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features

36 **Special Report: Medicare to Stop Paying for Medical Errors**
Your healthcare facility needs to be prepared for the October launch

32 **SNM Annual Meeting Preview**
The premier molecular imaging meeting heads to New Orleans

16 **Stress Test Sales & Service**
Unmasking unhealthy hearts early on

20 **Portable X-ray Equipment**
These strong, silent types are everywhere

28 **Physical Therapy Sales & Service**
Baby Boomers will keep business brisk for years

39 **Radiopharmaceuticals**
Poised for a sudden growth spurt?

44 **Nuclear Medicine Equipment**
A promising market despite the DRA

departments

2 Letter from the Editor
4 Letters to the Editor
6 Hospital & Health News
12 What’s New
31 Old Into Gold
33 People & Companies
51 Marketplace & Classifieds
56 Blue Book Price Guide
Nuclear Medicine, the FDA, and Big Pharma

The leap forward all modes of diagnostic imaging have taken over the last 10 to 15 years has been wondrous.

But all this imaging power comes with a price – as the DRA is teaching many people in the imaging field. That painful lesson is: if the economics aren’t right and you can’t turn a profit, you may just have to turn out the lights and call it quits.

The profit factor plays a big role in nuclear medicine, as well. Radiopharmaceuticals that are at the core of nuclear imaging have the potential, according to the eminent Dr. Henry Wagner, Jr., to be designed to precisely image virtually any biological function. But unfortunately, also according to the good doctor, the FDA see these one-time, one-dose radiotracers - which are formulated to be a micro-fraction of a toxic dose - the same way the see therapeutic drugs, which are taken daily for years. So the same type of stringent approval requirements are applied. That means it can cost $30 million to $50 million, or more, before a new radiotracer makes it onto the market.

And while there’s profit in manufacturing radiotracers, it’s nowhere near that of a blockbuster therapeutic drug. So Big Pharma has little incentive to pursue them. Thus there’s not much activity in this area, expect among smaller companies.

The real shame is that nothing here is likely to change any time soon – though the best hope to fast-track more of these diagnostic potions is for the regulatory rules to be revamped.

If you’re attending the SNM in New Orleans, perhaps you’ll hear about this issue. If you do, we’d like to hear from you.

Robert Garment
Executive Editor
DOTmed Business News

Call for Submissions and White Papers

DOTmed Business News invites all medical industry professionals who have unique experience or knowledge in any clinical or business area of healthcare to submit an article for publication.

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CR vs. DR

CR will always have a place in the outpatient facilities and physician offices that will not be able to afford DR systems. I believe that there are several vendors that are manufacturing low priced CR systems to accommodate their needs and provide them access to sending images via PACS. It is a long education process and one that the customer needs to look at in NOT sole-sourcing the transition to CR to one vendor without consulting someone that has already made the transition.

Larry Sheppard

FirstCall Clinical Technology Services, Tyler, TX

DRA Impact Report

Instead of a politically correct letter that you must get ad nauseam, I thought I would write about my experience as a practicing physician in response to the DRA reduction in reimbursements.

As a radiologist it is illegal and fraudulent that I self refer a radiological exam. I can only perform and interpret imaging studies if ordered by a referring physician. In a worse case scenario, if I decided to enhance my revenue, I could recommend a follow up study but the ultimate decision is still up to the patient’s primary care physician or specialist.

Hence my confusion about the target of the DRA cuts when there’s a problem that is so obvious if thought about for a second. I live in a small city in Florida. The abuses I see are so abundant I can only imagine what they must be like in the larger communities. We have a neurology group that use to refer all their patients to either our outpatient centers or the hospital that we are subcontracted with. Then they opened their own in-office MRI unit and contracted our group to do the professional reading. The number of MRI’s ordered doubled to tripled, depending on the day. They not only order multiple exams on every patient, but order non-neurological studies that they never ordered before.

It is the radiology community that continues to get hammered with cutbacks even though we have been at the forefront of patient safety, quality and imaging necessity. We are a slave to the primary physician as to what is being ordered.

Why the government fails to see the problem of over-utilization of imaging studies by non-radiologists who have the capability of ordering as many exams as possible when the equipment is their own is beyond me. If you eliminated the loopholes that now exist within the Stark laws took away this avenue of physicians profiting from imaging studies that they have financial ties to, I know a major savings would be accomplished overnight.

Sincerely,

Robert Leb, M.D., Ormond Beach, FL

Note: This letter was edited from the original due to space limitations.

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Record Flu Vaccine Doses Expected

Flu vaccine manufacturers expect to produce a record number of doses for the next flu season even though demand may drop because this year’s vaccine was largely ineffective.

The five companies that make flu vaccine for the U.S. market plan to make at least 143 million doses for the 2008-09 season; 140 million doses were produced last year.

Part of the problem was that the vaccine didn’t work well against the viruses that ended up circulating. Each year, health officials make an educated guess and formulate a vaccine against three viruses. Usually they correctly anticipate the correct vaccines. But two of the three strains for this season were not good matches. The Centers for Disease Control and Prevention estimated that the vaccine was effective only about 44% of the time.

Read more: dotmed.com/dm5963

Hospitals Play Key Role in U.S. Economic Activity

Hospitals employ more than five million people and rank second as a source of private sector jobs, according to a report from the American Hospital Association.

Called TrendWatch, the report, which was prepared by Avalere Health, LLC, found that hospitals:

- Employ over five million people;
- Directly or indirectly support one of every ten jobs in the U.S.;
- Remain a stable source of employment even during times of economic stress, and support nearly $1.9 trillion of economic activity.

Hospitals also provide health care services for free or at a reduced cost for patients with limited financial means. In 2006 alone, hospitals provided over $31 billion in uncompensated care to patients and communities across America.

A link to the full copy of the TrendWatch report can be found in the online story.

Read more: dotmed.com/dm5962

Medicare Expands Coverage for Artificial Hearts

The Centers for Medicare & Medicaid Services (CMS) has issued a final National Coverage Determination (NCD) expanding Medicare coverage of artificial hearts when they are implanted as part of a study that is approved by the Food and Drug Administration (FDA) and that meets CMS’ Coverage with Evidence Development (CED) clinical research criteria.

“Our decision revises a long-standing non-coverage policy and allows beneficiary access to this advanced technology,” said CMS Acting Administrator Kerry Weems. “Our decision also encourages the completion of FDA post-approval studies.”

Artificial hearts can be used so that a patient will live until a donor heart becomes available for transplant, or, for patients who cannot receive transplants, to extend their lives. Since the device requires that a portion of the patient’s heart be removed, an artificial heart patient must be supported by the device through the end of life or until heart transplantation.

Read more: dotmed.com/dm5923

Rival North Carolina Hospitals Team Up

Normally rivals in business, two North Carolina hospitals have teamed up to fund an expansion at the local community college to make sure they each have enough skilled workers in the future.

NC Baptist Hospital and Forsyth Medical Center combined employ more than 11,600 people and anticipate a 30%
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increase in new health care jobs over the next three years. The two hospitals are located in NC’s Triad area.

The hospitals and the county commission are sharing the costs of a $2.4 million expansion to help Forsyth Technical Community College add 20,000 more square feet to teach nursing and other allied health professions.

The majority of jobs at the hospitals don’t require a four-year degree but as medical technology has advanced, Medicare and other insurers have begun to require some technicians, especially in imaging, to have two-year degrees. More than 60 percent of the nurses at both hospitals are graduates of the community college.

Read more: dotmed.com/dm5964

UN’s Disability Treaty Ratified

The United Nations’ Convention on the Rights of Persons with Disabilities (CRPD) has taken effect upon ratification by Ecuador, the twentieth country to do so.

CRPD is a landmark agreement that aims to give the world’s 650 million disabled people full equality.

It is estimated that about 10% of the world’s population lives with some sort of disability - making disabled people the world’s largest minority. This figure is likely to increase as a result of medical advances and the world’s ageing population, according to the World Health Organization.

The CRPD guarantees disabled people: the right to make their own decisions, the right to say no to being placed in an institution, the right to say no to medical or psychological treatment, the right to live in the community, the removal of barriers to participation in daily life and equal opportunities for all.

So far some 25 countries have ratified the convention starting with Jamaica last year.

Read more: dotmed.com/dm5965

Healthcare Costs Leave American Business in Quandary

American companies providing health insurance spend an average of $2.38 per worker per hour on healthcare, about double what their foreign competitors pay. A new study from the New America Foundation tends to support employers’ view that rising healthcare costs are eating into the corporate bottom line.

For example, American automakers say employee health coverage adds $1,500 to the price of each car, and many U.S. manufacturers have blamed rising healthcare costs for decisions to drop health benefits for workers or shift jobs overseas.

But the new analysis suggests neither lower wages nor higher prices are an option for most companies. Employers can’t slash wages fast enough to keep up with rising healthcare costs because of minimum wage laws, union contracts and other factors, said economist Len Nichols, the analysis’ author and a policy director for the New America Foundation.

“There’s no question that if employers could push this into wages they would,” Nichols said. “But every single year, healthcare costs rise faster than productivity and wages. Thus, they try to push it into prices. But with China and India competing against you, you can’t do that,” Nichols added.

Read more: dotmed.com/dm5966

Wisconsin Hospital Survey Hot Topic Among Healthcare Professionals

In a survey released by the Wisconsin Federation of Nurses and Health Professionals, mandatory overtime and nurse fatigue are cited as factors contributing to errors in patient care.

Expectedly, many experts in healthcare say the survey is too small to give an accurate picture.

With 1,500 respondents out of 19,000 nurses in the Milwaukee area, the federation survey found that 42 percent of
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nurses have been forced to work overtime at least twice a month, with 12 percent at least once a week. It also suggested that mandatory overtime is a large factor in nurse turnover.

The federation is now focusing its attention on the issue of banning mandatory overtime through legislation. There was a bill addressing the issue in the 2007 legislative session that passed the Wisconsin Senate, but not the Assembly.

The issue of mandatory overtime, where a nurse is asked to stay past his or her regular shift, is rarely used, said Dana Richardson, vice president of quality initiatives, Wisconsin Hospitals Association. WHA representatives testified against the bill in February, saying it would take away a safety net that hospitals have to assure there is staff available for unforeseen circumstances.

There are quality concerns in hospitals but the quality measures used in the survey by the federation are not consistent with other surveys of Wisconsin hospitals, the WHA contends.

Read more: dotmed.com/dm5967

Cardinal Health Targets Surgical Infections Via Acquisition

Cardinal Health Inc. has closed a deal to buy the Kansas-based maker of an infection prevention product.

Cardinal Health has completed its $490 million acquisition of Leawood, KS-based Enturia Inc.’s assets. That company, which has about 600 employees in Kansas, Texas and the United Kingdom, sells its products under the Chloraprep brand.

Chloraprep disinfects the skin before procedures to prevent surgical-site infections. Those infections affect an estimated 5 percent of all patients and lead to an estimated 100,000 deaths a year, according to the U.S. Centers for Disease Control and Prevention. Cardinal said it plans to increase sales of the product to hospitals and other health-care providers in its U.S. and international networks.

Conclusion of the acquisition coincides with Cardinal’s ongoing “Chasing Zero” campaign, aimed at eliminating preventable errors and complications in hospitals and care centers. Read more: dotmed.com/dm5968

Hospitals Demand Feedback About Computed Radiography

Responding to healthcare provider demand for feedback on direct user experiences with CR systems and vendors, KLAS is investigating single-cassette, also known as single-plate, computed radiography (CR) in a groundbreaking study.

KLAS is a research firm specializing in monitoring and reporting the performance of healthcare vendors. Working together with executives from over 4500 hospitals and 2500 clinics, KLAS delivers timely reports, trends, and statistics, which provide a solid overview of vendor performance in the industry.

CR equipment is a sizable market as a result of PACS technology. However, the potential high costs associated with digital radiography (DR) systems casts a spell of uncertainty over its widespread use. Nearly 60 percent of the images acquired in hospitals come from X-ray. Proponents say converting X-ray images to digital media for image capture and storage is a way for radiology departments and imaging centers to enhance workflow efficiency and control long-term cost.

But some healthcare facilities are unable to justify the jump to DR in the face of technology limitations and budgetary constraints. These facilities may consist of smaller output clinics, rural hospitals, or radiology departments with low volumes. In these cases, the interim step of CR is a viable option and makes up a significant portion of the radiography equipment available on today’s market.

For the study, KLAS spoke with more than 140 individual healthcare professionals about the products and vendors they utilize to get a better picture of the market’s strengths and weaknesses. Respondents rated their products and vendors with...
an average performance score of 88 out of 100. Among the questions KLAS asked were whether providers felt that they received their money’s worth, if CR implementation was within budget, and if the support costs for CR were as expected, since cost is a large factor in the decision to utilize CR systems.

Vendors included in this report are Agfa, Carestream, FujiFilm, Konica, Philips, and Radlink.

For more information about CR, other imaging modules, or other medical equipment related reports and data, visit KLAS’ website, www.KLASresearch.com.

Editor’s note: For an industry sector report on DR and CR, see DMBN, February 2008 issue.

Read more: dotmed.com/dm6065

Patient-Centric Medical Journal Launched


The first academic journal written solely from the patient’s perspective, “The Patient” addresses the growing concern that modern medicine has failed to adequately satisfy the needs of its most important stakeholder, the patient. In an era of managed care and cost-containment, current trends in medicine are being driven primarily by the needs and wants of healthcare payors. Even in academic medicine, new therapies are often studied in terms of their risks and benefits, measures that are chosen by physicians and researchers, often without the involvement of patients. The new journal will publish research to help advance a medical environment where patients are not just subjects but part of the scientific process.

“Patients are important stakeholders in the science of medicine, yet their views often go unheard,” said John F.P. Bridges, Ph.D., founding Editor of “The Patient” and Assistant Professor, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health.

The inaugural issue includes contributions from world-renowned researchers investigating patient attitudes and preferences for healthcare, including topics such as health insurance; screening for disease; residential care; and the impact of ethnicity and gender on medication adherence.

Published four times per year, “The Patient” is available by subscription in print and electronic form.

Read more: dotmed.com/dm5926
GE Healthcare has received clearance from the U.S. Food and Drug Administration to market its new 3.0T magnetic resonance (MR) scanner, the latest addition to GE’s Signa family of MR systems. The new Signa® MR750 3.0T was introduced at the International Society of Magnetic Resonance in Medicine in Toronto, May 3-9.

Equipped with the industry’s most powerful gradients, easy-to-use workflow features and the company’s advanced Thermal Management System, the Signa MR750 delivers up to 60 percent additional anatomical coverage and resolution unit per time. The system also allows for up to five times the imaging performance over previous generations, increasing the freedom for advanced application development.

“GE is committed to pushing the boundaries for MRI capabilities and we believe this new product will do that now and in the future,” said Jim Davis, vice president and general manager of GE Healthcare’s MR business. “We expect this product to be a robust and clinically capable MR system that will simplify MR exams without compromising quality or productivity.”

The Signa MR750 features a newly designed RF Transmit system maximizing performance with a 17 percent gain in scanning efficiency. In addition, the system includes the GE-exclusive Optical RF Technology that adds up to 27 percent higher signal-to-noise ratio (SNR) over conventional, non-optical MR receivers by reducing electrical noise and increasing signal detection.

Read more: dotmed.com/5916

C-Arm Woes Behind Them, GE Shipping Huge Numbers

Having met the requirements of an FDA consent decree on manufacturing standards, GE’s OEC division is again shipping huge numbers of C-arms to its loyal and supportive customers.

As first reported on DOTmed Online News, resolving its differences with the FDA allowed GE to immediately begin shipping some 300 9900 Elite C-arms. After the initial flurry of
orders are filled, the company expects to distribute approximately 50 units per week for the foreseeable future. GE had been on the sidelines since January, 2007 as it labored to win back FDA approval of its manufacturing process.

“This is a great day for our customers,” observed Joe Hogan, President and CEO of GE Healthcare. “We’d like to thank the thousands of hospitals that stood by and waited with us, believing in our product and our team. We can assure them, with the refinements we have made to our Surgery business’ Quality Management System and the OEC 9900 C-arm, we have raised our own standards, creating a foundation that will serve our customers well into the future.”

In fact, many industry observers believe the support GE has garnered from customer hospitals speaks volumes about the product and GE itself.

“Coming out of this, we’re a better business,” says Pete McCabe, President and CEO of GE Healthcare Surgery. “Our quality system, alongside customer focus and technical innovations, is a foundation of our business. In the last year, we’ve been able to strengthen it to levels that will ensure we continue to differentiate our products and services as the best in the marketplace. We look forward to again being a leader in this highly competitive field.”

OEC says that it has improved its manufacturing quality assurance program, and that the new 9900s coming out of its Salt Lake City facility are “the best quality C-arms GE/OEC has ever made,” according to Pete McCabe.

For GE’s OEC website: OEC Shipping.
Read more: dotmed.com/5910

**NovaRad Signs Pacs Contracts With Tennessee Clinics**

Coffey Family Medical Clinic PC, Oneida, TN, and Speight Family Medical LLC, Atoka, TN, two independent clinic practices, recently selected NovaRad’s NovaPACS imaging technology. iPro, a NovaRad distributor, facilitated the contracts.

These new contracts bring the total number of facilities in Tennessee using NovaRad’s RIS and PACS technologies to 10.

“For years, hospitals and clinics in Tennessee have counted on NovaRad technologies to provide the enterprise systems they need at an affordable price,” said Paul Shumway, NovaRad Corporation vice president. “We are pleased to have earned the confidence of Coffey Family Medical Clinic and Speight Family Medical and we remain committed to understanding the changing challenges and opportunities facing clinics today and providing the technologies to help them improve their business operations and enhance service for their patients.”

NovaPACS is NovaRad’s complete, enterprise-level PACS offering fast image retrieval, full-feature viewer with intuitive interface, and 7-year on-site archive with off-site emergency back up. Full screen viewing, easy to use menus and mouse-based functions are available to help enhance efficiency and referring physicians have complete access to images and reports from any computer.

Read more: dotmed.com/6001

**Intelligence About India’s Medical Equipment Market Available**

A new report from India’s Bharat Book Bureau provides a detailed analysis of that country’s medical equipment market. Specific categories examined include: cardiovascular devices, orthopedic devices, anesthesia and respiratory equipment, diagnostic imaging, in vitro diagnostics, ophthalmic equipment and hospital supplies, among others.

In addition, information about the country’s healthcare system, market structure, regulatory environment, reimbursement policies, and distribution structure and trade associations is presented in the report.

Insightful data on market size by vol-
ume and value, key company share information for leading competitors in the market, revenues by distribution channel, and forecasts of market values for the key sub-segments of the industry rounds out the comprehensive study. For more details: http://www.bharatbook.com/detail.asp?id=72980

Read more: dotmed.com/6000

Mom’s Asthma Puts Baby At Risk Of Birth Defects

A woman suffering an asthma attack during the first three months of pregnancy is nearly twice as likely to have a baby with a birth defect as a mom who controls her asthma during this critical period.

Uncontrolled asthma during the first trimester of pregnancy greatly increases the risk of birth defects in babies, according to research published in the June issue of the Journal of Allergy and Clinical Immunology.

Canadian researchers Lucie Blais, PhD, and Amelie Forget, MSc, concluded that women who had an asthma flare-up in the first three months of pregnancy were 48 percent more likely to have a baby with at least one congenital defect than asthmatic mothers who did not have a flare-up in the first trimester.

In total, researchers analyzed more than 4,300 pregnancies through healthcare and pharmacy records.

To learn more about asthma and pregnancy or to find an allergist/immunologist in your area, visit www.aaaai.org.

Read more: dotmed.com/6002

Hospitals Rated For Observance Of Gay Rights

Just over half of 88 hospitals got top marks under a new rating system created by two national gay-rights organizations that hope the standards will result in more compassionate treatment of gay and lesbian patients.

Policies addressed in the ratings include patient nondiscrimination, visitation and decision-making rights for partners, staff diversity training, and nondiscriminatory employment practices.

Hospitals in the study participated voluntarily, and the groups behind the report said there will be no effort to rate hospitals that don’t want to respond. Instead, they hope many hospitals will strive for high ratings as the survey recurs annually.

Called the Healthcare Equality Index, the ratings were designed by the Human Rights Campaign and the Gay and Lesbian Medical Association.

Some responses to the new survey came from hospital networks. Kaiser Permanente, answering on behalf of 31 hospitals in California and Hawaii, said all met the survey’s 10 criteria. They were among 45 hospitals in all with top marks.

By contrast, University Hospitals of Cleveland, representing 10 Ohio hospitals, said they fully met only two criteria — domestic partner benefits for employees and a patient nondiscrimination policy that includes sexual orientation.

The HRC and the medical association said their goal is to highlight hospitals with high rankings and induce others to abandon inequitable practices.

Joe Solmonese, president of the Human Rights Campaign, said he was pleased by the response to the survey, even though hundreds of hospitals did not reply to an invitation to participate.

“It’s the beginning of a dialogue,” he said. “We’re not calling out the bad guys — we’re trying to show them the way.”

Read more: dotmed.com/6005

Sleeping Linked To Obesity Among Other Health Problems

A new study is changing the way physicians think about sleep.

“The data is all coming together that short sleepers and long sleepers don’t do so well,” says Dr. Ron Kramer, a Colorado physician and a spokesman for the American Academy of Sleep Medicine.

The study, released on May 7, is based on door-to-door surveys of 87,000 U.S. adults from 2004 through 2006 conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.

The research adds weight to a stream
of studies that have found obesity and other health problems in those who have irregular sleeping patterns. Along those lines, the study also linked light sleepers to higher smoking rates, less physical activity and more alcohol use.

Charlotte Schoenborn, the study’s lead author, said such surveys can’t prove cause-effect relationships, so-for example—it’s not clear if smoking causes sleeplessness or if sleeplessness prompts smoking. It also did not account for the influence of other factors, such as depression, which can contribute to heavy eating, smoking, sleeplessness and other problems.

Results from the study showed that about 33 percent of those who slept less than six hours were obese.

Read more: dotmed.com/6004

Healthcare Leaders Tout Coverage Proposals

The Healthcare Leadership Council has issued a proposal to expand access to U.S. health care and improve its overall quality.

HLC Chairman Denis Cortese, M.D., president and CEO of the Mayo Clinic, said the proposal targets health coverage for every American, better outcomes for patients and lower cost. The plan calls for “fully funding” public health insurance programs, and using Medicaid and State Children’s Health Insurance Program dollars to help workers afford employer-based coverage.

It also calls for tax incentives to help individuals and low-income Americans purchase health coverage; payment reforms to encourage and reward quality care and evidence-based medicine; and financing mechanisms to help health care providers invest in information technology. The group plans to share the proposal with congressional leaders and candidates in the 2008 election.

Read more: dotmed.com/6006
A stress test is becoming almost de rigueur among the Boomer generation, suggesting that its capacity to generate revenue is quite significant.

At the same time, evaluating the heart and vascular system while the body is under stress from exercise saves countless thousands of those Boomers’ lives.

In short, it’s easy to make the case that stress tests are a win-win for everyone.

What happens in a test goes something like this: a baseline electrocardiogram (ECG) is obtained before the patient begins to perform a low-level of exercise – usually by walking on a treadmill or a stationary bike. The pace gradually increases as the patient’s pulse, blood pressure and ECG are recorded and symptoms noted.

There are maximal stress tests (level of exercise gradually increases until patient becomes fatigued or suffers chest pain, shortness of breath or lightheadedness or changes are indicated on the ECG) that are used to diagnose the presence or absence of coronary artery disease. There are also sub-maximal stress tests (patient exercises for only a certain period of time to determine what level of exercise can be done safely) that are used with patients who are known to have coronary disease.

Sometimes a drug such as adenosine, dobutamine, or persantine is used, instead of a treadmill, to simulate the heart’s reactions to exercise. These drugs are safe and reasonably well tolerated, and are usually only given when the body is unable to perform a standard stress test; for instance if a patient is particularly out of shape, has lost limbs, or is severely arthritic. They are as reliable for evaluative purposes as the exercise test.

Technological leadership
Wayne Quinton teamed up with Dr. Robert Bruce in 1953 and developed the first clinical protocol enabling consistent and repeatable cardiac testing at an elevated heart rate. Quinton also invented the first mechanical treadmill. Together, the doctors established the genesis of modern cardiac stress testing. In fact, Cardiac Science, Bothell, WA, manufactures the direct descendents of Quinton’s designs and products.

At the heart of saving lives
In 2005, Cardiac Science signed a merger agreement with Quinton’s company. “Our vision is to be the company the global community thinks of first for high-quality, noninvasive cardiac products and services,” says John Hinson, President and CEO, Cardiac Science
Corporation. Also in 2005, Frost & Sullivan’s analysis, U.S. ECG and Cardiac Monitoring Products and Service Markets, selected Cardiac Science as the recipient of the 2005 Product Innovation Award for its continued dedication to innovation in cardiac stress testing systems.

For the first quarter ending March 31, 2008, Cardiac Science reported revenue at $49.0 million, an increase of 17% over the prior year period.

Q-Stress is Cardiac Science’s eighth generation stress system to carry on the Quinton legacy. Key to the system is the opportunity for extensive customization, including the latest software enhancements, risk scoring, full disclosure procedure re-analysis, and freeze frame. Clinical capabilities include ECG full-disclosure and archive, in-test ECG review, automated patient risk scoring, dynamic ST display and ectopic beat capture.

Dr. Diana Westerfield of Cardiology Diagnostics, Ltd. and Barnes-Jewish St. Peters Hospital, St. Louis, MO, says that she does 30 or more stress tests a day and was impressed not only with the Cardiac Science treadmill but also how the computer telemetry and the printing mechanism for the ECG worked so well together. “In my world, you sometimes have trouble with pieces of equipment talking to each other or the connection breaking down. With Cardiac Science Equipment you just don’t see it” she says.

GE presents a powerful CASE for Stress Testing

The advanced assessment capabilities from GE Healthcare, Wauwatosa, WI, are built on Marquette measurement and analysis algorithms that offer excellence in data accuracy and high quality ECGs. GE’s patented finite residual filter provides a high quality ECG in the presence of artifacts that can be associated with exercise testing.

For the 2008 Olympics, GE Healthcare is providing the Beijing Organizing Committee for the Olympic Games (BOCOG) with the GE MAC 1200 (a portable ECG device) incorporating the GE Marquette 12SL that provides consistent analysis and interpretation. GE Healthcare is also providing BOCOG with the CASE Stress System, the only exercise testing system that can be equipped with GE’s Modified Moving Average algorithm to measure T-Wave Alternans for the purpose of assisting physicians in predicting patients’ risk of Sudden Cardiac Death.

The Marquette 12SL ECG Analysis program is a computer program for analyzing simultaneously acquired 12-lead ECGs. It makes precise measurements of recorded cardiac signals, and provides an interpretation of the ECG waveforms using classic and newly developed ECG interpretation criteria for both rhythm and morphology.

“Our ECGs are an excellent example of GE Healthcare’s ability to provide a broad range of clinical solutions to the world’s largest sporting event,” said JK Koo, General Manager of GE Healthcare Clinical Systems, Asia.

Flagship products from Nasiff

Roger Nasiff, President of Nasiff Associates, Inc., Brewertown, NY, is the mastermind behind the Nasiff Cardio Card Software. He launched his company in 1989, to develop the world’s first PC ECG/PC EKG. “We’re committed to providing medical PC solutions to healthcare professionals by developing medical diagnostic and administrative products, which integrate into any personal PC computer,” Nasiff says.

Among company firsts: producing a clinically useful PC-based PC ECG/EKG, building a PC based Stress ECG System, developing a notebook (PCMCIA or USB) based ECG System and integrating stress and holter into one system Nasiff calls the Cardio Suite™. Nasiff’s flagship products are the Cardio-Suite and the CardioVitals, which consists of ECG, NIBP (non-invasive blood pressure) SpO2 (amount of oxygen being carried by the red blood cells in the blood) and temperature.

Stress test equipment refurbishers play a role in the industry

Joe Murray, president, Medeco, Inc., Boise, ID, (a DOTmed user since 2003) sells quality, patient-ready, used, refurbished and new stress test systems including GE/Marquette, Quinton and Nasiff “Cardio Card” Stress test systems. “Hospitals represent about half of our sales,” says Murray, “with clinics, private physicians and rehab center accounting for the rest.” Murray rates GE and Quinton the industry leaders.
According to Murray, Nasiff equipment is also among the best since they are the pioneers of PC based monitoring and stress systems. Medeco bundles Nasiff’s Cardio Card Stress software with name-brand hardware, a hospital grade isolation transformer and customized components. In order to meet its pricing strategy, Medeco chooses to engineer an interface to a GE T-2000 digital treadmill that’s rebuilt to near new condition. The result is a full-featured system that competes favorably with systems selling for twice as much. Murray says that the only thing missing from the package is “the big corporate logo.”

Economics suggest that the most cost effective stress testing systems on the market are reconditioned. DOTmed deals with many reputable companies that sell stress systems, and buyers can save as much as half the price of a new one.

PRN, Inc., Fall River, MA, sells all major brands of stress testing systems including Quinton, GE, Marquette, Burdick, Trackmaster, and Cambridge Heart.

The founder and President of PRM,
Inc., Bob Gaw, has a DOTmed Web-store, where stress test equipment is often a featured listing. Gaw says that although PRN has not used DOTmed auctions in the past to sell stress systems, “we’re planning our first stress system auction very soon.”

PRN stress system’s refurbishing division is lead by Bob Gaw, Jr. In refurbishing PRN replaces the parts under most duress, treadmill tracks, decking systems, patient cables and modules.

PRN sells about 30-50 stress systems per year, and Gaw says that a hospital saves 25-75% off manufacturer’s pricing depending on the age of the equipment the hospital requires.

Physicians that are driving the stress equipment market.

“If a doctor is used to a system that is 15 years old, he or she may request that specific system or may ask for an additional system in a satellite facility to match the protocol of the system currently being used,” Gaw says.

PRN, Inc.’s clients include Beth Israel Deaconess Hospital in Boston. Gaw is always looking to purchase stress equipment and will travel almost anywhere to get it. Because the company is a member of a nationwide buyer’s network, PRN is able to offer discounts on stress systems as well as other medical equipment from many of the major medical equipment manufacturers.

Nils Nilsson, Director of Operations, Advanced Electronic Diagnostics, Inc., (AED) Royal Palm Beach, FL, believes that over the last few months, the stress test equipment (and all medical equipment) markets have slowed down because high gas prices and a poor economy have led patients to postpone indefinitely visits to the doctor. “Fewer patients equals less revenue and less spending,” says Nilsson.

AED sells mainly GE, Burdick, Quinton and Marquette stress equipment as well as new PC based systems (full-featured systems with a super duty treadmill). AED costs are very competitive over new units with savings up to 40 percent or $5,000 to $8,000 on refurbished units.

Physiciansthatare driving
the stress equipment market.

Economics suggest that the most cost effective stress testing systems on the market are reconditioned.

The refurbishing process at AED includes a thorough check of stress monitors that includes inspecting the internal frame for signs of damage, internal cleaning, inspecting or replacing cooling fans, and a complete PC diagnostic test using commercial software for extensive testing of all components.

Nilsson has found that when an accessory like an inkjet printer or monitor needs to be replaced in an older Windows based system, the new printer, monitor and video card often will not work with Windows 95 and 98, due to driver support. In cases like this, the whole unit may have to be upgraded if possible or replaced. “The price to upgrade an OEM system like GE or Burdick is typically not cost effective,” says Nilsson. “The bottom line, older non-windows systems can last 10 to 20 years of daily use without major repairs.” Nilsson calls these systems ‘the battleships of medical equipment.’ “We have to accept the PC is here to stay for all new computerized medical equipment, and we just have to continue to develop new ways to make them reliable.”

Phil Lonbeck, President, DB Medical Electronics, has over 30 years experience in medical diagnostics. DB Medical Elec-
Portable X-ray Sales & Service Companies

Unsung team players of the healthcare industry

By Astrid Fiano
Portable X-ray equipment and mobile C-arms are the often taken-for-granted mainstays of medical facilities, used every day in operating rooms, emergency rooms, patient rooms and nursing homes—as well as in military field hospitals. Some of this equipment is also used in veterinary work.

Portables can range from small box-like units that can be transported in the back of a car, to stand alone units on wheels. Some C-arms are considered portable but are somewhat larger in size than portables. Some portables and mobiles can operate on batteries. C-arm sales and service was recently covered in-depth by a previous DOTmed Industry Sector Report in March. This report focuses on portable X-ray sales and service, but including some C-arm perspective.

There are many large and small OEMs in the portable X-ray market, including Phillips, Canon, Toshiba, Siemens, Konica Minolta, Shimadzu, Kodak, Dycarad, Source-Ray, and of course, the dominant manufacturer, GE. GE has a strong presence in the C-arm market with its OEC line, and the company also makes the standard in portable X-rays, the AMX series.

Just as portable and mobile X-rays are an integral part of a medical facility, they are also an integral part of the imaging sales and service industry—because portables and mobile always need to be in constant good working order. According to dealers and service providers, sales in the industry have been steady, constituting about 10-20 percent of their overall business. Medicare cuts have not overly affected the business to a large extent.

Reliable machines built to take a beating

By their nature, both portable X-rays and mobile C-arms have to be tough to withstand the rigors of usage in the day-to-day activities in a hospital. The machines are built to be durable, but often incur damage through constant transport and jostling through hallways, rooms, and elevators.
equipment that has been damaged from being run into walls. Kile says to do a good job refurbishing X-ray equipment, it needs to be stripped down, and structural improvements performed on the frame. Necessary parts replacements must be made, and options be added if a client wants extras such as new tubes or high-tension cables. Refurbishing a machine can save a client $5,000 to $10,000 dollars, Kile says, depending upon the unit and who does the refurbishing.

Some portables are designed for life outside the hospital. Boris Geyzer, Eastern Sales Manager for Virtual Imaging, Deerfield Beach, FL, says that was the thought process behind one of the RadPRO models. “The idea was to design a DR X-ray system that can easily be broken down and transported in boxes, which makes it ideal for the military, sports teams, and others who need self-contained units,” said Geyzer. This machine comes in three boxes – the first holds the generator and tube, the second holds the stand, and the third holds detectors, grid, PC and monitor. It can be set up in a matter of minutes. “The Indianapolis Racing League bought a few. When one driver, during a speed trial, went right into a wall, we set up a unit in 8 minutes and took the X-ray of the driver right there on the spot,” said Geyzer, “and the image was sent to a wireless workstation at nearby a hospital.”

GSI of Houston, TX, is an end-user of portable X-rays, providing X-ray services to nursing homes and clients in private homes. Jeff Shepherd, Manager of Weekend Operations/Weekend Supervisor for GSI, uses the portables for conventional diagnostic exams: chest, abdomen, and pelvis. Shepherd finds that the exposed wiring is a recurring mechanical problem, as are the external cables that occasionally get pulled on by patients during the procedure. Patients also accidentally tug on the required skin-protector guards. External components such as these get damaged most often in Shepherd’s experience. Purchasing refurbished equipment is a viable option for Shepherd. “Refurbished equipment, which will have a guarantee, will not devalue as fast [as new].”

In C-arms, Joseph Jenkins, President of International Imaging LTD in Las Vegas, NV, sells some portables and GE OEC C-arms to facilities in North America, Central America and the Caribbean. Jenkins sees problems as such damage to tube inserts and electrical cords.

Kenneth Saltrick, President of Engineering Services in Twinsburg, OH, knows from his long experience that C-arms machines themselves are absolute workhorses. Saltrick notes that “it’s the cables connecting the components that tend to receive the most damage, such as the internal connections failing.” Saltrick specializes in repairing those cables. Saltrick has six employees, and as owner, he shows his staff how to troubleshoot any problems in the equipment. He will have them put extra effort into correcting original design defects. Saltrick and staff study why the cables break, and how best to repair them. For the cable problems, Saltrick will replace the entire cable, and reutilize the customer’s connector and plate.
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Quality-in means quality-out in the refurbishing businesses
In determining which kinds of X-ray equipment to refurbish, the people interviewed all had their own standards for quality. Horne looks for machines that were initially well-engineered, with “service after the sale in mind.” He also looks for ones that are mechanically sound enough to withstand the rigors of daily use. As an example, GE’s AMX IV has had numerous improvements in design to allow it to absorb a lot more everyday use. Shepherd searches for machines that are durable, and he also reviews the actual strength of the radiation produced: he looks for systems that offer quality images with the least radiation exposure for patients and X-ray technicians. Jenkins values a low failure rate. Patti considers the age of the device and its image quality. Kile prefers GE machines for the ease of obtaining parts.

Because a portable is basically a relatively simple plug and play device, X-ray technologists are quite familiar with the ins and outs of the equipment. Therefore, usually very little end user tech support is needed. Service providers do recommend that preventative maintenance is important in keeping the machines tip-top condition.

The key issue in portable radiography: film vs. CR/DR
Portable X-rays have not seen significant trends in marketing or technology—except for the growing shift to digital imaging. Traditional analog radiography captures an image on film, requiring chemical processing. Computed radiography (CR) uses a retrofitted digital imaging plate instead of film; the technologist then runs the imaging plate through to a computer which reads and displays the digitize the image. Direct radiography (DR) functions similar to a digital camera, capturing and converting the information to a digital image within the X-ray device itself.

Once created, a digital X-ray image can be almost instantly manipulated, transmitted and saved. CR or DR systems need an additional investment in a picture archiving and communication system (PACS). For storage and accessing of images in CR and DR, “you have to have PACS,” Michael Baumgartner, President of Remesta Medical Corp. in Knoxville, TN, says. Baumgartner notes that since most portables are used in hospitals, PACS are likely already being utilized.

Film portable X-rays still see significant demand in several areas—and there are physicians and smaller facilities that prefer to deal with film images. However, digital is firmly entrenched in the portable industry, and many industry
insiders feel that analog X-rays will be phased out within five to ten years. “It’s in the process [of being phased out] as we speak” Jenkins says. “It’s gone faster than I expected.” Other dealers have found analog equipment sales are becoming obsolete and CR is the new standard. Insiders speculate CR will be as popular or more popular than DR, particularly because of the lower cost for CR. There is a growing digital X-ray trend for service providers in converting a film-based machine to CR. “An analog can easily be upgraded to CR,” Baumgartner says. That gives CR an extra edge.

There are many advantages to CR and DR X-ray. Many dealers and service providers feel upgrading to CR or DR machine will eventually pay for itself. The instant image results are appealing to medical professionals who can immediately view and share the image. Jenkins evaluates digital as easier to use, more efficient, offering more latitude for remote transcription, and requiring less effort in filing. Kile also counts the elimination of physical storage problems as an advantage. Patti points to increased productivity digital X-ray affords, and the fact that there’s no time delay to find out if you have a good shot. It also means, obviously, savings in film, processing, chemicals, and the like.
Shepherd’s company is considering a move to CR and Shepherd well understands the advantages as an end-user: first there are patient exposure factors. An industry concern is the amount of radiation exposure needed to obtain a good image from film X-ray, although the 400 speed time of film (compared to 200 in CR and DR) alleviates that concern somewhat. Additionally, with film, an X-ray image has to be right on. In using a CR or DR X-ray, there is leeway. The image can be adjusted for clarity, immediately duplicated and sent on to other medical professionals.

The biggest hurdle in moving up to CR or DR X-ray is the capital cost. A new digital unit can cost from tens of thousands to several hundred thousand dollars. The newest GE DR Definium AMX 700, for example, is priced around $250,000. By comparison, pre-owned or refurbished analog AMX series can range in price from $5000 to $30,000 depending on the year and model. But prices may be dropping for DRs. Jenkins speculates that digital systems will be more affordable in 3-5 years as more DR machines are introduced to market, and digital is “definitely the way to go.”

Customer service adds to the ongoing value of portable and mobile X-rays

Being competitive in the portable and mobile market means customer service is vital, even with a loyal customer base. Every medical facility has to work within a budget, and often finds used or refurbished equipment to be a necessary measure. The dealers and service providers have to make sure that the option is a rewarding one. Shepherd depends on good patient comfort.
machines as a service provider: “We are competitive due to customer loyalty and turnaround time. From the time of a request to a report is generally 2-8 hours.”

The consensus from the ISOs interviewed for this report was that to stay in business and thrive, they have to do three things: be more responsive than the OEMs, do it for less than the OEMs, and be as good as, or better than, the OEMs — otherwise why would their customers turn to them instead of sticking with the OEMs? There was a clear “we try harder” attitude among this group.

Overall, the industry professionals work as hard as, and are as resilient and reliable, as the portable and mobile X-ray equipment they sell and maintain.

Read more: dotmed.com/dm6009

DOTmed Registered Portable X-ray Sales and Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 6009]

Names in boldface are Premium Listings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Company - Domestic</th>
<th>City</th>
<th>State</th>
<th>Certified DM100</th>
</tr>
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<tr>
<td>John Stringer</td>
<td>Best Medical International</td>
<td>Cullman</td>
<td>AL</td>
<td></td>
</tr>
<tr>
<td>Kirk Stieeler</td>
<td>American X-Ray</td>
<td>Jackson</td>
<td>CA</td>
<td></td>
</tr>
<tr>
<td>Enrique Gonzalez</td>
<td>Southern California Medical Systems, Inc.</td>
<td>San Diego</td>
<td>CA</td>
<td>●</td>
</tr>
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<td>Kris Kessler</td>
<td>Virtual Imaging, Inc.</td>
<td>Deerfield Beach</td>
<td>FL</td>
<td>●</td>
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<tr>
<td>David Denholtz</td>
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<td>Fort Myers</td>
<td>FL</td>
<td>● ●</td>
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<td>Bob Serros</td>
<td>Amber Diagnostics, Inc.</td>
<td>Orlando</td>
<td>FL</td>
<td></td>
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<tr>
<td>Howard Karp</td>
<td>Xtronix, Inc.</td>
<td>Tampa</td>
<td>FL</td>
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<tr>
<td>Matt Horne</td>
<td>Imaging Tech Co Ltd.</td>
<td>Evanston</td>
<td>IL</td>
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<tr>
<td>Travis Nipper</td>
<td>Clinical Engineering Consultants, Inc.</td>
<td>Erlanger</td>
<td>KY</td>
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<tr>
<td>Richard Szeglin</td>
<td>Huestis Medical</td>
<td>Taunton</td>
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<td>Joseph Jenkins</td>
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<td>Las Vegas</td>
<td>NV</td>
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<td>Sal Aidone</td>
<td>Deccaid Services Inc.</td>
<td>Deer Park</td>
<td>NY</td>
<td>● ● ●</td>
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<td>Long Island City</td>
<td>NY</td>
<td>● ●</td>
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<td>Eastlake</td>
<td>OH</td>
<td>● ● ●</td>
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<td>TX</td>
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<td>Servimedical</td>
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Just as no two snowflakes are alike, physical therapists all like to think of themselves as unique – each with their own unique approach to the treatments they practice. That’s why we have seen so many different trends develop in therapeutic care over the last 20 to 30 years. It also explains why so many types of physical therapy equipment are popular, as many products become an “it” product for a year or so, and physical therapists try to lure in patients with the hot new treatment or routine.

“Since the average person is spending more out of pocket for health care service, people are becoming more discerning with the value of product and service, and physical therapy is no different,” says Ed Behan, Director of Product Management and Market Development for Biodex Medical Services, Shirley, NY. “In the mid-90s, Managed Care came along and things started changing big time. Reimbursements started drying up [for physical therapy].”

Because of the lack of reimbursement for physical therapy, and with so many other comparable services available these days – such as personal trainers, massage therapists, and pilates instructors – therapists need to offer something that will keep their patients from turning to other therapeutic mediums.

Over the past five years, many physical therapists have been stocking up on equipment designed to help seniors, as the trend of this decade has so far been geared towards the older population.

“Areas we are seeing opportunities are with the older population, primarily by providing ways to keep them healthy, active and well,” Behan says. “Keeping them from falling and maintaining their activity in daily living is important, as is addressing more serious conditions, such as obesity and the effects of diabetes and so forth. So, I guess we’re seeing a market that is much more diversified now than ever before, as well as seeing growth opportunities into areas that aren’t necessarily fully blown medical therapy but more or less active geriatric stuff.”

In 1990, 31.1 million Americans were 65 years of age or older. By 2020, the elderly population is projected to increase to 54 million persons. In 2050, the elderly population will number about 79 million.

With an ever-growing population of senior citizens prone to the chronic and debilitating conditions that require therapeutic services, demand has been on the rise. Baby Boomers are getting older and also staying active.

Ease-of-use is essential

“Definitely, I see the physical therapy market as shifting toward equipment to treat senior citizens. Also, for supplies and equipment needed to treat patients at home after their initial treatment in the clinic,” says Jim Hayward, owner/president of Hayward Medical, Inc. in Birmingham, AL. “Several of our vendors, such as Nautilus, HUR and Cateye are developing easier access to equipment so seniors and handicap patients can utilize more of the exercise equipment in the clinic.”

A number of manufacturers are offering easy access to recumbent bikes that make it easy to get on pedals. A lot of manufacturers are also coming out
with Nautilus type of equipment with smaller weights. Med-Fit Systems offers a number of products that are aimed strictly at this market.

People who lack the strength or endurance to exercise on a traditional fitness bike can gain increased strength, mobility and endurance, plus gain more control over their condition with the Theracycle, the only motor-driven stationary exercise bike that provides a full body workout. This recumbent stationary bike has a unique “Smart Motor” enabling you to exercise in two ways—you can program the motorized bike to do the work for your muscles, or your muscles can do the work themselves.

The Lamar Stride Well Recumbent Elliptical is a seated, quadrilateral elliptical that provides low impact, full body exercise. Their Easy Glide entry and exit feature, and offset monitor mount, allow easy access by seniors and rehabilitation patients.

Other major players in this market are Ormed, Chattanooga Medical Supply Inc., and Arjo, each providing top equipment to the marketplace for this age group.

Figures released recently by the U.S. Department of Labor show that employment of physical therapists is expected to grow 27 percent over the next 10 years, largely because of the elderly sector. Also, the baby-boom generation is entering the prime age for heart attacks and strokes, increasing the demand for cardiac and physical rehabilitation.

“As we see aging baby boomers and their parents accelerate the graying of America, studies confirm that balance, strength, and cardiovascular fitness contribute greatly to the quality and duration of life,” says Ed Kalotkin, a physical therapist in Palisades, NY. “Exercise by seniors can prevent osteoporosis, increase bone density and prevent adult diabetes.”

**Other trends**

According to William Stevenson owner of WS Enterprises in Milwaukee, WI, manufacturers need to realize that evidence-based studies seem to be the most important part of physical therapy today.

“Fall prevention is another huge topic, with all assisted living centers having to have a fall prevention program in place for all of the staff and residents,” he said. “Lasers should be a big part of physical therapy, but with reimbursement so low it makes it more difficult. Medicare needs to realize the advantages of laser treatments.”

Physical therapists also seem to favor devices that are simple to use, easy to educate others with, and effective from both a cost and outcome perspective.

Other growth areas, according to Behan, are more clinical, such as gate training, partial amp and plank technology.

According to Mitchell Guier, owner of North American Medical in Sweet Springs, MO, physical therapy is a slow moving industry and improvements in technology seem to be in small baby steps.

“The American market is into balance products right now,” Behan says. “You haven’t seen many improvements in equipment in the last five years.”

**The refurbished market**

Since so many physical therapists these days are leaving clinics or hospitals to go out on their own, the refurbished equipment market is huge for physical therapists.

“There’s a large used equipment market out there and it runs the gamut of just about everything,” Behan says.

Kalotkin adds that almost all physi-
cal therapy equipment can be refurbished, and it can be anything from tables to weight equipment to modalities to treadmills.

“Hi Lo Tables are probably the top piece to refurbish and resell,” says Stevenson. “Upper Body Ergometers are also quite popular.”

Hayward says electrotherapy and ultrasound equipment can be calibrated by a local biomed technician and last another 10-12 years.

Continuous Passive Motion devices, which are used in the treatment protocol of applying slow, rhythmic and continuous movements to joints following joint surgery, are also popular equipment to refurbish.

“This segment is very popular with regards to customers either refurbishing and/or repairing equipment themselves or through us as manufacturers,” says Mark Reep, president of KLC Services, Inc. in Hilliard, OH. “CPM equipment can be totally repaired or refurbished and made almost as good as new while still capable of generating the same amount of revenue.”

To properly maintain this type of equipment, physical therapists should take the time to become educated about very basic signs of equipment breakdown. Therapists should learn when certain pieces of equipment need routine service, repair – or simply need to be replaced. And this is not simply about dollars and cents of equipment maintenance – unsafe equipment can lead to serious accidents which can require hospitalization. And then there’s the possibility of onerous lawsuits.

“Be proactive and not reactive in dealing with equipment problems,” Reep says. “Ultimately it will save money, time, and frustration.”

Going overseas

When it comes to physical therapy equipment and the overseas market, a lot depends on their current reimbursement and economic standards. Also, a lot of equipment does not translate well.

According to Behan, Japan was real strong in the 80s and 90s but is flat right now because of their current reimbursement structure. “Germany is starting to come alive a little bit,” he says. “There’s big growth in the UK in the areas of neurological rehabilitation. A lot of Eastern European countries are 15-20 years behind and mainly looking at it in the sports medicine area.”

India and China have gotten more into the physical therapy equipment in recent years, according to Stevenson.

But even though there is a market for it, Guier says that because a lot of the equipment is big and bulky, it makes logistics expensive so shipping overseas isn’t worth it to a lot of manufacturers and resellers.

Final thoughts

With more physical therapists opening their own clinics or home offices in recent years, competition has increased and the need for equipment has gone up. Since a lot of this equipment is refurbished and because there haven’t been any major breakthroughs as far as advancements, it’s important that a physical therapist find a niche.

Right now, the most successful niche seems to be those who concentrate on the older population and the equipment to help them stay active and fit.

Read more: dotmed.com/dm5986
A Google search leads to DOTmed, which leads another to successful online auction

Chris Naum, CEO of Orthopaedic Surgery Associates located in Boynton Beach, FL, discovered DOTmed through an Internet search a few months ago.

He had several pieces of surplus equipment that he believed still had a fair amount of value in them which were stored at his facility, and selling them would provide needed money and free up needed storage space.

Chris called DOTmed and was introduced to his regional DOTmed Project Manager, David Blumenthal. After speaking with David he decided to give a DOTmed Full-Service Auction option a shot.

The first thing David did was to do some research and came up with a good ‘ballpark’ price for each of the two items Chris wanted to sell, an Agfa Drystar 3000 and an XLTEK Neuromax 1002 EMG machine. The EMG was priced with a Starting Bid of $4,000, Reserve Price of $5,000 and a Purchase It price of $6,000.

The Auction ran through a two-week cycle with no bids, but David suggested to Chris that they re-post the item and keep the Starting and Reserve prices the same. That was because four emailed questions came in, that David answered – which is one of the services in a DOTmed Full-Service Auction – and David noticed that six people were watching and the Auction, and it had received over 500 clicks in just two weeks.

On the second to last day of the second run the bidding started (which is typical for all online auctions – people like to bid the last minute.) The brief bidding war began at $4,000, then $5,000, then $6,000.

In the end the unit sold to a Neurology clinic in Texas for $6,000.

Chris Naum was able to pack up the unit in an old Dell monitor box and DOTmed arranged shipping through FedEx. And another new user became a DOTmed Full-Service Auction fan.

Chris’s AGFA Drystar 3000 is still up for auction. If you are interested, just type the Auction Number, 4815, in any search box on DOTmed.com to see it.

Trade show connection with DOTmed scores results for Arizona Oncology Services

The next time you’re wondering about the value of attending trade shows, consider the experience of Arizona Oncology Services.

The company used ASTRO 2007 to forge a relationship with DOTmed.com that eventually yielded a most successful auction.

At the time, Doctor David Beyer of Arizona Oncology explained that the group controlled seven free standing facilities, all of which, at various times, had used equipment for sale.

Time to close such deals, however, was in short supply. Similarly, Arizona Oncology realized that they probably couldn’t handle the volume of questions and negotiations that accompany an auction.

But after follow up phone calls from DOTmed Online Auction Specialist, Mark Colavecchio, Arizona Oncology Services determined it was in their best interest to put a Fischer MammoTest Unit up for auction on DOTmed.com.

Eight different companies expressed interest during the first two week run of the auction. However, the highest bid was only $12,000. Therefore, DOTmed and its client decided to run the auction another two weeks.

During the second run of the auction, Colavecchio began communicating with two individuals who wanted more information about the system, and the bidding – which once hovered around the $12,000 range – grew to over $35,000.

The successful bidder won the auction at $37,000. Besides being impressed with the ease in which the action transpired, Arizona Oncology knows that a DOTmed auction makes the most sense for its future sales.

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Learn how easy it is to turn your idle assets and used equipment into cash.

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dotmed.com
More than 4,000 of the world’s leading experts in molecular imaging and therapy and nuclear medicine will gather at the SNM 55th Annual Meeting, which will take place June 14-18, 2008, in New Orleans, LA. At the conference, researchers will unveil groundbreaking research results with significant promise for improving diagnosis and treatment of disease.

Richard L. Wahl, M.D., Johns Hopkins School of Medicine, will open the meeting with the Henry Wagner Lecture: “Personalized Therapies: Opportunities and Challenges for Nuclear Medicine,” on Sunday, June 15. For the Cassen Lectureship on Monday, June 16, Mathew L. Thakur, Ph.D., Thomas Jefferson University, will discuss advances in genomics and proteomics that are shedding light on the genesis of many diseases.

This year’s Highlights Lecture, by Dr. Henry J. Wagner, Johns Hopkins University, will examine current trends in molecular imaging and nuclear medicine and present the “Image of the Year,” which illustrates how these technologies allow physicians to see the inner workings of the human body. Each year, Dr. Wagner’s is eagerly anticipated.

“The power to see and understand how disease functions inside the human body are essential to nuclear medicine,” said Dr. Wagner. “As I look at how far we have come, it is a very exciting time to be involved in nuclear medicine, molecular imaging, and therapy. Technologies such as SPECT and PET are here to stay, and will increasingly improve health care in prevention, diagnosis, planning, and treatment of disease.”

Food for the mind… and the body
As always, the bounty of fine restaurants in the Crescent City (or the “Big Easy,” as the locals like to call it) is a star attraction. It’s expected the lines will be long and the blues joints rocking as thousands of SNM members stroll Bourbon Street. They will be making dining plans at establishments run by a laundry list of so-called “super chefs,” not to mention smaller, less well-known places where the food is every bit as impressive as Commander’s Palace, Broussard’s or Emeril’s.

The Exhibit Hall
SNM’s Exhibit Hall connects attendees with nearly 200 of the industry’s top nuclear medicine and molecular imaging product and service providers from around the world. Discover the latest innovations in patient care and gather information to help you make the best decisions about products and services for your facility.

A visit to the Exhibit Hall is incomplete without a stop at SNM’s Booth #555. It is the ultimate resource for SNM publications, products, and membership information.

Visit DOTmed, Booth #570
Another mandatory stop among the hundreds of exhibitors is the DOTmed.com Booth, #570. DOTmed’s Trade Show Team will be on hand to explain the wide variety of online business activities available to our users. Also ask about editorial and advertising opportunities in DOTmed Business News magazine, and DOTmed’s Online News — already established as the go-to website for the latest news and information about the business of medical equipment.

Coming in July
Features:
• What’s in a name?
• Hospitals sell naming rights just like sports franchises

Industry Sector Reports:
• Mammography Sales and Service
• Bone Densitometers
• Laser Cameras
• Hospital Disposables

Bonus Convention Coverage: AHRA, FIME
Medtronic Unveils Seventh Generation StealthStation

At the recent annual conference of the American Academy of Neurological Surgeons (AANS), the Navigation and Intra-Operative Imaging division at Medtronic (NYSE: MDT) unveiled the latest in neurosciences surgical solutions, the StealthStation® S7TM system.

The StealthStation S7 offers personalized navigation support for surgeon and surgical staff, with superior visualization and information display capabilities as well as streamlined workflow options. With its navigation data display, the “Stealth” acts as an information center in the operating room (OR), providing an exact, three-dimensional view of instrument or therapy location relative to patient anatomy.

“The StealthStation S7 system is the next generation of navigation providing both flexibility and simplicity to enable a more efficient neurosurgical practice,” says Jim Cloar, general manager of the Navigation division at Medtronic. “The solution improves OR workflow and helps bridge the gap that can exist between the complexities of neurosurgery and the training pressures caused by rotating OR staff.”

Read more: dotmed.com/dm5933

Inside a Broadlane “CT Live Group Buy”

The power of GPOs has been known for years. Now Broadlane — a leading healthcare GPO out of Dallas, Texas, — has taken the group purchasing model to the ultimate level.

In a new kind of 21st century high-stakes, high-tech “bake-off,” Broadlane helps its clients get the best deal on high-end imaging equipment by evaluating the OEMs against each other during a live, three day group buy. The key word here is “live.” These group buy presentations take place in person with the hospitals.

The concept is simple and effective: Broadlane acts as the negotiating agent for a group of healthcare facilities that are all committed to buying a specific imaging modality during a given 12-month period. Broadlane invites a select group of OEMs to compete for its clients’ business. Here’s the key ground rule: this is a “winner take all” competition. The participating healthcare facilities all agree in advance to buy from the one OEM that offers the best combination of technology, warranty, after-sales support, and lowest overall cost of ownership.

The most recent of these “Live Group Buys” took March 26-28 in Dallas. The modality was CT. Among the 25 facilities...
that participated were The Health Alliance, Brim Healthcare, CHRISTUS, Tenet, Tenet’s Outpatient Services Division and Muskogee Community Hospital.

About a month before a Live Group Buy, all the participating facilities are polled on what their clinical needs are, and the technology requirements they demand. Technology is the first and most heavily weighted factor in selecting the ultimate winner. Any OEM that does not pass the technology review is eliminated from competition.

This particular three-day event also marked their first Live Group Buy in utilizing the ECRI Institute, an unbiased third-party technology expert. ECRI Institute brought its expertise to the first day of the CT Live Group Buy to assist Broadlane clients with the technical knowledge needed to make the contract award.

The winner of the “sole source award” this time was Toshiba. To find out why they won, and see a convenient link to Broadlane’s list of upcoming Live Buys, go to DOTmed News Online.

Read more: dotmed.com/dm5783

Varian: Top 50 Business Week Performer

Cited as the Microsoft of the radiation therapy space, Varian Medical Systems has landed a spot (No. 26) on Business Week magazine’s prestigious “50 Best Performers” list of American companies.

“With its 50 percent plus market share, methodical rollout of products and distribution cloud with hospitals, the company dominates its space,” Business Week concluded. The magazine noted that while two Varian competitors recently went public and Varian’s share price dipped somewhat, it’s rebounded nicely, “far outperforming its rivals.” BW also reports that investors are keen for the rollout of new software from Varian that reduces the time of a radiation treatment from 20 to five minutes.

Two other health care companies also made the list: UnitedHealth Group, currently the No. 2 ranked national health insurer, and IMS Health, the research company that gathers and analyzes data used by the pharmaceuticals.

Business Week based its rankings on two key financial indicators, average return on capital and growth. In addition comparisons were made to competitors.

Read more: dotmed.com/dm5980

Loper to Lead Government Affairs at AdvaMed

The Advanced Medical Technology Association (AdvaMed) has named Brett Loper senior executive vice president and director of its Government Affairs department.

Loper has extensive management and leadership experience including serving as Rep. Jim McCrery’s chief of staff and

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most recently as minority staff director for the House Committee on Ways and Means. He will be responsible for guiding the Association’s advocacy efforts at the federal and state level.

“Brett joins AdvaMed at an important time and builds on the strength of our bipartisan staff of policy experts,” said AdvaMed President and CEO Stephen J. Ubl. “With the successful passage of the Medical Device User Fee Modernization Act behind us, we will work to ensure health care reform that improves access and encourages the development of better treatments and cures, and Medicare reimbursement policies that keep pace with innovation.”

Loper heads AdvaMed’s bipartisan government affairs team, joining a group of senior leaders including David Naxon, the Association’s senior executive vice president and former senior health policy advisor to Sen. Edward Kennedy, as well as Julie Cohen, a former top health policy aide for Sen. Herb Kohl.

AdvaMed member companies produce the medical devices, diagnostic products and health information systems that are transforming health care through earlier disease detection, less invasive procedures and more effective treatments. Member companies produce nearly 90 percent of the health care technology purchased annually in the United States and more than 50 percent purchased annually around the world. For more information: http://www.advamed.org/

Read more: dotmed.com/dm5918

DOTmed.com Tops Half Million in Listings

DOTmed.com recently celebrated its 500,000th listing...and counting. That’s more than a half million postings of parts or equipment for sale or wanted, or for auction.

The website, established in 1999, is the global online marketplace for new and used medical equipment and serves as the electronic town hall for the industry. DOTmed’s 5-star rating system, DOTmed Certification program, and DOTmed 100 designation all provide mechanisms for building a business reputation. Honest/dishonest forums present the opportunity to praise good business people, and — more important — to alert everyone to problems. The DOTmed blacklist speaks for itself.

Other popular features include: technicians’ forums, PartsHunter, Rental Central, and, of course, timely online news and a monthly magazine, DOTmed Business News.

Medical equipment buyers, sellers, renters, and servicers come to DOTmed from around the world. The listing milestone is just one more statistic that proves the effectiveness of doing business on DOTmed.

Read more: dotmed.com/dm5911

Quinn Named Head of Siemens’ Diagnostics Division

Donal Quinn has been appointed head of the Diagnostics division of the Siemens Healthcare Sector.

In his new position, Quinn succeeds Jim Reid-Anderson, who on May 1 became the new CEO of this sector. Prior to his new job, Quinn served as executive vice president and chief customer officer of the Diagnostics division since November 2007.

Quinn has enjoyed a long career in the healthcare industry. After serving as controller for Abbott Laboratories, Ireland, in the late 1970s, Quinn worked 16 years for Mallinckrodt Medical, a medical device company based in Hennepin, Germany, becoming the president of its Hospital Business.

In 1998, Quinn joined the clinical laboratory diagnostics specialist Dade Behring as group president, Biology, and later became president, overseeing Europe, the Middle East, and Africa. In 2000, he was promoted to president, International, responsible for all commercial operations outside of the United States and Canada and in 2002, he became president, Global Customer Management. He was appointed to the role of chief operating officer of Dade Behring in 2007 with global responsibility for sales, service, marketing, and logistics. Dade Behring was acquired by Siemens in 2007.

Read more: dotmed.com/dm5931
Medical errors are making headlines again. Actor Dennis Quaid’s newborn twins were mistakenly administered adult doses of a blood thinner at an L.A. hospital last year. The labeling of the product has been partly to blame.

In other recent medical mix-ups, doctors in Providence, RI, operated on the wrong side of patients’ heads in three different cases last year. At a veterans’ hospital, surgeons implanted an unsterilized cranial plate in a patient, leading to complications. In yet another case, a dialysis patient was injected with cleaning fluid meant for the machine, instead of the pharmaceutical agent used in the dialysis process.

Although these particular incidents aren’t the focus, the government has new regulations aimed at preventing hospital errors. Beginning in October, Medicare will no longer pay the cost of several medical preventable errors or “never events” that occur in hospitals. These include transfusing patients with the wrong blood type, injuries from falls, bedsores, objects left inside a patient during surgery, urinary tract infections from catheters, and others.

The proposed rule would apply to services provided to patients who are discharged from acute care hospitals during the federal fiscal year 2009, which begins October 1, 2008.

“CMS is taking aggressive actions to ensure that beneficiaries get safe, high quality, and efficient care from their health care providers,” said CMS Acting Administrator Kerry Weems. “Medicare can and should take the lead in encouraging hospitals to improve the safety and quality of care and make better practices a routine part of the care they provide not just to people with Medicare, but to every patient they treat.”

CMS has been working with the National Quality Forum (NQF), a national organization working to promote patient safety and improve hospital care, on ways to reduce or eliminate “never events” identified by NQF. In addition, CMS is adding 43 new quality measures (to the current 30) for which hospitals will have to report data in order to receive the full annual payment update for their services.

The Cost of Mistakes and What’s Being Done

In its 1999 report, To Err is Human: Building a Safer Health System, the Institute of Medicine (IOM) concluded that medical errors, particularly hospital-acquired conditions (HACs), may be responsible for as many as 98,000 deaths annually, at costs of up to $29 billion. In 2000, the Centers for Disease Control and Prevention (CDC), estimated that hospital-acquired infections added
nearly $5 billion to hospital costs. What’s more, a 2007 survey by the Leapfrog Group of more than 1,200 hospitals found that 87 percent did not follow recommendations to prevent many of the most common hospital-acquired conditions.

Private insurers often link their coverage decisions to CMS and won’t pay the costs either. Some states are expanding the no-pay plan to Medicaid also. This means hospitals will pick up the tab for the errors. Since Medicare covers about 44 million elderly and disabled Americans, the rule changes may save the government, and cost hospitals, an estimated $50 million each year.

But the news about reimbursement cuts also brings to mind ongoing efforts by hospitals to implement quality improvement measures to prevent mistakes in the first place. In particular, widespread concerns over hospital-acquired, antibiotic-resistant infection have led to vastly improved procedures for infection control from hand-washing protocols to disinfection plans.

“If an organization doesn’t have an infrastructure and culture for taking accountability for these things, it could have a negative financial impact if they sit back and do nothing about [the Medicare cuts],” said Mike Reno, Vice President, St. Luke’s Episcopal Hospital, Houston, TX.

St. Luke’s has implemented quality improvement programs based on lean manufacturing methods used at Toyota. “It’s not about turning patients into cars. It is however, taking proven engineering tactics and applying them to the processes by which we deliver care,” Reno said. The Toyota production system uses a basic quality improvement model: plan, do, check, act. It is one of many programs (others include Six Sigma and Total Quality Management) for improving work processes. Such quality improvement methods require careful data collection, self-assessment, staff training, and inter-departmental coordination. The efforts focus on achieving a given outcome, or in this case, avoiding one.

For example, St. Luke’s has an electronic system for tracking surgical instruments using identification markers. “Surgeons and scrub nurses can quickly assess intra-operative inventory. Do we have everything out? Did we leave anything behind?.... If a patient does develop a post-surgical infection, we can go back and track which instruments were used. If we have an issue or bacterial positive we can track back to the instrument or sterilizer.”

While acknowledging upfront costs of putting quality processes in place to prevent errors, Reno noted, “We fully believe that at the end of the day, this will be a cost savings to our organization and to the industry as a whole because of the reduction in resources utilized during that patient stay.... At it’s most fundamental level, this is an effort to further advance quality in healthcare.”

“Never Events” Outlined by CMS

Beginning October 1, 2008, Medicare will no longer pay the hospital at a higher rate for these conditions, if they were acquired during the hospital stay:
• Object inadvertently left in after surgery
• Air embolism
• Blood incompatibility
• Catheter associated urinary tract infection
• Pressure ulcer (decubitus ulcer)
• Vascular catheter associated infection
• Surgical site infection-Mediastinitis (infection in the chest) after coronary artery bypass graft surgery
• Certain types of falls and trauma

CMS is also proposing to expand the list of conditions. As of this writing, they are considering adding some of these events:
• Surgical site infections following certain elective procedures
• Legionnaires’ disease (a type of pneumonia caused by a specific bacterium)
• Extreme blood sugar derangement
• Iatrogenic pneumothorax (collapse of the lung)
• Delirium
• Ventilator-associated pneumonia
• Deep vein thrombosis/Pulmonary Embolism (formation/movement of a blood clot)
• Staphylococcus aureus septicemia (bloodstream infection)
• Clostridium difficile associated disease (a bacterium that causes severe diarrhea and more serious intestinal conditions such as colitis)

CMS (Centers for Medicare and Medicaid Services) is also proposing to expand the hospital quality measure reporting program, which reduces the amount a hospital is paid if it does not participate in the voluntary reporting of standardized quality measures. Incentives are also under consideration for top-performing institutions.

Read more: dotmed.com/dm5990
It’s simple, really.
Whenever hospital or clinic administrators discuss cardiac imaging, two unassailable truths are readily apparent: PET cardiac perfusion imaging is the best diagnostic tool they can offer their patients— they also know they can’t afford it.
Until now, that is.
Beginning with a carefully selected pre-owned PET scanner, adding all required cardiac software, hardware, training, and working closely with Bracco, the supplier of Cardiogen™ Rb-82 generators, Diagnostix Plus, Inc. packages everything as a single comprehensive solution. Finally nuclear cardiology practices can afford to provide the superior diagnostic outcomes available from PET scanning while improving the bottom line.
“We deliver the only practical and affordable solution for PET cardiac perfusion imaging”, says company president Don Bogutski. “When we complete installation and training, our customer is ready to image patients and generate revenues.”
Even more important, says Bogutski, “The Diagnostix Plus approach to PET imaging combines the best of many components, hardware, software, and services which then helps hospitals and clinics to deliver answers to tough questions without breaking the bank. It’s what we’ve always done at Diagnostix Plus. We find ways for clinicians to implement today’s solutions at affordable prices.

While moving from SPECT cardiac perfusion to PET is not clinically difficult, the challenge lies in bringing together all the components of the process so that maximum efficiency is achieved. And that’s where Diagnostix Plus leaves all other competitors behind.
“We’re the experts in selecting the best pre-owned dedicated PET scanners and upgrading them for cardiac perfusion with gating.” Bogutski says, “and, we work with the best OEM trained engineers.” The New York based company adds the necessary components to the PET scanner so it’s ready to perform perfusion imaging in a clinic or hospital. In the process, Diagnostix Plus is breathing new life into the PET marketplace where use of PET for cardiac imaging has up until now been a limited application. Now there’s new life for PET scanners beyond oncology and neurology.

Your practice is unique and so are the solutions from Diagnostix Plus. The company works with each potential customer individually to determine if PET cardiac perfusion is right for their practice.

With a complete PET cardiac perfusion imaging system from Diagnostix Plus, adding in the cost of the Bracco Cardiogen™ Rb-82 Generator and all other associated expenses, financial projections for clinics and hospitals could resemble the following:

<table>
<thead>
<tr>
<th>Breakeven</th>
<th>Patient Scans/Day</th>
<th>6</th>
<th>8</th>
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<td>$3,148,000</td>
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<tr>
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<td>$856,000</td>
<td>$1,311,000</td>
<td>$1,865,000</td>
<td></td>
</tr>
</tbody>
</table>

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Did you know that fluorodeoxyglucose (FDG) could be called the molecule of the century — both this one and the last? At least it is to anyone who has anything to do with nuclear medicine, or anyone who is suffering from an oncological, cardiological or neurological disease.

FDG is by far the leading radiotracer (also known as radiopharmaceuticals, biomarkers, and probes), used in PET imaging or PET scans (PET stands for position emission tomography). Because FDG is glucose based, it images the metabolic activity of cells. One reason it is so effective in revealing malignancies is that cancer cells are more metabolically active than normal, adjacent cells, so the tumor shows up as a hot spot. FDG is also useful in evaluating various neurological disorders (such as Parkinson’s and Alzheimer’s) and cardiac disorders, among others.

“FDG concentrations correlate very well with key biochemical processes,” explained Dr. Henry Wagner, Jr., a recognized authority on nuclear medicine and molecular imaging. “What an FDG-PET scan reveals can then be linked to surgical decision making. What’s more, FGD is easy to synthesize, and it has a two-and-a-half hour half-life, which means you can distribute it from one location throughout an entire city.”

Wagner explains that because PET scans examine the biology of cells at the molecular level, the presence of cancer and...
other diseases can be discovered before any symptoms appear, or before any anatomical changes are visible.

PET/CT imaging combines the biological functioning of the patient (the PET part) with a CT image of the body’s structural detail. PET/CT technology improves the diagnostic accuracy and treatment management of patients by providing surgeons, radiation oncologists and other physicians with precise anatomical landmarks associated with a disease.

Robert Ranieri, Vice President of Sales at Biodex Medical Systems, Inc., Shirley, NY – a company with a division that makes equipment to store, transport and administer radiopharmaceuticals – noted that “an FDG-PET image can also detect subtle metabolic changes to determine if a disease is active or dormant. It can be used to determine if a tumor is benign or malignant and may be used to stage certain types of cancer.”

A PET scan can do more than image the final destination of a tracer. During the scan – which can last a half hour or more — radioactive signals from the tracer can be continuously tracked, revealing its concentration and movement through the body. The data can be used to reconstruct three-dimensional images showing where the compound goes in the body/brain, and how long it stays there (up to the effective useful half-life of the tracer.)

Comparably, SPECT (single-photon emission computed tomography) imaging acquires information on the concentration of radionuclides introduced to the patient’s body, providing information which is typically presented as cross-sectional slices through the patient, which can be freely reformatted or manipulated to produce 3D images, just as with PET scans, a SPECT scan is often used to analyze blood flow to any given organ to help determine how well it is functioning, and for a variety of cardiac diseases.

Although SPECT and PET scans are mostly used today to image tumors and the heart, there are more and more studies and scans being done on the brain, as of late.

“The big two right now are oncology and cardiology, which are both being well accepted,” Wagner says. “The brain is the next big one that will gain support, and that’s not too far in the future.”

By improving diagnosis, PET scans aid physicians in selecting better courses of treatment, as well as assessing whether treatment is effective or should be changed. Recent published clinical trials have shown that in a wide array of cancers, the use of PET has caused the treatment to be changed for 15% to 50% of patients, depending on the specific clinical question. In addition, PET and PET/CT provide both the patient and their physician with a degree of certainty that is often unavailable through other imaging methods.
Since a radiotracer can go just about anywhere inside the human body, the possibilities of what can be imaged is endless, as the biology and chemistry are almost limitless. The body runs on molecules, so in theory, there are an unlimited number of tracers that can be developed. “But you have to develop the chemical synthesis, you have to pick the right ones, you have to get the financial support to develop it, you have to get the approval,” as Dr. Wagner notes.

“We expect that PET will open new doors in understanding the pathologies and progression of various neurological disorders like Alzheimer’s, Parkinson’s, epilepsy, depression and schizophrenia,” says Bernd J. Pichler, head of the Laboratory for Preclinical Imaging and Imaging Technology in the Department of Radiology at the University of Tuebingen in Germany, in an e-mail.

**Why aren’t more radiotracers coming onto the market?**

“One big limiting factor right now is regulation by the FDA,” Dr. Wagner says.

“The problem is that their mindset is so linked to therapeutic drugs, that they cannot simplify things enough to make them appropriate for non-toxic drugs that are administered once to acquire information.”

Another big factor is, “the pharmaceutical industry is interested in blockbuster drugs, not diagnostic tracers, they don’t put the importance of radiopharmaceuticals where they should be,” Dr. Wagner asserts. For example, if you introduce a diagnostic PET tracer, it costs $500,000 just to do the toxicity testing, even though you’re giving 1/100th or 1/500th of the toxic dose.

“The core problem is it costs tens of millions to get one of these new PET agents approved for clinical use,” Wagner notes, “and there’s nowhere the profit in radiotracers that there is in, say, a cholesterol-reducing drug. Big Pharma is interested in billion dollar drugs, so they don’t put the money into diagnostic radiotracers. It really needs to be done by small companies.”

Unless something changes with Big Pharma, radiotracers are going to need legislative support with the financial funding behind it and heavy promotion by the industry before the FDA approves it.

It is somewhat ironic, as Dr. Wagner noted, that Big Pharma is using PET studies in development of new blockbuster drugs. By turning the drug into a radiotracer, PET scans let researchers see which formulations are absorbed the best and work the best.

**The DRA-effect**

In predicting what will happen next in the area of nuclear medicine, Alexander J. (Sandy) McEwan, President of the SNM, observed, “the DRA, which clearly has impacted all modes of imaging, is significantly affecting the way in which new technology is going to be introduced. For example, FDG-PET scanning at the moment is broadly accepted, but CMS [Medicare/Medicaid] is currently re-evaluating the next generation of tests.”

The current probes look at glucose metabolism, but the plan is to develop probes to examine other parameters of disease activity — such as proliferation, hypoxia, and receptor status. “Over the course of the next few years you will see clinical trials started that will look at what we think is the next generation of probes,” McEwan observed, “and then hopefully over the next 5-10 years you’ll see those new probes introduced.”

The challenge, as McEwan put it, is to find a way for the healthcare community, industry, academia, and the clinical community to work together to get CMS to look favorably on those probes, so they actually get put into use.
Growth in the industry

One of the biggest things to happen in the field of molecular imaging in the past few years is the acquisition of CTI Molecular Imaging by Siemens in 2005.

“When we acquired CTI molecular imaging we spent $1 billion for it,” says Markus Lusser, Vice President of Sales & Marketing for the Siemens Medical Solutions Nuclear Medicine Group. “We expanded our product portfolio not only in the traditional equipment side, but we invested into biomarker research. We aggressively invested into preclinical imaging as well as the largest distribution network for biomarkers, a clear sign of our commitment in the molecular imaging arena and especially biomarker development. There are early signs that in the future there will be many biomarkers for certain indications and clinical questions not only in the diagnostic field but also in the therapeutic field.”

A year earlier, GE purchased Amersham, a London-based radiopharmaceutical R&D company that was combined with GE Medical Systems to create a new division called GE Healthcare Technologies.

That acquisition “accelerated the development of molecular imaging and personalized medicine where it will be possible to predict and treat disease with therapies tailored to the individual,” Jeffrey Immelt, GE’s chairman and CEO, said in a release at the time of the purchase.

Siemens currently has more than 45 radiopharmaceutical distribution centers across the country and are able to ship to roughly 99% of all hospitals in the U.S.

“We are one of the only companies with nationwide distribution of [PET] radiopharmaceuticals and this brings us extremely close to the customer and shows Siemens’ commitment to the business because we currently offer clinical imaging equipment, research equipment, biomarkers and even a nationwide distribution network,” says Lusser.

Tara Schumacher, a spokesperson for Cardinal Health – which is a global manufacturer and distributor of medical and surgical supplies and technologies – says Cardinal is the lead-
A medical supply crisis that then precipitated a major political crisis for Canada’s sitting government has taken another victim: work on backup reactors that would have helped manufacture the world’s supply of medical isotopes.

Atomic Energy of Canada Limited (AECL) discontinued development work on the MAPLE reactors at its Chalk River Laboratories, as of May 16, 2008. The facilities were to be devoted to production of isotopes used in medicine, representing an alternative to the aging (50 years old) reactors currently in operation.

“We are making the right business decision given the circumstances,” AECL’s President and Chief Executive Officer Hugh MacDiarmid said. “This was a difficult choice given the tremendous efforts expended by our people on development of the MAPLE reactors. Nevertheless, our Board of Directors and senior management have concluded that it is no longer feasible to complete the commissioning and start-up of the reactors.”

The fate of Chalk River has become something of a cause celebre in Canada. One minister was forced out of office over it, the government was left with egg on its face for purportedly mismanaging the entire episode and legitimate questions have been raised about safety at Chalk River.

Not surprisingly, AECL says the decision will not impact the current supply of medical isotopes since commercial agreements between MDS Nordion (the leading distributor of medical isotopes and radiopharmaceuticals) and AECL provide for isotope production to continue through AECL’s National Research Universal reactor (NRU) and associated facilities in Chalk River.

Read the complete story in DOTmed Online News: dotmed.com/dm6026

A Medical Isotope Crisis Percolating?

Main Canadian supplier decides to shut down the MAPLE reactors and rely on aging equipment.

A medical supply crisis that then precipitated a major political crisis for Canada’s sitting government has taken another victim: work on backup reactors that would have helped manufacture the world’s supply of medical isotopes.

Dr. Wagner feels the benefits of nuclear medicine are so important that, “the major message I would give is that every hospital above a really small size, those with 100 beds or more, should have a radiopharmacy and the ability to make these tracers locally.” Wagner added, however, “the timeframe for this happening is going to be long, in the range of 20-30 years; everything to do with radiopharmaceuticals takes longer than you think.”

The cost for these small, local radiopharmacies could be as low as $250,000 in upfront money for the equipment. Then you would need to pay for individual tracers and hire staff who are well versed in nuclear medicine.

Today PET is predominantly utilized as a diagnostic tool with one biomarker – FDG – but in the future, because the ability to create a variety of biomarkers for very specific indications of specific diseases exists, the potential is limitless.

Read more: dotmed.com/dm6008
There is good news and bad news about nuclear medicine. First the bad news: The Deficit Reduction Act, which reduced medical imaging reimbursements during the past 18 months, has taken a toll. But the good news is that the clinical value of nuclear medicine and the promise of high-tech molecular imaging outweigh what most observers feel is a temporary lull in an otherwise exciting and growing field.

Nuclear medicine has many dimensions. It is a medical specialty, a laboratory science and an applied science fusing physics and chemistry. Molecular imaging is just one end of the spectrum of nuclear medicine, which encompasses research as well as clinical applications.

“When we do a nuclear medicine scan, you design a probe [radiopharmaceutical agent] that will target a disease process, a physiological process, or a particular molecular target,” explains Alexander (Sandy) J. McEwan, MD, President of the Society of Nuclear Medicine (SNM). “On the back of that you put a small amount of radioactivity. Then you do the scan and measure what happens to the radioactivity when it gets into the body.

“If you can think of a diagnostic scan as a very small amount of radiation uniquely targeted to the disease process, or to the cancer to take a picture, then conceptually you can use the same strategy to deliver a very large amount of radiation to the cancer. So it's all part of the same spectrum,” McEwan explains.

Dr. McEwan notes that the growth areas include oncology, neurology and cardiology, with potential expansion beyond those critical specialties.

As with most medical technologies, to get the full picture of nuclear medicine you must look at technological, regulatory, and clinical angles.

**Technology angle**

SPECT gamma cameras used in nuclear medicine represent the largest portion of the market for new and used equip-
ment in this field, with 10,000 to 12,000 units in operation, followed distantly by new PET/CT and SPECT/CT systems. Stand alone PET is rarely sold now and the OEMs no longer produce new systems, although an installed base remains in service.

PET/CT is predominantly used in oncology – with cardiology and urology as two other growing applications. SPECT and SPECT/CT have high utilization in cardiology, with oncology and general imaging as additional diagnostic areas.

In terms of market trends, nuclear medicine technology has experienced a recent downturn by all accounts.

“Last year we experienced roughly a 28 percent decline in the overall [PET/CT] market. We also expect a further decline this year,” observes Markus Lusser, Vice President, Global Sales & Marketing, Molecular Imaging Division, Siemens Medical Solutions. “This is definitely a result of the Deficit Reduction Act and [reduced] reimbursement of PET/CT. But the [initial impact of] reimbursement is cleared now and we expect by the second half of this year a positive trend upwards.”
When you look at PET/CT, we see the [U.S.] market roughly in the $300 million range,” estimates Henry Hummel, Global PET/CT General Manager, GE Healthcare. “What we felt in 2007 and 2008 was the post-DRA effect. The entire market felt a pause for a period of time, where before DRA it was very healthy growth…. The good news is that procedures continue to grow, which is great because we really believe that PET/CT has a lot of benefit to patients in terms of giving them a better understanding of what treatments they might need.”

The SPECT market is also essentially flat in unit sales but more promising in terms of capital investment dollars being earmarked for the technology, industry experts report.

“We see a strong trend toward higher-end diagnostic equipment for applications specifically designed for SPECT/CT. To date, about one-third of new gamma cameras purchased are SPECT/CTs but it may be only a matter of time before this market gains wider acceptance.

“I see an explosion of the SPECT/CT market in the next three to five years if not sooner, driven largely by radiopharmaceutical companies doing research and development on new biomarkers and radiopharmaceutical tracers to target new approaches to disease detection in the SPECT/CT modality,” predicts Rex Lindsey, Director of Marketing and Sales, BC Technical, Inc., West Jordan, UT.

GE, which has more than 1,000 SPECT/CT installations worldwide, is focusing on scan speed and reduced radiation exposure as an important benefit of their SPECT/CT technology, as well as integrating prior studies with new CT studies. (Watch for the debut of their Volumetric Suite for the Infinia Hawkeye 4 Platinum at the SNM show.) On the PET/CT side, GE’s platform is pioneering motion-free imaging to correct for patient breathing and heartbeat when tracking lesions and planning treatment.

Prices for new, dedicated SPECT gamma cameras start as low as $200,000. On the other end of the scale, a 16-slice SPECT/CT runs in the $1 million-plus range. An entry-level PET/CT can cost anywhere from about $1.2 million up to a top-of-the-line 64-slice CT hybrid at $3 million-plus. Note that the hybrid PET scanners typically incorporate CTs from an entry-level 6 slices to high-end 64 slices. Since some facilities may use the full PET/CT functionality for only a handful of patients each day, the systems are also used as CT scanners, so CT performance is important. Refurbished gamma cameras (SPECT) are about half the cost of new.

Regulatory trends and business impact

Nationwide, many medical imaging centers have closed, but the fault may not lie entirely with Uncle Sam and the DRA.

“The Deficit Reduction Act has … started a culling process for those [imaging] centers who had overspent on technology, were over-financed, and both the lender and buyer expected the market to expand endlessly — sort of like the housing market,” notes Wayne Webster, Owner, Proacts Consulting, Melrose, MA. “People were buying equipment they couldn't afford, financed by companies that knew they couldn't afford it….As soon as that market slowed they slid over the edge.”

With the sales of new systems flat, the aftermarket is also affected. “The DRA has slowed things down considerably. I
don't see as many systems coming out as I used to … sales are slow. Nobody is buying anything new right now. They're not getting rid of even older systems,” says Gary Midgen, Nuclear Medicine Product Specialist, Bay Shore Medical, Ronkonkoma, NY. “A couple of years ago when we had a [stand alone] PET scanner, we had a piece of gold because nobody had them. Today nobody even wants them. We have to pay people to deinstall them. Now everybody wants PET/CT and those are not that abundant [in the aftermarket] because they're pretty new.”

While new equipment sales are focused on the hybrid PET/CT technology, the installed base of stand-alone PET systems are often serviced by independent service providers.

“We are trying to offer a cost-effective alternative to Siemens PET and PET/CT parts, service and pre-owned equipment,” says Joseph Sciarra, Vice President, Marquis Medical, Howell, NJ. “Even though all new sales are PET/CT, there are still a lot of customers nationwide that have the old stand-alone PET technology and that is where we excel with our parts inventory for
Siemens. We have a number of systems and parts and we are still able to support a lot of the machines that Siemens doesn’t. So even as PET goes away, you are still going to have people that keep PET for research and clinical [work].”

The industry is keen to understand when markets might recover. “The DRA has had a two-fold effect: One, it decreased the amount of money that freestanding imaging centers are spending on new equipment because the reimbursements aren’t there to recoup their investments in the time frame they are used to,” Lindsey says. “And two, as a consequence, because they are not purchasing new equipment, its appears that many groups are trying to extend the life of the current equipment that they have — trying to ’milk it’ as much as they can before they are forced to upgrade or replace their existing equipment.”

William Biddle, COO of BC Technical adds, “It used to be that facilities [had] the latest and greatest systems, but with DRA, not a lot of facilities do, so they market the capabilities they do have and meet with physicians’ offices and outlying facilities to bring in business. The obvious priority is taking care of the patient, and uptime with the camera is paramount.”

Mobile PET/CT is a popular configuration

Another way that healthcare providers are watching the bottom line is by using mobile units, often sharing this resource among multiple locations to bring PET/CT technology to patients.

“If you look at our Discovery platform, it is fully mobile compliant...so whether it’s a fixed unit or goes into a mobile [trailer], it’s the same system,” says Patrick O'Day, GE Healthcare's Global Product Manager for PET/CT. “We’ve designed the system to be robust to handle that type of environment. The advantages for our mobile providers is that it gives the ability to provide service to places that may not have the procedure volume to justify a full purchase, but those patients have access to the care that they need.”

The clinical angle and future prospects

In addition to the market for imaging equipment used in nuclear medicine, highly specialized technologies are required in the radiopharmacies that produce the isotopes, and in the “hot labs” in hospitals and imaging centers that handle the radioactive tracers. (See related story.)

“The market for straight nuclear medicine hot labs products is down because the PET market is down due to the DRA,” confirms Gary Reich, President, Reich Consulting Services, Inc., Plantation, FL. The company builds hot labs that include shielding, casework, and calibration equipment for the safe handling of isotopes. He remains very positive about the future, however. “I am very optimistic because these diagnostic tests are very good. There are always going to be payment problems and challenges. But the fact is this technology is excellent. It helps take care of patients. And I see continued growth. There are always setbacks but long term it’s a great industry.”

Smaller OEMs also support the nuclear medicine lab markets. An example is Biodex Medical Systems Inc., Shirley, NY, makers of supplies and accessories, such as dose calibrators, thyroid uptake systems, and syringe shieldings. “Our products are driven by new developments, by what the big guys do,” says Robert Ranieri, Vice President of Sales. “When PET came on the scene, we developed a whole new line of products to be used with PET isotopes. What really drives the PET business is the scanner sales. You don’t need a hot lab unless

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The clinical angle and future prospects

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you are buying a scanner. We have seen that marketplace kind of flat recently.”

The promise of future applications and the potential of a “magic bullet” for cancer coming out of nuclear medicine is on the distant horizon and not a factor yet. “It takes a while. There are a lot of promising things out there but in order for it to affect us, it has to become a reality,” Ranieri says of the therapeutic outlook.

Approvals of radiopharmaceuticals by government payors (Medicare) drive the market. Currently, the SNM is working with the FDA and National Cancer Institute on the next generation of radiopharmaceuticals. The human genome and super computing helps in the effort to target receptor sites to unleash the therapeutic potential of nuclear medicine in cancer treatment.

“The change in the future is that from a clinical perspective PET/CT is essential in diagnostic management of cancer. We expect that since clinical oncolgists and other clinicians are seeing the results and changes in patient management, the increased utilization is just a matter of time. As the procedures grow, they will lead a recovery in the market,” forecasts Siemens’ Markus Lusser. The company’s PET/MR development is also something to watch for in the future.

“PET/CT has become the standard of care. As we move beyond using the scan as a simple diagnostic tool and we’re looking at a predictive assay, it may be that PET/MR is going to become more important,” Dr. McEwan says. Read more: dotmed.com/dm6010

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Equipment Wanted, page 54
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Scott Jacobs, NovaStar Medical

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Jay Hachem, Medical Group Resources, Inc.

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377635 - Siemens Open Viva MRI Scanner
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**385835 - AMERICAN OPTISURGICAL Horizon Phacoemulsifier The Horizon Phacoemulsification System is a complete anterior segment surgical system. Judy Pottinger, Foresight International, S.A.**

**RAD ROOM**

**455982 - BENNET 12000P Rad Room**

**$25,000**

**Bennett Rad Rm w/4-way float top elevating table w/bucky, chest stand, over-head tube crane. Gregg Jones, Accurad Medical Imaging**

**459596 - SIEMENS Radray S System (System Manuf. by STARMEDPRO) Rad Room RADRAY S (STARMEDPRO) system**

**$8,500**

**is a state-of-the-art radiography system. Alexander Prox, Medtec GmbH Germany**

**SPECT CAMERA**

**400935 - GE Mobile Coach SPECT Camera**

**$25,000**

**1992 Calumet Coach with GE Starcam 400 AT/w/3200 computer. William King, KING Equipment Services**

**SHARED SERVICE ULTRASOUND**

**440055 - ALOKA SSD-3500RT 3D/4D**

**Shared Service Ultrasound $34,900 3D/4D(realtime)(capable of cardiac, vascular,abdomen) 3D/4D Transducer 2D conv. Derrell McCrary, Choice Medical Systems Inc, 727-347-8833**

**SLITLAMP**

**360311 - ZEISS G300Z Slitlamp**

**Specification Microscope: Type: Galilean magnification, 13 degree binocular tube**

**Zhang Annie, AuMed Group Corporation**

**STRESS TEST**

**499006 - MARQUETTE Case 8000 Stress Test GE/ Marquette CASE 8000 Exercise Testing System,Includes T2000 treadmill. Phil Lonbeck, DB Medical Electronics**

**ULTRASOUND TRANSDUCER:**

**456693 - ACUSON 4V1 Ultrasound Transducer**

**4V1 vectortransducer for**

**UROLOGY INSTRUMENTS**

**511093 - ACMI M3-30 foroblique 30 Urological Instruments $1,900 M3-30 ACMI USA/Elite foroblique 30 degree telescope, recently rebuilt. Ronald Shedivy, Great Lakes Surgical**

**UROLOGY ULTRASOUND**

**459898 - LIEBEL-FLARSHEIM HYDRA VISSION PLUS DR Urology Ultrasound**

**$134,850 PREOWNED LIEBEL-FLARSHEIM HYDRA VISION PLUS DR UROLOGICAL IMAGING SYSTEM MDL# . BRIAN WARD, OZARK PRODUCTS, 405-627-8853**

**VENTILATOR**

**511982 - SECHRIST IV 100B Ventilator**

**$1,200**

**The Ventilator has been Pm’d. Wayne Mason, ABS., Inc.**

**512325 - SECHRIST IV-100B Ventilator**

**$500**

**Used infant ventilator. Scott Minich, KMA Remarketing Corp.**

**VIDEO ENDOCOPY**

**477727 - STRYKER SDC Pro 2 Video Endoscopy**

**Recently taken out of hospital service. Sam Scrofani, Supplemedical**

**WATER BATH**

**512353 - FISHER SCIENTIFIC Isotemp**

**3006 Water Bath $1,495**

**Water Bath. Ron de Ru, NorthWest Supply**

**EMG UNIT**

**413823 - CADWELL Neuromax, Sierra Wedge & wave EMG Unit**

**Please contact us if you’d like a prompt sale of your Teca Notebook, Excel Tech Neuromax, Cadwell Sierra LT, Wedge Wave at fair market prices. Richard Weiss, Admar**

**MRI SCANNER**

**511156 - HITACHI Alltair 0.7T MRI Scanner**

**I need this system and want to buy ASAP. If one is available, please let me know. Jawad Shah, Nazar Traders**

**C-ARM**

**511694 - FLUOROSCAN C-Arm Part #210510 Tested and working x-ray tube assy. s required. Mudi Ramesh, Anamika Medical**

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#456533 – Oncology Technician - Oregon, USA - Our Client is seeking an experienced Dosimetrist for highly desirable North West location.

Need an Anesthesiologist? We provide LOCUM & PERMANENT Anesthesiologists & CRNA's to medical facilities nationwide. SUPERIOR MEDICAL SERVICES, Ltd., 800-978-7633, www.smansanesthesia.com

#452397 – MRI Salesperson - Sales rep to cold call Hospitals, Imaging Centers and Diagnostic centers to help us place MRI Mobile systems.


#460780 – Radiology Technician - Omaha, NE - $500 Sign On Bonus - Progressive, fast growing imaging company looking for self starting, motivated individuals.

#459575 – Laser Service Engineer - Florida, USA - Experienced Medical Laser Field Service Engineer - 90% travel regional and nationwide.

#499244 – Neonatal Position - Tennessee, USA - $80,000+ - NNP needed for 60 bed LII NICU - no surgeries! Please apply online at www.ensearch.com.

#108711 – Non-medical Technician - New York, USA - $ DOE - Looking for experienced Rigid endoscope and Power equipment Technician.

#123022 – Ultrasound Salesperson - CA, USA - Commission - Motivated, positive, energetic sales people to market our ultrasound product line.

#457504 – Sales Position - Michigan, USA - In-house Interim Mobile Imaging Rental salesperson position available. Send resume & Cover letter to jrogers@medimagingsales.com

#350130 – Sales Salesperson - Virginia or Open, USA - Commission+Benefits - Pre-Owned Equip Sales Rep for trade-in injectors to dealers/brokers and end-users.

#152678 – Nuclear Technician - Georgia, USA - Position open in North Georgia / Tennessee.

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Index of Advertisers

ACE Medical Equipment, Inc. Page 13
Amber Diagnostics Page 21
Absolute Imaging Solutions Page 43
American Allied Nuclear, Inc. Page 42
ANDA Medical Inc. Page 7
Bay Shore Medical, LLC Page 40
Calscan Medical Page 25
Choice Medical Systems Inc. Page 14
Complete Medical Services Page 33
DMS Health Group Page 49
Imaging Services, Inc. Page 27
Innovative X-ray Services LLC Page 22
Integrity Medical Systems, Inc. Page 26
MagnaServ, Inc. Page 9
Magnetic Resonance Technologies Inc. Page 34
Marquis Medical Page 45
Med1Online Inside Bk Crv

Mediquip Parts Plus, Inc. Page 10
MEDRAD MVS Inside Frt Cvr
Metropolis International Page 24
Nationwide Imaging Services, Inc. Page 3
Owen Kane Holdings, Inc. Page 50
Oxford Instruments Page 15
ReMedPar Page 5
REMETRONIX Page 46
Sage Point Transport, LLC Page 47
Southeast Nuclear Electronics Page 48
Sunrise Medical Technology, Inc. Page 18
Tenacore Holdings, Inc. Page 11
Unfors Instruments, Inc. Page 12
Varian Medical Systems Back Cvr
Viable Med Services, Inc. Page 35
Virtual Imaging, Inc. Page 23
Recent equipment and parts auctions on DOTmed with actual for-sale prices.

**CT**

MARCONI CT Scanner MX8000 A 2001 Marconi MX8000 CT Scanner 4 slice with a LOW slice count on the gantry: The tube was replaced in November of 2007, and has a slice count of only 19,071! The tube is a Dunit DUS308 gantry slice count is only 71,629! Auction 4776 - sold for hospital in Mississippi, $54,500.00

**GE CT Scanner Max** This unit is installed and in working condition at a veterinarian’s office. Auction 4916, $5,000.00

**PHILIPS CT Scanner Brilliance 10-Slice** This unit has a single console Brilliance workstation. The DOM of the tube is 12/29/05, and the size is 6.5 MHU. This unit was used on approximately 5 patients per day. The gantry is water cooled, and the chiller is on the roof. This unit has DICOM Interface. S-Ware: 3D, Angio, MPR. The generator power is 60kw. Auction 4922, $140,000.00

**VARIAN X-Ray Tube GS-5079** Varian GS-5079 x-ray tube. Used for a Elsct CT-TWIN/HELICAT/FLASH/RTF. Year January 2006 Housing Model B-502 Tube Type GS-5079 Serial 48638-5Y Housing Serial or Housing Serial H-46838 Statir 745933 Manufacturer: Varian. Auction 4248 - sold for imaging center in Florida, $10,000.00

**VARIAN X-Ray Tube 2006 RAD-50** 2006 RAD-50 Varian Tube: this tube was used in a Rad Room that is no longer in use. The tube is in working condition. Auction 4662 – sold for hospital in Oregon, $800.00

**MRI**


**GE MRI Coil Siga Breast Coil** Signa 1.5T Breast Coil: this coil was never used. Part #2246360. Auction 4912 – sold for imaging center, $5,000.00

**GE MRI Scanner LX Accessories** components for GE 1.0T LX Mobile MRI: A Genesis computer, 8607 gradient, and RF amplifier are included with this auction. Recently removed from mobile unit. Components were in working condition prior to removal. Auction 4775, $2,700.00

**POWERWARE UPS 9315** You are bidding on a Powerware 9315 Uninterruptible Power Supply. This unit was used on a Siemens Harmony MRI scanner. Manuals included are: 1) Powerware 9315 Series 685 and 1085 Auxiliary Battery Cabinets Installation manual. 2) Powerware 9315 Uninterruptible Power Supply 100kVA - 160 kVA Installation manual 3) Powerware 9315 30 kVA-180kVA Uninterruptible Power Supply Operation manual. Auction 4910, $3,000.00

**C-ARM**

SIEMENS C-Arm Siremobil 2000 A Siemens Siremobil 2000 Portable C-arm manufactured 1996. 9 inch Image Intensifier Model Number 1123459 Serial Number 1123459 Dual Monitors Model Number 11026-28X-2080 Serial Number 04990. Auction 4925 – sold for hospital, $8,000.00

**OEC C-Arm 9000 Parts Kit** This auction includes the following parts:

<table>
<thead>
<tr>
<th>Manuf.</th>
<th>Model</th>
<th>Part Num.</th>
<th>Description</th>
<th>Quantity</th>
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<tr>
<td>OEC</td>
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<td>43-399888-00</td>
<td>10 AMP POWER FILTER</td>
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<tr>
<td>OEC</td>
<td>9000</td>
<td>860-898-01</td>
<td>PC BOARD</td>
<td>1</td>
</tr>
</tbody>
</table>

Auction 4391 – sold for parts supplier, $625.00

**LABORATORY**

CAPINTEC HOT Lab Various Items You are bidding on a Hot Lab: Comes with the following items: 1 Capintec Dose Calibrator 1 Capintec CAPRAC Wipe Test Empty Counter (picture attached) 20 (approx.) lead bricks 1 L-shield 3 or 4 syringe shields The hot lab room is stocked with shielding, printer, lead apron, etc. as well. Auction 5103, $4,000.00

**MOTORS**

INVIIO Oxygen Monitor Lot: Prism Telemetry You are bidding on a complete combination hardware and telemetry patient monitoring system. Approximately 2 years old, excellent condition. Invivo Prism bedside Monitor Model # 20413 3 Units Invivo Telemetry Transmitters Model # 20701 7 Units Central Station with flat panel display: CPU Model # 2030161H 1 Unit RF receiver assembly for telemetry transmitters Model # 20500-HB 1 Unit The above price include the entire lot. Auction 4424, $4,000.00

**PUMPS**

ALARIS Pump IV Infusion 7230 TEN (10) Alaris 7230 Dual Infusion Pumps. Auction 4850, $6,000.00

**NEUROLOGY**

XLTEK EMG Unit Neuromax 1002 This is a 2001 XLTEK NeuroMax 1002 which is a two-channel neurodiagnostic for basic and advanced NCS, EMG and EP. It incorporates a 12.1” XGA (1024 x 768) screen and is engineered for NCS and EMG capabilities as well as Multi-Channel Studies. The NeuroMax allows you to gather neurophysiological data, print out reports and take care of your patients with informed advice. The unit is mobile and comes complete with its case. Auction 4836, $6,000.00

**UROLOGY**

ACMI Urological Instruments AUR-9 You are bidding on an ACMI AUR-9 Urological Instrument. We purchased the instrument new from ACMI for $7,500. The instrument was used as a demo. It is in “like new” condition, however, it is an older instrument with one-way 160 degree tip deflection. Shaft diameter is 9.8 French with a Distal tip diameter of 7.8 French. Has a 3.6 French biopsy channel. Auction 4701, $1,500.00
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