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Did the Beatles help invent the CT scanner?
see page 16

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letter from the editor

“TWHITTIMMHS & KARHS”

The healthcare industry is rife with more acronyms than you can shake a CIO at. The latest acro-buzz, TWHITTIMMHS (This Whole Health Information Technology Thing Is Making My Head Spin), comes to you courtesy of moi, your editor.

DOTmed Business News (DMBN) — ah yes, get used to it — is going to be covering more HIT news going forward, because HIT is only going to go forward.

The HIMSS Show, which closed in New Orleans about a month ago, featured passionate discussions about the myriad issues HIT is spawning. If only Walt Disney’s fairy godmother from Cinderella could wave her magic wand and — poof! — give America a nationwide, integrated, smooth-running HIT system. And make all the superfluous, clumsy paper records disappear at the same time. Ain’t gonna happen.

But it’s going to happen eventually — just like the accounting profession has put away all its old books and opened QuickBooks.

Many healthcare facilities still are resisting even acknowledging the inevitable — some for plain old financial reasons, some for unique reasons all their own. But, like the car ran down the horse & buggy, get ready, ’cause here it comes.

So now the point of all this: during all the growing pains that will come, we would like those making the decisions to keep one thing in mind above all else: personal privacy. The healthcare community, in its rush and/or its cost-cutting expediencies to get HIT up and running, must not let America’s healthcare records be jeopardized. There are plenty of self-interested parties — the insurance companies, the law, big pharma, dirty-tricksters, to name a few — who would love do download private patient histories if they could, and would hack in if that worked.

So we would like to coin a serious new acronym, and hope it becomes common currency: KAHRS — Keep America’s Healthcare Records Safe, because privacy is the bedrock America is built on. So as you ramp-up your HIT system, may the KAHRS be with you.

Robert Garment
Editor-in-Chief
DOTmed Business News
Huge Mammogram Shortfall in U.S.

Adult women show a strong awareness of the threat of breast cancer, but many still fail to take the suggested preventive health measures to detect the disease at its earliest stages when it is most treatable. In fact, nearly half (49.6 percent) of women aged 40 and older say they do not receive an annual mammogram as recommended by the American Cancer Society. These were the primary findings of a recent online survey of more than 680 women conducted by Eastman Kodak Company’s Health Group and Zoomerang in December 2006.

A large percentage of women indicate they are aware of the significant threat breast cancer poses and the frequency with which they should receive a mammogram examination, but cite a number of reasons as why they do not.

More than 37 percent of women say they do not know how often they should have a mammogram based on their age and risk level. Of those that do know how often they should have a mammogram examination, 32 percent said they do not follow the recommended timeframes. The biggest reasons for not following these recommendations include lack of medical insurance (19 percent), followed by not considering it a high priority (15 percent) and not believing they are at risk (12 percent).

“Regular screening is important, and these data suggest that there is a significant gap between the recognized threat of breast cancer and actually getting annual mammograms,” said Dr. Richard Hirsh, Staff Radiologist at Summa Health System and Assistant Professor of Radiology at North Eastern Ohio Universities College of Medicine.

CMS Rescinds Severe New Guidelines

The Centers for Medicare & Medicaid Services (CMS) has rescinded Transmittal #187 (Change Request 5449), which provided new, detailed, and more rigid guidelines for independent diagnostic testing facilities (IDTFs) enrolling or re-enrolling as Medicare providers.

CMS asked its contractors to discard all materials related to CR 5449 and apologized for any inconvenience the instructions may have caused. The additional language added by CMS to this transmittal, which was to have been implemented in an unusually short 30-day timeframe on February 26, appeared to exceed CMS’ authority. Also, it is clear that CMS was not aware of the implications this transmittal would have for radiology practices.

The proposed changes for IDTFs, as originally listed in the Medicare Physician Fee Schedule final rule, were of no major concern and were something the ACR supported. However, Medicare apparently decided later to add additional restrictions on IDTFs in the transmittal. These restrictions related to sharing of space and leasing arrangements, banning of retroactive billing while the IDTF waits for its approval from Medicare, and requiring the use of full-time W-2 radiology technologists to provide the imaging studies.

The ACR was very concerned that these additional requirements were not listed in the notice of proposed rule making and would have been close to impossible for radiology practices and IDTFs to meet in a one-month timeframe. The ACR believes that these additional changes are serious enough that they should have been posted in a notice of proposed rule making and made available for public comment. The National Coalition for Quality Diagnostic Imaging Services (NCQDIS), which represents a large portion of the IDTF community, brought these issues to the attention of CMS, which resulted in the agency pulling back its transmittal.

While CMS has rescinded CR5449, IDTFs must still meet the performance standards as outlined in the Final Rule and codified in the electronic Code of Federal Regulation. Therefore, it is important that all IDTF sites be familiar with these requirements.

Are Your Payers Making This Costly Error in Diagnostic Imaging Reimbursement?

On January 1, 2006, Medicare and Medicaid implemented a 25 percent multiple procedure payment reduction on the technical component of certain diagnostic imaging procedures. Many private payers have followed the government’s lead and also reduced reimbursement. The American College of Radiology has noticed that some payers may be reducing payments for these global claims incorrectly, at the expense of providers.

The Centers for Medicare and Medicaid Services (CMS) reduced the reimbursement for contiguous body part
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imaging. For instance, if a patient comes in for an MRI of his/her shoulder and then receives an additional imaging procedure of another part of his/her body during the same visit, a 25 percent reduction in reimbursement will be applied to the latter study.

Medicare reimburses hospitals and imaging centers for two categories of services: the professional component (PC) for the health care professional and the technical component (TC) for the facility and equipment. The PC and TC are sometimes lumped together so that the 25 percent reduction in reimbursement is applied to both, even though the reduction is supposed to apply only to the technical component.

The ACR recommends that radiologists advocate for separate itemized technical and professional billing, even when they are submitted on a single billing statement. Health plans also should insist on receiving separate claims for PC and TC.

● [DM 3316]

**Biosensors at Hospital Bedside May Detect Sepsis**

In hospitals today, the first warning that a post-operative patient is going into septic shock is often when the patient’s blood pressure collapses and cardiac arrest begins. By that time the patient has a high probability of dying, or if he survives, an even higher probability of permanent major organ damage after a long stay in an intensive care unit. The incidence of sepsis exceeds that of colon cancer, breast cancer or AIDS. There are about a million cases of sepsis every year in the United States, and the mortality rate is more than 30 percent.

Founded with seed money from Indiana University, SpheroSense Technologies Inc., will produce a hand-held device that will monitor post-operative and trauma patients for early warning signs of sepsis, or infection in the bloodstream, so medical personnel can intervene with antibiotics and anti-inflammatories before organs are damaged.

SpheroSense developed a miniature optical device, the microcavity surface plasmon resonance sensor, which is able to detect and quantify molecular binding in very small volumes of a sample. The new device provides a level of continued monitoring unparalleled by existing technology.

“Unlike most existing technologies, the sensor can detect small molecules, drugs, proteins, viruses, DNA and RNA. The sensor can be manufactured inexpensively enough to be disposable,” Professor Glazier said.

The initial focus will be on developing a laboratory research instrument. “Because this application does not require approval by the Food and Drug Administration, we could enter the market quickly. Subsequently, we will develop products for the clinical point-of-care market using the same technologies,” Glazier said. Additional applications could include drugs of abuse, influenza screening, biodefense and suspicious “white powder” detectors, among others.

● [DM 3408]

**Absence of Health Insurance Coverage Costs $1.47 Billion in Maryland**

Expenditures for the uninsured in Maryland totaled $1.47 billion in FY2002, according to an analysis conducted by researchers at the Johns Hopkins Bloomberg School of Public Health. The sum equates to $2,371 per individual without health insurance paid for by state and federal funds, private insurance companies, physicians, charities and the uninsured themselves. The results of the study are published in the February 2007 edition of the Journal of Health Care for the Poor and Underserved.

Hugh Waters, PhD, a health economist in the Bloomberg School’s Department of International Health and lead author of the study said, “Our results highlight the important implications for policies to expand insurance coverage. Many of the costs of medical services that would be consumed by those newly-insured under an expansion are already paid for, either by the uninsured themselves or by others.”

The $1.47 billion figure represents direct expenditures by and for the uninsured in FY2002, and does not include losses to individuals in terms of decreased health status and increased uncertainty. Of the $1.47 billion, $438 million was spent directly by uninsured individuals as out-of-pocket health care expenditures.

The state government paid the largest share of expenditures, spending $334 million on the uninsured in FY2002, of which $311 million went to public health programs that provided services for uninsured individuals.

● [DM 3411]
3-D Ultrasound Identifies Women at Risk for Impending Pre-term Birth

To help physicians non-invasively identify women at risk for pre-term birth, 3-D ultrasound was successfully used to measure the size of fetal adrenal glands when a woman was evaluated for symptoms of pre-term labor, according to an abstract presented by Yale School of Medicine researchers at the Society for Maternal-Fetal Medicine Conference February 8th in San Francisco.

The high accuracy, sensitivity and specificity of the adrenal gland volume in predicting pre-term birth within five days from the time of examination proves that 3-dimensional ultrasound evaluation of the fetal adrenal gland has the desired test characteristics to define a population at risk.

[DM 3343]

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NightHawk Radiology Holdings Acquires Teleradiology Diagnostic Service

NightHawk Radiology Holdings, Inc., the radiology services and workflow solutions provider, announced the acquisition of Teleradiology Diagnostic Service, Inc. (“TDS”), a California-based provider of off-hours teleradiology services. The acquisition will make NightHawk Radiology the largest provider of teleradiology services in the state of California.

Following the acquisition, TDS will operate as a subsidiary of NightHawk Radiology Holdings, Inc., and Dr. Wilson Wong, Chief Executive Officer and President of TDS, will continue to lead TDS’s operations.

NightHawk paid cash for TDS and expects the transaction to be accretive to earnings per share in 2007.

Leading Healthcare Companies Join Major R&D Effort to Prevent Heart Attack and Stroke

Royal Philips Electronics has joined forces with AstraZeneca, Merck & Co., BG Medicine and Humana to form the High-Risk Plaque (HRP) Initiative to research and advance the understanding, recognition and management of high-risk plaque, the primary underlying cause of heart attacks.

The HRP Initiative aims to collaborate on the discovery and development of improved techniques for identifying individuals at risk for heart attacks and the advancement of methods to monitor disease progression and response to treatment. The companies said the HRP Initiative will leverage recent advances in biology and technology to design and optimize a care-cycle for high-risk plaque. Its goal is to reduce morbidity, mortality and cost associated with cardiovascular disease.

High-risk plaque is associated with the number one cause of death in the Western world: heart attacks. Formerly thought to be caused solely by high cholesterol, researchers have reported over the past five years that plaque in the coronary and carotid arteries also caused inflammation. The inflamed plaque can suddenly rupture and cause thrombosis. Such plaques are today known as high-risk plaques. This rupture of a high-risk plaque in a coronary artery without flow obstruction explains why 70-85 percent of heart attacks occur in people who were without any pre-existing complaints and presumed healthy.

The HRP Initiative expects to provide a total of $30 million in funding over four years and will include a total of six sponsoring companies.

Technology Helps Surgeons Get Near-Perfect Knee Implant Alignment

Using image-guided technology, orthopaedic surgeons are able to align knee implants with near pinpoint accuracy. For patients undergoing total knee arthroplasty, close to perfect alignment should translate into longer durability of joint replacements, according to a renowned panel of orthopaedic surgeons who discussed advancements in computer-assisted total knee replacement (TKR) surgery at the recent 74th Annual Meeting of the American Academy of Orthopaedic Surgeons.

Approximately 300,000 knee replacement surgeries are performed each year in the United States. Standard knee replacements require the use of an intramedullary (IM) rod, which is inserted up the length of the femur to determine proper knee implant alignment. No IM rod is necessary for the computer-assisted approach, reducing the risk of fat embolization, a complication that can cause acute respiratory distress. The quality and accuracy of the image guidance may enable surgeons to use smaller incisions while achieving the same successful outcomes.

“Computer assisted total knee arthroplasty surgery is making rapid progress…it seems likely some form of computer assistance will eventually become a routine part of total knee arthroplasty,” said Dr. Daniel J. Berry, professor and chairman of Orthopedics at the Mayo Clinic in Rochester, Minnesota.
CyberKnife Spinal Tumor Treatments Increase by 56 Percent

Accuray Incorporated announced clinical data shows that use of its CyberKnife Robotic Radiosurgery System in the treatment of spinal tumors increased by 56 percent. Success of this non-invasive procedure, which avoids potential damage to the spinal cord, is further validated by a study of 500 spinal tumor patients. The study results were published in the January 15th issue of the journal Spine.

Tumors in the spine, particularly metastatic tumors, are difficult to remove surgically and are challenging to treat with radiation because of their close proximity to the spinal cord.

With Accuray’s CyberKnife System, which tracks tumor and patient movement during treatment, the risk of damage to surrounding healthy tissue and critical structures, like the spinal cord, is minimized. CyberKnife Xsight Spine uses the internal anatomy to directly track tumors with radiosurgical precision without the need for external frames or implanted fiducials. The Xsight System registers unique non-rigid and bony anatomy landmarks to track, detect, and correct for the movement of the spine.

Stat Medical X-Ray Tubes, Inc. Implements Plexus Online

Plexus Systems, Inc., the provider of the on-demand medical device manufacturing performance system Plexus Online, announces that Stat Medical X-Ray Tubes, Inc., located in Ladson, South Carolina, has adopted the Plexus Online system to improve operations at the South Carolina-based medical device manufacturing company. The implementation goes hand-in-hand with Stat Medical’s move to a newly constructed state-of-the-art manufacturing facility for their line of x-ray tube assemblies.

Stat Medical will use Plexus to track critical aspects of its operation, anywhere, anytime. Stat Medical will have access to information about production, scrap, downtime, quality, labor, and maintenance activities to allow for real-time decision-making.

Tim Davis, President of Stat Medical said, “We’re dedicated to using cutting-edge technology to continuously improve the quality and high technical standards of our products.”

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As Telemedicine Gains Popularity, Healthcare Facilities Must Guard Against Risks

Just 20 years ago, providing healthcare services using telecommunications seemed more science fiction than reality. In 2007, however, many U.S. hospitals are beginning to implement telemedicine programs, allowing, for example, specialists in off-site locations to provide consulting services to onsite physicians. Providing healthcare services through telemedicine creates a unique set of challenges for healthcare organizations, including acquiring new technology and ensuring the quality of telemedicine services, according to ECRI, a nonprofit healthcare research institute.

Facilities that use telemedicine must have a mechanism to identify errors in transmission and to verify the appropriateness of radiology images that are transmitted, ECRI’s risk management analysts say in a new 16-page report. The report includes recommendations on issues such as requirements for credentialing and privileging for telemedicine providers, informed consent, and liability issues arising out of the physician-patient relationship.

Safeguarding the integrity, security, and privacy of healthcare information that is transmitted and stored electronically is another important aspect of providing telemedicine services that facilities must consider, according to the report.

Bones in Motion: Brown Scientists to Create New 3-D X-ray System

Brown University researchers are creating a technology that will allow doctors and scientists to do the seemingly impossible: see inside living humans and animals and watch their bones move in 3-D as they run, fly, jump, swim and slither.

The system will fill a void in medical and scientific imaging. Right now, researchers trying to understand the complex motions of bones and joints are held back by technology. Computed Tomography, or CT, delivers detailed 3-D images, but CT scanners are too slow to capture rapid motion. Cinefluoroscopy, a technique that uses X-rays to view objects, can produce moving images in two dimensions, but not three.

The new system, dubbed CTX, will combine the 3-D capability of CT scanners and the real-time movement tracking of cinefluoroscopy. Researchers will be able to track 3-D skeletal movements with 0.1 millimeter accuracy and see the equivalent of 1,000 CT images per second.
This new technology will be a powerful tool for basic and applied research. An orthopedic surgeon will be able to use the 3D system to figure out the best way to repair a torn knee ligament; an evolutionary biologist can use this technology to trace the disappearance of digits in pigs and study body movement.

The system will be designed and built with a $1.8-million grant from the W.M. Keck Foundation paired with matching funds from Brown University.

[DM 3348]

**Cardinal Health 303, Inc. Signs Consent Decree With FDA**

The U.S. Food & Drug Administration (FDA) has announced that Cardinal Health 303 Inc. (Cardinal 303), formerly known as Alaris Medical Systems, Inc., and three of its top executives, have signed a consent decree for condemnation and permanent injunction related to their Signature Edition (SE) infusion pumps. The infusion pumps have a design defect referred to as “key bounce” which may cause the pump to recognize a single key stroke as a double key stroke. The “key bounce” problem poses a risk to public health due to a potential over-infusion of medications.

Cardinal 303 has agreed to stop manufacturing and distributing all models of the SE infusion pumps until Cardinal 303 corrects manufacturing deficiencies and until the devices are made in compliance with the current good manufacturing practice (CGMP) requirements and the Quality System (QS) regulation for medical devices. FDA will allow Cardinal 303 to continue to service and repair SE infusion pumps that were already in the hands of customers before entry of the decree. After corrective actions under the decree are completed and Cardinal 303 has been allowed to resume manufacturing and distribution, the firm will hire an independent auditor to conduct audit inspections of its SE infusion pump facilities at least once a year.

[DM 3370]

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Computed Tomography (CT) technology is everywhere in healthcare today. This versatile and accurate imaging modality is used in a wide range of diagnostic and therapeutic procedures. But it wasn't until about ten years ago — 30 years after the CT was first developed — that advances in CT technology really took off and made CT the king of the hill it is today.

In fact, CT advances moved so slowly in the early years that many pundits thought that MRI technology would blow past it and make CT imaging obsolete — so much so that GE temporarily stopped investing in new CT technology in the early 1990s. But that was the time other companies like Picker and Elscint began introducing the first multi-slice CTs. In 1998, the first 4 slice CTs became widely used, and everything accelerated from there.

Today, super-fast, high-resolution 64 slice CTs are the gold standard; however, because of the high cost, this cutting-edge technology has been installed in only a handful of hospitals so far. But that hasn’t slowed down development of even faster machines by the OEMs, some of which have leap-frogged the logical next step, 128 slice — Toshiba in particular.

Today, in fact, 256 slice CT prototypes are undergoing clinical tests in the U.S. and Japan.

By Robert Garment
These newer, faster machines, which deliver high resolution and more dimensionality, are giving radiologists a better view inside the body, resulting in the detection of diseases such as lung cancer at earlier and earlier stages, when treatment is most effective. As a quick comparison, a 40-slice scanner covers 20 to 32 millimeters in a single pass, and a 64-slice device can cover about 40 millimeters in a single pass, which takes about a half a second. At that rate, a 64-slice scanner can gather a high-resolution image of a heart, brain or a pair of lungs in about five seconds. One of the fastest growing applications is cardiac CT, which many believe will soon make invasive diagnostic angiography obsolete.

Keeping these machines up and running in top condition is big business — downtime is expensive for both hospitals and imaging centers. It also creates a potentially dangerous situation for patients if a CT scan is delayed for any length of time, particularly in the emergency room.

Which Way to Go for Service, with the OEM or an ISO?

The OEMs all service what they sell, and when it comes to the latest systems, such as the 64 CTs, OEM service is pretty much mandatory. But for the vast majority of CTs in use, independent service organizations, or ISOs, are a viable option for service and maintenance. And some ISOs claim they are as good as or better than the manufacturers’ engineers.

Who should you turn to when your detector is out of alignment, or you lose an X-ray tube?

Most ISOs were started by people who come from an OEM background. They’re OEM-trained engineers, and know a specific brand inside-out. We interviewed several of the leading CT service ISOs from across the country for this Report, and they said their experience as CT engineers ranged from 11 to 22 years — more than the typical OEM tech. In fact, while most ISO engineers, ironically, come out of OEM programs, the ISOs reported that their top people are often approached by the OEMs who are looking to recruit them back.
Experienced ISOs expressed complete confidence in their own ability to work on CTs. Tommy Geske, CEO of Sunrise Medical Technology of Waxahachie, TX, says, “the CT service business has changed over the years as the equipment has changed.” In fact, Geske claimed, “CT technology is so wide-spread and so well-known today that servicing the equipment is something that a great many ISOs do very well.” He also noted, almost paradoxically, that “the more sophisticated the equipment has become, the easier it is to service, because so much of it is integrated.”

Like the old Avis vs. Hertz battle for market share, the ISOs see themselves in the #2 position, and they have to “try harder” to win and keep business. To compete with the OEMs, one of the two key advantages all the ISOs said they offered was price. “Why would a hospital choose an ISO over an OEM if the cost for service was the same? I wouldn’t,” observed Geske.

The other big difference, and perhaps the most important, is the higher level of service the ISOs believe they deliver. Like the old Avis vs. Hertz battle for market share, the ISOs see themselves in the #2 position, and they have to “try harder” to win and keep business.

Len Spooner, CEO of MagnaServ, a leading CT service company with national reach, sees ISOs offering unique advantages to CT owners. “The thing that makes an ISO successful is customized service and attention. An ISO knows he has to offer something different if he’s going to win a hospital’s business, and while a better price is part of the package, being technically competent, if not superior, is essential as well. As they say, no Biomed Technician ever was fired for using OEM for service,” Spooner observed. “Third party service providers have to really know their business, because they are more closely scrutinized by the customer, and the customer’s boss.”

Ron Ragan of Genesis Medical Imaging — one of, if not the largest, national CT ISO, with 45 service engineers and over 120 employees — sees being an ISO in much the same way. “All of our engineers are former OEM techs, and are fully trained. They average a minimum of 11-12 years of service, and we have engineers that have well over 20 years of service experience on CTs. We keep all of our engineers updated on training as CT systems become newer, and provide in-house training for all of our engineers. We also have the capability of repairing parts in-house and testing them before they go to the field,” Ragan noted. “We
invite new customers to come see our facilities and talk to our people. Virtually 100% of the time we’re able to reach a comfort level and prove we’re a top-notch organization.”

Since response-time is critical as far as CT service goes, Greg Kramer, President of C&G Technologies of Jeffersonville, IN, lets customers know they can count on him. Kramer says it’s not unusual for him to get calls in the middle of the night, even on weekends. “One thing that sets many ISOs apart is their willingness to make emergency calls 24/7,” Kramer noted. “If a hospital has a full schedule of patients slated for CT scans on Monday and they find out Sunday night the gantry is misaligned, who ya gonna call to make sure the problem’s fixed by 9 a.m.?” he asks rhetorically. “That’s something C&G will do, and the hospitals we work with know we’re as good as or better than the OEM guys,” he added.

Rick Stockton, President of Atlas Medical Technologies of Ontario, CA, also runs an ISO with a “we try harder” philosophy that not only keeps their customers’ CTs running, it keeps them loyal to Atlas as well. “We need to think ‘outside the box’ to compete with the OEMs, and that’s just what we do,” Stockton said. “We’ve been in business for over 22 years because we look for opportunities and fill them by asking the customer what they are looking to accomplish. I would say every customer has a custom-tailored service program, and that means customer satisfaction,” Stockton added.

The competition between OEMs and ISOs

Those who are in the imaging equipment service trenches daily know there is significant competition between the OEMs and ISOs. Every imaging system contains a great deal of proprietary hardware and software, unique to each manufacturer, and they like to keep it close to the vest.

Marshall Shannon, Director of Image Technology of DeSoto, TX, expressed what is pretty much the universal sentiment among ISOs: “Let’s face it. We’re fighting over the same bone as the OEMs, so it’s not surprising that they’re in no rush to help us do our job.” But Shannon noted, “smart ISOs who know the ropes, however, can get the OEMs to provide information fairly easily.”

While the ISOs and OEMs go head-to-head in many cases, some ISOs actually said they have good working relationships with one or two particular OEMs. GE, Toshiba, Siemens and Philips each received a few posi-
Chris Ash, President of Scanworks of Englewood, CO, sees the OEMs as very competitive, but noted, “in point of fact, the OEMs are almost always more expensive when it comes to services than the ISOs, and they can’t cover the entire market. If an ISO takes care of a customer, that customer will recognize the value they’re getting.”

The Parts Part of the Story

There are thousands of 5, 10, and 15 year-old CTs in service today — from 1 slice and up — that are doing important diagnostic work. And getting parts for these machines, or always having them on-hand, is one of the things ISOs do best.

Most of the 80 CT service companies listed at the end of this Report stock parts and sell parts. Some ISOs like Genesis Medical have the capability to repair parts in-house. What most ISOs do, however, is buy decommissioned CTs and break them down for parts that they use themselves, or sell to other service companies. With basic CT parts costing hundreds to thousands of dollars, and key components, such as X-ray tubes, costing tens of thousands, turning a CT into parts can easily be worth more than the whole. Equipment brokers are also a source for parts.

Then there are OEMs who are willing to sell parts to ISOs. They do it in part because sometimes they have to buy parts from those same ISOs. Long story short: CT parts are not cheap, but any good ISO can find what his customer needs — if he doesn’t already have it in stock himself.

When CTs Go Bad, Lack of Preventive Maintenance is Often the Cause

There was universal agreement among the ISOs interviewed for this Report that regular preventive maintenance, or PMs, are the best way to keep a CT up and running, to avoid more costly repairs. Marshall Shannon of Image Technology observed, “The biggest threat to the smooth operation of these high-tech machines is something very low-tech: dust.” Shannon, who’s looked inside more than a few CTs explained, “There are carbon brushes inside a CT that are constantly being worn down by fast-spinning gantries turning at up to 110 rpms, and that produces a great deal of carbon dust. That dust can cause very damaging electrical arcs. Plus, the static electricity generated inside this equipment attracts dust and lint from the air. It all adds up to a problem that needs constant maintenance.”

The Beatles were behind the invention of the CT Scanner!

They say truth is stranger than fiction, and this proves it. The Beatles—yes, the original Fab 4 — were so successful, they were a money machine for their record company, EMI of England. EMI, besides being in the music business, also had an electronics division. In 1968, the President of EMI, John Reed, aware of the hot-cold nature of the music business, wanted to diversify into other businesses, such as the fast-growing medical equipment field.

Reed established a research fund to finance innovative new products. Among the first projects chosen was one proposed by Godfrey Hounsfield, a research scientist in EMI’s Central Research Laboratories (CRL) in London.

Hounsfield’s proposal was to study the possibility of creating a three dimensional image of an object by taking multiple X-ray measurements of the object from different angles. Then using a computer, a reconstructed picture would be created from the data contained in hundreds of overlapping and intersecting X-ray slices. And it worked.

The first scanner was actually called the EMI Scanner and was used for scans of the brain—the term CT was adopted later. The EMI Scanner concept was seized upon by more experienced medical equipment companies, and by 1978 both EMI’s European and U.S. operations were swallowed by the competition. But thanks to the financial success of the Beatles in the 1960s, EMI was able to fund the research that proved the concept of computerized tomography worked. In fact, in 1979 Hounsfield received the Nobel Peace Prize for his pioneering work. And the rest, as they say, is history. Yeah, yeah yeah!
attention.” Shannon says PMs should be conducted at least 4 times a year.

Bill Adkins, President of National X-ray Corp., agrees that dust is big problem, and can foul the cooling system. “Heat is the enemy of anything electronic,” Adkins noted, “and one clogged air filter can bring a million dollar CT to a grinding halt.” That is why it’s essential during a PM that all parts of the cooling system be thoroughly cleaned, including every filter and fan. “Lubricating the bearings on a regular basis is also vital,” Adkins added.

Shared-Risk, Point-of-Purchase, and Other Types of Service Contracts
Virtually all ISOs will work with you to create a custom-tailored service contract to match to your needs. “Basically, there are two schools of thought on service,” said Dave Denholtz of Integrity Medical, of Ft. Meyers, FL. “Some hospitals and doctors don’t want to worry about anything at all, so they want a full service contract that covers everything, including the X-ray tube, which is by far the most expensive part. Or they are primarily cost conscious, and will do a ‘shared-risk’ agreement with the service provider. With shared-risk, the hospital or doctor pays less per month, but if a part fails, they typically pick up 50% of the replacement part price,” Denholtz added.

Rick Fow, V.P. of Sales for C&G Technologies, says they do all kinds of fine-tuning to give the customer the service package they want. “In addition to full or partial parts contract, other things to negotiate are ‘guaranteed response time,’ and ‘24/7’ service guarantees.” Fow said the OEMs have what is called a Point-of-Purchase (POP) service contract which is multi-year deal and non-cancellable. “The upside for the hospital or doctor is they get a discount vs. what you would pay if you renewed annually. The downside is if you have
CT Service Companies

constant problems that are not resolved, or are unhappy for other reasons with the service, you’re pretty much stuck.” Some ISOs offer their own versions of POPs, and the end-user has to consider these carefully.

Quality, Affordable Service — Right in Your Own Backyard
Tommy Geske believes more and more hospitals and healthcare facilities should look to build relationships with ISOs for cost-saving reasons, and because the ISOs “do try harder” and go the extra mile to keep customers happy. “There are probably a number of highly-competent ISOs within a hospital’s geographic region, but they’ve never made contact with them,” Geske observed. “Probably one of the best ways to find them is through DOTmed. Pretty much everybody who’s anybody in the business is a registered user. The 5-star user rating system the website uses helps identify companies that keep

CT Service Providers

If you want to see what an ISO can do for you, the list below is a good place to start. These are all leading, independent, CT service providers who are DOTmed registered users. To find them fast, go to DOTmed.com and enter the code number of this Report [DM 3513] in any search box. There you will find links to their DOTmed Services Directory listings, and additional links to their websites.

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their customers satisfied, and a company’s public endorsement via the DOTmed Certified process is another sign of integrity and reliability,” Geske added.

In addition, there are hospitals who have found an ISO so reliable, they’re willing to maintain a long-distance relationship. An engineer from that ISO will fly in to perform service because the hospital knows that tech will do a good job and won’t leave until the problem is fully resolved.

If you want an ISO as a CT service provider, the ISOs themselves said you should always ask for references from their customers. “A good ISO will be happy not only to give you references,” noted Ron Ragan of Genesis, “they’ll want you to come to their offices, look at their facilities, and meet their people. Just as in any business, the people who give first class service are proud to show how they do it.”

### INTERNATIONAL USERS

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The Deficit Reduction Act of 2005 took effect January 1, 2007, implementing reductions in Medicare reimbursement for imaging studies at free-standing facilities and doctors’ offices. The cuts are aimed at equalizing Medicare reimbursement rates for outpatient and hospital imaging procedures.

Professional groups and associations lobbied hard to forestall the law. For example, the American College of Radiology fought the cuts and cautioned, “these attempts to garner more savings from imaging services will continue as Congress still perceives that there is still too much profit in imaging services.” An industry-backed alliance sprang up to resist the impending cuts. The Access to Medical Imaging Coalition (AMIC) includes OEMs, patients and providers with a vested interest in maintaining the provision of affordable imaging services. “Medicare cuts in imaging services aren’t Democrat or Republican; they aren’t liberal or conserva-
tive,” said AMIC Executive Director Tim Trysla. “What they are, however, is harmful and excessive, and they are going to hurt Medicare patients regardless of whether they live in red states or blue states.”

A seriously considered proposal was put forth last fall to delay the implementation of the cuts for two years until the Government Accounting Office could review them. The Access to Medical Imaging Act (HR 5704 and S 3795) gained significant support in the House, but it was not adopted before Congress adjourned, so the DRA took effect.

A September 2006 study by Moran Company forecasts that nearly 90 percent of the medical imaging procedures whose Medicare reimbursement rates would drop under the DRA would be paid less than the estimated costs of performing the procedures in physician offices and independent imaging centers. Of the 145 imaging procedures whose payment would be affected by the caps imposed by DRA, 126 (or 87 percent) would be paid below the estimated cost of performing the procedures in the physician office setting.

Specific examples include widely prescribed Cardiac MRI/Limited Study (Code 75555TC); CT Bone Density, Axial (76070TC); Acute Venous Thrombus Image (78456TC); Tumor Imaging 3D (78803TC); and Ultrasound Exam, Pelvic, Limited (76857TC). Also, according to the report, aggregate Medicare payment for imaging services in physician offices and imaging centers would fall 16 to 18 percent below aggregate payment for similar services provided in hospital outpatient departments. Much of the overall reduction in spending brought about by DRA would be concentrated on a limited number of high-volume procedures used widely by Medicare patients. (Note: Some imaging procedures have seen a slight restoration of Medicare reimbursement when compared to the original DRA calculations.)

THE WORD ON THE STREET

There is simply no silver lining when the government makes significant cuts with its pen stroke. But how are things going so far for independent medical imaging facilities? While it’s still early, administrators are already feeling the pain.

“We started to see the impact in January because you
send out bills and start to get Medicare reimbursement within two weeks,” said Eleanor Richardson, Executive Director, North Shore Magnetic Imaging Center, in Massachusetts. The operation has four magnets in Peabody, plus mobile units at Salem Hospital and Beverly Hospital. “We planned for it. We knew it was coming and budgeted for it.”

Richardson reported that their facilities have been working to mitigate the cuts ever since President Bush signed the DRA into law in February 2006.

“We began our cost-effectiveness initiatives when these first were cleared. We renegotiated some of our vendor rates to keep our costs down,” she said. “We have not compromised the quality of care or had to do any reductions in salaries and wages. We’ve not lost staff. [Our plan was to] make it up in volume and renegotiate any vendor agreements that we could. And we’ve been doing that.”

Fortunately, business forecasts overall in imaging services are very favorable as America’s baby boomers enter their golden years.

“The population is aging. The population is growing. We’re developing new uses for existing diagnostic equipment and we’re developing new types of diagnostic equipment. All of those have and will continue to result in an increase in the delivery of diagnostic services,” observed Fred Gaschen, Executive Vice President, Radiological Associates of Sacramento Medical Group. “The issue is, we’re going to get paid less per unit of service. There will be more units of service but, from Medicare’s perspective, they are going to pay us less.”

As a large imaging group of 70 radiologists serving a metropolitan area, Radiological Associates of Sacramento holds significant sway in negotiating contracts with private health insurers. The group stands firm when insurance companies try to link their reimbursement rates to Medicare.

“The thing everybody needs to do is to make sure that this [Medicare cut] does not flow over into the private sector,” Gaschen cautioned. “DRA stands for Deficit Reduction Act. It was passed by Congress. It has everything to do with the federal government’s budget. It has nothing to do with the private insurers’ budget or their return to their investors.... Back in 2002 we got rid of our contracts that were based upon a percentage of Medicare.”

Gaschen’s network includes 17 imaging centers and seven radiation oncology centers serving a northern California megalopolis of 2.1 million, so they’re a big player that can negotiate from a position of considerable advantage.

### AHRA Spring Conference Addresses the Critical Issues in Today’s Difficult Reimbursement Environment

**AHRA Spring Conference Addresses the Critical Issues in Today’s Difficult Reimbursement Environment**

**“Clinical Workflow Optimization Through Technology,” to be held April 25-27 in Phoenix, Ariz.**

The American Healthcare Radiology Administrators (AHRA) announces its Spring Conference —Clinical Workflow Optimization Through Technology, will focus on themes structured around medical workflow efficiencies and the impact technology plays in improving patient care. Much of the content is presented in collaboration with Siemens Medical Solutions.

Providing real-world data from studies conducted at several health centers throughout the U.S., Siemens will share its knowledge via a panel of industry leading experts on topics such as, improving departmental workflow, adding/improving Image access, and advanced visualization. AHRA members will present on a number of topics, including digital mammography, image distribution strategies, and partnering with information technology (IT). In addition, the popular Basic Management Skills program will be offered as a separate track.

As explained by Joe Camaratta, Vice President, Global Solutions for Siemens Medical Solutions in Malvern, PA, “AHRA is positioned as the primary vehicle for providing real-time technology improvements and analysis from industry leaders to the imaging professionals in the field. Siemens is excited to participate in this effort and we recognize the value in helping educate the radiology community.”

“The AHRA Education Foundation has been focusing its efforts on creating stronger partnerships with leading organizations so that our members—as well as other imaging professionals—have access to critical information which will help them continue providing quality patient care. Our work with Siemens in developing our 2007 Spring Conference is a perfect example of the kind of collaboration we are actively seeking. I’m thrilled they see the value in AHRA’s ability to reach the field of imaging administrators and beyond” added Edward Cronin, AHRA’s Executive Director.

To register call the AHRA at 800-334-2472, or visit www.ahraonline.org

**[DM 3332]**
strength. Not all independent imaging centers are so lucky, particularly since some private insurers use Medicare as a benchmark for rates.

“The legislation doesn’t [affect private insurers] but the reality is that Medicare puts something in and if the insurance companies can figure out a way to pay less money, they’re going to jump on it,” said John Ising, CRA, Administrator, Medical Plaza Imaging Associates, Kansas City, Missouri.

“(DRA) is Medicare but it’s also that many of our contracts are tied to Medicare rates,” added Adrian Riggs, CRA, MBA, Operations Manager at Solano Diagnostic Imaging, an outpatient imaging company in Roseville, Calif., between San Francisco and Sacramento. “So what happens with Medicare eventually will translate into some of our contracts as well with the commercial insurers. We don’t have huge margins to begin with and this just cuts into our expense management. [We are] making sure we’re getting the best operational efficiency so we can try to offset some of it.”

SURVIVAL STRATEGIES
In our reporting for another story about CT imaging service, DOTmed News asked professionals from sever-

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<td>MR angiography for aneurysms in head</td>
<td>$873.92</td>
<td>$506.26</td>
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<td>CT of the pelvis</td>
<td>$236.48</td>
<td>$188.10</td>
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<td>Ultrasound scan for hemodialysis</td>
<td>$156.90</td>
<td>$94.52</td>
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<tr>
<td>PET for tumor imaging</td>
<td>$2,889.50</td>
<td>$1,471.11</td>
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al independent service organizations what impact they thought the DRA cuts would have. Many said “devastating” particularly for those in a weaker financial position or in more competitive markets such as Florida.

“The key to survival and success in the face of cuts will be efficiency. A lot of imaging centers have been run very loosely without much oversight as to costs, procedures, and capital equipment procurement,” said Hazel Hacker, business manager, Edison (N.J.) Imaging Associates. “Now everything must be put on the table and assessed, including personnel.” She also said it’s an advantage to have a radiologist on-site at all times in case a referring physician has a question. (State regulations vary.)

Other strategies to compensate for lost reimbursement might include increasing administrative efficiencies in scheduling and reducing operational costs for equipment maintenance. It might help to diversify into other imaging modalities as a hedge against declining payment.

“We were anticipating a 10 to 15 percent cut [in collections] and that’s relatively low [compared to other providers]. Because we have such a wide variety of modalities here at the imaging center, we are able to deflect some of that,” said Ising. He suggested that centers offering just a few high-end modalities might feel government cuts more acutely. For example CT imaging is highly likely to be performed on contiguous body parts, which are subject to a special reimbursement reductions.

Ising’s group, Medical Plaza Imaging Associates, which performs about 40,000 procedures a year, is on the campus of Saint Luke's in Kansas City, although they are not part of the health system. It’s important to remember that the DRA cuts affect only free-standing imaging facilities and not hospitals. That means if Ising’s group were part of Saint Luke’s Health System, it would not be subject to the DRA reductions. (Although stay tuned for significant hospital funding cuts proposed as part of the FY ’08 federal budget.)

“There are pluses and minuses both ways,” Ising said of the mixed blessing of being independent of a hospital system. “One of the things we are looking at is whether the hospital buys out the radiology group and takes it over — that’s a real possibility.”

No matter how you look at it, the world of insurance reimbursement-public and private — is a Rube Goldberg — style contraption that few fully understand and no one can control completely.

“It’s the only industry I’m aware of where the people that are purchasing the goods tell you how much they are going to pay for them,” Ising observed. “If I were to go
into a grocery store and tell them, well you are charging me $2.50 for that gallon of milk but I think it's reasonable to pay a dollar, they'd call the police. But that's what the insurance companies are telling us.” It's just not reasonable, and in many cases not contractual, to ask patients to make up the difference in lost reimbursements. If Medicare is paying less, then the patient’s portion under Medicare is also less. But private insurers won’t pick up the tab. “When you contract with insurance companies, they tell you that you can’t charge the patients the difference. You have to write it off and if the patient is part of that insurance plan, you’re stuck,” Ising explained.

WINDS OF CHANGE
Congress has changed hands. We’re moving into a presidential political cycle. The proposed FY ’08 federal budget would cut hospital funding significantly and the political advocacy commercials are already running in prime time against it. Will a groundswell of professional organizations and activists focus Congress on the hospital issues and ignore the on-going woes of the independent imaging centers? Or, will the rising tide of interest in health care raise all boats in those waters?

“I would say from talking to folks there is real interest in the moratorium [on the DRA cuts],” Richardson said. “We are getting into a heavy political arena. There is a lot of focus on Medicare and on health care in general so it may garner good support. But if you are going to do some cuts, at least do them in an educated manner so they don’t decimate an industry unnecessarily.”

“We were hoping [the DRA cuts] would have gotten headed off and someone would have taken a more realistic look at what the cuts were going to do. I don’t think anybody had any idea of the magnitude of what would happen if it went into effect,” Ising said. “People are going to have to figure out how to do more with a lot less. We’ve always been fighting the battle to do more with less, but now it’s doing a lot more with a lot less.”

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Mobile C-Arm — the name comes from the characteristic “C”-shape all this equipment shares in common — are radiographic and fluoroscopic systems with an X-ray tube at one end of the “C” and an image intensifier and charge-coupled device (CCD) camera at the other. They are highly-maneuverable and multi-positional, allowing for different angulations of the imaging system around the patient, enabling physicians to see real-time images from virtually any angle.

Invented by Phillips in 1953, the vast majority of C-arms are mobile. Fixed C-arms are found in special procedure suites. Mini C-arms, originally designed for use with the extremities, offer lower cost, a more compact size, and comparable performance of full-size Cs, resulting in the growth of their popularity.

C-arms are used for a multitude of normal and emergency room diagnostic procedures. They’ve also become indispensable tools in non-invasive therapeutic procedures such as arthroscopic surgery to assist in the positioning of plates and screws, and in pain management therapy to guide the placement of needles.

The majority of the U.S. mobile C-arm market is controlled by a handful of manufacturers, with the leader being GE/OEC. The three other top C-arm companies are Philips Medical, Siemens Medical, and Ziehm Imaging, based in Germany. Ziehm — currently the leading manufacturer of mobile C-arms in Europe — is looking to increase its market share in the U.S. with its new Vision FD flat panel detector (FPD) mobile C-arm — the first digital and mobile with a flat-screen panel. The leading manufacturers of mini C-arms are Hologic (Bedford, MA), OEC and Orthoscan (Sherborn, MA).

It is impossible to discuss C-arms today with industry insiders for more than two minutes without mention of the GE/OEC shutdown. In case you haven’t been paying attention, inspections conducted by the FDA during July and August, 2006, revealed CGMP (current good manufacturing practices) deficiencies, including failure to establish and maintain adequate procedures for validating the device design and failure to establish and maintain adequate procedures for implementing corrective and preventive actions at OEC’s facilities in Utah and Massachusetts. Manufacturing cannot resume until the problems have been corrected.

The consent decree signed by GE/OEC in January 2007 as a result of investigations by the FDA has effectively shut down shipment of OEC products, including the 9900 Elite C-Arm System, 9900 Elite NAV C-Arm System, 9800 C-Arm System, 2800 UroView System, 6800 MiniView System, Insta-Trak 3500 NAV System, and ENTrak 2500 NAV System, as well as their components and accessories.

According to Dave Denholz, CEO of Integrity Medical Systems, Ft. Meyers, FL, and just about every other C-arm dealer we talked to, “OEC held about 60 to 65 percent of the U.S. market prior to being shutdown. The vacuum OEC has created has sent shockwaves across both the new and used C-arm markets,” Denholz observed.

Siemens and Philips were not prepared for the increased demand for their products as a result of the sudden disappearance of OEC from the equation, and are not likely to make the capital investment to increase production, as OEC could be re-certified at any time.

Historically, C-arms have been among the least expensive imaging devices. But the OEC situation has changed all that — if only temporarily. Ted Hoover, Director of Sales & Marketing for Bighorn Biomedical, Pine Haven, Wyoming, reported that OEC’s absence has caused a run on the used mobile C-arm market. “Prices have gone up across the board for equipment and parts since the OEC news hit the street,” Hoover noted, “but we’ve been able to meet our customers’ needs because we have a large inventory of meticulously refurbished equipment. And we sell to customers worldwide.” Bighorn specializes in...
and carries a full line of refurbished OEC products.

Reports as to when OEC will reopen its doors vary, but most people believe it will be sometime near the beginning of 2007. Leon Gugel, President of Metropolis International, Queens, NY, believes that prices will “plummet” when OEC C-arms hit the market again. “Shutting down an OEM is nothing new. The market will bounce back quickly,” he stated.

Another industry veteran in the C-arm business, Bill Adkins, President of National X-ray, Sarasota, FL, said “I don’t have any inside knowledge, but would bet that before the end of this year, GE/OEC will have a C-arm on the market coming out of another facility. Now that’s just me speculation, but it’s too big a market for GE to let is slide for long.”

“C” stands for versatility

“Every year they find a new use for a C-arm,” Leon Gugel noted. Mobile C-arms are used for minimally invasive, spinal, general, and orthopedic surgeries; pain management; and cardiac, urology, vascular, and neurovascular applications. Fixed C-arms are used more for diagnostic angiography as well as interventional treatments. C-arms are used alongside MRI scans to ensure the contrast agent is placed correctly.

Mini C-arms are turning up in more and more doctors’ offices. Thomas Ray Becker, MD, an orthopedic surgeon in private practice in Gurnee, Ill, has had a mini C-arm in his office for 4 years. “It has allowed me to do procedures in the office that otherwise would have ended up in the operating room,” he says.

Mini c-arms are also valuable in sports medicine: the Baltimore Ravens purchased a mini C-arm because it can be easily transported between the team’s training camp and their playing field and can be used for quick diagnosis views of foot, ankle, knee and hand injuries.

OEM vs. ISO issues

The “turf wars” between OEMs and third-party service providers will never go away, but the good news is that competition gives every healthcare provider a choice. Many ISOs see the OEMs as not easy to work with, but those who have good relationships tend to say GE/OEC is usually the most third-party friendly in the C-arm arena. Many ISOs like to do business with Toshiba, even though it is still a small player in the C-arm field, because they don’t have a second-hand program.

Ted Huss, President of Medical Imaging Resources, Queen Creek, AZ, believes there will always be a role for ISOs because, “The OEMs will always be too expensive to cover the needs of the entire marketplace. Not every healthcare facility can afford the latest and greatest equipment,” he asserted. “I view my role as that of an architect or orchestra leader who gets the best result through management of individual talents. I work at the grass-roots level and know who to trust, who is competent, and who is responsive to the client’s needs. Look at used and refurbished systems as ‘bridges’ to the time when you can afford, and truly need, the most expensive stuff,” he added.

Kenneth Saltrick, President of Engineering Services, KCS, Twinsburg, OH, said “As long as companies like mine can produce parts for the ISOs, the ISOs will remain and prosper. Remanufacturing cables or the fresh manufacture of cables will keep them alive. Repairs only last a finite amount of time.”

As of August 30, 2006, Engineering Services became an FDA registered remanufacturer of high-end new and refurbished medical cables. One of the opportunities Saltrick sees now is to provide 9800 interconnect cables to the ISOs. “OEC, I believe, cannot manufacture right now,” he observed. “That gives us an advantage, because our builds are less expensive, not cheaper,” says Saltrick. “They are of the highest quality.”

Remanufactured, refurbished, reconditioned

Darrel Kile, Account Manager, Classic Diagnostic Imaging, Solon, OH, says his company prides itself on “taking a machine apart and replacing every critical component that needs replacement. When we’re done, the system is virtually as good as new.” He has these words of advice when purchasing a refurbished mobile C-arm. “Do more than just kick the tires. Take the covers off, look for signs of dust, hot spots on circuit boards, anything that looks like it was overlooked — and take phantom shots,” Kile advises. “You can’t judge a C-arm by its cover; it takes more than fresh paint to refurbish a system,” he added.

Companies are careful to use the term “reconditioned” or “refurbished” as opposed to “remanufactured” because the latter has more FDA guidelines attached to it. Since a remanufactured device is basically a remade
OEC 9400s and 9000s reconditioned, calibrated, and waiting for Quality Assurance testing.

Mobile C-Arm Sales and Service Companies

Some C-arms dealers only focus on refurbishing and reselling equipment, but most provide service as well. Those who do, recommend that a regular PM (preventive maintenance) schedule is the best way to avoid big repair bills. The number of times a year PMs are required depends on the frequency of use. Some C-arms just need an annual check-up, some should be seen more often.

ISOs who sell and service

ISOs report that many doctors are simply uneducated about medical equipment, or buy more bang with more bucks than they need to. Doctors often ask for a specif-

C-ARM SALES AND SERVICE PROVIDERS

To see this list of companies with convenient links to their DOTmed Services Directory listings and websites, visit DOTmed.com and enter story ID DM 3511 in any search box.

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INTERNATIONAL USERS

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ic make and model without taking into account their anticipated usage. Knowing your surgical needs is paramount in selecting the right C-arm. “Ask questions. Inquire about how many lines-per-inch the manufacturer guarantees,” advises Dave Denholz. Orthopaedic and pediatric centers, for example, may be well served by a mini-C. Those who use the relatively inexpensive, small devices say technology has advanced to the point where the mini-Cs can provide excellent image quality and ease of use — all without the need for a costly radiology technician.

It is also important for doctors to weigh the pros and cons of mobile and fixed C-arms: mobile are more likely to break-down, but there are more FDA guidelines for fixed equipment than mobile ones.

Turning around the tables
Most people are aware that C-arms work in conjunction with specially designed C-arm tables. But many of the ISOs we spoke to said too many end users don’t pay enough attention to the table, and sometimes buy the wrong type.

One key feature is design: the table should allow maximum freedom of movement and positioning of the C-arm around the patient. Some tables have a cantilever design — they look something like a diving board — which facilitates the C-arm’s movement.

Another key feature: the table should be as translucent to X-rays as possible. Carbon fiber tables have this characteristic, and are also lightweight and strong. Carbon fiber is used in many applications where high strength-to-weight ratios are advantageous, such as in jet fighter components. And think about weight capacity — 500 lbs. should be the minimum, unless it’s a purely pediatric application.

Ted Hoover of Bighorn Biomedical — which is an authorized dealer for the full line of Medstone tables — also says to look for the U.L. seal of approval. Motorized tables, like any electrical product, should be tested and proven safe to operate — particularly when they often have a lot to lift.

Covering your costs
As a helping hand for purchasing decision-makers, GE Healthcare offers a feature on its website (http://www.gehealthcare.com) that calculates payback on a purchased system in terms of patient volume required to recoup the cost of a C-arm, as well as a breakeven calculator for leasing options.

[DM 3511]
Watch Imaging of Lubbock, TX Watches a DOTmed Auction Get Them a Better Deal Than They Had Ever Hoped

Dylan Hinesley, President of Watch Imaging, Lubbock, TX, came to DOTmed.com looking to sell a 1998 GE Profile II Open Air MRI Mobile. Hinesley was the tech in charge of this mobile that was used as a back up scanner. He knew that the scanner was in great shape and was hoping to find an end-user who would take care of the scanner he had spent the last number of years maintaining.

Hinesley was conscious of the bottom line and decided to try a DOTmed Self-Managed Auction. By paying only a small $300 fee to set up the Auction his Profile II was promoted to over 76,000 DOTmed Users. It was featured in our Just Posted section of the weekly News and within a week Hinesley had found two serious buyers.

Hinesley had began his Self-Managed Auction with a Starting Bid of $50,000. He kept the Buy It Now at $129,000 because he knew that he had babied this scanner and someone out there may understand the great shape his mobile was in.

One of the Buyers realized that Dylan had taken great care of this scanner and did not want to lose such a great find, so he decided to lock in the deal by exercising the Buy It Now price for $129,000.

DOTmed did what we do best: We brought the Buyer and Seller together.

Dylan sold his 1998 mobile for the high end of what he expected at $129,000, and the Buyer found a great buy.

By Auctioning, Shore Memorial Hospital Comes Out $11,000 To The Good

Shore Memorial Hospital in Somers Point, New Jersey was in the midst of a multimillion-dollar renovation project and needed to remove its 1998 Picker PQ 5000 CT scanner in order to make room for its new machine to replace its old Philips 90/15 Diagnost 76 plus Rad/Fluoro room.

Shore Memorial was under a time crunch and did not have the resources to devote to selling their equipment — even though they knew it had considerable resale value. They were prepared to pay $2,500 for de-installation and let the Rad/Fluoro room go by the wayside. That's right — Shore Memorial was about to discard a piece of fully operational equipment still under an OEM service contract simply because they did not have the human power to orchestrate the resale of the equipment.

A business-savvy engineer at Shore suggested that they auction the Rad/Fluoro room on DOTmed. He knew that the DOTmed would take care of finding the best price for the equipment, and thus allow Shore Memorial to focus all its energies on the construction project.

The engineer's intuition was correct: the equipment sold on DOTmed in less than a week for $2,100 — and best of all, the Buyer footed the $2,500 bill for the de-installation. DOTmed handled everything and saw to it that the equipment was inventoried, crated, and transported.

Thanks to DOTmed, a $2,500 loss turned into a $4,600 gain for the Hospital. And a broker in Panama is very happy with the price he paid.
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Berkshire Partners Invests In Masterplan

Berkshire Partners LLC, a leading Boston-based private equity firm, announced that it is providing growth capital to Masterplan, Inc. and ReMedPar, Inc., to help continue their demonstrated record of strong growth and customer service. Masterplan provides service, maintenance and asset management for a wide range of medical equipment to hospitals, integrated health systems and patient facilities. ReMedPar is the leading independent provider of sourced and refurbished medical equipment parts. Terms of the transaction were not disclosed.

Founded in 1974 and headquartered in Chatsworth, California, Masterplan provides superior outsourced repair and maintenance services to medical facilities for diagnostic imaging machines including MRIs, CT scanners, and cath labs, and for biomedical equipment including sterilizers, anesthesia equipment and lab equipment. Masterplan’s highly-qualified staff of imaging and clinical engineers and technical support personnel is distinguished by its unbiased technology assessment, consulting and regulatory compliance assistance.

“Masterplan provides an invaluable service by providing one source of maintenance and repair for virtually all of the thousands of pieces of medical equipment in a hospital. Through Masterplan, hospitals are able to significantly reduce their operating budgets,” said Randy Peeler, Managing Director for Berkshire Partners.

As part of the transaction Berkshire Partners will also invest in ReMedPar. ReMedPar is the largest independent provider of multi-vendor sourced and refurbished parts for medical equipment in the world, and generates significant savings for healthcare organizations.

“Berkshire Partners has a demonstrated track record of building good companies into even stronger companies,” said Masterplan CEO David Winn. “We believe that Berkshire’s experienced team will help us to achieve our long-term growth strategies and solidify our leadership position in the healthcare industry.”

Siemens Settles Court Case With Plea Agreement

In 2000, Stroger Hospital in Cook County, Ill. sought bids for a complete turnkey package for radiology equipment and a Picture Archiving and Communications System (PACS). One of the stipulations for submitting a bid was the bidding entity had to have at least 30 percent minority participation, and that participants must share proportionally in the risk-reward if the joint-venture was awarded the contract.

A Siemens district business manager and a Siemens in-house attorney set up a joint-venture with minority-owned Faustech Industries, thus appearing qualified to bid on the project.

A suit was brought by GE Healthcare in 2000 that Faustech was not a legitimate part of the joint-venture as defined by law, which, if true, would invalidate Siemens’ bid. Siemens has settled the case with a plea agreement in which the company admitted its employees were guilty of obstruction as charged. The substance of the case was that Faustech was to be paid a flat fee of $500,000 for being part of the joint-venture and did not share proportionally in the risk-reward of the venture.

Ironically, the Cook County rules requiring minority participation were overturned as unconstitutional six months after Siemens was awarded the contract. If the requests for bids went out six months later, Siemens would have not been in trouble.

As part of the plea agreement, Siemens will pay a fine of $1 million and $1.5 million in restitution. The case is now closed for the company.

FUJIFILM Appoints Two New Vice Presidents

FUJIFILM Medical Systems USA, Inc. announces the promotion of two executives based in the company’s Stamford, Conn., headquarters. Kazuhiro Hishinuma, of Greenwich, Conn., has been named Vice President of Engineering and Steven Haberlein, of Ridgefield, Conn., has been appointed Vice President of Eastern Sales. As Vice President of Engineering, Hishinuma will assume responsibility for all software development efforts for imaging and information products at FUJIFILM Medical-including Synapse.

In his new role, Haberlein will lead all field sales activities in the eastern half of the United States while continuing to oversee Channel and Sales Operations.

Together Mr. Hishinuma and Mr. Haberlein bring more than 45 years of experience and knowledge in the medical imaging field.
Mindray Medical Receives Frost & Sullivan 2006 Global Market Penetration Award

Mindray Medical International Limited, a developer, manufacturer and marketer of medical devices in China with a rapidly growing international presence, announced that Frost & Sullivan, the global growth consulting company, has selected Mindray as the recipient of the 2006 Frost & Sullivan Global Market Penetration Leadership Award in the patient monitoring market.

Mr. Hang Xu, Mindray’s Chairman and Co-Chief Executive Officer said, “Our strategy of combining low-cost China-based operations with world-class R&D and a wide distributor network has allowed us to expand rapidly in the high-growth China market while successfully penetrating established and emerging international markets.”

The Company has 29 China-based and six international offices and continues to expand its global operations. According to Frost & Sullivan, China’s market for medical devices had an estimated value of US$7.5 billion in 2004, representing approximately 5% of the US$148 billion global medical device market. China’s medical device market is projected to grow from $7.5 billion in 2004 to $10.1 billion in 2006.

REMETRONIX Passes ISO 9001:2000 Audit For 5th Consecutive Year

REMETRONIX recently passed their ISO 9001:2000 audit for 2007. This is the 5th consecutive year REMETRONIX has successfully passed this rigorous Quality Management System audit and received ISO certification. This achievement demonstrates the company’s commitment to excellence and continuous process improvement. REMETRONIX is a DOTmed registered user.

REMETRONIX’s seamless process specializes in the delivery of transportation, rigging, installation, de-installation, relocation, restoration and disaster recovery of medical imaging equipment and pharmaceutical devices for Fortune 100 companies.
companies. The company completes over 2,000 projects per year.

The conformity of products and services to International Standards provides assurance to customers about REMETRONIX quality, safety and reliability.

Sonora Medical Systems Inc. Earns DOTmed 100 Ranking

Sonora Medical Systems Inc. is a leading supplier of aftermarket products, service, and test equipment to the medical imaging market, and a leader in development of computer-aided detection products. G. Wayne Moore, President and CEO, started the Longmont, Colorado company in 1996.

Sonora Medical Systems enjoys a leadership role in depot repair of ultrasound and MR for customers including third-party service organizations, refurbishers and even OEMs.

Sonora is the world’s only independent ultrasound company certified to ISO 9001 and EN ISO 13485. “What sets us apart is systems knowledge on the part of our people. We have hired the best technicians in medical electronics,” Smith said.

The company also makes special testing equipment and recently announced a joint project with Medical Diagnostic Technologies Inc. to develop FirstAssist, a patent pending device to troubleshoot diagnostic ultrasound equipment. “This new product will obviate the need for hospitals to rely upon the ultrasound OEM for after-warranty service contracts thereby saving tens of thousands of dollars annually,” Moore said.

FirstAssist joins Sonora’s popular Nickel™, a hand-held ultrasound test device that allows hospitals to be less dependent on the OEM or third-party service provider.

Sonora Medical Systems also performs depot repair for refurbishers, remanufacturers and third-party service organizations that send in MR parts.

Texas Medical Mobile Services Keeps Moving Ahead

As Texas Medical Mobile Services (TMMS) — the largest medical trailer service company in Texas — approaches its one-year anniversary, it’s well on the road to success with its momentum taking it forward faster than ever.

In less than a year, TMMS has more than doubled its staff and added significant new services and transport equipment to serve its customers better. Originally founded to store MRI, PET and CT Mobile Trailers, TMMS has expanded its capacities so that it can service “anything on a trailer — from electrical systems to air conditioning to generators,” says President Cliff Hess.

In addition, TMMS has expanded its capabilities to include de-installation, crating, and shipping of imaging equipment. TMMS has the capability to move any piece of imaging equipment.

Having purchased several tractors, the company can now transport and deliver trailers for customers, which include large mobile fleets, as well as smaller mobile equipment dealers. Many mobile dealers need a place that can refurbish, cleanup, renovate and upgrade their equipment, while some just need a place to store their inventory in between deals.

Many of the major mobile imaging services in the country use TMMS because of its reputation for secure storage services. “If you park here, you know you’re safe,” Hess asserts. The state-of-the-art, infrared, motion-sensor, web-based, closed-circuit TV with digital recording and alarm system lets customers check in on their units from the Internet 24/7.

TMMS plans for continued growth include adding five tractor-trailers to the fleet and hiring more drivers. Stay tuned to DOTmed News for continued coverage of TMMS developments.

In the meantime, Happy Birthday to the company.

AC-Med Ranks With DOTmed 100 Companies for 2007

Since 1994, AC-Med has been a trusted source for medical equipment and supplies at discount prices, buying and selling on both the wholesale and retail levels.

Located in Salt Lake City, Utah, AC-Med can provide quality equipment on an international scale due to their proximity to world-class freight and export carriers.

“I find a lot of equipment for the other dealers. I spend my day calling hospitals and they give me their list of items. It might be a particular part or piece of equipment that somebody asked me to find them,” said DOTmed Certified founder Ann Cummins. “Probably my largest market is for hospital beds. I’ve got people out of the country requesting beds including South America and Mexico. I get con-
container loads, not just onesy, twosy. It would have to be a whole 53-foot truck-load or container.”

In terms of used equipment, AC-Med bids on surplus at hospital auctions, then sells to dealers or refurbishers. Hospitals often prefer this process to donating used equipment. “Charities say, we’ll be in your area on such and such a day...but hospitals can’t wait and AC-Med will get things out right away.”

Cummins has the dual distinction of being DOTmed Certified and a DOTmed 100 company.

[DM 3416]

Tom Andersson Named President of DMS Group

Tom Andersson has been named President of DMS Health Technologies, which is a member of the DMS Health Group. The DMS Health Group is a national diagnostic imaging and equipment provider headquartered in Fargo, North Dakota, and an operating company of Otter Tail Corporation.

In his role as President of DMS Health Technologies, Andersson will focus on strategic planning, financial growth and customer service associated with the sales of diagnostic imaging, cardiac monitoring and resuscitation equipment, and supplies. He has nearly 20 years in the medical imaging industry with his most recent role as a Vice President for Fuji Medical Systems, USA. Prior to this post, Andersson held sales-related positions within GE Medical Systems.

[DM 3375]

What Does This Number Mean?

You’ll see a number such as [DM 1234] at the end of every story. If you enter that number in any search box on www.dotmed.com, you’ll see the original story as it ran in DOTmed Weekly News. You’ll find convenient and useful links in many of those online stories. Try it!
Dermatology Residency Program at Jackson Memorial Hospital

Jackson Memorial Hospital, the third-largest teaching hospital in the United States, offers a three-year program leading to eligibility for certification by the American Board of Dermatology. All positions are offered through the Dermatology Residency Matching Program.

The department consists of a chief and other full-time dermatologists. The full-time faculty includes a pediatric dermatologist, a chemosurgeon, a dermatologic surgeon, a dermatopathologist, a microbiologist/mycologist and several laboratory scientists. Specialized departmental treatment facilities include a PUVA treatment center, a MOHS chemosurgery unit and two active dermatology inpatient services.

● [DM 3344]

Plastic Surgery Residency at Summa Health System

The Plastic Surgery residency at Summa Health System, one of the largest organized delivery systems in Ohio, is an approved two-year program leading to board eligibility by the American Board of Plastic Surgery. The program includes rotations at both Children's Hospital Medical Center of Akron and Akron General Medical Center. Two residents enter the Plastic Surgery residency each year. Residents are selected through the San Francisco matching program.

Instruction is provided in the full spectrum of plastic and reconstructive surgery. This includes the diagnosis and treatment of congenital anomalies, maxillofacial trauma and reconstruction, hand surgery, microvascular surgery, neoplasms of the head and neck, aesthetic surgery and burn care.

● [DM 3427]

Radiology Residency Training Program at MIHS

Maricopa Medical Center (MMC) is a part of Maricopa Integrated Health Systems which includes the Arizona Burn Center, the Comprehensive Healthcare Center, the McDowell Healthcare Clinic, 10 community-oriented family health centers, and an attendant care program.

Though the Radiology Residency is a new program the department of radiology is fully dedicated to resident growth and education. The program has been granted provisional accreditation by the ACGME effective July 1, 2004 and is making every necessary effort to receive full accreditation following our 2007 site visit. We are currently approved for 2 residents per PGY level.

● [DM 3428]

Cornerstones Nursing Education Program at Delaware County Memorial Hospital

Crozer-Keystone Health System offers a program designed by educators, staff and administrators of Delaware County Memorial Hospital to provide a comprehensive, 12 to 16-week orientation for registered
nurses entering or re-entering the acute care setting. The program is comprised of classroom education, competency-based clinical support, peer support and mentoring. Classroom activities include lectures, case presentations, hands-on simulation, audio/visuals, CD-ROM programs, discussions, observational experiences, self-learning modules and competencies.

[DM 3426]

General Surgery Residency Program at Allegheny General Hospital

Allegheny General is recognized as one of the nation's leading hospitals, with particular excellence in cancer care, cardiac care, orthopaedics, neurosciences and trauma.

The five-year General Surgery Residency Program provides an academic setting strongly weighted in clinical experience. The program is accredited by the Residency Review Committee of Surgery and is one of Allegheny General’s accredited residencies. The program’s primary goal is to prepare residents to function as independent and highly qualified practitioners of surgery.

[DM 3345]

Recently DOTmed Certified

The people below have all qualified for DOTmed Certification by having signed a Code of Ethics, having had their integrity endorsed by three reputable business people, and having agreed to binding arbitration.

• George Fower, Altair Imaging, Anaheim, California
• Darnell Holston, SIRBEC Health, Martinez, Georgia
• Rick Haynes, Ideal Medical Source, Ft. Lauderdale, Florida
• Bill Tinker, Tascosa Group, Fallbrook, California
• Clark Wilkins, JDI Solutions, Brevard, North Carolina
• Scott Snyder, Netmed Liquidators, Carlsbad, California
• Chris Skelley, FiberTech Medical, Hollis, New Hampshire
• Horacio Jose Gomez, VCG Imagen SRL, Buenos Aires, Argentina
• George Hryschuk, Advanced Ultrasound Electronics, Tulsa, Oklahoma
• Gil King, Remarket Medical, Union Point, Georgia
• Dan Dorshimer, Freedom Medical, Exton, Pennsylvania
• Trey McIntyre, International Medical Equipment and Service, Inc., Kings Mountain, North Carolina
• Beau White, Advanced Imaging Healthcare, Carmel, Indiana
ECRI Releases 2007 Healthcare Standards Directory

ECRI (www.ecri.org), a nonprofit health services research agency, has announced the publication of its 19th annual edition of the Healthcare Standards: Official Directory. This updated print edition indexes titles of more than 39,000 official and hard-to-find healthcare standards, practice guidelines, policy statements, and other authoritative documents from more than 1,250 issuing organizations. Titles of U.S. federal and state healthcare-related laws and regulations are also included.

The Healthcare Standards Official Directory is the only print resource of its kind that verifies, indexes, and updates medical and legal healthcare standards from organizations around the world. Attorneys, legal nurse consultants, risk managers, clinicians, insurers, patient safety officers, and medical and legal librarians rely on ECRI’s directory to find standards of care, research medical malpractice cases, investigate how to reduce liability exposures, assess risk management procedures, and more.

ECRI’s annual print edition and its Web partner, HCS Online, facilitate searching for a broad range of documents on thousands of topics such as asthma, bariatric surgery, breast cancer screening, chronic pain, disaster preparedness, wound care, and more. The enhanced specialty search feature allows for fast, precise searching on clinical areas, such as communicable diseases, obstetrics and psychiatry.

ASRT Senior Staff Members Promoted

The American Society of Radiologic Technologists announced the promotion of two of its senior staff members. DuVonne Campbell was promoted from Vice President of Member Services to Executive Vice President and Chief Customer Officer. Formerly the Vice President of Communications, Nora J. Tuggle is now the Executive Vice President and Chief Marketing and Communications Officer for ASRT. In addition to being promoted, both Campbell and Tuggle recently earned the Certified Association Executive credential.

Presented by the American Society of Association Executives, the CAE is the highest professional credential in the association industry. ASAE is a membership organization with more than 22,000 association executives and industry partners, representing nearly 11,000 organizations. Its members manage leading trade associations, individual membership societies and voluntary organizations across the United States and in 50 countries around the globe.

2007 RBMA Radiology Summit

The 39th annual RBMA Radiology Summit will be held at America’s Center, St. Louis, Missouri’s convention center, May 6-9th. The main focus of the Conference will be on managing a profitable radiology practice in the wake of the DRA reimbursement cuts. Topics such as coding, billing, governance, compliance, personnel recruitment, marketing credentialing, and privileging will be addressed.

The diverse panel of speakers consists of radiologists, administrative directors, healthcare attorneys, technologists, motivational speakers, accountants and communication professionals.

Some speakers whose names you may recognize include AHRA President Jay Mazurowski, Walter C. Blackham, President of and CEO of Specialty Medical Services, Inc and principal of Radiology Coding Consultants, Inc., and Ila Rothschild, Special Counsel to the Office of General Counsel at the JCAHO.

Special events during the Conference will take place throughout the city of St. Louis. More information can be found by visiting the organization’s website at www.rbma.org.
The American Society for Therapeutic Radiology and Oncology (ASTRO) has redesigned its member website. The new site includes a redesigned Meeting and Education section, with up-to-date information on the educational content of meetings, registration and housing; a new Job Placement Center to facilitate members of the radiation oncology treatment team finding and filling positions; improved membership database providing more automated functions for members and allowing patients to more easily find a radiation oncologist; and a new press room containing all the latest information on the Society, including downloadable photos for the media, radiation therapy experts and the most up-to-date news on ASTRO.

It also features restructured navigation and topic areas to allow access with fewer clicks to sections and an improved search function. The ASTRO site will continue to grow over the next year with additional phases planned.

HIMSS Sets Record Attendance—and Attendees Face Record-breaking Number of Issues

It wasn't surprising that everything seemed to be moving a warp-speed at this year's the 2007 Healthcare Information and Management Systems Society (HIMSS), since William Shatner, aka Captain Kirk of Star Trek fame, was chosen to preside over the opening ceremony. He told a record-breaking crowd of 25,000+ attendees and 885 exhibitors that electronic health technology can help them to “boldly go where no man has gone before.”

Keynote addresses from HHS Secretary Michael Leavitt, Microsoft CEO Steven Ballmer and General Colin Powell echoed Shatner's sentiment about the limitless possibilities of healthcare IT.

With the sponsorship of anchor exhibitors such as Cerner, Eclipsys, Epic, GE Healthcare, McKesson, Misys, Philips and Siemens, the Conference addressed Electronic Health Records and the related topics of patient safety, HIPAA requirements, and state and federal anti-trust laws.

DOTmed Associate Reporter Alex van Klaveren of Medicexchange.com, who attended HIMSS07, noted that much discussion focused on meeting the e-health demand among small to medium-sized businesses and instituting appropriate levels of government regulation.

Health Level Seven (HL7), a preeminent healthcare IT standards development organization, had a major presence at the Conference. The organization discussed the progress toward the establishment of a national healthcare information network, which will lead to improved patient care and reduction in medical errors. H. Stephen Lieber, CAE, President and CEO of HIMSS said that such standards are “fundamental to our abilities to build and afford interconnected systems.”

A major challenge identified at the Conference concerned the ease of technological implementation and adaptation on the part of consumers. The privacy of patient records was also identified as a long-term issue HIT issue.

AMA Salutes Public Officials for Dedication to Health Care

The American Medical Association (AMA) has announced eight recipients of the 2007 Dr. Nathan Davis Award for Outstanding Government Service — the highest award for a public official from the nation's largest physician organization. “Through the Nathan Davis Awards, the American Medical Association salutes government officials who that go above and beyond the call of duty to improve public health,” said

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AMA President William G. Plested, MD. “Award winners come from every branch of government service, and are a testament to the important role public officials play in creating and implementing health policy that benefits Americans.”

Among the leading recipients of this year’s awards are:

**United States Senator**
- The Honorable Gordon Smith, representing the state of Oregon

**United States Representative**
- The Honorable Sherrod Brown, formerly representing the 13th District of Ohio

**Member of a State Legislature**
- The Honorable Toni Harp, representing Connecticut’s 10th Senatorial District
- The Honorable William R. Purcell, MD, representing North Carolina’s 25th Senatorial District

![What Does This Number Mean?](image)

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### Shows & Events for April 2007

- **MGMA Cardiovascular/Thoracic Surgery & Cardiology Assembly 2007**, April 1-3, Phoenix, AZ
- **AHRA 2007 Diagnostic and Interventional Radiology Coding Tips and Traps -Audio Web Conference**, April 12, Online
- **SBI 8th Postgraduate Course 2007**, April 14-17, Hollywood, FL
- **MGMA Administrators in Oncology/Hematology Assembly Conference 2007**, April 15-17, Austin, TX
- **SGR’s Abdominal Radiology Course 2007**, April 15-20, Naples, Florida Coast
- **SPIE Europe Optics and Optoelectronics Exhibition**, April 16 - 20, 2007, Prague, Czech Republic
- **DERMA 2007**, April 17 - 19, Dubai, U.A.E.
- **National Medical Laboratory Professionals Week**, April 22 - 28, 2007
- **The 20th National ORNAC Conference**, April 22-27, 2007, Victoria, Canada
- **2007 AHRA Spring Conference/ Clinical Workflow Optimization Through Technology**, April 25-27, Phoenix, AZ
- **MGMA Obstetrics & Gynecology Assembly Conference 2007**, April 29-May 2, Scottsdale, AZ

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classifieds

These are some of the more than 27,000 listings on dotmed.com on any given day.
**RADIOLOGY EQUIPMENT**

- **GE Portable X-Ray AMX 110 Portable X-Ray**
  Manufactured 1975, Includes new and complete maintenance manuals. $2,500.00
  **STARTING BID INCLUDES** DEINSTALL Includes: Multex C 4 Way Float Top Table, Integrated Table and Tube Stand, Wall Buckey. $3,500.00
- **OEC C-Arm 9000**, 1990 model, ESP, new steering, dual monitors, 9” TV. Foot pedal and manual included. Unit also has cassette camera and medical VCR. There is a cassette holder on the II. $4,000.00

**INSTRUMENTARIUM**

- **Alphaiq Automatic Compression**, Dual Focal Spots, Phototimed. Includes 18 x 24 and 24 x 30 Buckys, 18 x 24 Cassette Holder, 4 Compression Paddles, Magnification Stand, Face Guard, 2 Foot Switches, Agfa Patient ID Printer. $6,500.00

**SIEMENS Cath Lab Polydoros IS-C**

- Siemens Coroskop Cardiac Cath Lab w/ Hicor Top, System Includes Polydoros IS-C Generator, Koordinate Table, Megalix 125/30/82cm X-Ray Tube, Sirecon 23-3 HDR Image Intensifier, Videomed S TV System, (2) High Resolution TV Monitors, Monitor Suspension, Hicor Top Digital System. $25,000.00

**PHILIPS Rad Room Maximus C850**

- Philips Rad Room, manufactured in 1985. Includes: Horizon Diagnost H Tube and collimator. $1,500.00

**MRI PARTS**

- **PHILIPS MRI Scanner T5-NT** SKY STATION II + 1xSHAMROCK $15,000.00

**CT EQUIPMENT**

- **PICKER CT Scanner PQ5000** Picker / Philips PQ5000 CT Scanner, manufactured 1998. This system was used for therapy planning and is equipped with Acqsim Therapy Planning software on a Voxel Q workstation. Also included is a Varian Therapy Planning Tabletop and LAP1 lasers/Tube/Rhino 5.0Generator/ CRX 4000 KW Software / Acqsim release 5.0, Five (5) Voxel Q Therapy Workstations/Oncology/ Tyco CT9000 Injector. $15,000.00

**CT PARTS**

- **GE CT Scanner Prospeend Highlight CIF** $2,100.00
- **PHILIPS CT Scanner mx8000d acq board in irs** $4,900.00
- **GE CT Scanner Prospeend Highlight need two CAM boards, have complete Xenon unit without tube checked fully functional, also some SYTEC3000** $400.00
- **GE CT Scanner prospeend phantom** $299.00
- **PICKER CT Scanner pq5000 15V Ram Board** $400.00
- **SIEMENS CT Scanner Siemens Somatom Plus 4 (IC)** Zenon Detector $8,000.00
- **GENERAL ELECTRIC CT Scanner hispeed xi series both part numbers are compatible this is a cif board left side of dasnext to the cam boards ge price 1000 usd** $500.00

**ONCOLOGY EQUIPMENT**

- **VARIAN Simulator Acuity EX Simulator**, manufactured 2004. The Acuity System combines planning, simulation, and motion data for verifying patient plans. System Features: Cone-beam CT CBCD Digital Shape Projector (DSP) Motorized Collimator with Dual Independent Collimation SmartPritect Collision Management and Detection System Acuity Control ConsolePaxScan 4000CBX-Ray System w/ 5-phase 30KW high frequency $154,060.00

**MEDICAL/SURGICAL EQUIPMENT**

- **PHYSIO CONTROL Defibrillators Lifepak 12**, PhysioControl/Medtronic Lifepak 12 Biphasic Defibrillator/Monitor. $3,000.00
- **PURITAN BENNETT Ventilator 7200a** $900.00

**MEDICAL/SURGICAL PARTS**

- **PHYSIO CONTROL Defibrillators 300 et al rubber drive roller/platen for strip recorder in several P-C defibr/monitors** $59.50
- **GE Monitor Datex/GE - Eagle monitor Display Ass. Color sharp high brite TFT (2 tube backlight)** $1,250.00
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