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MRI Coil
Leasing and Finance
There are times when flat lining is good news!

**Yearly Glassware Expenditures**

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**Glassware Solutions… a better way to budget.**

**The good news:** Diagnostic imaging technology is advancing at a rapid rate. More clinical capability means more procedures, leading to better patient outcomes.

**The bad news:** More advanced systems require more complex and costly CT tubes. A tube failure can cause budgets to crash and revenues to fall short of expectations.

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RSNA and Much More

Welcome to the November issue of DOTmed Business News (DMBN). Although the year is winding down, industry news has more buzz than usual. Problems with the economy continue to cause uneasiness with investors and that has of course, impacted the healthcare sector. It will be some time before the extent of that impact can be determined. Even with the uncertainty, there are some bright spots, such as the steady flow of new services and products entering the field at this time. No doubt some of this activity can be attributed to the upcoming RSNA event at the end of November.

Speaking of RSNA, in this issue we offer a look at some of the companies that will be exhibiting at the show who are well worth a visit. In addition to our RSNA coverage, you will find feature articles on medical tourism and the cost of ownership for a Gamma Knife along with an offering of industry sector reports covering leasing and finance, radiography, mobile medical and MRI coils.

Last month we introduced our first feedback question and we received a healthy response. A few of those responses are posted on page 4 along with this month’s question. Ed Sloan also shared some industry feedback of his own through the column he offers in Healthcare Chronicles.

The big news for this month’s issue is the introduction of a new column: This Month in Medical History. Many readers probably owe a debt of gratitude to the individual featured, considering he was instrumental in either the careers or well-being of millions.

On page 63, take a moment to familiarize yourself with the credentials that determine the DOTmed 100. With the year drawing to an end, you may soon see some new names flying that flag.

Finally, it would be remiss not to mention the fact that this is DOTmed Business News’ largest issue to date and we have our readers and advertisers to thank for the continuing success of the magazine.

Until next month!

Sean Ruck
Editor-in-Chief
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The following responses are regarding an article in the September 2008 issue of DOTmed Business News comparing Senator John McCain’s and Senator Barack Obama’s Health Care Initiatives. The article can also be accessed online by entering DM6791 into a search box on our web site.

Editor

Mr. Obama is trying to get elected by saying moderate things, but if you trace his past associations and voting record, he has a socialist Marxist agenda. With a Democratic Congress, we will be on our way to federal control of health care. This will be the death blow to independent service companies. Unless you work for the government, you will be out of luck. How about writing an article about how socialized medicine will affect our businesses?

Frank Pontillo, Pembroke Pines, Fl

I am a pediatric cardiologist and a medical device developer. In my clinical practice, I am seeing increasing numbers of children switching from private insurance to managed care Medicaid and much higher co-pays. McCain’s plan is nothing short of absurd. You can’t buy family coverage for $5,000 a year - it’s more like $15,000 (and that’s for a mediocre policy). Furthermore, by taxing the value of any health care benefit (as he proposes), the McCain plan will be taking money away from the very people it purports to help. Many private doctors refuse to accept Medicaid rates, so these children have to find their way to university clinics, which by mandate accept them. But the payments are insufficient to maintain these programs. Our industry, in the long run, can only be healthy if the patients receive care and the payments can cover the capital costs of equipment. The McCain plan is yet another Republican giveaway to the insurance companies at the expense of the patients and those industries, like ours, that wish to help patients with innovative products.

Lloyd Marks, MD, F ACC, BSEE

Your otherwise fine article neglects to mention one of the important drivers of health care costs, present and future: the massive numbers of illegal aliens and anchor babies. No nation in the world can finance open access to entitlement programs in the presence of porous borders. The two candidates do not like to talk about this inconvenient truth. Neither apparently does the DOTmed columnist.

Robert Greenhalgh, Sparks, Nevada

Feedback Question for December

Experts have expressed the opinion that some hospitals are purchasing more powerful 3Ts as a marketing ploy, rather than on the clinical merits of the equipment. What’s your opinion?

Submit responses to feedback@dotmed.com (please include “December Feedback” in the subject line)

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Corrections:

Patrick Miles’ company was incorrectly listed in last month’s Contrast Injector ISR directory. The correct company is Med Exchange International, Inc.

Joseph Sciarra of Marquis Medical was inadvertently left out of the October Parts ISR Directory.

Greg Kramer of C & G Technologies was not identified in the October Parts ISR Directory as being both DOTmed Certified and DOTmed 100.
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Red Wine May Lower Lung Cancer Risk

An antioxidant in red wine called resveratrol may be protective against lung cancer, Chun Chao, Ph.D., a research scientist at Kaiser Permanente, told DOTmed News.

Chao looked at demographic and lifestyle data from 84,170 Kaiser members aged 45 to 69, who were enrolled in Kaiser’s California Men’s Study between 2000 and 2003. She identified 210 cases of lung cancer. Chao measured the effect of beer, red wine, white wine and liquor consumption on the risk of lung cancer. She found there was a 2 percent lower lung cancer risk associated with each glass of red wine consumed per month. There was no benefit noted for consumption of white wine, beer or liquor.

The most substantial risk reduction was among smokers who drank one to two glasses of red wine per day. Chao reported a 60% reduction in lung cancer risk in these men. She warned men who smoke to quit and told DOTmed that smoking increases the risk of lung cancer by 10%, while red wine’s protective benefit is roughly half that. She also urged men not to become heavy drinkers, even of red wine, because heavy drinking often causes serious health problems.

In mice that were given resveratrol supplements, the compound retarded lung cancer growth and also induced lung cancer cells to commit apoptosis, she says. Apoptosis refers to cancer cells that are induced to self-destruct. The new biological drugs, like Velcade for multiple myeloma, are being engineered to perform this critical function.

Luna Innovations Receives Funding for Brain Cancer Diagnostic Agent Using Nanotechnology

Luna Innovations Incorporated announces an award from the National Cancer Institute (NCI) of the National Institutes of Health (NIH) to improve the detection and diagnosis of brain tumors. Under this program, Luna will adapt its exclusive contrast agent technology using carbon nanospheres to produce an improved MRI agent. This next-generation contrast agent will be designed to enhance tumor imaging and advance the diagnosis and treatment of this disease by directing nanomolecules to seek out specific biological targets. Luna’s imaging technology can be modified to enhance relaxivity, a property that provides for better imaging; is extremely stable; is water soluble; and has the potential to be modified to clear from the bloodstream quickly or slowly, depending on the specific application.

“Luna’s Hydrochalarone technology platform can be modified to produce targeted contrast agents, which selectively highlight the tumor cells. Our hope is that our novel approach will provide better resolution to radiologists, who in turn, will improve patient outcomes,” said Kent Murphy, Chairman and CEO of Luna Innovations Incorporated.

Last November, Luna announced its first grant with the NIH using this carbon nanotechnology platform to improve the identification of coronary artery disease. Under this program, Luna proposed to develop a diagnostic agent that would allow the use of MRI, potentially providing a noninvasive measure to evaluate plaque in the arteries without the use of ionizing radiation and catheters.

Research Shows MammoSite Therapy Safe, Comparable With Traditional Treatment

Some of the more interesting findings at the 50th Annual American Society for Therapeutic Radiology and Oncology (ASTRO) Conference held recently in Boston, MA, were the presentations on breast cancer research.

Peter Beitsch, M.D. spoke with DOTmed News about one of the studies for which he was co-principal researcher.

This research concerned recurrence and survival rates of MammoSite Targeted Radiation Therapy patients within the American Society of Breast Surgeons (ASBS) MammoSite RTS Registry trial. A total of 1,440 patients were in the registry, treated from May 2002 to September 2004; the first 400 patients in the registry were the subjects of this initial research. The research examined ipsilateral breast tumor recurrences, regional recurrences and survival rates.

The research found that in the first four years the 400 patients demonstrat-
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ed a 2.5 reoccurrence rate, comparable with whole breast treatment. In addition, only one female patient out of that group had died. The patients were older women, node negative, and had smaller cancers. “There were no rampant recurrences or detriment to survival,” Dr. Beitsch told DOTmed News. “We aren’t saying it’s better, but it’s no worse.”

Some of the noted advantages to APBI are reduced incidents of mastectomy and convenience that eases the trauma of dealing with taking time off work and traveling for treatment due to the reduced time of the therapy. In addition, Dr. Beitsch noted, there seemed to be little added cosmetic problems from the surgery such as skin depigmentation that radiation can sometimes cause.

Online: dotmed.com/dm7093

Surgery and Imaging Under One Roof

The Ohio State University Medical Center has just opened an innovative surgical suite, equipped with advanced imaging technology and sophisticated medical machinery designed to treat a variety of brain and spinal cord injuries under one roof.

According to Dr. Louis Caragine Jr., director of endovascular neurosurgery at Ohio State’s Medical Center, the novel minimally invasive endovascular and vascular suite provides the most efficient and safest environment for a patient’s surgical care.

“Having the proper, sterile environment allows us to be better prepared if something unexpected occurs,” says Caragine, who is also director of Ohio State’s Neurological Surgery Intensive Care Unit. “A miniscule delay may result in a poor patient outcome and this new OR will assist us in expediting life-saving treatments.”

Radiologists routinely perform endovascular treatments in an angiography suite within a hospital’s radiology department. However, neuroendovascular procedures require examination and therapy by both radiology and neurosurgery staff. If an unforeseen technical complication arises, a patient needs to be immediately transported from the angiography suite to the operating suite for surgical intervention.

The operating suite is designed with biplane digital subtraction angiography, allowing for less radiation scatter than C-arm fluoroscopy. It offers integrated neurosurgical and radiological capabilities resulting in less movement of the patient, as well as a computer control room that monitors the “action.” In addition, the room is capable of three-dimensional angiography, computerized tomography and magnetic resonance imaging guidance.

The robust operating suite can accommodate open aneurysm operation procedures, arterio-venous malformation repair, brain abnormalities, angioplasty or stent replacement, tumor embolization and presurgical cerebrospinal angiography.

Online: dotmed.com/dm7166

Minimally Invasive Procedures for Spinal Surgery Offer New Options

Surgeons at Cedars-Sinai Medical Center’s Institute for Spinal Disorders have combined three innovative minimally invasive spine surgery procedures to treat spinal curvature in adults, a common consequence of aging.

The first stage of the two- to three-step correction procedure was performed through small incisions in the patient’s side, working through a tube to access the front of the spine. Using either of two systems - the XLI® (Extreme Lateral Interbody Fusion) or the DLI® (Direct Lateral Interbody Fusion) - orthopaedic surgeon Neel Anand, M.D., Mch. Orth, director of Orthopaedic Spine Surgery at Cedars-Sinai cleared out damaged disc material and replaced it with spacers filled with bone and a protein that promotes fusion.

“We used to access the front of the spine through the abdomen. The biggest advantage of going in from the side is that we no longer have to work around the organs and large blood vessels of the abdomen. We work through a very safe corridor to get to the discs in question. We go in and correct each disc that has collapsed, like building a skyscraper. As we put in
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Critical Care Technologies commented.

dent and general manager for Surgical and
tients,” Bill O’Riordan, STERIS’s vice presi-
- ment for clinical professionals and their pa-

worrying about the technology and more
This means clinicians can spend less time
versatility, ease of use and optimal layout.
can treat patients requiring minimally invasive
create a flexible environment where clinicians
suites technologies and design services will
seamless combination of Philips cardiovas-
sive cardiovascular surgical procedures. The
operating rooms for open and minimally inva-
pernation are collaborating to provide hybrid
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•

Philips and STERIS Team on

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Royal Philips Electronics and STERIS Cor-
poration are collaborating to provide hybrid
operating rooms for open and minimally invasive
vascular surgical procedures. The seamless combination of Philips cardiovas-
lar X-ray systems and STERIS HD 360°™
Suites technologies and design services will
create a flexible environment where clinicians
can treat patients requiring minimally invasive
procedures, or those needing open surgery,
within a single operating suite. The relation-
ship will also provide hospitals with oppor-
tunities for surgical innovation and improved
fection prevention programs.

Bert van Meurs, senior vice president
of Cardiovascular X-ray at Philips Health-
care, said, “Our partnership with STERIS
demonstrates how we are providing cli-
icians with operating facilities that combine
versatility, ease of use and optimal layout.
This means clinicians can spend less time
worrying about the technology and more
time focusing on the patient.”

“We share the same desire as our Philips
colleagues to optimize the surgical environ-
ment for clinical professionals and their pa-
tients,” Bill O’Riordan, STERIS’s vice presi-
dent and general manager for Surgical and
Critical Care Technologies commented.

What Wall Street’s Shake-up means to our industry

I
know when I started my own business years ago it would succeed or fail based on my actions, reactions and that factor that’s harder to identify, but some would call “luck.” That’s why it’s troubling to see the government sinking more than $700 billion into Wall Street to bail out those who took
big risks or made bad decisions. Now, I don’t like the idea of people losing all their investments or jeopardizing their financial futures, but I also don’t like the idea of the bad decisions of others negatively affecting my livelihood either.

Today, when I’m getting a business call, whether it’s from Asia or Europe, or Southern Alabama, one of the first things people ask is, ‘Ed, how is the current economy going to affect our business? Are we going to have more/less equipment available? Is it going to cost more/less?’ At the end of the day, it’s clear that people are concerned about finances. Although there are probably some more rough days ahead for the economy, that doesn’t necessarily mean our industry can’t benefit from those ups and downs. What I’m seeing is a market that is going
to be friendly to the aftermarket in medical equipment.

With budgets being crunched and purse strings tightened, people and companies are going to be bargain shopping now more than ever. They’re also going to look for ways to raise capital. In either case, that translates to a boon for the aftermarket industry. For equipment providers, they are likely to not only see an uptick in customers looking to purchase their equipment, but they will also find new equipment sources as hospitals and health care centers take a good long look at the equipment they have and more willingly seek to unload that which they don’t use.

It would be misleading for me to tell you that it will all be sunshine how-
ever. I anticipate with the limited credit available for the next few years, it’s
going to be tough on some of the small players. Many work off credit – that’s just the way it is. Many rely on credit from their lender to finance their opera-
tions and in a tight credit market you don’t have that to lean on. So you have to work off cash flow. Even if you build a big receivables bucket, getting that money into the bank is a big challenge. There are a fairly large amount of in-
voices that never seem to convert on time – if at all.

Inevitably some of the smaller companies will be bought by larger companies and consolidations will occur. In my experience, this is a cyclical event. A few years will pass and some individuals from those consolidated companies will break off and form their own companies, years will pass and the cycle will repeat.

The most interesting development in bad economic times isn’t the consoli-
dations, but rather how companies deal with hardships. Too often, I see budget cuts hitting marketing first. To me, that flies in the face of logic. If you’re not advertising and the economy is rough, past customers may assume you’re out of business and new customers won’t find you. So, that’s less money coming in and more cuts to be made. Meanwhile, your competitors have an open field to let customers know about their offerings. Maybe I’m being unreasonable, but I think it’s a decent time to advertise.

Just like everyone else, I will continue to hope this economic crisis will pass quickly, but in the meantime, I will also keep in mind that it’s not the end of the world, just a clarification of some business structures.
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Chrysalis Breast Displacement System Approved

Meta Imaging Solutions, LLC, announced a 510K pre-marketing approval by the FDA for the patent-pending Chrysalis Breast Displacement System. The Chrysalis is an innovative means of decreasing breast radiation dose while doing CT coronary angiography and CT of the abdomen. It was introduced at the AHRA convention held in Denver in July.

Charles Swaney, a practicing radiologist who developed the device, spoke with DOTmed News to explain what makes the product special.

“The system is unique in that I know of no other devices that are designed to displace tissue for CT scanning,” Swaney said. “It is useful in that, particularly with CTCA, decreased tissue means improved signal for CT images. In CTCA, the breasts are in the plane of imaging, but do not contribute to the data we are evaluating. In patients with large breasts, there can be significantly decreased image quality. By displacing the breasts manually and securing the breasts out of the imaging plane, you can both improve image quality and decrease the radiation dose to the breasts.”

In contrast to other dose-reduction methods, the breasts are physically displaced out of the imaging plane and secured with the Chrysalis device. A randomized trial showed median dose reductions of 88% in the peri-areolar region and 95% in the upper quadrants while at the same time showing improved image quality in patients with large breasts.

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Integrated Medical Systems' “Suitcase” Intensive Care Unit Receives FDA Clearance

Integrated Medical Systems, Inc. has received 510(k) clearance from the U.S. Food and Drug Administration (FDA) to market its MedEx 1000(TM) “suitcase” intensive care unit (ICU).

The MedEx 1000 is a portable unit intended to supply ICU functionality for adult and pediatric patients and combines into a single platform physiological monitoring (electrocardiogram, invasive pressure monitoring, non-invasive blood pressure monitoring, temperature, blood oxygen saturation, and heart rate), low-rate and high-rate infusion pumps, a fluid warmer, and a ventilator. The purpose of the MedEx 1000 is to help support continuous patient care during transport from outside of the hospital or within the hospital environment.

“We believe this innovative system addresses a large, unmet clinical need to support continuous patient care,” said Adam Seiver, MD, PhD, Adjunct Clinical Associate Professor of Surgery Medical School, Stanford, former Director of Surgical Critical Care at Stanford Medical Center, and a member of the company’s Board of Advisors. “The MedEx 1000 is the first hand-portable integrated medical, data and utility suite. Caregivers will now be able to provide continuous care, never needing to disconnect and re-connect a patient from therapy and monitoring as the patient is moved throughout a hospital, or even pre-hospital transport or disaster response. This technology meets a key need to increase patient and caregiver safety, while at the same time reducing the weight, volume, cost and clutter of current equipment.”

Initial deliveries of the MedEx 1000 are expected in the first quarter of 2009. IMS expects to have a CE Mark by fall 2008, permitting marketing and sales in Europe.

Online: dotmed.com/dm7167

Philips Combines Ultrasound With Cancer Drug Delivery

In its first foray into the pharmaceutical arena, Philips is combining its ultrasound bubble system, now used for the diagnosis of heart failure and liver disease, with a drug delivery system for cancer drugs.

“We have found a way to load drugs inside these bubbles while using the contrast agents as well,” Steve King, Communications Manager for Research, tells DOTmed News.

“We inject the drug-filled microbubbles in the patient’s bloodstream and follow the bubbles with ultrasound imaging. When we see the bubbles reach the tumor, we use a higher energy focused ultrasound wave to burst the bubbles and release the drugs into the tumor.”

So far, Philips researchers have tested the cancer drug, pacitaxel, in mice. King says while local drug delivery is feasible, Philips is only in the first stage of developing its new chemo technology. He believes it will be five years before clinical studies on human beings can begin.

“Pre-clinical experiments make us very confident that this system will work,” King says. The company is now working with the University of Virginia, where researchers did their preclinical studies.

Online: dotmed.com/dm7152

Nanodiamond Drug Device Could Transform Cancer Treatment

A Northwestern University research team has developed a promising nanomaterial-based biomedical device that could be used to deliver chemotherapy drugs locally to sites where cancerous tumors have been surgically removed. The flexible microfilm device, which resembles a piece of plastic wrap and can be customized easily into different shapes, has the potential to transform conventional treatment strategies and reduce patients’ exposure to toxic drugs. The device takes advantage of nanodiamonds, an emergent technology for sustained drug release.

“The thin device -- a sort of blanket or patch -- could be used to treat a
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sales@dotmed.com
localized region where residual cancer cells might remain after a tumor is removed,” said Dean Ho, assistant professor of biomedical engineering and mechanical engineering at Northwestern’s McCormick School of Engineering and Applied Science, who led the research.

In their study, Ho and his colleagues embedded millions of tiny drug-carrying nanodiamonds in the FDA-approved polymer parylene. Currently used as a coating for implants, the biostable parylene is a flexible and versatile material. A substantial amount of drug can be loaded onto clusters of nanodiamonds, which have a high surface area. The nanodiamonds then are put between extremely thin films of parylene, resulting in a device that is minimally invasive.

In control experiments, where the drug was present but without the nanodiamonds, virtually all of the drug was released within one day. By adding the drug-laden nanodiamonds to the device, drug release was instantly lengthened to the months-long timescale.

“The nanodiamonds are quite economical and have already been mass-produced as lubrication components for automobiles and for use in electronics,” added Robert Lam, a graduate student in Ho’s research group and the article’s lead author.

Researchers are now conducting pre-clinical trials of the nanodiamond-embedded parylene.

- Online: dotmed.com/dm7163

A Site Worth Seeing
On October 20th, DOTmed unveiled a fresh look for its web site. It was not just a cosmetic overhaul though. Matt Ulman, Chief Technical Officer for DOTmed, explained, “While we did make the effort to present a site that is more visually appealing, by and large the update was focused on increased ease-of-use and navigation by visitors.”

That usability was created by recognizing and building a platform that reflects how visitors had been interacting with the site more recently. “In the past, the site worked using a ‘drill-down’ methodology. Visitors would click on a link or a component and after that opened, they would click on another link, delving further and further in to find what they were ultimately seeking,” Ulman said.

As time went on and visitors became more web savvy, their usage shifted. The “drill-down” method decreased and use of the search engine increased. In recognition of that shift, major improvements were made to the site’s search engine making it possible for visitors to quickly find the equipment and information they want. The emphasis on the search engine means that even older material can easily gain a new audience. It also means that DOTmed.com is a greater knowledge source than ever before. That factor is more important now due to the expanding health care coverage found in the news section.

Just a few weeks ago, DOTmed.com began providing daily news stories covering many different facets of the health care and medical equipment fields. These articles not only offer the latest press releases from companies both big and small, they also offer DOTmed exclusive coverage of issues important to readers of DOTmed Business News and to visitors to the web site.

When a user signs in to the site, the site is able to pull up information from past visits. Topics of similar interest are recommended, aiding users in finding the information that most interests them. When a particular search is conducted and a topic is viewed, additional related topics of interest are suggested. For example, if you visit the site and view an auction for an Open MRI, you may see links for the latest news release about Open MRIs, or about the company making that unit.

For first-time users, there won’t be an “old” site to compare to the new. Regardless, they will benefit from a more clearly defined, readily searchable and welcoming site. For existing users, this is certainly a case where change is good, but it may take a few visits to get the feel for the new site.

“By taking a few minutes to explore the site, users of the previous incarnation will quickly find that the services they had come to rely on are still available. It may take a little getting used to, but we have made a major effort to address the suggestions made by visitors in the past and we feel the site will be of greater use than ever before, making it a bigger attraction for buyers and sellers alike,” said Ulman.

Would you like to share your opinion of the new site? Send comments to: newsite@dotmed.com

- Online: dotmed.com/dm7200
MARKING THE MOST OF YOUR RSNA EXPERIENCE

I attend the RSNA every year and have since 1985. The exhibit halls are always overwhelming. Approaching the entrance an Armageddon Security employee checks my badge. Armageddon is defined in the Webster’s Dictionary as “a final and conclusive battle between good and evil.” I chuckle over the name while thinking some might consider this to be an appropriate metaphor for the RSNA Commercial Exhibits.

Attendees may visit with the intention of seeing only a few vendors of interest. I guess they wish to avoid being accosted by the sales people in the halls. But, the exhibit halls hold so much information, why miss any of it?

By taking a few hours in each of the exhibit halls you can gain an appreciation of how the vendors view the marketplace and your imaging business. Passing by, taking in the displays and speaking with the vendors you’ll learn where they’re concentrating their efforts today and for the near future. When you take it all in, you’ll gain a better understanding of where vendors think you want to go.

Every year I have a technology I plan to investigate. Last year it was multi-slice CT. Even with a specific goal in mind I still traveled every aisle. As I did, I was taken aback by the varieties of PACS and RIS software being offered. I got to the multi-slice CT vendors alright, but now my plan was modified and focused more on the ability to manage the business and store, recall and transfer the images. With this new information my plan changed as did my understanding of the market’s direction.

The exhibit hall vendors are a direct reflection of where they think the marketplace (you) want to go. As you travel the aisles, you’re bound to meet old friends and colleagues. Find out what they think. Ask vendors what they believe is happening in your world. Compare these views with yours.

We live in a fast changing business, technology and clinical climate. Take advantage of all that is on display at the RSNA. Add this information to your knowledge base and use it to fine-tune the plan for your medical imaging business.

See you in Chicago!

Wayne Webster is a consultant in Medical Imaging Business Development. You can send your comments or questions to W.Webster@Proactics.net.
When Healthsouth Rehabilitation Hospital in Downtown Fort Worth purchased a Gamma Knife in 2001 for $6 million, it had hoped that the system would help grow its radiosurgical unit with the instrument that focuses radiation directly, and very precisely, on targeted tumors without affecting surrounding healthy tissue by use of a Cobalt-60 source.

But a change in philosophy made the Gamma Knife unnecessary for the hospital. Rather than take a loss by handing back the multi-million dollar piece of equipment to the company, the hospital decided to sell it on the used market. Quite surprisingly, when they tried to find a buyer, they found it a challenge.

“We decided to sell the Gamma Knife because we were returning to our core care philosophy, which is rehab, not radiosurgery,” says Jon McPike, CEO of Healthsouth Rehabilitation Hospital. “We contacted companies with empty vaults, hospitals and doctors across the state of Texas, but the costs involved were a factor in any interest.”

You see, the de-install process for a Gamma Knife is a timely and very expensive process. It’s also a necessary one, as there are state regulations and requirements that require an unused system to be removed within two years.

“The cost to de-install varies, as there is a total project cost with the equipment necessary and Elekta’s costs which includes disposing of the Cobolt and unit and breaking it all down,” says Richard Kenney, Sales Manager for Elekta. “It could be anywhere from $600,000 to $1,000,000, as it varies from site to site.”

Plus, once a unit is de-installed, it would need to be transported to the new facility, installed and upgraded, for a price that Elekta estimated could cost up to a few million dollars more.

“If you look at all the costs involved in doing this, I don’t think anyone would buy a used unit that’s six years old and with all the charges associated with it and the length of history and then also having to transport it,” Kenney says. “You’re moving a lot of
equipment to transport across the country or wherever it would be. They have to re-load it and put new sources in. They will also have to upgrade it and take all these types of things into consideration. We will have to come in and do service on it as well. For me, it makes more sense to buy a new unit from Elekta.

The original source provider is responsible for proper disposal of the sources. “The sources go back to the original source provider and Elekta makes sure all legal and lawful measures are followed,” he says.

Elekta’s Business Development Manager Todd Howard adds that because of the rooms they are in, cranes are often necessary and there can be 46,000 pounds of equipment required to de-install the Gamma Knife. If you are trading one in for a newer unit, the whole process can take somewhere between 4-6 weeks.

That’s enough to scare anyone away from buying a used unit.

“We have never resold a unit in the U.S. because candidly there has never been a demand for that,” Elekta’s Bruce Proctor says. “I don’t see a case where anyone would want to buy a used Gamma Knife.”

But McPike doesn’t see it that way. Obviously Elekta doesn’t want to support a used market because if it’s successful and other hospitals follow their lead, it could hurt their profits.

“We contacted Elekta about helping us try to sell the used system but they were not interested,” McPike says. “We started looking for other methods.”

They put their Gamma Knife up for auction at DOTmed.com but found that the de-install cost was discouraging potential buyers.

“There was interest from a physician group, but the capital required was too much for them,” McPike says. “It has been frustrating because of how long it has taken to sell.”

A simple solution seems to be finding someone else to do the de-install at a cheaper price, but because of all the regulatory requirements, licensing, equipment necessary and the cost involved to unload the sources, there doesn’t seem to be any third-party companies out there qualified to handle the equipment.

And any hospital that is ridding themselves of a unit, without trading up needs to be ready for that million-dollar fee.

So what happens to a used Gamma Knife system once it’s de-installed? According to Proctor, refurbishment is not an option.

“Essentially what happens is we would come in and break down the existing unit, unload it, unload sources and test them and ship them directly back to the manufacturer,” he says. “The unit would be moved out of the facility and taken back to Stockholm, where they would be melted down. They are 22 tons of steel so there’s a lot of value that is still there.”

Elekta’s spokesperson Erin Evans adds that not everything is considered unusable once they head back to the Stockholm base.

“In some cases, they will refurbish the radiation units,” she says. “There is something called a refurbished package. Often times the APS (automated positioning systems) and the helmets can be refurbished as well. When they upgrade, the customer will also keep the software program that does the planning. They keep that for records of patients to answer questions after the fact.”

These factors all come into play when a customer trades in its unit for a higher model, including Elekta’s newest model, The Leksell Gamma Knife Perfexion.

“There are several variations of Gamma Knife,” Kenney says. “We typically will scrap the old model. If you’re going to Perfexion, which is the latest, it has a different radiation unit. If you go from a B unit to a C platform, you can still use the same radiation unit but if you go from any other unit to Perfexion, you need a new radiation unit, so we would scrap the unit.”

Proctor says that the company takes a loss on the trade-ins since they have to go through the de-install and install process again, but says that Elekta wants to help its customers.

“We take a loss on the trade-ins but our reason for doing it is to allow the customer to grow with us,” he says. “Once a customer becomes a Gamma Knife partner, if you will, the pathway is for us to enhance it for them because it makes it better for them and easier for us.”

So while Elekta may appear to be the villain for failing to support the Texas hospital’s attempts to sell its used Gamma Knife, the company says they really just want to do what’s best for everyone.

Not that this is stopping Healthsouth Rehabilitation Hospital from continuing its mission. The unit has returned to the DOTmed.com auction and they are hopeful that someone will realize the value in buying the used Gamma Knife.

McPike offers this sales pitch: “Reimbursement is very lucrative,” he says. “It is still the gold standard technology.”

Online: dotmed.com/dm7201

The concept behind Leksell GammaPlan is that it enables the physician to tailor a conformal treatment plan for a specific medical condition.
Technology enables us to connect with one another and access and share information in innovative ways.

Theresa C. McLoud, MD, 2008 RSNA
The RSNA (Radiology Society of North America) 94th Annual Meeting will be held November 30 – December 5, 2008, at McCormick Place in Chicago. It will bring the radiology community together to witness the latest advances in imaging research and technology.

More than 60,000 medical and science professionals are expected to attend the world’s largest medical meeting to witness the best and most recent developments in radiology scientific research and education. At RSNA, specialists from more than 100 countries will convene and discuss radiologic innovations attending refresher courses and scientific sessions, listening to first-class lecturers and visiting education exhibits.

**Genesis Medical Imaging – Booth 7544, Hall B**

Genesis will introduce the SPARC Service Program for CT and MRI systems. The SPARC (System Performance, Availability, Reliability and Control) is designed to ensure system performance to published specifications, facilitate system availability during normal operating hours, improve the overall system reliability, minimize unexpected costs and provide control over identified service events. Phase I of SPARC will be on display – a high voltage diagnostic test for CT that can individually test the inverter, cables, H.V. tanks, X-ray tube, rotor system and system integrity.

**Integrity Medical Systems, Inc. – Booth 2035, Hall D**

President David Denholtz will have a pre-celebration. His company will turn 20 in 2009. “Since 1989, we have sold our equipment in 83 countries and all 50 states,” says Denholtz.

**Hologic – Booth 227 Hall D**

Mammography centers worldwide continue to select Hologic’s flagship product, the Selenia digital mammography system, with over 1,500 U.S. sites adopting the technology. Hologic’s digital mammography suites bring users an integrated breast imaging workflow solution that fully harnesses the power of digital technology, providing superior image quality so that life-saving details are revealed and radiologists find cancer earlier.

The Hologic SecurView™ line of diagnostic and technologist workstations supports more confident diagnoses, saves time and provides faster answers for patients.

The MammoPad breast cushion was developed to encourage more women to have regular screening mammograms by addressing a key barrier: discomfort or fear of discomfort. The MammoPad cushion is the only technology proven to significantly reduce the discomfort women often experience during mammography.

The Hologic family of biopsy site identifiers provides a unique dual visualization technology enabling superior visibility under ultrasound. Biopsy site identifiers are comprised of two components; one component is a bio-absorbable glycoprene, or suture-like material designed like a net. The other component is a permanent bio-compatible titanium marker.

**Reliant Medical – Booth 1828, Hall D**

Reliant introduces new Digital X-ray series, “SMARTVIEW” to their lineup of imaging equipment. This system has been designed as a world-class direct digital imaging system for use in hospital emergency departments, traumatology and all general radiology applications.

As a growing and more recognized company in the image equipment industry, the RSNA provides Reliant with the most effective exposure to showcase to the medical community what they offer – not only in new products, but it gives Reliant the opportunity to interface personally with their customers – nationally and internationally.

**Biodex Medical Systems – Booth 7809, Hall B**

Biodex has redesigned their ergonomic ultrasound tables – introducing an entirely new concept. The Sound Pro Combination table that is fully equipped to accommodate the imaging needs of ultrasound and echocardiography and offers a 30-inch width, 500-lb. patient weight capacity and a height range from 23” – 39”, perfect for the bariatric market. Biodex will also feature their Surgical C-arm tables for vascular imaging, cardiac imaging, pain care, urology and
Brachytherapy procedures with the greatest image-free area, allowing ample C-arm imaging access. Biodex tables are easily moved from room-to-room and provide continuous revenue-generating operation.

ETS-Lindgren – Booth 6016, Hall A
ETS-Lindgren will highlight its medical shielding capability – the new MRI Room Cutaway, displaying how ETS-Lindgren’s products fit into an actual MRI room. The booth will feature two Auto-Seal™ II RF doors, one will have an automatic open/closer unit, and a Magnetic Active Compensation System. Safety solutions will be showcased via working demonstrations of a wall-mounted and portable ferromagnetic detection system. The booth will also display a patient monitoring system and an RF coil.

Metropolis International – Booth 9554, Hall B
Metropolis International will be exhibiting a C-arm and illustrations of a new mammography system. “What makes us different?” asks Metropolis President, Leon Gugel. “The simple answer is we do.” By this, Gugel means that when he or one of his staff talks to a customer – it is a conversation that leaves that customer with not just a positive feeling, but also the knowledge that the customer will be getting the right system for his or her needs. This is because Gugel and his staff always put forth a positive attitude. And, customers know they will be taken care of because no one in the company will make a promise that can’t be kept. That is one of the reasons why Metropolis International is such a successful business – a leader in the industry providing the right systems to their customers.

C&G Technologies, Inc. – Booth 4476, Hall A
C&G Technologies, Inc., will be displaying a new line of high-end CT scanners including the GE LightSpeed VCT and the Toshiba Aquilion 64. C&G Technologies, Inc. offers a total spectrum of worldwide services for GE and Toshiba systems, including complete refurbished and as-is equipment, custom painting, installations, de-installations, technical support, service, parts support (everything from boards to consumables to new and used x-ray tubes, and everything in-between), mobile rentals, and 24/7/365 emergency on-call availability.

Amber Diagnostics, Inc. – Booth 4476, Hall A
Creative Director, Michael Kingery says Amber is keeping with the theme of ‘sharing in innovative ways’ and its focus at RSNA will be to introduce information about the new offices that Amber Diagnostics has opened in Africa. “Amber Diagnostic Africa is a company project that has opened new offices and distribution centers in Cameroon and Niger, providing much needed quality refurbished and new radiology equipment and service to the region,” says Kingery. Amber Diagnostics is also an authorized distributor for GE Healthcare in eight countries throughout West and Central Africa.

Barrington Medical Imaging, LCC – Booth 3872, Hall A
Barrington Medical Imaging, LCC features PULSE TECHNOLOGIES® – a new state-of-the-art diagnostic tool that maintains the “PULSE” of a CT, MRI or PET-CT remotely. PULSE TECHNOLOGIES® features include trouble-shooting, analysis, parts identification, quotes and repairs – all within two hours.

BMI is introducing ESP Technology® - state-of-the-art “Environmental System Protection,” that continuously monitors environmental conditions of CT, MRI and CT/PET equipment for premature failures. With 24/7 monitoring, potential issues are identified and resolved before they result in down time and lost revenue. BMI represents the finest in refurbished MRI and CT systems, parts and service support for imaging customers across North America.

Broadwest Vision – Booth 4607, Hall A
The InsightMRI Breast Package consists of a breast coil, patient comfort aids, and a diagnostic software package. The diagnostic software provides complete kinetic and morphology tools along with intuitive navigation platforms for analyzing breast MR images.

The MRI coil is capable of comfortably imaging a subject up to 350 lbs.

A patient headrest allows the patient to view outside of the magnet bore, reducing any claustrophobic feelings.

The package is FDA approved for compatibility with Siemens 1.5T scanners.

Med Exchange International, Inc. – Booth 7019 Hall B
“Med Exchange International, Inc. is excited to participate in RSNA 2008. For us it is not what we are exhibiting but why
we are exhibiting. Med Exchange is committed to delivering the finest pre-owned imaging equipment and customer service and RSNA provides a great opportunity to show this to our many customers and potential customers,” says Davyn McGuire, Sales Manager for Med Exchange.

“RSNA also provides a great way for us to meet new vendors and manufacturers such as GE, Toshiba, Siemens, Philips and Hitachi and to expand our trusted partnerships. We are always looking for new partners to help us provide the most efficient and cost-effective products to our customers,” says McGuire.

Med Exchange will have a complete list of available imaging equipment including MRIs, CT Scanners, X-rays, Ultrasounds, Bone Densitometers, Mammography, C-arms and contrast injectors as well as equipment we are actively looking to purchase.

**Quantum Medical Imaging – Booth 3665, Hall A**

Quantum Medical Imaging, a high-tech designer and manufacturer of radiographic systems and X-ray generators will be showing the QV-9000, Di-Rex SP, Q-Rad Digital, a new series of cassette holders and a rolling stand.

The QV-9000 Digital Radiographic System offers a “one-button” automated positioning feature, and all positioning motions of this C-arm type system are fully motorized and synchronized for maximum patient throughput. The system can be easily positioned from either the operator’s control monitor or from Quantum’s unique “TechVision.” The unit features a versatile C-arm design, which maintains constant alignment between the X-ray tube and the image receptor; regardless of C-arm tilt position or image receptor angle.

**American Medical Sales, Inc. - Booth 2812, Hall A**

American Medical Sales, Inc., will have several products on display. President Dan Giesberg will introduce the Catella MWL-B – a Modality Worklist Broker product. “There is a gap between practice management/EMR/RIS programs and modality where patient demographics need to be input in both systems. As you know, this can cause a disconnect between the PACS and other system databases, and is not a PACS “problem” but one that PACS companies like ours are often asked to solve,” says Giesberg. AMS has developed two cost-effective solutions – the “Broker” product completely automates the connection between a HL-7 database and a DICOM modality and the “Creator” program, which is designed for clients without an HL-7 database or whom have not yet automated their practice management area. Giesberg says that both of these products, priced under $5,000, easily address AMS’s target market of small hospitals, clinics and private practices.

**Mobile Interim Solutions - Booth 5573 Hall A**

Mobile Interim Solutions provides interim MRI and CT equipment in the U.S. and Canada. They have clean, modern, reliable mobile systems for rent during downtime, upgrades, installations and practice expansion.

**Radiology Oncology Systems - Booth 113, Hall D**

Radiology Oncology Systems is a comprehensive provider of radiation therapy and diagnostic imaging equipment and services, providing facilities worldwide with quality, cost-effective equipment solutions. Staff will be on hand at RSNA to give interested attendees information about the experience and resources Radiology Oncology Systems has, including a full range of services beginning with used linear accelerator deinstallations and installations, linear accelerator base frame removals and installations and maintenance and used linear accelerator refurbishment. The company also offers the latest technology upgrades to existing linear accelerator systems, including Intensity Modulated Radiation Therapy software, Multi-leaf collimator, Image Guided Radiation Therapy packages, Electronic Portal Imaging Devices, Treatment Planning Systems and treatment table couch upgrades.

**Laurel Bridge Software, Inc. Booth 645, Hall D**

Laurel Bridge Software, Inc. will offer information including DICOM software, tools, utilities and applications for the medical imaging community for development and support of DICOM medical imaging and PACS migration software, devices and networks. Engineers from Laurel Bridge Software, Inc will be on hand to give insight into products like the DICOM Connectivity Framework – SDK for rapid development of high performance DICOM applications for C#.Net, Java and C++ programmers. And Switchboard™ - the all-in-one-solution for routing, filtering, monitoring and conversion of DICOM datasets.
Foliage – Booth 4070, Hall A
Foliage provides clients with vital insight into the product development process, facilitating better-informed business decisions across the organization by creating and aligning business, product and technology strategies. Sales staff will be available to discuss how Foliage provides a detailed analysis of existing product architectures, development processes, tools and organizational structure to increase productivity, better schedule predictability and improve delivered quality by product and technology alignment; M&A technical due diligence and technology integration strategy development, product technology assessment and organizational readiness. Foliage provides a comprehensive set of product planning and development services designed to minimize a client’s product development risk, while improving processes and skills within the organization. Foliage offers clients deep domain and product development expertise with a clear understanding of the software requirements necessary in both commercial and regulated environments.

Foresight Imaging – Booth 7636, Hall B
Foresight Imaging will announce version 2.2 of the TIMS DICOM System software at the RSNA exhibition. TIMS version 2.2 is being shown at the Foresight Imaging booth along with demonstrations of the TIMS Consultant. Version 2.2 includes several new features that have been requested by the installed base of TIMS customers including audio recording and annotation (especially for speech pathology), audio playback, audio recording to CD/DVD, file attachment, editing of saved studies, TIF & JPEG 2000 file import (in addition to the current BMP, AVI, JPG, & PNG), DICOM send lists, study editing improvements and other general workflow enhancements.

Fovia – Booth 9546, Hall B
Fovia will demonstrate Enhanced High Definition Volume Rendering® at RSNA. “The ability to accurately embed polygon objects within volumetric data requires proper interface with a volume containing transparency,” says Ken Brown, Senior Software Architect for Fovia Medical. Fovia’s HDVR solution overcomes the limitations of currently available imaging technologies, allowing physicians to take full advantage of 3D imaging as part of everyday patient care.

InSite One, Inc. – Booth 1815, Hall D
InSite One, Inc. will announce new features of InDex® managed storage services that enables the healthcare enterprise to access patient data through a common, vendor neutral archive allowing for cross document sharing. This robust managed feature set will include identity management services for patient reconciliation, alerts and notifications, record location, store and retrieve for clinical data, privacy and security with tracking and auditing, authentication and access control.

Emageon – Booth 8537, Hall B
Emageon will feature its new Outside Study Gateway – a solution that enables outside facilities to perform direct DICOM
transmission of their PACS images to the receiving hospital’s OSG server, providing for patient and exam integrity checks to be automatically performed as well as auto-forwarding into the receiving hospital’s enterprise PACS.

MEDRAD – Booth 2815, Hall A
MEDRAD Multi Vendor Service provides depot-based repairs for MRI coils, ultrasound transducers and ultrasound parts from any original equipment manufacturer (OEM), in locations around the world. MVS uses a first-rate repair process to create significant cost savings over OEM offerings for its customers. MVS will feature MRI Coils and Ultrasound Probes, before and after repair, at RSNA.

Radcal - Booth 3705, Hall A
The Radcal ACCU-PRO Multi-Purpose Analyzer with basic and advanced Dose and kVp functions, mAs will be showcased. The system provides excellent Dose and kV- accuracy including scatter and leakage measurements. A wide variety of ion chambers/sensors used and trusted by professionals worldwide are available to fit the specific application needs. Ion chambers with automatic temperature and pressure compensation for critical acceptance testing and dose diodes for QA consistency tests, as well as rechargeable batteries for several hours of uninterrupted measurements make the ACU-PRO the system of choice.

Kopp Development Inc. – Booth 5504, Hall A
Kopp will sound an alarm with its Ferromagnetic Detectors that help screen patients for objects left on their person. The FerrAlert™ ferromagnetic detector, which was calibrated to sound an alarm when it detected an object is designed as a portal that patients can walk through. With a positive alarm, patients are searched for metallic objects and rescreened. The apparatus shows excellent sensitivity and specificity for detecting even small ferromagnetic articles on patients prior to MR imaging. Proper screening of patients and personnel using a ferromagnetic detector may help decrease MR imaging-related adverse effects.

Carestream – Booth 8342, Hall B
Carestream Health Inc. is unveiling a new SuperPACS™ architecture that will allow healthcare providers to efficiently connect disparate PACS at multiple sites throughout a healthcare system. This new architecture, currently a work in progress will provide an umbrella structure that communicates with existing PACS from multiple vendors to help create an efficient enterprise-wide PACS that will offer a unified, common global worklist; effectively use existing PACS systems, avoiding replacement costs; apply customer-defined rules to route specific types of exams to preferred radiologists for that specialty; and improve radiologist productivity through a single desktop with one user interface and one set of clinical application tools.

Carestream Health will also demonstrate the newest upgrades to its PACS platform (currently a work in progress) that feature advanced applications and support for the PIX (patient cross identification) standard. New applications will include: real time matching of volumetric data from CT-L MR and PET-CT cases along with synchronized views and image manipulations’ native support for PET-CT fusion with PET standard uptake value, PET-CT synchronized views and volume matching of current and prior cases; and power viewer to read and compare studies using 2D/3D views with support for automatic volume matching.

GE Healthcare – Booth 4839, 5529, Hall A
GE innovations that will be highlighted include the Senographe DS that combines productivity with flexibility to become the digital mammography solution of choice for busy breast imaging departments. The narrow tube head and slow compression contributes to patient comfort, and it is the only system that integrates screening, diagnosis and interventional capabilities all in one system.

GE Healthcare IT will make a splash as it unveils its RIS-IC solution, including recent breakthroughs in...
America’s Unsurpassed Leader in Open MRI Service

We’re The Hitachi Experts
Viable has over 18 years of experience servicing all Hitachi MRI models. Nobody else comes close.

Nationwide Service
Positioned across the country our service pros will fly coast-to-coast right to your door. We install and deinstall, too.

Service Agreements
Full and flexible agreements! Long term, short term, we’re here to serve.

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Learn from the best in the business. Our hands-on courses are tailored to your individual needs — at your facility, or ours. Technical support contracts available.

Areas Covered:
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- Coil Tuning & Repair
- System Overview
- Troubleshooting

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precision reporting and other modules. The solution aligns with next generation trends for radiology workflow and reporting. GE will also highlight new developments deriving from the joint Centricity-IW product and related releases GE Healthcare’s Dynamic Imaging business will also highlight and demonstrate its most recent release of its next generation Centricity PACS-IW version 2.7.1, with key enhancements to performance, interface navigation and ergonomic design. With recent international strides, the business will highlight language support that it has deployed in key regions globally.

The new Discovery PET/CT 600 delivers the next evolution in PET/CT technologies bringing powerful options to physicians to discover ways to detect disease early and manage with confidence. This new platform offers the scintillator with the highest sensitivity in the industry, the next generation of MotionFree technology to capture detail and precision in areas subject to motion, plus enhanced workflow and fast reconstruction with the IBM BladeCenter®.

**Toshiba – Booth 3429, Hall A**

Toshiba America Medical systems, will demonstrate the Aquilion One Advances. Celebrating a successful first year for the Aquilion ONE™, Toshiba America Medical Systems, Inc. will highlight milestones from the first dynamic volume CT system. Thousands of patients’ lives have been impacted by this revolutionary technology in just one year. Toshiba will showcase clinical cases from leading U.S. hospitals, as well as update the medical community on its plans to validate the clinical and financial benefits of the system.

Toshiba will also showcase automated workflow enhancements and clinical applications for the Aquilion™ CT line designed to reduce patient radiation dose, provide faster diagnosis and maximize patient comfort. Examples of two applications that will be showcased include SURECardio Prospective and Variable Helical Pitch (vHP).

Additionally, Toshiba will unveil women’s imaging ultrasound techniques, including breast imaging techniques that enable physicians to better evaluate breast lesions and Spatio-Temporal Image Correlation (STIC) technology to assess the fetal heart.

**Siemens - Booth 4222, Hall A, South Building & Booth 922, Hall D, East Building**

With syngo Portal Transcriptionist, Siemens helps transcriptionists achieve greater efficiency and accuracy when transcribing and correcting reports.

With syngo Suite Essential, Siemens offers a comprehensive IT solution for diagnostic imaging centers, consisting of preconfigured software, hardware and services.

The new version V70 of syngo Imaging XS (PACS) combines cutting-edge features for reading, planning exams, and reporting with easy installation, easy usage, and easy expansion – even for large hospitals – at an attractive cost-benefit ratio. The newest version includes 3D visualization applications.

Siemens Acuson S2000 Ultrasound System is designed to take ultrasound to a new dimension, providing superior image quality, knowledge-based workflow, adaptive ergonomics and innovative applications for increased diagnostic confidence.

**Philips Healthcare – Booth 7713, Hall B**

Philips will demonstrate its scalable, always online, long-term Picture Archiving and Communications System (PACS) storage solution, iVault. Philips iVault provides a secure, scalable image management solution that helps reduce the costs and complexity of PACS storage. iVault protects the integrity and privacy of data while giving clinicians reliable access to images across the enterprise. With disaster recovery and retention capabilities, iVault helps meet Medicare, Medicaid, Joint Commission, and HIPAA requirements, and it is scalable to an institution’s growing storage needs.

For those challenged by storage expansion or image distribution issues, Philips will present its unique PACS replacement strategy for legacy systems. For institutions with existing PACS contracts, Philips’ replacement strategy offers an affordable, predictable cost and phased approach to PACS migration.

This approach enables a smooth transition to iSite PACS. It includes the same benefits that current iSite PACS customer experience: offsite disaster recovery, service and 24/7/365 support; enterprise advanced visualization functionality and un-
limited licensing for iSite Enterprise as well as iSite Radiology workstations.

Philips newest iSite PACS release features enhanced mammography reading capabilities, through a specialized set of tools designed for screening and reading of mammography exams.

Philips will introduce the new MammoDiagnost VU mammography workstation (**510(k) pending; not currently available in U.S.). A unique feature of this workstation is the ability to automatically align the “left” and “right” breast images based on tissue images.

Oxford Instruments Booth 9543, Hall B
In the field of superconductivity, there are few names as famous as Oxford Instruments. Since the earliest days of the technology – more than 40 years ago – Oxford Instruments has produced and serviced the world’s most sophisticated super-conducting magnets.

Oxford’s MRI organization is the world’s largest independent MRI service provider. More magnets receive professional-grade care from Oxford than from all other independent service organizations...combined. Visit Oxford’s booth and find out how they can provide the great service and value that your business demands.

Varian Medical Systems – Booth 6221, Hall A
Varian Medical Systems will showcase the company’s full line of PaxScan® flat-panel digital X-ray image detectors for digital radiography, fluoroscopy and cone-beam CT imaging, including the PaxScan 4336R, which replaces standard film cassettes in radiographic applications and the PaxScan 4343R, Varian’s largest panel for applications requiring a large field of view. In addition to its PaxScan products, Varian will exhibit the company’s full line of X-ray tubes, along with the company’s cancer treatment technologies, including RapidArc radiotherapy technology, which offers all the benefits of IMRT in dramatically shorter treatment times, as well as solutions for brachytherapy, image-guided radiotherapy (GRT) and proton therapy. Varian representatives will also be on hand to demonstrate the company’s software solutions, including the ARIA oncology information system and Eclipse treatment planning, as well as an architecture for a new Oncology PACS (picture archiving and communication system) for long-term image management and storage (now a “works-in-progress” in development in partnership with Xstor Medical Systems, and not yet available for sale). Varian’s Oncology PACS is being designed to furnish oncology departments with a scalable, integrated image storage solution with a web-based interface that adheres to industry standard DICOM RT and HL7 communication protocols.

Dunlee – Booth 4200, Hall A
Dunlee will be showing a new “high-demand” product, and encourages everyone to come to their booth to see what the excitement is all about! As a world leader in healthcare lifestyle and lighting, Dunlee, a division of Philips Healthcare, is part of Royal Philips Electronics of the Netherlands. The medical imaging components manufacturer, Dunlee will showcase the DA 200, 6.3 MHU replacement tube for several popular GE CT systems. They will also show the new 6.3 MHU replacement for the Elite, Edge and Excel GE BrightSpeed CT Systems and the DA 135 replacement for the CT/e ai and CT/e Dual GE CT/e CT systems. The Dunlee DR1400 – radiographic over table and under table X-ray tube will be at the show, as well as the Stargate CT Tube used on Philips 6.5 MHU Philips MX800 Dual System.

Unfors – Booth 4006, Hall A
Unfors offers a new line of radiation protection meters to increase radiation awareness and decrease your dose in accordance with ALARA. These meters are used in interventional radiology and nuclear medicine where the staff is often unnecc-
necessarily exposed to radiation. A radiation protection meter for patient skin dose measurements is also available to prevent excessive dose usage and consequential lesions.

Mobile Interim Solutions – Booth 5573, Hall A
If an MRI or CT system is needed for a single week, several months, or even years, Mobile Interim Solutions will tailor a rental term that’s right for you. The company provides quality equipment that meets the demands of referring physicians. Mobile Interim Solutions will deliver outstanding clinical results, provide continuous patient care, and maintain help maintain revenue. They are the bottom-line solution that makes good business sense.

Innovative Medical Solutions – Booth 2226, Hall D
IMS provides specialized construction services and creative solutions for the healthcare industry. Since the companies’ inception, the shared vision of the principles and a team of experts have resulted in pioneering healthcare projects, collaborative working styles and an appetite for innovation. Whether a fixed-site or mobile equipment is needed, IMS can deliver the perfect diagnostic imaging suite.

With over fifty years of combined experience, the IMS team understands the complexities of today’s diagnostic equipment and the important design and construction criteria that must be met for these projects. From traditional construction projects for mobile and fixed applications to pre-engineered buildings, IMS works with each client to provide the right solution to meet their needs.

Imaging Services – Booth 4003, Hall A
Imaging Services specializes in Toshiba CT service. We are passionate about serving our Customers with high quality, proactive service approaches affordability.

Our engineers are OEM trained averaging over 15 years of experience and have expertise on all Toshiba CT’s including the Aquilion 64.

We offer Toshiba CT Customers unique service coverage programs and competitive T&M rates tailored to your needs. Our Service Programs include a 12 hour or 24 hour coverage with sharply reduced program fees and overtime rates.

DOTmed.com – Booth 7802, Hall B
DOTmed.com is the world’s leading, public medical equipment marketplace and leading online auction web site. DOTmed has more than 100,000 registered users and more than 150,000 listings. It is where more than 12,000 unique visitors a day come to buy and sell equipment, parts and services online. Registration is free.

Online: dotmed.com/dm7203

ETS-Lindgren Testing and Repair Services for MRI

ETS-Lindgren offers the following services for your MRI:

- **RF Testing**: elimination of image artifacts and ACR accreditation
- **Magnet Upgrades**: includes software upgrades and magnet change outs
- **Enhancements & Maintenance**: door treatments, door change outs, and inspections

Call us at (630) 912-1900 or email info@ets-lindgren.com for more information • www.ets-lindgren.com

Stop by our Booth #6016 at RSNA
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Imagine:
Over 100 Directors of Radiology from top hospitals, all in one place, all there because they opted-in, and all are eager to hear what you have to say and sell.

The “Reverse Trade Show Expos” where Directors of Radiology “Man & Host” the exhibit booths.

**Spring 2009 Radiology and Imaging Conference**
May 6-8, Hyatt Regency Miami, FL

**Fall 2009 Radiology and Imaging Conference**
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Perceptions, Politics and Partnering in the Radiographic Sector

By Becky Jacoby
OTmed Business News online recently reported a $2 billion expense cut in the imaging industry via the Deficit Reduction Act (DRA). This event, coupled with an ambiguous economic downtrend could impact expenditures for equipment upgrades and decimate the bottom line for any imaging business. Though one would expect radiographic and fluoroscopic equipment dealers and refurbishers to feel the consequences of the DRA cuts and the tightening economy, the overall pinch is described thus far as manageable.

Influences challenging the market
Steve Walsh, President, Eastern Diagnostic Imaging, Inc. explains, “The DRA causes unplanned costs. Spending habits for equipment freeze because hospitals suddenly need to plan for reallocation of resources when affiliate imaging centers close.”

Richard Szeglin, Purchasing agent, Heustis Medical/ARI, finds locating proprietary parts such as switches that OEMs no longer stock a bigger challenge than the DRA. He said, “We sell and service remanufactured GE RFX suites. I could make 20 calls searching for a part. It’s hard to tell a customer you can’t locate what they need, but in one instance when I had to say the part was just not available, he decided to buy a replacement table through us.”

Veteran dealer Ted Huss, Medical Imaging Resources, concurs, “The DRA has reduced margins. Doctors are reticent to invest in equipment unless a sizeable return is promised.” Huss thinks small doctors’ groups will lack the capital to go filmless and others who have difficulty understanding the cost-benefit of radiology equipment make the selling process grueling.

Pete Schliebner, Benchmark Imaging Group (BIG) gives customers information to make the best choice for their situation. “About 8% of our business has been filmless,” Huss thinks most customers will choose DR as soon as the price reaches 125% the cost of CR. He says, “Because DR is faster, lower dose and produces higher quality images than CR, the cost won’t have to be equal for DR to become more attractive, but a CR system remains cost-effective, ranging approximately $30,000 for a used system to $70,000 for a new one.”

Improving service frequently means replacing dated equipment, which, in turn, increases clinical accuracy and patient safety. “Everyone is looking to upgrade,” says Szeglin. “Soon the digital panels will be huge to accommodate quicker response time and cleaner x-rays. The patient ultimately benefits.”

Emphasizing Sales Strategies in a Political Climate
Coping with a cost-justification milieu or a down-market requires creativity. While the money-belt cinches around the globe, firms operating in the radiographic sector step up sales strategies while they consider options and protect what is the existing equipment, how much storage space is required, how many PACS workstations are needed and what bandwidth is available to cater to those workstations.

Schliebner reports, “The cost could be $30,000 for a used CR system to more than $1 million for a complete PACS solution at a large facility. It’s important to ask the customer the right questions. You don’t want them to be surprised that they need a PACS solution, or at least a laser printer, before they can read the images from the filmless system just installed.”

“The market trends to CR and DR. Large markets such as hospitals and radiology groups will go filmless. Doctors with large pockets will want high-end products. And at the low end of the market, I see a need for CR and PACS to be unified. There’s pressure on price and cost that will continue,” says Huss.

For example, a CCD-based DR system can cost $75,000 while direct digital flat panel technology can be more than $100,000.

Though Schliebner voices a concern about the limited life expectancy of the flat panel image receptors which are costly to replace, he thinks most customers will choose DR as soon as the price reaches 125% the cost of CR. He says, “Because DR is faster, lower dose and produces higher quality images than CR, the cost won’t have to be equal for DR to become more attractive, but a CR system remains cost-effective, ranging approximately $30,000 for a used system to $70,000 for a new one.”

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vital relationships with prime resources: their expert knowledge and customer service.

Sal Aidone, VP, Deccaid Services, Inc. says, “An independent dealer works hard to gain and retain good customers. It’s our life. If we say we’ll have someone there to service an issue, we’ll make sure to do so quickly. Our credibility depends on it.”

As a service engineer, Schliebner knows how radiographic equipment works. He says, “I can give customers good advice to use in their purchasing decision. They can trust that I know which models and features can cause future service problems.”

Walsh acknowledges his sales strategies have become more aggressive. “We make more frequent contact. Being in contact with customers gives more opportunities for sales to occur, and paying attention to business ‘on the street’ means talking to every person.”

“Print advertising seems to work best for us,” said Aidone

“We’ve done some advertising in notable places, including DOTmed and medical journals. We use brochures in various modalities. We get contacts through our website, too, so we keep it current and colorful.”

Huss receives business from referrals. “What helps sell is a competitive price supported by an overall reputation of service. The relationship can be more important than the price. When I receive a referral, it carries the credibility of the referring person,” he explains.

Will the appointment of a new President be a cause for worry in the radiographic and fluoroscopic business sector? Walsh thinks not. He says, “I believe a new President will have a positive impact because it will encourage an opportunity for optimism. The same people who buy X-ray equipment buy groceries. If the overall attitude is impending doom to start with, due to a lack of financial resources, then a change in attitude gets carried in with the new president, and the economy becomes more positive.”

DOTmed Registered Radiographic, Rad/Fluoro Sales & Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 7204]

Names in boldface are Premium Listings.

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Huss thinks that the election will not influence his business, but the government mandates from his resident state of California make business challenging, directly impacting his operations.

No matter what the outcome of the election or the status of the marketplace, customers will continue to rely on dealers’ expertise to deliver refurbished equipment that meets required standards. Each firm differs in approach, but all scrupulously attend to details for patient and clinical safety.

Walsh’s firm completes a pre-staging of equipment. He says, “We follow the OEMs’ manuals paying close attention to their specifications. If patients could safely use it here, then it’s ready for the client’s site.”

Szeglin agrees, “We are ISO certified. We’ll test as we do the mechanical set-up.”

Schleibner also makes sure the equipment he sells is performing according to the OEM specifications. “We make sure that any safety-related upgrades have been installed. We closely check components that tend to cause the most problems for signs of wear. Some components automatically get replaced on every system. We can offer a good parts warranty on the equipment we refurbish because we have already fixed the high failure items. Then, after we install the system, everything is tested mechanically and electrically, and the equipment is calibrated to OEM specifications.”

**Customer-Partnering**

Ask any radiographic or fluoroscopic equipment dealer what keeps the doors open and all agree that the customer relationship serves as the basis for new and repeat business.

Szeglin’s customer-partnering experience runs two ways: with a parts supplier network and the end customer. “I rely on two suppliers with whom I have built trust. I can count on them every time I call. Then, I work with the customer to solve their problem, and that could mean a larger sale or upgrade becomes the best solution.”

Though Huss had a few examples to tell of how the relationship with the customer meant closing the sale, he relayed this story. “I developed a relationship via phone and won a deal on a remanufactured R/F even though my price was higher than my competitor’s for an identical product. Through answering in detail the prospect’s questions and concerns, I won the business. The client still calls me for advice.”

Aidone credits business history with a customer as a gateway to sales. He says, “If the customer knows some of the people you deal with, the sale seems smoother. A smart customer knows he’s not looking for minimal price differences. He wants someone reliable long-term who can keep his machines from going down.”

Schleibner simply says, “If we hadn’t done it right the first time, they wouldn’t be coming back for more.”

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### Training Schedule

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The recent financial institution crashes, plunging stock market numbers and government bailouts has left lending services more cautious about exposing themselves to risks. Potential borrowers/lessors are concerned about how the economy affects options in obtaining new equipment. In the annual industry review of leasing and finance for medical equipment, the economy is at the forefront in DOTmed’s survey of financial professionals. DOTmed asks how the current crises affect the leasing and financing market, as well as other factors to consider in financing the acquisition of new equipment.

By Astrid Fiano
The Current Economy

One positive point is that the health care sector (including medical equipment leasing and finance) has historically been isolated from other financial crashes (i.e. the mortgage problems of earlier this year), and will likely continue to be a favored portfolio, although it will take some hits, as will all sectors. Much of the strength in the health care industry is its necessity—medical treatment and equipment will always be needed. In fact, prior to the current crises, leasing in medical equipment was a growing market.

“Before the credit crunch, if you could sign your name you could get $25,000, whether you were a doctor, or a hospital or a start-up,” Jim Mousseau of The Laser Network, LLC of Morrison, CO, explains. “Now it is the polar opposite. No one will touch a start-up. If there is any credit issue or if you are not an M.D., you’ll get a high interest rate.”

“The health care industry has been very strong until very recently,” says Ralph Petta, Vice President of Industry Services for the Equipment Leasing and Finance Association, which is headquartered in Arlington, VA. “The demand for leasing to obtain health care assets has also been very strong.” Right now, just how much equipment financing will be affected is uncertain. Petta acknowledges, “With what’s happening in the economy, we’ll know more as months go by—as to demands in equipment and if there is a constraint in the supply of capital.”

Martin Zimmerman, President and CEO of LFC Capital, Inc. of Chicago, IL, also says the complete effect on the health care market is a little difficult to predict. “A lot of lenders look at health care as a preferred market with stability. However, that is less true for smaller companies with too-rapid expansion.” Facilities that have more leverage are risky to a lender, and therefore will find borrowing more difficult. Keeping a good liquidity ratio is important for borrowers of any kind, Zimmerman notes. “Money is available but lenders will be more stringent with credit requirements. The majority of healthy borrowers will get money, but interest rates will be higher for the less strong businesses.”

Matt Klahorst is Director of Marketing for Strada Capital Corporation of Irvine, CA. In Klahorst’s experience, a potential borrower in the medical industry with a low credit score ordinarily might still be considered for financing; but in the current financial outlook, the higher-risk borrower may be cut off from financing options. “Still,” he observes, “a potential borrower in the medical industry [due to the historically high performance] has a better shot than in many other sectors. Although every industry is feeling the crunch, the medical industry is less affected.” Ultimately, borrowing to finance equipment might be limited to a degree until the economic crisis is past, and borrowers may have to pay more in interest rates if they are perceived as risky.

Financing or Leasing: Should a borrower approach a Bank, OEM or Leasing Company?

The most significant advantages to leasing medical equipment in the current economic market are 1) keeping liquidity (cash or line of credit) available if needed; and 2) the ability to retain important options about keeping or disposing of the equipment. If a facility owns equipment, it must take on the responsibility of selling before upgrading. With leasing, the equipment can be returned or the lease can be extended, depending upon the facility’s needs. Therefore, the obsolescence of the equipment is a factor to take into account. Petta explains: “The more sophisticated the equipment, the quicker its obsolescence. This is why sophisticated equipment lends itself to be leased. As newer equipment becomes available, a facility doesn’t want to be stuck with older models.”

Zimmerman agrees that there are solid advantages in leasing. “Leasing is helpful in times like these because it allows you to finance new equipment on your balance sheet; it improves the current ratio and liquidity measures. Acquiring equipment through a lease is a useful measure to conserve cash and improve ratios on the margin.”

“True leasing, where the equipment is rented for period of time,” says Patrick Sponsel, Vice President of Sharpe
Financial Network of Peoria, AZ, “provides businesses with a guaranteed disposal of assets, lowers overall costs to health care practice and provides a medical practice with the newest and best inventory of equipment every two to five years.”

Stephen Indictor, President of Top Group Capital Corp., of Hobe Sound, FL, offers other considerations in the choice to lease or buy. “Keep in mind that a lender will want a down payment of 25% to 30%.” One obvious advantage to obtaining a loan, Indictor observes, is that in putting a deposit down, the borrower will get an interest rate slightly better than with a lease. In addition, a direct advantage in approaching a bank is foregoing the “middle person” such as a broker. However, that also limits options if the bank ultimately declines. Leasing companies often have several other options, Indictor says. “If our primary financing source turns us down, we will go to secondary sources and maybe to a third and fourth source. We take away the need for the customer to do the searching.”

“A lot of companies make a mistake to use cash for buying equipment, obtaining loans at a variable interest rate rather than a fixed rate,” says Max Frodge, President of Ambassador Financial, Inc. of Carmel, IN. Any available line of credit with one’s bank might be better used for other purposes. Jim Mousseau also points out that if a facility is saving cash and credit lines through leasing, it can utilize the cash for other important aspects of business, such as payroll or marketing.

In Klahorst’s experience, a leasing company can help facilitate a transaction. “We can put together the equipment for a large hospital or a doctors’ office. We have partnerships with whom we can shop around the application.” In addition to conserving a bank line of credit, Klahorst says, using leasing programs may limit credit exposure as well, as some programs are not reported to the main credit bureaus.

In considering a third party lender versus leasing from an OEM, Frodge says the difficulty is in negotiating with the OEM about both the equipment and incidentals that might be bundled, such as the service agreement; in controlling the financing the OEM may drop prices but raise rates to meet their bottom line. Often a borrower is better off negotiating equipment and servicing separately. “You need a professional to guide you through the decisions,” Frodge advises. “You need someone who is not just interested in closing the deal.”

Should a borrower pursue a Fair Market Value or Dollar Buyout Lease? With a Fair Market Value (FMV) lease, at the end of the lease term you have the option to buy the equipment for the price the equipment would bring on the open market. By comparison, under a Dollar Buy-Out (DBO) lease, the leasing company owns the equipment till the end of the term, and the lessee has the option of acquiring the equipment for one dollar.

Whether to opt for FMV or DBO depends upon tax con-
cerns and other factors, such as the borrower’s intention to buy the equipment. Klavorst says, “A Fair Market Value has the lower monthly payment, and at the end of terms the borrower can buy the equipment, return it or lease it again, and be able to write off the entire lease payment tax-wise. With the Dollar Buy-Out, the equipment is fixed to be purchased at the end. If you have a situation with technological obsolescence, you’re better off going with an FMV lease, which also leaves you more cash flow, and at the end you can return the equipment or upgrade to a new lease. If you are planning to use the equipment for years, you are probably better with the Dollar Buy-Out. One option is not more right than the other, it all depends upon what your goals are.”

Zimmerman says lessees might pursue a FMV lease because it’s less costly. For instance, consider the situation of a small institution that wants to obtain a quad CT scanner, but also might want to move to a 16-slice in five years. To avoid having to sell the quad scanner on its own, it gets a FMV lease and then negotiates the cost. This gives the borrower a predetermined cost and a lot less obligation. With a Dollar Buy Out, it might have to pay 50 to 60 % of the cost at the end. FMV can add additional flexibility. “It’s not a bad thing to ask about to see if it applies,” Zimmerman recommends. Again, looking at the tax benefits of ownership or leasing is important.

As a final word regarding taxes, several of our experts surveyed noted that borrowers should consult their CPA regarding the tax stimulus package which can still offer tax advantages until the end of the year. The stimulus provides for bonus depreciation equal to 50% of the cost of new equipment put into service in 2008, and the limit for Section 179 expensing will be increased from $125,000 to $250,000, offering significant savings when applicable.

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What are the 2008 Section 179 TAX BENEFITS?

President Bush signed the Economic Stimulus Act (ESA) of 2008 earlier this year. While individuals received the highly-publicized $600 check from the government, the ESA also has significant benefits for businesses, with an incentive to purchase or lease new equipment.

New business equipment can either be depreciated over its useful life or depreciated immediately under Internal Revenue Code Section 179. Previously, there had been $125,000 limit on the Section 179 expense and depreciation deduction, and the total amount of equipment purchased could not exceed $500,000. The 2008 ESA changed the deduction limits to $250,000, and the total amount of equipment purchased limit to $800,000. In addition, the ESA offers a special depreciation allowance of 50% on qualifying leased property (such as non-tax/capital leases including the Dollar Buy-out Lease), after the $250,000 deduction limit is reached. The qualifying property must have been purchased and placed into service after December 31, 2007, and before January 1, 2009.

Right now, this appears to be a one-year benefit, with the old amounts to go back into effect in 2009. To take advantage of current benefits, you need to act in 2008, and should consult your CPA regarding your ESA eligibility.
“Long before the financial crisis with the banking industry, the medical industry has been feeling the pinch,” says Carl Frank, President of DBRS Medical Systems, a 20-year-old service driven organization providing Mobile CT Scanners, parts and service. “Much of the industry is so concerned with price. That just serves to encourage smaller entrepreneurs who subcontract everything to offer services without having the staff to support the end user or repair the machine.”

When words like volatile, unpredictable and cautious are used by most in the mobile rental industry to describe the state of the industry in 2008, you have to wonder if anyone is really optimistic about the future.

“Customers are trying to survive and are therefore reluctant to make decisions. Unfortunately, price is as important a factor as the quality,” says David Michelle, VP for Reliable Imaging in Yorba Linda, CA. “Business is down overall but it’s been ok for us.”

Just take a look at what’s happening on Wall Street these days. The impact of the economic collapse is being felt all over, hospitals included, and many mobile service providers and their potential customers are waiting until November to see who takes the next seat in the Oval Office with hopes that it will change things.

Not that the downward trend was brought about just this year. It’s something that those in the mobile rental business have been dealing with for a number of years.

Although the mid-90s saw a boom in mobile imaging, creating a billion-dollar industry thanks to the demand by hospitals, clinics and diagnostic imaging centers around the U.S. utilizing the mobiles during upgrade or replacement periods, a few factors have contributed to the downturn in recent years.

“Uncertain reimbursements, slow delivery schedules, paradigm shifts in modalities (analogue to digital in mammography and X-ray), and a need to keep downtime to a minimum are just some examples,” says David Denholtz, CEO of the Fort Myers, FL-based Integ-
Privity Medical Systems Inc., which offers fleets of mobile and modular imaging systems.

Then there’s the whole DRA cuts that came about and affected the entire imaging industry.

“The mobile business has gone into a slight decline due to the impact of the deficit reduction act and the idea that the Medicare payments to physicians and so on have been reduced with cutbacks to imaging services,” says Terry Andrues, President of Mobile Interim Solutions, which deals in mobile MRI and CT imaging systems. “My perception of the segment of the market is that the cutback in reimbursement has stunted the industry because manufacturers have cut back.”

“The market is down all over, but we are still moving along. Our rentals are not as robust as they were last year, but they are still healthy,” says John Vartanian, President of the Ann-Arbor, MI-based Medical Imaging Resources. “We have seen the marketplace express a wait and see attitude. I think a lot of the individuals in the industry don’t know what way to go. The DRA cuts came in faster than they should have instead of being phased in. That caught a lot of people by surprise leaving them uncertain of where to invest their money.”

But not everyone is hurting. Many of the mobile rental companies have executed smart business plans, initiated service programs or developed a web presence that has driven their companies upward.

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

Staying Competitive
MobileScan Imaging of Illinois has seen its business pick up recently and believes the activity is due to better equipment and a more hands-on approach with customers.

“Even though sales are down, the opportunity is still there, you just need to be a bit more aggressive,” says Webb. “You need to have better equipment with all the new features and options and you can’t have old stuff or lower-end equipment. You need to go for the higher end of the market place to do better.”

While this may require more of an investment, the equipment will last longer and work better for the end users.

“You try to run a solid business that delivers a good reliable product. There’s pressure on rental prices because there are folks getting into the business with used equipment and I think the way to stay afloat is to deliver a real solid product, one in which systems are supported by the OEMs,” Andrues says. “One in which the equipment shows up clean and on time and is supported with options for training and staffing and so-on.”

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Some companies are finding the internet to be a valuable marketing tool. Jim Prout, VP of Sales for MagnaServ Inc., a service organization focused on MRI Service, MRI Service Contracts, CT Service and CT Tube Replacement in the United States, believes that by concentrating on a web presence, it has helped them thrive.

“Some companies are finding that they are getting more inquiries than we did last year so while business remain stable, we are starting to see signs of greater activity,” Prout says. “The internet has been a big supplier of new contracts for us. We also have partner relationships with other companies and they are referring people to us.”

Price also comes into play because hospitals and imaging centers are especially mindful of budgets during these uncertain financial times. This may lead them to a shift that makes purchase price the most important factor when it comes to acquiring new equipment. Going with the cheap solution is not always the most cost effective choice in the long run.

“One problem is that mobile CT trailers are so popular now, it seems everyone has one,” Frank says. “They build them inexpensively and some may not know how to build them correctly, but they can beat anyone’s price.”

CT Hit Harder Than Most
The increased competition is one of the reasons why CT mobiles are feeling the brunt of the economic crisis more than some other modalities.

“Business in 2008 has been down dramatically,” Frank says. “We have also seen a lot of delays in expenditures for the procurement of new and used equipment. I’ve spoken to a number of other people who have mobiles sitting around and they regret that they built their last system. There was a while there when anytime a mobile was available, someone would buy it and put a scanner in and try to find a home for it. Now, the market is awash with mobile CTs and people are having a hard time.”

Although the company doesn’t plan on adding any new trailers to their inventory, they are planning to upgrade their fleet in hopes that new equipment will attract customers.

“We’ve been through this market before. Ten years ago it was in a slump and we hung in while a lot of other companies dropped out,” Frank says. “The small subcontractors couldn’t make it so they sold off their inventory and we picked up a number of trailers that other people were dumping and we upgraded the trailers and put money into it and when the next surge came, we were ready. It’s possible it could happen again, but it may not.”

Frank believes that people will realize that you get what you pay for, and that many of the small start-ups will fold once again.

“The mobile CT business is suffering because there are too many people...
offering equipment but eventually some are going to realize that business isn’t as good as it had been and they are going to go out of it,” he says. “We’re also a service company, so it’s easier for us to do it. When brokers have to pay someone else to service, it won’t be cost effective for them. My feelings are that we, however, can survive.”

The CT market is also being affected by the fact that new units are going into hospitals much faster now. It was just a year or two ago where a company could rent a mobile for two weeks to a hospital making an upgrade, where now the work is completed in just a few days and the mobiles are needed for shorter periods.

Other Modalities Doing OK
Alliance has experienced a decline in mobile rentals since 2001 but is seeing good things this year with one modality. “Our mobile MRI business will decline about 6% this year and we off-set that with the growth we’ve seen in our PET/CT mobiles, which has really been good for us,” says Alliance CEO Paul Viviano. “We stay competitive by focusing on customer needs and clinical excellence, and we try to operate our business efficiently and effectively, which is the goal of our entire organization.”

According to Dan McGuan, President of Viable Med Services, Inc. out of Santa Clarita, CA, which works on Siemens PET and PET/CT mobiles, emerging technology in these systems has helped the mobile business grow in these areas.

“PET is a profitable modality because there are a limited number of providers and service groups that understand the technology and who are prepared to operate in the field,” says McGuan. “Some doctors are being driven to create joint ventures for the cost of a mobile in remote areas and that is driving the business in some way.”

In fact, Lake Forest, CA-based Alliance offers a shared mobile service option for those customers who want to add a new modality, yet don’t have utilization sufficient for full-time placement, lack experience in implementing a program, or do not wish to commit financial resources. In a given year, they have approximately 55,000 moves driving 12 million miles for MRI, PET, PET/CT and CT mobile units.

“In this program, we deliver a designated Alliance mobile system on a regular schedule, based on patient volume,” says Viviano. “The schedule is flexible enough to grow with your changing needs. Along with the equipment and transportation, we provide qualified technologists and maintenance.”

According to Beau White, Operations Manager for Advanced Imaging Healthcare in Carmel, IN, the ultrasound mobiles have been doing very well. In fact, business is up 18%-25% over last year.

“Technology has been a major factor,” White says. “The portable ultrasound units have outstanding image quality and the functionality makes it...
easy to bring the unit to an exam room or patient’s bedside. From a business
side, the technology has broken the mold of a traditional facility.”

Ultrasound will also be more profitable than MRI or CT because of the
lack of up-front capital on equipment cost and specially designed trucks to
house them.

“MRI and PET are the most profitable because there is less competition,”
Frank says. “One of the reasons is that fewer companies are offering these mo-
dalities due to the cost of maintenance. If the mobile CT Scanner sits idle, it
doesn’t cost much of anything, whereas if a mobile MRI sits idle, it has an un-
derlying cost of cryogens. PET CT is just inherently more costly due to the
isotope issues.”

Other factors driving the business right now are new construction, hos-
pitals upgrading their existing systems and doctors unhappy with backlogs.

“We are seeing a lot of one-month leases because the manufactures have secured orders for existing in-house systems,” says Jeff Rogers, Sales Di-
rector for Medical Imaging Resources Inc. “Patient backlog issues occur when a hospital or imaging center has more patients to scan than resources to get the job done. This may lead to a 3-week or 30-day backlog and many referring physicians aren’t happy with that type of delay in getting their patients tests. That helps,” says Rogers.

Service Could Be Key
There are two schools of thought when it comes to providing service for the
mobiles. Some companies believe by offering the services themselves, they are benefiting the customer, while others believe that having original OEM service is what people are looking for.

“We have original OEM service for all of our units. We think that’s a hall-
mark of the quality in the rental business,” says Mobile Interim Solutions’
Andrues. “It’s important because in our experience, if the units go down at a site, they will go up quicker this way. A third party may not be in the region or have the staff. This allows them to get in the site faster and can get them up and running more quickly.”

Medical Imaging Resources be-
lieves that in addition to offering current technology, the way to stay competitive is by providing full service contracts on all of their mobiles.

“If a hospital has a Siemens CT and they rent a Siemens CT from us, the same engineer that took care of their in-house scanner will be the same en-
gineer that takes care of our mobile so there’s a built in comfort factor there,” Rogers says. “A lot of mobile providers out there don’t offer coverage from the manufacturer, so while their prices may be a little bit lower, facilities are having to wait two and three more days for the third-party service provider to show up on site.”

But that can be a little more costly. That’s why those companies that service the systems that they rent can sometimes save people money.

“We are servicing our own sys-
tems. It helps us because of cost con-
tainment,” says Prout. “Having our own
engineers servicing these systems with our own parts through our own supplier contracts allows us to bring the product to market for a smaller expense than some of the major mobile providers, which is a big advantage for us.”

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International, which rents and services C-arms, Portable X-rays and Ultrasounds, rely on both methods.

“We do both. We have an in-house engineer who services all our local systems, from portables to C-arms,” says Leon Gugel, President of the company. “But we also subcontract local third party service companies when a system is located not close to home base.”

Rental Refurbishments
It takes at least the same amount of procedures and protocols to refurbish a mobile system as it does a fixed system. Replacing worn or broken parts, cleaning, upgrading and fixing what is broken. In many cases, it actually takes more, as there is not only the trailer to deal with, but the equipment itself.

“We have a full engineering, painting/cosmetics, fabrication shop here in Fort Myers, so we can do 99% of the work ourselves,” says Denholtz.

Frank says that many problems can be discovered and resolved just by a simple cleaning.

“The equipment must be staged in a staging bay so that all problems and adjustments can be addressed,” he says. “Many companies skip the staging process and use the customer’s facility for troubleshooting. That’s not fair to the customer. Finally, the machine must be in a condition so that it can operate at least as good as when it was new. If the service company knows what they’re doing, that’s not too much to ask.”

A new President and his health plan may make a difference for the mobile imaging business, but until that happens, it’s up to each company to come up with a plan to make them stand out and survive.

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A large number of MRI coils are required to perform imaging on various parts of the body using scanners of different field strengths. With the purchase of a new scanner typically comes a set of coils that can represent about one-tenth of the cost of the machine. It’s a challenge to estimate the size of the market for MRI coils since they are bundled, but industry experts who spoke to DOTmed Business News put the size of the market between $200 and $300 million worldwide at an annual growth rate of about five percent.
To augment a scanner’s usefulness and often its patient throughput, additional coils can be purchased new or used, and select expert repair shops are up to the task of restoring used coils to OEM specifications. These include ISOs that also double as OEMs themselves, making coils for major players.

For instance, MEDRAD is a well-established coil repairer and maker. The company develops coils for GE, Siemens and Philips through co-design efforts. MEDRAD also has a repair shop that serves hospitals directly.

“If they have a problem with a coil and prefer not to go to the OEM and purchase a new coil, we’re able to help them and repair their coil at a much lower price,” said Diane Watson, Executive Director, Multi Vendor Service, MEDRAD, Inc., Pittsburgh, PA.

Providers need to cut costs in the wake of declining reimbursements from the Deficit Reduction Act (DRA), longstanding economic challenges in the health care industry and recent headlines about the credit crunch and potential decrease in capital availability. These forces make it very attractive to extend the life of coils by repairing them, or even buying used coils from hospitals, online auctions, or reputable third parties. A new coil might run $50,000, while a repair may cost in the $5,000 range, as a broad ballpark.

Coils are specific to the scanner as well as the imaging procedure prescribed. The growing adoption of 3T MRI systems has necessitated even greater expertise on the part of coil repairers since the technologies can be more complex. At the same time, there’s more to be saved in repairing versus replacing costly 3T coils. The coils themselves are the subject of a sort of space race to increase the number of channels configured.

“I see the 1.5T market going from 4-channel to 8-channel coils. There is a lag time from when the new technology hits the market to when the third party vendors start re-buying and reselling. I am starting to see more 8-channel coils of late,” reported LeRoy Blawat, President, Resonant Diagnostics LLC, Milwaukee, WI, a GE repair and production expert serving ISOs. “But with the economy, people are holding back on their new capital equipment purchases. That is going to force the end user to buy refurbished MR machines rather than new ones. They might also buy used coils—maybe not the newest technology in coils. I think that there will be more work to be had for [the service] industry because of the DRA and the economy.”

“Instead of having 4 channels, most current scanners are 8 channels and many are 16 channels. Siemens has a system with virtually no limit on the number of channels that can be plugged in,” observed Randall Jones, PhD, MBA, President, Resonance Innovations LLC, Omaha, NE. “It’s a channel war to see who has the most channels and a Tesla war to see who can provide clinical scanners cost effectively at a higher field strength.”

In addition to 3T adoption and added channels, other broader trends in MRI use also impact coil design and production. Examples include the growing promise of specialized applications
like breast imaging, fMRI, pediatric applications, advanced imaging software, head/neck/spine imaging, and highly specialized applications like interventional coils for radiation oncology or surgical brain applications.

You can’t separate the coil from the MR either technologically or in terms of business trends. “MR doesn’t exist without a coil and coils don’t exist without MR so whatever happens to the MR business is pretty much what’s happening to the coils,” said Vivek Bhatt, General Manager, MRI Coils, GE Healthcare, Waukesha, WI. “A growth in new types of procedures, the aging population and a downward pressure on costs will define MR and MR coils as we go forward.”

In some cases MR—and MR coils—may provide cost-effective alternatives to surgery, which may propel the use of this modality in the future. “MR is in a little better situation [than other modalities],” Bhatt added. “Today you may have to do a biopsy of the liver to figure out the pathology, but tomorrow we may be able with great specificity, to figure out whether that liver is cancerous or not by using MR elastography… Whether it’s new applications or functional imaging, coils have a key part to play in expanding the MR arena.”

Common Repairs Require Uncommon Skill

It is absolutely critical to use an expert repair shop and most of these also specialize in manufacturing, engineering or testing of equipment. Repair shops need to know how hardware and software work together in advanced imaging systems as well as where to get non-ferrous metal replacement parts such as capacitors.

“MRI coil repair requires a special technical skill set that is typically developed and refined over many years. Not only must there be a good understanding of RF and antenna theory but you must also understand the various MRI systems and their coil interface,” said Rick Sagadin, President, Carolina Medical Parts, Winston Salem, NC. “Each coil manufacturer develops coils using their own design parameters so while many coils look the same on the outside they are radically different inside.”

“A facility must be prepared and capable for electronic, mechanical, and cosmetic work,” noted Bruce Smith, VP Multi-vendor Service, Sonora Medical Systems, Longmont, CO. “Some coil parts are readily available; some, like connectors, are proprietary and require reengineering or some other solution to be able to repair them.”

“Depending on the model, the coils all have different interfaces and signals that they use so we have to set up a test bench to mimic all that. We have to emulate the scanner itself and the signals,” said Ray McClellan, President, MRI Technical Services, Inc., Marietta, GA, a Philips shop. “Common repairs are active components inside the coil—preamps, diodes and some mechanical damage because they are handled so much.” (See sidebar.)

“It’s about a 50/50 split between mechanical repairs and electrical repairs,” explained MEDRAD’s Watson. “On the mechanical side it could be a crack in the housing, a chip, or a missing part… On the electrical side, there can be some drifting of com-
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ponents which leads to tuning specifications that need to be done. So there might be some updates on the [signal-to-noise ratio], there might be an artifact that needs to be eliminated. We will look at that from a component level and then fix those.”

**Business Trends Reflect Larger Market Forces**

Healthcare trends overall have trickled down to MRI coil markets. As noted, capital equipment budget tightening at hospitals puts the onus on repair as a greater priority for equipment in the installed base. In addition, companies are merging, leaving fewer, larger players side by side with very small, niche shops and perhaps very little in between.

“There has been tremendous consolidation among the coil OEMs over the past decade. Where we used to have several OEMs making coils, today there are three major ones (Invivo, MEDRAD and USAI) and two of them (Invivo, USAI) are owned by equipment OEMs [Philips and GE respectively],” said Sagadin.

Since coils are specific to particular procedures, some spinoff companies have been formed by physicists from academic research institutions who focus on coils for highly specialized research and clinical applications. Other small OEMs use their know-how and speed to market to compete.

An example of a smaller shop is Midwest RF, LLC, Hartland, WI. “We have our own product line of mostly interventional coils for radiation oncology and those applications, and we do peripheral devices - non-magnetic things for comfort or positioning inside the MR suite,” said David M. Peterson, Director of Operations. The company also performs custom coil work with university researchers or on new procedures like highly focused areas of the head.

The key to success in competing with the big OEMs is to create coils that expand the utility of the installed MRI such as imaging more efficiently or in a unique way. For example, Jones’ company, Resonance Innovations LLC, which acquired Scanned, pioneered the peripheral vascular array for magnetic resonance angiography; more recently they just designed a specialized coil to image the eye.

“We offer other choices than just the OEM coils,” said Jones. “We are not stealing their market share but competing for those MRI budget bucks for capital equipment and putting our mouse trap up against theirs.”

- Online: dotmed.com/dm7207
Medifest ’08: Come With Challenges – Leave With Solutions

Medifest ’08 will take place December 5 - 7, 2008 at Pragati Maidan, New Delhi, India. This premier medical and health care trade show delivers a diverse assemblage of medical suppliers in one place - at one time, offering a high level of business opportunities for all in the health care industry, providing numerous trade expansion opportunities.

Pragati Maidan is a world-class exhibition center located in the heart of New Delhi. The venue is an Indian Government undertaking and is managed by ITPO, India Trade Promotion Organization. The exhibition halls at Pragati Maidan have hosted a plethora of high quality international and national trade fairs in exhibition halls that are complete with a network of infrastructural facilities.

Medifest ’08 is the ideal opportunity to network with health care professionals from around the world and to see the newest innovations in technology and health care. Exhibitors include representatives from the fields of medical technology, health care informatics, medical consumables, pharmaceutical manufacturers, disposables, diagnostic kits, medical process equipment, optical equipment, surgical tools, medical publication services, rehabilitative products, bio-tech products, electromedical equipment, diagnostics, lab equipment and dental products. For more information visit: www.vantagemedifest.com or www.eventsinindia.com/events/11379.

Facts about India’s health care industry
• The health care growth rate is booming at the rate of 12% per annum.
• Revenues from the health care sector account for 5.2% of the GDP.
• Medical device manufacturing at a low cost is on the rise in India, and global leaders consider India a global hub for medical systems’ businesses.

• Nearly 60% of India medical equipment is imported.
• Import Duty taxes on life saving equipment have been reduced from 25% to 5% in India.
• The diagnostics and pathology practices in India are estimated to grow around $46 million and growing at a rate of 20% annually.

The World Healthcare Innovation & Technology Congress WHIT v.4.0, December 8 – 10, 2008, Mandarin Oriental, Washington, DC.

The 4th Annual World Healthcare Innovation and Technology Congress (WHIT v.4.0) will be held December 8 – 10, 2008 at the Mandarin Oriental, Washington, DC. This event is for truly innovated thinkers who create fresh ideas and solutions for the problems facing the crisis in our health care system.

WHIT v.4.0 brings health care providers, payers, government and technology executive decision makers together to discover the ways to position themselves in order to challenge existing assumptions, highlight new innovation spaces, clarify and build on opportunities and choreograph their organizations’ response to a constantly evolving information age.

WHIT v.4.0 is “the” must attend innovation and technology conference for health care C-suite executives and thought leaders.

WHIT v.4.0 2008 Technology Showcases are designed for solution providers and positioned at a highly visible time during the Congress – offering exclusive opportunities for solution providers to demonstrate their leading-edge technologies in front of a targeted audience of innovation and technology decision-makers.

Keynote speakers include George C. Halvorson, Chairman and Chief Executive Officer, Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals’ Partners in Care Foundation – 2008 Mathies Award Recipient and Newt Gingrich, former Speaker, U.S. House of Representatives’ Founder, Center for Health Transformation.

For more information, go to www.worldcongress.com/events/HT08010
The U.S. medical tourism industry, though burgeoning, is still in its early stages. Its development will be dictated by a number of market factors and the reactions of a variety of market sectors including patients, insurers and employers. In addition, whether the industry can effectively demonstrate the quality of medical care abroad and provide a reasonable degree of comfort for patients and employers with respect to possible bad outcomes will affect its development.

Dale Van Demark, Member, Epstein, Becker Green P.C., Washington, DC.

The Deloitte Center for Health Solution’s report on Medical Tourism estimates that in 2007, 750,000 Americans traveled abroad for medical care, and that number is expected to increase to six million by 2010. This means that the base-case for the annual growth rate in outbound medical tourism is estimated at 100% from 2007 to 2010. The report identifies three medical tourism categories – outbound, inbound and intrabound (domestic).

Medical travel to countries outside the United States and to it has existed for many years. In developing countries, the influx of incoming medical tourists was initially limited because of constraints like poor communications, transportation, water and sewer systems and electricity and power generation. As economic development took root, the resources and opportunities became available to build health care centers for people to travel to from all parts of the world. Today, there are high-quality, customer-service oriented hospitals and facilities in developing nations like India and Thailand that provide medical care at costs sometimes as much as 80% lower than in the U.S. Often times, this savings includes airfare and a stay in a resort hotel. Thus, many under-insured or uninsured residents of the U.S. choose medical treatment abroad because of the high cost of health care at home.
The American Medical Association (AMA) has acknowledged the growth in medical tourism by adopting new guiding principles – a first of its kind – outlining steps for care abroad for consideration by patients, employers, insurers and third parties responsible for coordinating travel outside the U.S. The AMA guidelines come at a time when U.S. health insurance companies and employers are considering making “medical tourism” a part of health benefit packages offered. As an example, CIGNA, Aetna and Blue Cross/Blue Shield have begun or are considering pilot programs that provide limited coverage for foreign care.

Michael Horowitz, M.D., MBA, Founder and President of Medical Insights International believes that the trend toward people in the U.S. sidestepping services available in their communities to travel to less-developed countries for medical care is critically linked to the nature of delivery of healthcare services here and in the U.S. and in developing countries. “It is a consequence of lack of affordability and availability in many foreign countries,” says Horowitz. “Increasingly, insurance companies are exploring ways to take advantage of lower costs and superior availability of services offered in foreign countries.”

**What is the link between insurance companies and medical tourism?**

What began as a phenomenon that was mostly identified with the self-pay, under- and uninsured market, medical tourism has expanded into the insurance and employee benefit market with insurance companies, benefit consultants, third-party administrators and self-insured employers developing medical tourism products. “The development within the third-party payer market has many anticipating a huge increase in the number of medical tourists as plans roll out, promising huge savings to employers and those patients who choose the medical tourism option,” says Van Demark.

A major New England grocery chain has an agreement with Aetna that offers employees in need of hip and knee surgeries medical travel to Singapore. “While overseas hospitals are actively marketing their services in the U.S., we are carefully considering the associated quality, cost and follow-up care issues. We have a plan in place with Hannaford Brothers, in Maine to evaluate the benefits and costs of this type of program,” says Christine R. Erb, Communications Business Partner at Aetna.

“Our efforts are to work with health care providers and plan administrators (like Aetna) so quality of care is always advancing and cost is as reasonable as it can be for our associates and Hannaford as an employer.” – Michael Norton, Director of Corporate Communications, Hannaford, Scarborough, Maine

Hannaford Brothers has partnered with the National University Hospital in Singapore for services and will pay airfare and lodging for the patient and a companion. “Under IRS guidelines, up to $10,000 of travel-related medical expenses are tax-free to the patient. Hannaford expects savings of around $3,000 to the company and to the employee,” says Peter Hayes, Director of Associate Health & Wellness.

**Are too few employees taking advantage of medical travel abroad?**

Although there are some companies that offer medical tourism alternatives, many feel that the offers are not taken for a variety of reasons. Dr. Horowitz believes that one important barrier is the fact that many potential medical tourism candidates find it a daunting task to identify a qualified physician and facility in the global marketplace.

Renée-Marie Stephano, Esquire, COO of the Medical Tourism Association and editor of Medical Tourism Magazine believes that employees need to be better educated about medical tourism. “Once the employee understands that there is high quality care abroad and is willing to go, the type of surgery necessary has to qual-
ify for medical tourism to come about,” says Stephano. Some employees are wanting and willing to go but their condition will not allow them to travel. For example, a patient may need a certain heart procedure and is qualified for medical tourism benefits – but his or her doctor restricts travel because of the condition. Stephano feels that medical tourism is still a relatively new offering by most employers and insurance companies, and “it may take a while to start seeing the results and return on investment.”

Intrabound Medical Tourism – Centers of Excellence
As an additional benefit, international healthcare options are opening doors that benefit healthcare domestically. Although not as prevalent, intrabound medical tourism patients travel to non-local facilities or “Centers of Excellence” (tiered performance networks, which help associates choose the best care providers and settings to receive treatment while saving on health care costs) within their country. Reasons can include the need for a special, complex procedure that is only done at certain facilities, decreased waiting times, higher quality of care, lower costs and inclusion of the facility under coverage provisions of an insurance program.

Hayes explains that after offering employees the option of traveling to Singapore for hip and/or knee and spine surgery and receiving nationwide media exposure, he received calls from several American hospitals offering to match the savings in Singapore. “This has allowed us to negotiate deals for hip and knee replacements with hospitals in the U.S.,” he says.

In fact, large employers with bargaining power are working to or have struck deals with foreign hospitals, and use this as leverage to bargain down the prices at domestic hospitals. Employers are creating networks that give employees the opportunity to access hospitals all over the U.S. that provide a much wider range of cost and quality of care options.

Erb says that while employers back medical tourism largely as a cost issue, Aetna sees it a little differently. “We are seeing it as a quality and cost opportunity. We are also seeing American hospitals displaying increased transparency on cost and quality data, similar to what is seen from some of the better overseas institutions,” says Erb. Some domestic hospitals are responding to consumer and employer interest in medical tourism, and are willing to talk about the creation of a similar program that supports employer-funded travel to specific American hospitals that have agreed to competitive rates for similar elective surgical procedures. After examining “all in” costs, including the procedure, travel, etc., some domestic hospitals are finding that they can deliver a compelling and competitive price to compete for business that might otherwise go overseas.

U.S. Hospitals Working With International Health Systems
“As an American hospital’s reputation and presence in a region grows, so does the number of referrals to it.”

Michael D. Horowitz

With an increasing number of patients from around the world traveling for healthcare, the question of quality has been raised. When considering foreign providers, many look for the Joint Commission International’s stamp of approval – an indication that a hospital has the systems and processes in place to support high-quality and safe patient care.

After 9/11, the ability for American hospitals to successfully attract patients from around the globe was hindered because it became difficult (particularly for those coming from the Middle East) to obtain U.S. medical visas. More than seven years later, hospitals are once again enjoying an increase in international interest, leading many hospitals in the U.S. to partner with health care systems abroad.

There are several major U.S. health care providers that now have an extensive presence in the Middle East, the South East and Asia. “U.S. hospitals systems have long received patients from the international marketplace,” says Horowitz. One of the biggest reasons for this venture is that hospitals have a great deal to gain in the way of revenue, and joint ventures result in generous tax incentives for U.S. hospitals. Foreign hospitals have recognized that partnering with a well-known hospital system and/or medical school gives them instant credibility and becomes a draw spurring economic growth and development within that region.

The Deloitte report finds that inbound tourists are not as concerned about saving money as they are about the higher quality and decreased waiting time with U.S.-based medical care. Therefore, those providing inbound medical tourism pro-
grams are primarily large teaching institutions that have na-
tional and/or international reputations.

"U.S. healthcare providers are very active in the interna-
tional market, and many are trying to attract medical tourists
to their U.S. facilities. " Dale Van Demark

There have been several initiatives that have helped pro-
mote clinical programs related to U.S. inbound medical tour-
ism. The establishment of international partnerships and the
formation of international health care projects have led to in-
creased awareness of the opportunities for foreign patients to
travel to the U.S. for care. Many U.S. medical centers have
listed their services in international medical directories, and
foreign physicians and U.S. physicians training abroad have
helped to increase the number of referrals to the U.S.

Other factors to consider
According to Van Demark, medical tourism does come with a
risk to patients and payers. He says that generally individuals
who receive medical treatment overseas have to depend on the
legal process that is available in that country should there be
any problems, which may present challenges. “This could lead
to increased risk for insurers and employers that offer medical
tourism products as patients may look to local ‘deep pockets’
for a remedy,” says Van Demark.

Van Demark said that government reaction to medical
tourism has been mixed. The U.S. Special Committee on Ag-
ning has authorized the creation of a task force to examine the
situation. California has adopted a law to specifically allow
for insurers to pay providers in Mexico, and other states have
considered similar legislation – some that would even encour-
rage state workers to seek treatment abroad.

Future of medical tourism
Overall, the impact of medical tourism – based on Deloitte
reporting a 100% increase by 2010 – will have an enormous
negative financial impact – costing U.S. health care providers
as much as six billion dollars on the higher end of the scale.

The combination of the number of outbound medical tour-
ists, further hikes in healthcare costs and the price advantage
of leaving the U.S. for medical care – plays a significant role
on just how great the costs will be.

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CT and MRI Imaging Expert Launches LG Medical Technologies, Inc.
Jim Gallagher, former Executive Vice President of Shared Imaging Inc, recently announced the creation of his new company – LG Medical Technologies, Inc.

Gallagher has more than 30 years experience working with CT and MRI companies and is familiar with all systems provided by major OEMs. He has witnessed firsthand the expansion and growth of many hospitals and medical centers as well as the mergers of many CT and MRI companies. The result, he feels, is that big corporate mergers have brought about “quality and service” issues because too many companies are out of touch with client needs. “My vision,” says Gallagher, “is to go back to the days when a client was not just ‘a sale’ but also ‘a friend’ who shared the company goals of dependability, trust and open communication for the good of all those directly and indirectly related to the sales and service of CTs and MRIs including patients and referring physicians.”

As part of Gallagher’s business plan, CT and MRI rental options are available, providing the perfect solution to hospitals and facilities that have a significant backlog due to capacity limitations of their current diagnostic equipment.

LG Medical Technologies can also provide mobile trailers to keep hospitals moving when construction is being done. “Keeping MRI and CT services up and running is LG’s ongoing goal, and we have the ability to manage and upgrade as technology and needs change,” says Gallagher.

Another key element in Gallagher’s plan is to provide quality, OEM pre-approved, modular buildings with an all steel structure, concrete floors and custom interiors designed to house MRIs and CTs.

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iCAD Introduces MRI Products to Help Improve Detection and Diagnosis of Breast Cancer
iCAD, Inc. unveiled two new MRI products at the 7th Annual Symposium on Advances in Breast MRI in Las Vegas, last month: SpectraLook™, innovative kinetics technology integrated into iCAD’s image analysis solutions for breast and prostate MRI studies; and CADvue™, image review and analysis software designed to improve the analysis workflow, interventional planning and reporting of breast MR results.

“These two new products are the result of leading-edge research and development using kinetics technology,” said Ken Ferry, President and CEO of iCAD.

SpectraLook™, iCAD’s breast MR analysis solution, provides more diagnostic information by creating colorized images based on signal changes defined by tumor physiology. iCAD’s All Time Point (ATP) analysis is based on an advanced pharmacokinetic model that calculates numerical values of key physiological parameters, allowing the user to detect the different biological processes taking place in malignant versus benign tumors. These key physiological markers can aid in the analysis of large MR datasets.

CADvue™ image review and analysis software provides maximum functionality facilitating the analysis of ATP colorized images and quantitative data. CADvue allows the user to create standard and customized reports that enable the user to communicate time-sensitive breast MR study results to referring physicians. The reports provide detailed and comprehensive information that is critical to the identification and analysis of abnormalities. 3D colorized images within the report assist clinicians to effectively communicate options to their patients.

Online: dotmed.com/dm7181

Approval of Angio-Seal Evolution Vascular Closure Device
St. Jude Medical, Inc. announced at the Transcatheter Cardiovascular Therapeutics conference in Washington, D.C. U.S. Food and Drug Administration (FDA) and European CE Mark approval of the Angio-Seal(TM) Evolution Vascular Closure Device.

Consistent with its Angio-Seal predecessors, Angio-Seal Evolution achieves hemostasis through the deployment of an anchor, suture and collagen seal. With Evolution, however, single-handed deployment has been made possible for the first time. The Angio-Seal Evolution closure system is also fully absorbed by the body within 60 to 90 days. This reduces risks associated with foreign material left permanently in the body and allows for repeat procedures.

“The Angio-Seal Evolution takes a major step forward by automatically compacting the collagen,” said Robert J. Applegate, M.D., Wake Forest University Baptist Medical Center, Winston-Salem, N.C.

Patients are usually required to have 15 to 30 minutes of manual pressure at the catheter’s access site in the leg, fol-
lowed by four to 12 hours of bed rest to ensure that hemosta-
sis was maintained. According to the company, patients treated
with Angio-Seal devices report significantly less discomfort af-
fter a catheterization and are able to resume normal activity more
quickly, and most patients are able to walk within 20 minutes
and leave the hospital one hour later.

**Online:** dotmed.com/dm7171

**Radiation Therapy Oncology Group (RTOG) and US Oncology Collaborate**
The collaboration means patients receiving cancer care at
practices affiliated with US Oncology have access to RTOG
trials for disease sites including brain, head & neck, lung, gas-
trointestinal, genitourinary, cervix, and breast cancers. RTOG
trials focus on testing the integration of radiation therapy with
new systemic therapies and surgery.

“Our collaboration with US Oncology and its network of
member practices is attractive due to the organization’s strong
commitment to clinical trial participation, leadership and ac-
crual,” said Walter Curran, MD, Group Chairman of RTOG
and professor and chairman of the Department of Radiation
Oncology of Emory University School of Medicine. Dr. Cur-
rann also serves as Chief Medical Officer of the Winship Can-
cer Center at Emory University.

“We are excited about the relationship between Radiation
Therapy Oncology Group and US Oncology,” said Vivek Ka-
vadi, MD, medical director of radiation research for US Oncol-
ogy. “You have one of the nation’s foremost cancer treatment
and research networks working with the premier organization
for radiation trials to provide a clinical offering beneficial to
patients and both organizations.”

“We’re on a substantially strong growth track with the
RTOG trials,” said Dr. Kavadi. “We hope to have 30 affili-
ated practices participating by next year, and to become a full
RTOG member by early 2010. We’re delighted this relation-
ship is going to be a central part of the overall growth for the
US Oncology Research network.”

**Online:** dotmed.com/dm7183

**Alliance Medical Acquires Tomovation**
Alliance Medical recently announced the acquisition of Tomo-
vation in Castrop-Rauxel, Germany. Tomovation provides ser-

vices and products for the tomography industry (CT, MRI, PET)
and invests in early stage European medical technologies.

Dr. Michael Frieb e, CEO of Tomovation GmbH, will be ap-
pointed as Managing Director of Alliance Medical GmbH. Dr.
Friebe has extensive experience in the Healthcare Sector and
has successfully managed several medical solution providers.

Alliance Medical’s CEO Alan Pilgrim states: “We are de-
lighted to be increasing our business in Germany through the
acquisition of Tomovation and look forward to working with
Dr. Michael Friebe to further develop our business in this ex-
panding market.”

**Online:** dotmed.com/dm7097

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**The “Ratings Push” Is On for The DOTmed 100 for 2009.**
When Biomedical Technicians, Materials Managers,
Dealers or Brokers go out of their way to say another
businessperson is really good to do business with, that’s
a solid endorsement. That’s what the DOTmed 100
designation says about a person – they’re the cream of
the crop among our more than 100,000 users.

How the DOTmed 100 for 2009 are chosen:
Throughout 2008, every 5-Star Rating a user receives
counts towards being designated DOTmed 100. Those
who have the most number of high, positive ratings at the
end of 2008 become the DOTmed 100 for 2009.

To help make sure all users get the ratings they
deserve, we have a “Ratings Push” period at the end of the
year. If you’ve done business with any DOTmed user this
year and haven’t rated them yet, we encourage you to rate
them now. Keep in mind, you can only rate a user once.

The DOTmed 5-Star Rating System
The DOTmed rating system utilizes a number of key
features, each based on a five point scale – from very
unsatisfied to very satisfied. They include such criteria
as: quality of equipment, shipping time, price, packaging
and more. All told, ten criteria lend themselves to the
rating system.

To see all of the DOTmed 100 nominees for 2009, visit
www.dotmed.com and scroll down our homepage until
you see the DOTmed 100 logo, then click it.

Look for DOTmed Certified Users as well
Promoting safe dealings online is what DOTmed’s multi-pronged Ethics Program is all about. In
addition to the DOTmed 100, we have over 400 DOTmed Certified users. These users have submitted
three Letters of Reference from reputable businesspeople, and have signed the DOTmed Code of Ethics.
If you are ever in Germany and break a bone, you may want to ask for a Röntgen ray of the injury. Outside of Germany, it’s less likely that care providers will know you’re asking for an X-ray.

On November 8, 1895 Wilhelm Röntgen (1845-1923) made a discovery that would revolutionize the medical industry and go on to benefit millions. Röntgen decided to take a break from working on his experiments with electricity and magnetism to investigate Crookes tube. This tube, when saturated with high voltage would produce cathode rays. Due to a fortunate occurrence where a paper coated with barium platinocyanide happened to be in the right place at the right time, X-rays were discovered.

Röntgen noticed that the paper, which was lying on a table, was emitting a glow when the tube was powered up. Although cathode rays would cause it to glow, the paper was too distant for the rays to reach. Therefore, Röntgen deduced that a new unknown type of ray must be reacting with the coating on the paper. Not having a name for the ray, he substituted “X” to stand for the unknown.

Röntgen continued to experiment over the course of six weeks, determining what materials this mysterious ray could penetrate. He discovered that it would pass through centimeters of wood and glass, but would be stopped by metals. He also took X-ray photographs. In photographs where he held an item, the bones of his fingers could be seen. After extensive experimentation, on December 22, 1895, he brought his wife to his lab to show her what had been keeping him from home so often. It was then, that one of the most famous photographs in medical history was taken. Mrs. Röntgen’s hand was photographed clearly showing the bones and her wedding ring. His wife was quite disturbed to see through skin to her bones.

From there, it was a whirlwind. Röntgen drafted a short paper about his discovery and circulated this along with the photo of his wife’s hand to the medical community. The discovery was quickly embraced and doctors across the world were using X-rays to investigate fractures and breaks and to find bullets lodged in flesh. The usefulness of Barium salts was also discovered quickly and X-rays were then employed to show digestive tracts.

The X-ray wasn’t limited to medicine. Shoe stores offered X-rays so customers could be entertained watching their toes moving on the fluorescent screens. Department stores also offered them as entertainment. Thomas Edison built an X-ray source that offered a view of the whole body – and people eagerly came to see what they were made of – literally. Edison also made the unfortunate discovery of radiation sickness as Clarence Dally, his assistant, was the first to ever be affected by it.

Röntgen won the Nobel Prize for his discovery in 1905. He never sought to patent the discovery and he donated much of his prize money to universities and science to further the research, considering it his gift to mankind. Today, his discovery has been expanded upon, serving as the foundation for a number of machines, applications and treatments, truly becoming a greater gift that he could have expected.

Online: dotmed.com/dm7209
Equipment and Training Complete the Package

Dr. John Casebeer of Choices Anti Aging Centers had an Alma Harmony Laser that he wanted to offer for sale on DOTmed.com.

After exploring the website, he decided that the best way for him to market his laser and reach the most potential buyers was to make use of a DOTmed Full-Service Managed Auction.

The auction was managed by Online Auction Specialist Mark Colavecchio. Colavecchio soon began talks with an interested party in Canada. Those talks led to a final winning bid of $25,000.

Dr. Casebeer personally delivered the unit to the successful bidders in Canada and also gave them the proper training needed for their newly acquired laser.

Dr. Casebeer said he loves the service DOTmed.com has to offer and he will continue to use Full-Service Managed Auctions as a way to stage his used medical equipment to the medical and health care community worldwide.

Union Benefits from Partnership

Evan Burns, of the DOTmed Auction team, contacted Harvey Morgan of United Wire Medical Center after Morgan registered with DOTmed.com.

United Wire Medical Center’s sole function is to serve the needs of its Union members and the Union had decided to depart from the primary care business after determining it was no longer cost-effective. Mr. Morgan discovered DOTmed after searching the web for ideas on how to unload his facility’s used medical equipment.

Auction Managers David Blumenthal and Glenn Cambre visited the facility in New York City to photograph and inventory the equipment.

Cambre then set up the auctions and listed them all on the home page under “Auction Liquidation. “

Since listing, the auctions have netted United Wire more than $25,000 in additional income.

“DOTmed has done everything that needed to be done and more to make the sale. Not only are their auction services excellent, but the interaction and communication is of the highest level,” said Morgan.

Mobile Units are a go with DOTmed Auctions

In early September, Furrow Auction Company, based out of Knoxville, Tennessee, contacted DOTmed regarding a medical equipment project they had underway.

Furrow was conducting a live Auction for Resource Imaging Group’s entire fleet of mobile medical units. These mobiles featured three Hologic Selenia Digital Mammography Systems and three Hologic Bone Densitometers.

DOTmed was hired by Furrow to get the word out about their live Auction and that is exactly what happened.

DOTmed placed Furrow’s medical equipment into a Virtual Auction House on the DOTmed homepage, ran banner ads promoting the Auction, ran banners in alert and news emails and emailed everyone who would potentially be interested in this type of equipment.

When all was said and done, Furrows Virtual Auction House was clicked on more than 11,000 times in less than a month. Furrow received a number of phone calls and many registered bidders for their live Auction.

The live Auction itself went very well totaling over one million dollars in sales. Making a contribution to the bottom line, a number of the leads DOTmed generated turned into bidders including one person who purchased two mobile vans.

“I probably received phone inquiries from at least twenty individuals. If we had it to do over again, I would probably increase my DOTmed advertising and reduce my brochure advertising,” said Blake Wilson, Vice President of Furrow Auction Company.

You Can Auction Online!

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

Call 212-742-1200 Ext. 296
Ask about DOTmed’s Full-Service Auctions – “We Do The Work, You Get The Money.”

donmed.com
Don’t sell until you call us!

Siemens MRIs & CTs Wanted!
All Harmony, Symphony, & Impact fixed & mobile models

Top dollar paid.
• Firm offer in 48 hours.
• Finder’s fees for referrals.

Call 212-558-6600
Ask for our SIEMENS specialist

Owen Kane Holdings, Inc.
29 Broadway, New York, NY 10006
owenkane.com
info@owenkane.com
P: 212-558-6600
F: 212-558-6615
These are some of the more than 100,000 listings on www.DOTmed.com on any given day.
**Mobile Combination Cath/Angio Labs For Rent**

- Audiometer:
  - 571123 - ZENITH ZA-112 A Audiometer $295
  - ZENITH Audiometer ZA-112 A: ZENITH Audiometer ZA-112 A in good working condition George Girgis, Meena Medical Equipment Inc.

- Beds Electric:
  - 570355 - HILL-ROM Total Care Beds Electric $1,995
  - Have 5 Hill Rom Total Care Hospital Beds available as-is working with air & scale $1995 each while quantities last. Ray Carter, Hospital Equipment 4U

- CT Mobile:
  - Kitch Lark, Sparrow Medical Systems, Inc., 612-799-0501

- CT Scanner:
  - 565874 - GE NXi CT Scanner Looking for CT high speed NXi not older than 2005. Qasem Shahin, Hunain Medical
  - 570376 - GE HiSpeed CTe CT Scanner $35,000
  - Pls Contact immediately with details, tube, YOM and option 3D and photos of machine and expected deliver time. Vinod Dua, C-Max Healthcare

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**Anesthesia Machine:**

571017 - NARKOMED 2B Anesthesia Machine $1,750

- Anesthesia machine model narkomed 2b with 2 vaporizer (isoflourane and desflourane (new). VICTOR ANTIGUA, RANTIQUE INTERNATIONAL

**Arthroscope:**

565116 - STORZ 28721BWA Arthroscope $1,100

- Storz 4mm 30º arthroscope. Marcelo Salvade, SH Medical Corp Aspirator:

**Cosmetic General:**

570178 - SYNERON Emix Cosmetic General $49,500

- Syneron Emix platform 2 years old with the following attachments: 1. Clay Hopkins, Hopkins Clinic

**Defibrillators:**

566910 - PHYSIO CONTROL Lifepak 12 Defibrillators $2,500

- Biphasic Lifepak 12 with spo2, nibp, 12 lead ecg and pacing. JB Reese, Southwest Medical Group, 5035788842

**Dental Laboratory:**

570760 - DENTSPLY Cerec 3 Dental Restoration $6,240

- Cerec 3 Dental Restoration 3D Cad / Cam Milling Machine. Lizabeth Saccone, Medical Equipment Supplies Company

**Dry Camera:**

571197 - KONICA DryPro 771 + Film Dry Camera $3,000

- I have a Konika DryPro 771 available. Donnie Torok, Central FL Med Equip

**ECG unit:**

537909 - HEWLETT PACKARD 43200MC EKG MONITOR ECG unit $195

- New Surplus HP 43200MC Electro Cardiogram/EKG/EKG Monitor-Recorder. BRIAN WARD, OZARK PRODUCTS, 405-627-8853
Exam Room Diagnostics:

570466 - RIESTER 6221 Exam Room Diagnostics $650
RIESTER EXAMINATION LAMPS Focused, color neutral halogen lamp 8V, ideal for examinations and small operations. Orestes Fundora, Global Medical

Exam Table:

570188 - MIDMARK 405 Exam Table $1,995
USED Midmark 405 Power exam table. John Ban, Medical Xpress

ICU/CCU:

570280 - PHILIPS M1097A ICU/CCU $5,990
For sale two used Phillips 15” colour monitors, main parts made in 03/03, in very good physical and operational condition. Mr. R. Alkhatib, Robin Medical Ltd

Light Source:

570483 - STORZ 201315175 Xenon Nova Light Source $1,750
Karl Storz 20131520 175 Watt Xenon Nova light source with fairly new bulb. M. Ashfaq, endosource INC.

Mammography:

561604 - GE Senograph 600T Mammo Mobile
Senograph 600T Can be used for parts only. All boards, power supply, HT, cable head. Maneek Paulose, Precise Solutions, 4953291900

Mammo Unit:

570582 - GE Senographe 2000D Mammo Unit $115,000

Monitor:

571072 - SIEMENS SC 9000 Monitor $2,500
SIEMENS SC 9000 with ECG, SpO2 and NIBP. Samir Dahdah, Doral Medical Equipment

O/R Camera:

570905 - DYONICS Digital 3Chip/Xenon O/R Camera $1,100
The Dyonics Digital 3 chip video camera is in excellent condition. Scott Haas, H+H Surgical Technologies, LLC

O/R Instruments:

570538 - ETHICON SVVD1 O/R Instruments $15
Vessel Dissector, 1 Pack Contains: 3 dissectors. Mehmood Ahmed Mirza, Al Shifa Stores

O/R Microscope:

570346 - ZEISS OPMI VISU 210 on 288 O/R Microscope $48,000
Looking for Refurbished Zeiss OPMI VISU 210 on 288 Floorstand with: OPMI VISU 210 ... Kathy Stewart, Advanced Surgical

O/R Table:

570382 - STERIS 3085SP O/R Table $15,500
2 units available with head board and hand control. Bob Briggs, Northeast Medical Sales, Inc

OB / GYN - Vascular Ultrasound:

567937 - ALOKA SSD-4000 OB / GYN - Vascular Ultrasound ALOKA SSD 4000 S/N M02170, Doppler Color, With: Convex Probe Ref UST 9123 ... Georges Kardous, KARDOUS MED EQUIPMENT, 603 375 144

570708 - GE LOGIQ200 OB / GYN - Vascular Ultrasound $4,000
* GE LOGIQ200 - MFG about “2000 - 2probe : Convex(CBF) and TV(MTZ) or LINEAR(LH) ... Jungki Oh, JEAN MEDICAL

570956 - SIEMENS Elegra OB / GYN - Vascular Ultrasound $6,800
Siemens Sonoline Elegra, great condition. Andrew Clifford Edwards, Medical Network Imaging

Ophthalmology General:

570981 - STEREO OPTICAL CO., INC. 1200 Ophthalmology General $380
I have 3x Stereo Optical 1200 Model Vision Testers in stock from UK. Badrul Amin, Al-Amin Medical & Catering

571018 - GRIESHABER 625.55 MPC Membrane Ophthalmology General $650
$650. Angelos Panagopoulos, Pantur. Inc.

Orthopedic Table:

570912 - CHICK 703 Orthopedic Table $1,850
PRICE JUST REDUCED. Jim Hopkins, Innovative Solutions for Medicine

Other:

570985 - UNKNOWN Pibbs Facial Chair Other $500
PS Pibbs Facial Chair with Hydraulic Base HFB809. Kim Hensley, Didage Sales Company, Inc.

570604 - OTHER Vasculite Other $42,000
Selling due to RETIREMENT Vasculite Laser - IPL Asking Price: $42,000. lautavanhook, lvoutsidethebox

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

570705 - DATASCOPE Accusat Oximeter - P Oximeter - Pulse $65
The item is in Excellent functional condition, pulled from working environment. Arash Lalezary, GMC

PACS/RIS:

568001 - ULTRAPACS PacsFilm PRO PACS/RIS $12,500
PacsFilm PRO is designed for busy Departments / Imaging Centers. IBRA-HIM COSKUNER, ULTRAPACS LLC, 7024653313

Physical Therapy Unit:

569365 - CHATTANOOGA FLU DHT 5 EXTREMITY Physical Therapy Unit $9,475
CHATTANOOGA FLUIDOTHERAPY DHT UNIT W/ (5) EXTREMITY THERAPY IN EXCELLENT CONDI. BRIAN WARD, OZARK PRODUCTS, 405-627-8853

Polysomnograph:

570342 - RESPIRONICS 6 - Alice 3 Systems Polysomnograph $4,950
I have 6 Alice 3 with cable, computers head boxes etc. WALTER IGNASIAK, CONTINENTAL HOMECARE SERVICES

Pump I/V Infusion:

570324 - BAXTER 6201 Pump I/V Infusion $850
Patient Ready 90 day warranty. George Pettesch, Ardus Medical

Rad Room:

570198 - GE MVP 80 Rad Room $5,500
1988, 4 way table XT w/ Max 100 Sentry III Collimator Wall Bucky. Joseph Jenkins, International Imaging Ltd.

Ultrasound Transducer Ultrasound:

570945 - GE SP6-12 Ultrasound Transducer Ultrasound $1,500
Vascular and small parts probe for GE Voluson 730 expert. John Carrubba, A-1

Ultrasound Services:

570619 - SIEMENS 7.5L40 PROBE Ultrasound Transducer Ultrasound $1,995
SIEMENS 7. KEN PUKAY, gmi

Vascular - Small Parts Ultrasound:

571016 - GE Logiq 7 BTO6 Vascular - Small Parts Ultrasound $47,000
Shared Service, Tissue Harmonics, DICOM, DVD Writer, 7L Linear Vascular Probe, 10L... Don Kennebeck, Medisales, LLC

Ventilator:

568072 - RESPIRONICS Esprit Ventilator $9,300
We have multiple units for sale. Ed Kaiser, Spectrum Medical Equipment, 402-332-0102

Video Endoscopy:

560665 - OLYMPUS CV-140 & CLV-U40 Video Endoscopy $5,495
Warranty included. Mark Charaf, Global Medical Equipment, Inc., (877) 261-9930

Washer / Disinfectors:

C-Arm:

550839 - OEC C-Arm Part #879173-01
1) Complete and tested assemblies are always in stock. Kenneth Saltrick, Engineering Services, 330-425-9279

Film:

225482 - OEC C-Arm Part #00-879322-XX
OEC 9800 C-Arm Interconnect Cables OEC p/n 00-879322-XX -01/-02/-03/-04/-05 and all custom lengths needed. Kenneth Saltrick, Engineering Services, 330-425-9279

Film:

562869 - KODAK Film Part #
Made in China CE certification approved Equivalent to Kodak EIR-7 wet laser film. tao song, DT Image Material company

ICU/CCU:

534680 - PHILIPS ICU/CCU Part MMS3001A

Want to buy?
For more information on any of these listings, visit www.dotmed.com and enter the Listing # in any search box.

Want to sell?
You can post a free classified ad on DOTmed.com. Just visit our website and register.

Post Jobs for Free on DOTmed.com
Just register for Free on DOTmed, then post up to 30 jobs at a time – for Free. Try it today!
EMPLOYMENT OPPORTUNITIES

MANAGEMENT

569198 - Management Administration, New Mexico
Associate Vice-President Health Care Management Services to manage the utilization/care management process. Phil Armfield, StaffPointe, 816-279-7486

570408 - Management Position, Montana
Responsible for delivery of patient care that promotes safety and well being in an assigned Acute Care setting on a 24 hr. basis. Holly Hunt, Clark Fork Valley Hospital, 406-826-4982

PHYSICIAN

562230 - Radiology Physician, Pennsylvania, 300k, 8 weeks off, full ben.
Hospital based group seeks another well rounded Radiologist as one partner is slowing down; Position avail. Spring-Summer '09. Ken Wilson, Healthcare Staffing Solutions, 800-621-0560

527872 - Anesthesiologists Needed, Illinois, $250-280k, Full benefits
Group adding Anesthesiologists in A Great area; a partnership track opportunity. Janet Haley, Superior Medical Services, Email CV to j.haley7@smsanesthesia.com & call 800-978-7633

RADIOLOGY / ONCOLOGY

566849 - Oncology Position, hospital, $35.50 - $44.75/hr, New York
Staff or Lead Dosimetrist, CMD in 250+ bed medical cfr. providing diagnostic, ambulatory, secondary, and tertiary acute care. Lisa Okes, XRAYZ 4U, 866-232-8822

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Recent equipment and parts auctions on DOTmed with actual for-sale prices.

LASERS
2005 ASCLEPION Laser - Diode Medistar 810 This was recently serviced and is still under warranty. It comes with two keys and six sets of protective eyewear glasses, specifically designed for the laser which cost new $200 each. Some have never been used. Manuals are also included. Here are the specifications for this unit:

- One MedDiostar Pro 810/nm High Power Diode Laser
- New diode installed 2005
- PRO-Professional Upgrade Kit for Epilation, PRO computer and software
- Additional adjustable Pulse length -Pulse Interval On/Off -12mm Spot Size Tip with hand piece, fiber and tubing -Foot Switch Assembly. Auction 4696 - sold for medical office in Washington, $50.

IMAGING
ICAD Mammo Accessories Second Look 402 The Second Look 402 is the most flexible CAD system available to meet all workflow requirements. The 402 offers the highest cancer detection performance and is scalable to handle changing workflows. The 402 Imager also has failsafe positive ID case tracking and features dual digitizers for maximum throughput. It processes up to 39 cases per hour. The Second Look 402 is a modular, extensible, network-ready (MammoReader) solution for value-oriented customers. It also includes Dual Digitizers. Network options include: -immediate HL7 hospital information interface -bi-directional PenRad -MRs and MagView mammography interface -fully compliant DICOM file-save capability -Open platform Hub and spoke CAD architecture -Distributed case entry, case processing and display - Requires physicians to access and network between offices -Multiple case-entry options -Unsorted, continuous film-feed reduces errors -Support for bar-coded workflows for productivity -Asymmetric included as feature on production mammograms. This equipment was manufactured: 04/2004. This equipment was first put into use: 10/2004. Auction 5180 - sold for imaging center in Georgia, $11,500.


SIEMENS CT Scanner Somatom AT SP This unit is a Siemens Somatom Single Slice CT Scanner Manufactured 1995 Model#27-91-031-0185 Serial#14109 Generator Model#9765447 k1089 OP100 Medrad Injector. Auction 5468 - sold for imaging center in New York, $5,500.

LEYBOLD MRI Compressor Coolpack 6000 Leybold Coolpack 6000 Cold Head Compressors: We sent five Coolpack 6000s and head compressors to Austin Scientific to be refurbished. The refurbishing process included the following: oil absorber, oil separator, and heat exchanger. All units have been fully tested and been through a 24 hour test on load. In the end we’re going to bring new systems that have a Japanese cold head compressor so we’re not going to need these units. These units are sold with a warranty from Austin Scientific that is good until July 1, 2009. That warranty is transferable to the new owner. We are asking $7,000/ea but if you submit a bid on all five at one time we are willing to accept $6,500 each. This is an outright sale and we do not need a return but if you have a unit to return DOTmed will auction it for you. This is a great chance to buy like new cold compressors with a one-year warranty. Auction 5541 – 2 compressors sold for ISO in New Jersey, $14,000.


TOSHIBA MRI Scanner Opah 1998 .35T Toshiba Opah MRI Scanner: This MRI was under service until shut down in May of 2008. It has a power supply ramp. It is ACR Accredited from Jan 10, 2008 to Jan 10, 2011 The Latest Software version is V4.00 R615. The following comes with this unit: - Chiller • Generator • All parts needed to operate • Cold Head replaced 2/08 • Head Coil -Spine Array Phantoms: -Universal Body Coil -Head Coil -Spinie Array Phantoms: •Universal -Body Spherical -9 Bottles •Head Spherical -Quality The helium level is approximately 40%. This Siemens Impact is in a shielded Medicoach 526 manufactured in 1994 with operational patient lift with rails and roll door. The following components are included with the trailer: -Working Isuzu 35KW Generator • Leybold 35 Dynamic PSI Cold Head Compressor •Safe-T-Net O2 Monitor •2 Bottles Anual (Out of Service) Fire Monitor System •Dri-Stemo Humidifier •Alpina Stereo •Shim Device •Helium Fill Line •Ladder •Permantan Ramp Probe Installed. The tires and landing gear are in good condition. Additional Comments: A refrigeration alarm goes off from a possible cold head or compressor issue. Ran SNRs because the transmitter voltage is high (calibration or RF problem). The Gradients turned themselves off twice during the Inspection. Interior is good. The Exterior is fair. There are a complete set of CDROMs (VB33A, VB33B, VB33G, and backup), UPS is not operational. Auction 5590 – sold for broker in New York, $65,000.

OPHTHALMOLOGY
MORIA Microlaserate LSK EVOLUTION 2 Microlaserate atomer unit, turbine, complete rings sets, two LS-1 heads, application lenses, new battery, regulator included. The Moria unit is a microlaseratomer console which contains compressors, microprocessors, and pressure sensors. It operates a gas turbine for the LSK-1 head (2 heads included). The LSK head engages the suction rings to cut a flap. The auction includes two standard heads, +1.00 and -1.00 rings, the turbine, moria speculum, laski spatula, and some zone markers to mark the flap. This auction also includes a carrying case and a battery purchased less than 6 months ago. This unit was used by one surgeon one weekend per month. Approximately 3000 flaps have been cut with this reliable unit–never has cut a buttonhole. Auction 5547 – sold for medical office in Mississipi, $9,000.

CAMERAS
AGFA Dry Camera Lot of 3: Drystar 3000 LOT of 3 Agfa Drystar 3000 dry cameras. These units are being sold by a hospital. Auction 5528, sold for hospital in Florida, $4,000.

KODAK Dry Camera 8100 Kodak 8100 Dryview w/ Pacs Link 25 in working condition. -Dicom ver. s.2. Auction 5573 – sold for hospital in Texas, $1,800.

KODAK Dry Camera 8700 DryView Lot of 2 lot of 2 Kodak 8700 Dryviews with 1 PACS Link 9410. When the hospital took the dry cameras out of service a month ago they were both in working condition. - 2 Kodak 8700 Dryviews - 1 Kodak PACS Link 9410 This unit is part of a hospital surplus equipment liquidation. Auction 5578 – sold for hospital in Florida, $3,001.

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