



GENESIS ORTHOPEDICS & SPORTS MEDICINE

Our goal is simple: free our patients to be more active, more athletic, and to move freely in their bodies – accessible to everyone, not just a select few. That our patients, regardless of walk of life, move more freely, function better, and experience life to the fullest.



Andrew Shadid
*CEO, Genesis Orthopedics
& Sports Medicine*



Hythem Shadid, MD
*Board Certified Orthopedic Surgeon
President, Genesis Orthopedics
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Andrew Shadid: Before discussing why our practice chose Dedicated MRI, I want to share a story that influenced where we are today.

I'm sure you've read news stories about the widespread issue of gang violence and shootings in the Chicagoland area. One factor that heavily contributes to this disparity is the systemic poverty and ongoing social issues that trouble the city today.

About five years ago, we became involved with a school on the near-west side of Chicago, an area that suffers from significant violence and instability. One of the student-athletes at the school was an all-star quarterback who suffered a torn ACL. Before we established a relationship with the school, the athlete visited several doctors and tried to get an MRI for several months. He was told his care could cost over \$100,000. This situation heightened our awareness of what healthcare inequity looked like. Ironically, that same gym where the student-athlete practiced was the same facility used for the NBA draft combine, where famous players trained and received access to specialized care while others using that same space suffered on the sidelines.

We recognized that it wasn't just people like this student-athlete who struggled to get orthopedic care; it's the system in which we deliver care in the US, private and public, where public care, especially for the poor, is significantly overlooked. The result is that nearly a quarter of our population lacks access to orthopedic care. In many cases, these patients wait over nine months to up to a year for MRI scans, whereas in the private sector, they would receive care within a few days.

A few years prior, we had become aware of this big problem in healthcare. Twenty-five percent of Illinois residents were on Medicaid, a state insurance plan, yet less than 1% of orthopedic surgeons actively accepted their insurance.

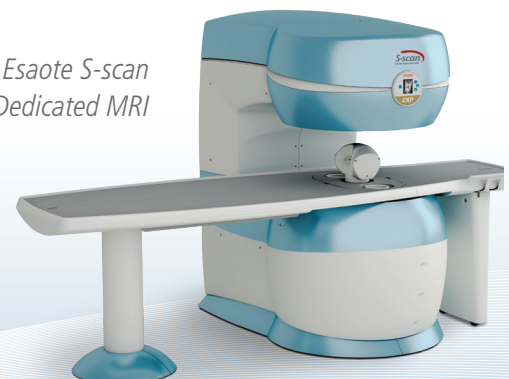
Genesis Orthopedics & Sports Medicine has a mission to deliver high-value orthopedic care to everyone in Illinois, with the idea that value is quality divided by cost. This is the equation we look at on how we determine a value quotient for everything we do.

Q. How has Esaote helped you deliver high-value orthopedic care to your patients?

Andrew: Our goal is to provide care desired by the wealthy and that the poor can afford. MRI capability is expensive to own. Here are some general thoughts on how Esaote has been helpful.

First and foremost, the purchase price of an extremity or MSK unit compared with a 1.5T unit is significantly different, whether it's a new or used system. We often talk about purchase prices three to five times higher for conventional MRI, so cost is a huge consideration when looking for MRI units for our practices.

*The Esaote S-scan
Dedicated MRI*



Another benefit specific to Esaote is that their units only need a single technologist to operate them. Hospitals tend to have another tech in the room for high throughput or need extra people for patient setup or assistance. For our clinics, we also have been able to train technologists and promote individuals internally, as Esaote offers direct training programs for our employees instead of sending them through multiple years of expensive schooling.

Another critical point is the considerably lower maintenance costs due to the absence of cryogenics. In our fixed magnet systems, there is less that can go wrong; fewer maintenance people need to come in and service the units regularly, which also helps cut costs. In many cases, the issue can be diagnosed and resolved remotely, which is even better.

Lastly, the units occupy less space, as they can be installed in a single room.

When we combine all these benefits and compare this in our financial modeling to other systems, we can deliver quality care at a lower price for our patient population.

Q. Do the O-scan and S-scan systems deliver the quality you need from an orthopedic perspective for the patients you serve?

Dr. Hythem Shadid: For me, as an orthopedic surgeon, the primary reason I use diagnostic imaging is for one reason and one reason only; to help me with treatment decisions. We have discovered and are very satisfied that these lower-field magnets are giving me all the information needed to make good clinical decisions. A variety of complex injuries can be treated with surgery or without. In almost all cases, the MRI units from Esaote give me the diagnostic information I need to make a good decision. I can see

where there are bone, ligament, capsular, and soft tissue lesions and can even see an element of cartilage lesions on the lower field magnets. So, I get high-quality imaging that tells me what exactly I need to know from an orthopedic and MSK point of view.

Where the higher magnets have been helpful for neurological tumor diagnostics, in the world of orthopedics, I am pleasantly surprised that the information I need to make a great decision as a surgeon is available to me in a unit right here in my office. These systems offer easy access and high patient comfort, and we also don't have to go through the lengthy process of sending a patient to a major medical center for an MRI.



The Esaote O-scan Dedicated MRI

Q. Does Esaote deliver value from an MSK diagnostic standpoint?

Andrew: As Dr. Shadid shared, in 99.5% of our cases, these units tell us everything we need to know. Another way we measure value is through the scanning experience. Are the patients comfortable or afraid and actively avoiding the scan?

Our patients are very comfortable with our scanners, and our technologists appreciate the ease of patient positioning.

Q. From a financial standpoint, how does an MRI purchase deliver value?

Andrew: Within this context, we must determine how our gross revenue is impacted. To calculate this, we ask four questions when evaluating MRI systems to add to our practice.

- **Is the reimbursement different between this scanner and others?**

For Genesis, the reimbursement rate per scan is equal. We don't get paid more or less using the O-scan or S-scan compared to our peers using higher-field magnets.

- **Do you have patients that these scanners cannot accommodate?**

At Genesis, we have one S-scan and two O-scan systems to accommodate all MSK scans at our centers. However, some patients require larger scanners due to their body habitus that even most 1.5T systems in hospitals cannot accommodate.

- **Can you attract staff to work on these scanners?**

We have trained internal staff who are not interested in full MRI certification but want to grow in their careers.

- **Is throughput enough?**

If you have a high patient load, you need to ask whether you need a single system that scans faster or whether it makes sense to have two units that can offset patient backlogs. For our practices, we chose two scanners, one whole-body for the spine, shoulders, and hips, and an extremity unit focusing on the hands, knees, feet, and ankles.

Compared to other units we've looked at, we found the Esaote systems to be highly efficient, with an open-concept design and competitive pricing that allows us to accommodate more patients.