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Big Changes Planned for DMBN

If you are a regular reader of DOTmed Business News (DMBN), you may have already noticed some small changes to the magazine. Of course, I am counted among those changes, having recently joined the DOTmed Business News family as the new Editor-in-Chief.

In upcoming issues, you’ll see more changes as we look to improve our publication and its service to our readers. To that end, I invite you to share your comments about the magazine with me. Drop me an email (sruck@dotmed.com) and share your thoughts on what you look forward to in each issue, what can be improved or what you would like to see added.

In the meantime, settle down with this issue and familiarize yourself with some bigger issues – namely, the current state of and innovations for MRI, Dialysis, Respiratory and O/R Lighting, and the health care issues being debated by Presidential hopefuls Senator John McCain and Senator Barack Obama.

In this issue, the U.S. Presidential campaign isn’t the only election we’re covering. We also interviewed AHRMM candidates Ray Moore and William Stitt to get a better idea of what each man looks to accomplish if elected. This is just the first of this type of coverage DOTmed Business News will report on other elections and events that affect your industry as they surface. Plus, as a DMBN reader, you’ll gain insight into the state of the new and used market through our regular departments like “Old Into Gold,” “Blue Book Price Guide,” and “Marketplace & Classifieds.”

Although there are a number of improvements planned for the near future, one thing remaining the same is the subscription cost – FREE. If you don’t currently have a subscription, be sure to subscribe at www.dotmed.com today.

I hope you enjoy this issue and keep watch for even more reasons to be a DOTmed Business News reader coming soon.

Until next month!

Sean Ruck
Editor-in-Chief
DOTmed Business News

Call for Submissions and White Papers

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

Please outline the content of the article and provide a brief description of your qualifications as an authority in your field.

Contact Us

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Medicare Cleaning-up Issues with Sponges

To the Editor:

Thanks for writing this article (Editor note: see story “Reducing the Incidence of Surgical Sponges Left in Patients” online at dotmed.com/dm6603).

Starting October 1st, the Centers for Medicare & Medicaid (CMS) will no longer cover costs of 27 “Never” events. CMS defines “Never” events as preventable injuries and infections that occur while a patient is in a hospital - things like sponges and other objects left in patients after surgery.

As some private insurers are now following CMS’s lead (not reimbursing for Never Events), this announcement is important because patients may wonder if this will impact their wallet directly.

To answer the patient concerns, hospitals are now putting forth measures that will not only prevent these medical errors, but that will also improve efficiencies. For example, hospitals are using the ClearCount SmartSponge System - for the prevention of left behind sponges. As you mentioned in your article, tiny RFID chip in the sponges allows them to be easily tracked - counted before they go into the patient, then reconciled at surgery’s close. In this way, hospitals are hoping to “eat” the cost of non-reimbursement by preventing medical errors in the first place, and by improving efficiencies so that money will be saved.

Michael Levey
Zero to 5ive for ClearCount Medical Solutions

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New “Stark Law” CMS Regulations Final
The revised Physician Self-Referral and Hospital Ownership Disclosure Provisions of the Inpatient Prospective Payment System (IPPS) Fiscal Year 2009 regulations have just been published in the Federal Register by the Centers for Medicare and Medicaid Services (CMS). The regulations carry out the original physician self-referral laws, in section 1877 of the Social Security Act, popularly known as the “Stark Laws.”

The Final Rule of this provision of the IPPS, published August 19, will generally be effective for discharges on or after October 1, 2008, except for certain rules deferred until 2009. Those rules can be viewed in the full article online at dotmed.com/dm6784.

The Final Rule also requires a physician-owned hospital, defined as a hospital in which a physician or an immediate family member of the physician has an ownership or investment interest, to furnish upon a patient’s request a list of physicians or immediate family members who own or invest in the hospital, unless no physician owners or members of their immediate families refer patients to the hospital. In addition, a physician-owned hospital must require all physician owners or investors who are also active members of the hospital’s medical staff to agree, as a condition of continued medical staff membership or admitting privileges, to disclose in writing their ownership or investment interests in the hospital to all patients they refer to the hospital.

The Stark Laws, prohibiting physicians from referring Medicare/Medicaid program patients for certain services to an entity with which the physician or an immediate family member has a financial relationship, were originally passed in 1989. Congressman Pete Stark (D-CA) had proposed a Federal physician self-referral law in 1988, which led to the passage of “Stark I,” at a time when Congress was revising Medicare’s physician payment program. Stark I law applied only to clinical laboratory services. Congress then expanded the Stark law to cover a considerable list of designated health services in addition to the clinical lab services. These amendments, effective January 1, 1995, were known as “Stark II.”

Breast Cancer Detection May Be Achieved by Electrical Current
The Medical College of Georgia is studying whether a painless, portable device that uses electrical current rather than X-ray to look for breast cancer could be an alternative to traditional mammograms.

The Z-Tech scan works by placing a flower-shaped grouping of electrodes over each breast and sending a small, painless amount of electricity through them. Unlike traditional mammography, the scan does not involve breast compression or radiation.

“This method doesn’t use radiation, is portable and there is no pain associated with the squeezing that mammograms require,” says principal investigator, Dr. James Craft. “I can see it being used as an additional test. I don’t think it will replace mammography, but it could increase our chances of catching breast cancer.”

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Lasers Beat New Meds for Diabetes Eye Disorder

A promising new drug therapy used to treat macular edema proved less effective than traditional laser treatments in a study funded by the National Eye Institute (NEI). The study, published online in July in the journal Ophthalmology, demonstrates that laser therapy is not only more effective than corticosteroids in the long-term treatment of diabetic macular edema, but also has far fewer side effects.

"Results of this study should confirm the use of laser treatment for diabetic macular edema and will have a significant impact on quality of life for tens of thousands of people being treated for diabetic macular edema in the United States each year," said Paul A. Sieving, M.D., Ph.D., director of the NEI.

Researchers found that, while not as effective as the laser treatment, corticosteroid treatment did provide some benefit. “Our findings raise the possibility that combining laser with corticosteroids might produce greater benefit,” said Dr. Neil Bressler, chair of the Diabetic Retinopathy Clinical Research Network and professor of ophthalmology at The Johns Hopkins University.

Pacemakers Are Vulnerable to Hackers

Researchers have shown that a combination pacemaker and defibrillator with wireless capabilities can be hacked.

Using an antenna, radio hardware and a PC, they found that a hacker could indeed violate the privacy of patient information and medical telemetry of Medtronic’s ICD, since the ICD wirelessly transmits patient information without encryption.

A hacker “could intercept wireless signals from the ICD and learn information including: a patient’s name, medical history, date of birth and so on,” the researchers state.

Such a person could turn off or modify settings stored on the ICD, incapacitating the device so it can no longer respond to dangerous cardiac events. A malicious person could also make the ICD deliver a shock that could induce ventricular fibrillation, which is often lethal, the authors report.

Nature or Nurture—Are You Who Your Brain Chemistry Says You Are?

Researchers using positron emission tomography (PET) have validated a long-held theory that individual personality traits—particularly reward dependency—are connected to brain chemistry, a finding that has implications for better understanding and treating substance abuse and other addictive behaviors.

According to the researchers, the biological purpose of the human reward system is to initiate behavior essential for either the maintenance of the individual—for example food intake—or for the species, an example being reproduction. Therefore, food or sexual stimuli lead to an opioid-modulated dopamine release in core structures of the reward system and subsequently induce the sensation of craving. Modern addiction research maintains that genetic or acquired abuses of the reward system are the central basis for the development of addictive behavior. This latest finding suggests that individuals suffering from a relative endorphine deficit in their reward system show increased reward dependence and are probably more at risk for developing addictions.

Non-invasive Coronary CT Angiography (CTA) is Cost-effective

Non-invasive coronary CT angiography (CTA) is more cost-effective than current tests for diagnosing women with low risk of a heart attack who come to the emergency room with acute chest pain, according to a recent study conducted by researchers at Harvard University in Cambridge, MA.
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The researchers developed a microsimulation coronary CTA model which reviewed costs and health effects of performing coronary CT angiography and either discharging, stress testing, or referring emergency department patients for invasive coronary angiography, depending on their severity of atherosclerosis, compared with a standard-of-care (SOC) algorithm that based management on biomarkers and stress tests alone. “The SOC is to get a few sets of cardiac enzymes on these patients and to perform a stress test. If either is positive, the patient may be considered for cardiac catheterization,” said Joseph Ladapo, M.D., Ph.D., lead author of the study.

Coronary CT angiography was $410 less (in emergency department and hospital costs) than the SOC to triage a 55-year-old woman. Total health care costs decreased by $380, he said. “At nearly every age level, women are less likely to have coronary artery disease than men; they are more likely to be found to have normal coronaries on cardiac CT, and therefore more likely to be discharged. Since they are discharged, costs go down,” Dr. Ladapo said.

“Coronary CT angiography with high-resolution CT scanners is an exciting innovation whose implications for health outcomes and medical care costs are poorly understood,” said Dr. Ladapo. “I think our study brings us closer to understanding how patient care might be affected by its application and reinforcing the role of this technology in patient care,” said Dr. Ladapo.

Online: dotmed.com/dm6691

Study Shows That Demographics Matter in Cardiac Resynchronization Usage

Researchers at the Duke Clinical Research Institute (DCRI) have determined that race, age and geography appear to be significant factors in who receives cardiac resynchronization therapy (CRT), a proven treatment for some patients with heart failure.

Dr. Jonathan Piccini, M.D., a cardiologist at Duke University Medical Center and the lead author of the study said, “We looked at figures nationwide, and we found that use of the therapy was extremely variable.” According to Dr. Piccini, “Basically, a lot of people who should be getting the therapy aren’t, and some of the people who are getting it may not need it.”

“Our findings parallel previous studies evaluating adoption of new medical technology in that they show racial disparity in who is receiving the newest therapies,” says Piccini. “In contrast to previous studies, however, we didn’t find any gender gap in the use of CRT.” The study showed that roughly equal numbers of men and women received CRT for the first time during their hospital stay.

“We will be watching these trends closely,” says Adrian Hernandez, M.D., a cardiologist at Duke and senior author of the study. “CRT is an effective therapy for many patients, and this study suggests clinical practice varies greatly compared to what it should be, according to recommended guidelines.”

Online: dotmed.com/dm6722

Targeted Radiation Therapy Can Control Limited Cancer Spread

Precisely targeted radiation therapy can eradicate all evidence of disease in selected patients with cancer that has spread to only a few sites, suggests the first published report from an ongoing clinical trial.

“This was proof of principle in patients who had failed the standard therapies and had few, if any, remaining options,” said the study’s senior author, Ralph Weichselbaum, MD, professor and chairman of radiation and cellular oncology at the University of Chicago Medical Center. “We had encouraging results, including several long-term survivors, in patients with stage-IV cancer that had spread to distant sites.”

Patients with stage-IV cancer with one to five distant metastases and no tumors bigger than 10 centimeters (about four inches) in diameter were eligible to participate in the study either before or after chemotherapy treatment.

Six of the 29 initial patients had lasting tumor control, with no detectable evidence of disease 15 months after treatment.

Online: dotmed.com/dm6718

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The 50th American Society for Therapeutic Radiology and Oncology (ASTRO) Annual Meeting is scheduled to take place on September 21 - September 25, 2008, at the Boston Convention and Exhibition Center in Boston, MA. ASTRO’s Annual Meeting is the premier scientific meeting in radiation oncology and is designed to address the educational needs of radiation oncologists, physicists, biologists, nurses and other healthcare professionals involved in the field of radiation oncology, as well as oncologists working in related specialties.

The theme of the meeting “50 Years of Learning, Caring and Collaboration in the Treatment of Cancer Patients,” is well aligned with ASTRO’s mission to improve patient care through education, clinical practice, advancement of science and advocacy. This year, ASTRO will collaborate with Radiation Research Society members as they hold their annual meeting at the same time with both programs taking place in the Boston Convention and Exhibition Center.

A major focus of the meeting will be to address lessons learned and future directions. In addition to a top-notch scientific program, the Annual Meeting also serves as an industry focal point, offering excellent interaction with the vendor community. Meeting attendees will have the opportunity to network and interact with more than 10,000 radiation oncology professionals from around the world.

**Keynote Speakers**

The Keynote Speaker for ASTRO’s Fletcher Lecture on Monday, September 22 from 9:00 to 10:00 a.m. will be Robert A. Weinberg, Ph.D. of the Whitehead Institute and the Massachusetts Institute of Technology, Boston – with an introduction by Mark Dewhirst, D.V.M, Ph.D., Duke University Medical Center, Durham, NC.

The Kaplan Lecture will be presented on Tuesday, September 23 from 9:00 to 10:00 a.m. by Keynote Speaker Abul Gawande, M.D. of Brigham and Women’s Hospital, Dana-Farber Cancer Institute and the Harvard School of Medicine in Boston, and Charles L. Sawyers, M.D. of Memorial Sloan-Kettering Cancer Center, NY, will present as Keynote Speaker for the DelRegato Lecture on Wednesday, September 23, from 9:00 to 10:00 a.m.

**ASTRO Full-conference Registration**

Full-conference registration includes admission to the ASTRO educational sessions, Exhibit Hall, and Presidential Poster Session and Reception.

For more information about registration go to http://www.astro.org/Meetings/AnnualMeetings/Registration.

**About ASTRO**

Founded in 1958, ASTRO’s mission is to advance the practice of radiation oncology by promoting excellence in patient care, providing opportunities for educational and professional development, promoting research and disseminating research results and representing radiation oncology in a rapidly evolving healthcare environment.
John Bardis Attends Olympics as Leader of U.S. Greco-Roman Wrestling Team

For John Bardis, the Chairman, President and CEO of MedAssets, headquartered in Alpharetta GA, the 2008 Olympics in Beijing will be one of the high points of his life. Not only because he was able to attend, but he also had the distinct honor of being the Team Leader of the U.S. Greco-Roman Wrestling Team -- a sport he has loved all his life.

Bardis began wrestling at the age of 10, and went on to become a high school wrestler in Illinois, taking second in the Illinois State Championships, as well as capturing state freestyle and Greco-Roman titles. He also captured a Junior National title in Greco-Roman.

Bardis began his college wrestling career at the Univ. of Wisconsin, where he competed as a freshman, then transferred to the Univ. of Arizona, where he became a WAC conference champion and wrestled at the NCAA Championships while completing a degree in business. In 1976, he won a Regional Olympic Trials event and went on to place third at the Olympic Trials in Greco-Roman.

Throughout his adult life, Bardis has supported wrestling in many ways. He has helped sponsor a number of individual athletes who have competed at the national and Olympic levels. Bardis also organized and sponsored numerous activities for the wrestling community during the 1995 World Championships and the 1996 Olympics that were held in nearby Atlanta.

At the time this story was submitted, Adam Wheeler of U.S. Greco-Roman Team had won a Bronze Medal in the 96kg Class. In the FreeStyle category, Henry Cejudo won a Gold Medal in the 55kg Class.

Congrats to the team, the medallists and to Bardis.

Witness Shimadzu Corporation’s Evolution

Shimadzu Corporation, parent of Shimadzu Medical Systems, USA, and a global provider of medical diagnostic equipment including conventional, interventional, digital X-Ray systems and diagnostic Ultrasound, felt the AHRA provided the perfect event to unveil their new MobileDaRt Evolution.

The MobileDaRt Evolution has the improved Canon Digital panel tethered to the unit and also has a built in Wireless router allowing the radiology department to both upload and download RIS & PACS information “on the fly.”

“The patient Worklist can be updated on the fly while driving the unit between exams with the X-ray technician receiving an immediate notification of any new additions to the list of exams to be performed,” said Frank Serrao, Manager of Business Development and Marketing.

The MobileDaRt Evolution boasts 32 kilowatts - nearly three times the power of the Art and Dart. The extra power results in a faster production of digital images, on a larger and brighter LCD touch screen. This can be an important factor when developing the X-rays for some patients. This machine is of use in geriatric and pediatric fields, especially for those with limited movement and for neonates, who need a machine that takes an X-ray quickly. The additional power also provides better X-ray penetration which is especially helpful when dealing with heavier patients.

Study Suggests Bone Mineral Density May Indicate Breast Cancer Risk

A new study suggests that measuring a woman’s bone mineral density may provide information that can more accurately determine a woman’s risk of developing breast cancer. According to the study, incorporating bone mineral density tests with other risk assessments could improve the ability to predict breast cancer in older postmenopausal women.

Dr. Zhao Chen of the University of Arizona Mel and Enid
Zuckerman College of Public Health and her colleagues led the study, which included approximately 10,000 post-menopausal women who took part in the Women’s Health Initiative, a study conducted in 40 clinical centers throughout the United States and supported by the National Heart, Lung and Blood Institute of the National Institutes of Health. The study first assessed the women’s initial bone mineral density level. The researcher also measured the study participants’ score on the Gail risk model. The women were then monitored for approximately eight years.

As expected, the study determined that women with a high Gail score had a 35% increased risk of developing breast cancer compared to women with a lower Gail score. In addition to that score, the study also found a 25% increase in the risk of developing the disease with each unit increase in total hipbone mineral density t-score. The two scores were independent of each other, yet there appeared to be an interaction between these factors for the women who had the highest scores on both assessments in having a higher risk in breast cancer.

The findings suggest that adding bone mineral density to the current risk assessment tools may significantly improve the prediction of breast cancer risk. “Future studies should investigate whether incorporating bone mineral density and Gail score with other risk factors, such as breast density, can further improve the identification of women at high risk for developing breast cancer,” the authors wrote. This study also suggests that bone mineral density is a potential alternative for predicting breast cancer risk in postmenopausal women if Gail score is not available. Additional studies are needed to determine if the results from this investigation are applicable to a broader group of women.

- Online: dotmed.com/dm6638

Heart Attack Rehab Patients Find Mobility, Monitoring With New ECG System

The Queensland University of Technology in Brisbane, Australia has combined a mobile phone with a miniature heart monitor and a GPS device in research aimed at tackling the low participation rates of heart patients in cardiac rehabilitation. The unique ‘Cardiomobile’ monitoring system is being developed by Gold Coast company Alive Technologies.

Country singer and songwriter, Alan McPherson was one of the first to trial the system, allowing him to do rehabilitation sessions under proper monitoring while on tour. “Without the system he would have either had to cancel his tour, forgo the rehab program, or take a chance and exercise with no monitoring or support,” said Dr. Charles Worringham.

The Cardiomobile system works by attaching a mini ECG monitor to the patient’s chest and coupling that with a cap containing a lightweight GPS receiver, both connected to a mobile phone via Bluetooth.

- Online: dotmed.com/dm6562
System (OPPS).

weights under the IPPS and Outpatient Prospective Payment System (IPPS) during FY 2009 and would ultimately affect the relative cost reporting form would be available for use by hospitals during FY 2009 and would ultimately affect the relative weights under the IPPS and Outpatient Prospective Payment System (OPPS).

AdvaMed Supports Recent CMS Changes

AdvaMed has announced support of certain changes in the Centers for Medicare and Medicaid Services’ (CMS) final CY 2009 In-Patient Rule, addressing charge compression and hospital-acquired events.

Ann-Marie Lynch, executive vice president for payment and health care delivery policy at the Advanced Medical Technology Association, issued the following statement: “AdvaMed is pleased that CMS has addressed the problem of charge compression for advanced medical devices by committing to make the necessary changes to Medicare’s hospital cost reports. We look forward to working with CMS and hospitals to ensure successful implementation.”

CMS is continuing a three-year reform of the Inpatient Prospective Payment System (IPPS), which in part is to address the inequities in charge compression. The reforms include changing one component of its payment rate from hospital charges to costs. The changes do not produce any budget savings but will more accurately reflect the costs of treating Medicare beneficiaries and reduce incentives to select some patients over others. In this final rule, CMS completes the transition so that its payment rates are 100% cost-based. In addition, CMS is making changes to hospital cost reports that will allow Medicare to distinguish between high and low cost supplies and devices and improve cost-based payments. This change is in response to industry concerns that the existing methodology for determining hospital cost-to-charge ratios does not take the low markups into account. In April, the CMS proposed to add a cost center to the cost report to allow costs and charges for inexpensive medical supplies to be reported separately from those of more expensive devices. This revised cost reporting form would be available for use by hospitals during FY 2009 and would ultimately affect the relative weights under the IPPS and Outpatient Prospective Payment System (OPPS).

Online: dotmed.com/dm6572

First DuraHeart™ Left Ventricular Assist System Implanted

The first U.S. implant of the DuraHeart™ Left Ventricular Assist System (LVAS) took place at the University of Michigan Cardiovascular Center in Ann Arbor, Michigan. The surgery was performed by Francis Pagani, MD., Ph.D. National Co-Principal Investigator for the DuraHeart U.S. Pivotal Trial. DuraHeart is the world’s first third-generation left ventricular assist system combining a centrifugal pump with a magnetically levitated impeller to enter clinical trials in the U.S.

The pump component of the DuraHeart Left Ventricular Assist System (LVAS)

“The DuraHeart gives us a new, third-generation option for patients with advanced heart failure who need help to allow them to survive until they can receive a heart transplant,” says Pagani, who leads the U-M Center for Circulatory Support.
The DuraHeart LVAS Pivotal Trial is a multi-center, prospective, non-randomized study of 140 patients and will include up to 40 centers. The device is intended to provide cardiac support for patients awaiting transplant who are at risk of death due to end-stage left ventricular heart failure. Yoshifumi Naka, M.D., Ph.D., from Columbia Presbyterian Hospital in New York, will serve as the National Co-Principal Investigator with Dr. Pagani.

Online: dotmed.com/dm6673

FDA Addresses Advisory Committee Conflict of Interest

The Food and Drug Administration has recently announced several revised policies and procedures strengthening its management of FDA advisory committees. The revisions address limits on financial conflicts of interest for committee members, improved voting procedures, and improvements to the processes for disclosing information pertaining both to advisory committee members and to specific matters considered at advisory committee meetings.

One change is a cap of $50,000 as the maximum personal financial interest (stocks, grants, and contracts) an adviser may have in all companies that will be affected by a particular meeting. The FDA screens members to determine financial conflict of interest prior to the meetings. According to the new guidelines, if an advisor’s personal financial interest is greater than $50,000, he or she will not be allowed to participate in that meeting. If less than $50,000, FDA officials may, in certain situations, grant a waiver, but will do so only if they determine that there is an essential need for the adviser’s particular expertise.

The trend in the medical community toward disclosure and avoidance of the appearance of influence peddling has increased recently, such as the PhRMA Board of Directors prohibiting giveaways of logo-inscribed gifts, and Senate Committees investigating conflicts of interest.

Online: dotmed.com/dm6719

MEDRAD Receives FDA 510(k) Clearance for Wireless MR Infusion System

MEDRAD, INC. has announced that the wireless version of its Continuum MR Infusion System has received US Food and Drug Administration (FDA) 510(k) clearance.

The new Continuum Wireless MR Infusion System enables the clinician to control a patient’s medication infusion during a magnetic resonance (MR) procedure from both inside and outside the scan room. When changes are needed, including flow rate, bolus, or to start or stop the infusion altogether, clinicians can control these parameters without interrupting the MRI scan with a new wireless remote display featuring a color touch screen. This option will increase workflow efficiencies and throughput while enhancing clinician confidence by enabling easy selection from up to nine IV stands, minimizing scan interruptions due to infusion changes and displaying all infusion parameters.

Online: dotmed.com/dm6715

Covidien’s New Ground-Breaking System Brings Technology and Solutions

Covidien showcased their contrast delivery system with radio-frequency identification (RFID) technology for the first time at the AHRA. The components integrate RFID technology to create a system that is designed to aid in patient safety by helping to reduce the risk of medical errors in radiology departments.

The interface allows the injector to physically alter the RFID label on a syringe once it’s used, which can substantially reduce the probability of life-threatening air injections or air embolisms caused from using an empty, used syringe.

This system also helps reduce the potential for infection from cross-contamination by automatically preventing the injection of contents from a previously used RFID-labeled syringe in another patient exam. One dose, one unit, one patient is their motto. Additionally, the system indicates if the drug in an RFID-labeled syringe is past its expiration date and it automatically transfers drug and achieved exam protocol information, like its manufacturing date, concentration, and fill sizes, onto a printed label for the patient record.

“As facilities move at a faster rate, we migrate in innovation even more so, getting rid of manual data. We are the only integrated system out there that does all of this,” said Jeff Lockwood, Director of U.S. Marketing, Imaging Devices, Covidien.

Online: dotmed.com/dm6730
NASA Chooses LIFEPAK(R) 1000 Defibrillator for Use on International Space Station

Physio-Control just announced that its LIFEPAK 1000 defibrillator has been deployed on the International Space Station (ISS) as the first automated external defibrillator (AED) in space.

The ISS has utilized manual defibrillators in the past, but NASA has decided to utilize an AED as it requires less training and maintenance, and better enables astronauts to respond to a medical emergency. The small size and light weight of the 1000 also minimizes use of the limited space onboard the ISS.

AEDs automatically interpret a patient’s heart rhythm and, if necessary, deliver a potentially lifesaving defibrillation shock to treat cardiac arrest patients. The easy-to-use devices have become common in places such as airplanes, health clubs, and schools. The LIFEPAK 1000 AED will be available for NASA crew members should someone experience sudden cardiac arrest in space.

NASA conducted extensive evaluations of 18 AEDs available worldwide before selecting the LIFEPAK, analyzing user interface, ease of use, durability and detailed technical specifications related to the unique conditions encountered in space, including electromagnetic interference, pressure susceptibility, temperature, vibration, acceleration and other environmental factors.

ICON Offers Quantitative Coronary Angiographic Analysis

ICON plc, a global provider of outsourced development services to the pharmaceutical, biotechnology and medical device industries, has announced that its Medical Imaging division has become the first commercial imaging core laboratory to offer Quantitative Coronary Angiographic (QCA) Analysis with an integrated electronic Case Report Form (eCRF).

This new service has been made possible through the integration of QCAPlus, a leading QCA application from Sanders Data Systems, with an eCRF within ICON Medical Imaging’s proprietary Medical Image Review and Analysis (MIRA™) system. The integration of QCAPlus adds to the existing visualisation, analysis and project management applications currently available through MIRA™.

“Clinical trials incorporating QCA have made a significant impact in cardiovascular drug and device development,” commented Jonathan Goldman M.D., Chief Medical Officer, ICON Medical Imaging. “Building QCA capabilities into MIRA™ represents the latest in a series of innovations designed to boost the integrity and reproducibility of clinical trial data, and enhances our leadership in the field of imaging within clinical research.”

Smokers May Have Genetic Variation That Keeps Them From Quitting

A new study released by the University of Michigan links those first experiences with smoking, and the likelihood that a person is currently a smoker, to a particular genetic variation. The finding may help explain the path that leads from that first cigarette to lifelong smoking.

The genetic and smoking data come from 435 volunteers. Those who never smoked had tried at least one cigarette but no more than 100 cigarettes in their lives, and never formed a smoking habit. The regular smokers had smoked at least five cigarettes a day for at least the past five years.

Smokers were also eight times as likely to report that their first cigarettes gave them a pleasurable buzz.

The researchers point out that the genetic variant explains only a portion of human smoking behavior, and that a more complete explanation of why people smoke and why they can’t quit will require much more information about how genes interact with social influences and other environmental factors.

Vapotherm Precision Flow Wins FDA Approval

Vapotherm Inc., has launched a respiratory device called Precision Flow, the first high flow humidification system to integrate gas blending, flow control and humidification technology into one device for the conditioning of nasal cannula inspired gases, says Kevin Thibodeau, Vapotherm’s executive vice president of sales and marketing. The product is selling in the US for $5,400 and has already been introduced in Europe.

“It’s really good for any kind of chronic respiratory ailment,” Thibodeau says, “But we expect it to be hugely successful in neonatal units because there is such a demand for a less invasive approach there.”

He says now that Vapotherm has won FDA approval for the device; the company plans to roll out the product through 13 specialized respiratory distributors into adult ICUs, burn care and cardiac care units, as well as neonatal units.

“The Precision Flow brings a series of new functions and safety features,” he says. It can also be used by home users with chronic respiratory conditions. “We’ve just launched the product but orders are coming in very quickly,” Thibodeau says, adding that there aren’t any direct competitors using this kind of technology yet.
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The respiratory market for new equipment is experiencing impressive growth, with products for sleep apnea, ventilators and disposables leading the way. Meanwhile, sellers of refurbished equipment say they are having a banner year.

OEM Market: the Sweet Spot is Sleep
In the new equipment arena, “the sweet spot of respiratory equipment is sleep,” says Joshua Zable, medical devices & equipment analyst for brokerage firm, Natixix Bleichroeder Inc. in New York, NY. “But if I were starting my own company, I would make disposables, simply because hospitals’ tolerance for hospital acquired infection has gone down considerably,” he says.

Zable cited GE Healthcare’s recently announced plan to acquire Vital Signs, the leader in respiratory-related disposables as evidence that hospitals are focused on using disposables and big business is taking note.

As far as sleep is concerned, sleep apnea - as well as lack of sleep – is looked upon as conditions that require treatment. Bruce Carlson, publisher of Kalorama Information, a market research firm, says that sleep deprivation may also make blood pressure climb and puts
people at risk for cardiovascular disease and diabetes. Given these factors, the market for sleep-enhancing devices is strong.

Carlson explains one benefit for hospitals dealing with sleep issues is that patients who must stay overnight in hospital sleep clinics to diagnose their sleep disturbances are sometimes paying for it out-of-pocket, so in many cases this is a lucrative area for hospitals, which don’t have to wait for Medicare reimbursement.

That may not be the case for long. According to Matt Borer, Director of Investor Relations for ResMed, marketer of ApneaLink, Medicare and some private insurance companies have recently begun covering CPAP equipment used at home.

“Patients using these products experience a Lazarus-like effect” Borer says. “Their blood pressure is down, their diabetes improves and they feel like exercising again.” He says that the sleep apnea market is growing, as about 40 million people currently being treated. He expects the market to grow about 15% to 20% a year globally in the near future.

Sleep Problems Diagnosed at Home

Mike Lueck, Marketing Manager of SRC Medical, says that his hottest seller is a device for sleep apnea made by ResMed, called the Apnea Link. Apnea Link monitors patient’s sleep apnea problems at home.

“The sleep-diagnostic device has become a much-wanted product because many times patients go into surgery without knowing if they have breathing problems,” Lueck says. As a result, there have been a lot of wrongful death suits, because when people with sleep apnea are placed under heavy sedation, their airways sometimes close up. “Now, hospital administrators are cracking down, making sure people can handle surgery, or medications and are breathing properly before they have surgery,” Lueck says.

Respironics M Series

According to Tim Tillman, CIO for CPAP Supply USA, an Internet distributor of sleep products, one of the most popular sleep apnea products for home use is Respironics M Series, a very small, sleek machine that has been on the market for almost a year. “Respironics invented sleep apnea technology in 1989,” he says.

“One time people start using CPAP therapy, it’s a complete change for them. They stay on it and the need for disposables—masks, filters, cushioning—is always there. Sometimes people want those things faster than insurance will pay, so they buy them out of pocket,” Tillman says.

Smart Ventilators for Critical Care

Ventilators are also on the radar for OEMs. Dan VanHise, Vice President of Marketing for Cardinal Health, sells the Avea Critical Care Ventilation System to hospitals.

“When it comes to ventilators, hospitals want the most intelligent systems available. They want to know through smart alarms that they’re alerted before anything negative can happen,” VanHise says.

What’s novel about the Avea is that it senses when a patient isn’t breathing right and it alters the breathing pattern to match the patient’s need. The Avea also has a special mode of ventilation for people with severe asthma, called the Heliox, a mixture of oxygen and helium, so it provides superior oxygenation for patients who are having a difficult time getting oxygen into their lungs.

Jim Homuth, Vice President of Marketing for Cardinal’s homecare products, is currently selling the LTV—150—a unit focused on the long-term care market. Surprisingly, Homuth’s largest customer for this ventilator is currently the US government, which is buying the machine in preparation for a pandemic influenza breakout. “A major pandemic called the Spanish flu broke out in 1918,” Homuth says. “Currently, there is a concern that if the Avian flu virus becomes a human-to-human variant, then the planet is in danger of experiencing a global pandemic.”

“This is arguable, but the Federal government is buying hospital beds, isolation systems and syndromic monitoring equipment. Ventilators are a small part of the effort,” Homuth says. “But for us, it has been a significant business segment in addition to our core business of COPD and asthma patients.” He added that critical care transport teams flying wounded soldiers out of Iraq, are also using the ventilators.

Portability is Key

“Respiratory equipment is also becoming more portable,” says Bill Rosas, vice president of Midwest Biomedical Resources Inc., who services OEM equipment. “We now have oximeters that were once the size of laptops shrunk down to the size of a matchbook. Respiratory therapists use them for spot-checking. They are made for both hospitals and nursing homes,” he says. According to Rosa, even health clubs are providing a new marketplace to sell products.

In the hospital market, many biomed techs are upgrading their Cardinal/Pulmonetic ventilators or buying...
new models. Rosas finds that the Puritan Bennett 840 and the Maquet Ivent are big sellers. What’s more, due to recent improvements, the newer ventilators need less maintenance. (GE’s new ventilator is reported to need no maintenance at all). Meanwhile, some doctors who have been in practice for years prefer to use the same ventilators they used 15 to 20 years ago. “The Bird Mark VII, a totally pneumatic device, is a favorite among older physicians, who know it well,” Rosas says.

New Products and Approvals
Rosas is also selling a new a line of test lungs, manufactured by Swiss-based company, IMT Medical. One product is called “Easy Lung,” designed for respiratory therapists who are setting up ventilators in their departments. “In a lot of test lungs, the rubber bags fall apart and companies don’t sell replacement parts, so hospitals have to dispose of them. Easy Lung comes with a silicone bag that is far more durable,” Rosas says. Customers who prefer to buy pre-owned equipment can have this product, too, because it can easily be rebuilt from the ground up. He also sells IMT Medical’s top of the line product, called the Smart Lung, for more intensive technical testing.

The latest news is FDA’s approval in June of a devise tested by Christopher Reeves five years ago, which allows paralyzed patients to breathe for at least four hours without a ventilator. The new device is called the NeuRx DPS RA/4 Respiratory Stimulation System. Synapse Biomedical of Cleveland, Ohio is marketing the product.

The Pre-Owned Market
Refurbishers of respiratory equipment say that sales are healthy. When asked to offer reasons for the strong sales seen in this arena, John Wittenberg, owner of Inventory Solutions offered, “For one, there is significant pressure from Medicare to reduce costs. Also, in the last couple of years, the pre-owned equipment market has become a ‘legitimate’ industry with refurbished products in patient-ready condition and warranties supplied,” says Wittenberg.

Wittenberg says he is selling refurbished equipment in the home market and has won VA contracts, hospice contracts and managed care contracts. He says Inventory Solutions tries to save buyers 30% to 50% off their normal dealer cost would save buyers 20% to 50% off the price of new equipment. “We sell ventilators, pulse odmeters, apnea monitors… the truth is no one product is driving the market,” Wittenberg says.

Bill Murdock, owner of VIP Medical Inc., says he’s repairing and selling everything in the Siemens Servo Line, including the Servoi. About 90% of his business is to international wholesalers in Europe and Asia, who are privatizing their hospitals and don’t want to spend on new equipment, when they can get older devices at a fraction of the cost. “Business is great,” Murdock says. “The falling dollar has placed those in the export business in a better place.”

This same economic news, privatization of international hospitals and a lower dollar have helped Dominick McCann, President of Mobile Medical Maintenance.
He says ventilators, mostly for home care, are his biggest products. Versamed’s Ivent, Newport Medical’s HT50 and Pulmonetic’s LTV—are the most popular systems that McCann services for home care companies. McCann says his sales have increased by 67% over the last two years.

**Homecare Sellers of Oxygen are Protected**

The Senate recently passed a bill that protects Medicare’s home oxygen benefit for more than one million beneficiaries. The bill, also passed in the House, repeals a Bush initiative that would have forced oxygen users to take ownership of their oxygen therapy devices after 36 months. (The bill was part of the Deficit Reduction Act of 2005, meaning it would have begun to affect home users of oxygen in January 2009). The Council for Quality Respiratory Care, an alliance of the 11 leading home oxygen therapy providers, argued that due to the fragile condition of many home oxygen therapy patients—most who have COPD—requiring them to be solely responsible for the proper maintenance of their equipment would put these patients at considerable risk. It also costs far less to rent oxygen concentrators for home use, rather than having to go into the hospital, agency officials say.

In another defeat for the Bush Administration, Congress vetoed Medicare’s competitive bidding process initiative, which would have forced suppliers of home equipment to bid for Medicare contracts. "The bidding process was a train wreck,” said Michael Reinemer, Vice President for Communications at the American Association for Homecare. “Sixty-three percent of our members who tried to participate in the first round were disqualified for reasons that were often completely obscure to them. We think the bidding process was designed to drive a lot of people out of business - many of whom have been in this industry for generations - since Medicare would prefer to deal with fewer vendors.”

Reinemer adds, “We won but it was a pyrrhic victory.” In order to repeal the bidding process, homecare providers agreed to pay a 9.5% Medicare reimbursement cut, to pay for the money that the bidding process would have saved the government. The Bush Administration had devised the bidding approach to cut down on Medicare fraud, according to the Centers for Medicare and Medicaid Services, which implemented the program.

—Online: dotmed.com/dm6792

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**DOTmed Registered Respiratory Equipment Sales and Service Companies**

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 6792]

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Lighting is the most important element in the interior design of any room and the operating room is no exception.

“Even if hospitals don’t do anything else to upgrade the OR room, they can leave the tables and all the other equipment alone and just change the lights,” said Gus Antus, President, Ampro International, Ltd., Gilbert, AZ.

The U.S. market for new OR lights is about $130 million and growing steadily, sparked by new advances.

“Lighting has become more top-of-mind than it was even five or six years ago. It’s a good market space to be in right now,” said Alan Campbell, Product Manager for Surgical Lighting, Berchtold USA, Charleston, S.C. “Essentially we are growing with the continuation of the [hospital] building boom. One concern is -- will we to continue to build hospitals in the United States at the pace we have in the past? The informed opinion is that the boom has started to slow over the last couple of years. This renewed interest in lights has allowed us to grow a little faster than the overall hospital market as a whole.”

The used equipment market also has a bright future. The OEMs have come out with new cutting-edge surgical lighting systems, putting used but still serviceable equipment on the market for healthcare providers who can rely on traditional halogen lighting or even the prior sealed bulb technology. Independent service organizations (ISOs) buy, sell, refurbish and service older systems to provide a cost-saving alternative.

“We have been able to shine with hospitals and surgery centers that want to maintain their current equipment and not purchase new,” said Paul Larson, VP of Sales, Beacon Surgical Inc., Fort Wayne, IN. “At the same time, LED
LED is the cutting-edge in surgical lights for major in-patient procedures. Priced anywhere from about $25,000 to $40,000 for a dual light system, LED is high-end in its segment but affordable compared to other medical equipment. After all, an X-ray tube alone in a CT scanner can run six figures. Nevertheless, to save on OR lighting, healthcare providers often choose lower-cost halogen or pre-owned lighting systems to meet a tight budget. Industry experts at ALM, and Berchtold. Note that Berchtold’s advanced lighting product is a high intensity discharge (HID) system, also known as xenon. Many other companies also play in this segment such as Stryker, Medical Illumination, and Burton Medical. Most major OEMs have a state-of-the-art LED system coupled with offerings in halogen. Exam lights, headlights, and labor and delivery lights are other related product lines.

“LEDs in general have three advantages—longer life, they use less energy than halogen and operate at lower temperatures, which in our application is very important,” said Chris Walters, Senior Product Manager, Surgical and Critical Care Technologies, STERIS Corporation, Mentor, OH. “Right now the LED is just coming online so most manufacturers’ portfolios are still halogen-based. Everybody has about the same strategy with the new LED technology representing the premium line and then, as the technology develops, I am sure you will see some of those exam lights and other applications convert to LED.”

“[LED lights] use about 70% less energy and do not burn out. There are no bulbs in them,” said Harold Koltnow, Senior Product Manager, Surgical Lights, Skytron, Grand Rapids, MI. “We rate our LEDs for a minimum of 20,000 hours, which in an average operating room [would last] 10 years. They prevent one of the real frustrations of losing a [halogen] bulb in one of the surgery lights in the middle of a procedure.”

Today’s state-of-the-art LED lighting systems solve another inherent problem with conventional lighting—the heat generated by single, double, even triple head fixtures.

“For the surgeon [LED] gives them bright light without the heat that is traditionally generated by halogen lights,” Koltnow said. Advantages are not only comfort but elimination of the drying of tissue that heat causes.

Perhaps most important is that LEDs provide a better color light to visualize the surgical field and differentiate tissue.

An important caveat with LED is that they use sophisticated lighting elements with advanced circuitry. So they don’t fail for a very long time, but if they do, it takes a major undertaking—not just a change of bulb—to replace them or restore functionality.

DOTmed.com report that refurbished halogen lighting is often priced at less than half the cost of new equipment—a dual set of new halogen lights costs up to about $20,000. LED systems are brand new and not available pre-owned.

“I see more and more surgeons becoming businessmen instead of just doctors,” Larson observed. “Surgeons in hospitals want the ‘Cadillac’ of technology but as more and more surgeons are opening up their own surgery centers and paying out of their own pockets, they are saying ‘maybe I’ll go with the Kia instead.’”

Like many health technologies, the lighting market is becoming polarized with choices trending toward either very high-end or very value-oriented choices, industry insiders report. Large teaching institutions wishing to attract and retain the best-known surgeons are more likely to invest in the new LED systems. Community and rural hospitals, surgery centers and private practitioners lean toward effective but more economical options in lighting such as new or used halogen.

**LED—More Light Than Heat**

The industry’s leading manufacturers are Skytron, STERIS (they bought Amsco in 1996), Getinge (MAQUET, AKL), and Berchtold. Note that Berchtold’s advanced lighting product is a high intensity discharge (HID) system, also known as xenon. Many other companies also play in this segment such as Stryker, Medical Illumination, and Burton Medical. Most major OEMs have a state-of-the-art LED system coupled with offerings in halogen. Exam lights, headlights, and labor and delivery lights are other related product lines.

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**Halogen—Ripe for Refurbishment**

As the new systems enter the market, the existing lights including halogens are deinstalled by expert service companies and these systems are re-sold in the U.S. or abroad.

“As people upgrade we will see a lot more existing [halogen] lights on the market,” said Jim Kleyman, President, Ace Medical Equipment, Inc., Clearwater, FL. “The first to adopt the LEDs will be the large hospitals with the big budgets but the refurbished lights will always find a home.”

“Historically what happens to them is they move down the line and either end up in the emergency department, research department or sold to veterinarians,” Koltnow said. “Our products don’t wear out…so a lot of them end up in an aftermarket where they are sold to private buyers like [those on] DOTmed. A good percentage is donated to third world countries.”

OR lighting is a category of equipment that lends itself well to refurbishment since lights have no built-in obsolescence and all parts can be replaced. In addition to bulb and lighting elements, replacement parts include the lens, reflector, brushes, wiring, commutators, connectors, and brakes.
Virtually any light on the market can be restored to like-new condition and the end user gives up nothing on light output or quality.

“Virtually any light on the market can be restored to like-new condition and the end user gives up nothing on light output or quality,” Larson said.

“Our refurbished as well as new lights will meet or exceed the original specifications,” said Robert Bean, Purchasing Director, DRE, Inc., Louisville, KY.

Bear in mind that this is a technology that must be integrated with a growing number of other hospital systems including a supporting structure, a hub of monitors, often video cameras and fiber optics, medical gases, and even intra-operative imaging systems.

“Each install has its own characteristics; new construction involves the structural steel above the ceiling and getting the site properly spec’d. Replacement installs can be troubling due to many factors, such as incompatible mounts or existing wiring,” noted Matthew Graw, STERTEK, LLC, Clyde Township, MI. He added that ongoing maintenance must also be performed including at least two thorough inspections per year, checking for safety and proper operation, adjusting for drift, and proper voltage. “Surgical lights need to be safe, they are used directly over the surgical field,” he stressed.

“We see a trend toward more demand for video integration in the surgical light itself,” Koltnow said. “We can put a video camera right in the center of the handle for teaching, documentation, or even a video consultation anywhere in the world.” Skytron also mounts not just lights but monitors and equipment carriers for medical gases, communications, electricity and other utilities and functions to swivel around the patient.

While these considerations don’t affect the design of the light, they do affect the room layout. “The OR gets very crowded on the ceiling and floor and each item is like a piece of a puzzle -- the placement and movement of one piece affects all the others,” STERIS’ Walters said.

Due to this complexity, OEMs and ISOs often work with several specialized contractors to complete the installation of OR lights. Note that some states have specific regulations to ensure proper safety and operation.

Surgeons in hospitals want the “Cadillac” of technology but as more and more surgeons are opening up their own surgery centers and paying out of their own pockets, they are saying “maybe I’ll go with the Kia instead.”

So Who Turns Out the Lights?
You may be wondering who turns on and off the high-tech lighting systems in the hospital operating theater. Usually it’s a surgical nurse using a wall switch like any other light. Inte-
grated systems now coming on the market control lighting and other room technologies on a central touch pad. But surgeons often want to have control over the 100,000+ lux illumination of many OR lighting systems.

“Control of that is something that surgeons have asked for. We are building into our next generation of lights an on/off and intensity control [switch] in a handle that they twist. We will have the option of having the surgeon turn the lights on and off,” said Skytron’s Koltnow.

Voice control has also been offered by some companies but may be too costly and unreliable. Koltnow has heard surgeons joke about that. “Surgeons like to say they have voice control—when they yell ‘turn off the light!’ it goes off.”

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DOTmed Registered Operating Room Lighting Systems Sales and Service Companies
For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 6790] Names in boldface are Premium Listings.

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McCain vs. Obama

Why You Should Care About Their Health Care Initiatives

By Sean Ruck
Same Stories, Different Voices?

November 4th, Election Day is fast approaching with John McCain and Barack Obama as the presumptive nominees for the Republican and Democrat parties. For this election, voters are likely to see less of a clear battle of polar opposites. Instead, there is a blurring of lines as the presumptive nominees offer similar rhetoric from their separate soapboxes on some major issues, with health care reform being at the top of the list. Health care is not only a major issue, it’s a major expense with more than $2 trillion spent on medical care every year. A big portion of that cost can be found in Medicaid and Medicare.

The Problems Facing Medicaid and Medicare

Created as part of the Social Security Act of 1965, Medicare and Medicaid are the largest federal programs, with only Social Security payments accounting for a higher portion of the federal budget. These programs also make the federal government the largest payer for health care services in the country. Currently Medicare covers 44 million Americans, with the largest portion of beneficiaries being 65 or older. It eats up about 12% or $374 billion of the federal budget each year.

Medicaid provides coverage to more than 55 million Americans who have very restricted incomes and meet additional requirements. This programs costs more than $300 billion per year, utilizing a combination of state and federal funding. On average, Medicaid absorbs 22% of a state’s budget each year, with overall medical costs accounting for one third of the budget – by and far the largest expenditure for states.

Medicare is currently funded through payroll taxes and premiums that cover 57% of benefits. The remaining 43% comes from premium payments and general tax revenues. Through Medicare and depending on the program that an individual qualifies for, he or she can receive coverage for hospital treatment and prescriptions.

There is a big problem on the horizon though. It’s projected that Medicare will begin to run at a budget deficit by 2010 and many states are already having problems balancing Medicaid costs. Contrary to what many believe, an aging American population is barely a factor in the financial woes these programs are experiencing. Instead, health care costs, which have been on a steady rise of nearly 9% per year since 1970 are the main culprit. Combine that with the fact that even after spending nearly a combined $700 billion annually between the two programs, there are still 47 million Americans without health care benefits. It is clear that the system needs to be reformed. It is also likely to reach a critical point during the next President’s term.

The Best Laid Plans . . .

If Medicare, Medicaid and overall health care costs are skyrocketing, the obvious solution is to address the rising costs and figure out how to slow or reverse the trend. McCain and Obama each have some ideas on how they might attend to the issue of health care. First, let’s explore some of the ideas they seem to agree on.

Allow for Importation of Pharmaceuticals

Importation of pharmaceuticals has been discussed for years, with legislation being introduced and passed in 2003 to make that a reality. In theory, the belief is that importation will increase competition among domestic drug companies, helping to drive down costs. Although the legislation allows for importation, there is the stipulation that the imports must be determined safe for the public. The FDA has the final say on that matter and for the most part, this is where the roadblock occurs. The FDA simply does not have the funding or people needed to safely regulate importation at this time. There is no outline in either candidate’s proposals to explain how the FDA workforce and funding will be increased or where the funding would come from.

It is also unclear the priority level either candidate has placed on this initiative. When contacted for comment, Christopher Kelly of the Office of Public Affairs for the FDA said, “We have seen no proposals from either candidate. FDA’s position remains the same.”

Although both McCain and Obama have some big changes in mind, surprisingly, it is McCain’s policies that may be more radical.

Promote Greater Use of IT

Hospitals and health care providers have already been making the effort to move to electronic record keeping. Unfortunately, it does take time to make that shift. New technology is emerging to make the shift a little less tedious. Neither candidate has outlined a clear plan on how they would go about promoting electronic record keeping, but Senator Obama proposes to invest $10 billion a year over the next five years to make this happen. He does not indicate where this funding will come from.

Information Campaign for Consumers

With 47 million Americans uninsured, providing more information to consumers about the cost and quality of health care may help to encourage more individuals to obtain insurance. It may also help to lower health care costs by curbing the incidences unneeded treatments, and by getting people to seek medical help more quickly when there is a serious issue.
Reimbursement System for Medical Providers

There is a difference between doing a job and doing a job well. Creating a method to reward those who excel could prove a useful incentive. Funding for the program could be reasonable. If bonuses lead to a rise in positive outcomes, quick recoveries and a lower incidence of recurring ailments, less money may be spent on health care and that savings can be fed back in to pay those bonuses.

And Now, the Differences

In the health care arena, the list of differences stacks up as high as the similarities. Although both McCain and Obama have some big changes in mind, surprisingly, it is McCain’s policies that may be more radical.

McCain’s Rugged Individualism

Senator McCain’s health care proposals are not highly detailed. When DOTmed contacted the Senator’s campaign headquarters, a campaign staffer told us that the release of more specific details regarding his initiatives will be based on strategic timing. Those details may even have been released by the time you read this.

In the meantime, Grace-Marie Turner, Volunteer Advisor to Senator McCain on his health care task force took some time to speak with us. “Senator McCain wants to bring the strength of the competitive market to bear to serve consumers with more options and more affordable choices,” she says.

His proposal will deliver more power and responsibility to the individual with the belief that insurers and providers will curb some of the less desirable practices based on public demand. This change would be made possible in part through the shift to private plans. Currently, 158 million Americans have insurance benefits provided through their employer. Under McCain, tax credits will be provided to make it easier for those wishing to buy their own health coverage to do so.

One way he looks to do this is through the issue of a tax credit of $2,500 for individuals and $5,000 for families. When asked how this differed from Senator Obama’s claim that will purportedly save the average family up to $2,500 every year, Turner explained, “With McCain’s plan, the tax savings is savings to the individual. McCain is trying to make the tax break fair and equal. The cost of private policies can be nearly covered by this credit. The average person gets a value of around $4200 the average price of a family policy is in the range of $5,000 to $6,000.”

McCain may fund this tax credit by discontinuing the employer tax exemption given to employers contributing to the health insurance of their work force. One fear from critics of the plan is that the withdrawal of the employer tax exemption coupled with the migration of some workers to other plans may cause a cutback in employee insurance offerings or discontinuation of them entirely.

For Americans who are currently uninsured and do not qualify for Medicare or Medicaid, McCain suggests investigating state-based risk pools or a Guaranteed Access Plan. Historically, these plans have not performed well, although results have differed from state to state. It is unclear whether Americans would benefit from an expansion of this type of program.

Veterans, however, would probably benefit from a McCain term, as he would attempt to create a better range of access...
for them. Although it is commendable to have the country take a more proactive role in caring for individuals who have served it, critics say the increase in benefits is likely to prove very costly and McCain has not identified where these funds will come from.

One way McCain will look to lower health care costs is through capping the payments a plaintiff can receive from medical malpractice. Medical Malpractice premiums vary wildly from state to state, with the low-end average being about $17,000 per year and the higher end of the spectrum being upwards of $277,000. By capping payouts, Senator McCain may give insurers some relief, allowing them to lower rates if they want to stay competitive. President Bush attempted a similar action during his first term in office and it stalled in the Senate. It is unlikely that McCain will have better luck, as the Republicans may not have a majority during his term and certainly not enough to override a filibuster from Democrats.

A more reasonable goal may be found in tort reform. McCain will look to protect doctors from lawsuits if they follow proper guidelines and protocol. It is not unreasonable to believe that even opposing parties can agree that doctors should not be punished for an unfavorable outcome when they have followed proper procedures.

If elected, McCain may need to personally test health care capabilities to treat the headache all these issues are likely to cause. If you’re a Democrat, don’t smile yet; Obama probably won’t have it any easier.

**Obama Putting the Government to Work**

If Obama is elected, he intends to create a universal health care program that will give individuals the choice to buy affordable health coverage that is similar to the plan available to federal employees. Federal employees currently have access to plans offered by a number of providers including major carriers like Aetna and Blue Cross and Blue Shield, with the government picking up 72% of the cost.

“Barack Obama’s goal is to expand coverage and to make it more affordable. So those who have coverage they like, they can keep and probably see some costs reduced. For the millions who don’t have coverage he has a plan that can provide it to everyone,” says Richard McGrath, Spokesman for the New Jersey Democrat Party.

Pundits wonder how healthcare will cost less for the average person while providing a greater level of care to a much larger number of people. This is an especially effective line of thought when you consider the problems Medicare and Medicaid have had and the fact that Obama will look to expand Medicaid and SCHIP eligibility. Adding yet another medical program to the government’s offering seems problematic.

It also seems unlikely that insurance providers or pharmaceutical companies would be behind this plan. Both could potentially stand to lose a bit if a national health plan was put into practice. Private providers could have a hard time competing with a government plan that would likely receive subsidies, while pharmaceutical companies would have a harder time taking in profits if there is one body negotiating drug costs. Obama has *not* gone so far as to suggest moving health care into a single-payer plan, similar to what is found in Canada, for example.

At Senator Obama’s headquarters, there is obviously a firm belief that his plan is the better option. “John McCain’s plan would undermine our health care system, leaving tens of millions of Americans vulnerable to losing their health insurance and increasing costs for those who are still able to maintain their health insurance. Barack Obama believes that individuals who like their health insurance should be able to keep it, and that our health care reform effort should ensure that all Americans benefit from reduced costs and better quality of care,” says Moira Mack, a spokesperson for the Obama campaign.

The final significant portion of Obama’s health care proposal is the mandatory coverage of children. Currently, children account for 9 million of the 47 million uninsured in the U.S. While health care coverage for adults will be voluntary, regardless of whether it’s private or public insurance, Obama will require all children to have health care coverage and he will expand the options for young adults in college to continue under their parents’ plans up to the age of 25.

One potential benefit to the mandatory coverage of children could be realized down the road. With better coverage, children will hopefully receive better care. Better care in formative years provides a foundation for healthier individuals in later years. Will it be enough to offset the up-front cost though?

**In the Waiting Room**

For many professionals and associations involved with the health care industry, there is a wait and see mentality. For example, John Parker of United Health Care, declined to comment until after the election and after the proposals are further refined.

With each candidate proposing a bigger health care reform than has been proposed in decades, it is going to be an interesting time for the industry. Whether these changes come to pass is a wait-and-see game. Until that time, Americans may want to fall back on the old maxim of “an apple a day.... “

For more information on the candidates’ key issues visit: www.johnmccain.com and www.barackobama.com

Online: dotmed.com/dm6791
DOTmed Sales Expert Helps to Move Heavyweight Machine

Late on a Friday afternoon, Project Manager Evan Burns contacted a new user by the name of Greg Webster, COO for The Headache & Pain Center. During a conversation with Webster, Burns was told about a Philips Aura CT that The Headache & Pain Center had been trying to auction on eBay.

Webster informed Burns that it was crucial for the unit to be removed in about five days to make room for a new system that would be delivered soon. On average, DOTmed has about two weeks to help sell the equipment being listed, so Burns was well aware that this would be an interesting challenge. Burns expressed confidence that DOTmed could get the job done and Webster agreed to give him a chance to sell the equipment.

Burns enlisted the aid of fellow Auction Specialist, Glenn Cambre, and also called in some help from DOTmed President Phil Jacobus. After putting in a major effort over five days, the end result was that the CT sold within the time allotted and the customer was happy to not only move the equipment in time, but to gain more from the transaction than he had initially anticipated.

“The final sale for this unit was $7,000, which was what the hospital was hoping to gain. But, the hospital was anticipating having to pay $4,000 to have the unit removed. The final sale was for $7,000 with the buyer also covering the cost of removal, saving Mr. Webster’s center the $4,000,” said Burns.

An International Trip Scheduled for a Mammothome Unit

Auction Specialist, Glenn Cambre spoke with Dr. Nizar Habal of CBOS in North Carolina, who was having trouble selling his organization’s Johnson & Johnson Ethicon SMC 12 mammothome unit. Cambre helped him to create an auction.

The effort paid off as Dr. Habal’s auction soon attracted an international buyer. Dr. Tarek Elbahar, from a private clinic in Cairo, Egypt, had his associate here in the states, a Dr. Tarek Youssef, inspect the unit and then he proceeded to purchase it for $10,000. Cambre arranged and Dr. Elhabar paid to have the unit crated and delivered airfreight to the Cairo airport.

“Auction Specialist Makes Sales Fast and Profitable

John McCloud, of the Children’s Hospital Home Care Services in Washington State, was weighted down with several pieces of equipment that he had been unable to sell. After a conversation with Auction Specialist, Glenn Cambre, a couple of auctions were created to help him sell those units.

Both auctions were successful, with the pulse oximeter and CPAPs selling very quickly for $2,500 each without any price adjustments.

Cambre says, “We appreciate the fact that Mr. McCloud gave us the opportunity to sell some of the smaller items he had been unable to move. These smaller auctions help to develop a comfort level and build confidence in the fact that we’re a professional organization fully ready and able to help hospitals and medical facilities move their big tag items as well.”

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Although there is a lot of talk about McCain and Obama, for Association for Healthcare Resource & Material Management (AHRMM) members, there is also election talk about Moore and Stitt. Both men are candidates running for the position of President-Elect for the association.

As the title implies, the winner of the election would be next in line for position of AHRMM President. Although there have been years where only one candidate was running and others where there were three, for the most part the election is contested between two individuals. Although the stakes aren’t as high as the other big election, the role does carry some weight and can help to shape the medical industry.

Mary Ann Michalski, current President of the AHRMM, helps explain, “As material people, we’re all working on the operational side, so we’re not necessarily generating revenues. But we are important to those operations. We are keeping supplies going and making sure what’s needed is where it needs to be.”

Obviously, Material Managers are an important piece in a facility’s activities, so it follows that the president of the association dedicated to those professionals has an important part to play as well. “AHRMM as a board has a strategic plan that is comprehensive. For me personally however, my goal as President has been to further educate our members and keep them informed, especially with new IT standards.”

Looking at the President position for 2010 - Jay Kirkpatrick will be the 2009 President – Ray Moore and Bill Stitt have a combined 34 years of industry experience between them with nearly 20 years as members of the AHRMM. Both are also passionate about their section of the industry and are eager to help make a change for the better.

Ray Moore feels he is a builder of leaders. In fact, during his address to the general assembly, that was his message. “I create leaders. I am not someone who asks people to follow me, I like to nurture more leaders. I want to do this not because I’m not a leader, but more because it’s the right thing to do,” says Moore.

If he became President, Moore says, “I’m proud of the foundation that the AHRMM has built and the direction it’s headed. What I do think needs to be worked on is getting our members and other professionals to at least touch some of the evolution of industry. Getting everyone involved in the industry, to identify an improvement they would like have recognized – every little touch they make has an impact. I want to encourage that as President of the AHRMM.”

One of my biggest goals is to help elevate supply chain professionals from their current roles to something in a leadership or strategic planning level at their place of work, to make them executive leadership to help affect changes. I want to advance the abilities to network, do more online and increase educational opportunities. I also want to expand our list-serve and reach out to CEOs and COOs,” Stitt says.

September 5th is the last day for online ballot voting, it’s also the deadline for all mailed and faxed ballots to AHRMM headquarters. For more information, visit wwwahrmmorg

– Bill Stitt

It’s better to proactively shape the environment we function within, that to react to the environment we’re presented with.

– Ray Moore

“I have the best job in the world, because I get to affect the health and care of the patient.”

– Bill Stitt

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Siemens Breaks Ground on State-of-the Art Training and Service Facility

Siemens has broken ground on a training and service facility in Cary, N.C. The new facility is a planned 143,000-square-foot, six-story office building on the Cary Campus. Scheduled to open in early 2010, it will house more than 500 technical and administrative support personnel, and include a 600-car parking deck and a separate one-floor cafeteria.

Siemens’ commitment to the project will include a $57-million investment, as well as the addition of approximately 300 jobs over the next five years, in anticipation of the greater demand for training and technical support for Siemens’ medical technologies. Currently, Siemens employs nearly 700 people in its Cary operations.

“Our commitments to our customers and the community have always been top priorities at Siemens,” said Rick Legleiter, Senior Vice President of Customer Service, Siemens Medical Solutions USA, Inc. “The expansion of our Cary facility is essential for the customers we serve and will generate additional revenue for the town of Cary and the surrounding communities.”

Siemens will be working in conjunction with the Leadership in Energy and Environmental Design’s (LEED) Certification process to ensure it uses environmentally safe products and processes in construction of the new facility.

The original Cary Training and Development Center opened in 1992, featuring a 70,000-square-foot training facility with fully functional CT, MR and X-ray systems and 35 classrooms. In 1997, Siemens opened the 20,000-square-foot UPTIME Service Center, which became the national headquarters for Service. In 2002, the UPTIME Service Center grew to a 65,000-square-foot, three-story building, housing more than 350 technical and administrative support professionals.

Online: dotmed.com/dm6732

Ethicon Endo-Surgery, Inc. Will Acquire SurgRx, Inc.

Ethicon Endo-Surgery has entered into a definitive agreement to acquire SurgRx, a privately held developer of the advanced bipolar tissue sealing system used in the EnSeal(R) family of devices. The acquisition will provide Ethicon Endo-Surgery with a new platform to complement its HARMONIC(R) line of ultrasonic medical devices that have been used to perform open and laparoscopic procedures worldwide. Terms of the agreement were not disclosed. The transaction is subject to customary clearances.

“Ethicon Endo-Surgery and SurgRx share a commitment to innovation for the surgeons and patients who depend on our products,” said Karen Licitra, Company Group Chairman and Worldwide Franchise Chairman, Ethicon Endo-Surgery. “Together, the combination of HARMONIC(R) and EnSeal(R) technologies will position us to better address many different procedure needs.”

“The acquisition has the potential to expand the global availability of the EnSeal(R) product line,” said Rodney Perkins M.D., Chairman, Board of Directors, SurgRx. Dave Clapper, President & CEO, SurgRx added, “We are looking forward to joining forces with Ethicon Endo-Surgery to offer these complementary technologies to even more patients worldwide.”

Online: dotmed.com/dm6711

Somewhere Over the Rainbow—Rainbow Medical Offers the Real Deal

Dennis Anderson, President of the small company, says Rainbow sells domestically and internationally to countries in the Caribbean including St. Kitts, Jamaica and Puerto Rico.

Anderson says there is a growing need for more mammography access in those areas, especially as people become more aware of the necessity for mammography, and the government feels the need to respond by allowing more equipment and private practices, and to add to services that are provided already and through missionary projects and foreign aid.

Anderson finds his preowned equipment for Rainbow utilizing a custom network and alliance with other small companies. The cooperation allows for a minimal sales force and use of each other’s testing equipment. For larger projects, they work collectively and in that manner are able to compete with larger service providers.

Online: dotmed.com/dm6682

TeraRecon Steps up Deployment

TeraRecon, Inc. has announced accelerating deployment of its Aquarius iNtuition version 4.3 four months ahead of the RSNA schedule, which the company attributed to a thorough review and revamp of its engineering and development methodology initiated several months ago. Highlights of the new iNtuition release include full cardiovascular CT workflow support, dual-energy processing, zero-click “AutoBatch” processing, enterprise distribution from a fully ‘browser-native’ web client, and implementations of oncology and perfusion applications, all from a fully client-server architecture without requiring ‘remote control’ of standalone workstations to achieve distributed access to applications.

“The feedback about the new iNtuition release has been extremely positive, and we are now fully engaged to extend our lead in terms of clinical functionality, now that we have established what is without question the best and most fully-capable...
client-server architecture available in the world today. With this important milestone having been achieved ahead of schedule, we are able to allocate the additional engineering resources toward an exciting expansion of our clinical capabilities,” said Robert Taylor, Ph.D., president and chief operating officer.

FlagHouse Delivers the Latest in Virtual Reality

Flaghouse, a global supplier of physical education equipment and products for professionals who deal with children and adults with physical and developmental disabilities, was new to last month’s AHRA Exhibition & Conference.

Flaghouse’s products are targeted to young children and adults with health issues and disabilities, such as those with special needs and who are bedridden/have limited movement.

At the show, they displayed the Ground FX and Immersive Therapy Cart, are part of SNOEZELEN, multisensory environments that help patients experience self-control, autonomous discovery, and exploration achievements that overcome inhibitions, enhance self-esteem, and reduce tension.

FlagHouse management encountered SNOEZELEN during visits to Europe in 1991. In further visits, FlagHouse staff witnessed the extraordinary potential of SNOEZELEN to have a positive impact on the lives of people with disabilities. Later that year, FlagHouse signed an exclusive distribution agreement for North America with ROMPA International, the owners of the SNOEZELEN trademark.

Alisha S. Rappaport, M.S.E.D, MA, ATR-BC, LCAT, Director of Child Life at the New York Hospital in Queens, says Snoezelen has made such a difference in their care of patients.

“We have had our Snoezelen cart for two years. We chose the mobile cart to be able to use it wherever children go in the hospital. We use it at patients’ bedsides, in our Pediatric ER, EEG, Radiology, Endoscopy, and our OR. We have found that we don’t have to sedate children who are having EEG’s, and that we use less sedation for children during procedures. It is a true miracle. I can’t imagine not having it. We love SNOEZELEN and are so grateful for it.”

Canon Medical Systems Put Their Sensors to Good Use

Unveiled at the AHRA last month, Canon’s CXDI-60G Portable Digital Radiography System offers true portability and flexibility in high quality DR. Added benefits include low power consumption and a detachable sensor cable for convenient maintenance and installation. The model’s detachable sensor cable, which provides power to the unit and transfers data, enables easy room-to-room installation (with an optional power box and PC) from multiple locations, such as the patient’s bedside or wheelchair, trauma or ICU, and fits right into most neo-natal incubator trays.

“None of this would be possible if it wasn’t such a portable system. The new, smaller size is definitely better for orthopedics and babies,” said Anne Yi, Marketing Supervisor, Canon Medical Systems.

Another portable DR system displayed at the AHRA was the Canon CXDI-50G Portable DR system, which offers a thin, lightweight design and has a large imaging area of 14 X 17 inches. When combined with a compatible mobile unit, the CXDI-50G can bring digital radiography directly to the patient’s bedside. Designed for diverse applications, the compact design is a practical solution for a wide range of room applications that can be difficult to perform with fixed devices.

But, this system is not just limited to humans. Canon Medical Systems has a partnership with Eklín Medical Systems, one of the world’s leading providers of veterinary PACS, practice management and digital radiography products. Eklín’s latest product, the EDR 6 RapidStudy™ Digital Radiography, features the Canon CXDI-50G Sensor, industry’s leading DR sensor.

1 Online: dotmed.com/dm6747
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A big part of the industry depends on the smaller parts – literally. We take a better look at the people and companies that keep the machine rolling.

Linear Accelerator, Sales & Service
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Anesthesia Sales & Services
An eye-opening report about equipment that helps to put people at ease.

Injector (CT, MR, Special Procedure) Sales & Service
Our writer goes below the surface, to explore the innovations in injections.

Special Report: The Role of Service Support During MRI ACR Accreditation
Find out what you need to know when it comes to getting accredited.

TECHNOLOGY AS A MARKETING TOOL

Let’s face it; medical imaging is all about technology. It’s to be expected that a practice will want to acquire new and better technology. And what is the reason I frequently hear for obtaining the latest and greatest? “We want the technology because we need to keep up with the competition.”

However, the people holding the purse strings will not unquestionably accept, “we need” or “we want to keep up with competition” as a reason. Marketing in most practices is, at best, vaguely understood. This means “marketing” is often used as a justification when there is no other answer readily available. This isn’t necessarily a bad strategy since most people realize that increases in marketing efforts often lead to increases in business, rejecting the request means rejecting new business. Who would want to do that?

Even though the general marketing justification makes sense to many, to really bring that new technology home, a more thorough and intelligent approach should be used. While technology can be a marketing tool in an imaging practice, like any tool, it’s not as effective if it isn’t used properly. In this case, before the purchase is made (or approved), the potential impact of the technology on marketing efforts should be well defined. The return on investment when the technology’s marketing impact is not understood can often be disappointing.

To understand the potential for a desired technology to be a marketing tool, a number of factors need to be examined. Will the technology help to bring in referrals, generate revenue, increase public awareness, or raise recognition among professionals? Each potential goal should be paired with measurable benchmarks and clearly defined objectives, strategies and tactics to help reach them.

Successful businesses have well-defined marketing plans. Hopefully, you’ll be able to use that plan to help define the role of your desired technology. If after researching your marketing plans you determine the new acquisition doesn’t make sense, it’s probably due to one of two things. Either the technology is bad for your business model, or – and this is a much bigger problem – your business model is bad.

Remember, if the cons outweigh the pros, as painful as it may be, it probably makes sense to pass at least for the time being. Although it’s tempting to have the biggest and the best, some times staying modest will keep you in the black while your competitors are drowning in red. If you can’t produce a marketing plan for your center, hire someone who can. A good consultant can work with you, add his or her business development expertise and experience to your knowledge of the market area and produce a plan that details your marketing program from goals through tactics.

Not having a marketing plan puts your company at a high risk for failure. With a complete marketing plan, risks can forecasted and rewards can be reaped.

Wayne Webster is a consultant in Medical Imaging Business Development. You can send your comments or questions to W.Webster@Proactics.net.
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MRI Sales, Service and Refurbishing: What’s Your Comfort Zone?

By Keith Loria
Anyone in the medical imaging business knows how the DRA cuts have affected health care providers and the private imaging center business, which has had a direct correlation on MRI sales over the past few years.

“The total market in 2004 was upwards of 1,400 units, which accounted for $1.4 billion in sales, but it slipped in 2005, and in 2006 it declined a couple hundred million and a little bit more in 2007,” says Sheldon Schaffer, VP and General Manager of MRI for Hitachi. “I think in 2008 we anticipate it being comparable to last year, so I think we have reached the valley.”

That would be welcome news to all the OEMs who have been weathering the storm by concentrating more globally, developing lower price-point units and bolstering their in-house refurbishment units.

“I think for us, last year was tough because of DRA and the market took a double-digit dive in the US,” says Deepak Malhotra, VP of Marketing and Strategy for Philips MRI Business. “This year things have recovered somewhat in North America and we continue to see positive growth outside of the US. At the same time, you try to get maximum mileage out of your mature markets by positioning the right products, making sure your costs are competitive.
and basically trying to get the best market share you can.”

But hospitals and clinics are still wary about spending money with the economic downturn that we have seen and who can blame them?

“People are not making purchases due to a lot of factors and one is that they don’t want to make a mistake, because they feel that this could be their last purchase for a while,” says Bob Giegerich, Director, MR Business Unit, Toshiba. “People are very careful where they are spending their money. What’s happening is we are seeing 3T purchases hold stable, 1.5 is down and open is so low, they couldn’t go down much further.”

**Responding to the Hard Times**

All the major OEMs have seen their sales slip a bit and have worked to develop new systems and applications to not only get through the tough times, but to thrive in them.

“We don’t expect the trends in reimbursement to change so we have to plan for a world where reimbursement pressures exist, not only in the US but around the world,” says Jim Davis, VP and GM of GE Health Care Global MRI Business. “As a company we are always focused on the total cost of ownership (acquiring the equipment and keeping the equipment maintained). We are always focused on ways to take cost out of the system and enhance the system for the customer without sacrificing diagnostic capability.”

Companies are finding success with these systems and that is one of the reasons why things are looking up for the second half of 2008. Over the past two years, OEMs have been working to improve upon their production efficiencies while also bringing in lower-cost products.

“One of our approaches has been to reduce our production costs but also introduce new and interesting products that provide a high level of differentiation relative to what’s in the marketplace,” says Schaffer. “We have been working on a product called Oasis [See Below] which is catching a lot of market attention and proving to be very successful for us.”

In August, GE introduced the Signa HDi 1.5T, which completed the company’s rigorous internal environmental and operational evaluation and reduces annual electricity use by about 100,000 kWh, equivalent to a projected saving of over $10,000 per year under normal operating conditions.

“We just introduced a brand new system in the HDi that offers very high clinical performance but at a more modest price,” says David Handler, GM of Global Marketing for GE. “This is a reflection of our commitment to produce quality, energy-efficient technologies for our customers worldwide.”

Siemens has developed the innovative and affordable system, the 1.5T Magnetom Essenza, targeted at meeting the needs of hospitals and practices that want to cover the complete diagnostics area with a small budget.

“The Magnetom Essenza will make MR imaging attainable for hospitals and practices that up to this time simply could not afford to provide these services to their patients, at least not to the extent and in the quality necessary. Our new system represents a paradigm shift. It will change the market permanently,” says Walter Maerzendorfer, Head of Siemens’ Magnetic Resonance Division. “We have put a number of innovations together in this one system and created a package optimized for low total cost of ownership. We know there is enormous cost pressure on healthcare providers, so we looked for and found ways to make MRI more affordable.”

In addition to the low initial investment, savings of up to 25% can also be attained on installation costs for space, power requirements and construction.
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Toshiba has introduced the Toshiba Vantage Titan, which offers the largest bore available with a significant reduction in noise.

“We are lucky in that we brought out a game-saving product where if the market was normal we would have probably had double the sales,” Gieglerich says. “The Vantage Titan’s large clinical FOV is unique for this bore size and produces high-quality images without compromising homogeneity or overall imaging performance. You can do every study and it’s comfortable and quiet.”

1.5 vs. 3
The advent of 3T has demonstrated substantially better head and body imaging, which, in turn, has generated even more pressure on scan providers to improve examination quality per time unit. Although it was originally used more for research, it has evolved into a more clinical tool and that is showing in the marketplace.

“Over the past 4-5 years, the 3T sales have been growing and probably represent about 20-25 percent of the overall market to become the second dominant player in the MR business,” Schaffer says.

The chief appeal of 3T is the higher signal-to-noise ratio, which can be traded for greater speed, higher spatial resolution, or both. The stronger gradient also permits thinner slices and increases the conspicuity of gadolinium, allowing reduction of the contrast dose.

“With 3T you are seeing growth across the board both in the US and across the globe,” says Malhotra. “From our perspective, 3T is the future and the way forward and now we need to go over the hump and make sure 3T becomes clinically relevant in day to day practice.”

This past May, GE introduced the MR 750, which Davis describes as a 3T unit that is “Powerful yet powerfully simple.”

“This is a system that is in demand by the luminaries and academic communities because of the very high end performance of the machine,” he says. “At the same time, the system will play well in competitive and general hospitals where we radically simplified the user interface to make it easier to operate.”

The 1.5T is still the driving force of the industry with 70% of sales coming in this sector. A great deal of that can be attributed to economics as the 1.5T generally sells for $1-1.4 million compared to the $1.8-$2.5 million for 3T. Plus, not everyone needs the 3T product.

“The 1.5T is being bought by the mainstream community hospitals,” says
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Giegerich. “As the prices come down, people who probably shouldn’t be buying a 3T may buy one and they find out that 3T is not a 1.5T with twice as much power. It’s actually a very dangerous unit for the average user because of SAR.”

Hitachi is hoping to reinvent the open market with the introduction of its Oasis 1.2, which clinically performs like a conventional 1.5 T.

“What we’ve done with Oasis is we eliminated the gap in terms of performance by introducing a 1.2T field strength product, but it’s also a vertical field magnet system and they have an inherently higher signal to noise capability,” Schaffer says. “The 1.2T Oasis clinically performs like a conventional 1.5T so now you can have that kind of performance in an open environment. Now with the high field open systems, I think we will see a resurgence as the product participates in the 1.5T landscape.”

In 2004 Siemens introduced the MAGNETOM Espree 1.5T open-bore MRI, which offered a traditional 1.5 Tesla magnet with more than 2.5 feet of space for easy access, regardless of patient size, retaining the performance of a 1.5T system.

Philips’ Malthotra believes that these two systems do change the Open MR market, which for his company now accounts for only 10% of all sales.

“The Open .35 are seriously handicapped but the newer systems are 1 or above and those that have come about by Hitachi, and Siemens are competitive for the 1.5T product,” he says. The Panorama 1T is Philips’ current top-of-the-line open-sided MRI.

Open Coming Back?
Open MRI has been in the industry for 20 years but because they operate at significantly lower field strengths than 1.5T, it has some limitations in operations, such as a lower signal to noise, requiring longer scan times. The advantage, of course, is that it’s open and comfortable to the patient and can help reduce anxiety.

There was once a price advantage to Open MRs but with the number of used and refurbished 1.5T in the marketplace at a lower price, the economic advantage gap diminished and open MRs have declined considerably.

“Sales of open-sided units are a pale ghost of the halcyon days in the mid-1990s when these designs represented as much as half of the annual market,” says Robert Bell, president of RA Bell and Associates, who has provided consulting services in MRI since 1987. “In the United States, 3T has been outselling the entire open-sided market for some time.”

Given the financial issues facing healthcare facilities today, it’s no surprise that the secondary market for MRs is healthy and strong.

“The refurbish market supports the business in the value segment of the market. We offer customers who are driven by cost decisions the chance at the same quality at a lower price point,” says Knut Fenner, VP Business Management for Proven Excellence Refurbished Systems Division for Siemens. “The 1.5T are in high demand with customers. We are seeing a trend in the market now, where the last two years customers were taking a wait and see approach, they wanted to see what was happening in the market. Refurbishments have taken on a larger piece of that. 1.5 T is clearly in the sweet spot right now and we expect that to continue.”

Most of the OEMs see about 10% of their business by selling refurbished units themselves. GE, Siemens, Hitachi and Philips all have active and profitable refurbished divisions for their own equipment. GE offers “Gold Seal” refurbished products. Philips calls its refurbished MRs “Diamond Select,” and Siemens markets its refurbished MRs under its “Proven Excellence” brand.

But OEMs only have a small share of the refurbish market, as hundreds of ISOs are out there competing for the customers. Some are able to provide complete turnkey refurbished systems from start to finish, while others have carved out specialty niches.

“We are seeing growth in certain sections of the country, such as the Southeast and Southwest, which are opening up more centers,” says Len Spooner, President and CEO of MagnaServ Inc., an ISO focusing on MRI servicing, sales and refurbishments. “A lot of what we are seeing are people upgrading. They have older magnets and want to upgrade the front end to LX technology as compared to years ago they would just change out the entire thing. It’s a refurbished upgrade but keeping existing magnets and upgrading with a reconditioned front end. It’s a nice cost savings that give you a lot more features and benefits at half the cost.”

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offers three staging bays for refurbishments, designed to check all system functions. During the process, all covers are removed and cosmically refurbished in a 16x24 paint booth and they are brought up to original OEM requirements. Currently, they have 47 MRs in their inventory.

“We are an Independent Service Organization that also specializes in selling refurbished equipment and while the rate of new system sales has slowed, sales of refurbished scanners continue to grow at an increasing rate,” says Craig Palmquist, marketing manager for the company.

“We refurbish all of the equipment ourselves. We have dedicated staging bays, installations crews, parts, in-house engineers, and field engineers assigned to our refurbishment process to ensure OEM or better specs.”

Reliant Medical is currently building a 25,000 square-foot facility in Georgia that will be used exclusively for refurbishments. Currently, that work is being done at its facility in Pompano Beach, Florida, which will eventually be used for just testing and repairing.

According to company CEO Anwar Mithavayani, the refurbishing process begins once they buy the MRs directly from the end users or lease companies. They currently have 9 MRs in inventory.

“We check them out thoroughly, check that everything is working properly and all the options are accounted for,” he says. “We test it out, ramp the magnet down, deinstall it ourselves with our crew—we don’t outsource it so we know exactly what the history is. A lot of people question their magnets because you don’t know what happens to it after its boiling off effect. We try to maintain our costs and maintain the integrity of the machine.

“After we deinstall and bring it to our yard, we have already pre-labeled

The new GE Signa® MR750 3.0T was introduced this May at the International Society of Magnetic Resonance in Medicine in Toronto.
each component and put them all in the system and identified all the peripherals and sent the coils to our repair department for a clean bill of health,” he continues. “We refurbish, clean it out, paint, take out scratches, make it aesthetically pleasing and get it back to its original look.”

Medical Imaging Resources, based in Michigan, provide used, refurbished and pre-owned imaging equipment from all the major OEM’s. They will provide a full refurbishment of all MRs once they come through the door.

“It really starts with the acquisition of the system, and knowing exactly what you are getting. We don’t purchase anything that isn’t under a full manufacturer service contract,” general manager Jeff Rogers says. “When I buy something we understand the pros and cons of any individual system we are considering purchasing.”

Zetta Medical Technologies of Lake Zurich, IL is an equipment broker and carries systems from all major OEM’s offering systems “as is” or provide for complete refurbishment.

“GE and Siemens 1.5T MRI systems are the most popularly requested systems currently on the secondary market for fixed systems,” says GM Mike Ghazal. “Requests for system quotes are increasing overall. We do not see many 3T coming on the market, but expect that to change in time. Requests for Open MRIs are increasing from International markets.”

Checking with many of the top refurbish companies, most believe that 3T won’t really be a factor in the market for another 3-5 years.

“There’s a select market out there for 3T. Everything now has been addressed in the advancement of technology in terms of brand new systems from the manufacturers. 3T is a more costly solution, not only from an equipment perspective but from a room renovation perspective,” says Jeff Rogers, Sales Director, Medical Imaging Resources Inc. “You’re not getting reimbursed any more money at 3T than you are at 1.5. Your workflow is improved but unless you have a busy center, the 1.5 T systems are more than meeting the need.”

OEM REFURBISH MARKET
An important part of the OEMs refurbishing process is seeing that each unit is brought up to the standards of the original.

When Hitachi buys back its equipment, the refurbishment process goes something like this: “We take it and bring

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it back to facility, tear it down, test electronics, as various electronic components need to be replaced we do that and then we go through mechanical aspects of the product, and parts are replaced and the systems are basically gone through with a fine toothed comb,” Schaffer says.

Fenner likens a refurbished Siemens unit they provide to one that is purchased brand new.

“From a quality perspective certainly the refurbished systems from Siemens are just as good as a new system,” he says. “We refurbish the systems from the ground up. We start with careful selection of a system, we look at its age and service history, its performance and we bring it back. “Even if it’s five years old we want it to look and work as if it just came out of the factory.”

That involves cleaning, disinfecting, and a complete system check of all the hardware and software, which will be updated to the latest levels.

“It then goes through the same system testing practices that a new system would before it leaves the factory,” he says.

For Philips, the refurbishments aren’t a big part of its business, but they still offer those systems to satisfy those customers who can’t afford the latest advancements.

“They want a state of the art system but don’t want to pay the price so when we refurbish our units, we make sure they are like new,” Malhotra says. “We go through a pretty intense quality assurance program with our systems going through a pretty good testing.”

The OEMs also depend on ISOs for remarketing equipment that’s not their own. When an OEM makes a new sale and the machine being removed is not theirs, they all put the competitors equipment on the broker/dealer market.

Where to Go?
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. Factors customers should consider in choosing which third-party refurbisher or used MR supplier to choose include training, speed of turnaround time, and more.

Spooner offers two reasons why they should come to him and not an OEM: Quality and price.

“We take it through all the stations in the refurbishment bay, and the customers are welcome to come in and take a look and test drive their system,” Spooner says. “We customize it to their needs. If they need additional coils, different applications, we can put a coil package together and use it for a test drive. We give them a chance to use it for a few months and if they can’t make money, turn it back in. Our objective is to make the customer healthy.

“Then there’s the price. The difference between the GE for instance, we’re going to be 20-30 percent less across the board. I firmly believe our quality and flexibility is way above what the OEMs can produce. If customers buy a lot of coils that they aren’t using, we’ll take them back and do a credit. We’ll give them a different application and really customize it to their needs and the changing dynamic of the market.”

As a general rule, an MR refurbished by an ISO will cost you about 10-20 percent less than the same model refurbished by the original manufacturer.

“It really does boil down to cost,” says Palmquist, who has 47 engineers on staff. “We’re not the OEM. We have the engineers and staff here who basically have the OEM training so they have the same knowledge base.”

Mithavayani thinks that personal service is just as important as price and is the other big reason image centers come to Reliant. “Customers can speak to us one on one so they are getting a lot more for their buck and have a full 24 hour service included,” he says.

So why go to an OEM?
“It’s our equipment and no one knows it better than us,” says Schaffer. “You’re getting something that is refurbished by the original equipment manufacturer, so you’re getting the highest standards, it meets the manufacturers specifications and support activities. We provide warranty programs as part of the refurbishments in addition to servicing the products, offering training and marketing support.”

Spooner does offer an important tip when it comes to refurbishing options.
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“Whatever company they decide on, whether it’s an OEM, third-party, refurbisher...come down and take a look at the system you are buying and understand it,” he says. “It’s a major investment. Spend the time to know the company and the equipment you are buying.”

**Service Time**

When you are dealing with a refurbished unit, you’re going to need some sort of service contract to go along with it as even the best MR will have problems eventually.

“Most of it is service contracts but there are some customers who choose not to go with a contract but will go with a time and material basis and when they need something, they will call and we will send out field service engineers,” says Palmquist. “All the manufacturers recommend preventative maintenance. We’ll check over the entire system and make sure it is running properly and all the parameters are at their normal limits. If there’s something wrong we let the customer know it failed. Sometimes we look at it like an oil change and tune up. It’s recommended you do that six times a year.”

According to Mithavayani, MR customers replace on average, six coils every year. Each customer also need their magnets maintained and should be on a regular maintenance schedule to ensure full OEM quality images.

“That’s a guarantee when they come on board with us,” he says. “We have over $2.5 million in inventory and our own repair department. We have in-house repair for all the parts, every gradient, amplifier, board, and everything is tested.”

With eight engineers in the Southeast, Reliant Medical offers 24-hour support on the phone with an actual support engineer who can help them through the problem, or they will be on-site within two hours.

Zetta has recently expanded to increase its service department as they grow its customer base.

“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,” says Ghazal. “Our engineers have an average of 12 years experience with MRIs. 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.”

Viable Med Services, Inc., based in Santa Clarita, CA. specializes in servicing open MRs and have over 100 service contracts around the US.

“Service is our main line and it always will be,” says company President Dan McGuan. “Service comes first but we offer refurbished and used systems as well. We don’t flip machines. We will provide turnkey services for those who are looking for the whole package.”

For McGuan, who once ran the service training department for Hitachi, concentrating on just the lower and midfield system helps his company stand out.

“Business has been absolutely
through the ceiling,” he says. “Look at the medical economy. Many buyers, unless it’s a huge hospital, can’t afford to buy new equipment. People still need medical care so they are buying refurbished equipment and need servicing.”

Viable Med Services also has a large inventory of parts, which McGuan says has gotten easier to assemble over the past few years.

That seems to be a theory agreed on by many in the service industry, as many have found the importance of housing parts.

MagnaServ has more than $10 million worth of part stock to help service the MR equipment under contract.

“We have numerous coils and we keep a set number of coils in stock for our contract customers. If they break a head coil, we’ll send them a new one, fix it and put it back into our inventory,” Spooner says. “When we have excess inventory, then we sell those. We maintain three in stock at all time but when we have more, we sell those.”

Most independents have parts readily available for older scanners. Genesis stocks parts for all GE scanners up to and including Excite 14x HD.

“When we are out of stock, our relationships with OEMs and vendors allow us to get parts at a reasonable rate,” Palmquist says. “We also have developed a coil repair department and CT High Voltage repair department to provide cost effective solutions for parts requests. The R&D division is developing solutions to compete with the manufacturers.”

Since there are few 3T machines on the after-market, most 3T parts have to be obtained through the OEM, making them readily available, but costly. For service on 3T units, currently there are not too many independent guys doing the work from top to bottom.

“There are different components to the 3T,” Palmquist explains. “You have the actual scanner but then the back end with the magnet itself and coldhead. At our company we service the magnet itself and coldhead. As far as software, there’s not a lot out there to help us along.”

**Used MR**

A “used” MR is an MR that’s bought ‘as is’, meaning 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.

Fenner warns of the dangers of buying a used MR and believes it is one of the most important things that people need to know about the used MR business.

“There is a significant difference between a fully refurbished system OEM and a used system,” he says. “Many customers enter the value market due to economic pressures and they look at the option of un-refurbished systems and we’ve seen some sad stories about brokers and dealers moving equipment from point A to B thinking they are getting good deals but the system was never serviced and they come back to Siemens for material.”

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Palmquist has seen this happen quite a bit. With the company’s service business, they can usually get the MR back and running.

“We’ve had instances where customer buy a magnet and we will install it for them but it’s not running at 100 percent. Then they hire us on time and material basis to get it up to where it should be,” he says. “The questions is, do you pay for refurbishment or do you pay down the road?”

**GLOBAL MARKET**

While sales in the US have been dropping, it’s quite a different story overseas where the OEMs are concerned.

“Outside the US, MR is growing very very well,” Davis says. “In Europe the market is up 10% to 12%, Japan it’s up 20%, China it’s up 2%, the rest of Asia is up 10% with Latin America up 10%.”

To help weather the storm here, companies started concentrating on these important markets a bit more.

“You have to know where your growth markets are and carefully invest in those markets,” says Malhotra. “We have seen growth in Eastern Europe, China, Latin America and other parts of Asia so we continued to focus on those markets.”

GE has also found a nice market for its Open systems as they are still selling well overseas. “There’s a decent market for it in places that can only support fixed magnets or places where it’s hard to get helium into such as in Africa.”

The Future of MR

The prevailing wisdom around the industry is that MR sales will continue to stay at its current pace, which may mean we have finally hit the valley.

“It’s hard to tell what direction things are going because we can’t predict what congress is going to do,” says Davis. “If you look at the industry in the first half of 2008, things were up 4%. I think manufacturers are adjusting to the new schedule.”

But it is too late for many image centers, who just couldn’t make a go of it once the DRA cuts came about.

“We are still seeing after effects of the DRA as a good percentage of imaging centers are being pushed to the edge and struggling to make money,” Malhotra says. “Especially a lot of the mom and pop centers that have one MRI. If you’re cut by 40%, that’s a huge impact.”

Ghazal agrees. “We continue to see struggles for the free standing imaging centers, especially those that have purchased very high end expensive systems,” he says. “There is an increasing need for such centers to seek out more economical ISO versus OEM solutions for both service and equipment purchasers.”

So, is the worst over? Will MR return to its glory days of a decade ago?

Says Giegerich: “I always hope we’ve reached the worst but I think it may continue for another year. It will bottom out before it gets better and I think that may take one more year.”

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According to the National Institutes of Health, nearly 350,000 U.S. residents received dialysis in 2005. For patients with end-stage renal disease (ESRD), dialysis offers the only chance for survival other than transplant—a 78% chance for a year, 32% for five years, and 10% for ten years. Worldwide, 2002 figures estimated 1.2 million ESRD patients.

The North American Domestic Market—a small but vital niche
Mr. Tighe Wilson, President of Wil-Med Global in Broken Arrow, OK, specializes in dialysis equipment, providing service and sales for Fresenius, Gambro, B-Braun, NxStage, and Baxter machines, the major manufacturers. Wil-Med deals with domestic and international customers. Wilson has twenty years experience in business and biomedical ventures and was drawn to dialysis as a niche market because of its growing necessity, as evidenced by the continuing rise in patient numbers.
Wil-Med offers installation and on-site training for preventative maintenance to hospitals and end-stage renal community providers—the acute and chronic clinics. When hospital acquisitions or mergers occur, Wil-Med can supply equipment, support equipment and assist in liquidating a surplus. The clientele supply ensures Wil-Med acquires late model high end and well-maintained machines.

In Wilson’s observations, dialysis equipment has reached a plateau for the most part in terms of basic patient care. The most significant advancement in dialysis units is delivering therapy on an individual patient prescription basis. The machines can handle specific programming for patients’ therapeutic needs.

Mr. Sudarshan Meenakshi, Director of Maple Consultants in Scarborough, Ontario, Canada, has 80% of his business in dialysis equipment, with the remainder in accessories and parts.

Meenakshi has an electronics background specializing in biomedical engineering and a Canadian post graduate diploma in Dialysis Technology. He is one of the few Certified Nephrology Technologists in Canada. Using this background, he educates and instructs, technologists, and tech assistants.

Maple Consultants has a unique position in seeing the market from both a North American and Asian perspective. Meenakshi says that in Canada, using high-tech equipment in hospitals is a common practice. However in the Indian market, clients are looking for simpler dialysis units with competitive cost.

If Maple supplies the units to a dealer, a basic preowned refurbished dialysis machine will be approximately $4,000. If the company is supplying to the end user, it provides two or three year warranty. In that case, the price will be higher around, $7000. The economy has had some effect on prices and costs, adding to the overhead that can raise expenses, the hike in oil prices for example, particularly affecting shipping costs.

Wil-Med has a detailed reconditioning process utilizing the manuals for rebuilding pumps and hydraulics. Wil-Med’s techs examine the equipment mechanically and cosmetically with a checklist as they recondition. “It is important that when the user sees the equipment, it is clearly well-maintained, and functions well and looks right. A machine has to be ready to perform when it arrives at a medical center, and the down time kept to a minimum,” says Wilson.

Wilson says the most important element is starting with well-maintained equipment. This means finding good sources from which to buy the units. If you are familiar with the sources, then you are familiar with those who are using the machines and how well they are maintained (i.e. optimally used and stored in a climate-controlled environment). A dealer should know the background of the supplier, and then institute a rigid test process with trained techs (Wil-Med has factory certified techs), and uses OEM parts. Dealing in obsolete equipment is not a good practice; the equipment should be currently supported by the OEMS.

For Maple’s refurbishing requirements, the units should be clean and free of any external damage. Dialysis units are a combination of electrical/mechanical parts and hydraulics. If the equipment has not been used for a few months the hydraulics compartment or the pumps tend to seize and crystallized parts can stick tubes and valves. The machines should not be stored for a long time, and they should be rinsed and disinfected regularly to avoid any bacterial growth.

“In developing expertise in reconditioning, it’s all about knowing the model and manufacturer, getting to know the machine and being able to pass along the quirks of the machines to the domestic and international customers,” Wilson says. If those customers come in for questions and answers, Wil-Med can help them to learn more about the mechanical issues and operational aspects and offer an update on the additional features and the subtleties of a unit. Because scheduled preventative maintenance is so important, Wil-Med will also provide recommendations for good techs in the end-user’s area.

Dialysis providers, like other medical centers, have to deal with budgetary cuts, and the rising costs in medications and overhead and labor.

Dialysis providers, like other medical centers, have to deal with budgetary cuts, and the rising costs in medications and overhead and labor. A good dealer takes the budget needs into account when working with a client. Wil-Med takes a close look at a facility’s programs to see how to stretch the dollar. One particular question in debate recently is the reuse of dialyzers. From Wilson’s standpoint, the choice is unique for each clinic. For a clinic with a tight budget, reuse can
save four to six dollars per treatment, allowing more budgeting for staff, dieticians and other care that improves the quality of life for patients. Wil-Med works with medical facilities to determine if reuse may be an option.

**The international market—tight budgets, tough transport, enormous need**

Nearly one third of Wil-Med’s business is international. “The international market has always tried to keep up with what North America is doing,” Wilson says. Purchasing problems develop from budgeting—a facility buying equipment that is too complicated to be cost-effective. Wilson can offer options for best buys in a transition period. Because current dialysis units are such a vast improvement over machines made 15 to 20 years ago, even fairly simple machines are a great option for the international customers.

Wilson says that when discussing the needs of an international client, it is important to find out what units the end-user is familiar with. Then, determine the best application for their situation and patients, and what will provide the best patient care to the community.

Wilson’s experience with international sales suggests that areas with growing populations such as Africa do not have enough dialysis equipment. There are not enough medical facilities in these areas to provide care for the diabetic and ESRD community.

Jamaica is another area that needs more facilities to care for dialysis needs. Since many cannot afford good healthcare, a person may be put in the position of choosing whether to use savings for treatment or for basic family needs. In this case, medical care often loses. To address the situation, a number of physicians Wilson deals with in the country are setting up clinics that make dialysis care cost affordable. Wilson works extensively with the doctors to stretch the budget for as much equipment as possible.

Wilson says another difficult situation in international sales is getting the equipment through customs and to the client without the units being stolen or seized. Wilson connects with organizations that help to protect the machines, including Rotary clubs who donate equipment and distribute through a wish list. The clubs ensure that the equipment is not lost or stolen, cooperating with missions and clinics to get the dialysis machines delivered safely.

Wilson says another difficult situation in international sales is getting the equipment through customs and to the client without the units being stolen or seized.

Maple’s Indian clients have similar problems, and do not want to invest money on machines and wait for two to three months to bring the equipment from overseas, or deal with difficult customs and government procedures at the local level. The economies of Southeast Asia are booming increasing the need for better medical treatment. Moreover, medical tourism takes clients to these countries for treatment. Aging is not contributing to the growth of treatment centers in India, rather, it is the newer affluence that is enabling people medical treatment affordability. “Political and local issues are always a factor,” Meenakshi says. “However, knowledge of local issues, being fluent in the vernacular plus the commitment and dedication of meeting the clients’ requirements are factors that can improve growth of the industry.”

Meenakshi says, “When the unit reaches Maple’s warehouse in Chennai, we carry out preventive maintenance and other quality control measures to meet Indian standards.” Maple has a fully-equipped technical lab in Chennai. Maple’s clients in India are local dealers and nephrologists who have their own hospitals and nursing homes. Meenakshi and his business partner Mukesh Gajaria use their extensive experience and technical know-how to assist any customers who require clinical information. The service for Indian customers ensures that the area is getting better equipment, with quicker delivery.

Another view of the international dialysis market comes from Rajagopal Geethu of Zigma Meditech India Private Limited, also located in Chennai, India. Zigma has just entered the dialysis market, and currently provides about 2% of total business. “Over a period of time we felt that we were missing out on an opportunity in the market and hence have started supplying units to our customers,” says Geethu.

Zigma sells refurbished Fresenius units primarily to hospitals and specialty dialysis centers in the South India market. The refurbished units sell for around $3000 - $4000. Geethu says the units should last a minimum of five years, if not more. In the refurbishment process for Zigma, the physical components of the unit are examined. Then the condition of the tubing and connectors is checked. A good deal of preventative maintenance is performed. The unit also undergoes a complete cleaning, followed by testing to ensure that there is no residue in the system. Special attention is given to the springs and seals, as they have constant interaction with acidic fluids. The most common problems are tubes and seals breaking or the pumps malfunctioning, in addition to any electronic/electrical failure that may occur due to voltage fluctuation.

Geethu has found the needs of the Indian market to be quite complex. Dialysis treatment is very expensive in India, even with a growing affluent class. A typical dialysis treatment in Southern India excluding the consumables (catheter and medication) can run from $20 to $80, according to Geethu and Meenakshi; however, the cost can be difficult to afford for the majority of the population, as the per capita income...
A middle class family cannot afford to have dialysis for more than a year. “Affordability is a major issue and most places tend to re-use the filters in order to reduce costs for the patient,” Geethu explains. “The volume of patients undergoing dialysis is quite high and it’s common to see dialysis centers working three to four shifts a day. Therefore, while cost is a big concern, the ruggedness of the unit and its ability to keep working without trouble or breakdown is a requirement.”

When Geethu consults with clientele for the best solution, the customers look at reducing the overall cost of ownership of the equipment. “As long as the equipment does not compromise even a very small percentage in delivering as it is supposed to, they are ready to take used or refurbished machines without the slightest hesitation,” he says. In India, the savings amount to about half the cost of the new equipment. The cost of maintenance is also lower.

An OEM solution for home health care and critical care: NxStage’s System One and a new home dialysis registry

NxStage of Lawrence, MA, manufactures a home dialysis unit, the System One. NxStage also has a critical care division selling to hospitals, with seven out of the top ten kidney care and teaching institutions in the U.S., including UCLA and Johns Hopkins.

Mr. Joe Turk, Senior Vice President, Commercial Operations of NxStage, says that in 2005 the use of home dialysis was well under a half-percent of dialysis-user population, continuing a decades-long trend. However, in the last couple years, home dialysis has begun to revive as an industry. During that time, NxStage has doubled patient numbers. Yet the numbers are still fairly small, around one percent of the total dialysis population.

NxStage has also created a unique online registry with information about the patients who use NxStage’s home dialysis. Advisors to NxStage felt that the company had the opportunity to provide a needed service in collecting demographic information. NxStage took up the challenge. “We have been diligent about capturing information in a registry format concerning treatment and mortality,” Turk says. As an example, the data from the registry shows that men slightly outnumber women in using NxStage home dialysis, and the average age of a NxStage user is 52. On a very positive note, the mortality rates have turned out to be 50% lower than expected.

Turk says the System One is popular with its users due to the emphasis on compact design and ease of use for the home patient, including a simple interface. The System One is designed to be infrastructure independent; it can be plugged into any grounded outlet. There does not need to be adjustments for changes in electricity or water. The device is small and can be checked for air travel. “The device frees the patient in a number of different ways. The patient having home dialysis does not have to have life centered around appointments with the dialysis center, having to plan trips around treatment,” Turk says.

Turk believes the System One is an innovation. “We are the first to make it smaller and incorporate traditional functions in the cartridge for the user to maintain. The system makes the process simpler smaller and safe.” The System One can be purchased or rented. It costs around $19,000 to purchase and about $1500 per month to use. “The availability of home use is important because quite frankly there is a limit as to how many can be treated in a center, due to the lack of nurses and space. Home treatment can be cost effective, and physicians believe it is appropriate for about 16% of patients, around 40-60,000 who need hemodialysis.”

Dialysis is another section of the medical equipment industry that continues to thrive despite current economic struggles. Worldwide, it provides a lifesaving measure to a rising health care crisis, which means a market for more dedicated dealers of quality equipment. As Meenakshi says, “The medical service providers are doing a yeoman service facilitating delivery of services in a timely and cost-effective manner. Used medical equipment is like used cars. There is a device for every need and pocket. Service, commitment, current knowledge in the field and dedication are the key factors. This then, becomes a ‘win-win’ situation.”

Online: dotmed.com/dm6795

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**DOTmed Registered Dialysis Equipment Sales and Service Companies**

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**Names in boldface are Premium Listings.**

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**INSIDE THE CLASSIFIEDS**

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**Ambulance:**

551809 - FORD 2001 E-250 Wheelchair Ambulance $6,000
10 Available Ford E-250 Wheelchair Vans All have electric Lift’s Mileage 220,000
Rodney Garcia, Ambulance & Supplies Depot, Inc.

**Ambulance Cot:**

528503 - FERNO 29 Ambulance MRI Cot $595
*** $595. Louis Bernhardt, Ambulance & Safety Supply of Metro Houston

**Anesthesia Machine:**

530756 - D.R.E. Portable Transport 2000 Anesthesia Machine $2,700
Excellent condition, still under warranty through DRE. Sheila Rockley, The Best There Is.

**BP Monitor:**

536019 - MINDRAY VS-800 II Vital Sign BP Monitor $1,400
Brand New with 3 year warranty. Michael Parnell, EquipStat Medical Equipment, 727-244-5399

**Balloon Pump:**

554254 - DATASCOPE System 98 Balloon Pump $6,000
I have two System 98 units. Dena Riley, RS Medical

**Bedside Monitor:**

554300 - DATASCOPE PASSPORT Bedside Monitor $750
This monitor is used but in good cosmetic condition. Narjis Rizvi, Narjis Rizvi

554235 - GE /Dynamap Pro 1000 Bedside Monitor $3,000
Color monitor with three lead ECG, NIBP, SAO2, and Temp. Scott Snyder, Netmed Liquidators

**Bronchoscope:**

553719 - WOLF RIGID SET Bronchoscope $1,250
System includes; rigid bronchoscope 0 degree model 8462. Arnold Wieser, MFI Medical

**CT Mobile:**

554036 - GE Pro-Speed CT Mobile $29,900
Recent upgrade to Pro-Speed and refurbished coach. Errol Crones, A.P.I.

553733 - GE LightSpeed QXi CT Scanner $80,000
2000 GE LightSpeed QXi CT Scanner:
• Installed September 2000 • LightSpeed H1 Gantry • MX200 6. Michael Falco, Compass Medical Equipment Inc.

553027 - TOSHIBA Hitachi Pronto XE CT Scanner $35,000
We want to sell one hitachi Pronto XE, The detail as follows. Li Jiong, LJ Shouji Co., Ltd

**Centrifuge:**

553680 - IEC MB Centrifuge $649
Refurbished IEC MB microhematocrit in very good condition. Thomas Stratton, A-Stat Medical

554277 - L W SCIENTIFIC LWM24 Centrifuge $670
LW SCIENTIFIC M24 MICROHEMATOCRIT CENTRIFUGE Designed for flexibility and easy of use in the laboratory or elsewhere. Orestes Fundora, Global Medical

**Chemistry Analyzer:**

553963 - CLINICAL DATA Selectra Junior Chemistry Analyzer $10,950
The new Vitalab Selectra Junior brings the excellent reputation of the Selectra family into every laboratory. Jason Fisher DMA, FHL Services, Inc.

**Chiropractic X-ray:**

554296 - TINGLE SFQ425 Chiropractic X-ray $4,500
I have a 12 year-old Tingle SFQ425 single phase X-ray unit with a digital display for sale. Steve Goninan, Lawrenceville Family Chiropractic

**Cystoscope:**

537727 - ACM ACN-2 Cystoscope $3,900

**Defibrillators:**

535395 - PHYSIO CONTROL Lifepak 12 Defibrillators
This is for three fully loaded biphasic lifepak 12 defibrillator with etco2, spo2, nibp, hard paddles, aed, pacing, and 12 lead ecg. Eric Blassingame, Blassingame Medical

537873 - PHYSIO CONTROL Lifepak 12 Defibrillators $7,500
This is for a like new biphasic lifepak 12 fully loaded. Eric Blassingame, Blassingame Medical

**Digital Imaging Systems:**

107145 - RADIX PACS Film Digital Imaging Systems $7,500
PACS Film Express Dicom CD/DVD Distribution System 4800 Automated Printing with. Will Wakowsky, Independent Sales and Service
## EQUIPMENT FOR SALE

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<td>EKG:</td>
<td>554265</td>
<td>$7,495</td>
<td>GE MAC 5500 EKG with options: modem and 12sl+ gender specific new ge gold seal. Reed Bolander, Medsource Inc</td>
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<tr>
<td>Electrosurgical Unit:</td>
<td>554166</td>
<td>$1,500</td>
<td>ETHICON ultracision Electrosurgical Unit. I have for sale a Ethicon endo surgery ultracision harmonic scalpel handpiece. Bill Burkholder, Discount Medical</td>
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<tr>
<td>Embedding Center:</td>
<td>553883</td>
<td>$4,800</td>
<td>SHANDON Histocentre 2 Embedding Center. Shandon Histocentre 2 embedding center for sale, complete, refurbished, in excellent functional and cosmetic condition. James Thompson Jr, Buyers Med-Equip Advantage</td>
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<tr>
<td>Exam Chair:</td>
<td>554170</td>
<td>$1,695</td>
<td>RITTER F-75C Podiatry Exam Chair. Ritter Classic Favorite Podiatry Exam Chair/Table. Shirley B. Pia, Champaia Medical Consultants, Inc.</td>
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<td>Exam Light:</td>
<td>553933</td>
<td>$2,900</td>
<td>SKYTRON ST19S Exam Light. Good condition. David Sterkenburg, Skytron</td>
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<tr>
<td>Film Processor:</td>
<td>533317</td>
<td>$1,995</td>
<td>AGFA 1999 CP 1000 Film Processor. Great processor-no plumbing needed. Can ship anywhere in USA-plus shipping. Paul McCabe, Peterson Imaging Inc.</td>
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<tr>
<td>Gastroscope:</td>
<td>554230</td>
<td>$2,999</td>
<td>OLYMPUS GIF 100 Gastroscope. This scope has been evaluated by a 3rd party. ANWAR S SYED, MDIC</td>
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<td>Hearing Booth:</td>
<td>553867</td>
<td>$1,675</td>
<td>ECKEL AB2000 Hearing Booth. 40’ x 32’ x 75”. John Peate, 18th Street Medical</td>
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<tr>
<td>Hot Pack Unit:</td>
<td>553082</td>
<td>$250</td>
<td>CHATTANOOGA M-2 Hot Pack Unit. High quality stainless steel; With Stainless Steel Side Rack; Unused condition. George Tournas, Red Stripe Inc</td>
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<td>Humidifier / Heater:</td>
<td>553765</td>
<td>$100</td>
<td>FISHER &amp; PAYKEL MR 730 Humidifier / Heater. Tested, Excellent working and cosmetic condition. Ramon Manalo Jr, Requests International</td>
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<td>ICU/CCU:</td>
<td>537901</td>
<td>$1,500</td>
<td>PHILIPS MP40 ICU/CCU. Philips intellivue MP40 with mms module and microstream co2 extension module. Howard Reese, Reese Medical</td>
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<td>MRI Coldhead:</td>
<td>89376</td>
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<td>LEYBOLD RGD5100 Cold Head. Remanufactured to original specifications. Marc Fessler, Independence Cryogenic Engineering</td>
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<td>MRI Compressor:</td>
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<td>LEYBOLD Coolpak 6000 MKI. Remanufactured to original OEM specifications. Marc Fessler, Independence Cryogenic Engineering</td>
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<td>O/R Camera:</td>
<td>554204</td>
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<td>STORZ Image 1 O/R Camera. Karl Storz Image 1 Camera repairs, please contact for pricing. Kris Ramac, Endopointe</td>
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<td>O/R Light:</td>
<td>436624</td>
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<td>BERCHTOLD D 530&amp; D 650 O/R Light. Center mounted dual head Model Chromophare 530 and 650. Bob Cavanaugh, Cavanaugh Associates</td>
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<tr>
<td>OB / GYN Ultrasound:</td>
<td>553077</td>
<td>$14,500</td>
<td>SONOSITE 180 Plus OB / GYN Ultrasound. This is a Sonosite 180 Plus portable handheld ultrasound unit designed for basic general purpose use. Adam Contoret, dreamscience ltd</td>
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<tr>
<td>Orthopedic - General:</td>
<td>553059</td>
<td>$185</td>
<td>UNKNOWN Leksell Rongeur. German stainless Leksell Rongeur, 8mm bite, lifetime warranty against defects in materials and workmanship. Renee Wales, Precision Surgical Supply</td>
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### Classifieds Rate Card

- 4 lines: $100
- 8 lines: $175
- 16 lines: $325

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PACS/RIS:

534894 - AMERICAN MEDICAL SALES Totoku M201L Monitor PACS/RIS $795 ME201L by Totoku-20. Daniel Giesberg, American Medical Sales

534785 - DATA RAY DR96 PACS/RIS $495 Data Ray DR96 Medical CRT 22” Flat Portrait Auto Synchronous Display. Daniel Giesberg, American Medical Sales

454542 - DOME Dome 3Mpixel Portrait LCD Display PACS/RIS $1,200 Dome C3-GRAY 3 Megapixel LCD Medical Display 8 available $1200 each Original B. Will Wakowski, Independent Sales and Service

Pharmacy/Med Carts:

553755 - WATERLOO Unicare Pharmacy/ Med Carts $485 In stock 3 Waterloo Crash Cart in Mint condition. Juan Sandoval, Monterey Medical Equipment

Pump I/V Infusion:

553030 - SIMMS/GRASEBY MS 26 DAILY RATE Pump I/V Infusion $175 i have about 60 units all with clear palstic hood excellent condition ready to go. Fawad S Shaikh, J F MED TECH

553051 - BAXTER FLO-GARD 6300 Pump I/V Infusion $50 This unit was reported as working, I can’t verify that, just a h_1l of a deal. Dave Waterman, MRSBioMed

Pump PCA:

553904 - BAXTER PCA 11 Pump PCA $700 Ready to ship today! Comes with a 90 day warranty! Comes with AC charger for battery stick. Roger Strachota, BMX Medical

SPECT Camera:

553012 - SOPHA DSXI SPECT Camera $15,000 DSXI, single head spect. Todd Boice, Radimage, Inc.

Scope Accessories:


Shared Service Ultrasound:

539172 - SIEMENS Antares Premium Shared Service Ultrasound

Telephones:

538997 - AT&T Apple iphone 3G Telephones $400 Company Details - CAMTECH ELECTRONICS LIMITED Address:21 GOLDINGS CLOSE,HAVERHILL,SUFFOLK. martins joe, qualitech electronics ltd

Ureteroscope:

551813 - WOLF 8952.31 + 8952.313 Uretroscope $850 Good condition. BIN BEHNE, MEDLIKIM

Urological Instruments:

553898 - BOSTON SCIENTIFIC Swiss Lithoclast Uit Urological Instruments $5,000 Two systems available, with handpieces. Scott Snyder, Desco Medical

Urology Suite:


Ultrasound Transducer Ultrasound:

553076 - HITACHI EU-L33ST Ultrasound Transducer Ultrasound please e-mail offer with details and shipping to Budaors in Hungary . Yasutaka Harada, SANAI M.K. ENTERPRISE KFT

Viewbox:

553799 - UNKNOWN Four over Four Viewbox $100 Good Working condition. gerald kirk, kirkmedical

Vintage:


PARTS FOR SALE

C-Arm:

550839 - OEC C-Arm Part #879173-01 1) Completed and tested assemblies are always in stock. Kenneth Saltrick, Engineerings Services

225482 - OEC C-Arm Part #00-879322-XX OEC 9800 C-Arm Interconnect Cables OEC p/n 00-879322-XX we service -01 / -02 / -03 / -04 / -05 and all custom lengths needed. Kenneth Saltrick, Engineerings Services

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This auction includes the following parts:

**C-ARM**

SIEMENS C-Arm Siremobil 2000 You are bidding on a Tube for a Siemens Siremobil 2000 Manufactured 1994 PRICE INCLUDES SHIPPING Tube Info: SR 110 MWN#B65919F19036 Serial#184798S20 Strephos 110 MWN#B61051X1988 SNP#0132301 Auction 4259 – sold for dealer in New York, $4,474.10

**IMAGING**

ETHICON Mammoth Breast Biopsy system. The accessories pictured (not including the cart) are included. They can be used to perform about 5 biopsies. A breast biopsy using the Mammothome System can help a doctor make a highly accurate diagnosis of a breast abnormality without the need for open surgery. Auction 4943 – sold for imaging center in New York, $6,000.00

SIEMENS Rad/Fuorro Room Sireskop CX Manufactured 2000. 2006 TUBE INCLUDES: HV Generator MV#17042 X-2169 600W 2006 Opti Tube 150/30/50C-100 MN#1161525 Serial#08155 Table/ MN#48172222G2194 9 inch Image Intensifier Wall Bucky/MN#46-39-506-G036G M44-2 Siemens Monitor. Auction 5240 – sold for hospital in New York, $12,000

PLANMED Mammo Unit Sophie (Lot of 3) Unit #1 (pictures 1 - 3) was manufactured in 1996. It is accredited and working. 35KW 80MA – Unit #2 (pictures 4 - 7) was manufactured in 1999. 35KW 80MA – Unit #3 (pictures 8 - 11) was manufactured in 2001. This unit is in need of a power supply. Auction 5368 – sold for broker in Texas, $3,500.00

**CT PICKER**

**Scanner PQ5000** Auction 5244 – sold for dealer in Texas, $5,275.00

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