

INSTITUTE OF MEDICINE

SETTING PRIORITIES FOR HEALTH TECHNOLOGY ASSESSMENT

A MODEL PROCESS



1992

Setting Priorities For Health Technology Assessment A Model Process

**Institute of Medicine, Committee on
Priorities for Assessment and
Reassessment of Health Care
Technologies**

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Setting Priorities for Health Technologies Assessment Institute of Medicine, Committee on Priorities for Assessment and Reassessment of Health Care Technologies, 1992-02-01 The problem of deciding which health care technologies to evaluate is urgent With new technologies proliferating alongside steadily increasing health care costs it is critical to discriminate among technologies to direct tests and treatments at those who can benefit the most Given the vast number of clinical problems and technologies to be evaluated the many months of work required to study just one problem and the relatively few clinicians with highly developed analytic skills institutions must set priorities for assessment This book sets forth criteria and a method that can be used by public agencies such as the Office of Health Technology Assessment in the U S Public Health Service and by any private organization conducting such work to decide which technologies to assess or reassess **Setting Priorities**

for Health Technologies Assessment Institute of Medicine, Committee on Priorities for Assessment and Reassessment of Health Care Technologies, 1992-01-01 The problem of deciding which health care technologies to evaluate is urgent With new technologies proliferating alongside steadily increasing health care costs it is critical to discriminate among technologies to direct tests and treatments at those who can benefit the most Given the vast number of clinical problems and technologies to be evaluated the many months of work required to study just one problem and the relatively few clinicians with highly developed analytic skills institutions must set priorities for assessment This book sets forth criteria and a method that can be used by public agencies such as the Office of Health Technology Assessment in the U S Public Health Service and by any private organization conducting such work to decide which technologies to assess or reassess **Setting Priorities for**

Clinical Practice Guidelines Institute of Medicine, Committee on Methods for Setting Priorities for Guidelines

Development, 1995-04-02 This book examines methods for selecting topics and setting priorities for clinical practice guideline development and implementation Clinical practice guidelines are systematically defined statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances In its assessment of processes for setting priorities the committee considers the principles of consistency with the organization s mission implementation feasibility efficiency utility of the results to the organization and openness and defensibility a principle that is especially important to public agencies The volume also examines the implications of health care restructuring for priority setting and topic selection including the link between national and local approaches to guidelines development Health Care Policy in an Age of New

Technologies Kant Patel, Mark E Rushefsky, 2015-05-20 Revolutionary advances in biomedical research and information systems technology pose new and difficult issues for American health care policy especially in the context of managed care Health Care Policy in a New Millennium takes on this challenging array of issues where the dignity of individual life meets the imperatives of national level health care systems patients rights rationing of care organ transplants genetic research confidentiality of medical records the right to die and other ethical dilemmas The book places these critical questions about

the quality of life in our society in their political legal social economic and ethical contexts Systematic Reviews Cynthia Diane Mulrow, Deborah Cook, 1998 The use and creation of systematic reviews with a discussion on their value and information on how to locate appraise and use them and on state of the art methods for conducting them **Knowing What Works in Health Care** Institute of Medicine, Board on Health Care Services, Committee on Reviewing Evidence to Identify Highly Effective Clinical Services, 2008-04-29 There is currently heightened interest in optimizing health care through the generation of new knowledge on the effectiveness of health care services The United States must substantially strengthen its capacity for assessing evidence on what is known and not known about what works in health care Even the most sophisticated clinicians and consumers struggle to learn which care is appropriate and under what circumstances **Knowing What Works in Health Care** looks at the three fundamental health care issues in the United States setting priorities for evidence assessment assessing evidence systematic review and developing evidence based clinical practice guidelines and how each of these contributes to the end goal of effective practical health care systems This book provides an overall vision and roadmap for improving how the nation uses scientific evidence to identify the most effective clinical services **Knowing What Works in Health Care** gives private and public sector firms consumers health care professionals benefit administrators and others the authoritative independent information required for making essential informed health care decisions

Christian Ethics in a Technological Age Brian Brock, 2010-06-28 Through close analysis of the historical and conceptual roots of modern science and technology Brian Brock here develops a theological ethic addressing a wide range of contemporary perplexities about the moral challenges raised by new technology **Health Care Reform and the Role of Medical Technologies, Views of the Administration and of Industry Representatives** United States. Congress. House. Committee on Science, Space, and Technology. Subcommittee on Technology, Environment, and Aviation, 1994 **Valuing Health** Charles E. Phelps, Darius N. Lakdawalla, 2024 **Valuing Health** uses the generalized risk adjusted cost effectiveness GRACE model to demonstrate the economic value of improving the quality of life for individuals with disability or severe illness *Drinking Water Regulation and Health* Frederick Pontius, 2003-07-18 The Drinking Water Act Amendments of 1996 instituted wide ranging regulatory changes to the seminal Safe Drinking Water Act SDWA such as providing funding to communities facing health risks focusing regulatory efforts on contaminants posing such health risks and adding flexibility to the regulatory process and the amendments continue to shape regulations and regulatory policy to this day Editor Frederick Pontius s *Drinking Water Regulation and Health* provides a comprehensive up to date resource on the current regulatory landscape *Drinking Water Regulation and Health* serves as a guide for water utilities regulators and consultants forecasting future trends and explaining the latest developments in regulations A diverse group of contributors covers topics such as water treatment water protection how some of the regulations have been interpreted in the courts how water utilities can stay in compliance and how to satisfy customer expectations especially sensitive subpopulations Divided into four sections

The SDWA and Public Health Regulation Development Contaminant Regulation and Treatment and Compliance Challenges the book includes chapters on Improving Waterborne Disease Surveillance Application of Risk Assessments in Crafting Drinking Water Regulations Control of Drinking Water Pathogens and Disinfection By Products Selection of Treatment Technology for SDWA Compliance Death of the Silent Service Meeting Consumer Expectations Achieving Sustainable Water Systems What Water Suppliers Need to Know About Toxic Tort Litigation

Health Data in the Information Age Institute of Medicine, Committee on Regional Health Data Networks, 1994-01-01 Regional health care databases are being established around the country with the goal of providing timely and useful information to policymakers physicians and patients But their emergence is raising important and sometimes controversial questions about the collection quality and appropriate use of health care data Based on experience with databases now in operation and in development *Health Data in the Information Age* provides a clear set of guidelines and principles for exploiting the potential benefits of aggregated health data without jeopardizing confidentiality A panel of experts identifies characteristics of emerging health database organizations HDOs The committee explores how HDOs can maintain the quality of their data what policies and practices they should adopt how they can prepare for linkages with computer based patient records and how diverse groups from researchers to health care administrators might use aggregated data *Health Data in the Information Age* offers frank analysis and guidelines that will be invaluable to anyone interested in the operation of health care databases

Assessing Health Care Reform Institute of Medicine, Committee on Assessing Health Care Reform Proposals, 1993-02-01 This book establishes a framework for assessing health care reform proposals and their implementation It helps clarify objectives identifies issues to be addressed in proposals distinguishes between short and long term expectations and achievements and directs attention to important but sometimes neglected questions about the organization and provision of health care services In addition the volume presents a discussion and analysis of issues essential to achieving fundamental goals of health care reform to maintain and improve health and well being to make basic health coverage universal and to encourage the efficient use of limited resources The book is a useful resource for anyone developing or assessing options for reform

Hospital Epidemiology and Infection Control C. Glen Mayhall, 2012-02-20 Thoroughly revised and updated for its Fourth Edition this highly acclaimed volume is the most comprehensive reference on hospital epidemiology and infection control Written by over 150 leading experts this new edition examines every type of hospital acquired nosocomial infection and addresses every issue relating to surveillance prevention and control of these infections in patients and in healthcare workers This new edition features new or significantly increased coverage of emerging infectious diseases avian influenza governmental regulation of infection control and payment practices related to hospital acquired infections molecular epidemiology the increasing prevalence of community acquired MRSA in healthcare facilities system wide infection control provisions for healthcare systems hospital infection control issues following natural disasters and antimicrobial stewardship in reducing the development of

antimicrobial resistant organisms *Classifying Drinking Water Contaminants for Regulatory Consideration* National Research Council, Division on Earth and Life Studies, Board on Environmental Studies and Toxicology, Water Science and Technology Board, Committee on Drinking Water Contaminants, 2001-09-01 Americans drink many gallons of tap water every day but many of them question the safety of tap water every day as well. In fact, devices have been created to filter tap water directly before reaching cups. It's true, however, that the provision and management of safe drinking water throughout the United States have seen triumphs in public health since the beginning of the 20th century. Although advances in water treatment, source water protection efforts, and the presence of local, state, and federal regulatory protection have developed over the years, water in the United States still contains chemical, microbiological, and other types of contaminants at detectable and at times harmful levels. This, in addition to the growth of microbial pathogens that can resist traditional water treatment practices, has led to the question: Where and how should the U.S. government focus its attention and limited resources to ensure safe drinking water supplies for the future? To deal with these issues, the Safe Drinking Water Act (SDWA) Amendments of 1996 included a request that the U.S. Environmental Protection Agency (EPA) publish a list of unregulated chemical and microbial contaminants and contaminant groups every five years that are or could pose risks in the drinking water of public water systems. The first list, called the Drinking Water Contaminant Candidate List (CCL), was published in March 1998. The main function of the CCL is to provide the basis for deciding whether to regulate at least five new contaminants from the CCL every five years. However, since additional research and monitoring need to be conducted for most of the contaminants on the 1998 CCL, the list is also used to prioritize these related activities. *Classifying Drinking Water Contaminants for Regulatory Consideration* is the third report by the Committee on Drinking Water Contaminants with the purpose of providing advice regarding the setting of priorities among drinking water contaminants in order to identify those contaminants that pose the greatest threats to public health. The committee is comprised of 14 volunteer experts in water treatment, engineering, toxicology, public health, epidemiology, water and analytical chemistry, risk assessment, risk communication, public water system operations, and microbiology and is jointly overseen by the National Research Council's NRC's Water Science and Technology Board and Board on Environmental Studies and Toxicology. In this report, the committee needed to readdress its second report as well as explore the feasibility of developing and using mechanisms for identifying emerging microbial pathogens for research and regulatory activities. The promotion of public health remains the guiding principle of the committee's recommendations and conclusions in this report. Setting Priorities for Space Research, 1992 **Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape** World Health Organization, 2025-07-08 This operational guidance provides a structured approach to support countries in sustaining priority services for HIV, viral hepatitis, and sexually transmitted infections in the context of reduced external funding. The guidance is intended for national governments, public health programmes, community-led organizations, civil

society technical partners and donors working to safeguard priority services support phased adaptation protect health outcomes and preserve hard won gains The publication outlines practical steps to support countries in assessing risks setting priorities and adapting services and systems It introduces a stepwise priority setting framework that organizes services into three tiers based on their contribution to achieving national and global health outcomes *Managing Managed Care* Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care, Institute of Medicine, 1997-05-05 Managed care has produced dramatic changes in the treatment of mental health and substance abuse problems known as behavioral health *Managing Managed Care* offers an urgently needed assessment of managed care for behavioral health and a framework for purchasing delivering and ensuring the quality of behavioral health care It presents the first objective analysis of the powerful multimillion dollar accreditation industry and the key accrediting organizations *Managing Managed Care* draws evidence based conclusions about the effectiveness of behavioral health treatments and makes recommendations that address consumer protections quality improvements structure and financing roles of public and private participants inclusion of special populations and ethical issues The volume discusses trends in managed behavioral health care highlighting the emerging role of the purchaser The committee explores problems of overlap and fragmentation in the delivery of behavioral health care and discusses the issue of access a special concern when private systems are restricted and public systems overburdened Highly applicable to the larger health care system this volume will be of particular interest to all stakeholders in behavioral health federal and state policymakers public and private purchasers health care providers and administrators consumers and consumer advocates accrediting organizations and health services researchers **National Library of Medicine Current Catalog** National Library of Medicine (U.S.), 1993

Hospital-Based Health Technology Assessment Laura Sampietro-Colom, Janet Martin, 2017-01-23 A timely work describing how localized hospital based health technology assessment HB HTA complements general arms length HTA agency efforts and what has been the collective global impact of HB HTA across the globe While HB HTA has gained significant momentum over the past few years expertise in the field and information on the operation and organization of HB HTA has been scattered This book serves to bring this information together to inform those who are currently working in the field of HTA at the hospital regional national or global level In addition this book is intended for decision makers and policy makers with a stake in determining the uptake and decommissioning of new and established technologies in the hospital setting HTA has traditionally been performed at the National Regional level by HTA Agencies typically linked to governments Yet hospitals are the main entry door for most health technologies HTs Hospital decision makers must undertake multiple high stakes investment and disinvestment decisions annually for innovative HTs usually without adequate information Despite the existence of arms length HTA Agencies inadequate information is available to hospital decision makers either because relevant HTA reports are not yet released at the time of entry of new technologies to the field or because even when

the report exists the information contained is insufficient to clarify the contextualized informational needs of hospital decision makers Therefore there has recently been a rising trend toward hospital based HTA units and programs These units programs complement the work of National Regional HTA Agencies by providing the key and relevant evidence needed by hospital decision makers in their specific hospital context and within required decision making timelines The emergence of HB HTA is creating a comprehensive HTA ecosystem across health care levels which creates better bridges for knowledge translation through relevance and timeliness

Current Catalog National Library of Medicine (U.S.),1993 First multi year cumulation covers six years 1965 70

Whispering the Techniques of Language: An Mental Journey through **Setting Priorities For Health Technology Assessment A Model Process**

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