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DRA – Part II?
The Government Accountability Office (GAO), which was asked to look into CMS expenditures for diagnostic imaging, issued a report recently found that, “from 2000 through 2006, Medicare spending for imaging services paid for under the physician fee schedule more than doubled — increasing to about $14 billion. Spending on advanced imaging, such as CT scans, MRIs, and nuclear medicine, rose substantially faster than other imaging services such as ultrasound, X-ray, and other standard imaging.”

The report suggested that the way to control these costs is to require prior authorization by radiology benefits managers for most imaging procedures. It seems to us that there are several things wrong with this picture.

First off, how about studying the expenditures from 2007 to the present? Since the DRA cuts have been in effect for over 18 months, shouldn’t the GAO see what impact those cuts have had? We know they’ve reduced CMS payments, because we’ve talked to a great number of people who’ve been directly affected. The results of the GAO report may have been moot before they were made.

But more important, whom among us wants a recommended diagnostic imaging decision reviewed for its “cost/benefit” quotient by, forgive us, a “bean counter?”

The ACR quickly issued a statement that this idea is bad medicine themselves. Their recommendation, which they have been advocating for some time, is mandatory accreditation for all providers of advanced imaging services. We agree.

When insurance companies, whether private or federal, play doctor, it’s the public’s health that’s going to pay.

Robert Garment
Executive Editor
DOTmed Business News
There are those whose talent, commitment, and passion make them giants in their field.

In pre-owned imaging equipment, that name is Nationwide.
New Legislation Introduced to Override Landmark Supreme Court Decision on Medical Devices

This story, which first ran in DOTmed’s July 11th Online News, concerned new legislation that would make moot a Supreme Court ruling limiting a patient’s right to sue manufacturers of alleged defective medical equipment. We have run the story in this issue on page 12.

To the Editor:
This new legislation will correct one of the worst decisions mandated by our high court, whose responsibility is to protect citizens of this country from harm...or bring some form of restitution to them when their lives have been lost, threatened, or severely altered.

My daughter went in for an outpatient procedure to have some blood vessels cauterized, and a machine malfunctioned, and subsequently burned a hole through her uterus and small intestine. She suffered extreme pain for quite a number of days, peritonitis which came close to taking her life, 3 weeks of in-hospital care...during which time the hospital acknowledged the malfunction of the machine, and paid all hospital expenses. I guess that took away any doubt of what happened.

But there were many monetary charges that were not covered, and she missed 3 weeks of work, had her life turned upside down, put the fear of potential death into her, and all her future plans were put on hold. Speaking of being in distress and having nowhere to turn to seek justice due to the courts ruling.

That now all may change for many people.

Congrats to those with the courage to work for the citizens of this country, not follow the money, and protect the corporate world from accepting their responsibilities.

This may well ensure that big business needs to learn to protect the very citizens in need, due to whose circumstances they make their huge profits.

Many corporations make machines to help save lives, and these machines bring in mega money to them.

Therefore they must also bear the responsibility to ensure these machines work properly or are not used...and when these life threatening errors occur, they must bear the financial responsibility to assist those that were harmed by their products.

John Myers
Fellsmere, FL

To the Editor:
Thank you for your story. I have renewed hope in our legislative process.

I am a victim of this precise issue. I was severely injured by a medical device (Nov. last year) and, because of the Supreme Court’s Medtronic’s decision, I have no legal recourse.

I almost lost my life because of a medical device malfunction. I was in the hospital for three weeks, recovering from an emergency hysterectomy and bowel resection, after an endometrial ablation device burned two holes in my uterus and small intestine, during an outpatient procedure. Because there was no protocol for an imaging procedure following the ablation, my doctors had no way of knowing that damage was caused during the procedure. Nothing has been done to make any modification to the device or to the protocol for use. I would like to pursue an action to ensure this doesn’t happen to another woman (the endometrial ablation is increasing in popularity among my generation, the “30-40-somethings.”)

I am glad that this bill has the support of celebrities like Dennis Quaid. Unfortunately for the “unknown” victims, it definitely takes that “celebrity” machine to put important issues like this on the “legislative” radar. Regardless, I am pleased to know someone is doing something!

Sincerely,
Kristen S. Knight, JD

Senate Agrees to Restore Doctors’ Pay

To the Editor:
As a 68 year old woman, all I have to say is “THANK GOD FOR SENATOR KENNEDY AND HIS VOTE!” He is in my thoughts and prayers every night.

Barbara Prock
Garland, TX

To the Editor:
Everyone is faced, from time to time, with having to adjust their spending habits. Doctors should be no different. I have been in various segments of the healthcare industry for 30 years and dealt with hundreds of physicians.

Medicare has become an entitlement program for physicians. They feel they are entitled to be millionaires because of the largess of this program for the past 4 decades. Perhaps some of them could lease a less expensive car than a Lexus or Mercedes for a few years. Perhaps some of them could rent out their 2nd (and in some cases 3rd) vacation home for some extra income.

I’m always amused to read the AMA pronouncements claiming the disasters which will befall the patients. There is never a mention of their own pocketbook.

David Haddock
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TRUMPF Introduces World’s First in-Light HD O/R Camera

TRUMPF Medical Systems, Inc. has introduced the world’s first in-light high definition (HD) operating room camera. The TruVidia HD captures and transmits razor sharp, true-to-life images with 1080 lines horizontal resolution and 2 million pixels. The images are more than twice as clear as those available from standard definition (SD) cameras.

Images, captured in wide-screen format, can be transmitted for telemedicine applications and displayed on-screen for education. Remote consultations can be conducted with a greater degree of confidence as the HD images essentially place the remote physicians in the O/R.

“Integrated surgical suites now utilize HD endoscopes and HD routing systems: the in-light camera should be in the same format,” says TRUMPF President and CEO, Andy Reding. “This brings consistency to the images and maximizes the quality for storage, reproduction and broadcast.”

The TruVidia HD is integrated into the central handle of the TRUMPF iLED surgical light. The camera is also available on a separate arm.

Online: dotmed.com/dm6460

Concerns About European Medical Device Directives

The Advanced Medical Technology Association (AdvaMed) has joined seven leading European industry organizations in expressing concern with the recently proposed European Commission recast of the Medical Device Directives (MDDs).

AdvaMed joined COCIR, EUCOMED, EDMA, EHIMA, EUROMCONTACT, EUROM VI and FIDE, which represent 95 percent of the European medical technology community in this effort.

“There is no need for an overhaul of the MDDs now,” said Stephen J. Ubl, President and CEO of AdvaMed. “The current European model for approving medical devices is among the world’s best and provides patients timely access to safe and innovative medical technology,” he said.

The European medical technology community and AdvaMed agree that there is no need to create a centralized European agency for Medical Devices that would take on an oversight role for the medical technology sector. Instead, they believe the oversight concerns raised by the European Commission can be addressed through improved implementation of existing measures such as the use of the European Database on Medical Devices which has been under development for several years.

Online: dotmed.com/dm6454

Automated MRI Technique Assists in Earlier Alzheimer’s Diagnosis

OAK BROOK, Ill. - An automated system for measuring brain tissue with MRI can help physicians more accurately diagnose Alzheimer’s disease at an earlier stage, according to a new study published in the July issue of the journal Radiology.

In Alzheimer’s disease, nerve cell death and tissue loss cause all areas of the brain, especially the hippocampus region, to shrink. The standard practice for measuring brain tissue volume with MRI, called segmentation, is a complicated, lengthy process.

“Visually evaluating the atrophy of the hippocampus is not only difficult and prone to subjectivity, it is time-consuming,” explained the study’s lead author, Olivier Colliot, Ph.D, from the Cognitive Neuroscience and Brain Imaging Laboratory in Paris, France. “As a result, it hasn’t become part of clinical routine.”

In the study, the researchers used an automated segmentation process with computer software developed in their laboratory by Marie Chupin, Ph.D., to measure the volume of the hippocampus in 25 patients with Alzheimer’s disease, 24 patients with mild cognitive impairment and 25 healthy older adults. The MRI volume measurements were then compared with those reported in studies of similar patient groups using the visual, or manual, segmentation method.

“The performance of automated segmentation is not only similar to that of the manual method, it is much faster,” Dr. Colliot said. “It can be performed within a few minutes versus an hour.”

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Congress Overrides Veto of Medicare Bill

The House and Senate overwhelmingly rejected the President’s veto of the Medicare Improvements for Patients and Providers Act. The bill was initially passed with the dramatic help of Senator Ted Kennedy, who is battling brain cancer.

The vote to override in the House was 383-41, and in the Senate it passed by a 70-26 margin. Bush said he supported the physician fee increase, but vetoed the measure due to the reduced Medicare managed care funding for private health plans to pay for the increase.

The legislation now becomes law; this is the third time this year that Congress has overridden a veto by President Bush.

New Medicare Rule Ensures Access to Care in Rural Areas

Medicare beneficiaries who live in rural and underserved areas of the United States would be able to continue to get their healthcare services from Rural Health Clinics (RHCs) under new rules proposed by the Centers for Medicare & Medicaid Services (CMS).

“These proposed changes to the rural health clinic program would ensure that Medicare beneficiaries in rural underserved areas have ready access to high quality primary healthcare from physicians and certain nonphysician providers,” said Acting CMS Administrator Kerry Weems. “The flexibilities we are proposing help to ensure that beneficiaries and Medicare get the best value from RHC providers.”

The proposed regulation would require RHCs to establish quality assessment and performance improvement (QAPI) programs. It would also establish location requirements necessary for a clinic to continue to participate as an RHC. The regulation would also provide opportunities for existing RHCs to apply for exceptions from location requirements, and would provide RHCs with greater flexibility in staffing requirements and sharing resources with fee-for-service providers in the facility. The rule also would limit payments for RHCs to 80 percent of reasonable costs, minus beneficiary coinsurance and deductible amounts.

Online: dotmed.com/dm6395

2009 Joint Commission Standards Available Online

The Joint Commission’s revised standards, rationales, and elements of performance for 2009 are now available online, http://www.jointcommission.org/Standards/SII.

The standards take effect January 1, 2009 and have been placed online to give all healthcare organizations time to become familiar with the new language, ordering, and numbering.

The changes are part of the Standards Improvement Initiative (SII), launched in 2006 as part of The Joint Commission’s ongoing quality improvement efforts. SII focuses on clarifying standards language, ensuring that standards are program-specific, deleting redundant and nonessential standards, and consolidating similar standards. Standards have been renumbered and reordered to allow electronic sorting and to allow the addition of new requirements in the future.

A history tracking report is available online to help organizations see what changes have occurred from revision to revision. History tracking allows users to see what happened to each standard, its new number, and how it changed.

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Cardinal Health Expands Manufacturing Capabilities for PET Tracers

Cardinal Health is opening three additional Positron Emission Tomography (PET) radiopharmaceutical manufacturing facilities near existing nuclear pharmacy locations this year.

The manufacturing facilities use cyclotrons to produce fluorine-18 (F-18), the radioactive precursor needed to create fluorodeoxyglucose (FDG), the PET imaging agent commonly used to diagnose various diseases. FDG’s relatively short half-life of just under two hours makes it challenging to efficiently distribute the product over great distances.

By locating cyclotrons near its nuclear pharmacy sites, Cardinal Health is able to efficiently distribute FDG to a greater number of hospitals, clinics and research facilities using its comprehensive fleet and logistics capabilities.

The company currently operates 22 cyclotrons and distributes PET products through nearly half of its more than 150 U.S. nuclear pharmacy locations. Cardinal Health’s three new cyclotrons will be located in Tampa, FL, Hartford, CT, and Louisville, KY.

“Making PET technology more accessible to a greater number of facilities, clinicians and patients is critical to the continued growth of molecular imaging,” said John Rademacher, general manager of specialty and nuclear pharmacy services for Cardinal Health.

Online: dotmed.com/dm6439

Medicare Plans to Link Quality With Payments

The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule that will update payment rates for calendar year (CY) 2009 and improve quality of services provided in hospital outpatient departments and ambulatory surgical centers (ASCs).

The proposed rule builds on efforts across Medicare to transform the program into a prudent purchaser of health care services, making payments based on quality of care, not just quantity of services.

“The changes proposed for 2009 are intended to give hospitals greater flexibility to manage their resources and give them incentives to improve efficiency, so that both beneficiaries and taxpayers get the most value for their healthcare dollar,” said CMS Acting Administrator Kerry Weems.

The proposed rule updates rates paid under both the Outpatient Prospective Payment System (OPPS) and the ASC Prospective Payment System (ASC PPS), and calls for a three percent annual inflation update.

CMS projects that hospitals would receive $28.7 billion in CY 2009 for outpatient services furnished to Medicare beneficiaries. Furthermore, CMS expects to make payments of almost $3.9 billion in CY 2009 to the approximately 5,300 ASCs that participate in Medicare.

Over the past, the increase in Medicare’s payment for outpatient services has not been specifically tied to the quality of healthcare. The law now requires that the annual OPPS payment inflation update be reduced by 2.0 percentage points for hospitals that do not meet quality reporting requirements.

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Siemens To Cut Almost 17,000 Jobs
Siemens has confirmed reports that a large reduction in its workforce will take place. The company’s global workforce will be reduced by about 16,750 jobs, mostly administrative cuts that include about 2,800 in the healthcare division worldwide. Of that figure, about 1,200 will come from Europe and the rest from outside the EU.

As reported earlier in DOTmed Online News, Siemens is paring its staff to boost competitiveness and respond to global economic pressures. Last fall the company said it needed to reduce operating costs by about $1.9 billion by 2010. As part of that effort Siemens reorganized management and consolidated operations into three main units -- healthcare, energy, and industrial.

Siemens, based in Munich, currently employs more than 400,000 in 190 countries; the job reductions represent about 4% of the company’s workforce.

Legislation Introduced to Override Supreme Court Decision on Medical Devices
Lawmakers have introduced a bill that will in essence override the Supreme Court decision in February 2008 of Riegel v. Medtronic. The decision had significant import to the medical device industry, as the Court held that the law providing authority for the FDA to regulate devices also significantly limits the right of patients to sue manufacturers of medical devices which cause injuries. The Medical Device Amendments to the Food, Drug, and Cosmetics Act contains explicit preemption language that prohibits states from establishing requirements different from, or in addition to, requirements in the federal statute that relate to the safety or effectiveness of the device.

However, Rep. Frank Pallone Jr. (D-NJ) has introduced H.R. 6381 the “Medical Device Safety Act of 2008,” along with co-sponsors Rep. Henry Waxman (D-CA) and 61 other representatives. The Act is to “amend the Federal Food, Drug, and Cosmetic Act with respect to liability under State and local requirements respecting devices.” The bill apparently takes away the “preemption” effect by stating, “nothing in this section shall be construed to modify or otherwise affect any action for damages or the liability of any person under the law of any state.”

The amendment is significant, as it likely removes barriers to plaintiffs initiating private lawsuits against manufacturers. Organizations such as the Advanced Medical Technology Association, Medical Device Manufacturers Association and...
AdvaMed are opposing the bill, giving such reasons as needless delays, more lawsuits, and higher healthcare costs.

Online: dotmed.com/dm6440

Respiratory Illness, Dog Bites Among Top Issues Facing Olympics Attendees

Beijing-bound Olympic travelers should worry less about exotic diseases, and instead focus on preventing more mundane health problems like respiratory illness and dog bites. A new study by experts at the Centers for Disease Control and Prevention and the GeoSentinel Surveillance Network found that, during the past 10 years, dog bites were one of the more common problems travelers face when visiting China. Other common ailments were respiratory infections, skin problems, injuries, and diarrhea.

An estimated 600,000 foreign visitors and athletes, plus as many as 2 million Chinese are expected at the 2008 Olympic Games.

Travel health experts at the CDC say that travelers can help reduce their risk of becoming ill or injured by taking the following precautions:

- Visit a travel medicine clinic four to six weeks prior to leaving to get travel advice.
- Ensure all vaccinations are up-to-date.
- Wash hands or use hand sanitizers frequently to help prevent the spread of respiratory and diarrheal illness.
- Avoid all animals while in China. If bitten, wash all bite wounds promptly and seek reliable medical care immediately.
- Wear comfortable walking shoes and pay special attention when crossing the street and boarding public transportation to minimize injury risk.
- Eat only fully cooked food that is served hot or fruits and vegetables you can wash and peel yourself to decrease the risk of diarrhea.

Online: dotmed.com/dm6394

MDS Commences Arbitration Against AECL Over MAPLE Project

MDS Inc. has served Atomic Energy of Canada Limited (AECL) with notice of arbitration proceedings. MDS will be seeking an order to compel AECL to fulfill its contractual obligations to supply medical isotopes under its 2006 inter- and long-term supply agreement (ILTSA) and if not granted, seeks significant monetary damages. MDS has concurrently filed a court claim for $1.6 billion in damages against AECL, for negligence and breach of contract, and against the Government of Canada, for inducing breach of contract and for interference with economic relations.

“We have had to resort to taking these steps to protect the interests of patients, the nuclear medicine community, our shareholders and our customers,” said Stephen P. DeFalco, President and CEO, MDS Inc.”

In 1996, MDS entered into an agreement with AECL for the design, development and construction of two new nuclear reactors and a processing facility, known as the MAPLE project.

By 2005, however, the project was not yet completed and costs had more than doubled, with MDS’s investment exceeding $350 million. To address these issues, MDS entered mediation with
AECL that resulted in a new agreement reached in 2006. The 2006 agreement stipulated that AECL would bring the MAPLE reactors into service commencing October 2008 and provide MDS with a 40-year supply of isotopes.

On May 16, 2008, AECL and the Government of Canada announced their intention to discontinue the MAPLE project without prior notice to or consultation with MDS beyond its current license. While MDS supports this decision, it does not adequately address long-term supply.

**Online: dotmed.com/dm6457**

### Sage Point Goes “Green” with 3 New Low-Emission Volvo Tractors

Sage Point Transport, LLC, of Upland, CA, has initiated an equipment upgrade program. The program was kicked off with the purchase of three 2008 Volvo V-Series Sleeper Tractors.

“These new trucks are the safest and most technologically advanced new trucks on our highways,” noted Lee Bernier, CEO of Sage Point. “They are also ‘green trucks,’ in that they have a new emission regeneration system which greatly reduces nitrogen oxide and particulate emissions. This is not only good for the environment, it makes our customer look good when a Volvo tractor pulls their trailer.”

In response to high fuel prices, Sage Point has also opened another terminal location in Rome, GA. “The expansion to our business to include the Georgia location adds to the current locations in Upland, CA, Grandview (Ft. Worth) TX, Binghamton, NY, and Seattle, WA,” Bernier commented. “It is step forward towards the reduction of bobtail miles to our customers (“bobtail miles” means running without a trailer) which is now one of the costliest factors of the mobile medical business.”

The Grandview, TX, location provides full storage capabilities, which includes Russell-Stoll 480v power connectors.

“Our drivers are strategically placed across the nation to decrease the miles to get to your mobiles,” says Don Shows, V.P. of Sage Point’s Texas. “This also enables us to couple return trips with other customer moves. It’s a win-win for everybody. Our uniformed drivers arrive freshly rested and can deliver sooner, without hours of service delays. This reduces the amount of generator fuel consumed.”

**Online: dotmed.com/dm6481**

### GAO Releases Report on on “Unnecessary” Medicare Imaging, Rise in Costs and Usage

The General Accounting Office (GAO) has released a new report on trends in Medicare imaging services, the growing use of imaging services in physician’s offices, and management practices from private insurance payers which the GAO feels might benefit Medicare.

The report analyzed Medicare claims data from 2000 through 2006. According to the report in that time period, Medicare spending for imaging services paid for under the physician fee schedule more than doubled — reaching a cost of approximately $14 billion. The GAO report lists several factors contributing to the rise in imaging costs for Medicare including more beneficiaries obtaining imaging services and the average use per beneficiary increasing. In particular, spending on advanced imaging-CT scans, MRIs, and nuclear medicine, rose far faster than standard imaging of ultrasound and X-ray.

The GAO also critiqued the fact that a larger share of Medicare Part B spending for imaging services has shifted from the hospital settings — where the institution receives payment for the technical component of the service — to physician offices, where physicians receive payment for both the technical and professional components of the service.

The GAO focused on prior authorization approval as a potential means to reduce “unnecessary” imaging procedures.

In response to the GAO report, HHS raised several concerns about the administrative burden and advisability of prior authorization for the Medicare program, including the lack of independent data on the success of RBMs in managing imaging services.

The American College of Radiology issued a statement that it does not support GAO’s recommendations for prior authorization by radiology benefits managers, as this process would take medical decisions out of the hands of doctors, may delay or deny lifesaving imaging care to those who need it, and would likely result in longer waiting times for patients to receive care.

**Online: dotmed.com/dm6486**
West Coast IDN Summit & Expo September 2-4
“Reverse” trade show concept makes this the best place to reach key healthcare system purchasing execs.

The Fall 2008 IDN Summit & Expo will be held at the Biltmore Resort in Phoenix, AZ, from September 2-4. It is truly a one-of-a-kind event, creating an extraordinary venue promoting high quality buyer-seller networking through a unique “reverse” expo, for the past 14 years.

Using a “reverse” trade show format, IDN allows health system purchasing executives to man the exhibit booths while suppliers and GPOs visit them. Not only do attendees have the opportunity to visit health system exhibits, they can also visit the seven national GPOs in hospitality suites. As many as 70 health systems representing more than 60% of our country’s hospital purchasing power will be at their booths throughout the day.

This year’s fall event will feature Keynote addresses from Dr. Mark McClellan, former Administrator, Centers For Medicare & Medicaid Services and former Commissioner of the FDA, Mr. John M. Kelly, Corporate VP and President of Xerox Global Services, North America. There will be private breakout sessions to assist attending suppliers with better methods for improving relationships and increasing business. Also, themed networking receptions with interactive games will take place, designed to enhance networking opportunities and buying experience.

In the spirit of care chain transformation, IDN hosts the annual Healthcare Innovators contest, to identify those organizations that have adopted cutting edge approaches to improving the healthcare supply chain. At every Fall IDN Summit & Expo, a winner is announced, a representative accepts the award, and an informative video piece on the organization is played.

Time for Work and Play
For those attendees who want to network, they will kick off this fall’s event with a golf tournament on September 2nd. The event is sponsored by Huntleigh Healthcare at the beautiful Adobe course – a forefather of modern design – located at the Arizona Biltmore.

The IDN Summit also produces a special supply chain Innovation Workshop Series for both suppliers and health system attendees. These Innovation Workshops focus separately on issues impacting health systems and suppliers and provide an opportunity to share creative, breakthrough ideas with business partners and peers.

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Reports of Ultrasound Bubble Contrast Agent Problems Are Overblown, Physicians Say

The reports of serious side effects and deaths being linked to the contrast agents Definity made by Lantheus Medical Imaging, and Optisom, made by GE Healthcare, are overblown, say Dr. Christopher M. Kramer, a professor of radiology and medicine at the University of Virginia Health System and Dr. Don Black, Vice President of Research and Development for the medical diagnostics division of GE Healthcare.

FDA placed a black box warning on the two agents last October after receiving about 200 reports of serious allergic reactions and deaths due to the contrast agents.

However, Dr. Kramer told DOTmed News that upon reviewing the cases, it became clear that the deaths occurred because the patients who were given the dye were terminally ill.

In May, the FDA removed its more serious black box warnings on these two contrast imaging agents, called “bubbles,” which are used to improve echocardiographic images of the left ventricle. The FDA warning continues to say that patients with cardiopulmonary disease should not use the contrast agents.

Patient Satisfaction Higher at Most Wired Hospitals

The 100 Most Wired hospitals show better outcomes in patient satisfaction, risk-adjusted mortality rates, and other key quality measures through the use of information technology (IT), according to a new analysis. Marking its 10th year, the Most Wired Survey and Benchmarking Study continues to lead the field in analyses and benchmarking of healthcare IT.

“Health IT has shown incredible promise in helping us improve the quality and safety of the care hospitals deliver every day,” said Rich Umbdenstock, President and CEO of the American Hospital Association. “The results of the Most Wired survey confirm that today’s patient also understands the benefits of IT in improving care and improving the overall hospital experience.”

The analysis shows that better outcomes occur among high-tech hospitals, but it does not establish a direct causal relationship between technology and outcomes. The satisfaction analysis was conducted jointly with Press Ganey Associates and the quality analysis was conducted jointly with Thomson Healthcare.

Philips Launches its First Patient Monitoring System Designed for Emerging Markets in India

Hyderabad, India — Royal Philips Electronics has announced a series of new portable, compact patient monitors that provides a reliable, yet affordable means to observe and care for
patients. Now available to healthcare providers in India, the new Philips SureSigns VM3 is the first Philips patient monitor designed for emerging markets.

With a growing per capita income and adoption of new lifestyles, healthcare services in India are rapidly changing. In order to meet the increasing demand for quality care, people in urban areas have seen the construction of new, state-of-the-art hospitals and associated satellite facilities, while others are increasingly seeking care at smaller nursing homes and clinics. This has fueled the demand for healthcare equipment across segments and the growth of the Indian patient monitoring equipment market is estimated to reach $42 million USD in 2010. Philips plans to garner a market share of 40% by 2010 through its diverse range of patient monitoring equipment.

Online: dotmed.com/dm6515

Maintain Compliance and Ensure Safety Through Efficient Label Design

According to Jim Heckman, a Technical Consultant for Standard Register, well-designed safety labels have never been more important for medical device manufacturers. Inadequate warnings could have a wide variety of consequences for the manufacturer as well as its employees, customers and patients — consequences that range from non-compliance to lawsuits to minor injuries or even death.

Because of the significance of these labels in the manufacturing process, industry standards have been developed. But these standards change every day, with more and more being required of manufacturers to meet the standards and to make certain the labels they design and use are in compliance. With this ever-growing list of standards, the label design issue has become complicated and confusing.

For detailed information on this subject by Mr. Heckman, see this story online.

Online: dotmed.com/dm6517
Infusion and Medical Pumps

Market Forces Are a Shot in the Arm for New and Used Technologies

By Barbara Kram

With the number of beds in U.S. hospitals topping 947,000 — and an estimated 70 percent of them equipped with infusion pumps — there’s plenty of business to go around for companies that sell and service new and used equipment.

The long- and short-term trends in the market also favor these devices, even though infusion and medical pumps are somewhat taken for granted.

“People think of pumps as commodities,” laments Eric Melanson, Director of Marketing, Infusion Systems, B. Braun Medical Inc., Bethlehem, PA. “I had a [hospital] CFO tell me he viewed buying pumps like a maintenance contract on the elevator. ‘I have to have an elevator; I have to have pumps.’ They didn’t want to attribute high value to [pumps] and wanted to negotiate and buy them as commodities.”

Fortunately for the manufacturers, their new “smart pump” designs are bringing new functionality — and respect — to these devices. “Smart pumps are like a shot of adrenaline into our products and have fostered new features,” Melanson says.

The new smart pumps, which often offer wireless convenience, don’t just deliver medication at a controlled rate. They can also store a hospital’s entire drug library, with concentrations and dose limits. The pump tells the nurse when limits — defined for each care unit such as OR, ICU, etc. — are exceeded. “[Smart pumps] have been a major impetus for hospitals to throw out their old pumps, which did not have these safety features,” he says.

What exactly is a “smart pump?” “It means different things to different people,” says Kevin Franklin, Senior Product Manager, Smiths Medical, St. Paul, MN. “A smart system
is really a pump with medication safety software. The software makes it smart, not the wireless communication capability, which is an efficiency issue.”

He noted that smart pumps can have clinical benefits with or without connectivity to a wireless hospital network to speed programming. “We sell smart pumps to hospitals that are not wireless; they can still benefit without question.”

Recalls and alerts as business drivers
Recent blanket recalls of widely used pumps, including flagship products of market leaders Baxter and Alaris (Cardinal Health), may push hospitals over the edge and motivate investment in the more advanced technologies. In this sense, recalls may spawn business for OEMs. In addition to recalls, the FDA also issues urgent device alerts that allow the pumps to remain in service until repaired. In either case, the regulatory enforcement has a largely favorable impact on the markets. Independent service providers (ISOs) also benefit.

“When a new pump comes out, end-users expect one or two recalls, whether it’s a software glitch or mechanical failure,” says Troy Goodhart, Sales and Marketing, Select POS and Peripherals LLC, Edina, MN, which services pumps. “Because of those recalls, the end-users have chosen to hold on to older [pumps] in lieu of upgrading to the new.”

“We absolutely love the recall situation,” says Les Sandlin, VP Sales, IV Technologies, Inc., Upperville, VA. He noted that recalls require parts. “There are still some companies out there that want to hold on to these pumps as long as they can for financial reasons, so they are looking for a source like us to come in and get them a better option as far as cheaper parts.”

While the recalls and alerts have created chaos, they have also created opportunity, since sales of affected devices generally are frozen and healthcare providers need alternatives.

“The result is that the value of the pumps already in the marketplace skyrockets even though they are under an urgent device alert. Nobody can buy any new pumps from the OEM, so everybody is scrambling to get the ones [on the recall/alert lists] that are held by rental companies,” observes Tom Creal, President, First Biomedical Inc., Olathe, KS.

Medical megatrends affect the pump world
In addition to the ironic recall alert impact, several other big trends point to favorable market conditions for new and used pumps. To begin with, more patients are hooked up to IVs.

“Nowadays if people are on oral medications, they are home. They don’t stay in the hospital any longer,” says Joni Poole, RN, formerly a clinical executive at a large northern California hospital group. “Most of our
patients in the hospitals now are getting IV therapies.”

And traditional hospitals are just one type of facility where patients need IV therapy, and the pumps that regulate it. Other organizations include short-term specialty hospitals, rehabilitation facilities, nursing homes, hospices, home infusion companies, and institutions such as prison hospitals or college infirmaries.

The more acute the care, the more acute the need for pumps. Many patients are hooked up to more than one infusion pump. So it’s important to note another growing type of healthcare organization: the Long-Term Acute Care Hospitals (LTACHs). These facilities specialize in long-term ICU, such as for patients on ventilators, with intractable wound care issues, or trauma patients that have graduated from the hospital ICU but aren’t ready to go home. These organizations are flourishing, particularly in the Southwest and Southeast.

“A hospital is between fish and fowl. They have very high intensity, high acuity beds or they have a step-down to a floor. They don’t have anything in between,” explains B. Braun’s Melanson. “We see growth in the purchase of infusion pumps in the long-term acute care facility marketplace because the patients are requiring that kind of therapy.”

Another relevant provider model is outpatient infusion therapy centers that focus on antibiotic or chemotherapy delivery. Like LTACHs, these are sprouting up because of favorable Medicare reimbursement policies.

Also affecting IV pump use is the growing priority of patient satisfaction, as hospitals strive for high ratings in quality assessments and rankings. Since pain management is a key to patient satisfaction, the industry is seeing a growth spurt in patient-controlled analgesia devices (PCAs), one type of medical pump on the market. (The other big categories of devices are the volumetric pump for infusing large bags of fluids and medication, the syringe pump for many specialized applications, and enteral feeding pumps.)

Staffing shortages also have an influence on the market since safer, more easy-to-use devices lend themselves to a high turnover work environment. As noted, the growth in popularity of wireless networks also supports new pump adoption because the smart devices are best updated through a hospital-wide network.

Underlying all medical technology use, and in particular the infusion of medication, is the risk of error, the need to prevent it, government crackdown on reimbursing for errors (although so far medication errors are not on Medicare’s “never-event” list of things it won’t pay for), and the need for risk reduction to prevent lawsuits.
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Plagued with more issues than benefits, then deal with a company that does what they say, delivers what they promise, and make things right when issues arise.

Med-E-Quip Locators, Inc.
The promise of smart pumps aside, the economic realities are pressing for many healthcare providers who are motivated to hang onto their old pumps.

“From last year to this year we are seeing a lot more of a ‘repair versus replace’ mentality. With the economy the way it is, hospitals and their capital budgets have been streamlined down to almost nothing,” says Goodhart. “Not just in infusion pumps, but PCAs, syringe pumps and other types of equipment that are repairable. If you can box it up and send it out, it makes sense to repair versus replace to stretch out that life cycle.”

Typical repairs on pumps include the circuit boards, the pump mechanisms themselves, power supply, door replacement, air sensor calibrations and replacement, as well as pole clamp inspection, and battery replacement. Industry experts have also told DOTmed that these devices are prone to operator error, which may be confused for equipment failure.

Preventive maintenance is also important, and recommended every six months, according to Bob Caples, President, Med-E-Quip Locators, Inc., Maryland Heights, MO, which sells new and used equipment. All of the pumps he sells include a computer-generated recertification document of all work performed on each infusion device.

“This document shows, line by line, every test we performed that meets the manufacturer’s and the Joint Commission’s preventive maintenance infusion pump requirements.” The units are also guaranteed to pass hospital biomedical checks, he noted.

**U.S. and global market forces take their toll**

The economic situation is also an inducement for healthcare providers to rent pumps, which can be done for about half the cost of buying new ones.

“They have to decide whether to put out that capital outlay or rent them,” says Kevin Mullane, Owner, HR Medical, Houston, TX. “They want me to take care of [the pumps] so they don’t have to worry about it.”

“One of the interesting scenarios we run into is that some hospitals are reluctant to buy pre-owned devices, but they are the same hospitals that rent pumps all the time and it’s the
identical product,” says Tom Creal. “The beauty of the business is that the technology doesn’t change every single year. It changes every three to four years. So there is some stability.”

Global trends also affect the U.S. markets for infusion pumps and perhaps all medical equipment. A global market trend toward business consolidation has resulted in a handful of players controlling most of the U.S. market including Baxter, Alaris (Cardinal Health), Hospira, Smiths Medical, and B. Braun.

“I do see consolidation of big pump manufacturers buying up the smaller ones,” notes Peter Bonin, CEO, Tenacore, Santa Ana, CA. “That’s a benefit to the repair houses for sourcing parts and technology and for tech support. Instead of six different styles of pumps and manufacturers like a few years back, now it’s mainly the big two — Baxter and Alaris.”

Of course the devaluation of the U.S. dollar promotes international sales of pre-owned equipment.

“I ship overseas to Germany, Mexico, and Saudi Arabia from my website because the dollar is so low. They can buy U.S. medical products cheaper than ever in the past,” Mullane adds. “Before, getting U.S.-grade products overseas was difficult, but now it’s becoming less expensive.”

A final note: The market isn’t just about the pumps. It also includes lines and tubing — the disposables that connect the pumps to the patient. These are mostly proprietary — like cell phone chargers that need to fit each device. The pump makers design their own IV sets, which provide an ongoing revenue stream.

You can read about an alternative IV line product designed to work with all manufacturers’ pumps by entering this story number into any search box on www.dotmed.com: DM 6504.

A Curlin PainSmart IOD — for metering pain management medication.

DOTmed Registered Infusion & Medical Pumps Equipment Sales and Service Companies
For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 6524] Names in boldface are Premium Listings.

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You’ll see an ID code such as [DM 1234] at the end of every story. If you enter that ID code — be sure to enter the “DM” — in any search box on www.dotmed.com, you’ll see the original story as it ran in our online News. You’ll find convenient and useful links in many of those online stories. Try it!

What does this ID code mean?

You can read about an alternative IV line product designed to work with all manufacturers’ pumps by entering this story number into any search box on www.dotmed.com: DM 6504. You can also read a report on medical disposables in the July 2008 issue of DOTmed Business News.)

Online: dotmed.com/dm6524
NYU Medical Center “Cs” the Potential of DOTmed Online Auctions

NYU had Philips 2 BV 300 C-arms built in 1996 which they decided to replace. NYU was a little bit unprepared when the two new C-arms arrived ahead of schedule, and the only thing NYU could do was put the 2 BV 300s in a hallway.

What they needed to do was sell them, and sell them fast.

Fortunately, NYU already has a good relationship with DOTmed, and their next move was to call Mike Galella, their DOTmed Auction Specialist.

At the time the C-arms went online, OEC was still in the FDA’s penalty box, so NYU and Galella both were hoping to get a good price for these two 12 year-old units.

The bidding started at $12,000, and over a three day period two interested buyers bid the price up to $19,000, which was the winning bid.

NYU was happy to add the extra money to their bottom line, and were just as happy to have their hallway back, free and clear of surplus C-arms.

NYU was happy to add the extra money to their bottom line, and were just as happy to have their hallway back, free and clear of surplus C-arms.

Nassau University Medical Center Pumps Up Extra Cash with Surplus Pumps

Nassau University Medical Center had just replaced 16 Alaris I/V Pumps — eight 7230s, and eight 7130s — which were all in working order.

The question of what to do with these 16 perfectly-fine pumps didn’t stump NUMC. Having successfully auctioned in the past with DOTmed, they call Mike Galella, their DOTmed Area Manager, to have him run a DOTmed Full-Service Auction.

Based on Galella’s years of experience, he put the pumps up for auction in 2 lots of 8, with a starting bid of $3,000 for each lot. Both auctions were set to run for two weeks. At the end of that time, the high bid for each lot was $6,000 — bid by a sharp-eyed dealer from Missouri. Galella, again, based on his market knowledge, told NUMC that was a good price. The bids were accepted, DOTmed collected from the dealer, paid NUMC, and the hospital shipped the pumps to the buyers.

A Mid-town Manhattan imaging center finds a buyer for its MRI coils in the Middle East

An imaging center in New York City had 11 surplus MRI coils for a GE Signa 1.5T, and they were having trouble finding a buyer. So they looked on the Internet for a solution. Fortunately, they found DOTmed.com through a Google search, and called to inquire about our Auction Services. Because DOTmed’s main office is in Manhattan too, it was easy for an Auction Manager to visit the center and check out the coils.

Finding them to be in good condition, DOTmed posted the coils for auction after taking photos and getting the particulars.

Sometimes, as was the case here, items take time to sell. The coils were online for 8 weeks before a buyer from the United Arab Emirates came online and saw them. (With registered users from just about every country on the planet, and over 11,000 visitors a day, DOTmed has the traffic that gets results.)

The gentleman from the UAE bid the reserve price of $16,000, which turned out to be the winning bid. And in a few days the coils went from mid-town to the Middle East.
Coming in September

Industry Sector Reports:

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This is one industry segment that looks quite healthy

O/R Lights Sales & Service
We spotlight the latest in new and refurbished equipment

Dialysis Sales & Service
Improvements in this lifesaving equipment can help improve the quality of life

Special Report: The Presidential Candidates Healthcare Plans
DOTmed takes a close looks Obama’s and McCain’s Ideas for Reforming the Nation’s Healthcare Insurance System

ASTRO Preview

IS AN INDEPENDENT SERVICE ORGANIZATION RIGHT FOR YOU?

Recently in a newscast about increasing fuel prices, a major airline announced it was taking many fuel guzzling jets out of service. Why did it take so long to rid the company of poorly performing equipment? The answer is the same for us all. If the budget’s there we continue spending, avoiding change.

Medical Imaging is no exception. However, with reduced reimbursement and increasing competition, facilities are reviewing how they spend their shrinking budgets. Before downsizing your clinical offering, there are other ways to manage your spending.

Independent Service Organizations or ISO’s can play an important role in cost containment. Choosing the right ISO takes the same discipline as buying new equipment.

Finding a local ISO is the first task. Call around to other providers in the area and see if they use local ISO’s. Contact the area chapters of the national imaging societies. It’s likely some of their financial support comes from area ISO’s. IAMERS, a trade association, www.IAMERS.org, has an online member directory you can search.

Most ISO’s don’t service every technology. They specialize in a modality, like CT or MRI for example. Sometimes the ISO may have most of its experience with a particular manufacturer. You’ll want to know this upfront. Check out their website. If you don’t find the information you need, ask.

When you meet with the ISO don’t focus on price. Be specific about your requirements. Their contract should reflect your needs. Although it sounds obvious, often the horror stories I hear are ones where the buyer didn’t specify the expectations for service. Whether a large OEM or local ISO, misunderstandings can occur leading to poor equipment performance. Don’t settle for a service provider just telling you what they do. Make certain they understand what you need.

Any quality ISO will offer a reference list. Call at least four of the references. Choose them randomly. Don’t ask the ISO which ones you should call. Discuss the value received for the cost of the contract. Find out about on site response time, capability of telephone support, time required to diagnose and fix and the availability of parts. Learn if the user is happier with the ISO than the OEM who provided the equipment and warranty.

With a good ISO you should reduce costs, while improving uptime and performance. The trade-off with a local ISO is that they frequently specialize in a technology and you may require more than one ISO for your multimodality facility. This is not unusual. A good ISO should be able to recommend other quality ISO’s to bid on any additional service requirements.

Contracting with an ISO organization takes effort. But, the rewards in reduced service cost, increased uptime and flexible scheduling can make the effort worthwhile.

Wayne Webster is a consultant in Medical Imaging Business Development. You can send your comments or questions to W.Webster@Proactics.net.

Wayne Webster

Focus on Performance
OR Tables—The Cutting Edge

Industry insiders give us the lowdown on what buyers and sellers are looking for in equipment and service

By Astrid Fiano

The operating room table is the de facto symbol of a hospital. We are all familiar with the iconic image of a patient on the O/R table in M*A*S*H, Gray’s Anatomy, or ER. Millions of surgeries take place around the world each year, and if one of those people should happen to be you, you’d likely be focused on the skill of the surgeon, the anesthesiologist, or even the O/R nurses – probably the last thing you’d think about is the O/R table. But fortunately, there are people who do, and they do it every day.

The consensus is that the tables from the major manufacturers, (Skytron, Steris, Marquet, Shampain), are of excellent quality, whether new or expertly refurbished. So what keeps them reliable, particularly in refurbishing, what do healthcare providers want in a table, and what are the quirks and innovations in the O/R table industry? We have some answers from our industry insiders.

What healthcare facilities want in an O/R table

The growing rate of obesity in the U.S. is behind today’s most requested option in O/R tables. Ms. Trista Galante, Owner of Gumbo Medical, LLC in Lawrence, KS, sums up what doctors want. They want weight capacity, and plenty of it – up to 1000 pounds plus. Scott Townsend, of Townsend Surgical in Knoxville, TN, says his O/R table customers — hospitals, dealers, and wholesalers — also must have the 1000 pound weight capacity; 400 lbs, or even 500 lbs, just doesn’t cut it anymore.

Scott Patenaude, Sales Consultant for ACE Medical Equipment, Inc., in Clearwater, FL, says his customers also want a different range of motions, such as the Trendelenburg position or reverse Trendelenburg position, and tilt. “Whatever the customer is looking for, if we don’t have it, we get it.”

Monte Montain is Equipment Sales Manager for BPI Medical, Inc., in Fife, WA. The must-have for Montain’s customers is the “return to level” feature. Ordinarily, getting a patient in position to move from the O/R table may take ten minutes. With the return to level, the table can return to original position in seconds, no matter the previous position. His customers also want back-up batteries. Mitchell Guier of North American Medical in Sweet Springs, MO, also says his customers want battery power for the tables, which ensure that staff do not trip and injure themselves on the electrical cords. The technology in the
O/R table batteries is so good, a table can be run on the battery all week.

While many surgeons want the latest options in table technology, Galante says there is one specialty that often gravitates to the old-school manual tables. Galante has found a steady market with plastic surgeons for the manual Amsco 2080 hand-cranked tables. “Plastic surgeons are telling us that they don’t want to operate on an electric table.” Why so? Besides being less expensive, the surgeons say that the electric functions tend to get in their way, and they do not want to chance mistakes with electric controls.

Typical prices for refurbished O/R tables range anywhere from $6500 to around $30,000 depending upon the generation, accessories, level of refurbishment, and warranty. An older manual table, like the 2080, runs from $2000 to $3000. Generally, an end-user can save around 50% of costs with a pre-owned/refurbished table. The economy domestically has not affected sales; for necessary equipment such as O/R tables, the market seems to be recession-proof. Montain says there are always upswings in the cycles — “this industry won’t fail.”

What about the international market?
Townsend, who has customers on just about every continent, finds that the inexpensive, sturdy, and simple older generation tables, such as the manual 2080, are much appreciated by the international clients. The 2080s are particularly popular with Guier’s clients in Mexico and South America. The medical facilities don’t have to worry about the cost or trouble in fixing electronics. In addition, because those tables are coming out of U.S. hospitals and surgery centers left and right, as it is no longer manufactured or taken in on trade, there are plenty for the international market.

Montain’s international dealer clients are also buying inexpensive equipment two or three generations old and then giving the equipment a modest mark-up to sell overseas. Patenaude’s global clients are searching for high quality tables at a decent price, as are those clients who buy from companies such as Coast to Coast Medical, Inc., of Fall River, MA. The international O/R table sales are strong because many nations have a good monetary exchange compared with the dollar, and that makes equipment prices very attractive.

What makes good customer service?
Ted Honeywell is the Chief Operating Officer of Coast to Coast, and Skip Blaser is Operations Manager. The company offers O/R table sales, service, and refurbishing through GPO contracts. Honeywell and Blaser feel that the best practice is to understand what procedures the surgeon specializes in, and to match the surgeon with the best table. “We don’t throw a table at the person -- we fit it to the person’s needs. We try to sell what they need.”

Customer service means understanding what the doctors want, and providing the features which will work best for them. In essence, a good dealer will act as a consultant for them. Honeywell and Blaser also emphasize selling the proper equipment in good working order and providing regular maintenance; dealers to have follow up with good, ongoing service to the end-user.

Guier and North American provide tech support, and if an end-user needs some assistance they will troubleshoot. Townsend emphasizes after-sale service as well. “You got to be there to take care of the situation if something goes wrong with the table.”

How about when a customer is looking to save money? Montain asks, “what are your necessities, such as weight capacity or a particular accessory?” Montain then follows up with determining wants and price range. From there, a good sales rep can offer a number of options, and can often help a customer upgrade within their budget. Montain says that is the difference between the sales person who knows the product versus the sales person who is just getting the sales. Montain says, “there are many dealers out there who will burn out customers; we refuse to do that.”

When Patenaude’s clients are looking for a table, he focuses on the refurbishing process itself. “I will send them a list of what we do when we refurbish. They can compare us to others who refurbish or recondition, but it’s

This 3600B TopSlide allows of precise patient positioning.
important for them to know what real refurbishing is. We stand behind what we do.” A customer has the choice to go the short route with a table that has been minimally refurbished, Patneaude notes, but in the long run there will be more costs in servicing. Customers should be inquisitive about their purchases, and make sure they are buying a reputable product from a reputable company. Do they have the capital equipment and the techs to work on the equipment? If the table goes down, you’re in trouble unless you can get a loaner or on-site service.

**Good refurbishing is key to good tables**

For those companies that refurbish, the process must be thorough and detailed. The table should be stripped, dissembled; the parts are tested and calibrated. Bad parts should be disposed. Once reassembled, the table should operate as though brand new. Any moving part that has wear should be replaced, including batteries, wheels, brakes, plastic lines, hydraulics, and O-rings. Tables should be sandblasted, primed, and painted, not simply painted over.

Coast to Coast Medical, Inc., says that they only deal with equipment that has proven its reliability, and they are very selective regarding the models that they sell and recommend to customers. When preparing to refurbish, they basically reverse engineer the table. They take it apart to see all the problems it might have. One way to look at it, Honeywell and Blaser say, is to consider the table from the patient safety perspective — refurbish the table as though a beloved family member would be on it.

Montain says, “we make sure we are very well versed in the table and the OEM specifications. Much has to do with angulation and how fast the table moves from one function to another. We time the movements to see if they are good.”

Guier sells tables ‘as is,’ but upon request, will have tables refurbished by other reputable services. A dealer has to be pretty careful about the quality of refurbishing. Guier says, “spraying Windex doesn’t constitute refurbishing. Know your dealer and know your refurbisher. The warranty is only as good as the person who gives it.”

What questions should an end-user ask of a refurbisher? Our insiders say — What are you getting? What are the parts that have been worn down? Has it been refurbished? Also, do a DOTmed Honest and Dishonest forum search,” Montain says, “for dealers it tells us who you don’t use.”

**What is new on the manufacturing front?**

Mr. Ward Sanders, Clinical Services Manager of the Steris Corporation, Mentor, OH, says Steris tables are in a continuing state of innovation, in order to meet the ever-expanding number of surgical techniques. Sanders says these table innovations include “image-enhancing carbon fiber material technology, tabletop-powered slide extending image scan areas, and cantilevered radiolucent patient support surfaces with four-way manual tabletop float, which allow surgeons to easily and quickly move the patient relative to a C-arm.”

Sanders says that Steris customers seek abilities rather than specific features. They want the most clinical versatility, greatest ease of use, optimum O/R productivity, best reliability and durability, and greatest possible safety for themselves and their patients. New
O/R table customers — hospitals, dealers, and wholesalers — also must have the 1000 pound weight capacity; 400 lbs, or even 500 lbs, just doesn’t cut it anymore.

Features that give those abilities include back-lit hand controls for dimly lit rooms, automated posturing functions with coordinated tabletop section motions, and new mattress pad technologies that improve pressure management and reduce risk for the most compromised patient physiologies. The weight capacities of tables have been raised to as much as 1,100 pounds and bariatric width extender accessories increase tabletop width for large surgical patients.

Mr. John H. Ambrose, Skytron Senior Product Manager, of Grand Rapids, MI, explains that advanced technologies and flexibility are the “design drivers” for surgical tables and accessories. Skytron focuses on the latest surgical techniques, surgical table radiolucent properties, weight bearing, articulation, accessory compatibility, and ease of use.

Skytron offers solutions such as 20-inch plus top slide in conjunction with usable radiolucent areas for imaging concerns, weight bearing capabilities such as 1,200 lbs, lift with 1,000 lbs. articulation, rotating tabletops, ultra low table heights, removable and interchangeable back and leg sections. Ambrose says, “reliability and durability are key considerations in the selection process of any surgical table. The longer a surgical table performs well, the more efficient the surgical suite becomes. The Operating Room suite’s down time is critical to the overall level of deliverable healthcare and profitability for any facility.”

An important trend, Ambrose points out, is the flexibility with surgical equipment enabling exchange between surgical modalities. “The technological buzz word is ‘hybrid.’ This refers to the sharing of resources and technique such as MIS and Cardiovascular Imaging that encompass multiple treatment avenues for a single patient within the same room.”
Ambrose says that while all tables basically perform within general design parameters, up, down, tilt, etc., the quality differences lie within the design details, such as the overall degree range of articulation, the overall height range, or how low the surgical table can go for certain cases. Skytron has some surgical tables that offer a longitudinal top slide, and others that feature a rotating tabletop, or radiolucent extensions to gain greater imaging area for upper or lower extremities.

Medline Industries, Inc. in Mundelein, IL, has recently introduced specially designed pads for stretchers and O/R tables (in addition to their line of mattress pads). These help redistribute pressure that may occur when a patient is waiting before surgery, during surgery, and after surgery in the post-operative unit.

Why are these pads a must-have feature? Mr. Bruce Shapiro, Director of Marketing for Therapeutic Surfaces for Medline, says it comes down to a familiar topic in the healthcare industry — reimbursement. Beginning October 1, 2008, hospitals will no longer be assigned a higher DRG for facility-acquired pressure ulcers. Shapiro says that as little as 20 minutes of waiting can cause skin damage. The pads help solve this potentially critical situation, as hospitals today are held responsible because the pressure sores are considered preventable. “Our market research showed we needed to find a solution for acute care customers to address changes in reimbursement.”

There are three different styles with therapeutic memory foam, one with an added gel inset and two with ultra-stretch covers; Medline can custom manufacture a pad for just about any brand of table. The pads have an easy and quick attachment process using Velcro. The pad covers are antimicrobial for further patient protection. The pads range in price from $250 to $750.

Unlike some other areas of the medical equipment industry, O/R tables will not only be around for the long term, but keep getting better with new controls, accessories, and options. The older generations of O/R tables (if well-maintained) are still both reliable and in demand — whether they are manual or electronic. With some common sense inquiries of a dealer’s reputation, the end-user has many options to find the right O/R at a reasonable price.

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Insurance may be the least loved of all the business sectors, but insurance companies provide a vital safety net for hospitals, healthcare professionals, and equipment brokers, dealers and servicers alike. Since the insurance pricing can be volatile and fluctuate, DOTmed spoke to several experts to get a snapshot of the market right now. And there seems to be some good news at the moment.

Soft market means competitive pricing
Charles Tice, Producer/Broker, Patterson-McKenna Agency, Inc., (PMA), Wall, NJ, has closely observed the softening market trends of the last several years. “Insurance carriers have been issuing and renewing insurance policies at some of the lowest prices we’ve seen in the past five years.” For one thing, he notes, increased competition has developed from some carriers who are now entertaining certain industries they would have overlooked in the past, including the healthcare industry.

Tice says that the economy has definitely had a real impact on the market. There is a cause and effect from the overall economic rise in prices (gas, food and other costs of doing business), compelling people to look for methods of cutting costs. More people are comparison-shopping for competitive rates. Tice feels that this effect is what leads us into a soft insurance market, where companies are forced to lower their pricing to save or gain business.

Douglas R. Mahon, President, SST Insurance Brokers, Inc., Sonoma, CA, says that the cost of liability and property coverages have remained soft for the last number of years. He states that exceptions to this scenario are wind, flood, and other CAT exposures. “Underwriters are being more careful about writing coverages for areas where these kinds of events are the most likely.” says Mahon.

Jack Mann, CEO, GF Mann Insurance, Naperville, IL., also believes that the healthcare insurance market is soft and has been for quite some time. “The
soft market is even affecting the pricing for consumable, disposal and durable medical device equipment. It’s some of the best pricing we’ve seen in years,” Mann observed.

Although most of the industry experts interviewed did not observe a significant impact due to the many recent weather catastrophes, Daniel McDonough, Vice President, New Science Insurance, a Division of Britton-Gallagher & Associates, Inc., Cleveland, OH, points out one setback in the softening market with these unforeseen disasters. “We are seeing a more cautious trend when it comes to underwriting in the hardest hit areas of both the Ohio and Tennessee Valleys,” Says McDonough.

A cycle of insurance payment delays
Another challenge for insurance providers is the struggle some of their insureds are having with timely payment of their premiums. Hospitals are finding it harder to pay their bills for property and casualty (P&C) insurance.

Dirk Glass, President, Advanced Insurance Partners, Inc. (AIP), Wheaton, IL, says, “my property and casualty rate reductions help, but it’s not enough to erase the receivable problems.” Glass adds that the current soft P&C market mitigates the situation somewhat. He attributes the market softness to the availability of insurance company capacity compared to last year. “Even physician professional liability/malpractice insurance capacity is up, which is driving rates down 10% to 25%,” he says.

Other factors to note: tort law changes in states such as Illinois are encouraging carriers to be more flexible. New players, including Medical Protective, have been assertive in the market, causing others to compete for business they thought they had locked up.

Medical device insurance market not hit as badly
The medical device insurance market is also fairly soft, but not as soft as the traditional property and casualty market. McDonough says that a significant reason for the stronger market is that hospitals are taking larger portions of risk through higher deductibles. They are distributing as much of that risk as they can to manufacturers that do business with them by asking the manufacturers to produce proof of insurance with similar levels of liability that hold the hospital harmless. According to McDonough, medical device distributors are also being asked to share that liability. It’s interesting to note that insurance carriers perceive many forces in the healthcare industry to present greater risk, such as pharmaceutical marketing direct-to-consumers. Another example is promotion of off-label uses for drugs in order to maintain market share after patent expiration. Plaintiffs’ attorneys are looking closely at how companies market their products and are attempting to use those marketing efforts as the foundation for bringing liability suits.

Will the market harden in the near future?
Experts, including Glass, say the following possibilities may contribute to a possible hardening of the market in the future: consolidation, less capacity, increase in losses, constant decrease in premiums (the lines have to cross sometime, as they did in 2001), and liberal changes in tort laws leading to class action lawsuits. These forces led to a greater need for coverage protections and demand for insurance. For example, there are attorneys specializing in attracting injured parties to Internet websites regarding Gadolinium/contrast injections by MRI facilities.

While most MRI facilities have excellent loss control techniques to avoid paying on these claims, Glass’s clients still need the protection of defense cost coverage liability insurance providers if they are named in a lawsuit and forced to go to court.

Recent major flooding in the Midwest has had little impact on premiums
In the case of a catastrophe, Glass notes that there will be a slight bump in some premiums (property insurance) if a huge loss occurs. The most recent flooding in Illinois, Wisconsin and Missouri has not been a concern to the insurance companies, according to Glass. “I have heard little regarding increases in premiums due to the flooding.” He went on to say that a terrorist attack might not cause as much of a problem as it did in 2001 either. “These perils are either not insured, insured and/or reinsured. The reinsurance market is better prepared than in 2001. The government has stepped in when there is lack of insurance, so we as taxpayers end up with some of the tab.”

In terms of investment changes,
insurance companies invest premium dollars, reducing the overall rates paid. A strong stock market helps insurance companies keep rates down. If the downward stock market spiral continues into 2009, the poor performance will have an upward effect on next year’s premiums, Glass predicts.

**How can healthcare providers best protect themselves?**

Glass believes that hospitals, clinics, nursing homes and other healthcare providers should implement a risk management program. Risk management techniques protect the healthcare provider’s assets through options such as transferring risk to others, managing past claims, avoiding future claims through lost control and safety techniques, and by retaining a portion of the risk through a deductible.

McDonough suggests one of the best ways to save on insurance costs is by taking protective measures. Insurance companies may give discounts for evidence that there is an organization-wide mindset toward patient/product safety. A good broker with expertise in this area can offer value-added services such as loss control and risk mitigation programs to improve a client’s product liability defenses and lower their premiums. McDonough points out that underwriters will always charge more if they don’t completely understand a risk or if there is subjectivity in their opinion of a company’s potential risk. The insured should be matched with a carrier that has the most sympathetic appetite for a given risk, so that the intrinsic risk is recognized and evaluated fairly.

**ISOs need insurance too**

In addition to solid P&C coverage for your main place of business, Mann says that if you go on-site to repair, maintain, or refurbish medical equipment, you should have Products/Completed Operations Liability insurance. This insurance product covers bodily injury or property damage from equipment you or your employees serviced or sold.

For instance, if you do a PM on an MRI, miss a defect in the cooling system, and something goes wrong with the machine that causes bodily injury, or property is damaged, you can be sued.

Another reason to consider this coverage is that it can make you more “saleable” to both new and existing customers. If a hospital knows you have Products/Completed Liability coverage, then they know there’s an insurance company behind you.

If you plan to hire a company to do technical or engineering work for you, such as an installation or deinstallation, ask to see their Products/Completed Operations Certificate of Insurance before using them. Also, be sure to have them name you as an Additional Insured under that policy. That way if a claim is made against you because of work they did, their insurance company will defend you, and your insurance company can be kept out of the loop.

Most used equipment dealers don’t think about Product Liability insurance, but it isn’t just for OEMs. While Products/Complete Operations Liability will cover most of the work you or your engineers perform on equipment, if you remanufacture equipment, or do a thorough job refurbishing, the OEM may be off the product liability hook and you may be on it. You should definitely talk to your insurance agent about this coverage.
A third risk that is often overlooked is the risk of damage during transportation. Tice says that equipment dealers and brokers face liability from the end-user, and from transportation risk, and need to consider the latter thoroughly. “What most sellers don’t understand is that from the time a buyer purchases a piece of equipment from you, you are now responsible to deliver it in working condition,” he says. “Most people rely on the common carrier’s shipping insurance, which is priced into the freight fees, to cover the exposure, but they really should be insuring this exposure on their own — it’s typically referred to as an Inland Marine Policy.” Tice explained why it makes sense. “Say you’re a broker or dealer, and you buy a CT that’s installed and working, and sell it to an imaging center. Suppose when that machine gets installed at the imaging center it doesn’t work — something was damaged during transit, and the buyer sues you. If you have an Inland Marine policy, your broker will get that claim paid for you. Without that policy, you have to go after the carrier’s insurance company on your own, and that’s a big headache,” Tice added. “If you buy and sell equipment regularly, this type of coverage is worth looking into.”

Tice also says the premium on this type of a policy to cover property in transit is not as expensive as most think.

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John Dineen Named President and CEO of GE Healthcare

General Electric Chairman and CEO Jeff Immelt announced on July 17th the appointment of John Dineen as president and CEO of GE Healthcare, a $17 billion global division.

Dineen, 45, is a 22-year GE veteran. In 2005, he was made President and Chief Executive Officer of GE Transportation, a $4.5 billion global leader in the rail, mining, marine, drilling and wind industries. In his new position, Dineen will be located in London, where GE Healthcare is headquartered.

Dineen has indicated that expanding GE Healthcare’s operations and sales outside the U.S. will be a focus of his global business strategy.

“Everyone talks about the U.S. industry. I’m just as interested to see where we can find opportunities in high-growth regions of the world, such as China, India and Russia, and all of those markets,” said Dineen. “Those represent great growth opportunities.”

Dineen is a graduate of the University of Vermont where he earned bachelor’s degrees in biology, with a concentration on genetics, and computer science.

Dineen succeeds Joseph Hogan, who has taken a position outside of the company as CEO of ABB. Hogan joined GE in 1985.

“Joe is a widely respected and admired GE leader and has made great contributions to our Healthcare business,” Immelt said. “During Joe’s tenure, the business has expanded its product portfolio and global reach, and the business has more than doubled its revenues. All of his colleagues at GE wish him well in his new position.”

Online: dotmed.com/dm6531

Chindex International Receives Approval From SFDA on Products, But Is Unhappy With Delays

Chindex International received SFDA (China’s equivalent to the FDA) approval for two medical devices: the daVinci S Surgical System and the AlexLaser. Although Chindex was pleased, its announcement included complaints about the length of time required for the SFDA to process the applications.

The news release from Chindex contained words like “finally,” “many months,” “long-awaited,” and “significant delays,” as the company’s characterization of the process. Chindex stated it believes these delays are “unfortunately very common in the medical device approval process in China today.”

The daVinci S Surgical System is a robotic surgical assistance product that allows minimally invasive techniques to be used in more surgeries. Originally approved in the U.S. in 2000, over 850 of the daVinci devices are in use worldwide, even though the price exceeds $1 million. The product is manufactured by Intuitive Surgical (NSDQ: ISRG).

The AlexLaser, a Q-switched Alexandrite laser manufactured by Candela Corporation (NSDQ: CLZR) is used for tattoo and pigmentation removal. Chindex says that the market in China for this product is very large.

Online: dotmed.com/dm6429

SleepSafe Beds — Not Your Typical Hospital Bed

The SleepSafe Beds Company was founded in 2001 with the goal of manufacturing a safe, aesthetically appealing bed for special-needs patients like children with cerebral palsy, adults with little or no muscle control, and people with other ailments that confine a patient to bed rest most of the time.

After much design and refinement, CEO Gregg Weinschreinder, and President Joe Hallock, have succeeded in achieving their goal. They have a growing list of satisfied customers, and a line of quality beds that put safety first, while not looking like typical hospital beds.

SleepSafe Beds are available in three models with the basic difference being the access to the sleep surface. All beds
address the research on the seven zones of entrapment conducted by the Food

SleepSafe Beds’ product line includes the SleepSafe™ (SS), Sleep-
Safe™ II (SS2) and SleepSafer™ (SSR) basic models.

The SleepSafe, SleepSafe II and the SleepSafer are also available in a
“YOUTH” size and a “HiLo” model. The HiLo models are available in stan-

dard, twin and a custom size of 48 inches wide and offer the added feature of fully
electric mattress height adjustment in addition to head and/or feet elevation.

Online: dotmed.com/dm6243

SonoSite Adds Four Trans-
ducers to M-Turbo System
SonoSite, Inc., specialists in hand-
carried ultrasound for the point-of-
care, has announced the first expan-
sion of capabilities for the powerful
M-Turbo™ system. The expanded
platform includes four new transduc-
ers addressing anesthesia, surgery,
venous access, musculoskeletal and
adult and pediatric cardiology appli-
cations, plus further enhancements to
emergency medicine documentation
worksheets. It also enables playback
on the M-Turbo system of the revo-
lutionary SonoSite Education Key™
program training modules.

Kevin M. Goodwin, SonoSite
President and CEO, said, “these prod-

cuts continue our tradition of setting
a new performance benchmark in the
industry. As exemplified by the new
capabilities announced today, we
continue to be committed to rapidly
bringing innovations to our custom-
ers that help them deliver the best in
patient care.”

Online: dotmed.com/dm6392

MagnaServ Enterprises
Inc. Partners With Preferred
Diagnostic Equipment Service,
Inc.
MagnaServ Enterprises – one of the
largest independent service organiza-
tions (ISO) focused on MRI and CT in
the U.S. – has announced a Business
Partner Agreement with Preferred Di-
agnostic Equipment Service, Inc. Pre-
ferred Diagnostic is a Southern Cali-
fornia-based sales and service organization
which provides a variety of diagnostic
imaging equipment, services and tech-
nical support.

“Iron this agreement in place,
Preferred Diagnostic Equipment Ser-
vice Inc. and MagnaServ Enterprises
Inc. will have the opportunity to ex-
pand their capabilities in the Southern
California, Arizona and Nevada market-
place,” stated Bernie Bartoszek, E.V.P.
of MagnaServ.

Ty Bassham, President of Preferred
Diagnostic Equipment Service, Inc.

stated, “we look forward to represent-
ing MagnaServ’s portfolio to our exist-
ingen client base. Having a quality MRI/
CT ISO offering for our clients is a cost-
saving solution required in our market-
place today.”

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GE Adds Service Capabilities to Address Growth of Compact Ultrasound Systems

GE has announced that its LOGIQ e compact ultrasound users are embracing a new service that allows them to connect their ultrasound systems via a secure broadband connection to the technical support and clinical applications experts at GE’s LiveAssist Center. This innovative digital connectivity, called InSite ExC, provides customers with “real time” remote resolution of service and applications events.

“Fast response is especially important to our LOGIQ e customers,” said Ann Marie Lubert, GE Healthcare’s General Manager of Ultrasound Americas Services, noting that the devices are used primarily in such settings as emergency departments, surgical suites, anesthesiology, cardiology and private physicians’ offices. “At these sites, backup equipment may not be readily available. So remaining operational is absolutely critical.”

Toshiba Medical Systems Awarded CT Group Buy Agreement From Broadlane

TUSTIN, CA - Toshiba America Medical Systems, Inc. was awarded a computed tomography (CT) contract by Broadlane’s clients. Toshiba, an industry leader in CT technology, has won this contract two years in a row for the same modality from Broadlane, a leading supply chain services company serving healthcare providers throughout the United States.

“Technology is the first and most heavily weighted criteria in Broadlane’s decision-making process, and these commitments are a strong indication of our position as a technology leader and our high customer satisfaction ratings,” stated Doug Larm, Vice President, Enterprise Business Group, Toshiba. “The selection of Toshiba’s CT system for Broadlane’s recent CT contract is a testament to our commitment to image quality, low radiation dose and flexibility in meeting all our customer’s needs.”

Broadlane invites medical imaging vendors to present their technology and service highlights for capital equipment to Broadlane clients and participate in live negotiations over a three-day period. This process, called a “Live Group Buy,” allows clients to determine and weigh the criteria and select the best medical equipment at the best price from several competing vendors.

Henry F. VanBroocklin to Lead SNM’s Molecular Imaging Initiatives

SNM has elected a distinguished committee of researchers to direct its molecular imaging initiatives. Henry F. VanBroocklin, Ph.D., professor of radiology and director of radiopharmaceutical research at the University of California, San Francisco, will serve as president of SNM’s Molecular Imaging Center of Excellence (MICOE). Carolyn J. Anderson, Ph.D., a professor of radiology, biochemistry and chemistry at the Washington University School of Medicine in St. Louis, MO, will serve as MICOE vice president. Both VanBroocklin and Anderson will serve in their respective leadership positions through 2010, at which time Anderson will assume the presidency.

“Since the Molecular Imaging Center of Excellence was formed nearly three years ago, we have made significant advances in raising awareness of molecular imaging and providing leadership and resources for those practicing or thinking of pursuing careers in the multidisciplinary field of molecular imaging,” said VanBroocklin. “MICOE members, working together to propel molecular imaging into clinical practice, will continue to provide resources to stimulate new research, facilitate clinical translation and acceptance and foster an environment for education and training in the field.”
MEDRAD Adds Multi Vendor Service to ISO 13485:2003 Certification

MEDRAD, INC. has announced that its Multi Vendor Service was added to MEDRAD’s ISO 13485:2003 certification, making it one of only two major providers of ultrasound transducer and MRI coil repair services with the certification.

“This certification, paired with over 40 years of commitment to quality at MEDRAD, affirms our Multi Vendor Service organization’s first-rate repair process to our customers,” said Diane Watson, executive director of Multi Vendor Service. “We are able to accomplish this while providing significant cost savings over OEM offerings.”

MEDRAD’s Multi Vendor Service team provides OEM-quality repairs for all brands of MRI coils, ultrasound transducers and ultrasound parts in locations around the world. Multi Vendor Service repairs nearly 400 different makes and models of MRI coils and 300 types of ultrasound probes, in addition to providing comprehensive replacement and sourcing capabilities.

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FIME Fiesta
FIME Fiesta will be held at Mango’s, in the center of Miami Beach’s Cabaret district. The fiesta is just steps from the beach and features a staff of professional dancers to entertain you with the sultry sounds of the tropics.

FIME booked the popular dance club, Mansion, for all the members to attend after their meetings to unwind and relax. And, on August 15, 2008, the FIME Golf Classic will take place starting at 3 p.m. Just minutes from the Convention Center, The Miami Beach Golf Club is a championship golf course featuring undulating fairways and interconnected waterways.

Take a Tropical Vacation at FIME
Miami Beach, FL, is an international adult playground featuring beautiful historic hotels, miles of white-sand beaches and some of the best people-watching in America. Not to mention, ground zero for Art Deco Architecture and a hot spot for nightlife.

There are two little-known Miami Beach gems just a few blocks from the FIME Expo — Picturesque Lincoln Road pedestrian mall and Espanola Way. Lincoln Road is outdoors and a “must see” on any Miami Beach agenda. Espanola Way is on a narrow street full of hidden architectural delights and bohemian charm, that many visitors tend to stumble upon on their way to a nightclub destination.
Why Is the Mobile Imaging Business Tapping on the Brakes?

A look into the latest on Mobile Medical Trailer Transport, Storage & MRI Cold Storage Services

By Keith Loria
over the last three decades, the mobile medical imaging business has evolved into nearly a billion-dollar industry. Mobile MRIs, CTs and PETs and other units are being utilized by hospitals, clinics and diagnostic imaging centers around the U.S. Mobile units are often rented during upgrade or replacement periods, or to relieve patient overflow.

But for the first time since the mobile units hit the road in the early 1980s, the companies involved in the rental, transport and storage of this equipment are seeing a downturn in the marketplace, and that has some in the industry concerned.

“It’s been down all year really,” says David Crail, general manager of JDS Transportation, a leader in transporting mobile medical equipment. “I guess like anything else it’s the downturn in the economy. Talking with customers, part of it is due to changing technologies. What was in last year isn’t in this year, and the technology is changing so fast that a lot of companies don’t know where to go with it next.”

The DRA creates a speed bump
The cutback in reimbursements has also played a role in the decline, and that’s something no one can do anything about at the moment.

“Business has gone down a little bit because basically it’s been impacted by the DRA,” says Terry Andrues, President of Mobile Interim Solutions, which deals in mobile MRI and CT imaging systems. “My perception of the segment of this market is that the cutback in reimbursements has stunted the industry — even the manufacturers have cut back,” Andrues observed.

In fact, a look at the top OEMs in the field — whether it’s GE, Siemens or Phillips — shows that all the manufacturers’ sales are down, and some people are losing jobs because of it.

“The news coming out over the last month shows that GE is laying people off and so is Siemens,” says John Vartanian, President of the Ann-Arbor, MI-based Medical Imaging Resources, which provides temporary solutions for hospitals and centers in the process of buying new equipment, constructing additional space for enhanced services or experiencing a temporary overflow of exams that cannot be handled with their existing equipment. “The market is down all over, but we are still moving through it. Our rentals are not as good as they were last year, but they are still healthy.”

The Deficit Reduction Act of 2005, which took effect January 1, 2007, mandated reductions in Medicare reimbursement for imaging at freestanding facilities. And a lot of the negative effects are just being realized.

“We have seen the marketplace adopt a wait and see attitude, because I think a lot of the industry doesn’t know what way to go,” says Vartanian. “The DRA cuts came in faster than they should have, instead of being phased in, so it made a lot of people stand in the middle of the road like a deer in the headlights, not knowing what direction to go and where to put their money.”

“It would be hard to find any company in this business without a negative impact from the DRA,” says Rich Greb, Director of Logistics for Sunrise Medical Technology, Inc., a total equipment management service company for healthcare facilities across the United States and internationally. “The other economic declines are also making it difficult for our customers to survive.”

Although all mobile imaging is declining, the CT mobiles seem to have been hit a little harder than the others. “It’s never been so slow in this business. Right now most of our fleet is sitting so it’s a tough industry,” says Carl Frank, President of DBRS Medical Systems, a 20-year-old service driven organization providing Mobile CT Scanners, parts and service. “A number of hospitals want to buy our equipment, but we really don’t want to do that because we want to make some money on it. You buy a trailer for $40,000 and put $100,000 into it and they want to buy it for $80,000, it doesn’t make sense for us.”

Frank has noticed a scary trend in the industry, which is hurting companies like his, and the hospitals and patients who utilize the mobile modalities.

“What I’ve seen in our industry, there’s been a lot of competition in the last 10 years with people going into business for themselves. They look at the mobile business and they know where they can pick up a trailer cheap, throw a cheap scanner in it and put it out there. But you get what you pay for,” he warns. “A company like ours that has employees and overhead and a building, we can’t compete against that even though our equipment is much better. We do our own repairs and servicing and have all the equipment needed to do remodels.”

Another company that specializes in the CT mobile units is MobileScan Imaging and they are also feeling the lull in the industry.
“Three years ago, it was very active with people asking ‘how fast can I get it?’ Now there is a lot more analysis, more competitiveness, difference in reimbursement structure, those are things you have to look at,” says George Webb, President of MobileScan Imaging, which sources, assembles and integrates all components for a complete, self-contained, mobile CT facility. “You need to be more flexible, more targeted, more responsive to the customer with more customized solutions. If you are going to track specific applications, they need to be more targeted.”

Fuel prices add to the pain
With diesel prices as high as they’ve ever been, fuel costs have also been a factor in the mobile imaging decline. The costs for the most part passed on to the customers, and that can make for some pricey fees. What can’t be passed on, eats up the profits.

“We have to try and pass those costs on to our customers, who of course are reluctant to pay more, because they have their own increasing costs to deal with,” Andrues says. “The fuel that we use has really gone up. These tractors get maybe six miles to the gallon. So it’s about $1 a mile in fuel, and if you have to send a unit from New York to Omaha, it’s $2,000-$3,000 in fuel alone, so yes, it does have an impact.”

For companies who in the past had sent mobile units long distances, this is changing the way they do business.

“Prices are way up and transportation costs are double what they used to be,” Frank says. “It’s really hurt us for long distance stuff because you may want to rent a CT scanner for $5,000-$6,000 a week, but the cost to drive that unit up to Oregon or Washington and that has really curtailed our business, because no one wants to pay a couple of thousand dollars just for delivery,” Frank added.

To counteract the prices of fuel, companies are putting more thought into when and where their units will travel.

“Of course it has affected us just like everyone else. We are trying to do things to offset that,” Vartanian says. “We are trying to move our equipment a little bit smarter, giving more notice to the people who provide us transportation and integrate it in with other moves as well. We are putting more things in storage rather than bringing it back to corporate. Trying to find local storage units and trying to be smarter about how we spend the transportation dollar.”

That means not bringing the units home to its base, but often times finding a storage area close by to the last place it was in use.

“We’re seeing a lot of people who don’t want to move their mobile, but want to store and service them where they are. So right now we are preparing to set up multiple locations across the country for mobile storage and service areas,” says Thomas Freund, Director of MRI Services for Oxford Superconducting Technology, a division of Oxford Instruments.

Transportation changing with the times
For those specializing in transportation, the competition has gotten a bit more fierce and it’s not always that simple to utilize all their drivers.

“There’s a lot of sales work involved and getting customers confidence,” says E. Lee Bernier, General Manager and CEO of Sage Point Transportation, LLC, a major transporter of mobile imaging equipment, with headquarters in Upland, CA, and terminals in Texas, New York, and Washington. “They call and ask us if we have a driver who is available to move from point A to point B. And we have also been asked for a lot of quotes lately because of the increase in fuel costs.”

Years ago a transportation company could drop off a trailer and then head back to its home base, even if they didn’t have a trailer to take back. That’s rarely the case anymore, because the companies realized there was too much
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money being lost in the moves.

“Lots of times the units are needed right away so we can’t always find a return trip,” Crail says. “We’ll also haul general freight and that helps us keep the cost down for the customers because if we can find a leased trailer and a load of freight to get us out where the unit may be, the costs will go down.”

Bernier calls the transportation industry a “portal to portal business” and explains how his company will do whatever it can to keep a tractor from returning empty, resulting in bobtail miles (“bobtail miles” occur when a tractor is traveling without a trailer).

“You might move a trailer from Granville, Texas to Oklahoma and you end up getting in Oklahoma City and you don’t have a trailer or anything to haul back, so you have to bobtail back home and that’s where there’s a huge cost to our customers,” he says. “We understand it’s a 911 business, but if we have a heads up of a couple of weeks, we can look at the dispatch board and put customers together. That’s how we’re trying to get them to be more proactive in helping them out.”

**Qualified drivers are a must — especially for moving MRIs**

When a transportation company is hired to move a mobile unit, you’re talking about some mighty expensive freight and the companies don’t take that for granted.

A good driver, for whichever company, must be able to restart the chiller, make sure the air conditioning is reconnected, know how to restart the cold head or compressor if necessary, and know how to plug and unplug the unit into a Russettstoll 480-volt power source in exactly the right sequence, or else potentially catastrophic problems could arise.

“Transport drivers need to understand the sensitivity of the load in transit. Qualified transporters can disconnect and connect trailers to shore power plus, monitor equipment (functioning MRIs) for operation under power during movement,” Greb says. “Since it is a trailer they must ensure that everything internal is secured. Driving skill to place the trailer in tight quarters also counts.”

When you have a ten-ton superconducting MRI magnet with over 240,000 miles of coiled wire bathed in a thousand liters of liquid helium at -452.1 degrees Fahrenheit below zero (only a few degrees above absolute zero at -459.7 degrees F), drivers need to know the intricacies of this equipment inside and out when on the road. Moving these mobiles is not like moving any other type of imaging equipment. You’ve got an incredibly sensitive machine that requires very specialized care and a host of exacting procedures to get it from point A to point B safely and securely.

“Drivers have to make sure the gantry is locked in the correct position for transport, make sure it won’t roll around, and double check that things have been done properly before...
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hitting the road,” Crail says. “You have to let all your suspension out so you can level it properly. When you get hooked up and ready to move it you have to set the suspension for transit, know what levers and buttons to hit so that they will inflate, otherwise it will shake the machinery right out of it. You can run into a huge expense if something is damaged in transit.”

Drivers are also responsible for the chillers, trailer AC, cold heads, compressors, on board generators, non-functional landing gear and more. That’s why, when transportation companies are hired to move an MRI, CT, or PET scanner from one site to another, most reputable companies have had their drivers undergo strict training classes and then team-up with an experienced driver to get some on-the-job experience.

“All of our drivers go down to Texas for a two-week training period and are trained on all machines (MRI, PET, CT) and the unique paperwork of each customer,” says Bernier. “We have varied customers and each one wants us to do different things so we need to be up on that. We have training at our customers’ facilities as well.”

National Mobile Medical Concepts Inc. has spent close to 20 years specializing in mobile applications for the medical industry and have an in-house training program for its drivers. “Our training program is about 40 days,” says Dan Feeley, President of the company, and also a driver. “Before we put someone out there, they get hands on experience and we do support group services with them. Our key is to make sure that the customer is satisfied and things are well.”

There are other costs associated with the transportation of the units as well that will be factored into the overall fee. Insurance is a must (umbrella policies of $1 million or more) and special permits for trailers that are oversized or overweight need to be obtained.

“A lot of times we encounter these trailers have sat around for a long time and we have to make sure that they are road-worthy and safe, and that can get expensive,” Crail says. “You have tires dry rotted while it was sitting, and brakes that don’t work properly. Time takes its toll when a trailer sits for months. We have to make sure it can get across the country. Costs are passed on to the customer, but we have to make it road worthy and pass inspection.”

A lot goes on when a mobile goes into storage — particularly with MRIs

When mobiles aren’t in use at a hospital or imaging facility, they need to be professionally stored. What’s needed for an MRI is different than what’s needed for a CT, PET, or PET/CT, although many systems require constant power and need specialized attention.

Most storage companies also offer a full, a la carte menu of maintenance and refurbishing services that a trailer can undergo while awaiting its next run.

“Once there, the mobiles can get trailer repair and reconditioning, PMs, deinstallations, reinstallations, cold head and compressor maintenance, helium and internal magnet pressure...
monitoring, and A/C service,” says Paul Zahn, Director of Sales and Marketing at Mobile MedTech, which has storage and power available at facilities in Council Bluffs, IA and Cottage Grove, WI. “We have seven service engineers on premises who undergo yearly OEM training to make sure nothing about the care and service of an MRI is overlooked.”

Feeley adds that storage is becoming more of an active part of the business. “They come in and stay for a while, get cleaned, PM’ed, and then move on to another site,” he says. “We do the maintenance and clinically get a trailer ready to go to a customer’s site, so when it arrives the staff can bring in their necessary supplies and start scanning patients immediately.”

“Storage is not a moneymaker for us,” says Bernier. “A lot of people who do storage do it to break even. We definitely do it as a convenience to our customers,” Bernier adds. “They need to have a place to park their trailers and if we bring them into our storage facility, we break even when we wash and clean the unit, and do a PM. The positive side that unit is ready to be driven to their next customer, set up, and it can start doing its job at once.”

### Changing times are changing the mobile equipment roadmap

Aware that everyone is being hurt by fuel costs, transportation companies today are often happy to help out a rival business if they need a place to park a trailer.

“If another trucking company calls up and they need to store something for a week, of course we help,” Bernier says. “We hope that they would give us that courtesy. Let’s say we brought a trailer up to Chicago but the contract was cancelled, it would be smart for us to keep it there for a week rather than lay a guy over for a week.”

Vartanian agrees and believes that more and more companies are warming up to their competitors.

“If somebody calls me from another company and asks if can I drop off my MRI trailer for a month or two, sure we would do that. We have a secure yard, we have 480v power, and we have someone who can go out and check the unit each day to make sure the cold heads are pumping so the magnet does not go warm.”

Magnaserv Inc., one of the largest independent service organizations focused on MRI service, CT service, and CT tube replacement, says that the cost of running the chiller on an MRI can be anywhere from $50-$125 a day.

“You’re not going to get rich on it. But if we do a good job for it, maybe we will get some service, some PMs, or some shop work. If the system is broken when it comes in, that’s where you are going to make some money,” says Greg Pearson, President and COO of the company.

Freund says that it’s necessary to keep an MRI — whether a mobile or fixed-site system — stored with the magnet kept cold, because the customer will save money in the long run.

“If someone has a magnet and puts it in warehouse without power and it goes warm after a few weeks, the cost to cool it back down is exorbitant. So it’s best to keep them cold.”

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it down again with new helium would be more expensive than what it would cost to keep it cold,” he says. “You would have to store it for over a year for it not to be worth it.”

When dealing with the MRI mobile units, there are daily protocols and round-the-clock security. Helium levels need to be checked every morning. Magnet pressure needs to be kept track of constantly. Chillers need to be attended to and each unit has to be kept permanently plugged into a 480-volt Russellstoll outlet for the duration of its storage.

“We have our own storage facility right here in California, but not all our units are here because they are spread out across the country,” Andreus says. “We ask the storage places to monitor the helium levels. The vendors we contract know what they are doing. They go out and check cryogen levels on MRI a couple of times a week and report to our service center.”

Freund says Oxford has an in-house trainer who spends about three months with each technician in all aspects of magnet service and includes a great deal of on the job training in preparing them for the keep cold services.

“We charge by the day. We charge for electricity and the chilled water, and the biggest thing is, if you bring a magnet to us and bring it in at 70% helium level, we will give it back to you at the same level,” Freund says. “We will maintain that level. We can also top it off to 100% if they want that.”

Oxford operates what they call the Cryofarm, an MRI magnet storage facility in Carteret, NJ, where they keep magnets cold and currently have room for 40 fixed-site magnets and four mobiles there.

“We store units for a variety of reasons and for a variety of different people,” Freund says. “Either a new magnet is waiting to be sent to a site or a magnet is being moved from one site to another. For a low fixed cost, we will store a unit here and put it on our compressors and keep it cold as long as necessary.”

**Helium demand is ballooning**

Although most companies really don’t expect this to be an issue anytime soon, there is some talk among the science community that helium supplies may be running out, and if it’s true, that could create a crisis for the MRI business.

Helium is a gas that over time came into existence from the radiogenic decay of uranium and thorium in the earth’s mantle. As these radioactive elements naturally decay, they release alpha particles. An alpha particle is just a helium atom with no electrons, i.e., it is just two protons. These alpha particles then capture two electrons and become stable helium. Over eons, large quantities of helium have been produced, which typically becomes trapped underground in natural gas pockets, and is collected on the surface as a by-product of natural gas.

“In the 1950s, the U.S. Government stockpiled large amounts of helium because they considered it a strategic resource. It was stored in underground chambers in the West, and a lot of the cryogen companies have been drawing off that supply for a number of years,” Freund says, “but the amount stored was less than estimated.” Today a lot of companies have opened new facilities where they are recovering helium. But those costs are high today, so helium prices continue to rise.

The expected ultimate extractable amount of helium is estimated at 40,000 million Sm3 as of 1 January 2007 by the United States Geological Survey. Of this amount, 93% is pro-
The worldwide production of helium has increased by between 5% and 10% a year in the past decade, with the biggest growth in its use as a coolant for the superconducting magnets in MRIs. Present helium consumption is estimated to be about 100 million cubic meters a year, and is predicted to continue rising by 4% to 5% a year.

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“Liquid helium is key to the function of most superconducting magnets, not just during transport and storage,” says Merrill Loechner, Manager, Marketing & Communications North American Industrial Gases for Praxair, Inc. “The technology required to re-condense helium within the magnet chamber, and thereby avoid helium losses, is perpetually advancing. Most major MRI manufacturers now produce MRIs that, under controlled conditions, have near zero boil-off rates.”

So why do people think we are running out? The increase in the use of helium in the manufacture of microprocessors, electronics and fiber optics has increased the worldwide consumption of helium as well. The demand has seen the price of liquid helium double in the past two years, with a going rate of about $5 to $7 a liter, depending on where in the world the buyer is located.

“Helium supply interruptions from several natural gas producers (helium is a by-product of natural gas production) in 2007 were in large part responsible for the shortages some sectors may have experienced,” Loechner says.

Several overseas helium plants that were expected to be up and running last year were delayed. Severe storms in places like New York, Kansas and Oklahoma that damaged power lines to two major refiners, and scheduled plant maintenance at other U.S. helium facilities, caused prices to rise.

“Obviously GE and some of the other companies have addressed that by going to the LCC magnets where you only have to fill them twice a year, as opposed to the old ones you had to fill monthly or bimonthly,” Pearson says. “We heard from our distributor they could run out of helium by 2050, but by then, who knows what breakthroughs in superconductivity might have occurred — helium may be replaced by some Star Trek-like device. Who knows what the future will bring?”

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530070 - RESMED S6 CPAP $75 for sale resmed s6 cpap "only 25 hours" VERY NICE UNIT $75. Evan Good, Hocking Valley Medical Maintenance LLC

Cryostat:
417602 - TBS Minotome Plus Cryostat $11,500 TBS Minotome Plus Cryostat model 2563. Rob Rankin, Rankin Biomedical Corporation

Defibrillators:

Laser - Alexandrite:
441850 - CYNOSURE Apogee Elite w Laser - Alexandrite $54,995 CYNOSURE APOGEE ELITE INCLUDES SMARTCOOL CHILLER! TWO WAVELENGTHS(755/ 1064)FOR A FULL AESTHETIC PRACTICE. Chris Hill, Med1Online

Laser - IPL:
441851 - PALOMAR MEDICAL TECHNOLOGIES Medilux Laser - IPL $18,995 Palomar Medilux IPL System with three handpieces, including the stand. Chris Hill, Med1Online

Linear Accelerator:
534641 - VARIAN 2100C 1994 Linear Accelerator $34,300 1994 -- $34, Stewart Faber, Faber Medical Solutions, LLC

Mammo Accessories:
355930 - CONTROL RESEARCH INC Rolloscope MD Mammography System The new Rolloscope MD - analog/digital multiviewer accommodating digital LCD monitors and prior film comparisons into one convenient ergonomic workstation. Lars Malmborg, Control Research Inc.
355935 - CONTROL RESEARCH INC Rolloscope ML Mammo Accessories
The Rolloscope ML (extra wide) holds 1,376 mammography films. Lars Malmberg, Control Research Inc.

Mammo Unit:
417057 - SIEMENS Mammatom 3 Mammo Unit $4,200
Unit is in a good condition. Alexander Prox, Medtec GmbH Germany

375897 - METALTRONICA Mammo Flat E Mammo Unit $6,750
We sell a tested and excellent mammo machine. Alexander Prox, Medtec GmbH Germany

415341 - FAXITRON MX-20 Mammo Unit $9,500
Used in medical facilities & scientific labs. Jack Donovan, Broadwest Corporation

Micro-Current:
534032 - ELECTROMEDICAL Alpha-Stim SCS Micro-Current $350
NEW & only $350! The Alpha-Stim® SCS cranial electrotherapy stimulator treats anxiety, depression, insomnia & other stress related disorders. N Namazi, Artapod

Microscope:
528795 - ZEISS OPMI-9 Surgical Microscope $3,200
This is a wall mount Zeiss OPMI-9 Surgical Microscope. Joseph Kroslak, Kroslak Enterprises

Modular Building MRI:
531750 - E&W Environ Modular Building MRI $45,000
E&W Environ 12'x60' Modular Building. Ryan W. Gilday, Clinical Imaging Systems, Inc., 732-591-9510

Monitor:
533081 - MEDICAL DATA ELECTRONICS Escort Prism 20414 Monitor
MDE Escort Prism SE model 20414-103. Garrett Purrington, Medical Equipment Dynamics, (508) 728-9005

530754 - INVIVO 4500 with 2 Sensors Monitor $3,495
Human or veterinary use. sheila rockley, fur the best

MRI Coldhead:
89476 - LEYBOLD 5100 GE MRI Coldhead
Remanufactured to original specifications. Marc Fessler, Independence Cryogenic Engineering

MRI Compressor:
414812 - LEYBOLD Coolpak MKII MRI Compressor
Remanufactured to original OEM specifications. Marc Fessler, Independence Cryogenic Engineering

MRI Scanner:
516866 - TOSHIBA Opart Open MRI Scanner
New cold head April 08. Joseph Beisler, Kennedy Medical Imaging

Nuclear Gamma Camera:
457183 - PHILIPS Cardio MD Nuclear Gamma Camera
Completely refurbished Philips Cardio MD for sale or lease. Floyd Rowan, MEDX, Inc.

534586 - SIEMENS e.cam Nuclear Gamma Camera
Completely refurbished Siemens e. Floyd Rowan, MEDX, Inc.

OB / GYN Ultrasound:
528860 - ACUSON Aspen Advanced OB / GYN Ultrasound $10,777
I have an Acuson Aspen Advanced OB/Vascular Ultrasound in excellent condition. Tom Small, Dr. Stuff Medical Equipment Company

95003 - GE Voluson 730 3D ultrasound OB / GYN Ultrasound
Voluson 730 Expert (MFG: 2002/2003) BT02 Realtime 4D, RAB4-8 Realtime 4D Cone. Scott Hassler, KPI Ultrasound

531010 - SONOSITE TITAN OB/GYN OB / GYN Ultrasound $15,800
2004 Sonosite Titan Ultrasound with OB/GYN Package. Dick Slade, BIS Technologies

355326 - GE LOGIQ 7 BT02 OB / GYN - Vascular Ultrasound $23,500
Digital, Color Doppler, Harmonic, OB/ Vascular calculations. Steven Kelley, AmeriaMED Ultrasound Corp.

533649 - ALOKA Alpha 5 OB / GYN - Vascular Ultrasound $33,000
Manufactured 2006 with UST-9126 convex and UST-9118 endovag. Emad Ramzy, CCE Canada Commercial Exchange Inc

Oximeter - Pulse:
79874 - NELLCOR 595 Oximeter - Pulse $399
SPECIAL PRICE THIS MONTH ONLY - $399 NELLCOR N-595 PULSE OXIMETER SpO2 Used un. Abe Sokol, Absolute Medical Equipment

Oxygen Concentrator:
517635 - OXLIFE L6 Portable Oxygen Concentrator $599
Oxlife Portable/Traveler Only 35Lbs Up to 6pm max flow @ 94% Height 22. Spencer Sommers RRT, Covalent Technologies

Phacoemulsifier:
385835 - AMERICAN OPTISURGICAL Horizon Phacoemulsifier The Horizon Phacoemulsification System is a complete anterior segment surgical system. Judy Pottinger, Foresight International, S.A

Pump PCA:
531572 - BAXTER PCA II Pump PCA BAXTER PCA II SYRINGE INFUSION PUMP COMES WITH BOLUS BUTTON/ CABLE,CLAMP & KEY. Yolanda Diaz, Star Asset Recovery

Pump Vascular Compression:
346253 - KENDALL Sequel 6325 Pump Vascular Compression $150
15 Available. Dale Malmrose, ValuePit

Ophthalmology General:

Classifieds Rate Card
4 lines: $100 • 8 lines: $175
16 lines: $325

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Want to sell?
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534036 - SEILER Ceiling - ENT Microscope $10,542
Ceiling Model ENT Microscope with Inclinable Binocular Head Item # SI-403-009ESPM Includes Balanced Optical Pod 0°-60° Inclinable binocular head. Todd Svoboda, US MED MOBILITY

Oximeter - Pulse:
517635 - OXLIFE L6 Portable Oxygen Concentrator $599
Oxlife Portable/Traveler Only 35Lbs Up to 6pm max flow @ 94% Height 22. Spencer Sommers RRT, Covalent Technologies

Phacoemulsifier:
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BAXTER PCA II SYRINGE INFUSION PUMP COMES WITH BOLUS BUTTON/CABLE,CLAMP & KEY. Yolanda Diaz, Star Asset Recovery

Pump Vascular Compression:
346253 - KENDALL Sequel 6325 Pump Vascular Compression $150
15 Available. Dale Malmrose, ValuePit

Ophthalmology General:
450778 - SCI-CAN Statim 5000 Ophthalmology General
New and refurbished models available. Judy Pottinger, Foresight International, S.A
### O/R Table:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>528450</td>
<td>STERIS NEW 2080 MIA O/R Table</td>
<td>$12,000</td>
<td>Brand new in original box with lot of accessories. Moamen elsheikh, USTRG Ltd</td>
</tr>
</tbody>
</table>

### Oximeter - Pulse:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>534481</td>
<td>DATEX-OHMEDA TUFFSAT Oximeter - Pulse</td>
<td>$339</td>
<td>Built tough - Intuitive - Light Weight 3-Year factory warranty Cordell Medical. Chris Park, Cordell Medical</td>
</tr>
</tbody>
</table>

### PET Camera/Scanner:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>458197</td>
<td>SIEMENS ECAT ACCEL CARDIAC PET Camera/Scanner</td>
<td></td>
<td>There are two Siemens ACCEL PET scanners upgraded for cardiac perfusion imaging with Rb-82 for use in the United States. Don Bogutski, Diagnostix Plus Inc.</td>
</tr>
</tbody>
</table>

### Rad/Fluoro Room:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>417116</td>
<td>GE Advantex Rad/Fluoro Room</td>
<td>$8,500</td>
<td>GE Advantex R&amp;F room in good condition. Gregg Jones, Accurad Medical Imaging</td>
</tr>
</tbody>
</table>

### Rad Room:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>455982</td>
<td>BENNETT 12000P Rad Room</td>
<td>$25,000</td>
<td>Bennett Rad Room with 4-way float top elevating table w/bucky, chest stand, overhead tube crane.3 phase high frequency generator. Gregg Jones, Accurad Medical Imaging</td>
</tr>
</tbody>
</table>

### Shared Service Ultrasound:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>355496</td>
<td>SONOSITE 180 PLUS Shared Service Ultrasound</td>
<td>$14,950</td>
<td>5. Steven Kelley, AmericaMED Ultrasound Corp.</td>
</tr>
</tbody>
</table>

### Simulator:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>529879</td>
<td>VARIAN XIMATRON EX-1 C-SERI Simulator</td>
<td>$36,850</td>
<td>PRE-OWNED VARIAN XIMATRON EX1 SIMULATOR, C-SERIES SYSTEM W/ XIMAVISION EXCELLE. BRIAN WARD, OZARK PRODUCTS</td>
</tr>
</tbody>
</table>

### Slide Stainer:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>499641</td>
<td>DAKO Autostainer Universal Slide Stainer</td>
<td>$15,000</td>
<td>The Dako Autostainer Universal Staining System features high quality staining that makes interpretation easy, consistent, and dependable. Rob Rankin, Rankin Biomedical Corporation</td>
</tr>
</tbody>
</table>

### Sterilizer:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>302578</td>
<td>CASTLE 733HC Sterilizer</td>
<td>$11,950</td>
<td>Getinge/Castle 733HC Gravity/ Vac steam sterilizer. Steve Beno, Sterilizer Services, Inc.</td>
</tr>
</tbody>
</table>

### Ultrasound Transducer Ultrasound:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>529911</td>
<td>TOSHIBA PVT 375BT Ultrasound Transducer</td>
<td></td>
<td>PVT-375BT CONVEX ABDOMINAL 50MM TRANSDUCER (1. Chrystal Turner, C&amp;C Medical Solutions</td>
</tr>
</tbody>
</table>

### Urology Ultrasound:

<table>
<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>459898</td>
<td>LIEBEL-FLARSHEIM HYDRA VISION PLUS DR Urology Ultrasound</td>
<td>$117,850</td>
<td>PREOWNED LIEBEL-FLARSHEIM HYDRA VISION PLUS DR UROLOGICAL IMAGING SYSTEM MDL# . BRIAN WARD, OZARK PRODUCTS</td>
</tr>
</tbody>
</table>

### Cellulite Reduction:

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<thead>
<tr>
<th>Listing #</th>
<th>Description</th>
<th>Price</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>529956</td>
<td>LPG Cellulite Reduction Part #Bodysuits</td>
<td></td>
<td>Visit our website <a href="http://www">www</a>. Robert Babik, Endo-Systems LLC</td>
</tr>
</tbody>
</table>

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#529554 - Radiology Service Technician - Virginia, USA - Service Tech to perform PM, inspection, calibration, and repair of equipment & instrumentation - CT and/or MRI experience a plus. Contact Chuck Flick, cflick@vhss.com

#456521 - Ultrasound Technician - California, USA - Northern California client looking for permanent Ultrasound Sonographer(s) with strong Kidney and Liver transplant experience and pediatric & neonatal skill set. ARDMS is required.

#477219 - MRI Technician - Georgia, USA - Specialty technologist to perform MRI procedures according to protocols and with direction of MRI Team Leader and other MRI specialists. Laura Ellis, Memorial University Medical Center, 912-350-7206.

#468744 - Biomedical Technician - Kentucky, USA - Excellent development opportunity with specialty equipment repair and maintenance co. servicing manufacturers and medical facilities.

#533701 - Management Position - Oregon, USA - Seeking a Director of Cardiovascular Services to provide leadership to the Cardiovascular Lab, Cardiac Vascular Recovery, Cardiac Rehab, Cardiology, and Respiratory Care departments. Please call - Lisa Okes, XRAYZ 4U, 866-232-8822.

#527890 - Pain Physician - St Louis, MO, USA - Fellowship trained Pain Physician for out-patient office (100% Pain). Either Anesthesia, PMR, or Neurology yet Must have pain fellowship. No call or weekends.

#533656 - Radiology Position - New Jersey, USA - 300k - 350k - Fellowship Trained Radiologist for established hospital based practice of 50+ in northern New Jersey. Contact Ken Wilson, HSSI, 800-621-0560, monica@hssimd.com

#53306 - Biomedical Service Engineer, Miami, Florida - Repair Lab Supervisor - $53,000 - 62,000 + Bonus, Responsible for customer service and repair satisfaction for manufacturer. Hands-on supervision required.

#515462 - Nursing Position - United Arab Emirates - Nursing position available for experienced Western trained nurse. Beautiful area, pay no taxes.

#533306 - Biomedical Service Engineer, Miami, Florida - Repair Lab Supervisor - $53,000 - 62,000 + Bonus, Responsible for customer service and repair satisfaction for manufacturer. Hands-on supervision required.

#499248 - Neonatal Nursing - Washington, D.C. - Be part of a team providing coverage to a cutting edge Neonatal Program with 40+ NICU beds, which sees it all, except deliveries. Tim Mattis, ENSEARCH Management, 888-667-5627 x14.

#477892 - Nursing - Montana, USA - Certified Nurse’s Aide for Skilled Nursing Center - Under supervision, perform direct patient care with focus on priority health needs of the individual resident.

#517205 - Nursing Position - Western Montana - Salary: $41,000 - $60,000 - Full-time Long-Term Care Registered Nurse position in scenic rural community. Montana licensed or license eligible. Please email resume to cambagis@cvfh.com

#534415 - Nursing Position - PA, USA - Full-time nurses for prestigious hospital in Berks County area - Full benefits, flexible schedule, and Tuition programs for Nursing or Allied Health professionals. Send resume to kcraft@jacobsmgt.com or fax: 215-732-4042.

#534062 - Ultrasound Salesperson Georgia
We are seeking a highly motivated salesperson with 3-5 years experience in the area of ultrasound sales. Leigh Rouse, UIT, Inc.

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DOTmedbusiness news I AUGUST 2008 55
Siemens MRI Scanner Open Viva 2T. You are bidding on a Hitachi ARIIS II 0.3T MRI System. This system was manufactured in 2002 and it has Phased Array. Included Coils (which are Phased Array): -Head/Medium Flexible Body -Large Flexible Body -Extra Large Flexible Body -Knee (being repaired) -Neck (needs recalibration, but will be done during installation) -Large Extremity -Quadrant C-SPine (being repaired) -Shoulder/Flight/Shoulder/Left -CTL (being repaired) Operating Software: V4.5U -MR-MAC-1 (Phased Array - Dual Quad) -DICOM -DICOM Print -Modality Worklist -Fat Separation -EPIDWI (Echo Planar/Diffusion Weighted Imaging) -MR Flouro -CE-MRA (Contrast Enchanced MRA) -WS Add Memory -Fast Scan Pack (Fast Spin Echo) -MRA TOF2 (MR Angiography) -BASS & DE FSE Pack (Balanced Sarge & Driven Equilibrium) General System Operability: System is ACR accredited till July 2009. Last PM was performed by Hitachi in April 2008. Also Included System patient table, Gantry, Operators console, an archive device, a patient/operator intercom, a monitor, a keyboard and mouse. RIGGING IS ALSO INCLUDED! Auction 5146 - sold for dealer in New York, $140,000.00

Siemens MRI Scanner Open Viva 2T. You are bidding on a 1997 Siemens Magnetom Open Viva MRI scanner. Magnetom Open Viva November 1997 DOM .2T 002051843 SB9L VB33G Numaris 3 software Computer and console included Patient Table Operators and Service Manuals Coils: Head, CP Spine, 30cm, 35cm, 39cm, 48cm Belt, MP S, 16, 21, 39, 45, Adapter (2) Options: MR Angio Pacnet Image Filter Turbo SE Power Gradients Easy Site Clinical Imaging 3D Adv Imaging Includes: Large and Small Phat spheres phantom Includes: 8700 Laser Camera Includes: Chiller located on roof, must be removed. Deinstallation, Packing, Rigging, and Crating transportation will be paid by the Successful Bidder. Auction 5150, sold for imaging center in Florida, $27,000.00

GE MRI coil Sig 1.5T GE MRI coil Signa 1.5T You are bidding on the following GE Coils, they were being used on our GE Signa 1.5T MRI, manufacture date 2000. Phased Array CTL Spine Coil USA Instrument Part# 100062 GE Part# 222554-6 Serial Number #774 Medical Advances GE Part# 14621 Shoulder Array/Medrad 1.5T REF.#M64SHA Serial# SPA0426 Neurovascular Array Coil MRA, Cervical, Brachial Plexus and Anterior Neck GE/#222547/6-2 Serial# U279 Peripher- al Vascular Phased Array Coil GE/219240/2-M Assembly# 110026 Serial# 537 Torsor Array Coil Model# 2215261 Serial#2009414MRO Includes: 1.5T PA/ PV Coil Cable Assembly USA Part# 10035 MRI High Impedance ECG Leads Ref#EF8919RC Quad Head Array Coil Model# 46-26211662 Serial# 200574MRF2 MFG. Date 12/20/2000 Small Shoulder Array Coil GE/#222525-2 MN/QOS Serial#UT130 Large Shoulder Array Coil GE/#222525-6 MN/QOS Serial# 01740. Auction 4847 – sold for medical office in New York, $16,000.00

Philips C-Arm BV212 You are bidding on a Philips BV212 C-Arms, manufactured 1996 System Information: X Ray Control Type 9869-000-06282 Serial Number/3125420 Tube/9869-010-00221 X-Ray Control/9869-010-02291 System MRR-1212C1 SBOCH10503 Type/4152-140-00010 Serial Number/918727 Tube/FO14 FILTER 3.0 AL/100 IEC 521/976 Beam Lim. Dev./4512-141-06761 Image Intensifier 15 Inch/Type 9869-010-00961 Monitoring Type/9869-010-02522 Serial Number/1003415-0935 Type/9869-010-02211 Serial Number/291040.0626 Type 9869-010-02211 Serial Number/291040.0633 QP-910 Printer. Auction 5192 – sold for hospital in New York, $9,000.

Philips C-Arm BV300 You are bidding on a Philips BV300 C-Arm, manufactured 1998 System Information: Control Stand Type/9869-000-06802 System Type/MMC-131-SBODKO074 Tube Assembly/9869-010-00581 Tube/4512-141-06761 FO 17/110 KV MUM X-Ray Tube/4512141-06761 Beam/Veenplus 4-6/Type 9869-010-00961 Image Intensifier 12 Inch/Type 9869-010-00961 Monitoring Type/9869-010-02522 Serial Number/1003415-0935 Type/9869-010-02211 Serial Number/291040.1452 UP 910 Printer. Auction 5241 – sold for hospital in New York, $18,000.00.

CT PHILIPS CT Scanner Aura You are bidding on a 2001 Philips Aura CT Scanner. The machine is currently in need of either a rotor and/or tube per the Philips field service technician. This is a fast, high resolution CT scanner with an excellent workstand. Features include: Sub-second scanning EasyVision workstation 30cm, 35cm, 39cm, 48cm Belt, MP S, 16, 21, 39, 45, Adapter (2) Options: MR Angio Pacnet Image Filter Turbo SE Power Gradients Easy Site Clinical Imaging 3D Adv Imaging Includes: Large and Small Phat spheres phantom Includes: 8700 Laser Camera Includes: Chiller located on roof, must be removed. Deinstallation, Packing, Rigging, and Crating transportation will be paid by the Successful Bidder. Auction 5150, sold for imaging center in Florida, $27,000.00

Endoscopy OLYMPUS Video Endoscopy Endoscopy LOT 12 Pieces You are bidding on the following Endoscopy equipment: -Video Printer Olympus OEP3 -Light Source Olympus CLV U40 -Light Source Olympus CV 100 -Ultrasound Keyboard Olympus -Scope Olympus GF UM130 -Ultrasound Printer Sony UP-895MD -UltraSound Olympus EUM-30 -Processor Pentax EPM-300 (PV-LUI) -20" monitor Sony pvm-2030 -Printer Sony up-1800 md -Scope Olympus CF 140L -Rolling Cart for pentax video system 3 shelves and top tray -sight scope flex Pentax es3801. Auction 5114 – sold for hospital in New York, $7,500.00

Exam Room IAC Audiometer Acoustical Booth You are bidding on an Industrial Acoustics Company Controlled Acoustical Environments Booth. This is sophisticated instrumentation designed for testing and measuring proper ear function. This package includes a GSI TympStar Version I Middle Ear Analyzer, GSI 61 Clinical Audiometer, High Frequency Headphones with cables to GSI 61. Basic Sound Field Speakers (90 dB HL), VRA System, Sound Enclosure and all instruction manuals. This technically advanced system with no wear and tear is in excellent condition. This equipment is appropriate for use in a clinical or research setting. The original cost in 2005 was about $30k. Auction 5141 – sold for medical office in South Carolina, $15,100.00
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