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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
 DISTRICT OF OREGON

EAST PORTLAND IMAGING CENTER,)	Civil No.
P.C., an Oregon professional)	
corporation doing business as)	
EPIC IMAGING-EAST; and BODY)	DECLARATION OF R. GLENN
IMAGING, P.C., an Oregon)	SNODGRASS, M.D.
professional corporation doing)	
business as BODY IMAGING)	By Plaintiffs
RADIOLOGY,)	
)	
Plaintiffs,)	
)	
v.)	
)	
PROVIDENCE HEALTH SYSTEM-OREGON,)	
an Oregon nonprofit corporation;)	
PROVIDENCE HEALTH PLAN, an Oregon)	
nonprofit corporation; PORTLAND)	
MEDICAL IMAGING, LLC, an Oregon)	
limited liability company;)	
RADIOLOGY SPECIALISTS OF THE)	
NORTHWEST, P.C., a professional)	
corporation; CENTER FOR MEDICAL)	
IMAGING, LLC, an Oregon limited)	
liability company; and ADVANCED)	
MEDICAL IMAGING, LLC, an Oregon)	
limited liability company,)	
)	
Defendants.)	

1. I, R. Glenn Snodgrass, M.D. declare and state as follows:

2. I reside in Portland, Oregon. I have maintained a private practice specializing in medical neurology in Portland since 1963.

3. I graduated from the University of Kansas with a B.A. in 1952, and was awarded an M.D. by the University of Kansas School of Medicine in 1955.

4. I served active duty as a U.S. Naval Reserve Medical Officer between 1955 and 1958. After being accepted as a neurology resident at the University of Kansas Medical Center, I performed my initial residency there during 1958-1959, and was Chief Resident during 1960-1961. During the period 1959-1961, I also was a Training Fellow at the National Institute of Health.

5. Prior to beginning my private practice in Portland, I maintained a private practice specializing in medical neurology in Richland, Washington between 1961 and 1962.

6. My teaching experience includes an extended period as a Clinical Assistant Professor of Neurology Instructor at the University of Oregon Medical School between 1963 and 1980. I also served a stint as an instructor with the University of Kansas Medical School Department of Neurology during the period 1962-1963.

7. I have been a member of the Oregon Medical Association (OMA) since 1963, served as OMA Secretary-Treasurer between 1977 and 1978, and as OMA Vice President between 1980 and 1981. I have been a member of the Multnomah County Medical

Society since 1963, and served as President of the Multnomah County Medical Society during 1979. I am a member of the Honorary Staff at Emmanuel Hospital in Portland.

8. I was extremely disturbed to learn that the Providence health care system has made a business decision to exclude independent radiology clinics like EPIC Imaging and Body Imaging from participation as medical services providers to patients whose health plan is the Providence PPO or whose health plan relies on Providence to credential medical service providers. In my opinion, Providence's attempt to create a closed system for radiology services will be extremely detrimental to patients and is very likely to lower the quality of medical care available to the public in the Portland area.

9. I have drawn my conclusions concerning patient care based upon my experience and knowledge that overall quality of radiology services provided at St. Vincent's and Providence hospitals in Portland are not up to the overall quality of those provided at EPIC Imaging and Body Imaging. Both EPIC and Body Imaging can schedule needed procedures in a timely fashion, and both can be relied on to provide their reports in a timely fashion. During my career practicing in Portland, I have observed that the same has not always been true of Providence radiology facilities. In addition, the reading of the images by EPIC and Body Imaging is consistently good. I have not observed the same to be true at Providence, where the quality of reading can vary greatly.

10. My experience and observations during my practice in Portland has also caused me to conclude that innovation in the providing of radiology services to Portland-area patients has been driven by the small independent radiology service providers like EPIC Imaging and Body Imaging. During my 42 years of practice in Portland, my observation is that Providence and Legacy almost always have lagged behind EPIC Imaging and other independent radiology service providers in making available the latest and most innovative imaging technology to Portland area patients.

11. One example which supports my conclusions regarding the type of provider which has driven innovation in the Portland radiology services market is magnetic resonance imaging, otherwise known as MRI. Today, a patient can receive MRI services at the Providence and Legacy radiology clinics, but the same was not true when during a period in the 1980s, even though doctors like myself and Dr. Warnock were providing MRI services to patients in Portland.

12. During 1983, I began reading about the medical usefulness of MRI technology, which initially was being used only to image the head and neck. In discussing the technology with one of my business partners, a doctor who maintained a practice in the East Bay area near San Francisco, I learned of heavy demand for an MRI scanner operated by the University of California. In 1984, myself and several other doctors purchased a Disonics MRI scanner. About the same time, Dr. Jerry Warnock, the owner of EPIC Imaging (then it was called East Portland X-Ray) purchased an identical Disonics MRI scanner. Both my group and Dr. Warnock

began providing MRI scans during 1984. A few months after we began providing this service, the third MRI scanner in the Portland market was purchased by a radiology group which included head of the radiology department at Emmanuel Hospital after he was unable to convince Emmanuel Hospital to purchase an MRI scanner. Providence and the other large health care providers in Portland did not make MRI scanning available at their facilities until much later. For some time, until OHSU had an MRI scanner available, OHSU used the machine owned by my physician group to train their residents.

13. The MRI scanner owned and operated by my physician group was not immediately profitable but it was immediately useful as an important diagnostic tool. The scanner immediately proved valuable for locating tumors and blood clots in the head and neck and was instrumental in allowing myself and other physicians to confirm the occurrence of stroke, atrophy of the brain, multiple sclerosis, and other neurological conditions.

14. The improvement in quality of care that MRI scanners have afforded physicians for their patients is nothing short of remarkable. For example, MRI scanners allow physicians to much more accurately identify, locate, and categorize brain and other tumors. MRI scanners have allowed physicians to utilize less invasive means for diagnosing brain and other tumors but also have allowed treatment of such tumors to also be more precise and less invasive. Another example of improved patient care is the use of MRI scanners to diagnose hydrocephalus (more commonly known as water on the brain), a condition that can result in dementia in

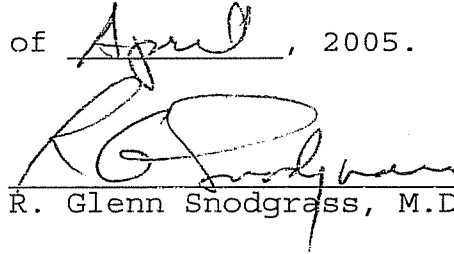
adults and permanent cognitive impairment in afflicted children. If properly diagnosed, the condition is surgically treatable. Prior to the advent of MRI scanners, the typical test (clinically known as a pneumoencephalography) for identifying hydrocephalus involved injecting air into the head, a procedure which often left the patient less than fully functioning and might require 12 to 24 hours for full recovery. An MRI scan, in contrast, can allow the treating physician to identify hydrocephalus in most cases immediately and without the need for debilitating diagnostic tests. By way of further example, MRI scanners have been extraordinarily helpful in assisting physicians in diagnosing multiple sclerosis. Historically, the diagnosis of multiple sclerosis has been difficult at best. Prior to the availability of MRI scanners, it typically took years for a competent physician to determine that any given patient had a high probability of being afflicted with multiple sclerosis. Even then, such a diagnosis was rarely conclusive. When lecturing in the 1970s and early 1980s to medical students about multiple sclerosis, I always advised these future doctors to discount all previous multiple sclerosis diagnoses when diagnosing a new patient. I know of a particular patient in Portland whose neurologist diagnosed her with multiple sclerosis. When the patient inquired of this neurologist if an MRI scan might be wise (at a time when the technology was fairly new), the neurologist told her an MRI scan would be a waste of time and money. The patient had the MRI scan performed, and the image revealed she had a curable condition which was causing her spinal cord to cause an abnormal downward

pull on the brain. As a result, the patient was cured and saved the anguish of continuing to believe she was afflicted with what then was believed to be an untreatable condition - multiple sclerosis. One final point regarding multiple sclerosis and MRI scans is worth mention. Prior to MRI scanners, the most accurate (although not conclusive) diagnostic test for multiple sclerosis was a lumbar puncture (commonly referred to as a spinal tap), a diagnostic procedure involving insertion of a hypodermic needle into the spine to extract spinal fluid. A common complication of this procedure is a mild to severe headache. Less common but serious complications of a lumbar puncture involve damage to the spinal cord.

15. Eliminating EPIC Imaging, Body Imaging, and all other non-Providence radiology providers from the Providence credentialing panel is, in my opinion, a clear case of economic credentialing being allowed to trump quality of patient care. I believe overall patient care in Portland will be diminished as a result of Providence's decision to exclude non-Providence radiology providers from their panel. EPIC, in particular, has proven itself as a primary source of improvements to patient care in the field of radiology. I have not seen a similar commitment from Providence or any of the other large health care provider networks.

16. I declare that the foregoing is true and correct.

DATED this 1 day of April, 2005.



R. Glenn Snodgrass, M.D.