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**DOTmed Business News**

DECEMBER 2007
Won’t Get Fooled Again?

Google the word “healthcare” and 106,000,000 choices are available. Take the same step, instead inserting the phrase, “fixing healthcare” and 1,480,000 potential solutions appear.

That’s nearly 1.5 million opportunities to hoodwink you, me, your elderly parents or relatives, sons and daughters about how to fix America’s most pressing problem. Face it, politicians have jerked us around about healthcare reform for years now, aided and abetted by our own tendency to turn a blind eye unless, and until, we too get caught up in a medical maelstrom.

But make no mistake, as important as energy, the Mideast, education and defining the USA’s role as the remaining superpower cop, America’s greatest challenge, in effect what it does owe its citizens, is optimum healthcare for everyone.

No questions, no excuses, no bureaucracy, no red tape. Easy to say, however, but how do we do it?

Each of us, in our own way, must become more proactive, telling the political establishment that we’re not going to allow ourselves to get fooled again. It’s the “meet the new boss, same as the old boss syndrome.”

So here’s our proactive contribution. DOTmed.com, Inc. is launching a survey about healthcare. Our CFO Barbara Fahringer has been the driving force behind this effort, in part because she’s been on the front lines of handling the company’s healthcare business. And, more important, because she’s at her wits end worrying about it, as we all should be.

So we want your opinion on where healthcare’s problems lie and what can be done to fix the situation, if anything. And we urge you to take both a long and short view, comment on what’s wrong with the big picture and hopefully propose sweeping, generic solutions, as well as appropriately specific ideas based on your intimate knowledge of healthcare.

Readers of DOTmed Business News have a unique perspective. Healthcare is your business, after all. But more than that, it’s integral to all of our lives and perhaps no one group is better situated to offer reasonable, insightful and intelligent commentary about how to make our healthcare system thrive than subscribers to this publication.

So please email us at: healthcareopinions@dotmed.com. Don’t hold back. We’ll be collecting your comments, sorting through them to determine priorities and incorporating the results as the centerpiece of an upcoming, comprehensive report about the state of healthcare in America and what, if anything, can be done to fix it.

And from all of us at DOTmed Business News, the best of holiday wishes.

Colby Coates
Editor-in-Chief
DOTmed Business News
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Use of Drug Coated Stents Expected to Rebound, Albeit Slowly

A year after use of drug coated stents came under serious fire within the medical community, many physicians now say the medical community overreacted and should rethink their position.

Medical studies suggesting that drug-coated stents might be causing deadly blood clots elicited widespread alarm, as well as causing a precipitous sales decline for the companies that manufacture them. But after reviewing additional data compiled in the ensuing year, many doctors say drug-coated stents may not be so risky after all, at least compared with various alternatives.

Because the safety fears were so well publicized, the companies that make stents (Boston Scientific, Medtronic among them) do not necessarily anticipate a quick rebound. It’s estimated that stent sales have suffered a $1 billion drop to approximately $5 billion in 2007. In the US, overall use of stents, either drug-coated ones or older bare-metal versions, have declined about 10 percent in the last year.

While fears about the safety of drug-coated stents was a major factor in the drop in sales, other studies showing encouraging results for patients just using drugs to treat heart conditions also contributed to the move away from stents.

Carestream Adds to its “Centers of Excellence.”

Carestream Health, Inc., which has an ongoing “Center of Excellence” program in which it designates hospitals around the world for being on the leading edge of healthcare technology and patient care, has added five new institutions to its crème de la crème roster.

Newcomers: American-British-Cowdry Hospital, Mexico City, Mexico; Hospital Israelita Albert Einstein, Sao Paulo, Brazil; Erasme Hospital, Brussels, Belgium; Grupo Portugues de Saude, Lisbon, Portugal; Stavanger University Hospital, Stavanger, Norway and Kitasato Medical Center Hospital, Saitama, Japan. All facilities use a range of Carestream’s digital imaging and healthcare IT products.

Another 15 world-class hospitals, including four in the US, five in Europe, and facilities in Canada, Australia, Japan and Kuwait comprise the all-star roster.

Healthcare Jobs Surging

Whether entry level healthcare practitioners or administrators who run thousand bed hospitals, employment opportunities in healthcare and its allied fields is booming.

Various head-hunter websites, such as Yahoo Hot Jobs, have been touting employment prospects in healthcare, which in 2005, accounted for 15% of the gross national product.

Healthcare Administrators are a particularly hot commodity now, provided they possess regulatory, business and management skills. Says the Yahoo website, “Few medical advances happen without managing intense scrutiny, organizational politics, fraud and liability suits. That’s where healthcare administrators come in.”

Remote Cardiology Monitoring Initiative Launched in The Netherlands

Suggesting that remote monitoring can provide better quality of life for the patient as well as help prevent too many emergency hospital visits, St. Lucas Andreas Hospital, Amsterdam, The Netherlands, has launched remote monitoring of chronic heart failure patients using the Philips Motiva system.

Those afflicted with the disease require specific, daily records of weight and blood pressure, among other vital signs. Once these indicators rise above a certain level immediate action is often required. With the remote monitoring, doctors can initiate corrective treatment in an immediate fashion without having to readmit the patient to the hospital.

Philips is among the world’s leading suppliers of cardiology equipment. The partnership between the medical equip-
Study Comparing Regular Surgery to CyberKnife Radiosurgery Underway

Accuracy Inc., a Sunnyvale, CA company specializing in the field of radiosurgery, and the University of Texas M.D. Anderson Cancer Center, Houston, TX, have teamed up to launch a worldwide study comparing the pros and cons of regular surgery versus CyberKnife surgery for lung cancer patients.

As the medical community moves toward more minimally invasive alternatives to treatment, data that compare outcomes of surgery to less invasive options becomes extremely important. Thus far, results of the two different surgical techniques appear comparable.

Sites from around the world will participate in the proposed 1,200 patient study with coordination and oversight by M.D. Anderson. Doctors hope to determine the most accurate method of treatment that will maximize radiation to the tumor while minimizing damage to surrounding tissue. To date, more than 100 of Accuracy’s CyberKnife Systems have been installed at hospitals around the world.

New York Methodist Moves Allied Health Ed Programs to New Center

With three schools already in operation—Bartone School of Radiography, the School of Radiation Therapy Technology and the EMS Institute/Paramedic Program—and a fourth set to be launched soon, the School of Medical Technology, New York Methodist Hospital has moved to combine all programs under one roof.

Called NYM’s Center for Allied Health Education, the center is in its own building in Brooklyn. The resultant increased capacity and improved facilities have been a boost to enrollment in the schools, which NYM says, “has grown significantly and is expected to increase.”

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Comedy Central Grant Funds Study About Humor’s Role in Medicine

A study conducted by UCLA’s Jonsson Comprehensive Cancer Center and Rx Laughter and funded by a grant from the cable television channel Comedy Central suggests that comedy and humor can be beneficial to individuals coping with pain.

Participants in the study watched funny classic and contemporary films and television series before, during and after a standardized pain test. The group demonstrated significantly greater pain tolerance while viewing the comedy shows.

“We found that viewing funny videos increased the tolerance of pain for children, but did not change their ratings of the severity of pain,” said Dr. Margaret Stuber, a researcher in the Jonsson Cancer Center and first author of the study.

Ample Vaccine Supplies Expected During 2007-08 Flu Season

Flu vaccine providers have received 103 million doses of seasonal flu vaccine from distributors, the Centers for Disease Control and Prevention says. While some providers may have only a portion of their order in hand, most have sufficient supply to meet current demand, the agency said.

Distribution normally continues through early January and the CDC says 29 million more doses of the vaccine could be produced before the flu season ends in Spring, 2008. Overall, it’s expected some 132 million doses will be produced. CDC recommends flu vaccinations for anyone who wants to decrease their risk of flu, but especially infants and young children, pregnant women, those with chronic medical conditions, seniors and health care workers. The flu season typically begins in October.

Bipartisan Group of U.S. Senators Oppose Further Imaging Cuts

A bipartisan group of thirty U.S. Senators sent a letter in early November to Finance Committee Chairman Max Baucus (D-MT) and Ranking Member Charles Grassley (R-IA) confirming their opposition to further cuts to medical imaging. As 2007 ebbs, the Committee is crafting its version of another round of Medicare legislation.

The letter, originally drafted by Senator Herb Kohl (D-WI), addresses cuts that were included in the House passed CHAMP Act and states, “These reductions are being proposed on top of the $13 billion of recently implemented cuts in the Deficit Reduction Act of 2005 ... we hope that you will oppose additional cuts to these critical medical services proposed by the House.”
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Congressional Budget Office Sees U.S. Healthcare Spending Surging

Absent any change in federal law, U.S. spending on health care would climb from 16% of gross domestic product to one-quarter by 2025 and 49% by 2082, the Congressional Budget Office recently predicted.

The Medicare and Medicaid portion of health care spending would grow faster than the overall rate, from 4% of GDP in 2007 to 7% in 2025 and 19% in 2082, CBO said. CBO cautions that “significant uncertainty” surrounds such long-term projections and that growth “could turn out to be substantially higher or lower.”

The agency said federal policy options to slow Medicare and Medicaid spending growth include reducing payment rates, financial incentives to encourage cost-effective care, and greater bundling of payments to cover all of the services associated with a treatment, disease or patient.

Four Miami Health Care Company Owners Sentenced

Four members of the same family, who owned and operated a series of Miami Durable Medicare Equipment companies and Comprehensive Outpatient Rehabilitation Facilities, have each been sentenced to 57 months in prison for Medicare fraud.

Carlos Berenguer, 61, Ivan Aguera, 34, Aristides Berenguer, 64, and Robert Berenguer, 58, were also ordered to pay over $1.4 million in restitution for the money they received in false claims. All four defendants pleaded guilty to all charged counts in March 2007.

Comfortex’s Landing Strip Expected to Lessen Injuries from Falls

New safety regulations that have hospitals looking for solutions to prevent falls and reduce fall-related injuries, a $20 billion-a-year problem nationally, has led Comfortex to release a new product, the Landing Strip, an ultra-thin bedside floor mat that absorbs and dissipates the impact of a fall.

It is an innovative tool that helps hospitals of all sizes comply with these new requirements, which charge hospitals with implementing fall reduction programs. The regulations have been written and will be monitored by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Landing Strip, says Comfortex, provides an immediate patient safety enhancement at a low cost.

The Landing Strip is a convenient, cost effective solution for hospitals and long-term care facilities because of its ability to minimize impact forces to protect patients from bedside injury should a fall occur. The one-inch thick mat provides more safety than thicker, cumbersome pads and contains a unique blend of materials proven, through both laboratory tests and enthusiastic facility usage, to substantially reduce the impact of falls. Studies suggest 20-30 percent of those who fall suffer injuries that reduce mobility and independence while increasing the risk of premature death.

Select Medical Equipment, Inc.
and other fraudulent firms are based in Miami, FL.
Toshiba Introduces Fourth Generation, Contrast-Free Time and Space Angiography

Already among the leading developers of contrast-free magnetic resonance angiography (MRA) techniques, Toshiba America Medical Systems, Inc., has introduced a fourth generation contrast-free imaging technique, Time and Space Angiography (TSA).

Adding to the robust offering of contrast-free techniques from Toshiba, TSA creates images that show dynamic blood flow without using contrast agents.

TSA will have a variety of clinical benefits to improve both diagnostic confidence and patient care and safety. TSA builds upon the pioneering Time-Spatial Labeling Inversion Pulse (Time-SLIP) technique and is especially desirable for patients with compromised circulations and renal flow problems. It features an extremely high temporal resolution and a continually changing inversion pulse time, creating dynamic images showing blood flow in motion.

In patients with symptoms of stroke, TSA is able to show blood flow into the brain and clearly display the area being impeded, which aids physicians in faster, more accurate diagnosis. For neurologists, the use of TSA will enable the diagnosis of cerebral spinal fluid diseases non-invasively.

“We have been at the forefront of contrast-free imaging, offering our customers safe, contrast-free techniques that capture images equal to, and in many cases superior to, images captured using contrast,” said Bob Giegerich, director, MR Business Unit, Toshiba. “We are fully committed to patient safety and continue to create new contrast-free MRA techniques that are advancing the industry.”

[DM 5065]

Medicare Cuts Will Disproportionately Hurt Physicians in Small Practices

Calling on his experience as a physician in a small medical practice in rural Virginia, Jeffrey P. Harris, MD, FACP, president-elect of the American College of Physicians (ACP) told the House Small Business Committee Subcommittee on Regulations, Healthcare and Trade that “as a community small business, we discovered first-hand the financial struggles that Medicare payments to physicians placed on our practice.” He added, “These practices are medicine’s small businesses, where much of their revenue is tied directly to Medicare’s flawed reimbursement rates and formulas.”
Approximately 20 percent of ACP members who are involved in direct patient care are in solo physician practices. And, about 50 percent are in practices of five or fewer physicians.

On Jan. 1, 2008, physicians face a 10.1 percent cut in Medicare reimbursements. These cuts are due to the questionable Sustainable Growth Rate (SGR) formula that is used to calculate Medicare payments to physicians. The SGR formula was created in 1997 and ties physician payments to growth in the overall economy.

RS&A, Inc., Radiology Oncology Systems, Inc. and Acceletronics, Inc. in Strategic Alliance

RS&A, Inc. (Radiotherapy Simulators and Accelerators), a southeastern U.S. provider of oncology equipment sales and service, has joined in a strategic alliance with Radiology Oncology Systems, Inc. (ROS), an oncology and diagnostic imaging equipment sales and consulting firm, and Acceletronics, Inc., a U.S. provider of oncology equipment service and distributor of new and pre-owned radiotherapy equipment, to market and support Acceletronics. ROS, RS&A, and Acceletronics’ strategic relationship includes the co-marketing of an extensive line of pre-owned and refurbished IMRT and IGRT-equipped linear accelerators, CT and MRI Scanners, and other diagnostic imaging equipment.

“We are very pleased to announce that our successful strategic alliance with ROS now includes RS&A,” said Mike Summers, President of Acceletronics, Inc. “With our combined capabilities and working in concert with the goal to exceed our customer’s expectations, we now bring cost effective IMRT and IGRT equipment, parts, and local service solutions to the oncology community in the southeastern United States.”

“Our alliance with Acceletronics has enabled us to offer enhanced products and services to our customers worldwide,” said John Vano, President of Radiology Oncology Systems, Inc. (ROS). “With the TheraView system, we can now offer turn key IGRT solutions to our customers, and with Acceletronics and RS&A, we can offer excellent refurbishment, installation, and support services across the USA on most all manufacturers’ equipment.”

“We are excited to be working together with ROS and Acceletronics, and to be a part of the leading independent service and equipment team in the industry,” said Kenneth Wolff, President of RS&A, Inc. “Our combined expertise and our complementary strengths will help us deliver a new level of service to the South East and give our customers the opportunity to purchase innovative new and quality refurbished equipment, with factory trained local support.”
Rising Concern About Bacteria, Methicillin-Resistant Staphylococcus Aureus (MRSA) in Schools Around the Country

Schools across the country are cleaning up in hopes of reassuring parents that officials are doing everything in their power to combat a bacteria, methicillin-resistant Staphylococcus aureus (MRSA). Students are being educated about the importance of good hygiene and are being told not to share items including towels, sports equipment, or eating utensils. The infection can be spread in items used by an infected person or through skin-to-skin contact with an open wound.

MRSA does not respond to penicillin or related antibiotics, though it can be treated with other drugs. Last week, many schools were closed and events canceled in several states as cleaning crews disinfected buses, lockers and classrooms.

A growing number of cases in schools, gyms and day care centers were reported, and school officials in Mississippi, New Hampshire and Virginia reported student deaths from the bacteria. Officials in at least four other states reported cases of students being infected. In one case the skin infection was mistaken for an allergy.

● [DM 4986]

Dutch MRI Study Finds Brain Abnormalities May Not Be Uncommon

Based on magnetic resonance imaging scans (MRI) of 2,000 healthy adults, average age 63, Dr. Aad van dr Lught, an associate professor in radiology at Erasmus MC University Medical Center, Rotterdam, found that 1 in 60 older people may be walking around with benign brain tumors and don’t know it. Even more may have bulging blood vessels in the head that could burst at any time.

The study was published in the New England Journal of Medicine October 25, 2007. It examined the causes and consequences of age-related brain changes. Because scans are being used at increasing rates, the chances that abnormalities could be detected are much more likely.

It is estimated that approximately 20 million brain scans are performed yearly throughout the world. In this study, participants who needed additional evaluation or treatment were referred to specialists.

● [DM 5011]
GOIN’ MOBILE:
Moving Medical Equipment by Land, Sea, and Air

Maze of Details Often Best Sorted by Retained Logistics Company

By Colby Coates
In retailing, everyone knows its location, location, and location. But in shipping, whether by land, sea or air, it’s communication, communication, and communication.

Or as Russell Waterhouse of the American Companies, a full service freight forwarder based in Texas puts it, “details, details, and details.”

However one chooses to characterize the art of shipping sensitive and expensive medical equipment, especially such big ticket items as MRIs, CT Scanners or Mobile MRIs, it is complex, labor intensive and fraught with potential pitfalls. Often what starts as a smallish, almost innocuous hiccup ends in a witch’s brew of trouble. So it’s obviously best to be as proactive and detail obsessive as possible when transportation’s the issue on the table.

“Communication is absolutely essential so that all the parties know exactly what’s expected,” says Todd Partridge, a principal with the Iowa based logistics firm, the CTS Companies. How valuable is the shipment, any special packing and handling requirements, what is the physical situation at origin and destination, need a forklift, which company’s handling the rigging, any impediments to loading and unloading? That’s just a scant few of the countless number of questions that must be addressed at the outset. More important, all the answers should be spelled out and double-checked long before the de-installation, packing and crating process begins.

“Establishing clear cut guidelines, getting them all in writing and then following the instructions” makes the process of shipping much more customer friendly, Partridge says. Still as everyone who talked to DOTmed Business News readily admits, given the nature of transportation and the variety of “force majeure” factors that are inherent to it, there will always be an element of uncertainty.

“A trucker’s job is simple, transportation from point A to point B with no damage,” says JFK Trucking, Hudson, OH, principal Joseph Kilfoyle. “But you can’t control road conditions or if a tire blows.”

So until the truck pulls in to offload the shipment, no one breathes easy.

And, in fact, not even then.

As Bob Ryan of Berger Transportation Solutions, Minneapolis, MN, reminds, “what happens when the truck pulls in but there’s no Masonite to lay down on the floors to roll the equipment over?” Or, perhaps, it’s time to calibrate an instrument before final lockdown and there’s no cadre of technicians around to do it. What then? The answer usually is charges keep mounting.

**Moving Medical Equipment a Complex Equation**

Moving any substantial or valuable amount of goods either domestically or internationally is a complex equation involving a buyer, a seller and an infrastructure of companies that actually execute the transit, unless, of course, buyer and seller decide to handle it themselves.

Certainly there are fairly straightforward occasions involving a single package, under one hundred pounds, that can easily be handled by one of the integrated shippers like FedEx, UPS or DHL. For somewhat larger crates—up to the dimensions of 4’ x 4’ x 5’—an experienced motor carrier could probably truck it from New York to Los Angeles for something in the neighborhood of $500-750.

But for multiple piece shipments weighing tons, heavy-weight and delicate MRIs or CTs, moving such expensive objects can be so intricate that “you could write an entire book about it,” says Erik Cruz of the New Jersey based logistics company, Logical Solution Services, Inc. And those very complexities are the main reason why logistics firms, full service companies that oversee all aspects of transportation, are thriving.

Growth has been spurred by the increasing globalization of the medical equipment business, and since transportation in the 21st century is beset with security, regulation, customs and tax challenges, the turnkey services provided by specialist logistics companies is an attractive alternative to coordinating the job in-house. Retaining logistics providers often makes as much sense on the domestic side too.

Though it’s particularly difficult to arrive at accurate industry averages due to the nature of the business and all the interlocking parts, moving medical equipment can cost as little as $100 at Fedex or as much as $70,000 plus for a complex in-
ternational, sea/air/truck operation.

Of course, the OEM’s that prevail in medical equipment research, development and manufacture usually outsource the task of moving new equipment from the plant to the hospital, oftentimes to such logistics firms.

For example, Philips has an exclusive distribution arrangement with Berger Transportation, which has its own in-house special products division, concentrating solely on moving medical equipment. GE’s been another big customer as well, just as GE’s struck up exclusive deals with other regional powerhouses like Berwick, PA based Pilot Freight Services. Such partnerships are the norm at the industry’s top rungs.

Meanwhile, an overseas manufacturer like Ziehm, Inc. has retained Clinical Engineering Consultants, which bills itself as a sales, service and logistics operation, to distribute its C-arms throughout the Midwest, at the same time selling and servicing them. That’s a unique arrangement to be sure, but distributing medical equipment is a business dominated by multi-company arrangements, outsourcing, creativity, long-standing partnerships, and durability.

“Companies have come in and out of the business but it’s pretty much the same players,” says California based Sage Point Transit president Lee Bernier, “We’ve tripped and stumbled but we’ve all learned.”

And that includes the customer too, who as they’ve become more sophisticated and cost conscious, has opted to work with logistics companies, experts, who design, create and execute the entire transportation scenario.

“Trucking companies truck, ocean companies move via ocean and airfreight companies fly shipments,” says Ward Peterson, regional director, Transgroup, an Ohio based logistics company with a division, TransMedequip devoted solely to moving medical equipment nationally and globally.

“However, by using a logistics provider like Transgroup, which delivers complete solutions, our customers can do what they do best, grow their business,” he says. Logistics solutions companies like TransGroup and all the others mentioned in this article are also able to negotiate and obtain rates that simply are not available to the occasional shipper, no small consideration.

Step by Step

Though procedures vary depending on exactly what is being shipped and where, (and anything with hazardous material as a component precipitates additional levels of due diligence into the process), there generally is a series of “starter” steps that transpire before the equipment ever goes to or from a hospital, clinic, private office or other specialized medical center.

DOTmed Certified companies plus many others who specialize in moving equipment initiate the process with a series of phone calls to establish all the particulars. Sometimes site surveys take place. It’s not just a question of what’s being shipped but how many accessories are part of the shipment and what are the special packaging and crating requirements, who is handling de-installation, where does it fit in a hospital’s schedule so as to prove least disruptive, when is the shipment due at destination, which company is handling reinstallation, any particular phys-

continued on page 32
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Safety Issues, Recalls Jeopardize Sales

By Joan Trombetti

The American Heart Association says sudden cardiac arrest claims 900-plus lives a day. And for those that survive the initial attack, the survival rate is low, about five percent is the national average.

But while medical communities across the country are continuously working to improve response rates and obtain equipment to treat victims of cardiac disease or sudden cardiac arrest, they are having second thoughts about their first line of defense: internal and external cardiac defibrillators.

Although manufacturers have increased production of cost effective defibrillators, and also continue to develop high-end products to maintain revenue and profits, technical problems besetting existing equipment has thrown the market into a bit of turmoil. On a worldwide scale, incidentally, the defibrillator market is estimated at about $6 billion in annual turnover. But the outlook for defibrillators, which jump-start the heart via electrical charges once it’s stopped, is a bit murky right now.

Frequent recalls have rocked this market, with sales of heart-shocking cardiac devices, once hot sellers, now floundering somewhat. Medtronic, Inc. took the latest hit, voluntarily recalling its Sprint Fidelis implanted defibrillator (ICD) leads in early October. This recall focused on 235,000 leads that may fracture causing a patient to receive unnecessary electrical jolts or no jolt at all when needed. In 2005, Medtronic recalled around 87,000 implantable cardioverter defibrillators after faulty batteries were discovered. This year too, Guidant Corporation, now part of Boston Scientific Corp., also recalled 50,000 defibrillator devices after it was found that some could short circuit causing major safety concerns.

Last month, Boston Scientific announced worldwide job cuts of more than 2,000 employees after posting net losses for the quarter ending September 30, of $272 million.

So little wonder that the medical community and their patients are a little antsy, wondering whether getting an implantable defibrillator is worth the risk. It also has industry experts, who were once predicting strong sales increase in the defibrillator market for 2008, shying away from that prediction. In fact, Medtronic has reported a decline in the US implantable defibrillation market starting in 2007’s first quarter and has continued the downward slide through the year. Medtronic has maintained market share of approximately half of the entire defibrillator market, with Boston Scientific (Guidant) and Canada-based St. Jude Medical, Inc. picking up the rest.

So acute is concern over product safety that later this month, the Medical Device Safety Institute (MDSI) is sponsoring a conference at Beth Israel Deaconess Medical Center (BIDMC), Boston, that will discuss and hope to find solutions to the number of critically important issues that have impacted the market. In particular, the conference will focus on ICD lead safety and performance issues to identify where changes to the current system are needed.

There is Some Good News Too

On a positive note, St. Jude Medical, Inc. reported that 2007 second-quarter sales of implantable cardioverter defibrillators increased 18 percent, to $327 million, compared to the same period a year ago. Richard A. Packer, President and CEO at ZOLL said the company’s third quarter 2007 performance was strong, “particularly in the North American pre-hospital market.” He says that ZOLL continues to grow across the globe, with particular strength in professional defibrillators sold in emerging markets and AED growth in Europe.

Meanwhile, Defibtech, LLC, in Guilford, CT, which designs and manufactures AEDs and has attained a very strong revenue growth rate over five years from 2002 to 2006, has earned the highest ranking among medical equipment companies and Number 7 rank overall in Deloitte’s Technology Fast 500. The company recently announced that, over the past five years, more than 50,000 Defibtech’s Lifeline(TM) and Re- viveR(TM) defibrillators have been deployed in public access areas, workplaces, police and fire vehicles, schools and churches, health clubs and other locations through distribu-
 tion partners worldwide.

The Hartford Courant printed an article in its October 21, 2007 edition entitled *Building Home Grown Tech Firms*, in which Defibtech president Gintaras Vaisnys, said, “Right now, Defibtech is concentrating on organic growth. For example, next year we’ll be releasing a new set of products.

We’re looking to release a product that’s the iPhone of the defibrillator market, and I think from that we can see tremendous growth in the next couple years just from that type of product.”

**Future Bright for Refurbished Defibrillators**

Because cost-effective defibrillators are in demand, the refurbished defibrillator market is robust. DOTmed.com has hundreds of refurbished units offered for sale or on auction by an array of reputable users.

Shannon Moore, CEO of STAT Biomedical Sales and Rentals, Inc., Shannon says his Lubbock, TX company can save a client over half of what it would normally cost to purchase a new biphasic defibrillator. “Our refurbishing division has seen steady growth,” Moore says. “When we refurbish a defibrillator, it goes through a 20 point process. It is tested, calibrated and inspected to the original manufacturer’s specifications.” STAT Biomedical is also equipped to deal with recalls. Their computerized system alerts them of a recall, which is forwarded to their customers. Moore says that if they can make the repairs on the recall they will. If not, they will recommend that the client return it to the authorized dealer for replacement.

Scott Patneaude, President, ACE Medical Equipment, Inc., Clearwater, FL says his company is not concerned with recall issues because the defibrillators they refurbish are older models that have been around five years or more. “By buying a refurbished defibrillator, a company can save up to 40 to 60 percent,” he says. “Our defibrillators all come with a one year warranty, and we never sell what we can’t service.”

David Ogren, President, OMED Of Nevada, Reno, sells many defibrillators on DOTmed. He believes that refurbished defibrillator sales will continue to grow because they are readily available as used equipment from hospitals. “The monophasic, older models will go to international emerging health care programs and bi-phasic models will sell in the US and more progressive international markets,” says Ogren. “When technology changes, the leading edge buyers step up.”

**Automated External Defibrillators (AED) Helping to Revive ‘Defib’ Market**

Recent technology has made it possible to save lives by using a portable Automated External Defibrillator (AED). These simplified electronic machines are used with a minimal amount of training to treat a person who is suffering from cardiac arrest. An AED guides a user by audible or visual instructions, and its timely initiation is key to what is called “the chain of survival,” which also includes cardiopulmonary resuscitation (CPR). According to the American Heart Association, 20,000 lives or more can be saved each year by immediate use of an AED and with wide distribution, among trained responders, as many as 50,000 deaths can be avoided.
AEDs are found in many public places, transportation centers, gyms, schools, at athletic events, in offices, apartment buildings and homes. On the state level, many legislatures have passed laws that encourage a greater distribution and availability of AEDs. In fact, all 50 states have enacted defibrillator laws or adopted regulations.

Randy Lowers, President, L&R Services, Miramar, FL sells the Zoll AED and has heard from several of his dental accounts that dental offices will need to carry at least an emergency AED unit for any surgeries they perform.

Mark Taylor, VP/sales, Dixie Medical, Jackson, TN says, “As new laws and protocols are passed in different states, more and more defibrillators are needed for an increasing number of sites.” Taylor said that recently, the State of California passed a law requiring all health and fitness centers to have AEDs on site, and Tennessee has mandated that all dentists have AEDs and Pulse oximeters if they are sedating patients.

The commercial market for AEDs continues to grow and machines that once sold for $3,000 or more can now be purchased for $1,000 or less. It is estimated that lower prices will allow for easier access to a cost-conscious public and will probably account for 60 percent of AED unit shipments in 2011. Because of the low cost of purchasing an AED, many in the defibrillator refurbishing business shy away from rebuilding them, but several still repair them. L&R Services sells the Zoll AED and Lowers said that he would do annual inspections on AEDs for state and OSHA laws and standards. He agrees that it’s not financially viable to refurbish these units because of their low cost. He sells the Zoll AED, he says, “because I can’t compete with the larger market on selling the bigger critical care units, since everyone is upgrading to follow new standards. As far as servicing goes, right now all units in my critical accounts are new and under warranty with the manufacturer.”

While the prices of AEDs are falling, manufactures must consider producing defibrillators with advanced functionalities that are more expensive in order to increase their overall profit margins. High-end external defibrillators that provide advanced monitoring and defibrillation capabilities are primarily used by emergency care personnel, physicians and trained nurse practitioners. They include many multi-parameter monitoring capabilities that allow caregivers to perform extensive life saving treatment that is recorded and channeled directly to the hospital, where a physician can give further instructions for treatment. All information can be immediately transferred to the treatment facility once the patient arrives.

Larger companies manufacturing defibrillators with advanced functionalities are competing for many major contracts, while smaller companies and refurbishers are “green” selling units to emerging markets, including community hospitals, dental and physician offices, nursing homes, gyms and industrial occupational health facilities.

All and all, it seems that despite the challenges that are affecting the current defibrillator market, there are other factors that cast some positive guidance on the future of defibrillator sales.

Mark Ragus, sales manager, Foremost Equipment, Inc., Rochester, NY thinks that Bi-Phasic units are now the norm. “The AHA 2005 guidelines have
affected the AED market, by making the mono-phasic waveform essentially obsolete, says Ragus. “There is research into Tri-Phasic defibrillation,” so the market will keep changing as more research uncovers the pluses and minuses of current therapies, and companies will provide products that utilize that research.”

The fact that the public is becoming more aware of cardiac arrest and the need for early intervention through defibrillation, even in the home, is strong — as is state and federal legislation and laws that are favoring placing defibrillators in more public and private settings. Perhaps the most important factor of all is the need — defibrillators are, after all, lifesavers.

● [DM 5082]

### DOTmed Registered Defibrillators Sales and Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 5082]

**Names in boldface are Premium Listings.**

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*We Tube You.™*
Some Concern About Too Much Regulation, Imports from China

In the past five years, traditional, electronically controlled hospital beds underwent a metamorphosis. No longer simply a place of rest, today hospital beds play an integral part in patient care, its mattress, frame and sidebars loaded with software tracking a patient’s status, weight, movement and safety, even delivering certain therapeutic care. Driven by patient safety issues, an ongoing nursing shortage, and a need for more efficient reimbursement, hospital beds are now medically and economically alert.

“Our beds are not just a frame and a motor,” says Andy Rieth, VP/investor relations, global branding & communications, Hillenbrand Industries. “We now have surfaces and software that can communicate and monitor a patient, can deliver various therapies such as pulmonary, cancer, and others, while delivering data to a hospital’s mainframe computer where it can be turned into actionable treatment from care managers and clinical consultants.”

Hill-Rom, his company’s hospital bed division, is widely recognized as the industry leader, and has been in the hospital bed business for over 75 years. Stryker Medical Equipment, the industry’s second largest hospital bed competitor, while larger in scale as an overall medical equipment company, has a smaller bed division which, for the past 15 years, has been challenging Hill-Rom’s dominance.

According to MD Buyline Intelligence Reports monitoring the medical field, Indiana-based Hill-Rom currently has 65 percent of market share with Michigan-based Stryker Medical 35 percent (although Stryker executives say that number’s higher.)

These two major vendors provide hospitals and medical centers with the most-requested bed needs: General Patient and Birthing Beds.

General Patient beds consist of critical care and medical/surgical beds. Critical Care Beds include varying models and surfaces found in Intensive Care Units and Critical Care Units. Med/Surg Beds are the standard beds found on patient floors outside the ICU. Birthing Beds are part of a hospital’s maternity suite where mothers labor, deliver and recover in the same bed.

Depending on the care and requirements needed, hospital bed costs range from $4,000 to $40,000.

“The biggest trend has been the focus on patient safety,” Rieth explains, “avoiding pressure ulcers, bed sores or injuries from patients falling out of their hospital beds. All of these issues are very expensive to deal with.”

Hill-Rom created its own software, Navicare Patient Safety Solutions, to interconnect its beds’ computers with the hospital mainframe computers. On a Hill-Rom bed, when a
railing comes down or a patient or bed shifts or moves, such change is noted, so that hospitals can track who was on duty and who responded.

Stryker Beds, one of 13 different divisions within the medical equipment company founded in 1941, prides itself on similar abilities, while including scales built into its bed frames, to weigh and measure any patient moves.

“Stryker was the first to come out with a touch screen monitor for each bed,” notes Craig Brookes, product associate, Stryker. “This allows the bed to be monitored for height, brakes, while notifying the nursing staff of any changes (in patient or bed movement).”

Stryker literature describes the company as “The undisputed leader in patient handling and equipment. We are also innovators in creating products that are easier on caregivers by enhancing our designs with smart ergonomic and advanced mobility features.”

Brad Schelling of Piedmont Medical, certainly agrees.

“One boon for hospital bed buying and refurbishing has been a recent surge in construction of new medical centers and hospitals.

“I estimate that 15% of our total revenue was generated by new construction this year,” notes Ray Carter, manager, I.T./internet sales, Hospital Equipment 4U based in Salisbury, NC. “But that number may be more if you consider expansion of existing facilities. That’s up approximately 50 percent over last year, taking into account inter-

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Brad Schelling of Piedmont Medical, certainly agrees.

“Before Stryker became a viable player in the hospital bed market, 12-13 years ago, Hill-Rom dominated. Now, (the two) share the vast majority of the hospital bed market,” Schelling says, adding, “At Piedmont Medical, we offer practical alternatives to expensive, new bed purchases. We provide the same product, warranty and more—for a sharply reduced price.”
national customers as well.”

Damon Dembkowski, VP/sales, Beta Medical, reports that while most of his customers are small surgical centers, clinics and doctors’ offices, “we have supplied stretchers to at least 10 new facilities this year which is more than any other year.” Miami-based Beta deals in remanufactured, refurbished and used Hill-Rom and Stryker beds.

“We’ve seen a surge in specialty hospitals,” adds Hill-Rom exec Rieth, “orthopedic, vascular, cancer centers and specialty hospitals need a lot of what we sell.”

Two major challenges: Competition from China and Small Plastic Parts.

Notes Piedmont sales executive Schelling: “We’ve recently seen a surge of patient room furniture from China,” he says. “Inexpensive Chinese manufactured bedside stands and overbed tables, in particular, have begun to flood the domestic market. This has posed a challenge to our sales staff in pitching our more expensive, higher quality ware. However, our customers realize you get what you pay for.”

Randy Lowers, owner of L&R Services, a Miramar, FL-based independent supplier to doctors’ offices, acknowledges that “imported equipment is out there, but does not match American made. Several of my customers have found this out.”

In terms of repair, however, plastic components are a challenge, according to Dembkowski.

“You cannot re-use them, you have to buy new plastic parts,” he says, adding, “we recently spent $1000 for little pieces of rubber and plastic for one bed.”

Lowers, in fact, would like to see more domestic vendors. “There are not enough,” Lowers says. “Service companies are few and far between that actually have reputable techs and sales companies of major equipment are in short supply and that gives accounts less options when buying.”

continued on page 33
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It is easy to predict that the overall aging of the population and graying of the baby boomers will bring prosperity to companies that specialize in mobility aids. By 2030, a projected 57.8 million baby boomers will be aged 66 to 84, according to the U.S. Census.

However, other mega trends serve to temper this promising sector somewhat including regulatory pressures to cut healthcare costs, which tighten Medicare reimbursement requirements. The highly competitive industry has also experienced consolidation of firms into fewer but more dominant OEMs.

Another factor at play is Asian manufacturing, which drives prices down and can be viewed as both a cause and effect of prevailing market forces. So while profits may not be boosted in proportion to market growth, the age and mobility demands of the U.S. population make wheelchairs, scooters, walkers and mobility aids a growth industry.

“Fifty years ago, nobody dreamed of the type of lifestyle products that are available today,” said Reuven Kohn, President, All Time Medical, Monsey, NY. “Baby boomers are a group of smart shoppers that are growing older and will live longer and expect to have mobility aids that really make their life easier and not confining.”

Kohn’s company is an independent service provider (ISO) that doesn’t manufacture the equipment but rather drop ships it to customers including hospitals, clinics and private individuals. Drop shipping from the manufacturer cuts costs since the shipper has no inventory-related overhead. Because manufacturers have dozens of warehouses around the country, delivery is fast and efficient. The ISOs can also offer hospitals, imaging centers, nursing homes, and other providers a choice of products from

Wheelchairs, Walkers, and Scooters
several manufacturers.

The leading OEMs in this industry are Invacare, Medline, Sunrise Medical, Graham-Field Health Products, Everest & Jennings, Drive Medical, Pride Mobility Products and many others. Invacare enjoys one of the largest market shares in wheelchairs, walkers and scooters by selling to distributors and nursing homes.

“There is tremendous price pressure in this industry because of legislators trying to control costs,” said Mark Sullivan, Vice President of the rehab category for Invacare, which is headquartered near Cleveland, OH. “It’s no different for hospitals and nursing homes, everybody is trying to contain healthcare costs. Pricing pressures keep the number of [OEM] competitors down.”

Cupholders and Food Trays

The wheelchair and scooter market was estimated at $3.2 billion in 2005 and is expected to top $7 billion by 2012 according to Research and Markets. The Freedonia Group reported that the mobility market for this equipment breaks down into 27% rehabilitative care, 25% leisure and recreational, 21% home health care, 12% medical institutions, and 15% industrial and commercial.

The variety of mobility equipment now available is astonishing, including a wide array of features for each type of device. Product categories include walkers, standard wheelchairs, rollators (which are walkers with wheels), power chairs, scooters, and a number of hybrids. For example, a knee walker is like a rollator but supports one leg, for instance pre-operatively for joint replacement surgery. Rollators and walkers come with helpful accessories like cupholders and food trays. Other features on wheelchairs and scooters include crutch, cane, or walker holders; seat belts, oxygen tank holders, even rear view mirrors.

The motorized wheelchair, which typically runs on two, 12-volt batteries, is controlled with a joystick. This is more common in health care settings than scooters, which are used more recreationally. In fact, power chairs may be gaining ground across market segments.

“Primarily in the geriatric market...a lot of people are winding up in the power chairs versus scooters because the power chairs are center-wheel drive and more maneuverable in the home,” Sullivan observed. “The scooter market has gravitated toward smaller, lightweight, more portable scooters to go to the mall. But as far as mobility on a daily basis, they often go in power chairs versus scooters.”

The prices for mobility equipment range from $500 for a standard wheelchair up to $5,000 for a geriatric power chair, to $25,000 for a chair for those with spinal cord injuries. Scooters typically retail in the $1,200 to $2,000 range. Walkers are around $100.

Designed for Patients and Staff

A big trend affecting the segment is obesity. Hospitals must increasingly take the needs of the bariatric population into account. It was once commonplace for hospitals to purchase wheelchairs that are 18 inches wide. Today, the standard is 20 or even 22 inches since providers fear that patients will literally outgrow their equipment investment.

As important as serving these patients is, an even greater consideration is the impact on the nurses and staff. Fortunately, several new design approaches are entering the market to address the problem.

“Patients are getting larger and caregivers, principally the nurses are getting older. We are trying to address their needs as well by bringing products to market that make it easier for the caregivers to push the wheelchairs,” said Rich Derks, Vice President of Marketing for the Durable Medical Equipment division at Medline. The company produces and distributes several hundred thousand standard wheelchairs (non-pow-

A thriving but highly competitive market

By Barbara Kram
“There’s a move by the hospitals to deal directly with the manufacturer to reduce their costs. They are starting to compete with mom and pop durable medical equipment companies,” said Steven Tabor, Vice President of Sales at 1st Senior Care, a web wholesaler in Tigard, Oregon. The company offers a truly unique product, made in Israel—a portable scooter that folds for easy storage in a car trunk. They also have a folding rollator, which folds side to side instead of front to back to go through narrow doorways.

Regulatory Matters

Regulatory issues are important influencers of sales in mobility equipment. Medicare reimburses for this equipment but the manufacturers must receive pre-certification for eligibility. And things are tightening. For instance, on the home healthcare side, a prescription for a power wheelchair now requires detailed face-to-face physician evaluation and documentation.

An important trend to watch is the government’s move toward test market arrangements in which it pre-approves only selected equipment distributors or providers for Medicare reimbursement. The plan is in a trial phase now in 10 test markets, with bids expected to be awarded next year. The industry is lobbying to prevent this plan.

Another wrinkle on the legislative front surrounds government plans to use Internet pricing for power wheelchairs as the basis for setting reimbursement rates for Medicare. That’s also being contested by the industry since prices online don’t reflect the full costs of services and evaluations required to furnish power wheelchairs properly, including fitting and assembly.

The industry is staying tuned to what is happening in Washington over the next several months.

● [DM 5081]
PET imaging became a practical diagnostic tool in 1998 when the CMS first approved it for reimbursement for pulmonary nodules and lung cancer.

PET was then given a second boost a few years ago by the capabilities of the PET/CT scanner. The total picture of form and function that PET/CT delivers is so much more useful diagnostic information than PET alone, that no one makes a stand-alone PET machine anymore – although there are a number of installed PET systems still in use.

The great potential of PET studies is that radiotracers can be created that will be taken-up by a very specific part of the cell in a specific part of the body. This allows doctors to study the precise biological function or abnormality under examination.

Nonetheless, the potential remains largely untapped.

**PET’s diagnostic possibilities are almost limitless, so what’s holding it back? — An interview with Dr. Henry Wagner, Jr.**

**The future is fuzzy, but looking up**

PET/CT equipment sales are down for 2007, and are soft for almost every imaging modality. That is primarily due to the DRA cuts that affect free-standing imaging centers. Some industry experts expect sales to improve in 2008, but with the DRA estimated to save CMS up to $11 billion in payments by 2015, others say future trends are hard to read.

But the fundamental long-term question is how ‘main stream’ will PET/CT imaging become?

In data complied by Frost & Sullivan, about 1 million PET/CT scans will be performed at free-standing imaging centers in the U.S. in 2007, compared to 17 million MR scans and almost 9 million CT scans. These report also say, however, that PET/CT is the fastest growing modality, increasing at about 22% per year, and that trend is expected to continue for the next three years.

**What’s next for PET?**

To find out more about what lies ahead for PET, DOTmed Business News spoke with Dr. Henry Wagner, Jr., a recognized authority on nuclear medicine and molecular imaging.

DMBN: What are the most promising new areas of study for PET?

HW: Oncology is still PET’s strong suit. Where the potential is greatest is in cardiology, and increasingly, in brain studies. PET is now accepted by leading experts in the study of Alzheimer’s Disease, Parkinson’s, and other areas. PET-FDG studies are very helpful in diagnosing whether a person has Alzheimer’s Disease or what is called mild cognitive impairment.

DMBN: And what is it used for in cardiac?
HW: It’s used with ammonia for measuring bloodflow, it’s used for studying the innervation of the heart, so it is used for studying ventricular functions, innervation, and the state of myocardial bloodflow, with N-13 ammonia and rubidium-82—the tracers that are used most in the heart. A term that is now being widely used is called molecular imaging, and it looks at the state and actions of molecular processes.

HW: Yes. You’re talking about 1/100th of a toxic dose or 1/500th of a toxic dose. I don’t know of anybody that has had any deleterious side effects from having one of these studies.

DMBN: Has there been any instance of somebody getting sick from the radiation of a radiopharmaceutical?

HW: Not to my knowledge. One of the major things is that these are given in quantities that are hundreds of times less than the toxic amounts.

DMBN: So they’re essentially microdoses?

DMBN: You once said it was possible to make thousands of different PET isotopes, is that right?

HW: The number is actually limitless.

DMBN: Fluorodioxyglucose, or FDG, is used in about 95% of all PET studies. So, why aren’t there hundreds or thousands of radiotracers?

HW: Because the pharmaceutical industry is interested in blockbuster drugs—therapeutic drugs. For example, if you introduce a new diagnostic PET tracer, it costs $500,000 just to do the toxicity testing, even though you’re giving 1/100th or 1/500th of the toxic dose.

The core problem is it costs tens of millions to get one of these new PET agents approved for clinical use. The limiting factor right now is regulation—the FDA. Their mindset is so linked to therapeutic drugs that they cannot simplify things enough to make them appropriate for non-toxic drugs that are given to provide information.

DMBN: So the FDA sees everything radioactive as toxic?

HW: No. Not in the doses that are used for PET scans. The radiation is toxic.
if you get large doses of it. In fact, that’s the basis of radionucleide therapy. You get the information from these very small doses that you call micro-doses. That gives you the information about a disease. Then if you want to treat a cancer or something like that, then you give big doses, which really should be judged the same way as you do stable drugs. But the tracer drugs should be judged, in my opinion, according to whether they provide the information that they are designed to provide.

DMBN: So is the problem the economics or the FDA?

HW: Well, the economics are driven by the regulation. As I said, the FDA is the one that requires the $500,000 toxicity test, and the clinical tests. Regulation is very expensive. It costs a huge amount of money for a big pharmaceutical company to develop a therapeutic drug you’re looking at development costs of easily $100 million and up. For PET traces, we’re talking about $20-$30 million, but the market for these diagnostic tests is minuscule compared to these blockbuster drugs that are used for therapy. So big pharma doesn’t invest.

DMBN: Do you think that the FDA is just way out of line with this toxicity testing?

HW: It’s not a moral issue, it’s an educational issue. Those guys all grew up with stable drugs, and it is very difficult to move these big bureaucratic organizations, so I would not put blame on them. It is just that there has to be a paradigm shift. In fact, I think it may happen. Healthcare is one of biggest issues in the country right now, and I hope that we can come up with some real simplifications that will really help new PET pharmaceuticals. Now’s the time to come up with new regulations. I know they’re working on it, but they are taking some time.

DMBN: Since PET tracers are tiny micro-doses, should the toxicity test go away?

HW: You don’t want to eliminate toxicity testing, although it can be greatly simplified because many of these potentially new tracers are natural body constituents. You would do single-dose, single species toxicity testing, so instead of costing $500,000, the goal would be to get it down to $100,000. That’s a step in the right direction.

DMBN: But the biggest cost is the clinical trails, can that be streamlined?

HW: The hurdle here is the way the FDA thinks about clinical trials. In other words, if I have a radiopharmaceutical that mentions chlorine in a particular part of the body, I believe that the FDA should just ask, “What is the evidence that it really does show the chlorine?” They insist it’s not enough to show the chlorine, it has to help patients who have cancer of the prostate. That’s like saying if you’re going to get approval of a thermometer, you have to show it helps patients with pneumonia. I think there are problems and they’re not being changed fast enough to suit me.

DMBN: What about the other part of the economics, reimbursement. What are you hearing about reimbursement for PET or PET/CT scanning?

“ The market for these diagnostic (PET) tests is minuscule compared to these blockbuster drugs that are used for therapy. So big pharma doesn’t invest. ”
HW: I know it’s been very profitable, but it is being cut back some, which bothers a lot of the people that are operating imaging centers.

DMBN: Are DRA cuts the problem?

HW: It’s one of the things—it’s an extremely profitable type of activity, and the profit has now been reduced by those government actions. And will they be extended to the university hospitals? Almost certainly, I think.

DMBN: Assuming the regulatory issues are worked out, what do you see for the future of PET/CT as an imaging modality?

HW: It’s a fantastic—I’m working on an article right now called “From Molecular Imaging to Molecular Medicine,” and the subtitle is “The Impact on Health Care Has Just Begun.” Just try and think for a minute: here we have the ability to measure virtually any molecular activity in any region of the body—can you imagine what potential that has? So in my opinion, PET/CT can’t miss. But it’s a complex field, and it’s got huge regulatory burdens. I discuss the finances in this article to show how money really can be saved. One thing’s for sure: keep an eye on PET.

● [DM 5114]

How FDG, which has a half-life of 2 hours, can be utilized at a facility 8 hours away.

David Pellicciarini, who is VP and General Manager of PET Services for Cardinal Health, says that Cardinal has the largest distribution network for radiopharmaceuticals in the US, with over 80 distribution centers. These centers are supplied by Cardinal’s own manufacturer hubs. But there are many rural hospitals and imaging centers more than 2 hours away from these distribution points.

The way Cardinal overcomes the 2 hour half-life of FDG for a facility that is 8 hours away is to ship a larger dose, which upon arrival, will have decayed to the correct dose when it’s time to do the study. For example, a 60 millicurie dose that’s shipped at 6 AM will effectively be a 15 millicurie dose at noon, when the scan is scheduled, and Cardinal labels it as such.

PET FoundationsSM

To promote the diagnostic use of PET/CT imagining, Cardinal Health has developed PET FoundationsSM. This program is designed to build awareness and educate the healthcare community, both providers and recipients, on the clinical efficacy and the appropriate uses of PET. Through their website, PETFoundations.com, they are able to share information about developments in PET faster than ever before.

The patented Cardinal Health PETPig allows nuclear medicine professionals to receive, handle, and administer radioactive FDG with maximum protection.
Small Pharma – where the next big news in PET radiotracers will come from

Daniel Skovronsky, president and CEO of Avid Radiopharmaceuticals, Philadelphia, PA, heads one of the handful of small pharma companies working to develop new PET radiotracers. His company has four products in the development pipeline, two for Alzheimer’s, one for Parkinson’s, and one for diabetes. Skovronsky expects Avid and other companies like his to have a new generation of PET radiotracers on the market over the next five years.

The economics of PET

According to Skovronsky, “in 2005, the total number of PET studies was 1.2 million, and the sales of FDG in that same year was $259 million, which would make the average cost-per-dose for FDG about $215.”

That material cost is added to the technical component of a scan, making PET/CT studies more expensive the MRs or CTs.

The external costs – clinical trails – to develop a radiotracer, according to Skovronsky, “even when everything goes perfectly the first time,” is about $30 million. Add the cost of capital and running the business, and getting a new radiotracer to market is about $50 million, best-case scenario.

According to Skovronsky, CMS reimbursements for 2008 for most in-hospital PET/CT scans will be around $1,100. But for cardiac PET scans, which are more challenging, the reimbursement will be in the $2,700 range.

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medical challenges at the offloading site, what are the special demands that accompany the reinstallation procedure.

And that’s just for starters. There’s a myriad of other questions about insurance, the dialog between the number of outside vendors involved and, of course time sensitivity. Though it’s clear that there’s never anything absolutely set in stone when moving valuable medical equipment, Frieda Ambrose, of PA based F. Ambrose Moving & Rigging, estimates that from start to finish, such moves “take anywhere from 8-12 weeks” to complete.

Another example of timing being everything might involve, for example, a magnet that’s being shipped via water. Generally such expensive magnets are packaged in helium, which has a shelf life of 21 days. But what happens when the ship encounters turbulent weather at sea or, upon arrival at port, encounters a wildcat work stoppage. The stakes are enormous, particularly when a buyer is faced with the loss of a $40,000 magnet and didn’t know enough to purchase all the necessary marine cargo insurance on top of the routine risk management policies already in place.

“Marine law is very antiquated,” says Mark Fromm of Fromm America, a New Jersey logistics company. Moreover, Fromm cautions that in such complicated insurance situations, “the big print giveth while the small print taketh away.” There’s the added fillip that when shipping used medical equipment over water obtaining reasonable insurance is an adventure.

“It gets very, very tricky,” says Pilot’s Duff Law, especially when relatively small operations are involved at both ends of the transaction. “Two sets of inexperienced parties are trouble,” he says.

“The medical community just doesn’t handle these kinds of situations on a daily basis,” says Travis Nipper, a principal with Clinical Engineering Consultants Inc., a company based in Kentucky but considered part of the greater Cincinnati metropolitan area. “Medicine’s clients are the public and their role is to oversee patient care. They are not expected to be experts at our business.”

International Another Layer of Complexity

As challenging as a US only move can be, introducing an overseas element to the equation raises the ante considerably. With international shipping comes customs brokering, an endless stream of documentation, knowledge of which steamship lines sail which trade lanes, an ability to calculate the economic merits of shipping either by water or air, adhering to a profusion of import and export regulations, tax laws, complying with FDA guidelines. Again, the list is one long and winding road, and clearly calls for a level of navigational experience not found in any but the largest of hospitals or biggest of manufacturers.

Thus, as medical equipment increasingly becomes a global enterprise, international logistics companies like Calhoun, GA based M&S Logistics have found themselves in the midst of highly favorable business conditions. Many companies like M&S also offer warehousing during transit time, as well as serving as licensed customs brokers.

M&S principal Demetri Miltiades urges anyone eyeing the overseas market, either as importer or exporter, to “get price quotes from various sources and pick the logistics company that offers competitive pricing along with professional and experienced service.”

Whether medical equipment is moving halfway around the world or cross city, industry advice to the buyers and sellers is not unlike that in any other line of business, when you wander out of your area of expertise, call in the experts whose area it is.

Look Overseas

Those firms currently in the medical equipment business might look to the export market for big returns. While demand for equipment is strong, the sagging US dollar is also playing right into exporters hands.

“The last 3-6 months has been unbelievably busy,” says Erik Cruz of Logical Solution Services. “The dollar is so weak that there’s huge advantages for buyers from overseas.” And Cruz says overseas buyers are taking full advantage as medical equipment exports are soaring.
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DOTmed 100 Nominations for 2008 Now Being Sought

This is a very special time of year for all DOTmed users.

This is when we invite you and the now more than 90,000 registered DOTmed users to nominate and rate individuals and companies you have done business with in the past year that you feel are among the "Best Of The Best."

The DOTmed 5-Star Rating System is a very public, very important peer-review evaluation that helps everyone in the industry. It’s also a great way to say “thank you” to a company or individual for a job well done.

Everyone who was rated at least once in 2007 is an automatic nominee. To nominate someone new, however, simply rate them on DOTmed in one of 10 categories noting your level of satisfaction. You’ll find a link and instructions on how to rate people at the bottom of this story.

You can rate as many people or companies as you like. The DOTmed users with the highest overall ratings will be announced as part of The DOTmed 100 in January of 2008.

As always, it will be very informative to see which of the current DOTmed 100 companies make the cut, and how many new faces will land on the list for 2008.

DOTmed writes stories about The DOTmed 100 companies and features them prominently in our Services Directory, where they will be able to display the DOTmed 100 emblem.

To Rate a DOTmed User:

Please go to www.dotmed.com and look in the upper right-hand corner of our homepage for this link in green: DOTmed 100 Nominees. Remember: you need to have done business with someone to rate them.

● [DM 4970]

Here are profiles of some of the DOTmed 100 for 2007:

Medical Purchasing Resource, LLC specializes in Cosmetic/Aesthetic Devices.

Two years ago, a doctor from another country approached George Beach, President, Medical Purchasing Resource, LLC about buying several pieces of valuable equipment. The doctor planned to pay with two separate credit cards, both of which checked out. Beach is a cautious man, however, and he ran a background check on the phone number and address: one was a pay phone, the other a UPS store. Then he went one step further, he checked DOTMed and found his “doctor” was a fraud.

“His name was already listed on the Honest/Dishonest forum,” Beach recalls. Recently, Beach and his company became DOTmed Certified themselves and he shared his company background recently.

Although the company was formed in 2001, “We have 13 years’ experience buying, selling, re-marketing and re-deploying used medical equipment,” he explains. “We specialize in aesthetic/surgical lasers, cellulite equipment, microdermabrasion systems and supplies, all at very competitive prices.”

He acquired most of his equipment through years of building and maintaining relationships with manufacturers, acquiring their demo equipment. He also uses off-lease and repossessed equipment from failed businesses or works directly with the physicians and small business owners themselves.

According to Beach, mark-ups on new equipment are “huge” and often are under-utilized by companies just starting out.

“Take any laser device selling for around $89,000,” he says. “Well, the actual cost was probably around $29,000. Equipment salespeople work on commissions of 11 to 15 percent. That goes right on top of your purchase price. Since our pre-owned pieces usually are only nine months to a year old, pre-owned equipment makes the most sense to physicians and business owners just starting out.”

Laser depreciation is also steep, and foreclosures are another source for Beach’s business. “We find that one year after purchase of new equipment, typical depreciation is 50 percent, leaving many business owners in negative equity situations.”

Medical Purchasing Resource is based in Dallas, TX and is a singly owned private company with 23 sales associates. Beach reports that his gross sales in 2006 were $2.2 million. He an-
participates sales in 2007 to be nearly $2.9 million.

“The pre-owned aesthetic market is often criticized by new equipment manufacturers as filled with a bunch of ‘used car salesmen,’ but Medical Purchasing Resource prides itself in offering our business references to all our customers.

We are listed in the Dallas Better Business Bureau, Dun & Bradstreet, and DOTmed’s Certified Dealer Listing,” Beach says. “A customer who perceives they’ve purchased a system at a reasonable, fair price will ensure their return business and the promise of business referrals which are critical to any small business owner’s growth.”

Primary customers are plastic surgeons, dermatologists, chiropractors, aestheticians and Day Spas. The company has worked hard to develop relationships with customers all over the world.

“We have taken many measures to utilizing our experience with domestic shipments to ensure that all our equipment, when shipped, is properly crated and insured via air transportation for timely delivery.” The company works with AIT Worldwide Logistics who provided them the necessary education in freight forwarding.

“DOTmed is doing a great deed,” Beach says. “It’s got a great reputation. I’ve tried other websites and I know I haven’t gotten nearly the same response.”

● [DM 5017]

Skelley Medical Sets up Shop in New Hampshire

There’s a new company in Hollis, NH, and it brings to the area an international leader in selling and purchasing refurbished medical equipment.

Skelley Medical, a spin-off of FiberTech Medical USA, is owned and operated by Bill Skelley and his son, Chris (who heads up sales). Together, they have developed a creative, effective and economical solution for hospitals, surgery centers and physicians, whose capital budgets are stretched to the limit, making it difficult to purchase all the medical equipment necessary to effectively run their operations.

The company name may be new but with over 10 years in the business, the Skelleys know what’s necessary for success. Their mission is to provide high quality medical equipment at a fraction of the cost of new equipment. When customers deal with Skelley Medical, they learn how to offer additional medical procedures, generate more revenue but stay within their capital budget limitations.

“We buy the best pre-owned equipment available, put it through a thorough inspection with highly trained technicians and return it to OEM performance standards,” Bill Skelley said. “We also stand behind our products with a 120 day warranty, which was unheard of a few years ago.”

In addition to selling top-quality, refurbished medical equipment, Skelley Medical is always on the lookout for used medical equipment, and if a customer is looking to sell their old equipment, Skelley Medical will apply the money toward an upgrade to newer, more state-of-the-art products.

Along with an extensive line of re-

![Skelley Medical is owned and operated by Chris and Bill Skelley.](image_url)
furbished medical equipment, the company also provides a full line of repair services for all flexible and rigid endoscopic products. “Like our used equipment approach, our repair pricing is done at a fraction of the OEM pricing model. We also provide customers with a written estimate within 24 hours of a product arriving in our shop,” Bill Skelley says. “Our repair partnerships allow us to perform repairs that meet and exceed OEM specifications, and the components we use are built to OEM standards. Our technicians have in-depth experience in handling both flexible and rigid repairs. Once a customer has approved repairs, our turn-around times are some of the best in the industry, and we provide loaners when needed. If our customers our satisfied, we know we have fulfilled our mission.”

[DM 5087]

ReMedPar Appoints Latin American Sales Director

With over 20 years in the business, Rodolfo Gutierrez, ReMedPar’s new Latin American Sales Director, is opening up the international market, keeping diagnostic equipment available in communities that cannot afford the newest equipment.

Gutierrez, who joined ReMedPar four months ago, recalled his first milestone in the business. “As an international GE engineer, I installed the First GE CAT Scanner in Latin America — in Bogota, Colombia — in 1975. It was a “HEAD only” unit, and used to take three minutes for each slice and you could even see the small square pixels making up the image. I also worked in the Middle East and Africa servicing and selling GE equipment for almost a decade.”

After a time as an entrepreneur in the medical equipment field, in which Gutierrez opened several successful diagnostic clinics and introduced many multinational companies to the field in all Latin America, Ed Sloan, founder of ReMedPar, introduced him to Mark Graham, the current President and CEO, and they appointed him Sales Director for Latin America. Since joining, Gutierrez has also extended their reach to the Middle East and Asia. He attributes his success to lengthy experience in many parts of the world. His first RSNA dates back to 1975. “Not many people can tell you that,” he noted. Gutierrez is also in charge of — and often teaches — Spanish-language technical courses at the ReMedPar facility.

ReMedPar is, at 20 years old, one of the oldest diagnostic imaging companies in the U.S., and with a plant size of 110,000 square feet, is, according to Gutierrez, the largest third-party supplier of spare medical equipment parts in the world. With their tracking system, when someone calls, there is a swift process, open 24 hours a day, seven days a week, that locates, packs, and ships the part the same day it is requested, often for much less than the OEM charges. ReMedPar has everything from the latest state-of-the-art equipment to very old equipment no longer supported by the manufacturer.

“There are many machines internationally, and they [end users] have very old machines and keep working them.” ReMedPar is bringing aid to poor communities providing parts to old machines, kept working in spite of their perceived obsolescence by the manufacturer. In fact, GE buys old GE parts from ReMedPar to supply them to those who need them. In many parts of the world, clinics do not have the resources for a newer machine, so they must continue to service and maintain what they have as long as they are repairable.

In terms of full pieces of equipment, “CT scanners are in the highest demand,” says Gutierrez, “because right now every clinic has to have one for everything, not just a simple X-ray. MRs are too expensive — $1 million, CT is half a million, ‘cheap’ ones $50,000. We can sell a good machine for very little, price-wise. We save a lot of money for the customers, and also time and labor. Our products and services are very, very needed. We provide very good help to people internationally — keeping the machines working for the poor people.”

[DM 5071]
Shows and Events for December 2007
ISMICS Winter Workshop, November 28 — December 2, Antalya, Turkey
AARC 53rd International Respiratory Congress, December 1 — 4, Orlando, FL
CDC National HIV Prevention Conference, December 2 — 5, Atlanta, GA
NCBA Annual Symposium & Expo, December 3 — 5, Pinehurst, NC
IOACON The 52nd Annual Conference, December 3 — 8, Kolkata, India
IAME Cardiovascular CT In New York, December 5 — 7, New York City, NY
CSI 59th Annual Conference, December 5 — 9, Hyderabad, India
AACR 6th Annual Frontiers in Cancer Prevention Research, December 5 — 8, Philadelphia, PA
6th Annual LifeScience Alley Conference & Expo, December 6, St. Paul, MN
ASH 49th Annual Meeting and Exposition, December 8 — 11, Atlanta, GA
IHI 19th Annual National Forum, December 9 — 12, Orlando, FL
WHIT 3rd Congress, December 9 — 11, Washington D.C.
SOMOS 49th Annual Meeting, December 10 — 15, Vail, CO
ICET - Universiti Kuala Lumpur, December 11 — 13, Kuala Lumpur, Malaysia
CTRC 30th Annual San Antonio Breast Cancer Symposium, December 13 — 16, San Antonio, TX
APCC - 16th Asian Pacific Congress of Cardiology, December 13 — 16, Taipei, Taiwan

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Upcoming DOTmed Industry Sector Reports

January 2008
• Special Procedure — Cath Lab, Angio Lab
• MRI Liquid Helium Services (Keep Cool & Cool Down)
• MRI Shielding Services
• X-Ray Tubes and Image Intensifiers, OEMs and Third Party Providers
• O/R Microscope Sales & Service
• Insurance Providers

February 2008
• Monitor (EKG, Holter) Sales & Service
• Exam Room (Tables, Scales, ENT) Vendors
• DR, CR, PACS Options
• De-installation, Crating, and Rigging Companies
• Sterilization Sales & Service
• Chillers and Air Conditioners in Medicine
• ECR Annual Meeting (European College of Radiology)

March 2008
• Surgical and Cosmetic Laser Sales & Service
• Laboratory Equipment Sales & Service
• Healthcare Information Technology Installation and Training
• Chiropractic Equipment Sales & Service
• Medical Trailers: Sales, Service & Refurb.
DOTmed Moves Lingering Lasers
by Scott Hutchins

Clearly Lasik, Inc., is a Vancouver, Washington-based laser vision correction facility, physician owned since 2002, with seven centers in the Northwest, including two in Canada. A Moria Evolution II CB/LSK Microkeratome described by Sheree Funkhouser, General Manager, as “a good piece of outdated equipment” no longer met their state-of-the art needs.

She discovered DOTmed through a search engine on Google and discovered that many practices were selling similar equipment. She first attempted to post a sales listing, but David Blumenthal convinced her that an auction would get her a more favorable result.

“I called about five other companies,” said Funkhouser, “and none of them could really help me.” By contrast, DOTmed “walked me through the program, walked me through how to post pictures, and did research to determine the market value of the machine.”

After five bids over less than two weeks, the unit sold for $8,000.00. “DOTmed made arrangements with the buyers and checked on me frequently.”

Healthpark Surgery Center is a multispecialty ambulatory surgery center offering a dozen outpatient specialties from GI/cataract to neurosurgery and pain management. Surgeons formerly employed by Healthpark abandoned three lasers upon departing for other practices. Healthpark’s new hires were not interested in the old equipment, so they remained, taking up space in the building. These included a Coherent Ultrapulse 5000 CO₂ Laser, a Candela Alexandrite GentleLase, and a Laserscope KTP 802.

Terri Lopez, CASC, Business Office Manager, once found DOTmed online and thought little of it until meeting DOTmed representatives at a trade show. She was so impressed with DOTmed representatives that she informed Administrator Kermit Knight, who worked with DOTmed representatives to sell the units.

Through DOTmed-managed auctions, all three pieces found responses and were ultimately purchased outright, the Coherent for $30,000 and the Candela for $7,500. The Laserscope, an older model, sold for $1,200.
These are some of the more than 27,000 listings on [www.DOTmed.com](http://www.DOTmed.com) on any given day.

**MEDICAL SALES & SERVICES**

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<thead>
<tr>
<th>Company Name</th>
<th>Services</th>
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<tr>
<td>North Coast Medical Equipment</td>
<td>Since 1982 we have handled de-installs, of all modalities for OEMSs, Hospitals, Clinics, Out-patient Centers, Oncology and CYSTO rooms. Experienced in removal and disposal of all modes of diagnostic imaging equipment. Licensed &amp; Insured. (440) 243-6189 or <a href="mailto:ncmegibbs@cs.com">ncmegibbs@cs.com</a></td>
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<tr>
<td>Vision Systems</td>
<td><a href="http://www.patternless.com">www.patternless.com</a> #1 supplier of refurbished optical &amp; ophthalmic equipment, exam lane, pre-test, diagnostic &amp; lab. 866-934-1030</td>
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<td>T.H.E. Medical Systems, Inc.</td>
<td>Specialists in MRI, Mobiles, CT, Nuclear, PET, &amp; Clinic Partnerships, Contact us today at: 877-496-8272. Visit us at: <a href="http://www.themedicalsystems.com">www.themedicalsystems.com</a></td>
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<td>R-Tech Solutions, Inc.</td>
<td>Install and Deinstall all imaging equipment. Equipment relocation, crating and transportation, after hours &amp; weekend service. 20 years experience. (574) 278-7191 <a href="http://www.r-techsolutions.net">www.r-techsolutions.net</a></td>
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<td>Atlas Van Lines Agent</td>
<td>When it's time to transport sensitive electronic equipment, count on Atlas to handle it safely &amp; efficiently. Call Rob Robinson for a free quote – 614-851-4220 or email: <a href="mailto:rrobinson@executivetransfer.com">rrobinson@executivetransfer.com</a></td>
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<td>Systemic Energy</td>
<td>25 years of experience servicing Varian Linear Accelerators &amp; GE CT Scanners. Contact us at 806-438-0755. Visit Us At <a href="http://www.systemicenergy.com">www.systemicenergy.com</a></td>
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**EMPLOYMENT OPPORTUNITIES**

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<tr>
<td>MRI &amp; CT Service Engineer Positions Available</td>
<td>Location: IL, MO, MI, IN, FL, USA</td>
<td>Salary: Base + Bonus</td>
<td>Field Service engineer with GE/Siemens MRI or CT experience. 5 plus years experience. Join the industries’ leading sales and service organization. Full benefits including Health, dental, Life, 401K. Multiple locations available. Craig Palmquist, Genesis Medical Imaging 847-961-5802</td>
</tr>
<tr>
<td>Radiology Service Engineer</td>
<td>Location: MA, NH, ME, VT, CT, RI, USA</td>
<td>Salary: $40-$80k</td>
<td>Field Service Engineer positions available with rapidly growing and progressive full service radiology imaging company. Jason Olenio, Associated X-Ray Imaging 800-356-3388</td>
</tr>
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**RADIOLOGY**

GE CTi Scanner GE Hispeed Year/Installed: 1996
Software version: 4.4.19M: Options: 48 KW Power Option, Smart Beam, Smart Prep, Connection Prof.
HIS/RIS, 0.8 Second Option, (Subscanner m/rotation time 0.8 sec and Perforimx tube m/s, 5.5 MHU).
Gantry: 1,300,000 rotation total. System have been standing in our warehouse for about a year, - $1,500.00 - Sold for dealer in Denver - Auction 4059

GE CT Scanner HiLight Advantage with a Like-New Jupiter X-Ray Tube, - 1,500 Slices. refurbished Whole Body Single Slice includes: CT 9800 Gantry with Hi-Light Detectors CT 9800 Patient Table Genesis Con-sle w/ Touch Screen: Genesis Computer with CART Tape: Optical Disk. MX: 125 High Voltage System
Gantry: 70 CM Gantry with B76T Events: X-Ray Tube: Like-New Jupiter X-Ray Tube with Only 1,500 Slices Flatt Flat Table Pad Dicom Board Deinstalled: $8,000.00 - Sold for leasing company in Illinois - Auction 4065

$900.00 Sold for broker in New York – Auction 4076

**GE MX** Axial Port X-Ray, manufactured 1981.
TUBE REPLACED 2002 Part Number 9874-29 Model Number/AMX37RLD Housing RRT Insert/1999
Model Number/46-1557066 - $1,600.00 – Sold for broker - Auction 4077

**GE MX** Axial Port X-Ray $1,105.00 - Sold for dealer in Oklahoma - Auction 4124

**LORAD Mammo Unit MM: 09/1992, Model M-III, Model #: 3-000A-0935, Model #: 3-000A-0915, In-cludes Lead Glass -15 H.P. Flat Screen Monitor, Auto Film ID. (Part#: 3-000-2306; Serial#: FL-1041), Dual Buckys). (1) Cassette Holder, (6) Compression Paddles, (5) Apertures $4,800.00 - Sold for broker in New York - 4178

**ULTRASOUND**

**GE LOGIC 700 EXPERT Ultrasound Vaginal Probe**

**MRI**

**SIEMENS MRI Mobile Impact E: Mobile 1.0: Single crate active shield magnet 20 mmt Graditiens FSE: MRA Phased Array 3D VB 33 3 s/ weave: Large Flex Small Flex Interface, Helmholtz Neck, Bi-Lateral Breast, Body Array, Spine Array, CP Knee CP Head. Circular Flex Medi-Coach Trainer - $60,000.00 - Sold for dealer in New York - 4141

**SIEMENS MRI Mobile Impact E Plus Mobile Cvith Phased Array.** 1997 MedicalCoaches trainer, excellent condition; only 48,000 miles. Upgraded to an Impact Expert in 2002. The Magnet is a 1993. Move at field s/w version 33g 8700 krad. mra core package ultra fast image diffusion fast turbo: PACS net phased array dico turbo SE package image filter. Coils: CP array body 2 flex c-spine TMJ spine array knee head other misc. $82,000.00 - Sold for broker in New Jersey - Auction 4171

**O/R - SURGICAL**

**MEDICAT ENT Treatment Cabinet # 498 2006 Mid-mark System, Stablit.** Cabinet also comes with Vaccum & pressure. Last used 3/2007. $1,500.00 - Sold for hospital in Pennsylvania - Auction 3639

**MEDLINE Patient Warmer M3020-12** Condi-tion: Excellent - Unit has been tested and heats ac-cording to manufacturer’s specifications. Located in

Houston, Texas, $250.00 – Sold for broker in Texas - Auction 3959

O/R Table AMSCO O/R Table 2080 L Table with Pads. Features: Load Limit 300 lbs. Height Maximum 45” Height Minimum 27” Trendelenburg 20 Reverse Trendelenburg 20 Lateral Tilt 10. Sold for infrared in New York - Auction 3992

STORZ Clickline O/R Instruments General Instru-ments - barely used; near-perfect condition. Grasping forceps, atrumatic, double swoop w/ handle (3), Hook Scissors w/ handle (2), Metzenbaum Scissors w/ hand-lle, Straight Scissors w/ handle (2), “Reddick-Olsen” Grasper w/ handle, Kelly Deseitising/Grasping Forceps (curved) w/ handle (2) $1,000.00 – Sold for independ-ent sales organization - Auction 4020

**SCIFIT Strength Testing System PRO II Upper and Lower Body Recumbent Bike.** Excellent condition. The bike is located in Atlanta, GA. $2,000.00 – Sold for medical office - Auction 4036

**NIKON Microscope LABOPHOT ILABOPHOT-2, pro-duced in the 1980’s.** Nikon LABOPHT Nikon Labophot-2 Binocular Brightfield Microscope with field and aperture diaphragms and centerable con-denser for true Kohler illumination. Optics: Eyepeeces- 2 ea. Nikon CFN1 10x focusable eyepeeces, Objectives- E Plan 100X.25 160. E Plan 40X.65 160.1/0.17, E Plan 100X.125 160.1/0.17 (oil), Condenser- Abbe 1.25 NA. - $2,000.00 Sold for broker in Georgia – Auction 4087

**JOHNSON & JOHNSON Chemistry Analyzer Vitros 950.** The model is a 2002 made in Germany. The Analyzer DOM 6/04 s/n 6142501167 Ektachem 950 IRC Analyzer Manuals Included. $2,000.00 - Sold for hospital in New York - Auction 4075

**RS MEDICAL RS-4i muscle stimulator from rs. med-ical**

**CARDIOLOGY**

**DATASCOPE Balloon Pump 97 Two(2) units available.** Purchased new from the manufacturer in 1996/7. Includes Datasscope doppler and Datasscope ecg cables. Manuals will be provided on disk in pdf format. Under service contract from Datasscope. $1,500.00 per unit – Sold for independent service or-ganization in Florida - Auction 4114

**WELCH ALLYN EKG AT-2 Plus Spirometry Combo** Unit Welch Allyn Schiller. Excellent condition. $2,000.00 – Sold for medical office - Auction 4036

**PHILIPS Biphasic Defibrillators Heartstart XL** Includes Paddles only. $1,500.00 - Sold for independent serv-ice organization - Auction 4115

**AGILENT Defibrillators Heartstream FR** Semi-auto-matic defibrillator, includes display screen, carrying case, pads. $950.00 – Sold for manufacturer in New Hampshire - Auction 4117

**PROPAQ ENCORE PATIENT MONITOR VITAL SIGNS MONITOR screen ECG, NIBP, SPO2, TEMP 1+2, IBP two channels, Recorder, Charger, used ca-bles and accessories. $600.00 - Auction 4118

**NEUROLOGY**

**CADDWELL NCV/EMG Caddwell 6200 A. Complete with the owner’s manual.** $3,500.00 - Sold for medical ofice in Georgia – Auction 4031

**RESPIRATORY**

**RESPINRONICS CPAP/BIPAP 1005960 Virtually new** REMstar Plus Domestic unit. (83.4 hours shown on the unit’s timer). Comes with a manual, hoses, and a carry case, all very clean and in excellent condition. $225.00 - Sold for independent sales organization in Texas - Auction 3997

**HILL-ROM Airway Clearance Device 104 Like new.** Used only 6 times. Includes original box, instructions, main unit, hoses, pediatric vest, carrying case, etc. $1,500.00 - Auction 4086

**STRIKER Endoscope Striker 988 lot(3) Sony Video Printers (3) SDC Pro 2 0240-050-825 (10) Light Sources X8000 0220-185-000 (13) 988 CU0 098B- 1001-00 (3) TPS boxes, no handpieces, TPS V3-3 (9) Insufflaters Wisp 7070 20L (1) Insufflator older model (29) 988 Camera Heads 098B-410-122 (2) 1088 Camera Heads 108B-210-122 $20,000.00. – Sold for broker in Wisconsin – Auction 4250**
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