DOTmed Business News talks business with GE, Siemens, Philips, and Toshiba; we also visit with the top ISOs – in two ‘must read’ stories

PLUS
• Respiratory Equipment
• O/R Lights
• Dialysis Equipment

ALSO IN THIS ISSUE:
LFC Capital looks at CT & MRI market share by manufacturer in smaller U.S. hospitals
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You Ain’t Seen Nothin’ Yet…

When we first heard about the recent announcement that Medicare would no longer pay for medical conditions caused by ‘preventable errors’ and other complications incurred during a hospital stay, our reaction was swift and succinct. “Holy Chihuahua!” we gasped, in the spirit of the late, great Yankee, Phil Rizzuto.

Talk about opening a Pandora’s Box to a snake-pit of contentious complications, claims and counter-claims. (We suspect the trail lawyers of America are already dusting off their home improvement plans.)

The grand rationale for this action is that by making hospitals financially responsible for medical conditions not present at the time of admission, such as infections, bed sores – and plain old broken bones from accidents – then the large number of such incidents will be greatly reduced.

The hair-pulling will obviously come when it’s time to prove who’s responsible for exactly what, and who will adjudicate it all, and who hears the appeals – like, yikes!, like we already said.

Certainly the gut reaction from the hospitals will be to issue broad and urgent edicts urging everyone to avoid errors and keep a closer eye on patient conditions, so some of what Medicare envisions will quickly come to pass.

But the wildly subjective nature of this issue is going to create angst for patients and hospitals of cosmic proportions for years, decades – ever? – to come. (Oh, did we mention the private insurers are mulling over pulling a ‘me-too’ on this one?)

If ever there was a crisis-to-come healthcare cliff-hanger, this is it. Stay tuned to this channel…

Robert Garment
Editor-in-Chief
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Miami Durable Medical Equipment Company Owner Pleads Guilty to Medicare Fraud

Lazaro Uvina Salazar, owner of Miami durable medical equipment (DME) company MV Research Inc., has pleaded guilty to submitting more than $2 million worth of fraudulent bills to the Medicare program. Uvina admitted that from January 2007 through March 2007, he submitted approximately $2.2 million worth of claims to the Medicare program for equipment that was never actually provided to Medicare beneficiaries. Uvina’s scheme involved obtaining Medicare numbers for approximately 250 Medicare beneficiaries, obtaining Medicare provider numbers for approximately 10 doctors, and submitting approximately 4,000 claims to Medicare.

Sentencing is scheduled for late September; Uvina faces a maximum of 10 years in prison. The prosecution resulted from the establishment of the Medicare Fraud Strike Force, a multi-agency team of federal, state and local investigators designed specifically to combat Medicare fraud through the use of real-time Medicare billing data. The task force has identified Miami, along with Los Angeles, as hotspots of Medicare fraud.

- [DM 4436]

Bill to Strengthen FDA Passes House

The House of Representatives recently reauthorized the Prescription Drug User Fee Act (PDUFA), which speeds up the FDA’s approval process, by a vote of 403-16. The bill, H.R. 2900, revises user-fee programs for prescription drugs and medical devices, and strengthens the role of the FDA with respect to post-market safety of drugs and devices. Regarding devices in particular, the bill appropriates an additional $7,100,000 for fiscal years 2008-2012, plus an inflation adjustment. The resources are aimed at collecting, developing, reviewing, and evaluating post-market safety information.

- [DM 4408]

New International Health Regulations in Force in the U.S.

The revised International Health Regulations (2005) (IHR) recently went into effect in the United States. The updated rules are designed to prevent and protect against the international spread of diseases while minimizing interference with world travel and trade. The U.S. government formally accepted the IHR in December 2006.

The previous version of the IHR, when adopted in 1969, applied to only four diseases: cholera, yellow fever, smallpox and plague. The revised regu-
lations include a list of four diseases — smallpox, polio, SARS and human cases of new strains of influenza -- that member states must immediately report to the WHO. The regulations provide an algorithm to determine whether other incidents, including those of unknown causes or sources, may constitute public health events of international concern, and as such must be reported to the WHO. The rules also provide specific procedures and timelines for assessing, reporting, and responding to such events.

- [DM 4414]

**ASTRO Advises Participation in Quality Reporting Initiative**

The American Society for Therapeutic Radiology and Oncology encourages radiation oncologists to participate in the Physician Quality Reporting Initiative (PQRI), which began on July 1, 2007, and lasts until December 31, 2007. PQRI establishes a financial incentive for eligible professionals to participate in a voluntary quality-reporting program. Eligible professionals who successfully report on a designated set of quality measures for claims dated July 1 to December 31, 2007 may earn a bonus payment, subject to a cap, of 1.5 percent of the total allowed charges for covered Medicare physician fee schedule services.

- [DM 4441]

**CMS Changes Payment Structure for Ambulatory Surgical Centers**

The Centers for Medicare & Medicaid Services (CMS) has issued a final rule revising the Medicare payment system for services in ambulatory surgical centers (ASCs) to better align payments for similar services furnished in a hospital outpatient department (HOPD) or a physician’s office. CMS also issued a proposed rule that would update Medicare payment for services in HOPDs under the Outpatient Prospective Payment System (OPPS) and would set new payment rates for ASCs under the revised system effective in 2008.

Consistent with the GAO Report, which found that procedures performed in ASCs are generally less costly than those performed in the HOPD, the proposed ASC payment rates for 2008 are estimated to be set at 65 percent of the OPPS rates for the corresponding procedures.

In addition, CMS is proposing to establish two composite APCs for 2008, one for low dose rate prostate brachytherapy and one for cardiac electrophysiological evaluation and ablation.

- [DM 4437]

**Talcum Powder Found to Stunt Tumor Growth**

University of Florida researchers recently published findings in the European Respiratory Journal that reveal talcum powder stimulates healthy cells to produce endostatin, a hormone considered by many to be the “magic bullet” for treating metastatic lung cancer. Dr. Veena Antony, Professor of Pulmonary Medicine and Chief of Pulmonary and Critical Care Medicine at the University of Florida, explained that talc is able to prevent the formation of blood vessels, killing the tumor and choking off its growth. Antony stated that the tumors appeared to grow much slower and in some cases completely disappear.

When it was first discovered in 1977, endostatin was thought to be a possible cure for cancer; however, clinical trials have proved otherwise. Dr. Antony believes that the hormone breaks down in the body before it has a chance to slow the spread of cancer.

- [DM 4450]
**what's new**

**Exclusive: Oxford Instruments’s new helium compressor to replace the aging Leybold 10K RW4000**

DOTmed has learned that Oxford Instruments, a leader in MRI service, is developing a new helium compressor to replace the aging Leybold 10K RW4000.

Oxford Instruments, a leader in MRI services, has been repairing and overhauling Leybold 10K systems for a number of years through its Austin Scientific unit. Austin Scientific joined the Oxford Instruments group of companies in 2001 as a strategic source for MRI cold head and compressor repairs for their National MRI Support Organization based in NJ.

Oxford Instruments indicated to *DOTmed Business News* that they were completing development on a new compressor to be a direct replacement for the Leybold RW 4000, which is aging along with diminishing support. The new compressor will be designated as the MR400.

Based on the Hitachi Helium Scroll Compressor and designed to fit in the same physical envelope as the RW compressor, Oxford Instruments is taking the success of their M600 Helium Compressor, which is used primarily in semiconductor manufacturing environments, and leveraging the design for the MRI market. Testing on the MR 400 is said to be well underway with an anticipated launch early in 2008.

The MR400 is designed around a 4HP 40 SCFM helium compressor with plug and play compatibility with the Leybold RW4000 compressor. Cold Head drive cables, helium connections and power are all fully compatible with the existing 10K 5/100 cold head.

[DM 4578]

**FDA Approves First Molecular-Based Lab Test to Detect Metastatic Breast Cancer**

The U.S. Food and Drug Administration has approved the first molecular-based laboratory test for detecting whether breast cancer has spread (metastasized) to nearby lymph nodes. The GeneSearch BLN Assay detects molecules that are abundant in breast tissue but scarce in a normal lymph node. The presence or absence of breast cancer cells in underarm lymph nodes is a powerful predictor of whether the cancer has spread and is used to help decide appropriate therapy for a woman with metastatic breast cancer.

In a clinical trial, the GeneSearch BLN Assay showed strong agreement with results from extensive microscopic examination of the lymph nodes of 416 patients. The test accurately predicted that breast cancer had spread nearly 88 percent of the time in women with metastasis. Patients without metastasis were identified accurately 94 percent of the time.

[DM 4404]

**GE Healthcare Co-Founds and Opens China’s First MR Application Academy in Shanghai**

GE Healthcare has co-founded and opened China’s first MR Application Academy in Shanghai with the Chinese Society of Radiology and the Chinese Society of Imaging Technology. The new China MR Application Academy will provide a platform to help meet the demand for training brought on by the rapid adoption of Magnetic Resonance (MR) technology throughout China.

The Academy will focus on advancing MR clinical application in China and promoting research utilizing the technique. In addition, much attention will be paid to its applications among the Chinese research and academic communities, teaching hospitals, medical schools, and universities. The Academy will also provide essential professional training for MRI technicians, physicians, and research scientists.

[DM 4430]
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By Barbara Kram
Operating room lights don’t usually make headlines. But in July, the lights went out (and back-up generators failed) in the middle of an appendectomy in a small-town hospital in Argentina. Quick-thinking family members of the patient collected cell phones from the waiting room so that surgeons could use the screen displays for light.

It would certainly take a skilled surgeon to work without the accustomed 12,000-plus foot candles worth of light shed by many surgical lighting systems in hospitals. (That would take thousands of cell phones to equal.) In addition to the illumination power from multi-head O/R lighting systems, the quality and color of the light is specifically designed for the application and for surgeons’ preferences. For instance, invasive or deep cavity procedures require filtered, high-intensity light.

O/R lights can be ceiling or wall mounted, recessed or mobile. They are paired or in clusters to prevent shadows. The basic design of O/R lights combines the electrical source with a ring for commutators, or rotary switching devices, that are part of the mechanism to maintain contact while the light is swiveled. Brushes convey power from the main stem to the light head. To control heat, some systems include transformers to reduce voltage. Bulbs vary in strength, type and complexity from halogen and LED to older, sealed bulbs not unlike automobile headlights. (One complicated older design included an automatic back-up bulb activated when the main bulb blew out.)

O/R lighting is intense; most surgical lights are 80,000 to 160,000 lux; one lux equals the illumination of a surface one meter away from a candle. It would take hundreds of fluorescent kitchen lights to equal the intensity of O/R lights. Surgical lighting is superior to sunlight since it can be either focusable or fixed in focus. O/R lights also allow selection or adjustment of color and whiteness to improve contrast and vividness of tissue, while reflecting infrared rays and heat away from the patient and surgical team. A state-of-the-art example is Skytron’s Aurora LED system which boasts bright, cool, high-intensity optics with color-correct light that surgeons can adjust for color temperature. In addition to Skytron, leading manufacturers and brands of O/R lighting include ALM, DRE, STERIS (which makes Amsco products), Midmark, Burton, Medical Illumination, Castle, Hanaulux (owned by Siemens), and Sunnex, among others.

Consider Pre-Owned Marketers

Not every facility requires new, cutting-edge lighting. A thriving after-market in used systems provides the right balance of cost and benefits for many clinical applications at hospitals as well as clinics, surgical centers, and private offices.

“We buy the lights from hospitals and sell them to end users — surgery centers, some hospitals, doctors offices, and plastic surgeons,” says Jim Kleyman, President of ACE Medical Equipment, Inc., Clearwater, FL. The company, an independent service organization (ISO), also rebuilds and repairs lights and stocks bulbs and parts for hard-to-fix older equipment. “We completely disassemble, reassemble and rebuild the lights, pull new wire, new connections, replace bulbs, repaint the lights with durable paint, and take out dents in the domes so they’re like new.” ACE Medical Equipment also tests the illumination output to ensure the equipment is comparable to its new condition in terms of performance.

“The needs for refurbishing are relative to the specific lights,” explains Robert Bean, Purchasing Director, DRE Inc., which is headquartered in Louisville, KY, and distributes its own brand as well as OEM lighting worldwide. (The company has the apt tagline “Operating within your budget!”) “Most lights are rewired, with brushes and commutators typically replaced and connections rewired as well,” Bean says. “Bulbs are replaced and our refurbished and new lights will meet or exceed the original specifications.”

For hospitals trying to reduce operating costs, ISOs provide three important services—they will buy, sell, and/or service the equipment.

ISOs can liquidate hospital inventory that is expensive to store. O/R
Lights, Camera, Medical Gases!

If the O/R is an operating theater, as it’s often called, today’s sophisticated surgical lighting systems could be thought of as special effects for the production.

The biggest trend lately is the installation of overhead boom systems, which are electrical hubs that position equipment including the lights, video monitors, communications, medical gases, IVs, and other clinical tools.

As with most medical equipment, surrounding systems and the facility size can greatly influence your lighting choices. Ceiling height in the O/R procedure room is the most critical limitation, with a minimum requirement of more than 9 feet for most lighting systems. The articulating arms of the lights need a wide berth to swing, typically at least 14 feet. The light heads themselves are also quite large. For example, O/R lights for cardiac surgical procedures measure three feet in diameter. Electrical support and clearance from ventilation are other factors in room design. The building structure must also be strong enough to support the lighting stem, boom, track or plate.

“The other constraint is the surgeon who is probably accustomed to hospital lighting of 12,000 to 15,000 foot candles and will notice the difference if refurbished lighting does not match the illumination they expect.”

Overall features to compare in lighting include light intensity, color temperature, heat and shadow reduction, focus, maneuverability, flexibility, and surgeons’ comfort. In addition to initial cost, consider life expectancy of the equipment, and maintenance costs.

“Like any other piece of equipment, if the units are refurbished properly, refinished, and all worn parts replaced, the units should give the same life expectancy as new at about half of the cost,” says Billy Dean, Manager, Sales/Marketing, Medequip Engineering Service, Inc., Central Point, OR. “The key is finding a vendor that refurbishes the units correctly and doesn’t just spray paint them, test them, and send them out.”

To ensure the quality of refurbished O/R lighting, it is important to work with a reputable ISO. Here are some tips on choosing a trusted independent service organization:

- **Make sure they understand and can explain the constraints in choosing lighting, such as the space limitations, including ceiling height of the site.**
- **Make sure you are dealing with someone knowledgeable of the sup-
porting structure and the electrical requirements of the site and equipment; someone who can coordinate with your contractor and electrician.

• If you choose refurbished lighting make sure the company supports the light, has parts and bulbs, and can troubleshoot over the phone.

• Get a warranty on the output of that light to make sure it has been measured and you know how close it is to the manufacturers’ specifications.

• Check out the company on [DM 4575] www.dotmed.com to see if they are rated or if they are DOTmed Certified.

“The refurbished market is like a pyramid. There are a few companies at the top that are really thorough with everything they do. Their profit margins are smaller,” Kleyman said of his company. “They are doing more to the equipment but can’t sell it for that much more because most customers aren’t willing to pay. Then as you get down to the base of that pyramid you have a thousand companies who do the bare minimum. When something goes wrong they tell the doctor to find someone local to handle it.”

O/R Lights Sales and Service Providers

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 4575]

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Getting an MRI scan is such a common procedure today, it surprises many people to learn that the world’s very first MRI scan occurred only 30 years ago, in 1977. That scan took a tedious 5 hours to complete, and the image, by any standards, was extremely poor. Even in the mid-1980s, there were only a handful of MRIs in use.

The technology, clearly, has advanced rapidly in the last 25 years. Diagnostic MRI equipment – which many people now simply refer to as MR – has grown to generate an estimated $4-5 billion in annual sales worldwide. The consensus of the number of machines installed in the U.S. today is estimated to be around 10,000.

MR is the youngest of the major imaging modalities, and along with CT, it is one of the two “premier” diagnostic tools today. Each modality has its clearly defined areas where it is preferred. MR, for instance, is well established as the best for neurological studies and MSK (muscular-skeletal) imaging. MR also has recently found new proponents, in particular, for breast imaging, and in a growing number of cardiovascular studies.

To assess where MR technology is today and where it may be going, DOTmed Business News spoke with the big three OEMs in MR: GE Healthcare, Siemens Medical Solutions, and Philips Medical Systems; we also talked to small, but growing, Toshiba Medical Systems.

3 Tesla systems – the next big thing, or too much of a good thing?

There are two hot topics regarding MR today:
1.) Applications
2.) 3T vs. 1.5T technology

As far as new applications go, breast MR is probably the fastest growing procedure. MR is also being used to image the prostate and the liver. Jim Davis, V.P./General Manager MR Business for GE notes, “there is some very exciting work going on at the Mayo Clinic today around the use of MR elastography, which is a new procedure to image the liver. MR applications have tremendous growth left in them as far as breast, prostate, liver, small bowel, and cardiac imaging.” Davis asserts.

The buzz started at last year’s RSNA meeting about 3T vs. 1.5T continues to grow among all those in the MR com-
MR applications are tied in large part to the 3T vs. 1.5T issue, which in turn is tied to acquisition costs, with top-of-the-line 3T systems running from $2 to $2.5 million.

3T systems, which have been around for over 5 years, have seen limited use until recently because coil technology was lagging. Multi-channel coil development has caught up, and Davis believes, “3T machines are definitely ready for prime time.” Among the advantages high-field 3T offers are faster image acquisition times, better signal-to-noise ratios (SNR), and better resolution.

Faster scanning is a benefit for patients because they do not have to remain motionless for as long; also, for people with any level of claustrophobia, getting in and out quicker is very much appreciated.

In terms of economics, if 3T wasn’t faster, it probably would remain a research tool only. That’s because the high capital investment cost means increased patient throughput is necessary so a hospital can operate the MR at a profit. Thus, shorter scan time is a key factor in the purchase decision of a 3T in the first place. And it appears many facilities believe 3T is financially practical – because as Davis claims, “3T business is 25% to 30% of our MR business today.”

Jeffrey Bundy, V.P. Siemens Medical Solutions/MRI Division, also sees 3T as the future, but says “I think certainly the lion’s share of systems that are purchased right now are 1.5T. Yes, there is a lot of activity and a lot of interest around 3T, but still, the largest part of the market – and certainly what’s installed – is at the 1.5T level. The market for 1.5T continues to be strong and people show no sign of backing away from it. What’s also very interesting, however, is we
see growth in the 3T market not just in academic centers and teaching hospitals, we see 3Ts going in diagnostic imaging centers, as well as smaller hospital locations. People who have multiple scanners are looking at 3T to complement the 1.5T that they have. And if a customer wants to differentiate their capabilities in competitive marketplace, they’re also looking at a 3T scanner to do that,” said Bundy.

**DRA cuts cut into the OEMs’ MR business**

The OEMs, across the board, were quite frank and candid when talking about the impact of the DRA imaging reimbursement cuts. The word was “ouch.”

“I think in the first half of 2007, we will find that, as a general market trend in the United States, the order volume of new MR equipment is down,” said Michael Brandt, V.P. of MRI Marketing for Philips.

“I would guess that the DRA cuts will result in a market decline in the U.S. this year of 10% to 15%,” said Davis of GE. Bob Giegerich, Director of MR Business for Toshiba said flatly, “the industry’s down about 20% this year.”

All the OEMs, however, were equally optimistic that better days lie ahead for the U.S. market in 2008. Once the process of ‘the survival of the fittest’ has culled the field, the remaining free standing imaging centers will return to the normal ‘purchase, trade-in, upgrade’ cycle.

Michael Brandt of Philips noted that the DRA has many people in a wait-and-see mode, particularly about purchasing a 3T system. He says Philips has the answer in the Achieva XR, “which is essentially a DRA defender for our customers.” That’s because it’s a 1.5T system that can be ramped-up to 3T at any time in the future.

“The initial investment is essentially the same as for a 1.5 Tesla system, with a small premium. The upgrade to 3T, which can be done in a year, or two, or three, requires some incremental overcosts, but the cost is spread out over time, which many people prefer. I believe Frost and Sullivan did a survey that said about 45% of customers looking to buy a 1.5 Tesla have in their mind that the market will move to 3T, so almost half the 1.5T buyers today feel that the future is going to 3T. We offer them a path to that marketplace that is a very attractive, because it happens in stages, not all at once,” Brandt observed.

Bob Giegerich of Toshiba asserts that, “78% of the market today is 1.5T, so I would consider it the standard.” Giegerich is not as convinced as the others that 3T will be a solid sales success. “We have a product in the works that will be coming out that we call the Vantage 3T, but we’re not pushing it because that segment of the market has already dropped down from 27% to 20%, and we anticipate it might weaken a little bit more,” Giegerich noted. “3T gets a lot of hype, but when you really look at it, it’s not a lot of units. If around 890 MR units are going to be sold this year, about 90 of those units will be 3Ts,” Giegerich added.

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RF coils are essential to acquiring an MR image, and for each unique body part, a special coil is required. And be aware, 3T machines won’t work with coils made for a 1.5T system.

Parallel acquisition and multiple channels make the new coils for the 3T machines faster while delivering improved images. MRs come with a standard set of coils, and all the OEMs offer an a la carte menu of additional coils, such as a dedicated breast coil.

You can also go with third-party coils – no MR requires proprietary coils – and there are a number quality manufacturers in this market.

Multiple channel coils mean faster imaging and better signal for a better image, but it’s not as simple as ‘more is better.’ Bob Giegerich explains it this way: ‘The size of the coil ‘box’ is pretty much fixed, so if you want more channels in there, you have to make them smaller and smaller. As they get smaller, they lose penetration into the body. So if you have a big object with small detectors, you won’t see into the middle of it. You have to balance the size of the object with the number of channels. There’s a certain optimum ratio for every body part. If someone says to me, ‘well, I want an eight-channel wrist coil.’ I’ll say, ‘no you don’t, because if you had eight channels, you wouldn’t be able to see the center of the wrist, where there’s a lot of interesting things going on.’ So really, in coil design, it’s matching the object to the number of channels,” Giegerich said.

The impact of “imaging envy” and market competition

There are two not-much-talked-about factors that are whispering “go with a 3T” – and perhaps not so subtlety – in the ears of the decision makers on the MR purchasing committees.

One factor is what DOTmed Business News has coined: “imaging envy.” Let’s face it, a shiny, new 3T system has a ‘magnetic-like’ appeal to a broad range of healthcare professionals, and not just among radiologists. Also, hospitals that want to keep and/or attract top-flight doctors have to factor their imaging technology acquisition plans into their recruitment strategy.

Then there’s the issue of marketing – attracting new patients. If you can find an ad for a hospital that doesn’t tout, “we have the latest technology to help achieve the best outcomes,” or words to that effect, please let us know. New technology does mean better healthcare, but it also can mean a healthier bottom line. ‘State-of-the-art’ marketing claims also create a more favorable perception of a hospital in general. In other words, promoting advanced technology can mean increased referrals for routine procedures as well.

What about 1T systems and open MRIs?

While 3T technology beckons to all and 1.5T is dominant today, there are still many 1T systems now in use. And the good news is – particularly for those faculties with budget...
issues – that 1Ts still qualify for reimbursement in the eyes of CareCore National, one of the most influential consultants to the medical insurance industry.

In fact, all 1T systems manufactured in 2002 or later, “will be permitted to perform all examinations including angiographic, MRCP, and breast studies,” according to an official document on CareCore’s website. Machines built before that date also qualify for most procedures, and if the operator can demonstrate a machine has sufficient gradient strength, it can qualify for reimbursements for additional studies.

The main reason 1T machines have been eclipsed by 1.5T is the fact that 1.5T machines produce better images than 1T machines and cost about the same to manufacture, so most of the OEMs stopped making 1T equipment about one or two years ago for the U.S. market. That small price difference, however, is not true when going from 1.5T to 3T, where the investment is approximately double.

Sales of open MRs, which until a few years ago had a significant market share, have fallen off due to the fact that there are technical challenges with open MRs that put an upper limit on field strength.

Michael Brandt of Philips observed, “as a general statement, the market for open systems in the U.S. has greatly depreciated in the last 24 months.” That’s due in large part, according to Brandt, because everyone is focused on the high-field tubular market. “At Philips, however, we have a very good high-field open system, and we have grossly improved our market share. I think most of our competitors have exited the open market, but we have not. And we’re quite happy being the dominant player in this segment,” Brandt asserts.
GE still has open MRs in their product mix as well, albeit with low field permanent magnets. But Jim Davis observed that, “in certain parts of the world, such as China, India, and Latin America, there’s still a very big market for open systems because the price points are right — these products are less than a million dollars — and in these markets, which don’t have a lot of experience with MR, or have a hard time supporting superconducting magnets such as 1.5Ts and 3Ts, these products tend to be very good. They’re much easier to support, and for people that are just building experience with MR, it’s a good first-step product.”

**Getting back to the future, what lies beyond 3T?**

While 3T is talk of the industry right now, 7T systems exist and are being used for advanced medical research, GE even has a 9.2T scanner out on the market for research purposes. None of the OEMs, however, see wide-spread use of these machines any time soon. Brandt of Philips said, “we have a large R & D program at the 7 Tesla field strength right now to see what can be done at that strength. There are almost certainly challenges at 7T, and we have to see if we can overcome them and derive benefits for our customers.”

The other technology that’s gathering interest is MR-PET. This concept is in the early stage of development, with Siemens being the only company actually testing the technology right now. Brandt of Philips said, “we have a large R & D program at the 7 Tesla field strength right now to see what can be done at that strength. There are almost certainly challenges at 7T, and we have to see if we can overcome them and derive benefits for our customers.”

Bundy also explained, “right now, we see this as a neuro-only endeavor, and the way we’re doing this is with an insertable PET machine that goes inside the bore of the MAGNETOM Trio which allows for simultaneous scanning of the PET and MR data. The difference between that and a PET/CT scanner is those two scanners are built into the same gantry. With our vision of this technology, the real advantage of it will be realized if you can do simultaneous acquisition of the PET and the MR data.”

When asked about MR-PET, Brandt from Philips said, “you know, I think combining modalities as a general discussion is something that we are highly interested in at Philips. We’re looking at combining a CT scanner with an MR, combining a cath lab with an with an MR system, and even combining CT and MR and a cath lab in one unit, we have done a unit like that. So clearly the potential for MR-PET is also something we are interested in working on at Philips.”

**The consensus**

The clear impression left by all four OEMs was that MR is a thriving modality with plenty of diagnostic upside potential, with growth expected as a tool in guiding surgical and therapeutic procedures, and for monitoring the results. This year’s RSNA should be very interesting – with the 3T buzz likely to get louder.

[DM 4587]
Big Ticket Angio Lab Sold Through a DOTmed-Managed Auction

When a hospital in Livonia, Michigan wanted to sell a pair of Bayer Gas Analyzers, they turned to DOTmed.com. The instruments sold quickly to a local doctor using DOTmed’s online auction site for used medical equipment. So it made sense that the institution reached out to DOTmed’s 82,000+ registered users once again this year to auction a 1997 Philips Integrus V3000 Angio Lab.

“Typically in the past I would call a list of vendors—people who buy and sell equipment—and chase them down to see who would give me the best quote. I would spend three to four hours trying to get the best price,” says the hospital’s clinical engineering director. “In this case, with the angio lab, I felt it was my labor and time versus the efficiency of what DOTmed could produce on the auction block. I thought it would be beneficial to go that route.”

The hospital was hoping to take home $12,000 for the suite so DOTmed set a starting bid of $10,000 with a reserve price of $15,000. Admittedly, the big-ticket item did not sell right away. “There was a lot of interest and even a bid of $10,000 from an interested party in Indonesia but no one pulled the trigger at the level the hospital was looking for,” reports DOTmed’s Area Manager, David Blumenthal. “The auction ran a few times and eventually the hospital began looking into other options.”

But Blumenthal didn’t quit even after the auction was off the web site. He continued to follow up with a DOTmed user at Phoenix Medical in Quebec, Canada. The company was interested but waiting for funding. “I checked in weekly with Phoenix Medical until finally their customer was ready,” Blumenthal says. “I immediately contacted the hospital to see if the room was still available. Lucky enough for everyone it still was.”

The Auction was re-launched and Phoenix Medical exercised the purchase price of $15,000. After DOTmed’s commission, the hospital received the $12,000 they initially wanted.

“DOTmed managed it, took care of the process, and saved me the labor and time of doing it,” the hospital’s engineer says.
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The market for respiratory equipment sales and service – both in hospitals and home healthcare settings – is huge and has been one of the strongest areas for overall growth in healthcare equipment for several years. In fact, a study entitled the “World Market for Respiratory Equipment” released by Kalorama Information in January 2006, says the stage is set for the global market for disposable and reusable respiratory equipment to reach $21 billion by 2010.

The report finds that respiratory disease is among the most common ailments in the world, with asthma and chronic obstructive pulmonary disease (COPD) being the major causes of deaths among children and the elderly. The study found that there are approximately 300 million people who suffer from asthma, with that number expected to rise, and 14.2 million people suffering from COPD. The report analyzed the worldwide market for respiratory disposable and reusable equipment including inhalers, nebulizers, resuscitator masks, ventilators, portable ventilators, respirators, oxygen systems, humidifiers, pulse oximetry sensors and more.

The factors that contribute to this boom in respiratory equipment include an ever-increasing aging population, chronic pulmonary diseases due to pollution, smoking and other causes, and the need to replace older equipment. On the flipside, there is the pressure from increasing budget cuts and reimbursement reductions chipping away at respiratory equipment procurement plans – giving hospitals and homecare service providers that buy respiratory equipment major headaches.

There is a broad range of respiratory equipment available on the market today used to treat all types of respiratory therapy patients. Spencer Sommers is a respiratory therapist, as well as a biomedical technician. His company, Covalent Technologies in Comstock Park, MI, carries a full range of respiratory equipment, including oxygen concentrators, liquid oxygen systems, CPAP, BIPAP and pulse oximeters. The company offers repair maintenance, reconditioning and sales. The most common types of equipment Sommers sells are portable and battery operated oxygen concentrators and laptop sized ventilators. “This is due to a larger number of younger and more mobile chronic respiratory patients, including infants who previously could not be discharged from institutions to home,” says Sommers.

The CHAMP Act may be a loser for the respiratory industry

Sommers was asked about the new Children’s Health and Medicare Protection Act of 2007 (CHAMP Act). The bill, which passed by a vote of 225 to 204 in early August of this year, commits $50 billion to reauthorize and improve the Children’s Health Insurance Program (CHIP) and makes critical investments in Medicare to protect the health of senior citizens.
But according to the American Association for Homecare (AAHomecare), the House and Senate have passed versions of this bill that include Medicare with provisions that reduce the cap period for oxygen from 36 to 18 months, but retain the 36-month rental period for oxygen generating portable equipment. The Senate measure does not include Medicare issues. The bill includes a provision that reduces the time Medicare will pay for rental oxygen equipment by almost two thirds – from 36 months to 13 months. AAHomecare is strongly opposed to several provisions of the Administration’s proposed 2008 budget that would weaken access to homecare for millions of Americans.

“It’s total insanity,” Sommers exclaimed. “Oxygen cuts must be omitted from this bill. Not only does it put an unrealistic timeline on lifesaving equipment, it also puts the burden of respiratory home equipment repair on the patient or family, because after the 13-month rental allowance, the equipment would have to be purchased.” This is sure to cause a moral and ethical dilemma in Sommers’s opinion. He went on to say that most people have little if any understanding of what it takes to maintain oxygen. “There is some talk of the government allowing for a provision to let homecare companies provide the maintenance for the equipment. However, the amount of reimbursement will be a crucial determinant as to whether or not it will be worth the time and effort,” explained Sommers.

Mark Wooten, President of Pitcock Biomedical Inc., in Manchester, TN, added his thoughts to the debate, “Unfortunately, a few lives will probably be lost before the mess is straightened out. If people with home ventilators and respirators don’t have the ability or know-how to recognize a problem – or if the equipment is inferior because it was not purchased from a reputable company – you are talking about a potentially deadly situation.” Wooten went on to say that his company no longer sells many refurbished concentrators because, “it’s cheaper to buy a new one.” He goes on, “It may be new, but is it a quality piece of equipment?” Wooten has been in business for fifteen years and works with Invacare and Respironics. He has faith, however, that even with reimbursement cuts for home respiratory equipment products and, “everything else that is going on, because of our company’s record of providing quality repairs at a fair price, our business will continue to grow and remain a driving force in the respiratory equipment market – I’m confident,” says Wooten.

Not too big to care about smaller customers

Michael Callaghan, President of ISIS Medical Solutions, LCC of Atco, NJ, has years of experience in the medical industry. His company specializes in infusion and sequential compression devices, as well as respiratory equipment. But when it comes to respiratory equipment and the trends in the market today, Callaghan is careful about what he sells, because he feels that there is a definite level of risk and liability for anyone in the business. And he also brings a personal touch to what he does.

“We are a group of family and friends, because you help those who have helped you in life – it’s a bond that should not be neglected or forgotten,” says Callaghan. “For example, say a man passes away who had been home for several months on a respirator. Because that man also had a back-up respirator, which is required, the man’s wife now has two respirators that she has no idea what to do with. I will ask her what she paid for the respirators, and if I can offer her a reasonable price that she is happy with, I will buy them from her,” says Callaghan. “But if I don’t feel I can accommodate her, I will refer her to a larger company that is more equipped to deal specifically with used and refurbished respirators.” Callaghan believes that, “in this business, if everyone was willing to give referrals, many problems would be eliminated.” For instance, Callaghan may refer a customer to Tim Schehl, Service Manager at Bemes, Inc., in Fenton, MI.
Breathing fresh life into used equipment is what ISOs do

Bemes, Inc. deals in sales, service and rentals of respiratory equipment, and is a leader in the respiratory medical equipment business. “From my end, as a service manager, the respiratory equipment business is all good,” says Schehl. “We specialize in buying and selling used and refurbished ventilators – accessories and parts, and all of our equipment is advertised on DOTmed – which we consider to be a big player in promoting our business. Many of our customers are international. Hospitals in many foreign countries can’t afford the latest, state-of-the-art ventilators, so they go to companies like Bemes, which will sell them totally refurbished equipment that perfectly serves the needs of the hospital or any other medical facility.” Schehl explains that a brand new ventilator may cost $25,000. “A teaching hospital – say, in New York City – may keep this ventilator for a couple of years, and then replace it with more modern technology. The ventilator is still totally functional, and can be bought from the hospital by us, and sold at a greatly reduced price to smaller hospitals in the United States or overseas.”

Callaghan also refers customers to General Biomedical Services, Inc. in Kenner, LA. Ana Ortega, Sales and Marketing Manager, says that unlike some companies that sell “as is,” all General Biomedical’s respiratory equipment – ventilators and anesthesia machines – undergoes both operational as well as cosmetic restoration. “Our pieces are disassembled, components are replaced or repaired and circuit boards are tested and calibrated before the equipment is rebuilt according to the manufacturer’s specifications. We also outfit pieces with our standard accessories and each system and function is tested in our laboratories over a 72 hour period before it is shipped to any client. General Biomedical equipment arrives with an operational verification procedure checklist (OVP), a guarantee of satisfaction and a 90-day warranty,” says Ortega.
David Ogren, President of OMED of Nevada, Reno, NV, a distributor of surplus medical electronic equipment, has been serving retail, wholesale and end user customers for over 40 years. His company purchases truckloads of medical equipment from hospitals and other facilities, and much of the time it includes respiratory apparatus. OMED of Nevada will also find equipment for hospitals, surgery centers, homecare facilities or for other refurbishers. “Before any respiratory equipment is placed in inventory, it is cleaned, inspected for operational condition and classified in one of the following stages: “Patent Ready,” “As Is,” or “As Is Working Complete, No Broken Parts,” says Ogren. “A patient-ready piece of equipment (like a PLV102 portable volume ventilator by Respironics) comes complete with a PM safety sticker and meets all current manufacturer performance standards.”

Ogren explained that the market for selling any previously owned equipment, like ventilators and respirators, could be outlined on a bell curve. “The more technologically advanced the hospital, the more state-of-the-art the equipment is,” says Ogren. While that may sound redundant, “technologically advanced” also relates to the type of training the medical staff has received. This training and the related technical equipment are also subject to available capital equipment budgets.

“When equipment is replaced in a couple of years by new upgrades, along comes OMED of Nevada to purchase the items and then perhaps sell them to a community hospital,” says Ogren. “That hospital will next pass them on to a clinic, outpatient boutique or a privately owned hospital, then on to an international hospital with an emerging health care program not as sophisticated as the ‘top guns’ in the U.S.” According to Ogren, the older the equipment, the farther down the chain it goes. “We even sell ventilators to veterinarians and other biomed equipment that has been refurbished,” says Ogren. “The market for us is wide open, and business is good.”

Respiratory Equipment Sales and Service Providers
For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 4576]

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Did you know that Albert Einstein played an indispensable role in the development of hemodialysis, the process by which a machine performs the function of failing kidneys?

The history of hemodialysis dates to the 1830s, when Scottish chemist Thomas Graham, known as the Father of Dialysis, used osmosis to separate dissolved substances and remove water through semi-permeable membranes, although he did not apply the method to medicine. In 1855, German physiologist Adolf Fick published a quantitative description of the diffusion process. Through their observations, Graham and Fick discovered the underlying principles of dialysis. But their theories were not turned into practice until Albert Einstein defined diffusion laws thermodynamically as related to molecular motion. In so doing he established a solid scientific basis for dialysis.

The first dialysis procedure was performed on animals in 1913 using a vividifusion machine invented by John Abel. The first human dialysis was performed by a German doctor, Georg Haas in 1924. Unfortunately, his patients, in grave condition, died. Nevertheless the Haas Dialyzer survived to inspire future technological innovation.

The first successful dialysis was performed in the Netherlands in 1945 by Willem Kolff who used a rotating drum kidney machine to treat an elderly patient with acute renal failure. After a
week-long treatment with the device she survived and regained normal kidney function.

Examples of the Kolff rotating drum kidney crossed the Atlantic after World War II and underwent significant technical improvement at Peter Brent Brigham Hospital in Boston. The modified machines became known as the Kolff-Brigham kidney, and between 1954 and 1962 were shipped worldwide.

Several developments advanced the safety and efficacy of dialysis over the years, including anticoagulant discoveries. Older preparations led to severe complications until Heparin was isolated and later purified. Yet another milestone was the development of an effective shunt for vascular access.

As far as the machines go, a shift to hollow-fiber dialyzers meant more effective and better-tolerated membranes made primarily from synthetic polymers. The advent of high-flux dialyzers, with larger pore membranes that remove larger molecules of uremic toxins and fluids, has vastly improved the quality of treatment while shortening the process.

Pre-owned equipment in widespread use

Hemodialysis is the first line of defense worldwide for chronic and acute kidney failure.

“Dialysis is a delivery system — the first artificial organ made by man that works,” explains Shia Benhur, GIA Medical, River Hills, WI, one of the largest wholesalers of dialysis equipment, supplying the technology worldwide. “It is a very small, limited market that only a few people specialize in,” he said of the equipment sales and service industry supporting dialysis.

A dialysis system is a complicated integration of electronics, mechanics and especially hydraulics. The system must purify water, add acid and bicarbonates, and control the temperature and pH balance. The patient’s blood is pumped through one compartment of a dialyzer, exposing it to a semi-permeable membrane; the dialysis solution is pumped through an adjacent compartment. Due to a difference in pressure, toxins from the blood are filtered to the dialysis side. The cleansed blood is then returned to the body.

In addition to filtering toxins, healthy kidneys also remove excess fluid from blood to form urine. The artificial kidney performs this function in a process called ultrafiltration in which several liters of excess salt and water are removed during a typical treatment. For this reason, the patient’s blood pressure must be carefully monitored.

“Since you are removing fluid, the blood pressure tends to drop. Before treatment the BP is high because of the fluid in the system. By the time you remove the fluid and clean blood, it tends to crash because of the low blood volume. One of the main problems we experience in dialysis is low blood pressure, which can lead to cardiac arrest,” explains Sudarshan Meenakshisundharam, a dialysis biomedical engineer and Director of Maple Consultants, Scarborough, Ontario.

Maintenance of dialysis equipment is also critical. The system must be cleaned, disinfected and tested between treatments. In addition, refurbishing of equipment requires changing worn parts such as gears, brushes, valves, O-rings, seals, filters and tubing, rebuilding pump motors, cosmetic reconditioning and calibration.

Many facilities rely on quality, refurbished dialysis equipment that has been meticulously serviced. “Our factory-trained engineers ensure that all dialysis machines are reconditioned to meet OEM specifications…that you would expect from a new machine,” says Benhur, who has been in business for 24 years. “The value is great. You pay less for the same thing,” he says of the popularity of quality used equipment in a variety of clinical settings.

For hospitals and clinics, independent service providers (ISOS) are a source for affordable equipment and back-up units as well as the disposables needed for dialysis such as blood lines, fistula needles, on/off kits, and dialysis solutions.

Most hospitals have their own technicians but ISOs can also provide service contracts for the equipment and water treatment systems. “I provide service to the dialysis centers and to hospitals that don’t have their own service engineers,” says Joe Joseph, CEO, 3J Medical, Copiague, NY. “We can put a technician in the hospital [dialysis unit] while they are open and maintain equipment as per manufacturers’ recommendations. The technician is trained by the manufacturer and certified.”

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Chronic kidney failure affects about 1.5 million people worldwide, according to leading OEM Fresenius Medical Care. (Other top makers of dialysis equipment include Baxter, B. Braun, Althin, Cobe, Gambro, and others.)

In addition to being a life-sustaining imperative, dialysis is a steady subset of the health care industry. Dialysis patients are repeat health care consumers who must be treated 3 times per week for about 4 hours. More frequent sessions are sometimes prescribed, usually 2 to 3 hours in duration and given 5 or 6 times per week. Alternatively, treatments can be given overnight or at the patient’s home.

There are about 4,000 dialysis centers in the U.S. with about 400,000 patients undergoing treatment. Not many centers are hospital-based, although hospitals run smaller units to support admitted patients who are later referred to satellite units. Two major companies run most of the nation’s dialysis centers. Fresenius Medical Care and DaVita. Each own more than a thousand facilities.

In addition to augmenting the biomedical resources for hospitals and reducing capital costs through used equipment, many ISOs purchase older dialysis equipment from hospitals for export overseas where the need for dialysis services is dire and equipment scare. Several registered users on DOTmed.com run dialysis clinics in India or help support them through equipment acquisition.

“They are very, very vulnerable over there. They cannot afford dialysis, even middle class or upper class people. It is so hard for them,” says Meenakshisundharam, whose company supplies equipment to rural India and sets up dialysis units.

Jasbir Chahal, CEO of JC Biomedical International LTD, Calgary, Alberta, also has a clinic in India and recommends that hospitals donate or sell older equipment to ISOs to give the machines — and patients overseas — a new lease on life. “When the [OEM] gives them a replacement they may get pennies for it…then the equipment may be discarded,” he says. “Instead hospitals can benefit from selling the equipment. The people overseas benefit who can’t afford brand new equipment because it’s pretty expensive.”

[DM 4574]
LFC Capital 2006 CT/MRI Survey

*MRIs and Multi-Slice CTs Moving into Smaller Hospitals*

Even the nation’s smallest hospitals are investing in multi-slice CT and advanced MRI equipment, according to a survey by LFC Capital of U.S. hospitals with 25-100 beds.

In the first survey of CT and MRI equipment in small hospitals by LFC Capital, nearly all respondents reported having in-house CT scanners (94%), while MRI finally appears to be cracking into this segment, with 52% of smaller hospitals reporting direct access to MRI services. Some 36% of the respondents reported in-house MRI systems and another 16% use mobile MRI services. The 260 respondents to the telephone survey conducted in the second half of 2006 represent almost 13% of all hospitals in this size range.

In the survey, radiology department staff rated their satisfaction with both CT and MRI equipment and support services very high, although ratings for CT (computed tomography) varied more widely than for MRI (magnetic resonance imaging). Respondents were asked to rate their levels of satisfaction in four categories: image quality, equipment reliability, service and support, and the user-friendliness of equipment. For CT, Toshiba was rated highest in every category. For MRI, the three leading manufacturers – GE, Siemens and Philips – were in a dead heat at a high level of user satisfaction.

“Even the smallest hospitals have made a significant investment in upgrading their diagnostic imaging technology over the last five years and most seem to be very satisfied with their equipment,” said Martin E. Zimmerman, CEO of LFC Capital, Inc., who has been involved in financing imaging and other medical equipment since 1975. “In the past, CT and MRI have been too expensive for many smaller hospitals. With prices coming down, particularly for CT, and with pressure from the market to provide advanced imaging capabilities, more hospitals are adopting the newer multi-slice CTs on a full-time basis rather than a shared service, and more are moving towards in-house MRI rather than mobile.”

**Growing Competition for Market Giant GE**

The survey reveals that GE and a few other manufacturers dominate in both CT and MRI among the smaller hospitals surveyed. GE holds the largest share of this segment of the U.S. market for both CT (46%) and MRI (57%), as represented by survey respondents. (See charts, left)

“In the past, CT and MRI have been too expensive for many smaller hospitals. With prices coming down ... more hospitals are adopting the newer multi-slice CTs ...”
We consider it significant that as much as 32% of the CT market among smaller hospitals consists of machines of 10 or more slices, which are considerably more expensive than lower-slice machines.

Changes in CT

In CT, four manufacturers – GE, Toshiba, Philips and Siemens – represent 94% of the installed base of equipment among respondents.

As the chart above illustrates, both Toshiba and Philips appear to be coming on strong in multi-slice CT, which would indicate that they are gaining ground in the newest equipment. Among the respondents, GE’s market share drops from 61% in single-slice CTs to 45% in two to eight slice CTs, to 30% in 10 to 64 slice CTs. In the highest-slice category, Toshiba is actually ahead of GE.

The CT sites surveyed were split nearly evenly among the three categories defined by slice. While 34% of the respondents are still using single-slice machines, almost the same number (32%) are using 10 to 64 slice CTs. Quads were the most prevalent choice of CT in the mid-slice group and 16 slices were most common in the large-slice group.

We consider it significant that as much as 32% of the CT market among smaller hospitals consists of machines of 10 or more slices, which are considerably more expensive than lower-slice machines. Because smaller hospitals see fewer patients and scan volumes are lower as a result, some of the multi-slice upgrades may have been driven by manufacturer sales practices and pricing, as well as market demand for new applications such as cardiovascular imaging, which require the latest equipment.

MRI Market Share

For MRI, three manufacturers represent 91% of installed equipment in this segment of smaller hospitals: GE, Philips and Siemens. The latter two together comprise 34% of the market, far behind GE’s 57% share.

(See chart on front page)

High User Satisfaction Ratings for CT and MRI

Respondents were asked to rate their levels of satisfaction with their CT and MRI equipment in four categories: image quality, equipment reliability, service and support, and the user-friendliness of equipment.

Survey respondents rated their satisfaction on a scale of 1 to 10, with 10 the highest rating. Users report very high satisfaction levels for both CT and MRI.
CT User Satisfaction

For CT, Toshiba was rated highest in all categories, although GE and Siemens were rated equally high for user-friendliness.

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MRI User Satisfaction

For MRI, the three leading manufacturers – GE, Siemens and Philips – were virtually in a dead heat in user satisfaction levels among the hospitals surveyed, with Philips slightly edging out its competitors for the highest marks.

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Conclusions

Although smaller hospitals have long been perceived as having minimal imaging capabilities compared to larger hospitals, the 2006 LFC Capital CT/MRI User Satisfaction Survey indicates that hospitals of 25 to 100 beds have been investing heavily in advanced CT and MRI technology over the past five years. In addition, users report very high levels of satisfaction with the image quality, reliability and user-friendliness of the equipment, as well as the service and support provided by the manufacturer.

With MRI finally moving in-house in smaller hospitals, we can expect further growth as more institutions see MRI as critical to patient care. We can also expect more hospitals in this segment to upgrade to higher-slice CT. Advanced imaging capabilities are particularly important for rural hospitals and community hospitals that are the sole providers for their market areas.
MRI Sales and Service Companies

Refurbishing MRIs is a big business – just ask the top ISOs or OEMs, as we did

By Michael Bordon

In a perfect world — one free of DRA reimbursement cuts, budget crises, and hospital closings — every medical facility offering diagnostic imaging would have a new, fully integrated 3 Tesla MRI, with 32 RF channels, a coil for every part of the body, and a signal-to-noise ratio that 1.5 T users can only dream about.

Well, welcome to the imperfect, real world. Here, pesky little details, such as the $2-$2.5 million sticker price for a new state-of-the-art MRI (now typically called an MR), can send administrators scrambling to find affordable options for quality MR imaging. That usually means buying a system that’s either used or refurbished. Used and refurbished MRs account for, in terms of dollar amount, about 10%-20% of the total annual sales of MR equipment, depending on who you talk to. With all the bottom-line pressure on healthcare facilities today, the consensus among the independent service organizations (ISOs) is that the quickest way to get to ‘black ink,’ or profitability on an MR, is to buy a used or refurbished unit.

Understanding the secondary market

First, some definitions are in order. A “used” MR is an MR that’s bought ‘as is’ — that is, in whatever condition the previous owner left it. It’s deinstalled, transported to the new facility, and reinstalled. For an extra fee the buyer can purchase the equivalent of a basic service contract good for up to one year depending on what’s covered. A thoroughly “refurbished” machine has been fixed, cleaned, parts repaired or replaced, and re-painted, up to the point that it’s virtually indistinguishable from a brand new unit.

The OEMs, in fact liken their refurbished MRs to equipment that’s ‘just like new.’ Many of the top third-party companies think they are just as good as the OEMs, and can do better on price. But when you’re buying equipment like an MR, regardless of who you buy from, you had best do your due diligence first.

Some of the companies quoted in this report, and some listed in the directory at the end, also buy, refurbish, and sell mobile MRs. Because the mobile imaging business is an industry sector worthy of its own report, we will cover it in the November issue of DOTmed Business News.

Protocols and procedures for refurbishing

Refurbished MRs typically go through an extensive repair process which varies from refurbisher to refurbisher. Ron Ragan, Vice President of Genesis Medical Imaging, Huntley, Illinois, likens the used/refurbished distinction to what you’d get if you purchased a very expensive second-hand car. “A used MR is like a used auto — you pay much less, but unless you buy from a reputable broker or dealer, you may be buying someone else’s headache. A well-refurbished MR has gone through a comprehensive checklist of protocols...
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and repairs.” Thorough refurbishing is likely to include a litany of performance tests, an examination of all maintenance logs, coil tuning, and all repairs necessary to bring the unit up to the original manufacturers standards and requirements. refurbished machines are also cleaned, painted, and manicured. The cost differential between used and refurbished is generally a function of the parts and labor required to recondition the unit from start to finish. Most ISOs such as Genesis, include a full-service warranty as part of the price. And Genesis’s service is good. In fact, Genesis’s own in-house training program for its engineers is so thorough, other ISOs send their people to Genesis for training.

Given the financial issues facing healthcare facilities today, it’s no surprise that the secondary market for MRs is healthy and strong. There are literally scores, if not hundreds, of big, small, and medium-sized ISOs out there competing for business. Some are able to provide complete turnkey refurbished systems from start to finish, while others have carved out specialty niches.

Sonora Medical Systems, out of Longmont, Colorado, specializes in parts repair. “We have a 30,000 square foot facility where we stock and fix everything from gradient amplifiers to spectrometers, power supplies to surface coils, and RF amplifiers,” says Bruce Smith, Vice President of Multi-Vendor Services, Sonora Medical. Smith believes that in addition to cutting reimbursements for MR procedures, the DRA cuts have had the secondary effect of causing owners to cut back on maintenance. “Our spare parts management programs give our customers the highest possible up-time for their equipment. You want to be able to ensure maximum patient throughput for the healthcare provider. Sonora is able to fix and get an end-user any MR part in under 4 days,” Smith asserts.

ReMedPar, a Tennessee-based ISO, also specializes in warranted MR parts for GE, EcoSpeed, Excite, and Toshiba, out of its 110,000 square foot facility. Ed Slone, President of ReMedPar, says, “one of our specialties is supporting ISO service companies that have contracts with hospitals and imaging centers by being their source for parts. ReMedPar also stocks parts for all the major imaging modalities, not just MR,” Slone noted.

Some ISOs have their own trained engineers on staff, like ReMedPar, while others farm out the work to sub-contractor technicians who present themselves as employees of the ISO. Quality, training, speed of turnaround time, and, of course, price, are all significant factors in choosing which third-party refurbisher or used MR supplier to choose. Like any other decision involving the outlay of hundreds of thousands of dollars, the purchaser of a used or refurbished MR is well-advised to do some research.

“It all comes down to contacts and expertise,” says Robert Manetta, Founder and Senior Vice President of Nationwide Imaging, Brick, New Jersey, one of the country’s leading providers of high-quality refurbished and used medical equipment to hospitals, imaging centers, and private medical practices. Manetta, who was National Installation Supervisor for MR equipment for Siemens before starting Nationwide Imaging, looks to leverage his twenty years in the industry in order to offer customers complete, cost-effective MR solutions. “We’ve developed one of the largest networks of dealers and certified engineers for the MR modality,” says Manetta. “This is a complex industry — and becoming increasingly more so. Experience makes a big difference.”
Size counts, too. Atlas Medical Technology, headquartered in Ontario, California, has facilities on both U.S. coasts. Atlas employs 31 of its own service engineers and is in the process of building a new 25,000 square foot facility in Clearwater, Florida for storing, testing, and refurbishing MRs. Like Nationwide Imaging, Atlas counts on its network of professional relationships to provide speedy solutions that smaller players might not be able to match. “Because of our connections we’re able to react faster,” explains Rick Stockton, Atlas’s President. “We’ve got agents in Japan, The Philippines, India, and Dubai. We can get machines quickly — and that eliminates downtime for the customer,” Stockton notes. Atlas’s customers are usually hospitals looking for GE, Hitachi, Phillips, and Marconi equipment between two and five years old.

Zetta Medical Technologies, Lake Zurich, IL, services MRI systems including MRI magnets and coldhead maintenance, as well as equipment installation and deinstallation. Mike Ghazal, General Manager, said “Our engineers have an average of 12 years experience with MRIs. Our customer base consists of many leading ISOs, large hospital groups, and we also work with the OEMs as part of their Multi-Vendor programs. With our new facility we are looking forward to expanding our offerings to include system refurbishments and component repair capabilities to position ourselves to be a leading innovator in our field.”

Michael Profeta, President of Ohio-based, Magnetic Resonance Technologies, often buys equipment that OEMs take in trade. He then refurbishes it to the new customer’s specifications. One of MRT’s advantages, Profeta notes, is they have “a shielded room for testing where we can bring a magnet up to field in-house. So if a buyer wants to try a system before buying it, we can make that happen.” Profeta, who used to work at Phillips as a Senior Systems Engineer, recalled, “I recommended in 1993 that Philips start an MR refurbishing unit. They weren’t ready at that time, but I was, so that’s when I went off on my own.” Profeta also noted that all the systems he installs are tested using the manufacturer’s own protocols, so the customer knows that when Profeta is done, the machine is operating correctly.
OEMs and Refurbishing

The value of refurbished equipment hasn’t escaped the attention of the big OEMs. GE, Siemens and Philips all have active and profitable refurbished divisions for their own equipment. GE offers “Gold Seal” refurbished products. Phillips calls its refurbished MRs “Diamond Select,” and Siemens markets its refurbished MRs under its “Proven Excellence” brand.

The OEMs depend on ISOS for re-marketing equipment that’s not their own. When GE, Siemens or Phillips makes a new sale and the machine coming out is not theirs, all three put the competitors equipment on the broker/dealer market. “We look for good, solid ISOS when we go to the market with used equipment,” explains Joe Shrawder, GE’s General Manager of Digital Imaging Performance Technologies. “It’s important that they know how to deinstall the equipment properly, do it on time and clean up the workspace so it’s ready for installation of the new system.”

An important part of the OEMs refurbishing process is seeing that each unit is brought up to the standards of the original. “We refurbish our equipment so it’s virtually indistinguishable from a new Siemens unit,” says Knut Fenner, V.P./General Manager, Refurbished Systems Division for Siemens. “Even if it’s five years old we want it to look and work as if it just came out of the factory.

‘As good as new’ seems to be a mantra with OEM refurbishers. Jim Moran of Philips Diamond Select Refurbished Division, explains that they try to position their refurbished Diamond Select machines as ‘just like new.’

“We do that in several ways,” he explains. “First, wherever possible we bring the software up to whatever’s being offered on a brand new system. We also offer a one-year warranty, package it with clinical education just like new, have it installed by Philips engineers just as if it were new, and have it available for a service contract, just like a new piece of equipment. At every step, Philips stands behind the refurbished unit.” GE and Siemens say the exact same thing.

Can you afford the system you want?

While the new, high-field MRs at 1.5T and 3T are very attractive from a clinical point of view, the high capital cost makes operating this equipment at a profit problematical for many facilities.

Tommy Geske, President, Sunrise Medical, out of Waxahachie, Texas, says his company sells between 8 and 10 MRs year. With quality refurbished 1.5T machines typically costing 25% less than a new one, and used ‘as is’ machines providing savings of up to 50%, Geske says that, “there’s no good reason for an institution to buy new anymore — unless it’s a prestigious showcase center, such as, say, the Mayo Clinic.”

During the last decade, insur-
ance companies and the DRA cuts have reduced the typical reimbursement costs payments MR imaging services from $2,000 a session to $500 a session, Geske estimates. "It’s virtually impossible to pay for a $1.5 million machine at $500 a scan," says Geske. "It’s getting to the point for many facilities, if it’s not here already, that it’s either used/refurbished or no MR at all."

So who, then, should you go with once you’ve decided on a refurbished unit, an ISO or the manufacturer that originally produced it new? Opinions vary (depending if you’re talking to the OEM or the ISO) but as a general rule, an MR refurbished by an ISO will cost you about 10%-20% less than the same model refurbished by the original manufacturer.

Even at the steep discounts that come from buying an MR used or refurbished, the outlay of capital can be daunting for end users. "These days," says Bill Erbes of Barrington Medical Imaging, "you just have to work harder to show customers how to best optimize their capital. The goal is to make sure they end up with good technology that meets all their insurance carrier requirements without having to spend an arm and a leg."

Chuck Rubin, Senior Vice President of LFC Capital, Inc., a Chicago-based financer of MR equipment, agrees. LFC Capital works to develop creative financing solutions for a range of credit profiles. Rubin notes that LFC’s CEO, Marty Zimmerman, “pretty much created health care leasing 30 years ago.” Rubin said that, “we have a pretty good idea how to put together creatively structured financing for our customers, whether it’s for a refurbished unit selling for a couple of hundred thousand dollars, or a complete new imaging wing that could cost upwards of $10 million.” Thanks to cutbacks in reimbursements, Rubin finds that more customers who wouldn’t have considered a refurbished MR in the past are now more confident that they can get high-quality refurbished equipment that will save them up to 30% on what they’d have to spend for new.

All of which is to say that unless you’re in an enviable position where money is no object, a used or refurbished MR is a smart, viable solution for anyone looking to remain on the cutting edge — while also remaining in business.

One suggestion: be sure to ask for references before working with anyone, be it an ISO or OEM. As in any industry, the quality of service varies. A company unwilling to let you see references is not a company you want to be doing business with. “I invite all of my customers to speak to whoever I’ve worked with,” says Marshall Shannon, Service Director of Image Technology Consulting, a Texas-based supplier of quality refurbished MRs. “I also ask them to compare me with my competitors in terms of the quality of the deal I can offer. I’m known for sticking to the installed price I quote, so there are no $10,000-$20,000 surprises later on. But if someone can do it better for less money and actually deliver quality, I’ll actually steer my customer to my competitor.”

As you can see from the large listing of DOTmed registered users on the following page, who either sell and/or service MR equipment, the third-party market for MRs is very active, and we encourage you to contact any of those companies in your region for more information on the MR products and services they provide.

[DM 4573]

[See Services Directory on page 36]
**MRI Sales and Service Providers**

For convenient links to these companies’ DOTmed Service Directory listings, go to www.dotmed.com and enter [DM 4573]

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Reliant Medical, Pompano Beach, FL
Anwar Mithavayani, with Reliant Medical, an MRI and CT service company for GE and Hitachi. Installations, deinstallations, and full turnkey solutions. - (954) 632-1133
[DM 4605]

Texas Medical Mobile Services, Waxahachie, TX
Cliff Hess, with Texas Medical Mobile Services, a medical mobile storage and service company. With acres of secure trailer-ready parking, indoor service bays with chiller service, hydraulics, trailer maintenance, cryogen monitoring, and more. - (469) 218-0345
[DM 4502]

Poder, Inc., Miami Beach, FL
German Filgueira, with Poder, Inc., the sole US and Latin America distributor for Moonray C-arms; they buy and remarket diagnostic imaging equipment, and maintain a warehouse and showroom. - (305) 867-5313
[DM 4606]

EverX Pty Ltd., Sydney, Australia
Himanshu Gupta, with EverX Pty Ltd., an Australian / Japanese company dealing in Used MRI, CT, Ultrasounds, and etc. All aspects of installation and after sales service. - +61 (411) 871-485
[DM 4540]

MedRepair LLC Expands Their Space and Services

MedRepair LLC recently expanded into a second facility. MedRepair is a sales and service company whose emphasis is on the medical, dental, and veterinary markets. The company handles an array of equipment ranging from surgical power tools and endoscope electronics to light sources and video monitors.

The expansion is due to “word of mouth;” the company’s has success with customers because of their good inventory turn-around time, an average of 2 days. The company has loaners on hand, as well as a machine area and a dedicated team of machinists. MedRepair is also one of three distributors for De Soutter Medical, located in England, enabling De Soutter to sell their cast saws in the U.S.
[DM 4461]
Shows and Events for September 2007

**IDN SUMMIT & EXPO Fall**, September 4 — 7, Dallas, TX

**ExpoMedical**, September 6 — 8, Buenos Aires, Argentina

**IAME National Conference OB-GYN Ultrasound**, September 7 — 9, Chicago, IL

**AMI & SMI Joint Molecular Imaging Conference**, September 8 — 11, Providence, RI

**Spa & Resort and Medical Spa — Expo & Conference**, September 9 — 10, New York, NY

**NAHQ 32nd Annual Education Conference**, September 9 — 12, Boston, MA

**The 27th Annual Breast Imaging Conference**, September 10 — 12, San Antonio, TX

**AOA 25th Annual Education Conference**, September 12 — 15, Washington, DC

**WSRT Annual Conference**, September 13 — 16, Cody, WY

**FASA Nurses Seminar**, September 14 — 18, Louisville, KY

**ASHCSP Conference**, September 15 — 18, St. Louis, MO

**AdMeTech Scientific Program**, September 16 — 18, Washington, D.C.

**RBMA Fall Educational Conference**, September 16 — 18, Nashville, TN


**JNANN 23rd Annual Educational Conference**, September 26 — 29, San Diego, CA

**BMES Annual Fall Meeting**, September 26 — 29, Los Angeles, CA

**AMTA National Convention**, September 26 — 29, Cincinatti, OH

**A.A.S.T. 66th Annual Meeting**, September 27 — 29, Las Vegas, NV
These are some of the more than 27,000 listings on www.DOTmed.com on any given day.

**EQUIPMENT FOR SALE**

- **BIOSOUND Megas Portable Cardiac – Vascular**

- **MARQUETTE MAX 1 Stress Test**

- **CTI ECAT EXACT 47 PET Camera/Scanner**
  2001 System in Excellent Condition, Avail. now! Full warranty and installation service available. Also lease. Joseph Sciarra, Marquis Medical 732-677-31596

**EQUIPMENT WANTED**

- **PENOX Technologies Penox/Invacare Liquid Oxygen System**
  USED 60-100 New style Penox or Invacare 40/L bases, units must be PB compatible. Lloyd Barnes, Healthcare Dynamics 770 817-0388

- **KANGAROO 324 Feeding Pump**
  Need a quantity of 20 kangaroo 324 pumps in working condition. If less than 20, let me know your asking price. Frank Bleischmidt, Artec Group Services 305-884-4533

- **STORZ 11277AU Cystoscope**
  Flexible Cystoscope. Please state exact condition and best price. In need of minor repairs is OK Adam Rudinger, Lex-Tech 518-692-1115

**EMPLOYMENT OPPORTUNITIES**

- **MRI Salesperson Position**
  Location: Colorado, USA
  Salary: Negotiable - Base + Bonus 2 or more years exp. required. Previous Medical Sales experience is a must. Matt Carns, Trinity Medical 800-503-4330

- **Radiology Technician Position**
  Location: Time Sensitive in Guatemala
  Salary: Please quote me a price Installation of V3000 Integris Cath lab in Guatemala City. Date-approx. September. Darryl Newman, Phoenix Medical 418-878-6606 x103 Canada

**ASSET RECOVERY**

- **Envirotech**
  Maximize your asset recovery from obsolete and surplus medical, computer, lab and test equipment. Envirotech provides electronic destruction, recycling, disposal and liquidation. Contact: Tom Holland 800-700-8545

- **Vision Systems**
  www.patternless.com #1 supplier of refurbished optical & ophthalmic equipment, exam lane, pre-test, diagnostic & lab. 866-934-1030

**TRANSPORTATION SERVICES**

- **Atlas Van Lines Agent**
  When it’s time to transport sensitive electronic equipment, count on Atlas to handle it safely & efficiently. Call Rob Robinson for a free quote – 614-851-4220 or email: rrobinson@executivetransfer.com

**MEDICAL SALES & SERVICES**

- **HealthWare Inc.**
  A medical products distributor, broker and reseller for all medical equipment. We specialize in ultrasound equipment, OR equipment, bedside and specialty monitoring systems. Richard Fosco, President 630-333-3248

- **Advanced Nuclear Consultants**
  Turnkey solutions in nuclear medicine. Sales, Parts & Service. Pre-owned & refurbished gamma cameras from ADAC, Philips, GE, Siemens, Toshiba & more. Rich Armijo, Owner, 2001 Karbach Suite J, Houston, TX 77092. 888-668-5633 advancednuclear@aol.com

- **R-Tech Solutions, Inc.**
  Install and Deinstall all imaging equipment. Equipment relocation, crating and transportation, after hours & weekend service. 20 years experience.(574) 278-7191

- **RISMED Oncology Systems**
  Provides sales, service and parts for Varian Linacs. We carry parts in stock, 600C/D, 2100C/D, 1800, 6/100 and 4/100. We have our own refurbishing bays & modern paint booth, installations for Latin America, Asia & Africa. Jose A. Rodriguez, 256-534-6993

- **DEXASCanners, Inc.**
  Since 1996, DEXASCanners, Inc. provides sales of reconditioned Hologic Lunar & Norland bone densitometers, as well as providing service & training. Contact Desmond Johnson today at 615-424-4095 or visit www.dexascanners.com

- **Vision Systems**
  www.patternless.com #1 supplier of refurbished optical & ophthalmic equipment, exam lane, pre-test, diagnostic & lab. 866-934-1030

- **T.H.E. Medical Systems, Inc.**
  Specialists in MRI, Mobiles, CT, Nuclear, PET, & Clinic Partnerships, Contact us today at: 877-496-8272. Visit us at: www.themedicalsystems.com

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**Radiology**

BENNETT Chest X-Ray 1977 Radiographic sys., Generator: Bennett 300 MA at 125 kVp Tube: 140,000 H.U. cables: 10 feet Tube stand: variable, to 40 inches Collimator: manual, Table-stationary, speedmeter densitometer & sensimeter - $500.00

SIEMENS 4U Siremobil C-Arm, DOM: 1991, Model #4U S/N: #84-14766-6053 Image Intensifier S/N: 01103 Includes 10x12 film holder attach. Under continual service during operation. Used at a local hospital at the time of deinstall, $3,500.00

SIEMENS 2002 Somatom Emotion 6 Slice CT Scanr. In very good cosmetic and mechanical condition. Software ver. VB108, System Scan Sacs: 252461 Tube Scan Sacs: 9264 (installed Feb 2007) Tube Type: MCT_172 KWS Since Tube Inst.: 160886 Tube Serial Number: 780500691 System Serial Number: 43379. Phantoms in good condition in original boxes. All system software. Install technical service manual included. Also included - CT Fluro. D301 board was found to be faulty during staging and has been replaced with a new board. Numerous Upgrades and Updates – Call DOTmed for details. $120,000.00

GE Stenoscope 2 C-arm, Manuf. 1995, Model Number 21025272, Tube Number 828-752-0205 Includes: 2 Monitors Model Number 82408B3 Model Number 75308BU7 Sony Recorder SVO-9500MD, $4,500.00

USI C-Arm Table Model 9650 MV4 - $3,500.00

GE Rad Room Parts Liquidation Auction - Including over 1600 different GE parts for MRI, CT, CT-UMS, Mammo, X-ray and more. Many parts are new and all are listed. Add'l. Items: Material handling equipment. $50,000.00

PHILIPS Secura Single Slice CT scanner with MRC X-ray Tube that has 700,000+ slices on it. In very good condition, serviced by Philips since it was installed, in climate controlled storage - $1,000.00

PHILIPS Angio Lab Integris V3000, DOM - Sept. 1997, 15 inch image intensifier. Tube: RC 160A 0310. System was purchased new by a hospital in 1997. Taken out of service February of 2007. $15,000.00

**Nuclear**

TOSHIBA Nuclear Gamma Camera GCA-7100A in excellent condition. Single Head 360 Field of View Computer. Sun Ultra 1 Creator with 5.0 software. 21” Monitor. MO Drive and GQS SPECT, Planar, Whole Body. LEHR Collimator and Collimator Cart. Deinstalled by Toshiba FSE’s. $12,000.00

MARQUETTE Case 15 Stress Test System sold with Treadmill as a COMPLETE STRESS TEST SYSTEM - $500.00

ADAC Nuclear Gamma Camera Epic Cardio Nuclear Camera, manufactured 1988. System incl. Generator/Model Number 2152-3000A, Pegasys Work Station, Dual Monitors, Processing Terminal and more (incl 4 Collimators) - $6,000.00

**Ultrasound**

TOSHIBA Shared Service SSA-270A Ultrasound system with 3 probes. Purchased new in 1993 by South Carolina Hospital. $2500.00

ATL Ultrasound UM 400 OB/GYN Ultrasound (Qty.-2) - Being sold for parts - $500.00

ATL Ultramark 9 HDI Shared Service Ultrasound with a color printer and a 3.5MHz transducer and Cardio capable. - $1,500.00

MEDISON Cardiac – Vascular, Lot of 3 ultrasound systems. All 3 are Medison, MySono 201. Two in good working order. Third has a problem with the LCD - $2,400.00

MRI Equipment and Accessories

GE Signa 1.5 LX EchoSpeed Octane MRI Scanner. Installed and under service. Hospital moved across town and unit was replaced with a new system. The CX K4 active shield Short Bore magnet was new in 2003. The balance of the system is a GE GoldSeal PreOwned system. It comes with a Medrad Spectris MRI Injection System and a Medrad 3006 MRI Music System. System upgraded to Octane. System running 9.1 level system software. $280,000

FERNO Stretcher - Non magnetic stretcher used in conjunction with MRI systems for patient transport from a mobile application - $1,000.00

**Endoscopy**

STORZ Video Endoscopy 201331 20, 201331 20 - This lot incl. Camera surgical #202221 20, Insufflator #264305 20, Light Source #201331 20, Karl Storz SNHD041590-H Camera (Camera Head Tricam Autoclave), SmartKart Monitor 950553 Plus cables. This Auction is part of a hospital closing. $7,500.00

STRYKER Light Source 988 3, x6000, 40L Endoscopy lot - including: Camera Console, surgical # 988 3 Chip STRYKER ENDOSCOPY, Insufflator #40L High Flow STRYKER Endoscopy, Light Source # X6000 STRYKER Endoscopy. Cart is included. This equipment is part of a hospital closing. $6,300.00

**Imaging Accessories**

AGFA Dryster 3000 Dry Camera, S/N: 2196. $2,000.00

KODAK PACS/RIS Key Pads - Set of three - 1 Model 9410 / Manuf. 2001 and 2 Model STD-MIS / Manuf. 2000 - $250.00

FUJI Digitizer AAM-CADUI Laser Camera Accessories: Four (4) Fuji Digital to Dicom Boxes Model Nuber AAM-CADUI and Four (4) Fuji Key Pads - Serial Number HH275989 - $1,200.00

**OR - Surgical**

STERIS Sterilizer 3, Auto Clave V-120 Precav. Vertical depreuum steam sterilization autoclave. Floresent display. 20” X 20” X 38” Chamber. Rack and two shelves. Unit came out of a hospital and is in fine working order. $12,000.00

STERIS EO Sterilizer, Model 3017 $1,300.00

AMSCO Portable O/R Lights, Model 1520 (Quantity of two-2) - $300.00

OHIO Infant Warmer, System 7810 (Quantity of Seven-7) - $250.00

SHARPLAN Laser - Co2 SIlktouch 40C CO2, DOM 1997, Sold by the Original owner. Very light usage, this laser is almost new. $12,000.00

Steris System 1 Sterilizer - $950.00

Skytron Infinity OR Lights (2 sets). Light has two heads, one head has 5 lights and the other head has 8 lights - A total 13 bulbs on the two heads. $2,000.00

AMSCO Surgical-O/R Table 1080 – (Qty - 2) $500.00

DATASCOPE Defibrillators M/D3A Portable monitor/defibrillator/recorder. The patient ECG signal is shown on 5” display. System sold as-is. $510.00

STERIS-I Sterilizer System. Removed from a hospital working order. Low-temperature sterile processing system for immisible surgical and diagnostic devices - $800.00

**Respiratory**

RESPIRONICS CPAP/BIPAP 1005960 REMstar Plus Domestic unit (virtually new). Lightly used - comes with a manual, hoses, and a carry case - $225.00

**Cardiology**


**Monitors**

PHILIPS Agilent 50XK Fetal Monitors – (Quant. of five - 5) with the following connections: Cardio/Tooc/Cardio 2/NIBP/SP02 - $1,000.00

HEWLETT PACKARD EKG Page Writter XLE – (Quantiy - 1)Interpretive EKG Machine. Both have Power Cable, Internal battery, One Line LCD display with patient data, Full page printout, CART mounted. One is complete with Patient Module with all patient leads. $50,000.00

PROTOCOL SYSTEMS Bedside Monitor Propaq 102 EL – Multiparameter patient monitor – ideal for the surgicenter. Portable for travelling - $750.00

BURDICK EKG EK10 Single channel, Non-Interpre- tive Electrocardiograph with 10-lead patient cable, electrode sensors, adapter clips, thermal paper and mounting paper. No manuals. $700.00

**Pumps**

TRAVENOL Flo Gard 6200 Pump IV Infusion – (Quant. of three-3) - $900.00

BAXTER Flo-Gard 6300 Pump IV Infusion – (Quant. of two-2) - $900.00

BAXTER Pump IV Infusion Colleague Single Channel (45) Forty Five Baxter Single Channel Volumetric Infusion Pumps - $14,625.00

BAXTER Colleague 3 Channel Volumetric Infusion Pumps – (Quant. 4) - $3,600.00

**Miscellaneous**

HAMILTON Exam Table 2K89, With Motorized power table in excellent condition - $300.00

HILL-ROM Affinity II Electric Beds, (Quant. Of two-2) - $1,000.00

HARLLOFF Pharmacy/Med Carts - Thirteen (13) Harloff Crash Carts - $500.00

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