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The Healthcare Community Can’t Heal Itself — Just By Itself

The entire healthcare system in the United States is under stress. Some of the causes can be called self-inflicted, and some come from outside forces.

In this edition of DOTmed Business News we report on a story from the ECRI that says computer-aided detection (CAD) software used to interpret mammograms may actually make readings less accurate, and that today’s CT scans cause thousands cancers each year – roughly half of them fatal.

Also in this issue is a report from the Joint Commission on Hospital Accreditation that advises doctors, instead of ducking potential malpractice issues, simply saying “you’re sorry” might be the best way to avoid a lawsuit. And we’ve heard of two instances recently where hospital emergency rooms have called 911 to take critical cases they couldn’t handle themselves. And these issues are the tip of the iceberg.

Piling on top of these internal problems are hurtful legislative actions. Topping that list are the Deficit Reduction Act (DRA) cuts to imaging reimbursements payment, and other cuts in programs such as Medicare and Medicaid. Then looming on the horizon is the possibility that private insurers are going to follow the government’s lead and make cuts themselves – because they’ll benefit from more exclusions and lower insurance payments.

The healthcare community knows that there are plenty things needed to be done to get their own house in order. But it also has to get better organized to help fight the bad medicine from ill-informed government actions. Because the ultimate ones who will suffer are the people whose only transgression was simply to become ill.
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Texas Children’s Hospital Sets Record for Largest Investments

Texas Children’s Hospital recently announced that it will invest $1.5 billion over a four-year period in order to secure its role as a pre-eminent pediatric institution. This expenditure tops the charts for the largest expansion program ever undertaken by a single children’s hospital.

The planned initiatives, all of which are targeted for completion by 2010, focus largely on research and accessibility, two areas which the Texas Children’s board and its leadership believe are the keys to rapidly translating science into quality clinical care for children. Major capital projects include the creation of a comprehensive neurological research institute ($215,000,000), the formation of a maternity center ($575,000,000), expansion of existing research facilities ($120,000,000) and the development of one of the largest pediatric hospitals in a suburban setting ($220,000,000). Other dollars ($370,000,000) are earmarked for new equipment and information systems to support quality improvement.

Purdue Endowed With $100 Million Institute for Biomedical Development

The Alfred Mann Foundation for Biomedical Engineering has announced a $100 million gift to endow an Alfred Mann Institute at Purdue University that will provide funding for moving faculty members’ inventions of health-related products to doctors and their patients. The agreement between the Foundation and the University states that preferential consideration will be given to Indiana companies wanting to license the university technologies that are developed at the Institute. The goal of this endowment is to further the state’s economic development. This arrangement helps fulfill Mann’s twin goals of building a bridge between academia and industry and encouraging collaborations between engineering and biomedical sciences.

The Institute will be housed in 30,000 square feet at Purdue’s Discovery Park, where researchers use a multidisciplinary approach to advance research.

Methodist Announces Inpatient Tower Expansion

The Methodist Hospital System plans one of the Texas Medical Center’s largest building expansions ever for inpatient services.

The new North Campus in Houston will include up to 700 beds in potentially 1.5 million square feet of space for inpatient care. The beds will ultimately provide for the replacement of older facilities and eventual hospital growth. The North Campus will also be home to the Methodist DeBakey Heart Center, Methodist Neurological Institute and a new Emergency Department, as well other related diagnostic and therapy services.

St. Joseph Hospital Will Move to SSM St. Clare Health Center

SSM Health Care of St. Louis broke ground for its newest hospital, SSM St. Clare Health Center, which will open in late 2008, and recently displayed the hospital’s design and site plan. The design for the 158-bed SSM St. Clare Hospital revealed a campus centered on convenience and accessibility.

SSM St. Clare will incorporate four “patient experience zones” — Emergency, Outpatient Services, Inpatient Care and Surgical/Specialty Services — each with separate parking and entrances. The zones will be connected by a central Town Square area.

Shands Begins Construction on $388 Million Cancer Hospital

Shands HealthCare broke ground on the Shands at the University of Florida Cancer Hospital, a $388 million investment to bring state-of-the-art cancer treatments to North Central Florida. The 500,000-square-foot facility will house 192 private inpatient beds for a variety of patients, including those receiving diagnostic and therapeutic oncology services. It also will include a Critical Care Center for emergency and trauma-related services.

Site preparation and demolition began in April 2006. Construction is scheduled to start in January 2007 and be completed in 2009.

Johns Hopkins Is Housing and Testing 256-Slice CT Scanner

Johns Hopkins Medicine has installed for three months of initial safety and clinical testing a 256-slice computed tomography (CT) scanner made by Toshiba, believed to be the world’s most advanced CT imaging software and machinery.

The new 2-metric-ton device — the first of its kind in North America and only the second outside of Japan, where its manufacturer is based — has four times the detector coverage of its
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immediate predecessor, the 64-CT. It can measure subtle changes in blood flow or minute blockages forming in blood vessels no bigger than the average width of a toothpick (1.5 millimeters) in the heart and brain. ● [DM 3661]

**Investment in Middle East Healthcare to Triple**

The Mideast is set for a substantial increase in spending on its healthcare infrastructure, according to virtually all local news sources. In the UAE alone, estimates suggest that there is shortage of over 2,000 hospital beds. As a result, numerous private hospital development groups have been drawn to the region, explained Ottmar Schmidt, Director of Marketing at Welcare World.

The change is expected, among other things, to reverse the trend of affluent Middle Easterners seeking healthcare abroad in such places as the U.S. or Europe.

The forecast predicts that the Middle East will be one of four emerging markets, along with China, Russia and India, whose healthcare investment will rise from $1 billion to $3 billion, in order to keep pace with nearly one billion people that will be added to the population.

● [DM 3658]

**How Safe Are Today’s CT Scans?**

Despite being a life-saving diagnostic tool, CT scanners are estimated to cause around 6,000 cancers each year in the United States, roughly half of them fatal. Several surveys show that medical professionals and patients lack a clear understanding of the risks inherent with CT doses. In a recent report, ECRI (www.ecri.org), a nonprofit healthcare research organization, recommends more attention be paid to reduce the number of deaths and injuries caused by radiation doses.

ECRI’s guidance article explains the radiation risks of CT and discusses how they compare with other risks in and out of healthcare. ECRI also outlines ways in which doses can be kept to the necessary minimum. According to ECRI, the potential of CT to increase the number of cancers is a public health concern, especially in younger patients. Everyone involved in referring patients for CT scans, as well as those responsible for the studies, should understand the risks and how to moderate them. ECRI recommends several steps that healthcare facilities should take in order to address the problem.

● [DM 3566]

**EU May Severely Restrict MRI Use**

The European Parliamentarians, patient groups, scientists and members of the medical community are working to avert a serious threat to MRI use. EU health and safety legislation that would go into effect in April 2008 would have the impact of regulating clinical and research use of Magnetic Resonance Imaging.

The new regulations are aimed at protecting workers from exposure to electro-magnetic fields by the European Society of Radiology says that unintended consequence would be to restrict MRI use. ESR also pointed out that the impact assessment for the rule is ten years old.

● [DM 3557]

**Say You’re “Sorry” to Avoid a Lawsuit**

In the medical world, it’s tough to admit a mistake. And yet, a number of the nation’s hospital systems and private liability insurance companies have adopted a policy of robust disclosure that has resulted in greater patient trust and satisfaction and fewer malpractice suits.

If you and your staff are serious about reaping the benefits of sincere apology and genuine disclosure, you will want to attend the Joint Commission Resource's Seeing Your Way Clear to Apology and Disclosure, June 6-7, 2007, in Rosemont, Ill.

● [DM3554]
Shortage of Oncologists Predicted in U.S.

A report in the Journal of Oncology Practice predicts that the United States may very well suffer a dangerous shortage of cancer doctors over the next two decades. The report predicts a shortfall of up to 4,000 oncologists by 2020.

The shortage is being fueled in part by an aging population and more cancer survivors. It is also exacerbated by a slowing in the number of oncologists available as more reach retirement age. Experts estimate that nearly 1.4 million Americans will be diagnosed with cancer this year and more than 560,000 will die of the disease, making cancer the second-leading cause of death in the United States after heart disease. Cancer is primarily a disease of older people and the number of Americans aged 65 and older is expected to double between 2000 and 2030.

“The graying of America will result in substantial increase in demand for cancer care,” said Dr. Dean Bajorin, an oncologist with Memorial Sloan-Kettering Cancer Center in New York City and co-chairman of the American Society for Clinical Oncology’s (ASCO) Workforce Implementation Working Group. “This is a looming crisis that already needs to be addressed prospectively.”

MRI and Echo-cardiography Forecast More Strokes

Based on a new study, researchers urge more comprehensive imaging for patients presenting to hospitals with stroke symptoms. Using both MRI and echocardiography to image the heart greatly enhances the detection of the cause and selection of the best treatment of cardioembolic strokes, the “meanest” type of stroke.
A cardioembolic stroke occurs when a thrombus (clot) dislodges from the heart, travels through the cardiovascular system and lodges in the brain, first cutting off the blood supply and then often causing a hemorrhagic bleed — a double whammy of both types of stroke, ischemic first and then hemorrhagic. The study found that MRI detected nearly twice as many sources of stroke in the heart than echocardiogram alone. Echocardiography, however, was strong in the detection of heart valve lesions. Combined, these imaging systems can more clearly identify underlying causes of future stroke.

“This can revolutionize patient care because we can detect the underlying cause of the stroke and prevent it from occurring again,” says lead author John Sheehan, M.D., an interventional radiologist at Northwestern University and Northwestern Memorial Hospital.

About DOTmed.com
DOTmed.com, Inc. went online in 1999. Today we are the world’s leading, public marketplace for auctioning, buying and selling new and used medical equipment and parts.

The most important service we provide hospitals is helping them auction their used medical equipment and idle assets online. DOTmed also offers our thousands of daily visitors many free services, such as our PartsHunter parts finding service.

FAST STATS:
• Over 80,000 registered users from 60 countries worldwide
• Over 11,000 unique visitors every day – more than 4 million every year
• Over 27,000 listings on any given day

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Treatment Prevents Amputation, Opens Arteries Below Knee

Angioplasty and stenting can prevent amputation and restore blood flow in the lower extremities of patients with severe critical limb ischemia and gangrene (tissue loss). In a recent study, at eighteen months, the tiny arteries below the knee remained open, with a ninety-one percent success rate, thus preventing amputation. This success rate was consistent in all patients who were consecutively enrolled over a six-year period of time.

The blockages were caused by peripheral arterial disease (PAD). Using imaging for guidance, the interventional radiologist threads a catheter through the femoral artery in the groin to the blocked artery in the legs. A balloon is inflated to open the blood vessel where it is narrowed or blocked. In some cases, this is held open with a stent. This is a minimally invasive treatment that does not require surgery, just a nick in the skin the size of a pencil tip.

“Aggressive interventional therapy should be considered in all patients as a first option. In general, the long-term clinical results are comparable to by-pass surgery in the leg using a longer, more complex graft, but with a much lower risk of morbidity and mortality,” says lead author Nael Saad, M.D., interventional radiologist, University of Rochester Medical Center, Rochester, New York.

[DM 3575]

The Greater New York Hospital Association — GNYHA — and DOTmed Sign Group Purchasing Agreement

The GNYHA, in order to assist its member institutions in recovering the value of their used or idle medical equipment, has entered into a group purchasing agreement with DOTmed.com. Philip Jacobus, President of DOTmed.com, gave a live web demonstration for GNYHA Services members shortly after the agreement was signed. Through a comprehensive Web-based medical equipment auction service, DOTmed.com will help GNYHA hospitals and continuing care facilities buy and sell valuable assets with minimal effort in order to achieve maximum revenue.

About GNYHA

Greater New York Hospital Association (GNYHA), founded in 1904, is a one-of-a-kind trade association comprising nearly 300 hospitals and continuing care facilities, both voluntary and public, in the metropolitan New York area and throughout the State, as well as New Jersey, Connecticut, and Rhode Island. GNYHA’s mission is to serve health care providers, support patients in their journey toward better health, sustain communities for a brighter future, and strengthen partnerships that promote high-quality, more affordable health care.

[DM 3589]

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Pivotal Stent Trial Results Announced

Data was released about Abbott's SPIRIT III U.S. pivotal clinical trial at The American College of Cardiology's 56th Annual Scientific Session in New Orleans. Not only did the SPIRIT III trial meet its primary and major secondary endpoints, but it showed a statistically significant reduction in major adverse cardiac events, favoring XIENCE V,” said Gregg W. Stone, M.D., of Columbia University Medical Center and the Cardiovascular Research Foundation, New York, principal investigator of the SPIRIT III clinical trial, who presented the results today. “The enhanced freedom from adverse events with XIENCE V, coupled with its low profile, makes the XIENCE V stent an important advance for patients with coronary artery disease.”

Magnetic System Could Be Key to Surgery Without Scars

Physicians at UT Southwestern Medical Center and engineers at UT Arlington have collaborated to invent a groundbreaking system that could be key to delivering on the promise of surgery without scars.

Feds Looking to Save $30B in Rx Costs

Taxpayers across the country would save $30 billion in prescription drug costs if the federal government were directed to negotiate with pharmaceutical companies over Medicare drug prices, according to a new report released today by the Institute for America's Future.

DA Approves New Medtronic Continuous Glucose Monitoring Devices for Children and Teenagers

Medtronic, Inc. has announced that the FDA has approved new REAL-Time Continuous Glucose Monitoring (CGM) devices for children and teenagers ages 7-17. Previously approved for only adult patients, Medtronic's REAL-Time CGM will soon be available in specifically designed pediatric models of the MiniMed Paradigm REAL-Time System and Guardian REAL-Time System.

First Toshiba Apio XG Ultrasound Installed at Steinberg Diagnostic Medical Imaging

Toshiba America Medical Systems, Inc. announced that the nation's largest outpatient imaging practice, Steinberg Diagnostic Medical Imaging (SDMI) in Las Vegas, is the first to install the new Aplio XG ultrasound system to use for abdominal, gynecologic, obstetrical(OB), breast, testicular, thyroid and prostate imaging procedures.
A high-volume clinic, SDMI images approximately 75 patients a week on the newly installed Aplio XG. Since the installation, they report higher image quality, improved patient throughput, enhanced workflow and increased operator comfort with the system.
The Aplio XG is simple to operate: it includes the award-winning iAS-SIST™ remote control operation, which utilizes Bluetooth technology and allows clinicians to operate the Aplio system from a distance without hardware applications, resulting in streamlined workflow processes and ease of use for clinicians.

Andover Medical, Inc. to Acquire Ortho-Medical Products, Inc.

Andover Medical, Inc., a single source provider of orthopedic, podiatric and urological durable medical equipment (“DME”) has entered into a definitive merger agreement to acquire Ortho-Medical Products, Inc. (“OMI”). The transaction marks Andover’s first acquisition as a public company, as it intends to establish a nationwide network to assist practitioners in providing quality care and services to their patients. Under the terms of the agreement, Andover Medical will acquire all of the outstanding equity of Ortho-Medical Products, Inc., in exchange for $500,000 in cash and $2,000,000 in restricted shares of Andover common stock.

OMI is a full-service provider of procedure specific, orthopedic durable medical equipment (“DME”), respiratory equipment, orthotic equipment, and prosthetic devices. The Company serves greater New York City; New York’s Nassau, Suffolk, and Westchester Counties; Northern New Jersey; Upper New York State; and Connecticut. OMI contracts with 50 established insurance companies, including Aetna, Oxford, and United Health Care.

Outpatient Treatment Kills Benign Bone Tumors Non-surgically With Heat

Research shows that an outpatient, non-surgical treatment for a benign bone tumor called osteoid osteoma both destroys the tumor and eliminates debilitating pain. In 91 percent of those treated in the study, presented at the 32nd Annual Scientific Meeting of the Society of Interventional Radiology, the treatment ended patients’ pain immediately, with no post-procedure complications.

This nonsurgical, non-invasive technique — radiofrequency ablation — heats and destroys the nerve endings in the tumor that were causing pain. It also preserves the patient’s healthy bone, prevents major surgery and eliminates the need for lengthy rehabilitation and recovery. The interventional radiologist can visualize the tumor with CT and insert the needle into the correct area while monitoring the heat, thereby ensuring that the entire tumor is destroyed and will not grow back.

“SureTouch” New Pre-Mammogram Visual Mapping System

Medical Tactile Imagination Pty Ltd announces the registration of SureTouch, a visual mapping system used to document Clinical Breast Exams. A new technology may change the way clinical breast exams (CBE) are undertaken. SureTouch is suitable for women of all ages as it is not confused by the denser breast tissue found in younger women.

SureTouch uses EPI instead of radiation and allows the examiner to visualize the sense of touch through real-time 2D & 3D full color images recognizing palpable lesions as small as 5.0mm. “SureTouch is lightweight and portable, and is FDA approved.”

Philips to Acquire Health Watch Holdings, Inc.

Philips will acquire Health Watch, a US-based, privately-held provider of personal emergency response services, for approximately USD 130 million in cash. The transaction is expected to close in the second quarter of 2007. Health Watch will add over 100,000 US-customers to Philips Lifeline’s existing base of more than a half a million subscribers in North America.

Philips Lifeline’s and Health Watch’s twenty-four hour a day services give independently minded seniors the confidence to maintain an active life at home, knowing if they suddenly need help, they can send an alert to a monitoring center indicating they need assistance. Two-way communication allows a professionally trained operator to establish the nature of the problem so that appropriate action can then be taken.

Hologic Subsidiary Launches Core Biopsy Device

Suros Surgical Systems, Inc., a subsidiary of women’s imaging leader, Hologic, Inc., has launched the Suros Celero™ — the first U.S. FDA-cleared spring loaded, vacuum assisted core biopsy device for the breast ultrasound
market. With the option of firing inside or outside the breast, the device is designed to access hard-to-reach lesions in the axilla, near the chest wall, near implants or behind the nipple.

The lightweight design of the handheld Celerio and its highly echogenic needle provide smooth penetration to lesions while reducing deflection and offer a clearly visible aperture location for target verification under ultrasound imaging prior to tissue acquisition. Celerio securely holds the tissue sample in place while acquiring large cores.

“Early Celerio clinical findings show that only two to three samples are needed for a diagnosis and DCIS [ductal carcinoma in situ] staging with only two samples,” said Paige Huber MD, a radiologist with AnMed Health, a healthcare provider in Anderson, South Carolina. “While many physicians are accustomed to 6-10 needle insertions for spring loaded core biopsies, Celerio needs only 2-3 insertions to gain the same results.

● [DM 3719]

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DOTmed Puts $25,600 In New York Presbyterian Hospital’s Pocket

If you wanted to trade in your well-maintained, used Camry, would you just let Toyota come and take your old one away without paying you anything, just to make room for your new car? Of course not. You would be sacrificing the substantial resale value of your old car. New York Presbyterian Hospital was in a similar situation with its 1998 GE CT/i CT Scanner: they were in the midst of an equipment upgrade, needed the old one removed, and were prepared to let GE deinstall the old equipment without receiving anything for it. That is correct: zero. (Actually, things could have been even worst. Some times companies charge a hospital to remove valuable equipment if they know the hospital is under a tight deadline to install new equipment.

Fortunately, DOTmed entered into the equation and presented them with a more profitable option: auctioning it online. DOTmed immediately went to New York Presbyterian and photographed the machine’s computer, monitor, gantry tube, power supply source and table, and put the CT online in a DOTmed-Managed Auction. In less than one week, more than 1,100 DOTmed users viewed the auction and almost 40 bids were placed on it, and DOTmed handled them all.

The CT sold for $32,000, the Buyer paid for the deinstallation of the equipment, and after DOTmed took its well-earned commission, DOTmed handed New York Presbyterian Hospital a check for $25,600 – and NYPH didn’t have to do anything!

NYU Hospitals Center Adds Another Happy Success Story to Their DOTmed Equipment Auctions

Some people at large hospitals do not view removing excess equipment as an opportunity for profit. They’re primarily concerned with clearing space, and receiving anything at all for old equipment makes them happy.

Arlene Friedman, Sourcing Leader at NYU Hospitals Center, does not fall into this group. She knew the two late-model ACUSON EV-8C4 Ultrasound Transducers that Department Manager Tomi Brandt no longer needed has substantial resale value. Ms. Friedman rejected an initial offer for $2,500 per vaginal probe because she felt that she could sell them for a higher price, especially since one was wrapped in its original case.

A veteran of DOTmed-Managed Auctions, she has successfully auctioned more than twenty pieces of equipment throughout the past two years. Anticipating a similarly fortuitous outcome, Ms. Friedman decided to auction these probes online. Cognizant of what probe-shoppers look for, DOTmed staff saw to it that the equipment was carefully photographed. DOTmed set up an auction with a starting bid of $5,000 and a reserve of $7,000.

The auction ran for several weeks. When a prospective Bidder asked for assurance that the crystals in the transducer were not damaged, DOTmed arranged for him to examine the probe. Once the Bidder determined that the equipment was fully operational, he placed a winning bid of $10,000. Thanks to DOTmed, Ms. Friedman received twice as much as she was originally offered for the probes!
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NCI ADDS

Premier Industry Conference to be Held on East and West Coasts

The 2007 IDN Summit & Expo will be held May 7th-9th, at the Omni ChampionsGate in Orlando, FL.

Now in its 13th year, NCI’s IDN Summit & Expo is renowned for the unsurpassed networking opportunities it provides attendees, in general, and, specifically, through its reverse expo. NCI pioneered the reverse tradeshow format based on the understanding that healthcare providers were eager to evolve a more effective sales process with suppliers and manufacturers. The reverse tradeshow provides hospital and health system purchasing executives with an efficient means of educating suppliers.

“Hosting an IDN Summit & Expo on both coasts alleviates travel issues and improves access for a West coast-based stakeholder.”

Gregg Firestone, CEO
about their specific needs and how best to meet them.

NCI’s IDN Summit & Expo is also known for delivering high-quality educational pharmacy, med-surg, and strategy breakout sessions. In 2006, NCI qualified its pharmacy offerings for continuing education (CE) credits.

NCI is recognized industry-wide for continually increasing the value of its Summit by adding innovative offerings that further enhance collaboration among stakeholders and increase value for attendees. For example, highlights at the inaugural Spring IDN Summit & Expo feature supply chain executives from outside the healthcare industry and team-building techniques used by sports coaches.

Last year, NCI introduced NCI Talk, the healthcare industry’s own and only talk program. Produced live at industry conferences, or in-studio, NCI Talk is recorded for viewing in streaming video via the worldwide web at www.ncitalk.com. The three-part program features a lively panel debate among industry executives hosted by veteran journalist Wally Kennedy.

Also during 2006, NCI introduced its Healthcare Innovators Contest. NCI added a Healthcare Collaborators Contest early this year.

NCI’s inaugural Spring IDN Summit & Expo will be held on May 7th-9th, at the Omni ChampionsGate in Orlando, Florida. During a keynote address, CEO Greg Firestone will be presenting his new book “Swimming with the Supertankers.” Other topics to be covered include disaster planning, business development strategies, and strategic direction in pharmaceuticals.

The NCI Fall IDN Summit & Expo will be held on September 4th-6th at the Gaylord Texan in Dallas, Texas.

Additional information about NCI’s 2007 Spring IDN Summit & Expo and 2007 Fall IDN Summit & Expo, including registration forms, may be found at www.ncihome.com.

[DM 3699]
Diagnostic ultrasound has become a very versatile imaging modality. It is the second oldest modality, pre-dated only by the X-ray. Ultrasound was first used over 60 years ago, and like the advances in X-ray equipment, progress was slow for many decades. It took the independent development of computer technology to make significant advances in ultrasound imaging, and diagnostic applications have grown rapidly in recent years.

While the public-at-large typically thinks that ultrasound exams are just for “mothers to be,” the actual clinical range of diagnostic uses now encompasses virtually all parts of the body, including the organs, veins, muscles and tendons. Ultrasound can assess size, structure and any pathological lesions. The two areas where ultrasound imaging is not preferred for scans of the bones and lungs.

2D, 3D, 4D, and Doppler

The earliest ultrasound equipment produced two-dimensional images – 2D. With advances in computer processing, 3D images were possible. The first 3D ultrasounds were developed about 20 years ago and advances in image quality and resolution keep accelerating. The fourth “D” in “4D” is time, and 4D ultrasound shows real-time images – for instance, that of a beating heart, or moving fetus.

Ultrasound competes successfully with the other major imaging modalities not just because the image quality has improved. It’s also considered one of the “safest” technologies. The other factor in its favor is its relative low cost compared to other types imaging equipment. A new top-of-the-line ultrasound machine might sell for around $150k – while high-end CTs can easily go for $1 million or more.

The market leaders

Approximately 80% of the market for new, full-size ultrasound equipment is shared by GE, Siemens and Philips. In the fast-growing market for hand-carried ultrasound (HCU), Sonosite is considered one of the leaders, but the “big three” are introducing more HCU models every year.

The consensus of the ultrasound sales and service companies we spoke to for this Report was that HUC units are seeing the biggest growth in market share today. Image quality keeps improving, 4D is now available, and the portability factor often makes HCU the best choice for an initial diagnosis in many situations.

In a recent 2005 study, IMV’s Medical Information Division estimated that more than 4,700 U.S. hospitals had ultrasound equipment. The report further estimated, “31.2 million patient exams were conducted by the
ultrasound or radiology departments in those U.S. hospitals.” For hospitals with 200+ beds, patient exams grew 41% from 13.1 million in 1998 to 18.5 million in 2005, for an annual average growth rate of approximately 5% per year.

Highlights of the full report include:

• The average number of ultrasound units installed per hospital radiology department is 2.5 units.
• Over half of the ultrasound installed-base in hospital based departments were installed in 2002 or later.
• Purchase and upgrade activity in these sites is active, with average budgets for equipment increasing. Over 40% of the ultrasound sites are improving their current capability, either by adding new units, replacing old, or updating their current systems.
• Key technologies driving future purchases include real time 3D or 4D imaging and instant optimization.
• Ultrasound sites are expanding their use of networks to transmit images to multiple locations, including within the department, between departments and to other sites. From 1998 to now, the proportion of ultrasound sites with networks in 200+ bed hospitals grew from 26% to 88%. IMV’s 2005 Diagnostic Ultrasound Market Summary Report compares nationwide trends from this recent survey with the prior 1998 study.*

*If you wish more information about the IMV’s 2005 Diagnostic Ultrasound Market Summary Report, visit www.imvlimited.com/mid. IMV Medical Information Division, Inc. is a market research consulting firm founded in 1977 specializing in medical imaging and other advanced healthcare technology markets.

**Refurbished ultrasound equipment – a sound medical and business decision**

The case can always be made by many leading hospitals and doctors in private practice that they should have the latest and greatest in imaging technology. In fact, the strongest argument behind that position is hard to contest: if the newest technology is not adopted, how will better diagnoses be achieved; how will better outcomes result; how will medicine itself advance?

Of course, the economic realities that thousands healthcare providers face conflict with this ideal situation – particularly given the fact that about half the hospital in the U.S. are operating at a deficit, and some hospitals throughout the world are in even more difficult positions. In addition, doctors in private practice, both here in the U.S. and abroad, are...
facing their own financial challenges.

All of which explains why used medical equipment companies and third party independent service providers (ISOs) are an important part of the global healthcare infrastructure. The cost savings that used equipment offers means millions of people are getting vital diagnostic imaging procedures that otherwise would not be possible.

**What do the top ISOs do when refurbishing a system?**

Jim Kollai is General Manager at Ambassador Medical out of Carmel, IN. Ambassador is owned by GE Healthcare, and Kollai noted his company specializes in refurbishing and reselling ultrasounds taken in trade by GE when they sell a new system. Many of these used systems are GE models, but they can also be from almost any manufacturer, including Philips, Siemens, Aloka, or Acuson. Ambassador also provides probes, part sales & repair services to other ISOs, and directly to hospital BioMed technicians.

Ambassador has a rigorous refurbishment program, and they also repair system boards and parts in-house. They go over a machine from top-to-bottom to check for problems, and repair and replace any parts as needed. They then give the system a final test with the actual probes the customer is buying – not bench probes. The customer gets a certificate of functionality that states everything is “A-OK.” Ambassador is in the process of obtaining ISO 13485 Certification which is specifically for medical devices. To be awarded this designation, a company has to prove it has established and maintains a high level of quality in their operational procedures. Kollai expects certification to be achieved some time in June of this year.

Sonora Medical Systems of Longmont, CO, is another key independent ultrasound company which is unique in many ways – not just because of its size, but for its capabilities and services, and patented ultrasound test equipment. Sonora makes what they claim is the industry’s standard diagnostic tool for running quality assurance test on new and used transducers, the FirstCall. Wayne Moore, President of Sonora, says virtually every OEM owns one FirstCall, and some have several. In addition, dozens of ISOs use the FirstCall. Sonora also has a second diagnostic tool, the Nickle, which is less expensive but provide important information on system performance.

Sonora also helps hospitals that are looking to for an alternative to relatively high-priced OEM service contracts. “We train BioMed Technicians so they can test and diagnose their fa-

### Refurbished Ultrasound – A Buyer’s Check List

Virtually all the top ISOs contacted for this Report emphasized the comprehensive work they do when refurbishing an ultrasound machine. Here is part of what MedCorp lists as their 24-step ultrasound refurbishment process. We suggest you should keep this list for reference for the next time you want a quality used system.

**SYSTEM APPEARANCE** — Blow out entire system interior; Clean all system fans, grills, and filters; Clean all power supplies; Clean system card cages and PCBs; Clean all exterior surfaces and compartments; Clean all accessories, footswitches and peripherals; Clean system casters; Repair or replace any broken or worn keys, fixtures or panels as necessary.

**SYSTEM FUNCTIONALITY** — Verify system passes all available manufacturer diagnostics; Verify all system power supplies are within manufacturer tolerance; Verify system video is properly adjusted and aligned on monitors; Verify crispness of monitor images, no excess burn; Verify proper operation of track ball assembly; Repair or replace any PCB, module, or assembly as necessary.

**SYSTEM CONFIGURATION** — Record system software level; Record system options; Verify that software, options, probe, & peripheral configurations satisfy sales order contract; Record all possible PCB, module, assembly part numbers and serial numbers; Record all probe and peripheral part numbers and serial numbers; Provide supporting documentation for all above configuration items to be mentioned in customer file.
cility’s ultrasound equipment themselves,” Moore explained. “This way they can call us and tell us what is wrong. If it’s simply swapping out a part, we can send the part. Or if needed, and we can send a Service Engineer out there with the right parts and fix the problem in one visit, still saving everybody time and money.”

Bill Ipsen, an Owner/Partner in KPI out of Riverside, CA, feels his company is one of the largest, truly independent third-party companies. “Our reputation for quality refurbished systems and superior service is not just known nationwide, but worldwide,” he asserted. The company has 7 experienced engineers. Ipsen said about 20-25% of KPI’s business comes from South America and Europe.

Robin Gillespie, Sales Consultant, MedCorp, headquartered in Tampa, FL, asserted that her company is one of the premier ISOs in the used and refurbished ultrasound business, and the company has an extensive inventory to support the claim. MedCorp is also a division of Henry Schein, a Fortune 500 company and global leader in medical supply distribution, and an authorized U.S. distributor for Siemens ultrasound equipment. She pointed out that MedCorp is very proud and upfront about the extensive and detailed refurbishing the company performs, (see: Refurbished Ultrasound – A Buyer’s Check List). They have a full line of transducers in stock, and carry systems from all major ultrasound manufacturers. MedCorp also is well-known in South and Central America, and their business in these regions is headed up by long-time industry pro, Fred Frimbres.

Tim Edwards, Manager, Pre-owned Systems for Preferred Medical Systems of Cordova, TN, takes pride in the quality of the refurbished equipment they sell. “We do a very thorough job every time we refurbish and system and then test all functions to make sure everything works as it should.” Edwards said they carry used systems from the big three ultrasound manufacturers, but he also noted that Preferred Medical was a unique ISO in that they are also the authorized dealer for new GE systems in Mississippi, Louisiana, Alabama, Tennessee, Arkansas, and Georgia.

Transducer/Probe repair

Almost every ultrasound ISO can get your transducer repaired, but they’re not likely to do it themselves. The reason can be summed up in one small word: size. Or more accurately, the super-tiny size of the elements within a transducer.

The transducer – which sends and receives back the ultrasound echo, or image – is packed with miniaturized components and piezoelectric crystals. Some transducers have hundreds of coaxial cables just the thickness of human hair, and working inside the transducer is something that requires powerful microscopes, special knowledge, special tools, and years of experience.

There are only a handful of ultra-
sound ISOs that have “the right stuff” to repair the business-end of these machines. Sonora, Echoserve, and Wetsco (a company that only deals with other ISOs, not end-users) are three of the best known transducer repairers. Specialized Technologies, out of Tulsa, OK, is a company in this niche market. And as their name indicates, they specialize in one area: the repair of TEE (transesophageal) probes.

**Whether you buy a full system or parts, look for a consultant, not a sales person**

One area that all the ISOs agreed upon was that because they’re third-party companies, they don’t have a particular ‘dog in the fight,’ and can recommend the make and model of ultrasound that best fits your individual needs.

“Just as a new car dealer has only so many types of vehicles to offer, an ultrasound OEM is in the same situation,” noted Bill Ispen of KPI. “And it’s not just a question of making the best equipment match, it’s a question of budget. A quality used car can get you where you want to go for a lot less than a new one, and a used ultrasound can get you an accurate diagnosis for a lot less than a new machine,” Ispen added.

Hap Burnett, of Pyramid Medical, Los Alamitos, CA, said, “one service that you should look for in an ultrasound ISO is impartial and honest consultation. There are a many manufacturers in this space, and many makes of equipment. Knowing which is appropriate at the best price can be difficult for the buyer, but a dealer who wants his customers to have the right machine will ask questions, listen, and clearly explain why they recommend a certain system,” he noted. “One thing a good ISO will do is keep you from buying more machine or more probes than you really need.”

Being bigger, of course, does not necessarily mean a company is better. There are many mid and small size ultrasound companies that sell quality equipment and deliver excellent service.

Christopher Turner, Owner of C&C Medical Solutions, Noblesville, IN, specializes in offering premium quality, pre-owned replacement transducers and parts. With 17 years of experience with ultrasound probes, they can provide cost-effective consultative solutions to meet an end-user’s needs.
“Some people try to fit a square peg in a round hole, and part of our job is to help them avoid mistakes. We make sure the customer gets exactly the right part, and doesn’t buy something that’s going to cause problems down the road,” Turner noted.

Lamar Gale of Gale Medical, Savannah, GA, says he keeps customers happy because he goes the extra mile as a standard business practice when it comes to service, and invites potential customers to ask for references so he can prove it. “I have a reputation that I’ve cultivated over many years for responsiveness and integrity, and I’m happy to provide references to anyone who wants them,” Gale noted. “In fact, whenever you deal with an ISO you should always get references, and ask them tough questions; if you don’t get glowing answers, you should just move on,” he added.

Lynne Gillooly, President of Gillooly Ultrasound, Cornelius, NC, is another dealer that’s big on service. Gillooly, who has been in the ultrasound business for over 25 years, was asked what makes her company a leader in this field, and her answer was right to the point: “It’s experience. It’s making sure the machine the customer gets will do everything that they need. It’s being honest, and being truthful about the choices available. Those areas where we are strong, and those where we are not, are discussed openly.”

**Now is a very good time to buy used equipment**

*DOTmed Business News* heard unanimity from the ISOs that the U.S. market for quality used ultrasound equipment is currently quite robust, which makes right now a very good time to buy. Late-model, high-end ultrasound machines are available at some of the most attractive prices in years. So facilities that have the need to upgrade — and a bottom-line to watch — should try contacting some of the ISOs mentioned in, or listed at, the end of the Report. The flipside of this, however, is that your trade-in won’t be worth quite as much, but most people will happily take this trade-off.

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ULTRASOUND SALES AND SERVICE PROVIDERS

The companies below all sell and service ultrasound equipment. To easily get their contact information, go to www.dotmed.com and enter the code number “DM 3701” in any search box. Then scroll down to find links to their DOTmed Services Directories and websites.

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Gustavo Abella, Global Product Manager for Medge Platforms, Inc., headquartered in New York City, provides an alternative upgrade option — software that can take a 2D signal and produce a 3D or 4D image, “even with a 15 year old machine,” according to Abella. Medge Platforms is one of a small number of companies that offers this relatively new type of software product, which has primarily gained attention outside the U.S. DOTmed Business News will report on this technology in a future issue.

Should first-time buyers buy used?

According to Robin Gillespie of MedCorp, up to 50% of doctors who are buying their first ultrasound system for their private practice buy a used system. “There are a couple of good reasons this makes sense,” she noted. “First, there’s a significant cost savings with used equipment, so they don’t have to lay out as much up front, and they can start turning a profit quicker,” Gillespie observed. “Also, they can find out if they like the system, and find out if it delivers the results they expect, they can find a ‘comfort zone.’ Then the next time they upgrade, they might buy new — but if they had a good experience with a used system, they might buy used again.”

Final word: go with someone who will be around after the sale

Chris Cone, President of Echoserve, Golden, CO, considers his company to be in the top echelon of ultrasound sales and service companies. In addition to selling fully refurbished systems, Echoserve repairs transducers, repair parts, including circuit boards, stocks a full line of parts, and offer field service in many areas of the country, providing a “one-stop” solution to any ultrasound need. “One thing to look for in a used ultrasound dealer is the dealer’s stability. If you get a 1-year warranty, and you should, you want the company you bought from to be there if you need service,” Cone stressed. He also observed that many people need technical support after the sale so they can learn to efficiently use a new system, and that’s something you should ask about before you buy. Cone, like all reputable ISOS, also strongly recommends getting references and referrals.

A brief history of ultrasound

Medical ultrasonography uses acoustic waves from 2 to 15 megahertz, far above the range of human hearing, to create an image. The lower the frequency, the less clear the picture is, but lower frequencies and view more deeply into the body. The best known usage of ultrasound is for examining the fetus, but is used in virtually every area of medicine; in particular cardiology (echocardiographs), endocrinology, neurology, ophthalmology, gastroenterology, rheumatology, and musculoskeletal testing. Ultrasound was first used for diagnosis by Austrian Doctor Karl Theodore Dussik, who used it to investigate the brain in 1942, referring to the procedure as hyperphongraphy. He is regarded as the first physician to have used the technique. Dr. George Ludwig was the first physician to make use of its therapeutic properties, though many non-physicians had done so before him. In 1953, Jerome Gersten used it to treat rheumatic arthritis. The same year, Inge Edler and Carl Hellmuth Hertz made the first ultrasonic cardiac measurement October 29, 1953. Many others contributed to important advances in ultrasonography, but it was the work of Scottish Professor lan Donald, who published an article in The Lancet in 1958 detailing practical uses of studying abdominal masses, that led to the common usage of ultrasound during pregnancy. He and Tom Brown developed a prototypical ultrasound scanner the previous year. It has been used for fetal measurement since 1964, starting in London. As better machines were developed, more applications were discovered and tested. Ultrasound may be used in teeth cleaning, occupational and physical therapy, cancer treatment, cataract treatment, destruction of kidney stones, and other therapeutic uses.
REMOTRONIX recently de-installed a Siemens Coroskop Top system from Boulder Community Hospital in Colorado to be donated to the Children’s Heart Fund of Ethiopia. Later this year REMOTRONIX will fly to Ethiopia to re-install this system in the Pediatric Cardiac Center on the premises of the Black Lion Hospital in Addis Ababa.

The Children’s Heart Fund of Ethiopia is an Ethiopian non-profit organization currently in the process of building a Pediatric Cardiac Center at Black Lion Hospital. With the support of several non-profit organizations in the United States, a Siemens Cath Lab currently in use at Boulder Children’s Hospital will be de-installed, crated, transported and re-installed in Ethiopia.

● [DM 3628]

DOTmed Certified
Darnell Holston Puts
His Reputation Online

SIRBEC Health Solutions is an unusual name for a biomedical sales and repairs company. It combines a number of initials from the family of the owner of the company, DOTmed Certified Darnell Holston, along with some key words — Serenity, Intelligence, Reverence.

Those are pretty good tenets for doing business in the competitive field of medical equipment.

Holston locates equipment “in the process of doing the preventive maintenance and repair and in [his] contact with various vendors and hospitals.” He often buys parts coming out of service and locates the medical excess for clients. Holston works with mammography systems, patient monitors, fetal Doppler, and other equipment. Customers include nearby hospitals, surgery centers, doctors’ offices, and local clinics.

Says Holston, “with DOTmed, business has picked up. Because of the way the website is set up, people can go there, exposure is good, and you run into individuals looking for things you may have posted, and from there they become repeat buyers. First you must sell them a good product.”

● [DM 3583]

DOTmed Certified
Dan Dorshimer Saves
Hospitals Money

Sometimes hospitals need to “test the waters” with medical devices before they buy. For instance, an experienced nurse who has recently been hired may have more experience with a type of ventilator that the hospital does not own. Since tight budgets do not allow for the purchase of a new ventilator, many hospitals rent such equipment from people like Dan Dorshimer of Freedom Medical in Exton, Pa.

After doing logistics at Freedom Medical for three years, Dorshimer became an equipment broker, specializing in refurbished infusion pumps and ventilators. He also brokers equipment to veterinarians and Emergency Medical Services. Freedom services the equipment that it rents; they have more than 40 biomedical engineers on staff.

How does Dorshimer find his supplies? Through DOTmed. “[Out of all the medical equipment websites] DOTmed is the easiest to use and the most reliable. It outperforms the competition,” he says. Dorshimer stays on top of industry trends by reading manufacturers’ manuals. Noting the increase in bariatric surgeries, Freedom is tapping into the market for bariatric equipment and endeavors to become the leading supplier in the field.

● [DM 3526]

NovaRad Partners With Inspiration Technology to Enhance RIS Billing Capability

NovaRad Corporation has partnered with Inspiration Technology, Inc., Charlotte, N.C., to further enhance and simplify the billing capability of its radiology information system, NovaRIS.

Inspiration Technology’s practice management billing software, IMAGINEradiology, has been interfaced with NovaRIS. Designed specifically for radiology, the software helps maximize productivity and lower operational overhead associated with billing and collection functions with sophisticated features including: automated workflow, charge central, HIPAA audit trail, document management, and denial management.

Together, the Imagine and NovaRad software provides a complete and integrated solution for radiology departments and imaging centers.
NovaRIS runs on the same platform as NovaRad’s PACS product, NovaPACS. Together, the systems provide hospitals and imaging centers with a comprehensive system for image viewing, tracking, patient scheduling, results reporting, and billing.

● [DM 3537]

PartsSource Buys NAI

The parent company of PartsSource completed the strategic purchase of North American Imaging (NAI) and ProbeSource. This supply chain acquisition will provide increased versatility and product offerings to PartsSource’s growing list of customers in the purchase of X-Ray tubes, Image Intensifiers, Ultrasound probes and the repair of Ultrasound probes.

NAI’s 22-year history as the largest independent supplier to the healthcare marketplace, its strong brand awareness and solid reputation for quality and customer service made it a logical partner to support both PartsSource and the industry’s independent service providers’ continued growth. The two companies will continue to have separate management teams, customer bases and marketing strategies. PartsSource will continue to be a customer of NAI, as they were prior to the purchase.

● [DM 3625]

AIUM Honors Ultrasound Pioneer at its Convention

The American Institute of Ultrasound in Medicine (AIUM) presented William O’Brien, Jr, PhD, with the 2007 William J. Fry Award in recognition of his numerous contributions to the scientific progress of diagnostic medical ultrasound.

O’Brien received his BS, MS, and PhD degrees in 1966, 1968, and 1970, respectively, from the University of Illinois, Urbana-Champaign.

From 1971 to 1975, he worked with the Bureau of Radiological Health of the FDA. Since 1975, he has been at the University of Illinois, where he is the Donald Biggar Willet Professor of Engineering and has multiple appointments in various departments throughout the university. O’Brien’s research interests involve the many areas of acoustic- and ultrasound-tissue interaction, and recently he received a National Institutes of Health MERIT (R37) award.

O’Brien is a fellow of the Institute of Electrical and Electronics Engineers, the Acoustical Society of America, the American Institute of Ultrasound in Medicine.

● [DM 3543]

DOTmed Certified Paul Zahn Heads Sales for 2007 DM 100 Firm

Shared Medical Equipment Group LLC has recently moved to larger headquarters to accommodate its growth, which, according Paul Zahn, Director of Sales and Marketing, reflects the increasing technology upgrades taking place in the Midwest and across the nation. While in the midst of an upgrade, hospitals find it beneficial to rent equipment like MRI, PET/CT and CT from Shared so that they keep their patient flow going and do not lose revenue streams.

“Our company is building more routes as some of the rural facilities are looking to add more services... PET/CT is becoming more widely used in the marketplace so we’re able to provide mobile services to facilities as they start up those services,” Zahn comments in regards to industry trends.

● [DM 3625]

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Endoscopy, from the Greek word for “looking inside,” is a minimally invasive procedure used for numerous diagnostic applications. Endoscopy replaces the need for exploratory surgery and is sometimes used for intervention such as removing polyps in a colonoscopy or shaving cartilage from the knee. Endoscopes come in all shapes and sizes. Applications and equipment include gastroenterology, ENT, OB/GYN, urology, arthroscopes, neuroendoscopes, pulmonary, laparoscopes, and others.

The technology has been used since the early 1800s and has steadily improved with advancements in endoscopic components and accessories. For instance, Edison’s invention of the incandescent light bulb reduced the risk of burns in the procedures. Eventually fiber optics provided the light conduit and integrated circuits led to miniaturization of video cameras that are incorporated into today’s equipment. A typical endoscope includes a flexible or rigid scope, a video light source transmitted through the scope to illuminate the internal anatomy, a lens and camera to view and record images, and channels for suction, air/water, and instrumentation for performing biopsies or excising polyps. Other components include video monitors, printers, etc.

It’s interesting to note that the same types of innovations from the early days continue to influence today’s market, driven by clinicians’ desire for ever smaller and lighter weight equipment.

Physicians are very brand-loyal to the type of scopes they’re accustomed to using during their training and career. “This is a high-physician-preference type of item, not a commodity,” said Stuart Jackson, President, Pro Scope Systems, Cincinnati, Ohio, a company that provides sales and service of...
used endoscopes. “There is no way that a doctor trained on Olympus will switch to Fuji or Pentax based on an administrator’s recommendation.”

**OEMs and Third Parties**

Original equipment manufacturers serving the market include the major player, Olympus, which DOTmed estimates has between 80 to 85 percent of the flexible endoscope market. Other players include Pentax and Fujinon, along with smaller, specialized companies such as Storz and Stryker. A significant barrier to new OEMs entering the market is the protracted FDA review process of about two years. Once an innovation is submitted for approval, it’s likely to become obsolete before it ever reaches the market.

At the same time, newer, lighter equipment is always being introduced by the big three OEMs. Yesterday’s 50-pound light source box is replaced with today’s five-pound portable unit. Theses upgrades leave hospitals wondering what to do with older, but still viable endoscopes and accessories. The OEMs tend to abandon support for older equipment, but third party independent service organizations (ISOs) pick up the slack and specialize in finding new parts and refurbishing and repairing endoscope equipment, which understandably suffers wear, tear, and leaks in the sterilization process. (Some independents are even certified by the OEMs.) A common service need for endoscopes is replacement of compromised layers of the scope such as the sheathing. Some servicers can completely rebuild the equipment, including replacing fiber optic rods, which are notoriously delicate. Still other servicing requirements might include cleaning, polishing or replacing lenses, light guide tubes, the biopsy or suction channel, or computer chips. The light source may also need attention including transmission, cooling and electrical issues.

OEMs and the ISOs have long been in contention and competition. OEMs are stingy with information about how to repair equipment, despite an FDA regulation that supports openess. OEMs may also withhold parts from the market. Perhaps most important, the ISOs complain, OEMs attempt to lock health care providers into long-term service contracts. Nevertheless, there’s plenty of business to go around for OEMs and for ISOs due to the constant need for scope repair, fed by an aging population’s demand for medical services requiring endoscopes. (Is there anyone out there who doesn’t need a colonoscopy?)

**The Bottom Line**

The greatest influence guiding choices in the U.S. healthcare system today is the pressure to control costs. Here lies the ISO advantage.

“One of the big reasons hospitals should consider [ISOs] is excellent value,” said Jackson. “We can sell refurbished scopes in most cases for half of what the manufacturers sell them for. And if you put them next to each other you couldn’t tell the difference.” He estimated that refurbished scopes from the OEMs are priced at just 20 percent below list price for new equipment.

Like many ISO pros, Jackson spent a good part of his career working for one of the manufacturers. His company has access to original or identical parts to repair all types of scopes. “We bring these scopes to the point where they will meet manufacturers’ specifications or exceed in some cases.”

Other advantages of using ISOs stem from their customer service mentality that the big behemoths can’t match. For instance, ProScope Systems offers a two-year warranty on many flexible endoscopes. On the service end, turnaround times are faster and ISOs provide loaners without the paperwork and purchase orders that OEMs typically require.

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“We will go the extra mile and do a lot of things the manufacturer won’t,” Jackson said. “We’re more nimble. We don’t have the bureaucracy or hierarchy. We can respond a lot faster than the manufacturer can.”

Do You Really Need an Overhaul?

Here’s an example of how the ISO operates to save hospitals money: when endoscope repairs are needed, the OEMs may not take the trouble to explore the root cause of the problem. Instead, they may charge for an entire new assembly when a less costly part or repair was all that was needed.

“Olympus calls certain types of repairs ‘overhauls’ and they call for an overhaul when the scope gets full of fluid or water, or when the video chip is flickering,” explained Daniel J. Murphy, President of Metro Medical, Branford, Conn. The company provides hospitals, surgery centers and doctors’ offices with an alternative to the manufacturer for surgical equipment repairs. “A third-party repair company can fix the individual repair at a much lesser expense than an overhaul,” Murphy said.

An overhaul on a new scope by Olympus might run around $8,000, while the ISO might be able to fix it for $1,000 to $3,000 in some cases, Murphy said.

“[OEMs] came out with repair levels that don’t cover everything,” he added. “They’re very good at repair, don’t get me wrong. But if they get busy and a hospital sends a scope … I bet they would say ‘overhaul.’ Whereas we analyze the real problem.”

Many ISO Business Models

ISOs purchase new parts from all over the world. DOTmed.com, a web site where hospitals can buy and sell used medical equipment, has nearly 300 endoscope ISOs in its online directory. There are also many companies out there that reverse engineer parts for endoscopes, so that even older equipment can remain in service. Some ISOs send the scope out for repair, while others do the work in-house, often by technicians who were formerly employed by the OEMs. Outsourcing endoscope service is a global business—even the OEMs and ISOs outsource to other specialists. In fact, the OEMs and ISOs may contract with the same repair company.

S & S Medical Services, Inc., Conyers, Georgia, uses the same German firm to repair its scopes that Olympus and Pentax use for some of their repair work. Fiegert-Endotech, Tuttingen, Germany is an endoscope OEM in its own right as well as an established repair company.

“When you send a scope out for repair you want someone who has the ability to repair the scope and also be innovative in knowing the nuances of the different scopes coming out and having stability and background in the scope industry,” said Stan Scales, owner of S&S Medical Services.

Far from being a problem, sending equipment out for repair is often the best method for the ISO or the OEM. “A lot of companies outsource repairs because the facility is not large enough,” Scales said. He noted that ENT scopes in particular (such as bronchoscopes) are small and may require special expertise to service. A cystoscope for

The OEMs tend to abandon support for older equipment, but third party independent service organizations (ISOs) pick up the slack and specialize in finding new parts and refurbishing and repairing endoscope equipment, which understandably suffers wear, tear, and leaks in the sterilization process.
bladder inspection is another example of a fine instrument. “Only a few people in the whole industry have the know-how to repair those scopes. That’s a quiet secret. A company may say, just send the scope and we’ll repair it and you will never know they are sending the scope out to someone else.”

Since hospitals are always upgrading to the latest technologies, ISOs can often be a multi-dimensional resource to buy used equipment for refurbishing and resale worldwide, or for parts. In the end, a hospital’s main gain in tapping ISOs to sell, buy, or service equipment is cost savings.

“The macro force in the market is managed care, Medicaid and Medicare reductions that dictate reimbursements. That tends to go down not up and is forcing a lot of hospitals to take a look at ISOs where they wouldn’t in years past,” said Jackson.

[DM 3706]

ENDOSCOPY SALES AND SERVICE PROVIDERS

The companies listed on the right all sell and service endoscopy equipment. To easily get their contact information, go to www.dotmed.com and enter the code number “DM 3706” in any search box. Then scroll down to find links to their DOTmed Services Directories and websites.
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F Search by ZIP code

How to read a User’s Directory…
G Link to company website
H User has a DOTmed WebStore
I Contact info
J Peer 5-Star Rating
K You can rate this user, too
L Ethics awards
M Company description
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The program was created to allow honest business people to publicly demonstrate their integrity. To become DOTmed Certified, an individual must sign our Code of Ethics, agree to binding arbitration in the event of a disagreement, and provide three Letters of Reference—references that DOTmed verifies.

In short, the logo helps buyers identify companies whose business ethics have been endorsed by their customers. And knowing a person's reputation in advance is often the key that helps you build mutually beneficial relationships.

With over 150 registered DOTmed users already Certified, there’s a company that represents almost every type of equipment or service you may need. Look for the DOTmed Certified logo when you’re looking to find companies that deliver what they promise.

● [DM 3668]
training, careers & educational opportunities

Temple University Hospital: Diagnostic Radiology Residency Program

The Diagnostic Radiology Residency Program at Temple University Hospital in Philadelphia equips trainees with highly developed interpretative and procedural skills, provides them the opportunity to develop and refine their clinical judgment, encourages them to explore the world of research, and ultimately prepares them to thrive in the practice environment of their choice.

The residency in Diagnostic Radiology is a four-year program and provides all requirements for certification by the American Board of Radiology. The entering resident takes part in an orientation program that begins with an introduction to radiation physics and safety, diagnostic technique, and department functions. The main component of the program is a didactic course in clinical radiology.

[DM 3640]

United Hospital Diagnostic Medical Sonography Program

The Diagnostic Medical Sonography Program at United Hospital Center in Clarksburg, West Virginia is an 18-month educational program that integrates didactic and clinical experiences. The Diagnostic Medical Sonography Program begins each year in July and charges tuition of $3,000.

As a prerequisite to admission, applicants must successfully complete an accredited program in radiologic technology and possess American Registry of Radiologic Technologists (ARRT) credentials of R.T. (R) with an active status. The program operates under the Standards and Guidelines for an Accredited Educational Program for the Diagnostic Medical Sonographer.

[DM 3643]

Kentucky Children’s Hospital Neonatology Fellowship Program

The objective of the University of Kentucky Neonatology Fellowship program is to educate neonatal fellows in clinical, research, teaching and some administrative aspects of Neonatology. The fellowship lasts three years and is a structured one with set curricula and a focus upon teaching. It is recognized by the Accreditation Council of Graduate Medical Education (ACGME) and the American Academy of Pediatrics (AAP).

The aim is to implement a scholarly and critical approach with the acquisition of clinical diagnostic, technical, therapeutic and consultative abilities in the management of sick newborn and subsequently during follow-up care. Fellows are supervised by faculty but expected to become independent over time. Clinical duties involve a total of 9-12 months of NICU care in the three-year time period. Follow-up clinic is attended once per month.

[DM 3580]

Michigan State University/Sparrow Health System Neurology Residency Program

The Michigan State University/Sparrow Health System Neurology Residency provides advanced and concentrated neurology training through interaction with board-certified neurologists from the faculty of the MSU Department of Neurology and Sparrow Health System. It aggressively prepares the resident to complete board eligibility for the certification examination.

Organized and progressive responsibility in the care of patients with neurologic diseases is the essence of the residency program. Neurology clinical skills are built as a branch upon the general medical knowledge tree. By the end of the program, residents will possess mature clinical neurologic judgment and have an interest in research trends through exposure to clinical and basic researchers.

[DM 3595]

Providence Hospital GME Diagnostic Radiology Residency Program

Providence Hospital Diagnostic Radiology Residency Program trains residents on all facets of diagnostic imaging, using modern equipment and facilities, a full service mammography center and multi-detector CT. The program includes a world-class pediatric radiology rotation at Children’s Hospital of Michigan.

The resident will rotate through the same subspecialty area multiple times to maximize learning and acquire pro-
gressive responsibility. The residents will have teaching opportunities in formal lectures, in one-on-one situations at the view station, at Journal Club, by visiting professors, at outside rotations.

● [DM 3563]

Carolinas HealthCare System: Physical Medicine & Rehabilitation Residency Program

Carolinas Rehabilitation’s Department of Physical Medicine & Rehabilitation at Carolinas Medical Center/Carolinas Rehabilitation endeavors to train residents in all aspects of physical medicine and rehabilitation so they can enter general private or academic practice. Carolina Rehabilitation is a 118 bed Acute Rehabilitation Hospital connected to Carolina Medical Center via a 400-foot underground tunnel. Both institutions are part of Carolinas HealthCare System (CHS), the nation’s 3rd largest public healthcare system.

The program teaches skills to help to set the foundation for expertise in areas of Neurotrauma (Brain Injury and Spinal Cord Injury), Stroke management, Prosthetics and Orthotics, and Musculoskeletal Medicine. Numerous teaching modalities include bedside teaching, one-on-one structured didactics, an extensive didactic lecture series, faculty and resident combined conferences, Medical Education Conference (Grand Rounds), specialty workshops, regularly scheduled Visiting Professors, and a prosthetic and orthotic conference.

● [DM 3686]

Maine Medical Center: Radiology Residency

Maine Medical Center is a 606 bed tertiary referral center and a state designated Trauma Center, with residencies in all major specialties. The radiology department performs over 170,000 exams per year, which includes about 25,000 CT scans, 17,000 US studies including vascular/interventional studies and 10,000 MRI exams. The residency training encompasses one clinical year followed by four years of diagnostic radiology training including three months at Children’s Hospital in Boston and six weeks at Armed Forces Institute of Pathology in Washington, D.C.

Resident curriculum includes 44 weeks general radiology (GI, GU, Chest, Bone, ER), 12 weeks mammography, 25 weeks nuclear radiology, 4 weeks cardiac radiology, 14 weeks pediatric radiology, 12 weeks angio/interventional, 16 weeks body CT, 17 weeks neuro CT, 16 weeks MRI, 17 weeks ultrasonography, 8 weeks elective, 6 weeks AFIP, 16 weeks vacation (4 per year).

● [DM 3691]

What does this ID code mean?

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DOTmed Attends Vision Expo 2007

March was trade show galore here at DOTmed.com. In addition to the AIUM 2007, we attended the 2007 Vision Expo East at Javits Center in New York City, held March 22-25. (A sister conference will be held in Las Vegas in October.) Both shows typically draw 15,000 attendees and about 600 exhibitors.

While the majority of these exhibits at the Vision Expo focused on the latest fashions in eyeglasses and eyewear, there were plenty of ophthalmic equipment manufacturers as well. Many of the exhibitors and attendees were DOTmed Users. Attending this show was invaluable for DOTmed as we serve the ophthalmology market and establish our presence not only in large hospitals but in small doctors’ offices as well.

AHIMA, MGMA Call for Improving Health Care Data Collection and Reporting

The American Health Information Management Association (AHIMA) and the Medical Group Management Association (MGMA) testified before the American Health Information Community (AHIC) Quality Workgroup on the implementation of healthcare information technology and the specific “challenges that need to be addressed in the industry-wide drive to advance quality patient care.”

“The healthcare community acknowledges the importance of standardizing performance measures to improve healthcare quality and efficiency. However, little attention has been devoted to the specific problems surrounding how the data for these measures are to be acquired, by whom, and at what cost,” said MGMA President and Chief Executive Officer William Jessee, MD, FACMPE.

SNM: Advances in Personalized Medicine on Agenda for 54th Annual Meeting

The potential of molecular imaging and therapy and the power of nuclear medicine and their impact on patient care will be explored as more than 4,000 doctors, technologists, scientists and pharmacists from around the world attend SNM’s 54th Annual Meeting June 2-6 in Washington, D.C. SNM—an international, multidisciplinary society of more than 16,000 molecular imaging and nuclear medicine professionals in 78 countries—annually showcases research that promises to revolutionize health care.

New features this year include InfoSNM program, which will allow attendees to participate in interactive computer presentations and the Molecular Imaging Gateway, an area devoted specifically to this exciting field sponsored by the society’s Molecular Imaging Center of Excellence. Representatives from the Food and Drug Administration will address the role of the investigational new drug (IND) in clinical research, and government officials will give relevant legislative updates.

AMA Advances Health IT Adoption by Private Doctors

The American Medical Association (AMA) has expressed support for advancing health information technology (HIT) in physician offices, while urging Congress to make privacy and security of patient information a top priority and called for funding assistance to implement HIT into physician practices. The AMA submitted its stance in a statement

ECRI Engineer Receives Benjamin Franklin Key Award

ECRI biomedical engineer Mark E. Bruley will receive the annual Benjamin Franklin Key Award by the Philadelphia Section of the Institute of Electrical and Electronics Engineers (IEEE). The award recognizes outstanding achievement and innovation in the engineering field.

Mr. Bruley is Vice President of Accident and Forensic Investigation at ECRI (www.ecri.org), a suburban Philadelphia-based nonprofit that researches best approaches to improving patient care.

The Benjamin Franklin Key Award is given annually to an engineer in the Philadelphia section of IEEE for outstanding technical innovation and technological contributions that have significant practical application. The award emphasizes technical innovation, a significant improvement to the design or application of a system, or patents of clear practical values. Emphasis is placed on tangible technical and technological achievements that demonstrate intellectual, industrial, economical or human benefits.

AMA supports HIT but is concerned over security of patient information
“We share the widespread optimism over the promise that HIT holds for transforming patient care if properly developed and carefully integrated into the existing health care delivery system,” said William G. Plested, MD, AMA President. “If carefully structured, HIT has the potential to raise the overall quality and safety of patient care.”

Protecting patients’ privacy and security is a top concern of physicians, and the AMA encourages Congress to make those issues a top priority when creating an HIT infrastructure.

“Safeguarding the privacy and confidentiality of patient information is a professional responsibility that physicians take very seriously,” said Dr. Plested. “When a patient’s private and sensitive health care information can be made public with the touch of a button, it is imperative that adequate privacy and security standards and protections be developed.”

A common barrier to HIT implementation in physician practices, especially smaller practices, is the significant cost. The AMA strongly urges Congress to consider direct means to assist physicians, such as grants, low-interest loans, increased reimbursement for the use of HIT, accelerated depreciation for HIT investments, tax credits, and other economic incentives. A study by Robert H. Miller found that initial electronic health record costs were approximately $44,000 per physician with ongoing costs of about $8,500 annually. A report by the Congressional Research Service estimates similar per physician cost, with HIT start-up costs ranging from $16,000 to $36,000.

[DM 3655]
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<tr>
<th>Show/Event</th>
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<tr>
<td>MGMA Obstetrics &amp; Gynecology Assembly Conference</td>
<td>April 29-May 2, Scottsdale, AZ</td>
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<td>ABS Annual Meeting</td>
<td>April 29-May 1, Chicago, IL</td>
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<td>The Leading Edge in Diagnostic Ultrasound Annual Conference</td>
<td>May 1-4, Atlantic City, NJ</td>
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<td>Mido – International Optics, Optometry and Ophthalmology Exhibition</td>
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<td>AHA Annual Membership Meeting</td>
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<td>RBMA Radiology Summit</td>
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<td>ARRS 107th Annual Meeting</td>
<td>May 6-11, Orlando, FL</td>
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<td>NCI’s Inaugural Spring IDN Summit &amp; Expo</td>
<td>May 7th-9th, at the Omni ChampionsGate in Orlando, FL</td>
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<td>41st BULMEDICA / BULDENTAL Trade Show &amp; Exhibition</td>
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<td>AHRA Audio Web Conference: Critical Success Factors in Workforce Development</td>
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<td>SGNA’s 34th Annual Course</td>
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<td>May 19-23, Washington, DC</td>
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<tr>
<td>AIUM Ultrasound in Reproductive Medicine and Infertility Course</td>
<td>May 19-20, Chicago, IL</td>
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<tr>
<td>The 23rd Annual TEPR</td>
<td>May 19-23, Dallas, TX</td>
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<tr>
<td>AUA’s Annual Meeting</td>
<td>May 19-24, Anaheim, CA</td>
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<td>AGA Institute Spring Postgraduate Course</td>
<td>May 19-20, Washington, DC</td>
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<tr>
<td>AGA Digestive Disease Week (DDW)</td>
<td>May 19-24, Washington, DC</td>
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<tr>
<td>SETAC Europe 17th Annual Meeting</td>
<td>May 20-24, Porto, Portugal</td>
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<tr>
<td>IEEE/ICME International Conference &amp; Exhibition on Complex Medical Engineering</td>
<td>May 23-27, Beijing, China</td>
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<tr>
<td>STOMATOLOGY</td>
<td>May 24-27, St. Petersburg, Russia</td>
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<tr>
<td>AAPD 60th Annual Session</td>
<td>May 24-27, San Antonio, TX</td>
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These are some of the more than 27,000 listings on www.DOTmed.com on any given day.
Recent equipment and parts auctions on DOTmed with actual for-sale prices.

ULTRASOUND EQUIPMENT

SONY VCR & DVD DVO1000MD — Brand new in the original package. Medical DVD Recorder complete with a full warranty. $2,350.00

ALOKA OB / GYN SSD-620 Console — Good working condition. Purchased brand new in 1989. 2 probes: 5MHZ 20R/60deg Convex TVP, 3.5 MHZ 60R/80deg Convex. Sony UP811 Video Printer and VCR. $1,750.00

ACUSON Cardiac 128 — 2 ULTRASOUND UNITS. FAIR CONDITION. ONE WITH A STOREZ MEDICAL CONTROL BOX & LITHOTRITTER PROBE ONE WITH A C-3 PROBE (FAIR CONDITION) $700.00

ULTRASOUND PARTS

BRUEL & KAER Ultrasound Transducer PROBES 8537 and 8538 With user guide for sector transducers. $1,000.00

ATL OB / GYN Ultrasound 9 — Includes a 5.0mhz Curved Linear Array IVT Probe. An error message appears on the screen when it is turned on. It states: “System Controller not responding. Contact your service representative.” $100.00

MEDICAL-SURGICAL EQUIPMENT

CAMBRIDGE Stress Test HEARTWAVE STRESS TEST SYSTEM — Like new. Approximately 3 years old, and Biomed Certified. $3,750.00

RESPTRONICS CPAP/BIPAP REMSTAR AUTO C FLEX — BRAND NEW IN THE BOX, COMPLETE, NEVER USED. $475.00


ONCOLOGY EQUIPMENT

VARIAN Simulator Acuity EX Simulator — Manufactured 2004, the Serial Number is 50. $154,060.00

VARIAN Linear Accelerator Clinac 2100/CD — Manufactured in 1994. Dual energy, 6 & 18 MV, 5-electron energies, 6, 9, 12, 15 & 18 MeV. Bend Magnet Upgraded 1998 Target Upgraded 1998. Technical and operators manuals. $3,250.00

RADIOLOGY EQUIPMENT

SIEMENS Remote R/F Room Polystar Vascular w/16 inch Image Int. — Multi-purpose Suite, installed 1994, fully clinical, under OEM service contract. $15,000.00

SIEMENS General Rad Room Polymat 100 — Manufactured 1993. X-ray tube changed in August 2005. $4,000.00

GE Rad/Fluro Room Advantx — Manufactured 1994. Tube/Replaced 2001 GE Advantx Table. Model 46-31647361 9" Image Intensifier/HX-Spec-Non Cline SB. Model 46-27538204. $5,000.00

GE Portable X-Ray AMX 110 — GE AMX 110 Portable X-Ray Manufactured 1975. Includes new and complete maintenance manuals. $1,500.00

OEC C-Arm 9000 — 1990 model, ESP, new steering, dual monitors, 9”II. Foot pedal and manual. Cassette camera and medical VCR. Cassette holder on the II. $4,000.

OEC C-Arm 9000 — 1991; deinstalled recently. Not working 100% — possible glitch in the motherboard. $2,500.00

KODAK Film Processor Ektascan 2180. $400.00

KODAK Multi-Loader 300 Plus Film Processor — Kodak X-Omat 300 Plus Multi-Loader Film Processor. Very good working condition. $1,000.00


NUCLEAR MEDICINE

ADAC Nuclear Gamma Camera VERTEX CLASSIC — High Resolution Low Energy-All Purpose Collimator. Leap Medium Energy Collimator Peg-asys SPARC 10 Workstation; Complete with All Manuals $9,500.00

MRI EQUIPMENT

SIEMENS MRI Scanner Symphony Upgraded 2001 — 19991.5 T Actively Shielded Magnet(Short Bore). Syngo MR 2002b v x 22 Software, Maestro Class upgrade. Panoramic Table. Pan Stepping Table. $400,000.00.

CALUMET MRI Mobile MMT-530M MRI Mobile — Actively shielded; 80% Helium Filled. Manufactured March 1996 Model Number MMT-530M $42,000.00

MRI PARTS

APD MRI Compressor HC-8C Cryo — Compatible with most Philips NT and Intera magnets. $2,500.00


GE MRI Accessories Erbtech 20kw Amp — Amplifier deinstalled from a working system. $3,000.00.

MEDRAD Injector MRI Spectris, $6,000.00.

MEDRAD EnVision Injector CT ECT 710 — The last date calibrated 2-16-05. Includes: Height Adjustable Head Pedestal model # EHP 700. Head Extension Cable - 10ft model #EHC 700 100. Manuals. $2,000.00.

CARDIOLOGY EQUIPMENT

SARNS Heart Pump 7000 — 4 Pump Open Heart System w/accessories. $2,000.00.


DATASCOPE Intra Aortic Balloon Pump 98 — Cardio Sync 2/tr.trac. Datascope doppler and Datascpe ecg cables. Manuals disk/pdf format. $5,500.00.

HEWLETT PACKARD Defibrillators HP CODEMASTER — WITH CABLES IN GREAT CONDITION $2,000.00

PHYSIO CONTROL/Medtronic 12 Biphasic Defibrillator/Monitor. — Comes with Ecg cable / leads, Hands off cable. Excellent condition. Outputs verified; CBET has performed a complete functional check. $3,000.00

CT EQUIPMENT

PHILIPS CT Scanner Tomoscan AV — Complete. $100,000.00


GE CT Scanner Advantage — Manufactured 1998 TUBE / MANUFACTURED 2006 Model 46-309300G2; GE Patient Table Model 2113755; Grany Model 2119732-2 Power Unit Model 2133533. $1,100.00.
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