

Appendix G.—Methods of Data Collection

The OTA list of computed tomography (CT) scanners from 1976 included 321 scanners, listed by location, type, and manufacturer of scanner, and date of installation. That list, as well as the 1977, 1978, and 1979 updated lists, were developed using multiple sources. First, the previous list was updated by checking against a listing from the Food and Drug Administration (FDA). In 1978, the updated list was sent to all State planning agencies and selected urban health systems agencies (HSAs). Those sources contacted were asked to make corrections on the updated list. Because of the necessity of many telephone calls to HSAs in 1978, inquiry was made to all State health planning agencies and HSAs in 1979. The first letter was sent in February. Two followup letters were sent to nonresponders. When State information was incomplete and HSAs had not responded, they were contacted by telephone. The same procedure was followed in 1980, with the first letter sent in May.

All States had information on the institutional location of CT scanners, but the information was often incomplete. Some States knew only the names of institutions that had had an application for a certificate-of-need approved. Others knew which institutions had operational scanners, but did not know how long they had been in operation or the manufacturer. When incomplete information on an operational scanner was received, and the HSA information was either incomplete or in conflict, the institution or physician was called. A special attempt was made to identify out-of-office scanners. Frequently, staff of HSAs were more aware of the locations of such scanners than were staff in State agencies.

Only scanners delivering clinical services to patients were included. Thus, scanners registered by a

manufacturer, by a leasing company, or by a company providing mobile scanners were included only if the site of clinical services could be identified.

The main effort in this study has been to ascertain the geographic and institutional location of scanners. No attempt was made to ascertain the owner of an individual scanner. Some States collect information differentiating between scanners owned by radiologists but located in a hospital, and scanners owned by a hospital. It was assumed that the location—hospital or private office—was the important factor in terms of access to the entire community. Scanners owned by radiologists but located in hospitals were treated exactly as were scanners owned by hospitals. Even when a scanner was registered to an individual physician, if its address indicated location within a hospital, it was considered to be a hospital scanner. If the scanner was located in a private clinic or physician's office building close to the hospital, however, it was considered to be a private scanner.

Other data for this report were collected from published literature and extensive interviews. Many of the interviews are cited, as the information is not available in any other source. Many individuals and groups also furnished helpful written materials (see app. I).

Based on these materials, a draft of the policy information was developed and reviewed by the OTA Health Program Advisory Committee at its meeting of April 28, 1980. A draft of the entire report was then developed and was sent to the committee and to more than 100 individuals and groups for review on August 1, 1980. Most comments were received by October 1, 1980. The final report was then written based on the many excellent comments and suggestions.