



IAMERS Newsletter

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Letter from the President

This past week, like all weeks, we were bombarded with other folks in our industry telling us about their company. I was amused, if that's the right word, by one such company who proudly displayed the IAMERS logo. I looked again thinking that I missed something, but I didn't. This company is not a member. Of course, I cannot tell you the company's name, even though I would like to, because our esteemed counsel would tell me not to go there. We'll just call this company *Misleading*.

Misleading is either too cheap to join IAMERS; or simply wants to use every possible advantage to garner business. *Misleading* wants its audience to think they are an ethical company to do business with. How can that be when they are trying to deceive us straight away?

Let's move on to the business of real, as opposed to fake, IAMERS members.

This is our last newsletter before our summer break. While we won't be sending out a newsletter for July and August, we will be having our busiest summer ever.

This next week we will be attending the SNM (Society of Nuclear Medicine) for the first time. We are also working on the upcoming European meeting in Amsterdam. In January, we will have a booth at the Arab Health meeting in Dubai.

January seems like a long time from now, but its not; at least not for the purposes of planning a booth and a meeting. Arab Health is a huge show that speaks to a whole new market for most of us. For the first time, we will have six IAMERS members sharing the booth with us in Dubai. If you are planning on going to Dubai, let us know.

I wish you all a great summer.

Cheers,

Diana Upton



PACS Facts

Wayne Webster

The Society for Imaging Informatics in Medicine (SIIM) had its annual meeting in Seattle recently. I didn't attend, but the talks I read represented the usual shaking out that happens with the introduction of new technology. SIIM includes those interested in PACS, RIS, speech recognition, electronic medical record and advanced visualization applications. It sounds quite diverse but each of these areas encounters similar issues. And, when you think about it, they all spring from PACS. Oh, by the way, if you've forgotten what PACS stands for, it's Picture Archival and Communications System.

Covering PACS or any of its associated parts in this Newsletter is no simple task because it is a very broad technology segment with multiple device and department interfaces. I thought for my first entry on this subject I'd speak a bit about the process that brings one to PACS.

Whether a hospital or clinic the first decision is to move away from film and enter the digital environment. With this decision comes the requirement to acquire the image, archive, recall and display. In addition, there may be a desire to send these images to physicians or other departments and expand radiology with what is called teleradiology.

If you've visited any of the major trade shows recently, PACS is available from the large original equipment manufacturers (the OEM'S) and from a variety of smaller dedicated suppliers. Each takes a different approach to PACS and its complementary parts I mentioned above. But, each brings with it a cost for converting to digital.

Several months ago, I wrote a paper and in it I discussed what happens when new technology is introduced that is a sea change in the way we perform our jobs. I called the result of the sea change "Technology Breeding Technology". Converting from analog film to digital is one of these significant changes.

Think of the complexity. First we have the simple goal of eliminating film and its associated processing cost. It sounds rather straight forward. But, in this process we introduce the requirement to acquire a new imaging device that can produce digital images, a substantial expense. We then need a way to store, archive, recall, transmit and display the images. With these requirements comes the need for more computing capability. And, we all know with computing capability comes compatibility issues and the ever present obsolescence of hardware and operating systems.

Once we have the digital images and we've figured out how to store, recall and archive, we then have to worry about back up. Backing up patient files can be expensive requiring more facility and new work routines to ensure that if the primary storage location is compromised that one or more back up locations are available. Let's not forget that these back up locations are also dependent upon computing power and the need to stay current for compatibility.

With digital formats we have to compress the images to save electronic memory space and cost. Now we have to have algorithms that can do this and decompress the images on a variety of different computing and display platforms. This gets complex and expensive. With film there was no easy way of distorting the image when you took it from its archive folder. But with digital images all of the dots have to line up just right on the display if the reader is to see the same image that was originally produced.

Don't forget Digital Imaging and Communications in Medicine (DICOM). We all throw this acronym around pretty freely, but without this standard, digital images could not be transmitted and displayed in various formats. DICOM is also changing regularly requiring DICOM readers and changes in software to accommodate these new versions. If you don't have the same DICOM readers there can be problems reading images within and outside of the department where they were produced.

With the images in a digital format the user most likely is going to want to transmit these within the facility or elsewhere for reading, billing or consultation with other specialists. Now bandwidth becomes an issue. Bandwidth brings with it a political problem. Today the imaging community is discussing who controls the transportation of these images. This transport involves all of their movement to storage and display after acquisition. Should radiology or IT control the flow of data? Radiology produces the images and IT controls the information highway within a facility. They (IT) worry about speed and the disruption of the transfer of all kinds of information within a department and a larger facility like a clinic or hospital. And, like everything else bandwidth costs money and requires expertise.

Once the facility has conquered or at least spent all of the money it has on these many PACS issues so they can accomplish that simplest of goals, the elimination of film, almost always someone will want wireless transfer. This results in a whole new set of costs for equipment and associated software required for wireless compression, decompression, transport and display.

Our initial goal in wanting PACS was to eliminate the expense of processing and storing film. In a hospital the cost of film is eliminated for millions of dollars in PACS software and equipment. After all of the expense, the inter departmental squabbles, the educational process to get everyone up to speed, we find that reimbursement for the scan that now has gone through the addition of great overhead in the name of modernization is the same or less than when film, light boxes and filing cabinets were the predominant medium for acquiring, displaying and archiving diagnostic images.

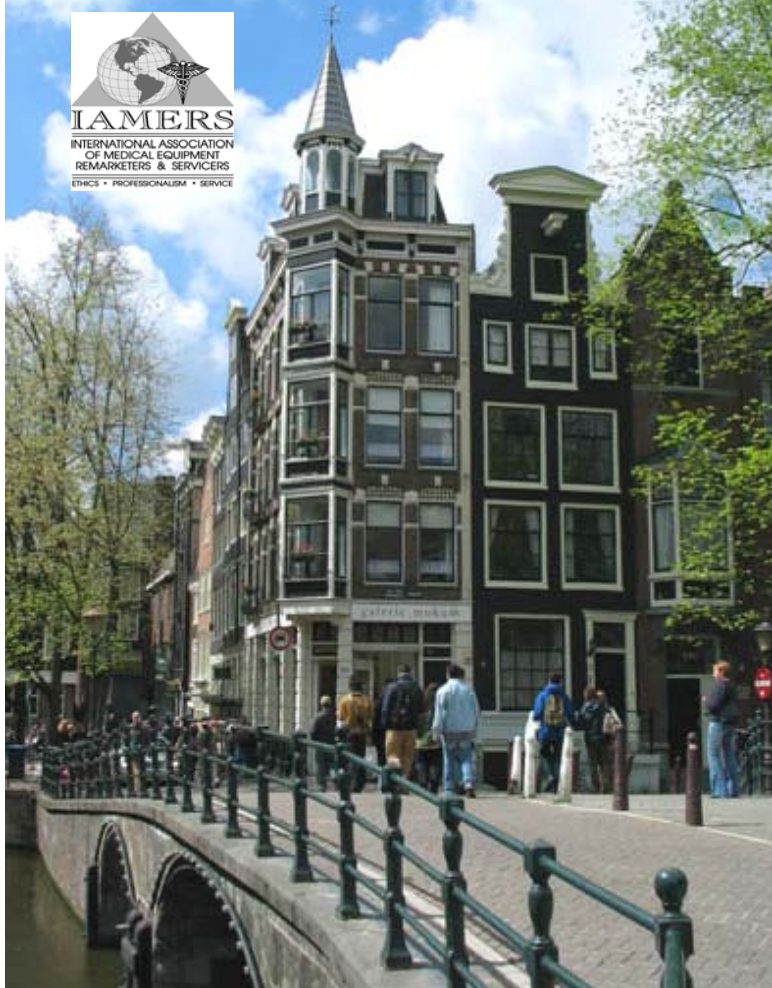
Is PACS required for the future of imaging? It would appear at some point all imaging devices will be digital. Is PACS being universally accepted and implemented? No, because less than half of the imaging done today is digital.

As I often tell clients considering PACS; remember, when you replace your old conventional TV with a 60" plasma for \$3,000, you're still watching the same programming.



Global Opportunities

Medical Imaging in 2008 & Beyond



Hotel de l'Europe • Amsterdam

17 – 19 September 2008

Highlights

Medical Imaging in 2008 – Technology Impact & Business Opportunity will address world markets for pre-owned diagnostic imaging equipment. Our keynote speaker, Wayne Webster, will discuss the impact that technology is having on the pre-owned medical imaging equipment market.

Mr. Webster will discuss the major imaging markets (MRI, CT, X-ray, Ultrasound, and Nuclear Medicine) past and present, as well as today's OEM offerings. Audience members can use the information presented to better understand sales and service of pre-owned equipment in various global markets.

Can You Safely Do Business with Americans? Many Europeans are afraid to do business with Americans. They've had bad experiences, and they don't want to take a chance. Many Europeans do not trust US companies. Given the value of the Dollar versus the Euro, now is the time to buy from the US. IAMERS has some suggestions that can help Europeans safely trade with the US. We can give you an added measure of security when doing business with US companies.

EU Update – Legislative Changes Effecting Europeans explores the changes that impact our European members and their potential sales. Invited speaker from the EU.

Market Updates – China, SE Asia, India & the Middle East – What changes are impacting your business? What are the opportunities for pre-owned imaging equipment in these emerging markets?

And More...

**For more details, or to register by phone,
Contact IAMERS – 201.833.1157**

The Cutting Edge of Health Care

A new tool reveals patterns of innovation in industry, examining eight ideas that hold high promise for transforming health care.

Health care in the U.S. is the problem that knows no solution. With providers, insurers, employers, and consumers often at war, the patient's experience has become confusing, worrisome, and even dangerous—medical mistakes kill some 100,000 people a year. At the same time, innovation in health care is richer than in most other industries, but how new ideas are implemented varies widely in America and around the globe.

To examine the potential for change, *BusinessWeek* has joined with the Chicago-based innovation consulting firm Doblin (a member of consultancy Monitor Group). Larry Keeley, co-founder and president of Doblin, has pioneered a tool, Innovation Portraits, that reveals patterns of innovation in a specific industry. Of the many possibilities, we examine eight that are fermenting swiftly and hold high promise for transforming health care. They were chosen because of their intensity, measured by the number of innovations in a specific area, and their importance, determined by the impact the innovations could have on the practice of medicine.

E-CARE - Hospital errors cost huge amounts in dollars—and lives. Integrated digital records can guide doctors and nurses in their practice and help avoid mistakes. Digital health records can also provide better medical and family histories and improve accuracy of medicines and dosages. The challenge: safeguarding privacy.

LOW-COST DELIVERY - New models for providing inexpensive hospital care are being developed in Mexico, India, Singapore, and other locales. Medical "tourism," traveling overseas where procedures cost less, is growing with support from insurance companies. Nearly 200,000 Americans had procedures outside the country in 2007. The challenge: maintaining safety standards.

VIP TREATMENT & PREMIUM SERVICES - "Concierge medicine," paying \$20,000 to \$30,000 or more annually to guarantee premium medical care, is a growing healthcare service for the wealthy. Because of the high costs, medical innovations often start with the rich then move to the mass market as prices fall. The challenge: bringing down costs.

PREDICTIVE/PREVENTIVE CARE - Better diagnostic tools pinpoint factors that are likely to cause problems for a specific patient or population. Genetic research can predict which diseases a person may be susceptible to, and biomarkers can help doctors assess health conditions. The challenge: changing the policy of insurers to stop curtailing coverage of people with "bad" genes.

GENOMICS & PERSONALIZED CARE - The Holy Grail of modern medicine, tailoring care to individuals, holds the promise of radically transforming health-care delivery. Customized medicine is currently costly and complex. The challenge: raising funds to advance genomics to areas beyond cancer therapies.

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IAMERS SELECT

Don Bogutski

As a trade association, IAMERS brings its members opportunities to meet, exchange ideas, and network for combined business opportunities. As well, IAMERS represents us before various government agencies; and provides educational forums. At the annual meeting in Charleston, SC we came together and discussed a program that IAMERS could potentially offer to the membership.

If you weren't at the meeting here is the meat of our discussion. When a large OEM sells a piece of used equipment, they provide a guaranty of its worthiness. When you're GE, or a major OEM, people believe you. When a small company sells the same piece they too may provide a guaranty; but it's not perceived the same. IAMERS SELECT is intended to help you compete equally with the larger OEMs and other non-IAMERS members.

IAMERS SELECT is:

- An insurance program that underwrites the deliverables made in the contract of sale up to some amount. A nationally recognized insurance company:

- will stand behind the contract and warrant that the system will be delivered and perform as promised.

- will underwrite the guaranty you provide with the contract of sale, i.e., one month, quarter, year, and a warranty for parts and labor, if included in sale price.

- A program that you choose to use from sale to sale.

- A program that will require a payment of a premium to offer the insurance.

- A guaranty to your customer that they have recourse and relief from your failure to perform.

- A program that provides your company a leg up on every other company selling used equipment.

To make IAMERS SELECT work we need our members to participate. We are not asking you to agree to participate in the program now. We are asking you to offer your thoughts, positive and negative, about this proposal. We know we are just scratching the surface and you have many questions, comments and concerns. Your feedback is essential before we can move forward.

As competition sharpens, and the market responds to technology and the economy, we need every edge. Please contact me as soon as possible to discuss IAMERS SELECT.

Don Bogutski
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The Cutting Edge of Health Care (con't)

DISEASE DETECTION AND CONTROL - With globalization, disease is spreading ever faster. Using huge computing power to track outbreaks would facilitate responses before illnesses cross continents. Using cell phones, villagers could notify disease control authorities and supply data for tracking. The challenge: staying ahead in an integrating world.

CULTURALLY ADAPTED TREATMENT - Changing the health and wellness behaviors of various demographic groups requires knowledge of their cultures and programs designed to accommodate them. Example: obesity that can lead to diabetes. Treatments sensitive to varying customs can deliver more efficient care.

EFFECTIVE INTERVENTIONS - Smoking, stress, overeating, and other behaviors can lead to chronic conditions that cost societies huge sums. Smart, focused programs, often delivered at the workplace, can help people sharply increase their health and well-being while reducing long-term care costs for corporations and government.

Source - Business Week - June 5, 2008

Have a Great Summer!

2007/2008 IAMERS Board of Directors

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Contact IAMERS @ 877•304•2637 or 201•833•1157

IAMERS Important Dates in 2008

SNM 2008
June 14th - 18th
New Orleans
IAMERS Booth # 327

CARS
(Computer Assisted Radiology & Surgery)
June 25th - 28th
Barcelona

2008 IAMERS European Meeting
September 18th - 20th
Amsterdam

EANM 2008
(European Congress of Nuclear Medicine)
October 11th - 15th
Munich

MD Expo 2008
October 23rd - 26th
Orlando

RSNA 2008
November 29th - December 4th

IAMERS RSNA Reception
Monday, December 1st
InterContinental Hotel on Michigan Avenue

Comments and opinions are welcome.

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Ireland's take on the US Presidential Race:

We, here in Ireland, can't figure out why people are even bothering to hold an election in America. On one side, you have a bitch who is a lawyer, married to a lawyer, opposing a lawyer, who is married to a bitch who is a lawyer. Yet, on the other side, you have a war hero married to a good looking woman who owns a beer distributorship!

What in hell are you people thinking over there??