



Gamma Camera Mobility vs. Ownership

The world of cardiology has taken a leap forward in diagnostic service with advances in imaging technology turning a corner every few months. Doctors have witnessed the value of nuclear medicine in-house departments from the revenues of their counterparts, but setting up shop seems anything but cost-effective. In order to justify such expenditures, a practice has to question the gains of quality patient care, the expenses of transition and ultimately, total revenue. Diagnostic tools such as gamma camera equipment hold promising returns however setting up the department can raise many new dynamics of concern from square footage, to multiple location issues, licensing and then some. This leaves the question of whether a mobile unit setup might be the easiest route over ownership of a new camera.



At first glance, a mobile nuclear service may appear to be the easiest way for several reasons: no camera to buy, no service problems or service contracts, no licensing issues, no technologist salary, and no physicist fees. All these make the decision seem a no-brainer, but in reality the provider is paying a lot (a whole lot) for all that, plus contingency fees and profit margin to the mobile service. When we combine the costs of mobility and examine the value, it becomes clear that the actual convenience and quality are largely compromised.

Regarding image quality, there can be marked differences primarily due to patient positioning. The non-traditional sitting position often used by mobile cameras can have a higher incidence of image artifacts as compared to images in the traditional supine/prone positions used by fixed cameras. Moreover, the data from an upright image may not correlate as accurately with data-based statistical models which also use the traditional supine/prone positions. For the costs doctors are paying for such quality, it's left many to wonder if the price of mobile service will ever go down, but with demands for more studies growing each year it's not likely.

On the other hand, equipment ownership touts many advantages: picking the camera you really want (like not being stuck with mobile camera quality). Better yet, flexibility in scheduling to allow more studies when we want to do them and not just when the mobile service can come. These aspects speak volumes for quality and long-term practice revenue. Tax advantages of ownership, e.g., depreciation deduction, also provides tremendous potential for savings in associated costs.



From a cost perspective, mobile services average \$2,500 per visit. Once-a-week visits annualized equate to \$120,000 plus isotopes charges. Ten studies (patients) per weekly visit at \$100/dose is \$96,000 annually, plus another \$52,000 for adenosine (based on 50% of studies). Grand total is \$278,000 a year, or about \$23,000 per month, month after month after month.

In contrast, purchased equipment cost for a new dualhead is approximately \$54,000/year (\$4500/mo.), and is paid off in 5 years. NIS discounted pharmaceuticals, staffing, and physicist fees total about \$137,000. So the annual cost in the first year is \$191,000, or a SAVINGS OF ABOUT \$87,000 compared to a mobile service for the same number of patients.

~A.L. Henry & L.K. Ozanne

TURNKEY SOLUTIONS: Starting a nuclear medicine department and exactly how to "get it going" can be an intimidating unknown once the decision is made. Many questions arise about how to get licensed, setting up a hot lab, ordering isotopes, and staffing. Nuclear Imaging Services' many years of experience can be invaluable in addressing all these issues and others, such as space availability or service contracts. Our senior managers can provide a custom proforma based on current patient studies or referral volumes to assess usage and revenue potential, provide quotes for selected equipment and services, and then guide the customer step-by-step through the entire set-up process.