

When the data needed to perform valid economic evaluations are considered, it is not surprising that so few appropriately constructed studies exist. The cost of analyzing the signs and symptoms of the many different kinds of patients who are reasonable candidates for CT scanning would be great in itself; to imagine conducting such analysis for all types of patients and diagnostic procedures is unrealistic in the extreme. At best, a few controversial indications for expensive diagnostic procedures might be the subjects of economic evaluation. Research to date on CT scanning suggests that patients with headaches and suspected cerebrovascular disease would be excellent candidates for additional analysis with more appropriate methods of economic evaluation.

If one cannot expect a comprehensive analysis of the appropriate conditions of use of a diag-

nostic procedure, how can those responsible for decisions about the level and location of diagnostic capacity make rational choices? The task is impossible, as most health planning agency personnel have suspected all along. Instead of attempting to find analytic approaches to support what is essentially a political decision, health planning agencies might do better to set fairly arbitrary regional capacity ceilings and use economic evaluation to explore the cost and access implications of alternative locational choices.

Even better, the incentives might be improved for those who are most knowledgeable about the diagnostic alternatives: the providers themselves. If we had greater confidence that their incentives were consistent with the goals of public policy, the limitations of formal evaluation would be far less troublesome.

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