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**Technology, Innovation and change in
Health and Healthcare**

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Layout & Distribution: Valéria Kozakova

Technology Change in Hospital and Primary Care

Nick Bosanquet

Cost reducing versus cost increasing innovation

1984 Anne Scitovsky

1974-81 Most cases cost
increasing

Schwartz 1994

- Accurate forecast
- Drastic technological Change in Healthcare

Big ticket technology

- Medical arms race
- “For example if one hospital gets an MRI scanner, the other gets one that is bigger” Getzen 2004

Technology depends on power/monopoly forces

- It does not emerge from “pure” science.

Big ticket technology: Comparisons

- Provider decisions – similar to the Military
- Cost increasing
- Under utilization and rationing service
- White Elephants

Alliance Medical

- Study of public/private capacity use public 50% of private
- Is this inefficiency of results of local monopoly?

New competition with big ticket technology

- New technology for primary care/pharmacies

New primary care competence

- Cholesterol testing
- Diabetes monitoring
- Smoking cessation
- Venous ulcers

Success of UK NSF for CHD

- Local programmes Runcorn
- Identify 300 high risk patients
- Save 27 lives a year

Spending on innovative Programmes

- Care pathways
- Patient communication
- E health
- 5-7 per cent in UK and Germany
- 1-2 per cent in France and Italy

Diffusion determined by competition

- Rapid take-up of IT in UK primary care
- Slow take up in hospitals

The disputed terrain

- X ray/PACS
- In Vitro Diagnostics (IVD)
- Telecare

International Comparisons

- More rapid take up in mixed systems
- Sweden – scanners
- Spain SANITAS

New Challenge of Service redesign

- Closer to patient services
- UK Polyclinics

Pluralism/Competition

- Determine take up of technology and markets for new technology