



IAMERS Newsletter

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Letter from the President

Dear Members,

We had another great RSNA. Unfortunately, I don't have any decent pictures to show you. Last year we hired a professional photographer and we got some great shots. This year we relied on a few people with cameras. They did their best but everything was too dark. I guess it's not the ideal photographic canvas for amateurs. If anyone reading this thinks that they can take good photographs in such a venue, please let me know. I'd like to nominate you to be IAMERS' official photographer.

Our next IAMERS event is the ECR in Vienna, followed by our Annual Meeting in Washington, DC.

As mentioned before, the choice of Washington, DC was based on close proximity to the FDA, the Congress, and other governmental agencies that can help IAMERS. Washington offers us an opportunity to have better, more informative, more relevant speakers.

We remain committed to helping our members compete in this market segment. While we anticipate greater regulations within our industry, we will continue to help our members who are small businesses maintain their value within our diagnostic imaging industry. We believe there is a place for all of our members within this industry.

We expect to have a near-final agenda for the Washington meeting to you by the end of January. As always, we will also plan some fun activities for you during the meeting.

I wish you a Happy New Year and great success in 2010.

Cheers,



Happy New Year - 2010

WHEN IS DISPUTE AN ETHICAL VIOLATION OF THE IAMERS ETHICS CODE AND WHEN IS IT A COMMERCIAL ISSUE IN WHICH THE ETHICS COMMITTEE SHOULD NOT BE INVOLVED?

Jeffrey Fall, IAMERS Ethics Chair and
Robert Kerwin, IAMERS General Counsel

(Preliminary Note: the content of this article represents the thoughts and expressions of Messrs. Fall and Kerwin and is not representative of official IAMERS Policy or the views of the IAMERS Board.

For over 15 years the IAMERS Ethics Committee has functioned successfully for its members and the secondary market. IAMERS has been touted by many to be a unique trade association in its ability to help self-police for inappropriate conduct amongst IAMERS members. Recently a representative of the FDA has mentioned that the IAMERS Ethics Code may be one of the reasons why the secondary market's reputation has improved. Still, there is from time to time a sense of confusion relative to when a particular issue is deemed to be a "violation of the IAMERS Ethics Code" and when a particular issue is deemed to be purely a legitimately disputed activity for which the IAMERS Ethics Committee ought not to take jurisdiction.

The IAMERS Ethics Code provides in essence that a complainant (whether they be a member or a nonmember) may bring hearing requested for a violation of the IAMERS Ethics Code, if the act complained of against an IAMERS is an "unethical act". New members pledge to conduct their business so as to avoid unethical conduct with members or clients. The Ethics Code provides in applicable part:

(A) To follow rules through and complete any agreement made verbally or otherwise to any IAMERS member, prospect, or client. (B) Conclude the transaction once the member has agreed to either sell, acquire, or lease equipment. (C) Honor any offer that has been accepted by a member and or any client as expeditiously as possible after acceptance and always upon the terms of the contract. (D) Utilize only one name in any transaction with a prospective client or member. It is considered extremely unethical to negotiate or bid utilizing different or separate business, corporate or company names under one control, without full disclosure. (E) Not to disparage other members by statements or innuendo to other members or clients. (F) To respond to any complaint or violation filed with the ethics committee and participate in all processes and procedures of committee with respect to that complaint.

No definition has existed for an "unethical act". However, IAMERS is receiving more and more complaints which may, upon investigation, be more properly categorized as matters of "commercial" dispute rather than actual IAMERS "ethics" violations. Given the above, we will be having a continued dialogue in the next few months as to what ought to be the appropriate standard by which the IAMERS Ethics Committee takes jurisdiction of a complaint and what ought to be a matter for the courts. The original IAMERS Bylaws and the IAMERS Ethics Code contemplated the formation of a Professional Standards Committee to address concerns this type. Though contemplated and much discussed the Committee was not formed and no formal standard was promulgated:

Section 15. Mandate of the Professional Standards Committee, of the IAMERS Ethics Code states (A) The professional standards committee is charged with the ongoing process of establishing ethical standards for the IAMERS members. This does not preclude the ethics committee from continuing to establish procedural policies and standards. (B) The ethics committee is encouraged to advise the professional standards committee of particular areas in which the ethics committee believes that substantive policy positions relating to ethical standards should be established, broadened or modified.

IAMERS does not wish to devalue the IAMERS Ethics Code into a collection agency. At the same time one does not wish for actual violations of the Ethics Code to go unaddressed. During the next few months in accordance with the Professional Standards mandates, we welcome your thoughts concerning what is an Ethical Violation and what is a commercial dispute.

*Jeffrey Fall is the President of Platinum Medical and Chair of the IAMERS Ethics Committee.
Robert J. Kerwin is General Counsel to IAMERS and a Shareholder in the Boston firm of Tarlow, Breed, Hart & Rodgers, P.C.
Comments concerning this article may be respectively sent to JFsage@aol.com and rkerwin@tbhr-law.com.*

Electronic Medical Records, or You Can Never Find An Ancient Greek When You Need One

Wayne Webster

Electronic Medical Records or EMRs have received a lot of press in the past year. Hundreds of millions in stimulus money flowed to the development of EMRs with the expectation that EMRs will bring down the cost of health care. I guess time will tell whether they will realize their full potential for health care cost reductions.

When you read what is being demanded by our Government as an EMR standard it isn't exactly what most users are seeking. Over the past year I've spoken to many practices and followed the many articles about EMRs. Most centers ask the same questions when imaging equipment is installed. How do I get the information from this imaging device into a form that can be used with my PACS system? Or, how can I access the data to produce a report?

No one asks how do I share this data with others? Or how do I attach this information to the patients total access medical record? No one is overly concerned about how the information becomes accessible to folks outside of the practice or hospital. They're just seeking basic connectivity and standardization of image and report formats.

The prediction of cost savings is based on EMRs being readily available on the WEB. Everyone claims to understand that EMRs for any patient have to be available to all providers of health care if we are to avoid repetitious or unnecessary testing when a patient presents with a medical issue.

Perhaps knowing a little about the historical development of medical records will assist us in predicting the potential for EMRs to reduce health care costs. Medical records have taken a circuitous path since their inception in the 19th century. I recently read Stanley Joe Reiser's book, *Technological Medicine, The Changing World of Doctors and Patients*. You can find it at Amazon for \$17. Unlike other books of this type Reiser's focus is not about amazing technology and how it works. Rather starting with the stethoscope he explores how the introduction of technology alters the doctor patient relationship. The history, the observations and his predictions are thought provoking.

He devotes a chapter in the book to the development of medical records and today's call for EMRs. Here's what I learned from the chapter. In the 1800s there were few hospitals and most doctors were poorly trained and not associated with a medical facility. Point in fact most doctors in the early part of the 19th century believed working in a hospital was beneath their position. Medicine was an art, not a science. They (the doctors) treated their patients in their office or at the patient's home. They listened to the patient and decided on a therapy based upon the patient's description of the problem. Today we'd say that's a risky way to practice medicine.

It was in the second half of the 19th century when hospitals began to appear in larger cities and in greater numbers. Doctors began to make use of hospitals and from this use the demand for medical records grew. When initially asked to produce regular and formatted patient medical records doctors were outraged by the request. They didn't need to keep written records. They kept the information where it belonged, in their heads. And they claimed total recall. This total recall was tested now and again and the results were less than remarkable, as you might imagine.

With the result in that doctors couldn't keep records in their heads and as hospitals became more prevalent, administrators began to demand doctors prepare written records for each patient. This was not specifically done to allow for service billing, it was so that if the patient returned with more issues someone might be able to tell what happened during the last visit. If you think about it the reason for patient medical record keeping hasn't changed much in 200 years. Nor has our need to retrieve information about the patient and the services provided changed over this time.

As you can imagine with doctors not seeing a value in written medical records the early ones were almost useless. Doctors wrote less than helpful observations and frequently the record was illegible and inaccurate. As time passed individual hospitals set standards for medical records and doctors became better at recording patient history.

Storage and retrieval of the records became an issue as the physical number of records increased. Sharing of patient records between institutions was virtually impossible as it is today. The hospital had its records, the doctor had his office records and possession was nine tenths of the law.

So in the 1800s we have the need for record keeping, storage, retrieval and sharing. Sound familiar? With the continuing passage of time medical records increased in size and with the addition of information more disparate groups wanted the data within them. Government regulators, finance, researchers and others concerned with the occurrence and effective treatment of disease all wanted information. This demand for information shaped the medical record into what it is today, a tool that serves many masters.

Reiser speculates about the value of today's medical record and its ability to bring down the cost of medicine by sharing the information it holds. He says with so many different groups driving the collection of statistics the record becomes less useful as a tool for understanding the patient condition and making more cost effective decisions.

Here's a recent personal experience. My wife was in the hospital for an emergency situation. Her doctor attended along with others. Over three days there were tests and visits by specialists along with visits from her doctor. When she visited her doctor's office two weeks later for a follow-up, she was asked to repeat the symptoms that brought her to the hospital and what happened while there.

Her doctor's office is connected to the hospital. I suspect the records were available somewhere, but at the time of the visit it was easier to let the patient provide the information. As Reiser opines in his book this method of practicing medicine dates back to Hippocrates and isn't very reliable. Although centuries later, we still practice medicine as Hippocrates did in ancient Greece. Now it's just easier to dictate on electronic media rather than having to make your own papyrus paper before taking notes.

Will EMRs save the day and allow for a cost savings in the delivery of health care? I don't know. I do suspect the development of EMRs will keep a lot of programmers working for many years developing several solutions to this problem. Unifying the collection, organization, retrieval and sharing of the information may be out of reach for the time being.

We have the computing power and the bandwidth to make this happen. But that doesn't mean we have the will or the interest in making it happen. Although we have lots of technology, when you break it all down to its base components, the art of health care hasn't changes much since Hippocrates trained his first group of physicians.

IAMERS Welcomes 3 New Members

5 STAR / NAI
Dennis Maiocchi, ISO Sales Mgr
11515 Prosperous Drive
Odessa, FL 34655
Phone: 727-376-0588
Fax: 727-376-2668
Email: dmaiocchi@partssource.com

Replacement image intensifiers, x-ray tubes

KNJ TECH SERVICE
James Gant
610 Juanita
Monticello, IN 47960
Phone: 574-583-8029
Fax: 574-583-7831
Email: james@knjtechservices.com
Website: www.knjtechservices.com

Deinstallation services

SIEMENS MEDICAL SOLUTIONS USA
Sabine Duffy-Sandstrom, VP Refurbishing
51 Valley Stream Parkway
Malvern, PA 19380
Phone: 610-448-1509
Email: sabine.duffy@siemens.com
Website: www.usa.siemens.com

OEM supplier of diagnostic imaging equipment

Top 10 New Year's Resolutions

We looked at many lists of New Year's resolutions; and they are all the same. The only variations we could find were the order of the resolutions. Here's the list.

- 1. Stop Smoking
- 2. Get Fit
- 3. Lose Weight
- 4. Enjoy Life More
- 5. Quit Drinking
- 6. Get Organized
- 7. Learn Something New
- 8. Get Out of Debt
- 9. Spend more time with Family
- 10. Help Others

If any of you seriously embark on one of the above, keep us posted on your progress. We wish you the best of luck and hope you succeed.

Important Dates & IAMERS Events

December 2009

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2010

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

April 2010

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

June 2010

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	7
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

August 2010

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2010

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

March 2010

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

May 2010

Mo	Tu	We	Th	Fr	Sa	Su
						1
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

July 2010

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2010

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Religious/world holidays

♦ No planned IAMERS Events

Arab Health♦ – Dubai, UAE • 25 – 28 Jan 2010

ECR – Vienna, AT • 4 – 8 Mar 2010

IAMERS ECR Reception • 7 Mar 2010

Grand Hotel Vienna • 7 PM –

AIUM♦ – San Diego, CA • 24 – 27 Mar 2010

MD Expo Spring Mtg – Scottsdale, AZ • 24 – 28 Mar 10

ICR♦ – Shanghai, CN • 9 – 12 Apr 2010

(Int'l Congress of Radiology) – held every 4 yrs

IAMERS Annual Meeting • 28 Apr – 1 May 2010

Washington Marriott • Washington, D.C.

SNM♦ – Salt Lake City, UT • 5 – 9 Jun 2010

AAMI – Tampa, FL • 26 – 28 Jun 2010

IAMERS booth # TBD

AHRA – Washington, D.C. • 22 – 26 Aug 2010

IAMERS booth # TBD

IAMERS European Meeting – Paris, FR • 8 – 10 Sept 10

Location TBD

WFNMB♦ – Cape Town, ZA • 18 – 23 Sept 2010

(World Federation of Nuclear Medicine & Biology) – held every 4 yrs

IAMERS ECR Reception in Vienna

Sunday 7 March 2010

Grand Hotel Vienna

Kärntner Ring 9

Members and their guests

2 tickets for members with less than 15 employees

4 tickets for members with 15 + employees

Additional tickets at €250 pp

Non-members – €450 pp

Pre-registration is a must

Members who register at the door will be charged

€250 pp

Contact Diana to register

IAMERS Top Agenda Items

(in no particular order)

Keep members informed of changing regulations at the FDA, and other governmental agencies, that affect our industry

Increase membership

Advance the cause of small business members

Lobby to make sure all members can compete within our industry

Continue to work for fair play regarding passcodes and the like

Provide the best, most informative, most relevant meetings to our members

Continue to uphold IAMERS high standards of ethical behavior

Update members on technical and industry updates that affect their business

Attend meetings that are relevant to the member – meetings that will increase IAMERS exposure with clinicians – AND will bring new members to the association

Continue to be the best networking forum for those who sell, service, or work in the pre-owned diagnostic imaging industry

IAMERS News & Information

- Invoices for the 2010 dues have been sent out. Please pay your dues as soon as possible. If you have questions about your dues, call us.
- IAMERS will issue the next “Who’s Who” magazine in February. Your dues must be paid in order to be listed in the “Who’s Who”.
- Please visit the IAMERS website to look at your particular listing. If not correct, let us know.
- If you are the first sponsor of 6 new members (that means they list your company first on the application), you will get a \$500 reduction in your next dues payment, or free admission to our Annual or our European meeting. You are entitled to the above reward of your choice as soon as you sponsor 6 companies. If you can bring in 6 new members by April, you’d be entitled to attend Washington at no charge; or Paris in September.
- Please tell us if you can help on a committee. There’s plenty to do in areas such as marketing. The more members that can help, the more we can accomplish. If there is something specific you would like to do for the association, let us know.
- Let us know what you think about our articles and our direction. If you don’t communicate with us, we’ll never know how best to improve. This is your trade association.
- Should we be doing something that’s not listed at left? Tell us.

Comments and opinions are welcome.

Diana Upton
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2009 IAMERS Board of Directors

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