# Appendix VIII

# METHOD OF THE STUDY

### **GENERAL DATA COLLECTION**

Information for this study was obtained in a number of ways:

- •. *Medical literature.* Journals of radiology, neurology, and health planning were searched for relevant articles. Computerized literature searches, using the MEDLINE-MEDLARS system of the National Library of Medicine, were conducted periodically to ensure complete, up-to-date information. All literature on CT scanning listed in MEDLINE through May 1977 was reviewed.
- State planning agencies and health departments. Documents on CT scanning prepared by State and local health planning agencies were obtained from a variety of sources. In addition, each State health planning agency was contacted by telephone and asked to send to OTA information, policy statements, and guidelines on CT scanning.
- *Federal agencies.* Federal agencies with involvement in CT scanning were contacted. Information was summarized and returned to the agencies for verification, correction, and additions.
- *Consultants.* J. Lloyd Johnson Associates, Chicago, had collected information about CT scanners on order and CT scanners approved by planning agencies but not yet ordered. OTA contracted with Johnson Associates for a summary of that data.

### DOCUMENTATION OF LOCATION OF CT SCANNERS

No public program has compiled a list of CT scanners by type, location, date of installation, and type of facility served. The list in appendix I was compiled from a variety of sources, including the following:

- (1) The Food and Drug Administration, which requires reporting of installation of CT scanners by date and type of machine. This information was helpful, although incomplete.
- (2) The Commerce Department, which maintains a list of nonprofit institutions seeking duty-free import of CT scanners. (At present, this policy applies only to medical institutions purchasing scanners from EMI Ltd.)
- (3) The General Electric Company, which surveyed existing machines in certain parts of the country and furnished this information to OTA.

- (4) Pfizer, which furnished a list of locations and dates of installation of its machines.
- (5) J. Lloyd Johnson Associates, which had compiled a list of operational machines for its study. The list was shared with OTA staff, allowing cross-checking with other lists.
- (6) Staff papers from planning agencies in several States, which listed installed and ordered machines.
- (7) Scientific literature, especially from university medical centers, which often mentioned machine type and date of installation.

When any question arose, facilities were contacted individually by telephone for clarification.

#### **REVIEW PROCESS**

In response to a request by the staff of the Senate Committee on Finance, OTA staff first prepared a brief memorandum on CT scanners. It summarized the initial data collected and highlighted some of the issues to be studied. About 200 copies of the memorandum were circulated for review to individuals and groups inside and outside of government. A first draft report was later written and circulated for review to the Health Advisory Committee, the Technology Assessment Advisory Council, and about 100 interested individuals and groups. Many helpful suggestions were received, including additional research possibilities. As a result of these reviews, considerable new research was carried out. Another draft report was then prepared and reviewed by many of the same individuals and groups and also by additional reviewers. The final report was written in accordance with the comments received.