INTRODUCTION TO

Mobile Diagnostic Imaging

A quick-start guide designed to help you learn the basics of mobile diagnostic imaging

Digirad

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How does mobile diagnostic imaging work?

Operating a nuclear diagnostic lab can be an expensive and time-consuming proposition. Many practices and cardiologists are turning to mobile diagnostic imaging as a way to improve profitability or add services to new locations.

A mobile imaging company can provide everything you need to offer nuclear imaging at your location – with no capital outlay or direct expense to your practice. These services include accreditation, licensing, personnel, equipment, consumables, and isotopes. Understanding how mobile diagnostic imaging programs work is the best way to know if the service can benefit your practice.

Why do practices use mobile imaging?

The first step in knowing how mobile imaging programs work is to understand the "why" behind the decision. Example situations where mobile diagnostic imaging makes sense include:

- An existing practice may be interested in adding new imaging modalities and equipment so they can offer a full spectrum of cardiology services.
- A new practice may want to offer in-office diagnostic imaging to patients, but are hesitant to make a large capital investment or realize that outsourcing is often more profitable than a full ownership approach.
- A cardiology practice may be experiencing uneven volumes or expensive repairs on an older camera which is making the economics unfavorable.

Contracting with a mobile imaging partner

Prospective mobile imaging providers should review your clinical volumes to identify the overall need and then determine how many days of service would work best for your practice. It could be as little as a single day per month, up to several days a week. The number of service days and pricing terms should be based on your actual volumes to ensure you make a profit from providing the imaging.

What does a typical service day look like?

One day prior to your scheduled service day:

- Your office will notify the provider with the scheduled appointments for the following day
- The completed form will include the patient's name, weight, and type of test ordered
- This information is used to order the appropriate isotopes from the pharmacy

Service day:

- The service provider arrives at your office at the designated time with all the personnel, equipment, and supplies
- The camera is set up in an exam room and prepared to image patients
- Imaging is performed throughout the day
- Images are delivered to you based on your preferred method, most commonly via online PACS
- At the end of the day, they pack up their equipment, supplies and leave the exam room as they found it

Wrap up:

- Your practice will bill the insurance payers and collect payment
- The mobile imaging provider can coach your staff through the coding process
- Your practice pays the imaging provider for the service day

> Mobile imaging can be an intelligent way to remove financial pressures while providing a better service to your patients. While this is a general idea of what to expect, the specifics of your practice and needs will shape the eventual process.

10 myths
about mobile imaging

Mobile imaging service is a cost, time, and resource-effective alternative to owning and operating your own Nuclear Cardiology lab, but there are understandably a number of questions around the service. Will I get paid? Are the images any good? Is the staff qualified? These are good questions and we want to take a moment to address 10 of the most common myths we hear.

1 **Portable or Mobile imaging cameras do not provide the same quality images or accuracy as a fixed imaging camera.**

Digirad's mobile imaging cameras use digital solid-state circuitry that is more advanced than most other fixed or stationary cameras in the market. Our platform is high quality, stable, and reliable, so we can convert our technology into a mobile, portable format. Digirad's mobile imaging cameras are dependable and used in luminary institutions. The images that mobile cameras produce are of equal or often better quality to, and as diagnostically accurate as, the images produced by stationary or fixed camera systems.

2 **Mobile camera operators are not as well-trained or committed to providing accurate, quality images.**

Digirad employs highly skilled personnel with specific imaging and personality skill sets. These highly technical professionals also undergo a thorough screening process prior to being hired. Upon starting with Digirad, all technologists undergo extensive training on our systems, on our processes, and on customer service. They also benefit from our continuous improvement processes, ongoing education, and evaluations. This ensures that our employees are held to higher quality standards which include customer and patient satisfaction requirements. Digirad also offers our employees quarterly incentives that are issued for outstanding performance.

3 **Mobile imaging is not allowed under Medicare.**

Many physicians are concerned that mobile imaging is not regulatory-compliant and accepted under Medicare because it is not performed at a hospital. However, Digirad's service is regulatory compliant under Medicare, and further, we are accredited by and through the Intersocietal Accreditation Commission. Our services and models are independently audited to ensure federal and state compliance.

4 Insurance companies will not pay for, or pay less for, mobile imaging.

The vast majority of insurance companies do not have a preference for mobile or stationary cameras. Insurance companies provide reimbursement based on accreditation. Through our Diagnostic Services, our clients are fully accredited by IAC which is recognized by CMS and by private payers. Digirad clients also have access to national reimbursement consultants at no additional charge. Our Diagnostic Services provide solutions for the various challenges that physicians, healthcare systems, and hospitals face.

5 Mobile imaging is too expensive, and my practice will lose money.

This is simply not true. Mobile imaging is a very cost efficient approach to providing SPECT myocardial perfusion imaging (MPI) for your patients. When you own a Nuclear Cardiology Lab, the biggest financial challenge is that your fixed costs (equipment, repair & maintenance, licensing, physics consultation, accreditation fees, accreditation consultation, etc.) per study can continue to increase. With our As Need, When Needed, Where Needed approach, that is never an issue. Using our mobile services allows your practice to pay-as-you-go with a known cost basis that results in known profitability to provide these services for your patients. Without the fixed overhead cost, Digirad mobile imaging is a very cost efficient choice for practices who desire high-quality imaging services at a lower price.

6 Mobile imaging is disruptive to my office

When Digirad deploys our employees to your practice, they recognize that they are invited into your practice. They proceed with their tasks seamlessly and without disrupting your office. Digirad employees are involved in all aspects of imaging procedures to assist your office staff, including post-screening and discharge procedures. Our highly trained employees integrate themselves with your practice and procedures to become an asset and contribute to the overall success of your business.

7 Mobile imaging space requirements are problematic for my office

Digirad mobile imaging can provide creative solutions for practices with little extra space and small exam rooms. With a footprint about the size of a desk, our cameras can be maneuvered into almost any exam space to perform the necessary imaging. If necessary, our dedicated employees may rearrange exam rooms to fit the camera, and when the procedure is over, they restore the exam room to its original layout. The added advantage is that this space is available for you to provide other services to your patients on days you are not performing imaging.

8 Mobile imaging cameras are not able to perform all the cardiac imaging studies that a stationary camera can

Digirad's mobile imaging cameras have the capability to perform Nuclear Cardiology studies, including MUGA studies and Stress/Rest SPECT.

9 My practice is too busy to worry about pre-certifications and other requirements necessary to bill and collect

Digirad offers busy practices a service that performs pre-certifications. The practice provides access to the basic information and our team can complete the necessary forms to obtain authorizations. In addition, our Reimbursement Support team can assist you with any billing questions or concerns.

10 Using a mobile imaging vendor does not allow me to have control over the personnel and imaging process

Your office oversees Digirad's mobile imaging equipment and staff, which means that the lead physician supervises Digirad staff. Your practice can maintain complete autonomy and control while using our experienced staff to assist with in-house imaging services. Additionally, our service provides you with more oversight than sending your patients to a hospital or imaging center.

Common questions about mobile imaging

Many physicians are curious about mobile imaging but have questions about the service and how it actually works. As a leading provider of mobile nuclear imaging, the Digirad team has met with thousands of practices and cardiology providers. Here are the answers to the most common questions we receive.

How many patients do I need for mobile imaging to make sense?

Generally, one service day per month, with six patients per day, is considered reasonable. More patients allow for greater profitability. If there are fewer than four patients in a day, it may be difficult to justify the economics. Much of what determines your breakeven point is determined by the terms of the contract. Structure the relationship so that your breakeven point is modest compared to the number of tests you can perform in a single day, thereby ensuring profitability.

What are the upfront costs for mobile imaging?

There should be no, or very little, upfront costs for mobile imaging. The whole purpose of mobile imaging is to provide a practice with an imaging solution without the initial capital and overhead expenditures. The provider you choose should be responsible for the credentialing, accreditation, equipment, staffing, supplies, HIPAA compliance, billing and coding support.

I am not an authorized user; can I still offer mobile nuclear imaging?

Yes. You do not need to be board-certified in nuclear cardiology to take advantage of a mobile imaging service. Your mobile imaging provider can assist with all related licensing requirements and put you in contact with an authorized user to read your patients' images.

How much space do I need?

One standard size exam room will sufficiently serve as the location for your imaging services. The imaging staff will use the room for the day, set up the equipment, image patients, and return the room to its original configuration at the end of the day.

Will offering nuclear imaging cut down on the number of echos?

By offering both modalities in your office, you'll be more inclined to choose the right test for the right patient at the right time. Initially, you may see some shift from echo to nuclear, but over time, you may be doing the

same number of echos and more nuclears. You'll feel more comfortable and confident that you're making the right recommendation because both are conveniently available and easily accessible.

Who will be providing the imaging?

While we can't speak for the entire industry, Digirad hires only qualified nuclear medicine technologists who are certified by NMTCB or ARRT(N) and certified cardiovascular technicians. We provide references and license verification for each of our personnel. These highly technical professionals also undergo a thorough screening process. They integrate themselves with your practice and procedures to become an asset and contribute to the overall success of your business.

How much does mobile nuclear imaging cost?

The honest answer is that it will vary. The cost of your mobile imaging service should be structured in such a way that every service day results in a profit for your practice. The level of profitability will depend upon the unique needs of your practice: your clinical volume, the frequency of service days, the studies you perform and your office location. The margin between your set mobile imaging cost and the fee billed to payers will allow you to calculate your profitability in advance.

Is mobile nuclear imaging equipment as good as what patients would get in the hospital?

Yes. Digirad's Cardius® imaging cameras use digital solid-state technology that is more advanced than many cameras in the market. The images that mobile cameras produce are of equal, or often better, quality to the images produced by stationary or fixed camera systems.

The Cardius® features include:

- Solid State Flat Panel Detectors
- Compact, Open Design
- TruACQ™ Count-Based Imaging
- nSPEED™ 3D OSEM Reconstruction
- Imaging Capacity of Patients up to 500 pounds

5 mistakes that practices make when choosing a mobile imaging provider

Choosing a mobile imaging provider could be one of the best decisions you'll make for your practice. As an extension of your staff, your services partner will be a direct reflection of the quality of service you provide, your level of professionalism, and the quality of your medical services. With all that at stake, here are 5 mistakes you want to avoid when choosing a provider.

1. Choosing a provider with old and outdated equipment

One key advantage of mobile imaging is access to the most current technology and protocols without the initial outlay of capital. Outdated equipment will affect your patients and your profitability. An old or outdated camera and/or outdated software can result in poor quality images, reduced clinical confidence, and damage to the quality of the service you provide. Offering nuclear imaging at your location should increase the perceived sophistication of your practice. Why dampen that with inferior equipment?

Additionally, consider the accessibility of replacement parts should the camera be in need of repair. How much time could the provider's camera be out of commission if parts are not readily available, and how could that impact your scheduled service day? Today's healthcare environment mandates quality and accuracy; risking false positive studies with outdated equipment or software is not acceptable.

2. Choosing a partner with a small infrastructure

How large is the size of the provider's fleet? Do they have enough equipment to support their customers' needs, plus some? Will they have a replacement camera available if another is unexpectedly in need of repair? Do they have enough employees to address the ongoing needs of sick days, vacation days, leaves of absence or employee emergencies? You need to have confidence that your mobile imaging provider will arrive and be ready to see patients on their scheduled service day, regardless of any challenges they experience along the way.

3. Choosing a provider solely based on price

A quality mobile imaging provider should structure your relationship to make your service days profitable. Some practices try to maximize their profit by choosing a provider who offers their services at the lowest cost. While the least expensive service may economically seem like the best choice, be sure to consider the whole picture. If a provider is cutting corners, it will be reflected in the quality of their service, potentially resulting in excessive false positive studies. This negatively impacts your patients and your practice's reputation with referring physicians. Don't be afraid to ask a low-cost provider how they are able to offer their services at such price points and still provide high quality studies with the best possible patient outcomes. If a prospective service partner is significantly lower than others, there is likely a reason, and it will end up costing you in the long run.

4. Choosing a partner without supporting services

Partnering with a mobile imaging provider should help take the burden of responsibility away from you and your staff, not add to it. An ideal service should provide all credentialing, accreditation, equipment with the latest technology and software, qualified staff, supplies, study pre-certification, online PACS access, and unlimited billing and coding support. Additionally, the equipment used by the service partner should be under continuous Repair and Maintenance service with a nationally reputable camera support and service provider. When you partner with a mobile imaging services company, the objective is for them to manage all aspects of the additional service so that you can focus on practicing medicine.

5. Unknowingly choosing a provider with illegal or fraudulent practices

Even though your imaging provider is a separate entity, when you hire them, you are responsible for their actions and behavior. It's important to be well versed in the billing process and the exact terms of your contract. Be continuously aware and thorough in your understanding and agreement. It is also important to understand that the Federal Government holds you and your practice accountable for HIPAA compliance and the HIPAA compliance program of your service partner. Ignorance will not exempt you from the legal consequences of fraudulent and unethical practices.

Understanding your cost per study

What is your cost per study? It's a simple question, and the answer may be higher than you think. There are multiple factors to consider when calculating an accurate cost. So how do you know? Let's take a look:

YOUR COST PER STUDY IS DRIVEN BY SIX KEY FACTORS:

1. **STAFF:** What is your annual cost to employ your team of nuclear medicine technologists, cardiac stress technicians, billing and other support staff?
2. **EQUIPMENT:** Consider your initial investment as well as the annual depreciation of your myocardial perfusion imaging system.
3. **MAINTENANCE:** If you have a service agreement, include the annual cost. If not, calculate an average annual maintenance expense.
4. **LICENSING:** What are your annual expenses associated with acquiring and maintaining all necessary licenses and certifications? How much is your annual spend on Radiation Safety Programs, as well as Radiation Physics Audits and Consultation?
5. **ACCREDITATION:** If your practice is accredited, what was the cost of preparing for and now maintaining that accreditation?
6. **SUPPLIES:** Include any initial and recurring cost of general medical supplies, radiopharmaceuticals, and pharmacological stress agents.

Add your initial investment (adjusted for depreciation) and ongoing annual costs and divide it by your annual study volume. The resulting number is your cost per study.

Are you surprised by your cost? Is it higher or lower than you expected? An outsourced nuclear imaging solution may be a more cost-efficient option. Gathering your costs can be an intimidating task, but knowing your cost per study is a critical metric for any practice that provides imaging.

Digirad

Digirad delivers diagnostic expertise.

As Needed.
When Needed.
Where Needed.

Digirad provides custom packages that will lower your cost per scan and make your nuclear lab more profitable.

WE OFFER IT ALL!

- Mobile Nuclear Cameras
- Technologists and Staffing
- Camera Repair (major brands)
- Accreditation Consulting
- Licensing Support
- *Ask About Cardiac Monitoring Services*

For more information, call **800.947.6134** or visit **www.digirad.com**