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Backstory

In the news business, there’s the story you see, hear or read.

There’s also another one, the backstory. The story behind the story, if you like. Often, they’re far more interesting than the one for the consumer.

So here’s one backstory from this issue of DOTmed Business News.

In our medical trailer feature you’ll find mention of KC Spurlock, founder of Spurlock Specialty Vehicles. The Tennessee company builds critical care and other emergency vehicles to “signature” designs, Spurlock says.

Almost rings of a bit of Hollywood hyperbole. Unless, of course, your moniker once used to be KC “Hollywood” Spurlock, champion IHRA “funny car” drag racer, who once hurtled down quarter-mile drag strips, strapped into 1000 horsepower, exotic fuel burning, fire spewing bombs on wheels.

Professional drag racing is not a sport for anyone who comes up short in the nerves of steel department. To succeed in it, as Spurlock clearly did, also takes enormous dedication, commitment and a keen aptitude for business.

Sponsor dollars drive all forms of auto racing and the drivers that win championships are part of multi-million dollar, ultra slick teams. Such was Spurlock’s, whose purple “funny car” was dressed in Fruit of the Loom livery.

Racing is certainly a sport about details, minute, painstaking ones.

When a cross-threaded lug nut costs a driver a race win or puts him into a concrete wall at 300 miles per hour, manic preoccupation with systems, checks and balances is understandable and requisite.

And that’s the same approach Spurlock brings to his medical and emergency coach building business.

“We started with a clean sheet of paper,” he says. “We went to the people in the field who use the equipment and began each conversation by saying, ‘pretend we know nothing’.”

That’s an approach with roots from Spurlock’s “Hollywood” side, where crew chiefs are always asking drivers, “How’s it handle?”, “Tires grippy enough?” , “Too much tire spin at 15,000 rpm’s?”.

Applying that kind of attention to detail won Spurlock many drag races. Now, it’s being used to design and produce emergency and critical care vehicles, exactly like those on duty at racetracks around the world.

Colby Coates
Editor-in-Chief
DOTmed Business News

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There are those whose talent, commitment, and passion make them giants in their field.

In pre-owned imaging equipment, that name is Nationwide.
ReMedPar’s Ed Sloan Lauded

An outpouring of appreciation for Ed Sloan, who is retiring from ReMedPar (DMBN, January, 2008), is apparent from DMBN readers’ emails.

“I have dealt with Ed Sloan of ReMedPar for the last 14 years. It truly has been a pleasure doing business with him and his counterparts. He has always run a smooth and honest operation.”

Cesar Mairen
Ampronix Inc.

“I just wanted to go on record saying that I have known Ed during his entire tenure in this industry. There has never been a more honest and decent person to work with. He is truly an example of a nice guy that can be successful too.”

Scooter Childs
G-Tech Medical Services

“Ed is a true giant in our industry. He will be missed.”

Rick Stockton
Atlas Medical Technologies

Good Luck to Mr. Sloan!

Fred Jackson
Custom Trailerwerks, Inc.

Riggers and Craters Cheered

I wanted to get in touch with you (writer Joan Trombetti) once again to thank you for all of your help with the DotMed article about Riggers and Craters (DMBN, February ’08). I read the article today and it turned out very well.

Aaron Buckley
Chick Packaging Group, Inc.

Doctor Diagnoses One Particular Healthcare Ailment

Thank you for your December coverage about issues relating to Universal Health Care in the USA. How ironic that the featured article originates in Pennsylvania, where out-of-control lawsuit awards for “pain and suffering” (non-economic damages), have driven many physicians out of that state. Myself being one.

I personally have never ever been sued in 17 years of medical practice, but found that my monthly cost of medical malpractice had gone up to $3000 per month — while reimbursements have remained flat. Something has to be done to address the lawsuit issues, like the Federal Tort Claims Act covering physicians working within the VA system or in the Public Health System. Likewise, we need to resolve whether illegal aliens are entitled to taxpayer-supported free healthcare, under the mantra of Universal Healthcare.

Robert Greenhalgh, MD
Sparks, Nevada

CORRECTION:
The sidebar accompanying the proton therapy report, “Proton Beam Therapy: An Accelerating Market” (Feb 2008) incorrectly listed the sites under construction. The Central DuPage Hospital and Northern Illinois sites are under consideration, but have not yet broken ground. The Oklahoma site is called the Oklahoma ProCure Treatment Center, not INTEGRIS Health. (INTEGRIS will provide patient care at the center.)

Also: Still River Systems’ proton therapy system has a capacity 350 plus patients a year, not 250 as reported. Says Still Rivers’ Lionel Bouchet, “Our customers are expecting 350+ patients per year in a single shift, more, if running in a double shift.”

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AHA On Bush Budget

The federal budget blueprint would have a disastrous impact on the healthcare that millions of patients and families depend on. Plain and simple: this plan slashes vital health programs for the elderly and children and must be rejected.

That’s the AHA’s view of the proposed Bush budget as disseminated by the organization’s president and CEO, Rich Umbdenstock.

“America’s hospitals strongly oppose this budget’s outrageous cuts to Medicare and Medicaid. In the real world, these enormous budget numbers come with enormous consequences, making hospitals’ job of caring for patients even more difficult,” Umbdenstock said.

His statement reminded that at a time when physicians are in short supply, the budget calls for cuts to teaching hospitals that prepare tomorrow’s physicians. “At a time when our economy is faltering, this budget cuts hospitals serving some of America’s poorest patients. At a time when an aging America depends on modern hospital care, this budget drastically reduces funds that help hospitals keep cutting-edge technology available for communities. This budget cuts programs that help rural communities keep their healthcare, train the nurses and caregivers of tomorrow and assist children’s hospitals in training pediatricians and other specialists.”

Medtronic Wins Supreme Court Ruling on Federally Approved Medical Devices

In a case with enormous consequences to medical devices and equipment, the Supreme Court, by an 8 to 1 vote, has ruled that Medtronic cannot be sued under state law as a manufacturer of a federally approved medical device.

The Court affirmed that Medtronic and other manufacturers are protected under the Medical Device Amendments of 1976, which, among other things, bars states from imposing on medical devices any requirement which is different from what’s already won FDA approval.

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You’ll see an ID code such as [DM 1234] at the end of every story. If you enter that ID code – be sure to enter the “DM” – in any search box on www.dotmed.com, you’ll see the original story as it ran in our online News. You’ll find convenient and useful links in many of those online stories. Try it!
Medtronic's lawyer and former US Solicitor General Theodore Olson successfully argued that the FDA and not the courts was the right forum for imposing requirements on cutting-edge medical devices.

Medical Devices Need Rigorous Reviews, Researchers Say

The approval process for medical devices does not involve the same rigorous review used for pharmaceuticals, and this needs to change in order to improve health outcomes, say researchers from the University of California, San Francisco.

The UCSF team analyzes the problem and proposes steps toward a solution in a “Perspectives” article in the January 2008 issue of the “Journal of General Internal Medicine” devoted entirely to medical devices.

The research team concluded that after a device achieves Food and Drug Administration (FDA) approval, a technology assessment by an independent organization can help identify medical devices that are truly beneficial and safe. The researchers also suggest that this assessment follow an “evidence-based” approach to information-gathering that includes data on the device’s success in clinical application.

“These days, patients are asking their doctors for the newest technologies from genetic tests to specific radiation treatments, and many physicians don’t know where to turn for the latest evidence-based information,” the study said.

PET Outperforms CT in Characterization of Benign/Malignant Lung Nodules

Researchers involved in a large, multi-institutional study comparing the accuracy of positron emission tomography (PET) and computed tomography (CT) in the characterization of lung nodules found that PET was far more reliable in detecting whether or not a nodule was malignant.

“CT and PET have been widely used to characterize solitary pulmonary nodules (SPNs) as benign or malignant,” said James W. Fletcher, professor of radiology at Indiana University School of Medicine in Indianapolis, IN. “Almost all previous studies examining the accuracy of CT for characterizing lung nodules, however, were performed more than 15 years ago with outdated technology and methods, and previous PET studies were limited by small sample sizes.”

In a head-to-head study addressing the limitations of previous studies, PET and CT images on 344 patients were independently interpreted by a panel of experts in each imaging modality.

The researchers found that when PET and CT results were interpreted as probably or definitely benign, the results were strongly associated with a benign final diagnosis—in other words, the modalities were equally good at making this determination. PET’s superior specificity (accuracy in characterizing a nodule as benign or malignant), however, resulted in correctly classifying 58 percent of the benign nodules that had been incorrectly classified as malignant on CT. Furthermore, when PET interpreted SPNs as definitely malignant, a malignant final diagnosis was 10 times more likely than a benign.

Ambassador Medical Earns ISO Certification

Ambassador Medical has received ISO 13485:2003 certification as a refurbisher of ultrasound equipment by BSI Management Systems. This certification serves as recognition of Ambassador’s Quality System in meeting the requirements of the International Quality Standard for Medical Devices.

“This was an immense effort by the entire team,” said Patricia Seguin-Arnold, Site Quality Leader for Ambassador.
Genetic Research: Key to Understanding Prostate Cancer

Dr. William J. Catalona, first to develop prostate specific antigen blood tests (PSA), is now focusing on genetic research to better understand what causes prostate cancer, as well as guide the way to effective and preventative treatments and cures.

Under the umbrella of the Urological Research Foundation (URF), several new genetic regions statistically associated with prostate cancer have been discovered, suggesting doctors may be able to determine which men carry a mutated gene that predisposes them to the disease. In that vein, Dr. Catalona’s newly formed Familial Prostate Cancer Center is also examining the connection between prostate and breast cancer and whether mutated genes in the two sexes cause the respective cancers. Moreover, Catalona is studying such intriguing questions as whether a mother can pass prostate cancer to her son while a father passes breast cancer to a daughter.

Other URF initiatives include: recording family histories of men with and without the cancer, supporting a biorepository to retain tumor tissues and blood samples and encouraging collaborative research with other leading scientists. Catalona is a professor at Northwestern Feinberg School of Medicine and Director of Northwestern’s Robert H. Lurie Comprehensive Cancer Center. For more information: www.drcatalona.com.

● [DM 5475]

New Device Vacuums Out Brains’ Arteries

California based Penumbra Inc. has won a surprisingly speedy approval from the Food and Drug Administration for a tiny vacuum cleaner for the brain.

The device, which will be formally presented at the upcoming meeting of the American Stroke Association, suction out clogged arteries in the brain in an effort to prevent strokes.

One perplexing question, however, deciding which patients are the right candidates for the procedure. Oddly enough, for some unclogging arteries isn’t always the best option.

“Is the patient at a stage of stroke where you’re going to hurt them by pulling a clot out, or show benefit?” asks Dr. Walter Koroshetz of the National Institutes of Health. “It’s good we have devices. Now we have to learn how to use them.”

● [DM 5476]

Never Say Never

In a first known to medical science, an Australian girl has spontaneously switched blood types to that of her liver donor. Faced with imminent liver failure, the nine year old received a transplant. Nine months later it was discovered that not only had her blood type changed but that her immune system had switched to that of her donor after stem cells from the new liver migrated to her bone marrow.

What doctors obviously want to know now is whether the same kind of transformation can be replicated in other transplant patients.

● [DM 5477]
RSNA’s ’07 Attendance Up Again, International Visitors Big Plus

Though veteran observers thought attendance was a bit off from previous years, The Radiological Society of North America’s (RSNA) 93rd Annual Meeting, last November in Chicago, attracted a record 62,501 total attendees.

The meeting posted all-time highs in several categories including professional and international registration. Fuelled by the meeting’s enhanced educational offerings along with a favorable exchange rate on the dollar, international attendance was up 7 percent in 2007, totaling 8,792.

“The increase in professional registrants was primarily from outside North America. The currency exchange rate and a modest increase of available hotel rooms are plausible reasons for the favorable increment,” said Steve Drew, RSNA Assistant Executive Director for Scientific Assembly and Informatics.

CMS Proposes Payment Plan to Long Term Care Hospitals

The Centers for Medicare & Medicaid Services (CMS) have issued a proposed payment rule designed to assure that long-term care hospitals (LTCHs) continue to receive appropriate payment for services provided, at the same time creating incentives to provide more efficient care to Medicare beneficiaries. LTCHs are a type of acute care hospital that treats some of Medicare’s most severely ill or medically complex patients. The new policies and payment rates would apply to services provided to individuals who are discharged from these hospitals on or after July 1, 2008.

Tesla’s Fictional Life As Strange as the Real One

It’s probably not a summer beach read but Eryn Loeb’s The Invention of Everything Else (Houghton Mifflin), a fictionalized account of visionary inventor Nikola Tesla’s last week on earth, would figure to have strong appeal to DMBN readers.

Tesla was a Serbian inventor, physicist, mechanical and electrical engineer celebrated for his revolutionary contributions to harnessing electricity and magnetism. His patents are the basis for alternating current (AC) systems and the SI unit measuring magnetic flux density, widely known as the manetic field. The tesla was named in his honor in 1960 at the Conférence Générale des Poids et Mesures in Paris. He’s been labeled “the man who invented the twentieth century” and “the patron saint of modern electricity.”

As the novel reveals, much of Tesla’s research bordered on pseudosciences and paid homage to UFOs and new age occultism. Tesla was also said to have invented a “death ray” and had a love affair with a pigeon. That said, the novel has garnered rave reviews and seems particularly relevant to the DMBN crowd.

Chronic Pain Bad for the Brain

Brain scans of people in chronic pain reveal constant activity in areas that should normally be at rest. Researchers at Northwestern University suggest such results from a new study could explain why pain patients have higher rates of depression, anxiety and other disorders.

Chronic pain seems to alter the way people process information that is unrelated to pain since enduring it for long periods of time affects brain function in response to even minimally demanding tasks, it was reported in the Journal of Neuroscience.

In healthy people, certain regions of the brain take over during a resting state, something known as a default mode network. When a person performs a task, this network quiets down. That’s not apparently the case for people with chronic pain. Findings suggest a chronic pain patient’s brain is altered by the persistent pain in a manner reminiscent of other neurological conditions associated with cognitive impairments.
Probably not yet, though data from the system’s economic monitors is open to widely varying interpretation, much of it ugly.

But whatever a hospitals’ woes—and there are plenty—it doesn’t rival the upheaval, thanks in large part to DRA reimbursement cuts, felt by independent imaging and allied healthcare centers.

In fact, many larger hospitals have enjoyed a building boom in recent years, much of it to house new imaging equipment that then figures prominently in well-funded and extremely competitive marketing campaigns to aquire even more imaging business.

However, for every hospital transitioning from big to bigger, there’s another closing its doors, usually at a rate of about once every ten days or so.

With a classic “only the strong survive” mentality, many hospitals are contributing to the financial problems besetting independent centers. Hospitals under pressure to gain revenue are using their muscle to compete for business that otherwise keeps alternative centers afloat.

Meanwhile, smaller, community based hospitals are either shutting down or being absorbed by regional and national powerhouses.

As for DRA cuts, some would say it’s been a nightmare.

“Hospitals are regulated and get their rate but imaging centers don’t,”
says Rob Manetta, vp, operations, Nationwide Imaging Services, Inc. Over the next six to eight months, Manetta believes, change will continue apace in the independent imaging space. It will be a period marked by mergers, acquisitions, consolidations and the posting of “closed forever” signs to independent centers’ doorways.

In fact, there’s quite a debate about what, if anything, can be done to stem the high failure rate of these facilities, as evidenced by emails that have been circulating among the pre-owned sales and service set.

The campaign, such as it is, urges all interested parties to petition the House and the Senate to repeal DRA cuts for a two-year period, allowing further analysis of the cuts’ economic impact.

“Ask that they (Congress) vote on these bills as soon as possible before there is no early diagnostic testing available outside a hospital setting,” urges one email.

“We need to be proactive,” says Pamela King, JP International. “Is there a surplus of centers? Probably, but the whole matter is not as simple as it looks.”

King’s seen proof of that from emails from fellow medical equipment executives, some of whom eschew this grassroots effort to overturn or modify the cuts. Instead, some executives argue that market forces will determine who survives and that a shakeout of weaker players is positive, making for healthier business climate for those left standing.

**Boom and Bust Cycle**

Still, riding out boom and bust cycles is no small accomplishment. It’s a concern for any company in the healthcare industry, no matter its size or financial resources.

Hospitals and imaging centers aren’t the only sector that’s feeling the squeeze. Estimates vary, of course, but the OEMs’ sales were said to be off anywhere from 20-35 percent in 2007.

“It’s industry wide,” says John Desch, appointed to a newly created executive sales solutions post at Philips. “Some things are out of our control but we’re addressing it and we’re changing how we go to market.”

One bugaboo dealer/brokers are facing: plenty of near new equipment from failed centers is becoming available to them but, at the same time, there’s a diminishing number of buyers ready to trade up or replace aging product. Says Nationwide’s Manetta, “with the number of independent centers shrinking, sales of new equipment is down.” In theory, however, that should be somewhat positive for those selling used product, often at one-third to more than one-half the cost of new equipment.

While hospitals have fared better than independent centers under DRA, what looms for many is far from comforting. Over a year ago independent researchers released a report detailing ominous trends that still prevail.

For example, experts predict a shortage of 150,000-200,000 beds nationwide by 2012 because of profitability issues. (Source: J.D. Powers, JHACO, Hospital & Health Networks.

Among the report’s other conclusions:

1) Bottom line performance is not improving, as cost cutting policies are not working. While hospitals have been going out of business at a rate of one hospital every 8 days for the last 30 years, a bankruptcy trend has been accelerating since 2005.

2) Cutthroat competition has become a way of life.

3) The public is losing confidence in hospitals. Approximately 35 percent of patients indicate they would not return to the same hospital, with 41 percent unable to recommend a hospital to their family.

4) Staff satisfaction is low. Nursing shortages could run to nearly 1 million nationwide in less than five years. There are also looming shortages of pharmacists, lab technicians, and other technical employees.

5) Medical malpractice has grown at an annual rate that’s 30 percent faster than for all other U.S. tort cases. The average malpractice settlement has more than quadrupled over the past couple of decades.

All in all, not an especially pretty sight, and one whose intensity varies depending on a hospital’s location and existing legislation.

**continued on page 40**
The International Association of Medical Equipment Remarketers & Servicers (IAMERS) is putting a labeling system in place for used medical equipment in the U.S.

The voluntary program will issue identifying labels for equipment according to established categories. Companies selling the equipment will be required to sign documentation verifying the condition of each piece of equipment according to these categories:

- As Is, Where Is
- Refurbished
- Cosmetically Enhanced, or
- Remanufactured

The impetus for the IAMERS equipment labeling initiative is to promote quality and standards through industry controls as opposed to government regulation. IAMERS is being proactive to manage the process, according to Diana Upton, the organization’s president.

“The FDA has been suggesting for a long time that we do something like this,” she said. “My belief is that, in the absence of us doing it, they’d eventually be telling us how to do it.”

The industry initiative is satisfactory to the agency, which is charged with ensuring quality despite limited resources. “They have already been briefed and they are very happy with what we’ve done,” Upton said of the FDA response. “It is a totally unregulated situation and I believe the goal of the FDA is to get the pre-owned sector to have the same kind — or close to the same kind — of constraints that OEMs do.”

IAMERS is striving to make the program as uncomplicated as possible. The group is ironing out the legal language on forms that members will be required to sign before getting their equipment labels. The organization will keep a database of all equipment so labeled. The topic will be discussed further, and the FDA will attend, the IAMERS annual meeting May 2-3, 2008 in Charleston, SC.

IAMERS Equipment Labeling Initiative Categories

- **As Is, Where Is.** “As is, where is” systems are unchanged. These systems are typically deinstalled from the hospital/clinic and are then crated and shipped to the buyer. Nothing else is done to the system.

- **Refurbished.** Refurbished systems retain their original identity and are essentially repaired and/or upgraded in a manner which could be achieved by field service personnel or in a facility capable of such repairs or upgrades. Refurbished systems include those systems which have received software upgrades or basic improvements consistent with the life cycle of the product. The system complies with the original level of function and at least meets the original OEM defined specifications or the OEM specified path for upgrades. This is consistent with the extended life cycle as proposed by the OEM.

- **Cosmetically Enhanced.** The system is basically as is, where is; but has been painted and/or cosmetically improved. However, no repairs or upgrades have been done.

- **Remanufactured.** Remanufactured systems would be newly built systems using rebuilt, repaired or new parts which allow the system to perform substantially different than the original system. This category, however, will rarely apply to IAMERS members and their equipment.

For further information: visit www.iamers.org

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**By Barbara Kram**
Most hospitals rely on vendors or in-house staff to provide training for new software systems.

But there is another way.

CCTSolutions, Ltd. has a different approach to training hospital staff to use clinical software.

The company, founded in 2005 and based in New York, trains thousands of clinicians on physician order entry packages, nursing documentation, and other applications.

“We are just training and education focused and not responsible for the software that the hospitals have already purchased or the support of the system or the configuration,” explains Mike McCalman, CCT Program Manager. “We feel the price that we can offer hospitals that may not have their own internal education entities is much less than a hospital might pay a vendor to come on board and train hospital staff affected by that new software deployment.”

Some of the HIT software that CCT specializes in includes Cerner and IDX physician order entry and RN documentation; Siemens medication administration checker; Meditech bar code scanning and bedside verification software; SoftMed electronic signature authentication; Eagle and ADT admissions, discharge, and transfer applications; and GroupWise email.

Usually, the company trains a core group of instructors and gets training information from the vendor and information systems community. Instructors include some lay people along with clinicians such as doctors in residence with gaps in their schedules, researchers or those who want to keep up with automation trends. CCT keeps costs down by recruiting local clinicians and instructors near clients’ facilities and shaving operating costs.

“We save every penny possible because we’re a small company and a new company,” McCalman says. “It’s all about finding the right people. Once we dedicate a team, whether it’s former classroom instructors or unit support, our job gets a lot easier.”

The company’s client list includes hospitals and big health groups such as Continuum Health Partners, an umbrella for several New York hospitals; Greenwich Hospital in Connecticut, Albert Einstein Medical Center in Philadelphia; Valley Health System in New Jersey, Tampa General Hospital, and Seton Medical Center, Austin, TX.

“Outsourced education, to folks who may not be expert on the product, is a fairly new model for a lot of hospitals. But they’re willing to take the gamble because of the financial pressures that most institutions have been feeling for the last five to ten years,” McCalman says.

The company is capable of providing training on a roll-out or facility-wide basis as needed. Ongoing unit support is also provided.

The decision to use CCT’s services is made early on in the contractual process when choosing the software. And the company’s track record speaks for itself. “We have never been turned away. All the clients have asked us back,” McCalman says.

[DM 5527]
But the trifecta of OEMs, refurbishers and broker/dealers is the engine that’s driving the medical trailer business.

Among the fundamental economic conditions which the three have to cope with: increasingly stringent installation and service demands by the OEMs manufacturing the imaging devices; the pressure of DRA cuts on independent imaging centers; evolving imaging technology requiring highly specialized mobile transportation; the hospital communities’ need to provide sophisticated and expensive technology in a cost effective manner, which often means sharing equipment with neighboring facilities on a rotating basis and export considerations.

Trailers range in size from 53 feet, suite sized ones with slide outs and in some cases even hot labs and ready to receive a machine to those no bigger than a small camper. Fully equipped, brand new trailers set to house certified OEM MRIs or CTs can sell for as much as $450,000; smaller rv types for mammography and ultrasound, for example, are in the $100,000 plus category, with client specifications determining the final tab.

Such lofty prices have generated a growing specialty field of medical trailer refurbishing, creating a subset of companies, large and small, dedicated to rebuilding entire trailers or providing spot service, maintenance and repairing of individual components. Medical trailer refurbishers often rebuild trailers to house MRI, CT or mammography equipment, usually at one-third the cost of a brand new piece.

The new and refurbished mobile medical business is a bright growth area in an industry that’s seen the equipment manufacturers sales slump over the past couple of years.

And despite economic pressures which force thousands of manufacturing jobs overseas, producing and refurbishing medical trailers is still mostly an American industry. The top four medical manufacturers, along with the fully-certified trailer refurbishing companies, are US based, all in sprawling facilities.
housing their own welding, painting and air conditioning bays.

Oshkosh Specialty Vehicles, based in Harvey, IL, is acknowledged as the market share leader among manufacturers, with Medical Coaches, Inc., Oneonta, NY (the first and oldest), Ellis & Watts International, Batavia, OH and Calutech Medical Solutions, Hammond, IN the other major players.

Medical trailers aren’t simply four-walled trucks with equipment inside. Technology’s cutting-edge demands require interiors able to include onboard generators, water cooling and air conditioning systems, fully contained lighting heating, computer workstations and storage. Because these mobile units, once parked, have to serve as stand-alone medical operations, steel and aluminum chassis must be first rate. Specialized shielding requirements based on the modality is another huge consideration, as is ensuring an area both visually attractive and medically efficient.

In addition, mobile trailer manufacturers must then pass muster with the top equipment OEMs who then certify, or not, the manufacturers ability to install MRI, PET/CT, mammography or other sensitive systems.

While several metrics exist for measuring medical trailer manufacturers such as volume of trailers made, plant size, numbers of employees, the key marker is OEM certification by GE, Philips, Siemens, Toshiba among others.

Getting certified is costly and demanding and means not only meeting all OEM requirements, but getting the OEM to agree that your facility is capable of doing the job. Each OEM has separate divisions that select which companies they want to handle installation and refurbishing.

**Profiling the Trailer OEMs**

Oshkosh Specialty Vehicles, a $140 million operation, was established in 1991 as AK Associates before merging with Calumet and Oshkosh. It is, the company says, the only trailer manufacturer certified to install GE, Siemens and Philips MRI, CT, and PET/CT medical equipment in all modalities. Over the years the company has developed an innovative water chiller/air conditioning system, was the first to mobilize digital mammography vehicles, and is often the first manufacturer selected to install a new equipment from a brace of the OEMs.
GE, in particular, has signaled that Oshkosh is their preferred installer for all of its mobile scanning equipment. According to Mike Bamrick, national sales manager, Oshkosh’s certification track record causes some to believe GE only allows Oshkosh to install its equipment in trailers, even though that’s not true. “However, because we are the only ones certified for every system, most people prefer us when having GE equipment installed.” And he said, “We stand behind our product with the largest customer service and support team in the industry.”

Oshkosh turns out 125 new coaches a year, 90 percent of travel to hospitals and medical centers in the U.S. Within its 110,000 square foot plant, 20 to 25 medical trailers are assembled at one time from the wheels up in about two months time, though special situations can also mean as quickly as two weeks. Oshkosh has its own welding team, electrical team, flooring experts, chassis and super-structure experts, painting bay and signage team.

Medical Coaches, which opened its doors in 1949, was built on the back of a large order to the Cuban government. “My grandfather was a minister who helped people secure medical treatment,” Geoffrey Smith, president, explains. “And my dad, Ian Smith, always wondered why someone didn’t just put their medical offices on wheels. Medical Coaches, which he created, fulfilled this life-long dream.”

Medical Coaches has 200,000 square feet of manufacturing space at two facilities, 100,000 at its Oneonta, NY site, another 100,000 in Albany, OR. It is certified for Siemens MRI, PET/CT and CT, on GE’s PET/CT (although not GE MRIs). It is capable of working on 10 MRI or PET/CT installations at any one time, according to Smith, who adds, “We also build a variety of other special purpose vehicles that are in production.” Medical Coaches says it can turn-around a trailer in 30 days.

While Oshkosh is justifiably proud of its close ties with GE, Medical Coaches touts its history and custom design. “What makes us different is our attitude toward our

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product,” Smith says. “We began as a company that built its mobile trailers as medical trailers from the start. We don’t (re-)work over-the-road trailers.”

Medical Coaches works closely with Siemens, GE and Philips. Smith says, “all mobile vendors must have certification to build specific products to receive support from the OEMs,” since, “they’ve decided their equipment can only operate in a properly designed and tested mobile environment that is under their control.”

Like other manufacturers, Medical Coaches does the entire installation of all OEM equipment, involving placing the modality unit in the trailer, bolting it down, running the cable required, and making the electrical connections. The individual OEM does the final calibration, turning on the equipment, calibrating and adjusting so it works properly.

The company is rightly proud, Smith says, that it was the first trailer OEM to be certified through Lloyd’s Register Quality Assurance. Its resultant ISO 9001 certification, he says, is an internationally-recognized standard “that levels the playing field for smaller companies like ours to deal with the industry giants of the world.” In that vein, Medical Coaches, which does not rent or lease its trailers, has scored sales in 110 countries.

Ellis & Watts Mobile Medical, located in Batavia, Ohio, installs MRI, CT, PET/CT, and mammography systems into trailers. E&W also builds and sells trailers for disaster recovery services, military and other equipment applications. In its 180,000 square feet of manufacturing space, E&W also builds water chillers for use with medical equipment. In an eight-week period, E&W can build four trailers that carry some certification for selected modalities from the OEMs.

“We work with leasing companies, particularly those of the medical equipment manufacturers, to provide our customers with attractive acquisition solutions,” says E&W’s Bob Freudenberger. The company specializes in custom add-ons, including sinks, fire suppression systems, additional storage cabinets, different door configurations, and so on. E&W says its trailers set themselves apart from the competition as a result of attention to better environmental control.
Other E&W features: sliding doors that allow more interior space in the operator’s room, lower compartment doors that last longer due to one-piece aluminum construction and durability because it uses more fasteners in construction. “When refurbishing E&W products, we also provide manuals, diagrams, and use genuine replacement parts,” Freudenberger says.

While only about 10 percent of E&W trailers make it overseas, it’s quite a different picture at Calutech Solutions, the newest of the mobile trailer manufacturers, which opened its doors in 2001 in Hammond, IN. More than half the company’s sales are overseas.

“In 2005, we sold one mammography trailer to Saudi Arabia,” says sales manager Michael Hardesty. “Since then, we’ve sold a CT to Russia and the UAE and have about 15 other leads overseas.”

In fact, Hardesty’s just back from Dubai, where Calutech delivered a mammography trailer at the Arab Health Show, attended by 50,000 visitors.

Calutech can handle nine trailers in production at any one time, with five more in the wings outside its 47,000 square foot facility. While Hardesty says the trailer company is number three in units shipped, “We are number one in mammography trailer sales.” Calutech is certified to install some Siemens, Philips and Hologic equipment but is still working to attain certification in certain GE systems. “The key issue for all medical trailer manufacturers,” Hardesty says, “is that the OEMs certify your installation.”

**DRA’s Impact Affects OEMs, Refurbishers**

All four trailer manufacturers note some impact from the Deficit Reduction Act of 2005, which took effect January 1, 2007. It mandates reductions in Medicare reimbursement for imaging at free-standing facilities and doctors’ offices, aiding the refurbishing end of the business by stimulating demand from hospitals absorbing patients who once turned to independent facilities.

Many agree huge savings can be achieved by buying a refurbished trailers. But, Hardesty cautions, “if you are a large image scanning company, you probably would not want a fleet of used equipment because the downtime for repairs is greater.”

However, as Medical Coach’s Smith notes, “Good deals and good equipment are a profitable match that funnel funds to a seller for new upgrades and can offer high tech diagnostics for under-served areas of the country.” On the other hand, Smith says, “Bad deals and bad equipment are a disaster because uncontrolled and uncertified refurbishers are rarely qualified to perform extensive refurbs.”

Which is why, he says, “The industry has to have some form of self-regulation, so the top vendors are all certified by the top brand OEMs.”

*continued on page 35*
In hospitals, clinics, imaging and other independent health centers, doctors’ and dentist’s offices, university, big pharma and other research facilities and yes, even medical testing labs.

And it’s been that way forever.

The industry has a long history. Witness, for example, how many times bubbling beakers and vials in alchemy labs figure in the paintings of the Grand Masters. From the Renaissance to the 21st Century, the lab has evolved from a place where magic was once chased to a place that’s the backbone of science and state-of-the-art medical treatment and diagnosis.

However, while every lab has different roles, goals and a wildly varying assortment of equipment to achieve its assigned tasks, what they collectively contribute is a bit of modern magic. The JCAHO reports that almost 80 percent of the information used for medical decision-making is made based on laboratory findings. That’s impressive, not to mention a defining statement about lab equipment’s crucial role in medicine.

Technological advances in the industry, meanwhile, have created a range of new or modified products, mostly ensuring a robust marketplace for new and refurbished equipment. Nonetheless, there are times when equipment sales can still be affected by the economy’s overall health.

Lab equipment includes professional and scientific instruments for measuring, testing, analyzing and controlling along with sensors and accessories, optical instruments (microscopes) and lenses, medical, surgical and dental equipment, furniture, the list is endless. As befitting such panoply of product, the environment for servicing and selling new and refurbished laboratory equipment is competitive and always evolving.

Since the importance of lab equipment is only slightly less than that of the staff that uses it, replacing or servicing a lab’s contents affects many areas of an organization including finance, workflow, staffing and patient care.
Who are the Industry Drivers in the Laboratory Equipment Business?

In the laboratory, there are layers upon layers of clinical procedures and tests that must be performed using a myriad of machines from autoclaves to x-ray fluorescence analyzers. There are industry drivers who take the front seat in providing the best new and refurbished laboratory equipment from the leading manufacturers. Along with selling laboratory equipment, many also handle repairs, routine maintenance, calibration and certification on all types of instruments and equipment.

For example, Block Scientific, Inc., Nutley, NJ carries many categories of new and refurbished equipment including blood gas, electrolyte, chemistry, immunology, hematology, coagulation, microbiology, urinalysis and more. Peter Will, General Manager, says Block offers clinical diagnostic equipment for all laboratory divisions and supports this equipment with reagents, spare parts and consumables.

In assessing the state of the lab business, Will suggests that in the interests of efficiency and productivity, buying and selling lab equipment online will only continue to gain in popularity. “Many labs are turning to the Internet for support, and Block Scientific will soon have the ability to streamline online purchases,” he says.

Proper service of laboratory equipment is crucial

As with most sophisticated and delicate pieces of medical equipment, much of what’s found in the lab demands proactive maintenance.

Certified Biomedical Consultants, Inc. (CBC), Pompano Beach, FL, services and sells refurbished laboratory equipment for commercial labs, clinics and hospitals that use SYSMEX products – hematology and coagulation analyzers.

Company president John Necaise says all lab equipment eventually wears out, but routine upkeep is essential to increasing uptime and MTBF (mean time between failures). Necaise says such maintenance is key to maintaining lab equipment in a satisfactory operating condition and to detect and correct incipient failures either before they occur or before they develop into major defects. “CBC inspects, replaces, cleans, calibrates to the manufacturer’s specification and lubricates all equipment,” says
Necaise. “We also include performance assurance and safety testing.” As for what requires the most service, Necaise believes that hematology equipment is more maintenance intensive than coagulation.

Billy W. Dean, VP, Sales and Marketing at Medequip Engineering Service, Inc., Central Point, OR, agrees with Necaise about the importance of regular maintenance for lab equipment.

“Routine maintenance always affects the MTBF ratio of any equipment,” Dean says, reminding that as technology becomes more sophisticated, both user and preventive maintenance becomes more and more critical.

“High tech equipment usually does not wear out. Instead it’s overtaken and becomes obsolete. Lower technology equipment does wear out, but it usually has a much longer life expectancy than the high tech equipment,” Dean says. Pointing to a new or refurbished steam sterilizer as an example, the Medquip exec suggested that, “Depending on usage and proper maintenance, a steam sterilizer should have an expected life of at least 20 years. The control technology of the sterilizer may be obsolete in ten years, but the unit will still be a functional sterilizer for years after that.”

At R-V Industries, Honey Brook, PA, where the company produces Beta Star sterilizers, manufactures ASME code vessels and celebrates that it’s one of a select few in the Commonwealth to be recognized with OSHA’s SHARP safety certification, the emphasis is on testing, the environment and helping customers to lower operating costs.

Marketing manager Robert Hamm says the company’s testing facilities are unique in that it uses a water reclamation system, The EnviroVac. “Facility water consumption is a major factor when choosing an autoclave,” says Hamm. He feels that routine maintenance programs are designed around a calendar year and take into account lubricating, cleaning and rebuilding or replacing worn out parts.

Building an entire laboratory

One way to stock a lab is according to need, piece-by-piece, purchase-by-purchase.

But Med/Tech, Cambridge, MA often builds labs—analytical, clinical, and environmental or research—from the ground up, relying mainly on refurbished product.

“A client locates a suitable site and informs us as to what they want to do testing wise and we do an analysis,” says company president Elaine Henkin. “The site is customized in everything from the placement of benches and workstations to recommending what type of equipment should go in the lab and where it should go.” All of the equipment that Med/Tech sells is refurbished to meet or exceed manufacturers specifications, unless specifically requested, “as is.” MedTech, like many suppliers, offers a one-year Preventative Maintenance contract.

Although Henkin admits DRA has affected the lab equipment business, she remains optimistic about future growth. “There seems to be a turnaround recently, perhaps more optimism.”

The Med/Tech chief also reminds that matching equipment to the individual lab’s demands is a straightforward way to control costs. For example, the analyzers that save the most money are appropriate to the particular tests each lab performs and, of course, the volume. Henkin also says to always factor in the cost of reagents into each lab’s budget.

For Maureen Muscato, a broker for Mayflower Equipment Company, Carver, MA, more than 75 percent of her business is in lab equipment.

“I buy all types of laboratory equipment from all types of facilities,” she says. Mayflower buys chemistry, hematology, histology and analytical equipment. Although Muscato says that she does not set up labs, she provides equipment to specialty dealers. In her experience, the most popular laboratory equipment seems to be chemistry analyzers and hematology analyzers. Muscato feels Hitachi equipment is most in demand, retaining strong resale value as well.

“Although the market changes day to day in everything from lab equipment to surgical equipment, for example, it has been my experience that laboratory equipment does hold its value,” she concludes.

That’s particularly true of refurbished product says Richard Szkocny, Eastern European manager, Sysmed Lab, Inc., a Chicago based refurbisher and broker. And Szkocny knows whereof he speaks: Sysmed’s refurbished sales out pace new by 65 percent to 35 percent.

Current trends driving the laboratory equipment market

Rising costs and time-to-market demands are key drivers in today’s laboratory equipment market. And labs are always looking for new ways to become more efficient and reliable. But industry veteran are quick to point out that cost control does not come at safety’s expense. Most labs are always looking for ways to improve worker safety, at the same time taking advantage of a continual stream of advances in lab equipment.

One company that clearly is preoccupied with those two issues is Hettich Instruments, Beverly, MA, and a division of Hettich GmbH & Company, Tuttlingen, Germany. It has more than 200 patents in its name, including the first micro-processor-controlled centrifuges and the development of the first robotically integrated centrifuges to its credit.

Moreover, Hettich is unique because its centrifuge is aboard the Human Research Facility (HRF) of the Destiny Laboratory

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The market for PACS, like the technology itself, is a dizzying constellation of resources. It’s hard to say which is more complicated—the healthcare system’s multiple databases of digital images and information, or the marketplace of companies offering these systems and services.

PACS—Picture Archiving and Communication Systems—including the computers and servers, software and networks that manage medical images from all modalities. Many interfaces and applications link to PACS including technologies to convert the images to the DICOM standard, enhancement and visualization software, high-definition monitors, backup data and storage systems, relational databases, gateways and software to share and protect images, brokers and programs and applications to synch with RIS (Radiology Information Systems) and HIS (Hospital Information Systems), along with lab systems, EMR, and so on.

DOTmed estimates PACS to be about a $1 billion market. But the sector is in flux with companies merging in order to offer a full range of health IT solutions combining RIS (scheduling, referrals, reports, etc.) and PACS (medical images and associated patient information). Most notably last fall GE acquired Dynamic Imaging, known for its web-based system.

“Dynamic Imaging specialized in outpatient imaging centers [OIC] and community hospitals. That was the market we always wanted to be in because our initial market was all towards academic, large enterprise [customers],” says Vijay Tanjore, Senior Marketing

A crowded market reflects complexity of digital medical imaging management

By Barbara Kram

Thinking Systems PACS/RIS
Manager, GE Healthcare. The company has close to 1,000 PACS sites worldwide. “Our product [their flagship is Centricity] was more sophisticated—a lot of bells and whistles—so going into OIC, it’s hard to take a product and skinny it down…. We wanted to really give a product that fits that market.”

Another prominent example of market shuffling was the 2005 merger of software specialist Cedarasoftware with aptly named Merge Healthcare, makers of a widely used radiology workstation.

“Consolidations, acquisitions and mergers can leave customers holding the bag,” cautions Douglas Dill, Director of Marketing, DR Systems, San Diego, CA. He suggests choosing a vendor that’s committed to PACS, perhaps a cost-effective, smaller PACS company.

Industry insiders report a cooling at the upper end of the market for big name systems, while opportunities abound to sell more modest solutions to medium and small hospitals, imaging centers, and individual practitioners such as orthopedists.

It’s helpful to think of PACS as a traditional pyramid market with high-end research and teaching hospitals at the peak. In middle are the bulk of community hospitals and radiology groups. Smaller facilities, imaging centers and practitioners are at the base. While the entire top tier has PACS in some form, sales opportunities lie in their upgrades, and in penetrating the greater number of customers lower down on the pyramid that need affordable solutions.

“Large OEMs at the top serve research institutions, which all have PACS and are digital, but the middle- and low-end market has opened up,” says J. Greg Perry, VP, Sales, American Medical Sales, Inc., Hawthorne, CA. The company offers a gamut of PACS products including hardware and software, workstations, archives, gateways and web solutions to small hospitals, imaging centers, clinics and physicians. “We don’t compete with brand names at the top but the growth in the market is concentrated toward the bottom.”

“Most modern, large hospitals have PACS. But it might not have been done as an enterprise-wide or department-wide solution, so there is a lot of churn and upgrading going on in the hospital space,” notes Joe Maune, Director of Product Management, Carestream Health, Inc. “As you get into some of the smaller, rural hospitals, those have yet to be penetrated with PACS implementation.” Carestream is noted for its complete portfolio of KODAK CARESTREAM RIS and PACS offerings, which can be integrated or purchased separately. Their system includes advanced visualization tools built in so radiologists don’t have to open other applications to use diagnostic software.

“Many large hospitals were early adopters and their systems are ripe for replacement,” observes Eric Mahler, Philips’ Director of Field Marketing for Radiology and Healthcare Informatics. “The technology has matured and solutions are faster and better. The replacement opportunity is larger than net new business.” He noted that the useful life of PACS hardware is only about three years so Philips iPACS is priced to include a hardware and software upgrade to give customers confidence that costs won’t escalate as new features are needed. “Hospitals are looking for more information, more robust, feature-packed

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With RSTI Training,

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Room for Smaller Players

Many medium-sized and smaller companies are optimistic about market growth in their PACS segments. Some feel that the DRA reimbursement cuts to some imaging centers have boosted the lower-end PACS market since small providers are seeking efficiencies.

“Last year was a slow capital purchase year due to the DRA,” says Will Martinez, President, Trident Imaging Services, Santa Fe, TX. “Non-revenue producing systems are usually put toward the end of the list [of purchase priorities]; 2008 should be a stronger year for PACS since [the installed base] is one year older and adjustments to the DRA are normalizing.” Trident is a Medlink dealer for CR, DR and PACS - sells Cedara and ComPACS systems.

“Even without DRA, who doesn’t need efficiency?” asks Scott Wasson, President, CEO, Radiology Services LLC, Evansville, IN, which sells PACS, CR, DR and diagnostic imaging equipment. “PACS is efficient and film is not. The major PACS selling points are financial, ease of distributing images, space requirements and quality control.”

“The primary driving factor for new PACS system adoption is smaller clinics and hospitals that need to become more efficient with their image management. They were unable to do this before because the PACS vendors in the past were too costly for their budget,” says Jim Wheeler, Director of Business Development, QStar Technologies Inc., Mary Esther, FL. The company provides PACS and email capture systems for the medical market and archive storage management products that help meet HIPAA compliance.

In addition to GE, other OEMs are also becoming more nimble in efforts to serve smaller customers. “Vendors used to require that you buy all the hardware from them because they would heavily mark up the margins and require you to purchase it,” says Jim Morgan, Director of Marketing for Network Systems, FujiFilm Medical Systems USA. “We were the first full-sized vendor that offered software only. So we will give you a price with hardware if you want us to furnish it, or you can shop it on the open market and buy your own if you can get a better deal. We offer both.” The company serves customers that do anywhere from 10 to 3,000 studies per day. “Our goal is to meet the needs of the single box, up to a large multi-site hospital chain.”

Some Key Decisions

Not all PACS systems are web-based, although the internet predominates. Some use on-site networks and servers. An example would be a multi-specialty practice where the radiologists all come to work each day and just need access from computers within the facility. Other configurations are hybrids combining local and widespread resources.

“Those that are web based are more successful in the market. Those that are not, are trying to morph their product to web-based platforms. Or they are trying to acquire companies that have a web product,” suggests Morgan.

Some say that the internet is slower and raises concerns over possible service interruption, along with higher costs. The degree to which you’ll need to share images with referring physicians and other radiologists will dictate configuration. The internet affords easy access by radiologists reading remotely with privacy compliance and encryption fully secured. Referring physicians are readily put in the loop, too. “That’s a very big business benefit,” stresses Mahler. Referring physicians will send more patients if they get results quickly.”

Of course pricing is the other critical consideration. It’s not possible to estimate how much a PACS system will cost without factoring in the provider’s scale in terms of number of clinicians, administrators, workstations, modalities, imaging studies, etc. Simple “PACS in a box” solutions can cost in the $10,000 to $200,000 range and are available and affordable for small healthcare providers.

For example, ADDISS Systems—Associated Direct Digital Imaging Systems, Natick, MA, makes a standalone mini DR/PACS combo. It’s a software and hardware acquisition and storage package perfect for individual practitioners. The product, priced up to $35,000, can go “anyplace where they can put an upright bucky or mounted detector,” according to President Edward Small.

Inclusive turnkey RIS/PACS solutions with hardware including servers, and software including dictation can run from $200,000 into the millions. However, the pricing structure is typically quite simple since most many PACS systems are priced by the study, known as “price per click.”

One company that has bucked the
price-per-click trend is NCS DataCom, Inc., an online PACS solution provider focused on small- to medium-sized imaging centers, small hospitals and radiology practice groups. Their offering is called perfect PACS. “This is priced at a flat rate per system access, facility, modality and reading physician. So it’s not a per-click solution. It’s doesn’t get more expensive if the client gets more successful,” says Jeff McConocha, Chief Technology Officer for the Cleveland, OH company. “Most of the other PACS providers charge per study. That’s considered a ‘per click’ because every time you do work, you pay for it. We have discovered that a lot of people in this marketplace would like to have more budgetable cost control.” Merely increasing the number of studies does not add cost in the NCS plan, which was designed by a radiologist. The costs would increase only if a customer added a facility or access point that the company would need to manage.

NovaRad Corporation doesn’t charge per click either. “If customers don’t want to purchase NovaPACS up front because they are small hospitals and can’t come up with the money, we will give them a subscription-based model where they pay for the software on a monthly basis based on their image load but the cost doesn’t change,” says Vice President Paul Shumway.

Some trends to watch in the PACS markets include ongoing mergers of RIS and health IT vendors with PACS companies so that they can offer integrated solutions. The key here is that the promise of PACS to improve productivity depends on how well it works with other databases to truly speed workflow. Other hot technologies include 3-D visualization platforms and virtual reading environments in which radiology groups read for multiple facilities, supported by the teleradiology capability of PACS.

“When people think of PACS, the first thing they think about is the image on a monitor but any company can do that—you can download a free viewer off the internet. That’s the easy part,” says Lenny Reznick, Director of Enterprise Image and Information Systems, Agfa HealthCare. “It’s really the integration and how you fit into the workflow of the surroundings which makes it difficult and that’s what separates Agfa from some of the other companies.” Agfa’s IMPAX integrates advanced 3-D visualization software from third parties such as TeraRecon for high-end university hospitals. Agfa also offers its own visualization products to smaller hospitals. “One of the biggest differentiations we have in our PACS product line is integration flexibility. We know we need to integrate with RIS, HIS and EMR but it doesn’t stop there. It’s advanced 3D visualization, desktop integration, dictation and voice recognition systems, and critical test results management systems.”

Words to the Wise
To navigate the intricate PACS market isn’t easy. Last year’s meeting of the Radiological Society of North America included 138 PACS exhibitors.

“It’s a jungle out there and you have to be careful. There are a lot of products, some are good, some not so good,” says Mike Bushior, Owner, Advanced Medical XRay, Somers, CT. He suggests going with a company with local representatives who will be there when you need support. And don’t forget training. “Everybody talks about the IT person and that’s important, but you really need a good applications person that knows the imaging side not just the IT side,” Bushior says.

At the risk of oversimplifying, industry experts have told DOTmed that many of the technical aspects of PACS are similar from one high-tech product to another. As a result, important distinctions that affect the buying decision include the level of integration with current RIS and HIS systems, the vendor’s ability to map and migrate old images to the new system, and after-sales support, among other finer points.

“PACS is the most complex sell of all information products, involving clinical, IT, administrative, regulatory and other costs and operations,” says DR Systems’ Dill. The company, founded by radiologists, offers an inclusive, customized turnkey RIS/PACS system with feature-rich software functionality aimed at community hospitals and imaging centers. “People think they need a big name for a long-term relationship but that’s not true. The OEMs’ big ticket item is the imaging modality. They bundle PACS with the modality. They throw it in free, so the customer thinks it is a great deal but it’s not really. They may be paying annual maintenance and not have the interfaces they need. They think adding vendors adds complexity and cost but there is a high cost of ownership if the system doesn’t adapt to the work they need done.”

He noted that it could be a problem to get software at a great price but then have to do your own integration. “The perception is cost savings but…cost is burdened continued on page 39

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For years, mentioning the word laser evoked an image of James Bond, Auric Goldfinger and the latter’s intent on using one to carve 007 in half. But times have changed. Today lasers are used for healing not mayhem. The word laser, incidentally, is an acronym for light amplification by stimulated emission of radiation. Applications include: the removal of tumors and cysts, sealing small blood vessels to prevent blood loss, sealing lymph vessels in order to alleviate swelling and stop the spread of cancer cells, vision correction, vein ablation, oral surgery and treating skin conditions. In addition, lasers are used to treat chest pain, ectopic pregnancy, endometriosis, fibroid tumors, gallstones, nosebleeds, ovarian cysts, ulcers and many other disorders, diseases and conditions. And given the inexorability of technological advances, experimentation and research, the sky’s the limit on how many additional uses loom. The American Society for Laser Medicine, for example, says that more than 50 medical specialties already employ the technology.

Doing Homework Important Before Buying

There are, as you would expect of a technology driven discipline, a wide range of lasers available for medical treatments: the carbon dioxide (CO2) laser, the Neodymium:yttrium-aluminum-garnet (Nd:YAG) laser, Diode and Pulsed Dye lasers. Others include the Erbium, Alexandrite, Plasma, Ruby and Holmium lasers, all used either in medicine or cosmetics.

Scott Jacobs, Director of Business Development, Nova Star Medical Equipment, Livonia, MI says, “Like any medium in the medical field, especially pertaining to surgery, laser technical advances seem to be occurring on a daily basis.” He added, “Laser technology is truly amazing. Surgeons and trained technicians are now able to do procedures never thought possible with greater speed, allowing for a much quicker recovery time for patients.”

Nova Star’s right in the thick of the competition, offering IPL (intense pulse light), ND:YAG, Alexandrite, Pulse dye, Diode, CO2, cellulite reduction systems and microdermabrasers.

As for doing the homework necessary to just sort through Nova Star’s catalog, Jacobs says laser buyers tend to overbuy. “Doctors and spa owners need to do more market research before they go out and buy a top of the line laser or IPL system. Many times they will be pay-
ing for features they’ll never use or need.”

A piece of buyers’ remorse emerges when the buyer gets a little too cute. Buyers should understand that the aesthetic and cosmetic laser equipment community is a very small one. When customers play two or three companies against one another, the equipment resellers and brokers find out. End result is the buyer ends up spending more money in the long run. But if buyers are up front with the company they choose to work with from the start; they will get what they want — at a price they want to pay — without the headache. “This allows for a new relationship where trust won’t be an issue for future transactions, and both buyers and sellers both feel comfortable and everybody wins,” says Jacobs.

That view is supported by Andrea Pezzano, Director of International Marketing, Sciton, Inc., Palo Alto, CA. “Buyers tend to overlook the real capabilities that a laser has to offer, and at times they are confused or mislead by the complexity of the technologies.”

One persistent question about the sales and service of lasers is whether a buyer has to be certified to purchase equipment. Pezzano says it depends on the state where the equipment is purchased. As a matter of policy, Sciton only sells to physicians. The company believes that only a physician or a medical practitioner under a physician’s supervision should operate laser equipment. Among Sciton’s top products, the ProfileT, high performance laser system, includes up to five laser and light modules and is available in over 30 different configurations. It’s used for skin peels, high-speed hair reduction, photorejuvenation, vascular, pigmented lesions, acne, acne scars, wrinkles and more.”

**Opportunities Abound for Laser Service Companies**

With the laser market growing at an impressive rate, the service side of the business is burgeoning.

John Crownover, President, Laser Scientific, Round Rock TX, says that many laser buyers focus too much on price and overlook service, warranty and support after the sale. “Lasers should be regularly maintained according to the manufacturer’s requirements,” he says. Regular maintenance mostly guarantees that a physician minimizes his exposure to liabilities. Plus, routine check ups spot trouble before the damage becomes too extreme or costly.

Crownover suggests that a typical maintenance visit can cost as much as $2000 (adding travel expenses and time into the equation). “While this may seem costly,” he says, “when compared to the cost of canceling and rescheduling 10-20 patients, it’s quite inexpensive.”

Laser Scientific designs and manufactures products for the cosmetic and aesthetic laser industry and provides on-site laser service and repair supporting Lumenis/Coherent, Candela, GentleLASE, GentleLASE Plus and Laserscope to name a few.

Service is the priority at JLJ United, Inc., Austin TX, which focuses on three separate areas of service. Company president Geoffrey Loveless says his technicians first ensure that all the components

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The Candela GentleYAG, a popular MedSpa laser.
are functioning according to the textbook. Technicians then focus on the machine’s energy output and efficiency. “We also make sure it’s properly calibrated,” says Loveless, adding that it’s then restored to “like new” condition.

Loveless, another proponent of preventative maintenance, provides a program that initially costs $1,500 and includes calibrations set to OEM specifications.

Mike Moreno, President, MedPro, Inc. Marlton, NJ, is a stickler for procedure. And when it comes to refurbished cosmetic, medical and ophthalmic lasers he says each one should be calibrated and inspected before delivery to a customer.

“This is complicated technology, and it is essential that it meets OEM specs 100 percent upon delivery,” he says. Moreno suggests manufacturers should emphasize the importance of performing routine maintenance on pre-owned medical lasers. If practiced, most major problems can be avoided.

MedPro sells pre-owned medical aesthetic lasers and IPL devices. Moreno says pre-owned lasers allow hospitals and other facilities to improve patient care and yet remain competitive by upgrading existing equipment at reasonable costs. He’s a big fan of the Internet, which has allowed many companies to reach physicians, plastic surgeons, dermatologists, hospitals, private practices and clinics throughout the globe who are not only looking for a greater selection of equipment, but want the reseller to provide an expanded range of services like logistics, reconditioning and warranty extension.

**Repairing exhausted laser tubes**

CO2 laser tubes can last anywhere from 10 to 20,000 hours depending on usage and the volume of gas contained within the laser tube. Typically, laser tubes come with some type of reservoir to maintain longevity, along with the proper mixture of laser gases. Photovac Laser, Grove City, OH, customize laser tubes for automated applications, and according to the company’s President, Chris Zelich, “A used laser tube may be regassed and/or rebuilt to like-new condition and almost any core of a CO2 (Argon/Krypton) laser tube can be remanufactured to its original condition.”

Photovac Laser also offers accessories including circuit boards, power supplies, laser heads, computer-aided design and “glass blowing”. “We support chemical distillation and fiber optic extrusion needs with our glass blowing services,” says Zelich.

**Blazing ahead in the field of laser technology**

Laser Energetics, Inc., Mercerville, NJ, offers unique laser technology in which the laser can be conductively air-cooled to compete favorably against water cooled lasers in cosmetic and dental laser applications such as hair removal, tattoo removal and teeth cleaning.

CEO, Robert D. Battis said that the company is ramping up their development and production capabilities for this BrightStarTM Alexandrite laser system, thanks to a $12 million dollar investment from a company that Laser Energetics has a relationship with. “This investment allows us to bring both new technology and refinements to our existing technologies to the market in a very rapid fashion,” Battis says.

**Baby Boomers Boost Medi-Spa Industry**

Because of the demand, particularly from the baby boomer demographic, for cosmetic laser treatments, competition in the cosmetic equipment industry is stiff.

Prices for laser procedures and equipment are on the defensive, enabling health spas, salons and other facilities to make laser treatments available. It’s estimated that of the $2 billion plus spent annually on laser treatments, about 40% goes for such cosmetic procedures as hair removal and skin resurfacing.

Baby boomers definitely are the driving force in the medi-spa market. According to the U.S. Medi-Spa Market Report for 2007, in a little more than a decade, the U.S. medi-spa market has
grown from virtually nothing to almost a $1 billion dollar a year market. Though some are concerned about too many unqualified and unsupervised technicians making perhaps too many mistakes while carrying out these sophisticated procedures, it’s expected that the medi-spa market’s future is especially robust.

Generally, medi-spa programs are run under the supervision of a licensed healthcare professional, utilizing lasers and intense pulsed light (IPL) technology to carry out treatments for varicose veins, dermal filler injections, Botox injections, laser hair removal, microdermabrasions and more.

A fully equipped medi-spa will have multiple systems for specific procedures, offering patients a total solution. MedPro has set up over 400 medi-spas since 2001, and co-owns a comprehensive laser center in New Jersey that has an on-site plastic surgeon. MedPro’s philosophy is that if their customers receive safe treatments with great efficacy, they will be back for additional, sometimes more aggressive, treatments, such as fractional resurfacing, laser lipolysis, skin tightening, fillers and injectables.

[DM 5523]
Hologic’s Cytyc Acquisition Producing Impressive Results

Hologic’s latest earnings report caused quite a buzz in the medical equipment business, even rating a segment on business news cable channel CNBC.

And with good reason: the company reported record revenues exceeding $370 million for the quarter ending December 29, 2007. Revenues, adjusted earnings and backlog all increased to record highs.

Highlights of the quarter include:

- Record revenues of $371.4 million.
- Merger with Cytyc Corporation on October 22, 2007 contributes $158 million of revenue (for 10 of 13 weeks).
- Record 384 Selenia full field digital mammography systems installed and recognized as revenue.
- Record backlog of $244.5 million for historical businesses (mammography/breast care/skeletal health).
- Reported net loss of $358.6 million due primarily to non-cash charges related to the Cytyc merger.
- Added to the Nasdaq-100 index® on December 24, 2007.

First quarter fiscal 2008 revenues totaled $371.4 million, a 128% increase compared to revenues of $163.2 million in the same period a year ago.

The gains in revenue were mainly the result of including Cytyc revenues for the period from October 22, 2007 (the merger date) to December 29, 2007, which approximated $158 million. For the first quarter of fiscal 2008, Hologic reported a net loss of $358.6 million, or $3.31 per diluted share, compared with net income of $16.1 million, or $0.30 per diluted share, in fiscal 2007. Included in the first quarter of fiscal 2008 results were charges relating to the Cytyc merger.

“We are pleased with our fiscal first quarter results which were slightly above expectations and provide a solid foundation for achieving our goals,” said CEO Jack Cumming

Read all the numbers at http://www.hologic.com/ir/fr013108.htm

Central X-Ray Credits DOTmed for Aiding Growth

Robert Burbury, President of Central X-Ray Corp., Springfield, MO, and the original inventor of the Eureka X-ray Collimator, plus another eight U.S. patents in the medical X-ray industry, has been a DOTmed user since 2006.

“DOTmed is helping me find new clients looking for X-ray design and software engineering,” he says. “My website hosted by DOTmed and the service listing is all new, but I can see it will make a difference in the years to come.”

Central X-Ray offers complete software and hardware engineering for digital high-frequency generators and high-voltage X-ray transformers, as well as complete circuit board design to UL, TUV and ETL. The company also offers a complete X-ray test lab facility.

Says Burbury, “Our years of product design experience can definitely benefit our customers. We specialize in software, power circuits and high-volt-
age transformer engineering, and our design lab has complete X-ray testing equipment and lead shielding.” In addition to new designs Central X-Ray provides working prototypes, service manuals, software source codes, patent assignments, drawings, schematics, BOM purchase sources and marketing and trade show assistance.

- [DM 5377]

Chapman Promoted at STERIS, To Oversee Healthcare Unit

STERIS Corporation (NYSE: STE) has named Timothy L. Chapman senior vice president and group president, Healthcare. Chapman joined the Company in January 2006, as senior vice president, Business Strategy. Chapman replaces Charles L. Immel, who has left the company.

Chapman, 45, reports to Walt Roseborough, president and ceo, and is responsible for the company’s Healthcare segment, a leading provider of infection prevention and surgical equipment, consumables and services to customers such as acute care hospitals and outpatient surgical centers. Mr. Chapman also retains responsibility for business strategy.

- [DM 5441]

GE To Acquire Whatman, Filtration Supplier to Medical Community

GE Healthcare is acquiring Whatman plc. Under the terms of the transaction, each Whatman shareholder will receive 270 pence in cash for each Whatman share, valuing Whatman at approximately $363 million pounds or approximately $713 million. The deal is subject to approval by Whatman’s shareholders as well as customary regulatory approval.

- [DM 5435]

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Whatman is a global supplier of filtration products and technologies, with a well-recognized brand, and a strong sector expertise. The company has a broad product offering of filters and membranes for laboratory, research, life sciences and medical technology. GE Healthcare’s Life Sciences business is a worldwide provider of technologies for cellular and protein science research, and tools used in the manufacture of biopharmaceuticals such as vaccines, cell therapies and antibodies.

Joe Hogan, President and CEO, GE Healthcare, said, “Whatman is a great company with an outstanding track record of innovation, a strong reputation and brand with the research community, and highly talented employees. Whatman’s product offerings are highly complementary with our Life Sciences business.”
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Refurbishers, Broker/Dealers Play Increasingly Important Role

According to a number of top mobile trailer refurbishing companies and equipment brokers, DRA’s impact is mixed, though all the incentives are in place to encourage the growth of the resale of previously owned Siemens, GE, Philips and Toshiba mobile units. A refurbished medical trailer generally costs one-third the price of a brand new medical trailer so clearly, the financial differential tilting towards a pre-owned is huge.

How a trailer is refurbished plays a key role in both cost and quality. Not everyone has the space, skill, and expertise to take a used trailer and retrofit and then get OEM certification. While the companies that build new trailers must be certified by the OEMs before they are allowed to install its equipment, refurbishing companies are not. What the refurbishers rely on is quality work and quality connections with the four major mobile trailer manufacturers who can oversee an installation, once a refurbishing takes place.

It’s important to understand the different roles played by refurbishers, brokers, and assorted other specialty sub-contractors.

A “gut” refurbisher, as they are sometimes called, needs a huge warehouse site with room for separate bays to work on previously-owned Oshkosh, Medical Coach, Ellis & Watts or Calutech trailer. Such an operation normally has several trailers in different stages of retrofitting and often is large enough to have its own crews doing the gutting and the replacing. Smaller refurbishers will sub-contract work out while brokers will buy, sell and move various parts and pieces within a mobile unit.

King Equipment Service, Waukegan, IL, is, as its name implies, one of the largest refurbishers in the business, according to Bill King, its president. King Equipment has a large facility with seven separate bays, and a full 15-foot painting booth. The company usually has five trailers undergoing refurbishment at any one time during the winter months, with six to seven in the summer, when weather is not a factor.

“We have the capability to do virtually anything a trailer needs, including completely gutting trailers down to the bare walls and rebuilding them. We also reconfigure trailers for other purposes, an area where our company really stands apart. We have the ability (and frequently do) convert a MRI trailer for a CT, or a PET trailer for a CT. We install our own engineered slide outs in trailers which facilitates cutting holes in the trailer sides, fabricating slide outs and installing them and making them work. We then do wallpapering, flooring, cabinets, and everything else required to make the interior new.”

All interior work is in house using 11 employees, all of whom are certified in every facet of repair and maintenance.

“We do our own fabricating, welding, air conditioning and electrical. We make our own cabinets, have a certified mechanic to overhaul engines, do brake jobs, repair generators, in short every task to make a trailer look new.

Ron Moore, owner of R&D Imaging, Inc. of Evansville, IL, has a smaller, more specialized operation.

His warehouse is 10,000 square feet and can presently refurbish about four mobile medical trailers a year.

Moore installs new carpet, new tile floors, new ceiling tiles and checks all the AC/heaters to make sure they work. He’ll check the slides for water leaks and replace air bags and tires as needed. He’ll check the hydraulic pumps and values to make sure patient lifts and leveling jacks work well.

The entire process make take a few weeks to a month. While most of this “servicing work” will be done in-house, Moore subcontracts out all the AC work and about half of the painting (interior and exterior). Generally, his company works with medical trailers housing CT scanners and MRIs.

Mobile MedTech has two sites: 44,000 square feet in Cottage Grove, WI and 15,000 square feet in Council Bluffs, IA and more employees (15-20) but works on fewer trailers at a time. It, too, does all its own welding and AC work, and some of the painting.

According to Paul Zahn, director of sales and marketing, Mobile MedTech, his company does both custom work for clients or refurbishes entire medical trailers for sale. With many former Ellis & Watts on staff, Mobile Med Tech specializes in MRI, CT and PET/CT installation in its refurbished trailers which it also rents and leases.

“The pros of buying refurbished equipment from Mobile MedTech is the quality of the work and the price,” Zahn says. “I do not know of any cons in regards to buying used trailers.”

According to refurbishing companies, an MRI trailer that costs $350,000 new, can sell for $150,000 refurbished.

[DM 5521]
# DOTmed Registered Medical Trailers Sales and Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 5521]

*Names in boldface are Premium Listings.*

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sador Medical. “From a quality point of view, it validates our system and shows that we are doing the right things for our customers and the patients they serve.”

In order to gain the distinction, a BSI certification body toured Ambassadors’ facility to assess the company’s systems in terms of the ISO quality management standards. These include overall quality, management, technical issues, processes, customer service and other parameters that comprise quality management excellence.

***

American College of Physicians Launches New Website

The American College of Physicians (ACP) has launched a new Web site - www.acponline.org - to provide internal medicine physicians and related subspecialists with easy access to ACP information on clinical topics, practice management tools, continuing medical education, and other useful resources.

ACP’s new Web site also has resources for medical students, residents, fellows, and patients and their families.

“Visitors can access information quickly and easily - whether it is the latest evidence-based clinical guideline, clinically-based quality improvement programs, information about career paths and mentoring, or background information about common health care topics related to internal medicine,” said John Tooker, MD, MBA, FACP, ACP’s executive vice president and chief executive officer.

With ACP’s new site, which has more than 25,000 pages of content, visitors can now browse and search ACP’s comprehensive collection of clinical resources such as Annals of Internal Medicine and the Physicians’ Information and Education Resource (PIER) in one easy-to-find location, access management tools to help run a practice and improve practice performance, stay up-to-date with continuing medical education from ACP, prepare for certification and re-certification and a host of other endeavors.

***

FDA Clears Vicorder

The FDA has granted 510 (k) marketing clearance for the Vicorder manufactured by Skidmore Medical. The Vicorder is a new USB driven vascular diagnostic system which utilizes proprietary software within a Windows operating system to provide Hospitals and Vascular labs a cost efficient method to diagnose peripheral vascular disease.

***

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on the International Space Station. Jeff Antonucci, a media relations executive at Hettich says, “Clearly, when dealing with such a remote application, safety and reliability are of the utmost importance. We try to keep that a priority on earth as well.”

Currently it seems as if the most signification innovations are found in extraction and analysis instrumentation. Pharmaceutical and microbiological labs now use mechanical pipettes, which have dramatically increased efficiency. Incorporating autosamplers on analytical instruments has allowed personnel to keep instruments running 24 hours a day. And, despite the economy, the market for laboratory equipment is and will continue to thrive because there will always be a need for labs in their role as the backbone of science.

Lab Automation is a Crucial Component

A laboratory-automated system has a myriad of advantages offering speed and accuracy that cannot be matched by humans. With an automated system, laboratory personnel can perform applications they were trained for and not monotonous tasks.

Modern technology has come to the rescue when absolute consistency and speed are a factor in sophisticated laboratory testing. Companies that are making automated laboratory systems have done their homework and offer an array of options to facilitate data and revenue flow. The system should be able to interface successfully with instruments from different vendors, as well as interface with a wide variety of laboratory information systems. It should be able to handle a multiple sized tubes and allow for the use of plastic cups placed on top of primary tubes.

Integrated Laboratory Automation Solutions, Inc. (iLAS), Troy, MI, was launched with just such a mission statement. Vice President of sales, Eastern region, Harry Hirt, says that iLAS ‘s Efficiency Series™ is a modular system that is designed for as few as two instruments or systems as large as DMC’s with eleven instruments. “Automation, in its best configuration, should serve the primary needs of the laboratory,” Hirt says. “Avoid solutions that require work-around, or alterations of ‘common sense’ work flow and avoid complexity.”

Continuing in the automation vein, David Zelmanovic, President, LabThroughPut (LTP), Monsey, NY, provides computer software to clinical laboratories that improves operational efficiency. “We provide what is referred to as middleware,” he says. The company’s LTP Achiever automates the verification of blood analyzer results before they are released to host systems. “It’s called ‘middleware’ because it bridges the blood analyzers and host computer systems.” Zelmanovic says other LTP products automate the analysis of body fluids that would otherwise require a series of manual steps carried out by skilled operators. “Our process reduces analysis time by almost a factor of 10 and costs much less than the manual technique.”

Enduring yet Changeable

The bottom line on lab equipment: it’s a multimillion dollar technological arena that’s populated by numerous mid sized manufacturers, a network of broker-dealers, all providing a range of service, and all promoting the “pay me now or pay me later” school of preventative maintenance. Moreover, what occurs in the lab is often crucial to life or death medical decisions, suggesting, of course, why the lab will always be at the core of medicine.

● [DM 5520]
continued from page 27  PACS

by disruption and resources required for integration on premises. We make implementation as easy and undisruptive as possible,” Dill promises. “Don’t look just at initial price. Look at recurring costs and true cost of ownership.”

Hospitals have IT departments and their own group running all their systems, so a lot of them are switching to software-only configurations,” observes Dee Dowske, Senior Marketing Manager, IMCO Technologies, Pewaukee, WI. The company makes IMCO PACS Lite. “Orthopedic centers don’t have IT departments. It might be in their best interest to sell them a turnkey product—hardware and software.”

Intelerad’s Delia So, Marketing and Business Solutions Manager for Montreal-based Intelerad Medical Systems, Inc. offers these sound suggestions, “Don’t rush into things, understand your market, players, and vendors for your needs. Study the market and yourself. In the long run you save money if you don’t have to buy a new PACS every five years.”

Now that the market has shaken out somewhat, and leaders have emerged, it’s time for many providers to install or upgrade their PACS, and for distributors and vendors to align themselves with names they can trust.

“We stayed out of PACS a while, waiting for the dust to settle. Customers trust us and buy what we recommend,” Bushior says. The company now sells UltraRAD PACS software used with KonicaMinolta technology for its clientele of small practices and walk-in clinics. “We feel confident that we won’t have to go back to customers in a year or two and say ‘sorry it’s not supported anymore.’ We feel they’re in it for the long haul.”

[DM 5522]

DOTmed Registered PACS Sales and Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 5522]

**Names in boldface are Premium Listings.**

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Geography, State Legislation Key to Financial Health

New Jersey, for example, is an epicenter for the convergence of punishing economic and legislative forces. The recently released report by the Commission on Rationalizing Health Care Resources, convened at the behest of Democratic Governor John Corzine, details what’s driven hospitals to “the cusp of a crisis,” and led New Jersey Hospital Association president Betsy Ryan to say the Commission’s report acknowledges that Garden State hospitals “are truly in poor financial health.”

The situation there is acute. In the past 16 months, five New Jersey hospitals have closed, another five have declared bankruptcy with another half dozen or so signaling their intentions to shut their doors for good. According to the NJHA, the national operating margin for hospitals is about 5-6 percent; in New Jersey it’s one half of one percent.

Charity care is a bewildering, seemingly insoluble issue. The Garden State also suffers since there are no state hospitals to handle the uninsured so all hospitals must handle these cases. Currently, the state contributes about $715 million in reimbursement to those hospitals who are, however, providing about $1.3 billion worth of care.

Though the situation in Tennessee is much better by comparison—county owned and investor owned facilities handle charity care—Tennessee Hospital Association president Craig Becker nonetheless feels New Jersey’s pain.

“Everyone wants to pay less, the government, commercial health insurance providers so the result is hospitals are getting whipsawed,” he says. “The issue of uncompensated care is a real strain on hospitals.”

Becker’s hopeful that as the presidential primary season roars to a close and the final two candidates emerge, “healthcare will become a major part of the presidential debate. It must,” he says, “move up the ladder of this country’s priorities.”

● [DM 5525]
**Shows and Events for March 2008**

European Society of Radiology (ESR) - ECR Congress, March 7 - 11, Vienna, Austria
AGA CT Colonography – What Gastroenterologists Need to Know 2008, March 7 - 8, Washington, D.C.
SGO Annual Meeting on Women’s Cancer™ 2008, March 9 - 12, Tampa, FL
AIUM Annual Conference 2008, March 12 - 15, San Diego, CA
HOSPIMedica INDIA, Mar. 14 - 16, 2008, Mumbai, India
SIR 33rd Annual Scientific Meeting 2008, March 15 - 20, Washington, D.C.
WALS World Conference 2008, March 15 - 16, New Delhi, India
ACC 57th Annual Scientific Session 2008, March 29 - April 1, Chicago, IL
AORN 55th Annual Congress 2008, March 30 - April 3, Anaheim, CA
SCBT-MR Annual Course 2008, March 30 - April 4, Charleston, SC
7th International Diabetes Federation - Western Pacific Region Congress 2008, March 30 - April 3, Wellington, New Zealand

**Shows and Events for April 2008**

AADR - American Association for Dental Research - Annual Meeting 2008, April 2 - 5, Dallas, TX
ASMLS - American Society for Laser Medicine and Surgery - Annual Conference 2008, April 2 - 6, Kissimmee, FL
IAME Current Practice of Vascular Ultrasound Course 2008, April 4 - 6, Chicago, IL
MGMA Administrators in Oncology/Hematology Assembly (AOHA) 2008, April 6 - 8, Orlando, FL

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**BLANKET & SOLUTION WARMERS**
#377744 - GAYMAR MTA-4700 Blanket & Solution Warmers $895
Gaymar Auto-Meditherm model MTA-4700 patient warming and cooling unit. George Girgis, Meena Medical Equipment Inc.

**BONE DENSITOMETER**
#129720 - GE Lunar DPX-IQ Bone Densitometer $20,000

**C-ARM**
#452821 - OEC 9400 GSP, 1992 C-Arm $21,500
Mitchell Guier, North American Medical

**INSIDE**
Medical Sales and Services, p.43
Equipment for Sale, page 43
Employment Opportunities, page 47
EQUIPMENT FOR SALE

#453234 – OEC 9600 ESP C-Arm
Manufactured in 1994, dual 17” Monitors
Gary Benitez, Crown Medical International Inc. 718-746-3376

#453266 – GE Stenoscop 2 C-Arm
Gary Benitez, Crown Medical International Inc. 718-746-3376

CARDIAC ULTRASOUND

#455657 - ACUSON Sequia C256
Cardiac Ultrasound
Software Revisions 7, 8, and 9 are Available. Acuson’s Coherent Imaging Technology.
Colin Grady, Ambassador Medical

#440044 - ACUSON Sequia 256
Cardiac Ultrasound $10,000
Cardiac only, with 3V2c, better price for the purchase of two systems. Emad Ramzy, CCE Canada Commercial Exchange, Inc.

CHIROPRACTIC THERAPY

#418245 - THOR LASER LX2
Chiropractic Therapy $5,499
2 laser handles 1 year old AS-NEW Condition. Dr. Mark Levine, PT and Chiro Eq

COAGULATION ANALYZER

#454978 - HAEMOSCOPE CORPORATION THROMBELASTOGRAPH TEG 5000 COAGULATION ANALYZERS
Wendy Young, RME International

COLONOSCOPE

#355433 - OLYMPUS CF-140L
Colonscope $4,750
18-month warranty! Scope is in excellent condition. Bruce Mason, Advanced Endoscopy Solutions 386-756-5997

GASTROSCOPES

#452332 – LAERDAL HEART START
4000 Defibrillators $1,500
We have 8 of these in stock. Jason Eden, Bio Basics Global 573-431-6664

#452331 – CARDIAC SCIENCE POWERHEART AED G3 Defibrillators $2,000
The AED has been tested and is patient ready. Jason Eden, Bio Basics Global 573-431-6664

#439737 - FRESENIUS G18 pcs.
4008S Dialysis Machine

#449545 - GAMBO 31 pcs. AK-200
Ultra Dialysis Machine
6 units from 2002 - appx 15000 hours. 4 units from 2003 - appx 9000 hours. Anders Boersen Nielsen, AGITO Medical

#455178 – BAXTER Arena Dialysis Machine
We have a number of Baxter Arena hemodialysis machines. Brian Baumgardner, Miga Solutions

#439258 - LUMISYS Lumiscan 75 Digitizer
For PACS, Teleradiology and Film Duplication. Michael Lies, Medical Advantages, Inc.

#375140 - KODAK Multiloader 7000
Daylight Systems $4,450
Recently removed from service. Robert Gaw Jr., Physicians Resource Network

#417518 - MIDMARK 405 Exam Table
$4,500
We have several power exam tables refurbished. Michael Parnell, EquipStat Medical Equipment

#377260 - OLYMPUS GIF-XQ140
Gastroscope $4,750
Video gastroscope with an 18-month warranty! Excellent condition. Bruce Mason, Advanced Endoscopy Solutions 386-756-5997

#394293 - SARNS 8000 Heart Pump
$3,500
We have many New Fuji FCR XC-1 CR systems for your imaging centers. Michael Lies, Medical Advantages Inc.

#377845 - ADDIS 1317 Chiro DR
CCD DR upgrade for existing Chiropractic or Veterinary or any single bucky application. Edward Small, ADDIS Systems - Associated Direct Digital Imaging Systems

#415656 – STRYKER COMPLETE LAPAROSCOPY SYSTEM $7,200
Includes: SONY Monitor 20” Trinitron Model. Gamal Shanbaky, Gamma Medical Equipment, Inc.

#375734 - MIDMARK 75i Exam Chair
$4,500

#438887 – BREWER Assist 7000 Exam Table
$6,000
DEMO UNIT IN NEW CONDITION Price reduced. Addam Arrington, Pilot Medical, Inc

#417518 – MIDMARK 405 Exam Table
$1,850
Price reduced. Addam Arrington, Pilot Medical, Inc

#394306 - MEDTRONIC 550 BioConsole Heart Pump
Medtronic 550 BioConsole Centrifugal Pump System completely reconditioned. Doug Platt, CardioQuip

#439720 - MEDTRONIC 550 BioConsole Heart Pump
$3,500
Includes stirrups, drawer warmer, side drawers, and large 800lb step. Ronald Shedyv, Great Lakes Surgical

For more information on any of these listings, visit www.dotmed.com and enter the Listing # in any search box. You can post a free classified ad on DOTmed.com. Just visit our website and register.
EQUIPMENT FOR SALE

#454643 - OLYMPUS VISERA OTV-S7
Laparoscope
DIGITAL PROCESSOR, EndoEYE A50023A.
Yolanda Diaz, Star Asset Recovery

LASER - DIODE

#179814 - LUMENIS Lightsheet Head
Refurbishing Laser – Diode $13,500
12x12 diode replacement.
Geoffrey Loveless, JLU United, Inc.

#179812 - COHERENT Lightsheet Head
Refurbishing Laser – Diode $10,000
9x9 diode replacement.
Geoffrey Loveless, JLU United, Inc.

LINEAR ACCELERATOR

#301995 - VARIAN 2100C Linear Accelerator $17,800
Mfg.1991. SN: 246. Stewart Farber,
Farber Medical Solutions, LLC

MAMMO ACCESSORIES

#414679 - CONTROL RESEARCH INC Rol-
loscope 131-001 (refurbished) Mammo
Accessories $15,000. With the ‘One Touch
System’ the radiologist pushes just one but-
ton to dim the light. Jack Donovan,
Broadwest Corporation

MAMMO UNIT

#412568 - GE Senograph 2000D
Mammo Unit
Mfg. May 2003. Full-Field Digital Mammog-
raphy. David Denholtz, Integrity Medical
Architecture. Colin Grady, Ambassador
Medical

#415341 - FAXITRON MX-20 Radiography
Mammo Unit $12,000
The MX-20 System is utilized in medical
facilities and scientific laboratories.
Jack Donovan, Broadwest Corporation

#455176 - LORAD M-IV Mammo Unit
We have a number of Lorad M-IV mammo
units coming out in April. Brian Baumgardi-
er, Miga Solutions

MICRO-CURRENT

#418244 - ELECTRO-ACUSCOPES
MYOPULSE 75C Micro-Current $4,995
Batteries replaced 12/07. NEW Includes Y
triger probe and new indifferent probe.
Dr. Mark Levine, PT and Chiro Eq

MICRODERMABRADERS

#452156 - SKIN SYSTEM Microderm-
abraders $3,995
Condition: Excellent. This is a BRAND
new system with a Lifetime Warranty!
Mark Lynch, Wholesale Medical and
Spa Equipment

MONITOR

#318434 - WELCH ALLYN 52000 series
Vital Signs Monitor $1,295
Excellent working condition. George Girgis,
Meena Medical Equipment Inc.

MRI COIL

#438337 - GE 2225545-6 MRI Coil $6,500
This coil is tested and guaranteed for 30
days. Bruce Smith, Sonora Medical Systems
303-532-2666

MRI COLDHEAD

#89377 - LEYBOLD RGD5100 Cold Head
MRI Coldhead
Remanufactured to original specifications.
Marc Fessler, Independence Cryogenic
Engineering 609-294-0012

MRI COMPRESSOR

#89377 - LEYBOLD Coldpack 6000
MRI Compressor
Remanufactured to original specifications.
Marc Fessler, Independence Cryogenic
Engineering 609-294-0012

MRI MOBILE

#354589 - GE 1.5T LX HS Plus MRI Mobile
For Rental Only - Listed By Owner 1.
Don Salyer, InSight Health Corp.

MRI SCANNER

Siemens 1.5T Symphony MRI
Manufactured in 2004. Michael Glynn,
Mylin Medical Systems (630) 321-1450

#398879 - PHILIPS 1.5NT Intera Mobile MRI
Manufactured in 1997. Michael Glynn,
Mylin Medical Systems (630) 321-1450

#454903 - SIEMENS Espree MRI Scanner
Client ready to buy a system right away:
New, Used, Demo. David Denholtz, Integrity
Medical Systems, Inc. 239-454-9555

NUCLEAR COMPUTER

#412098 - SCIENTIFIC IMAGING Nuclear
Mac GS Nuclear Computer $14,500
Nuclear Mac Power Processing and
Acquisition computer system. Chris Reilly,
CER MEDICAL

NUCLEAR GAMMA CAMERA

#439363 - GE XRT / STARCAM 3200I
Nuclear Gamma Camera $4,990
CARLOS VARGAS, INCAV 408-390-5711

CLASSIFIEDS

RATE CARD

Four lines: $100
Eight lines: $175
Sixteen lines: $325

OB / GYN ULTRASOUND

#202267 - SUMMIT DOPPLER L150 OB / GYN Ultrasound - $550
Summit LifeDop hand held doppler with 2
or 3 Mz probe. Ronald Shedivy, Great Lakes
Surgical

#233025 - HITACHI EUB-6000 OB / GYN Ultrasound $16,950
Features: Three probe ports/Triple-Fre-
quency Transducers Fast probe/application.
Mazi Zarrin, Northwest Ultrasound, Inc.

#233023 - MEDISON SA9900 OB / GYN Ultrasound $19,950
Medison SA9900 Live 3D System-Version.
Mazi Zarrin, Northwest Ultrasound, Inc.

OB / GYN - VASCULAR ULTRASOUND

#455608 - GE Logiq 7 BT03&BT02 OB / GYN - Vascular Ultrasound
*****VERY AGGRESSIVE PRICING*****
Great Imaging quality with GE’s TruScan
Architecture. Colin Grady, Ambassador
Medical

#440039 - GE Logiq 7 Expert BT03 OB / GYN - Vascular Ultrasound
System in excellent condition, manufactured
2003, with 4C adult convex abdominal.
Emad Ramzy, CCE Canada Commercial
Exchange Inc

#453270 - SIEMENS ELEGRA ADVANCE
OB / GYN - Vascular Ultrasound
Yolanda Diaz, Star Asset Recovery

#102861 - ATL HDI 5000 OB / GYN - Vascular Ultrasound
MFG: 2000. Scott Hassler, KPI Ultrasound
951-367-0872

#305279 - MEDISON SA9900 OB / GYN Ultrasound $19,950
Medison SA9900 Live 3D System-Version.
Mazi Zarrin, Northwest Ultrasound, Inc.

Yolanda Diaz, Star Asset Recovery
### EQUIPMENT FOR SALE

#### O/B / GYN - VASCULAR ULTRASOUND (PARTS)

- **#454909 - ATL O/B / GYN - Vascular Ultrasound Part #7500-1342**
  - PS1 POWER SUPPLY (PSM) FOR ATL HDI 3500/5000.
  - Christopher Turner, C&M Medical Solutions

#### O/R CAMERA

- **#454929 - STRYKER 1088 O/R Camera $5,400**
  - Includes camera box, head and coupler.
  - Mark Charaf, Global Medical Equipment Inc.
  - (877) 261-9930

#### O/R LIGHT

- **#436624 - BERCHTOLD D 530& D 650 O/R Light**
  - Center mounted dual head.
  - Bob Cavanaugh, Cavanaugh Associates

#### OXYGEN TANK HOLDER

- **#415738 - FALLS WELDING & FABRICATING 2084R Oxygen Tank Holder**
  - This stand holds 1 M6 (or B) size cylinder.
  - Theresa Holden, FWF Medical Products

#### OXYGEN TANKS

- **#246226 - PURITAN BENNETT C1000 Portable Oxygen Tanks**
  - UNITS MUST BE IN GOOD COSMETIC AND MECHANICAL CONDITION.
  - John Wittenberg, Inventory Solutions, Inc.

#### PATTERNLESS EDGER

- **#226134 - SANTINELLI LE7070 Patternless Edger $11,995**
  - Completely reconditioned.
  - Carl Tela, Vision Systems 866 934-1030

#### PET/CT

- **#454640 - GE Mobile Discovery PET/CT RENTAL ONLY!!!**
  - PET/CT System: Gantry, H x W x D193 x 230 x 109 cm, Power Requirement480v.
  - Paul Zahn, Shared Medical Equipment Group, LLC

#### PFT UNIT

- **#412125 - SENSORMEDICS 2200 PFT Unit**
  - Contact for SPECIAL PRICING! The 2200 Pulmonary Function Lab with FRC Nitrogen Washout.
  - Kate Becovitz, Cal-Med Diversified, Inc.

#### PODIATRIC X-RAY

- **#377846 - EXCELL ADDIS Direct Digital Podiatric X-Ray**
  - DR CCD upgrade for existing EXCELL or Chiropractic or Veterinary or any single bucks.
  - Edward Small, ADDIS Systems - Chiropractic or Veterinary or any single

#### RAD/FLUORO ROOM

- **#439917 - GE Advantx Legacy DR/Fluoro Room**
  - Mfg1999. We can install & calibrate this system for you.
  - Pete Schliebner, Benchmark Imaging Group

#### SHARED SERVICE ULTRASOUND

- **#350149 - GE LOGIQ “E” System Shared Service Ultrasound**
  - DOM: 2006 Cardiac, Vascular & OB/GYN Calculation Packages Tru-Scan Architecture.
  - Chrystal Turner, C&C Medical Solutions 317-219-3616

- **#417321 - PHILIPS Sonos 7500 Shared Service Ultrasound**
  - Serial number:US00320058.
  - DOM/YOM:2003. SW Version:D1 SW/HW.
  - Options:KP-BE-FE-TC-3DPC.
  - Palie Mikkelsen, AGITO Medical

- **#375329 - GE Logiq 400 Pro Shared Service Ultrasound $8,000**
  - GE Logiq 400 Pro in very good condition with three probes.
  - Saeed Hashemi, NASS MedImage

- **#377838 - GENDRON GENDRON STRETCHER**
  - Center mounted dual head.
  - Bob Cavanaugh, Cavanaugh Associates

- **#360378 - GE RAB4-8P Ultrasound Transducer Ultrasound**
  - Convex abdominal transducer (volumetric) for ge voluson 730 bt02 and higher.
  - Chrystal Turner, C&C Medical Solutions 317-219-3616

- **#450111 - PHILIPS C5-2 Ultrasound Transducer Ultrasound**
  - 45 day warranty.2MHz to 5MHz convex array.
  - Patrick Hardy, Dietz Healthcare, Inc.

- **#440079 - PHILIPS S7-2t Ultrasound Transducer Ultrasound**
  - 30 day warranty.
  - Patrick Hardy, Dietz Healthcare, Inc.

- **#455054 - MEDISON Pico Shared Service Ultrasound**
  - A Great Portable Ultrasound Solution.
  - Scott Hassler, KPI Ultrasound 951-367-0872

- **#414642 - SIEMENS Antares Shared Service Ultrasound**
  - Sw Version:3.0.096A.
  - Palie Mikkelsen, AGITO Medical

- **#377331 - IS2 Pulse CDC SPECT Camera $180,000**
  - New IS2 Medical Systems Pulse CDC Dual head gamma camera system with Segami Mirage. Chris Reilly, CER MEDICAL

- **#377331 - IS2 Pulse CDC SPECT Camera $180,000**
  - New IS2 Medical Systems Pulse CDC Dual head gamma camera system with Segami Mirage. Chris Reilly, CER MEDICAL
EQUIPMENT FOR SALE

#438355 - TOSHIBA PVT 661VT (NEW)
Ultrasound Transducer Ultrasound
Toshiba PVT 661VT endovaginal 10mm transducer. Christopher Turner, C&C Medical Solutions

VENTILATOR

#451089 - OHMEDA anesthesia
7000 Ventilator
All accessories with stand in original company box. KG Patel, Evergreen Exports

VIDEO ENDOSCOPY

#415768 - OLYMPUS CV100 system Video Endoscopy $8,000
OLYMPUS COMPLETE SYSTEM, including "SONY Trinitron Model PVM-20M2MDU Monitor 20". Gamal Shanbaky, Gamma Medical Equipment, Inc.

#453018 - OLYMPUS CV-140 CV-240 CLVU40 Video Endoscopy $9,500
Olympus Evis Endoscope Bronchoscope System. Mitchell Guier, North American Medical

#409238 - OLYMPUS CV-160 System Video Endoscopy $39,000
OLYMPUS COMPLETE SYSTEM, including *SONY Trinitron Model PVM-20M2MDU Monitor 20". Gamal Shanbaky, Gamma Medical Equipment, Inc.

EMPLOYMENT OPPORTUNITIES

MRI & CT Service Engineer Positions

Available Location: IL, MO, MI, IN, FL, USA
Salary: Base + Bonus
Field Service engineer with GE/Siemens MRI or CT experience. 5 plus years experience. Join the industries' leading sales and service organization. Full benefits including Health, dental, Life, 401K. Multiple locations available. Craig Palmquist,

Genesis Medical Imaging
847-961-5802

Radiology Service Engineer

Location: MA, NH, ME, VT, CT, RI, USA
Salary: $40-$80K. Field Service Engineer positions available with rapidly growing and progressive full service radiology imaging company. Jason Olenio, Associated X-Ray Imaging 800-356-3388

#45148 – Ultrasound Service Engineer - Colorado, USA. Provide maintenance, testing, troubleshooting, and repair of ultrasound sys.

#455106 – Nursing Technician - Florida, USA. Independently care for a group of patients in accordance with standards/protocols.

#453034 – Radiology Technician - California, USA. Independently perform breast imaging procedures.

#350130 – Sales Salesperson – Virginia or Open, USA. Salary: Comm. & Benefits, Re-sale of company trade-in injectors to dealers/brokers and end-users.

#452819 – Surgical Technician - Massachusetts, USA. Now Hiring Flexible Endoscopy Techs and Rigid endoscopy Techs.

#455118 – Respiratory Technician - Florida, USA. Deliver respiratory care services under the order of a physician.

#451452 – Nuclear Service Engineer - South Carolina, USA. Field Service Engineer for Nuclear Medicine Service Company.

#108711 – Non-medical Technician - New York, USA. Salary: TBD, Experienced instrument repair Tech to man one of our Mobile repair trucks.

Job ID #181068 – Non-medical Technician - New York, USA. Salary: TBD, Experienced instrument repair Tech to man one of our Mobile repair trucks.

Job ID #91194 – Radiology Service Engineer - MA, NH, ME, VT, CT & RI (USA)
Salary: $40-80K. Field Service Engineers for full-service radiology imaging company.

Job ID #437099 – Sales Salesperson - Virginia, USA. Salary: 40-50K base + comm. Service sales manager for contrast media delivery injector systems.

Listing #450480 – MRI Service Engineer – USA (Near an airport). Field Service Engineer highly experienced in either MRI or CT.
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GE Lightspeed Plus

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GE Lightspeed family of CT scanners

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- Calibrates like the original

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