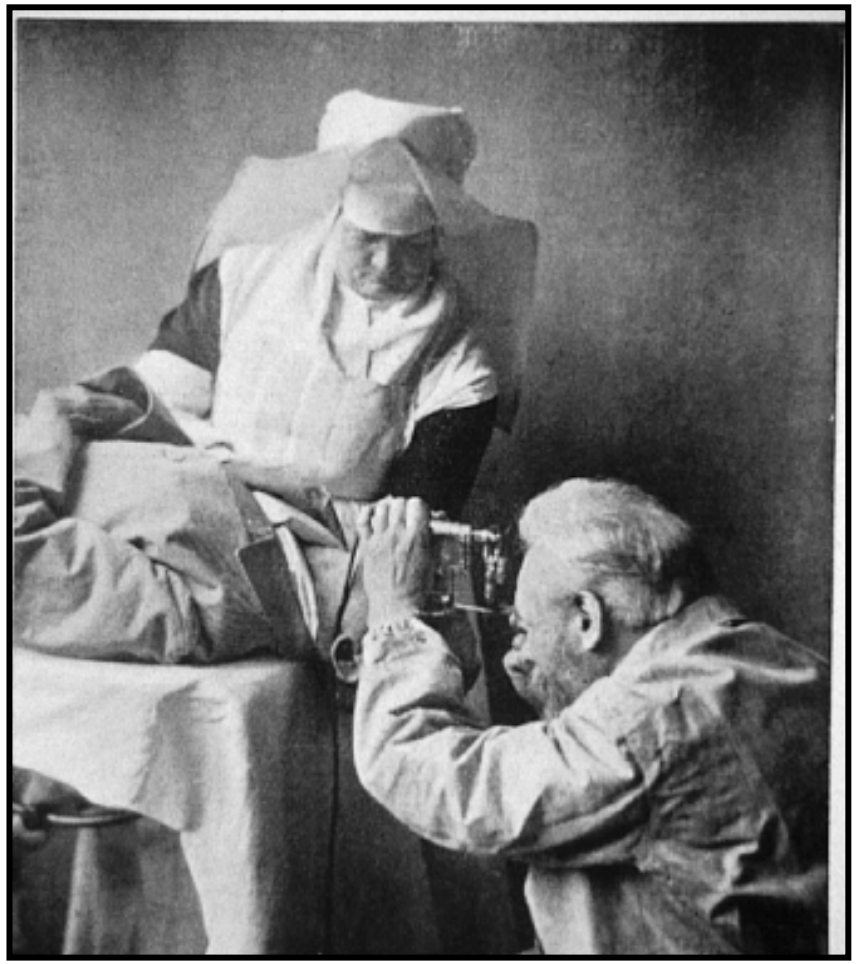

# The view from the trenches

- 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 form “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