Patients FDA NIH Convenience Effectiveness Efficacy Clinical data Private Alternatives Pat **CMS** Insurers NIH/FDA support Clinical data Financial model Cost effectiveness Department of **Advocacy Groups** Congress Defense Clinical data Cost effectiveness Clinical data Professional society Cost effectiveness Professional society support Hospital Instrument Media Administrators Manufacturers Number of instruments Clinical data Cost effectiveness Proprietary advantage Reimbursement Professional society **AHRQ** Radiologists Surgeons **USPSTF** Efficacy of CT data Clinical data Reimbursement Cost effectiveness Cardiologists **Pulmonologists** Efficacy of CT data Efficacy of CT data Reimbursement Reimbursement Intervention options Big Pharma **Investors** Clinical data **CT Clinics** Cost effectiveness Radiologists who will read screening so Professional society Geographic locations World-wide market Patient advocacy pressure Clinical data Cost effectiveness

Professional society

Breakout Group A Recommendations

- Educate primary care providers, patients, media, and the public
 - Nurses, physicians assistants, etc.
 - Additions to medical school curriculum
- Engage large providers
 - United Health
 - Large employers (GE)
 - Present cost benefit analysis
- Engage IT corporations involved with healthcare
 - GE Healthcare
 - Google
 - IBM
 - Microsoft
- Join forces with cardio and pulmonary screening efforts
 - Promote image based screening for tobacco related disease
- Refine best practices framework
 - Institute forum
 - Engage VA to help develop framework for screening and model program
- Engage ACR and clarify their position and then engage RSNA
- Continue to pursue legislation
 - MQSA analog to fund FDA and NIST