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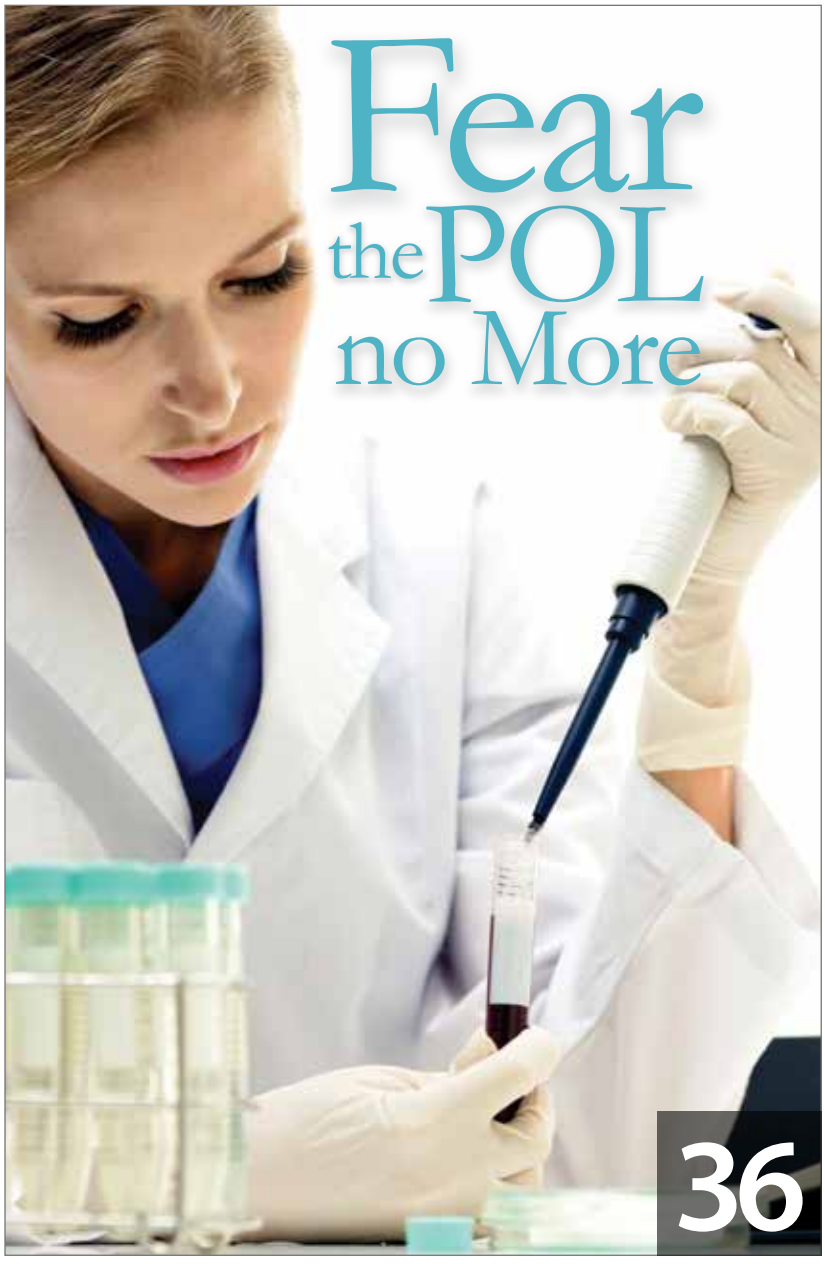

Fear the POL no More

36

Washington Summit

Distributors return to Capitol Hill, double down on advocacy

18

PUBLISHER'S LETTER

SALES

Selling with Noble Purpose

SALES

DISTRIBUTION

SMART SELLING

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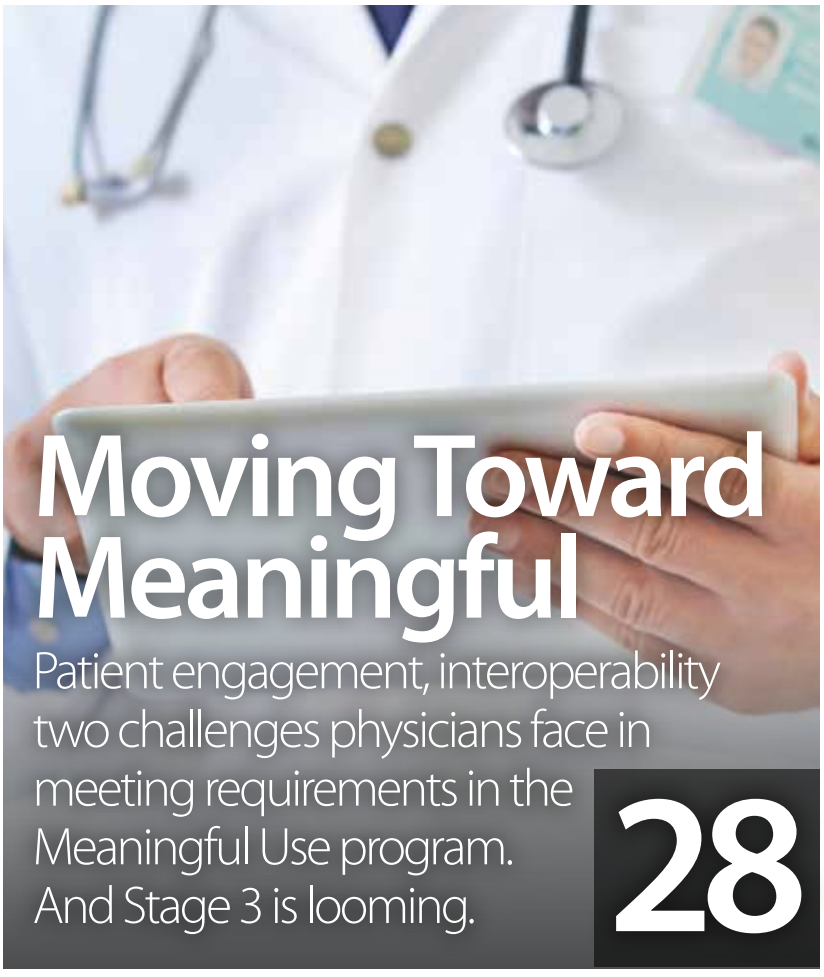


Moving Toward Meaningful

Patient engagement, interoperability two challenges physicians face in meeting requirements in the Meaningful Use program. And Stage 3 is looming.

28

Quick Bytes
Technology news

70

News:
Medical Distribution
Hall of Fame

77

IDN OPPORTUNITIES

Team Players

Mid-Atlantic Purchasing Coalition Pharmacy Network's members ask not only what the group can do for them, but what they can do for the group.. 22

LONG-TERM CARE

A Sky High Expense

The steadily rising price of nursing home care has made it less accessible to those in need.

34

HEALTHY REPS

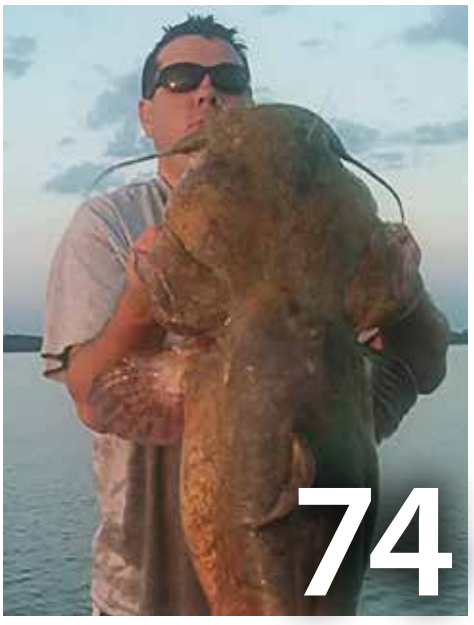
Importance of Immunizations

Even healthy adult reps need to stay current on their immunizations 68

REP CORNER

Noodling Over Sales

Whether he is servicing his accounts or noodling in his free time, Tyson Coble loves a good challenge.



74

LEADERSHIP

Knowing When to Quit..... 78

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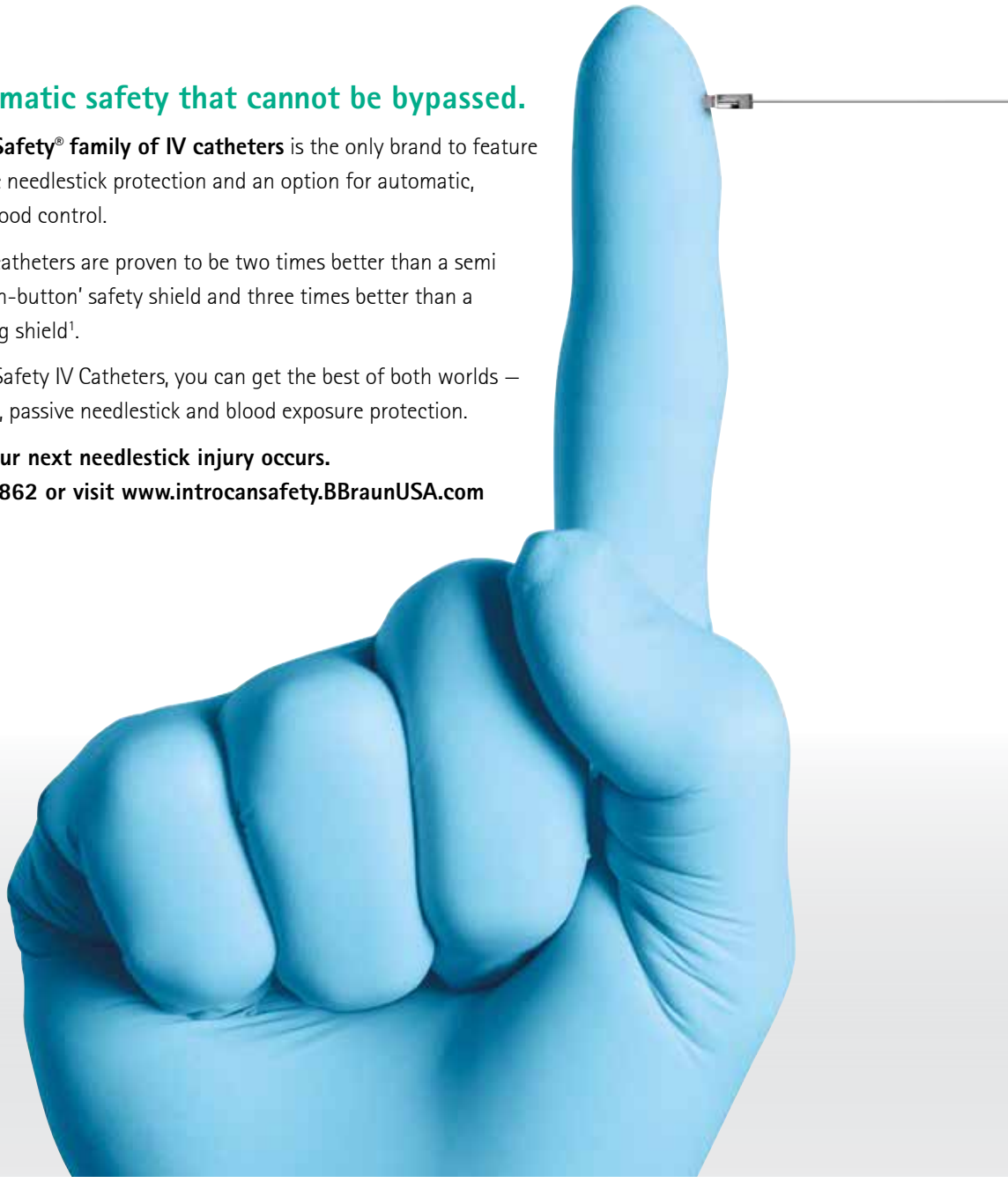

1. Tosini, et al "Needlestick Injury Rates According to Different Types of Safety-Engineered Devices: Results of a French Multicenter Study", Infection Control and Hospital Epidemiology, Vol 31, No. 4, April 2010 (p. 402-407).

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SHARING EXPERTISE

Answering the Challenge


Scott Adams

Order takers or professional salespeople? That is the question manufacturers are ask-ing about distribution in 2015. I speak at roughly 15 national sales meetings a year. Typically, I am tasked with presenting best practices in working with distribution. Almost every time someone asks me: "Do you really think reps sell anymore?"

Candidly, I'm tired of this question – and you should be too. While I do not think the question is being asked sarcastically, there is a genuine concern given consolidation at the provider level and the amount of pressure being put on distribution reps by uncontrolled forces.

My challenge to you as we head into a busy selling season is the following:

- Learn about a new product, or refresh on an existing one, once a month and pitch it to those target customers in your territory. (Two great places to learn about products are EOL and RepConnect's 2-Minute Drills, both Repertoire products free to you)
- Read through this issue and learn about the physician office lab and the products that will help you make your plan for 2015.
- Recognize the manufacturers that support you and do a ride-along day with them over the next few months.

My tag line is "Dedicated to Distribution." I firmly believe that distribution salespeople – the entire 6,000 plus of you – move amazing amounts of market share every day, week and month. You do this based off of your relationships upstream and downstream. And there are still plenty of manufacturer partners who believe in you too, as evidence by their presence at your national sales meetings, on ride-alongs and in the pages of this magazine. Help them gain the market share you control.

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Dedicated to Distribution
R. Scott Adams

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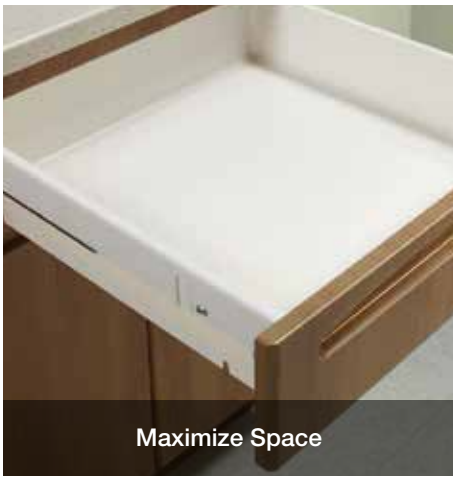
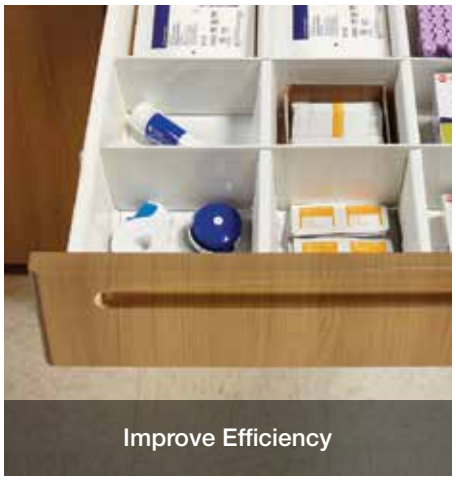


Maximize Space



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By Lisa Earle McLeod

Selling with Noble Purpose

Why organizations with a Noble Purpose outperform organizations focused on earnings

Editor's note: Lisa Earle McLeod spoke at the recent Distributor Insights meeting, in a networking reception sponsored by the Professional Women in Healthcare.

Do you have a Noble Purpose? Or do you just sell stuff?

We all want to do good. But doing good outside your business is not enough, if the actual business itself does not have a Noble Purpose.

Purpose has become a hot topic in business. Thanks to some great research, we now know that having a purpose correlates to profits.

Former Procter & Gamble CMO Jim Stengel's book *Grow* documented that businesses driven by purpose outperform the market by 384 percent. Deloitte's latest workplace study revealed a direct link between purpose and profit. My firm's research with sales teams documented that salespeople who sell with Noble Purpose, who truly want to make a difference to their customers, outsell the salespeople focused on quotas.

Having a Noble Purpose beyond making money, winds up making you even more money.

Yet leaders are often confused about what Noble Purpose really is. I routinely get emails from people describing how "noble" their business is because they "give back" to charity. Giving to charity is lovely, but it misses the entire point of Noble Purpose. Businesses with a Noble Purpose don't merely do good *outside* their business; their whole business model is based on adding value to their customers.

Compare these two examples:

The CEO of Company A says, "Our purpose is to increase shareholder value. Earnings are our top priority. That's what we talk about in meetings, and it's how

we evaluate our leaders. Our employees know that their primary job is to hit the earnings target. Because we are nice people, we also 'give back' 10 percent of our profits to charity."

Company B takes a different approach. Their CEO says, "Our Noble Purpose is to improve life for our customers. Customers are the nexus of our business. In meetings, that's what we talk about, our customers. Every single employee knows that making a difference to our customers is our primary purpose."

Which company do you think is going to provide better customer service? The employees who have been told that they are merely a vehicle to drive earnings?

Or employees who have been told their Noble Purpose is to add value to their customers?

Which set of employees is going to be more likely to innovate? The team spending time with their noses in spread sheets? Or the team with a laser focus on their customers?

Now the bigger question: which company would you want to buy from, the one focused on earnings, or the one focused on you?

Organizations with a Noble Purpose outperform organizations focused on earnings because Noble Purpose prompts an outward focus, toward the market and customers. The result is great innovation, better service and more engaged employees.

Focusing on targets and earnings points an organization's focus inward, which rarely creates competitive differentiation. Many businesses talk about "giving back." The words themselves are quite revealing. "Giving back" subtly implies that the business itself didn't create value for anyone other than the owners. They took and now they are "giving back" part of it.

Here's the Noble Purpose reframe: Provide real value to your customers, whether you make widgets or water pumps, your job is to improve your customer's condition. When you make money – and you will because organizations with Noble Purpose outperform the market – give a portion of your profit to charity.

You're not giving back something you took. You're putting forward a portion of the value you created. rep

---

Lisa is a sales leadership consultant, and author of Selling with Noble Purpose. *Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales forces. She has appeared on* The Today Show, *and has been featured in* Forbes, Fortune *and* The Wall Street Journal. *She provides executive coaching sessions, strategy workshops, and keynote speeches. Visit www.LisaEarleMcLeod.com*

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www.repertoiremag.com/2015-repertoire-regional-rep-summit-orlando.html

By Tom Coy

In-Credible

How to move up the credibility chain

Regardless of your seniority as a medical distribution sales representative, all business relationships have a starting point. Credibility is the earned authority that helps gain an introduction and opportunity to meet and speak with a customer or prospect. When your existing customers know you are credible, they will be willing to provide you with the opportunities that draw in others who can benefit from the products, services, ideas, and concepts you represent.

What is the source of your credibility and earned authority? Although you have been developing it all your life, you may never have thought about it. Because you are so busy coordinating daily activities through effective planning, prioritizing, executing, following up, and fulfilling commitments, you may not realize you have been developing and establishing credibility all your life. After a customer meeting, you are off and running accomplishing your lengthy list of tasks. The power of credibility comes from the results you've delivered, the trust you've earned and ultimately, the respect you enjoy that has been cataloged with your business relationships.

Credibility is power

Credibility is power when the customer or prospect believes you can deliver the results they want. In a presentation or from their experience with you, they believe the desired results will be achieved. Credibility is power when the customer or prospect trusts what you say and when you and your company perform. And, credibility is the power that comes from earned respect. When the customer or prospect respects your approach, appearance, and your mannerisms, they see the substance of your authority as credible. You place your credibility, its power and authority at risk when you fail to perform or deliver the results and the trust expected from your prospects and customers.

There are of course, levels of business credibility that simultaneously and incrementally straddle the lines from no relationship, to (1) gaining a first meeting, to (2) having your questions answered, to (3) gaining their undivided attention, to (4) getting their support and trust, to (5) starting a buying relationship with you, and (6) mutually agreeing with your customer to be used by them and to use them as a trusted resource and advisor.

Move up the chain

Obtaining credibility does not happen quickly, and it's not inevitable. You will have varying degrees of trust, respect and credibility with different customers and prospects. It's not everyone and not every day that we think about how to build respect and trust, both of which are needed to improve our credibility. Rather, we typically go about our daily work and expect the best will happen. But if you are presented with challenges, you can take steps to move up the credibility chain.

For example, we all have customers who don't pick up on our value proposition. They may have doubts, dismiss us, or do nothing to help us move forward in the sales process. With such customers, invest the time to improve your credibility. Remind yourself of what you have done – or not done – to gain their credibility, then move forward.

Again, as distribution representatives, your presence with customers may already be assured. Now by focusing on respect, building trust, and results, list the people and actions that will incrementally improve your levels of credibility. Through planning, you can position yourself to move up to the next level. **Remember:** Focus on respect, trust and results. TOT

Customer name	From…	To…	Your action plan
	No presence	First meeting	
	First meeting	Questions answered	
	Questions answered	Their attention	
	Support and trust	They buy from you	
	They buy from you	Trusted resource	

How credible are you? Some questions to ask yourself.

1. When you think of the last person who bought or supported the purchase of a product or service from you, describe in a sentence and review how you were able to…
   a. Gain their respect? _____
   b. Build their trust? _____
   c. Deliver the results? _____

2. Can you name a customer who calls you for advice and uses the advice you give? Describe how you and this person arrived at this stage of your relationship. (You have already been doing things that have demonstrated your ability to be credible. By reviewing the tools, resources, and work you did, you will begin to realize what you're doing that works and what you're doing that doesn't.)

3. Identify a contact you're having trouble meeting or getting a commitment from. Is there a lack of respect or a reason they don't trust you or your company? What might make the person believe they would/could not get what they wanted?

4. Can you list the names of persons at a higher decision level whom you would like to meet? What steps can you take to get there?
   a. Do you know the issues they are managing and problems they are trying to solve?
   b. Have you provided something that illustrates the results you can deliver? (This can be as simple as a proposal or report answered in the way they want it.)
   c. What do they need to know about you and your company so that they can trust you?
   d. Do your communications and activities demonstrate professional conduct and respect?

Tom Coy is a partner in Rini & Coy Consulting, which has a long history of developing successful healthcare product manufacturers. www.rini-coyconsulting.com

Getting Personal

McKesson Medical-Surgical 2015 National Sales Conference

Gary Keeler, McKesson Medical-Surgical's new President, Sales and Marketing, kicks off the 2015 Sales Conference

McKesson Medical-Surgical is calling on its sales reps to "be the ones" to lead the business forward, drive growth and inspire others to succeed.

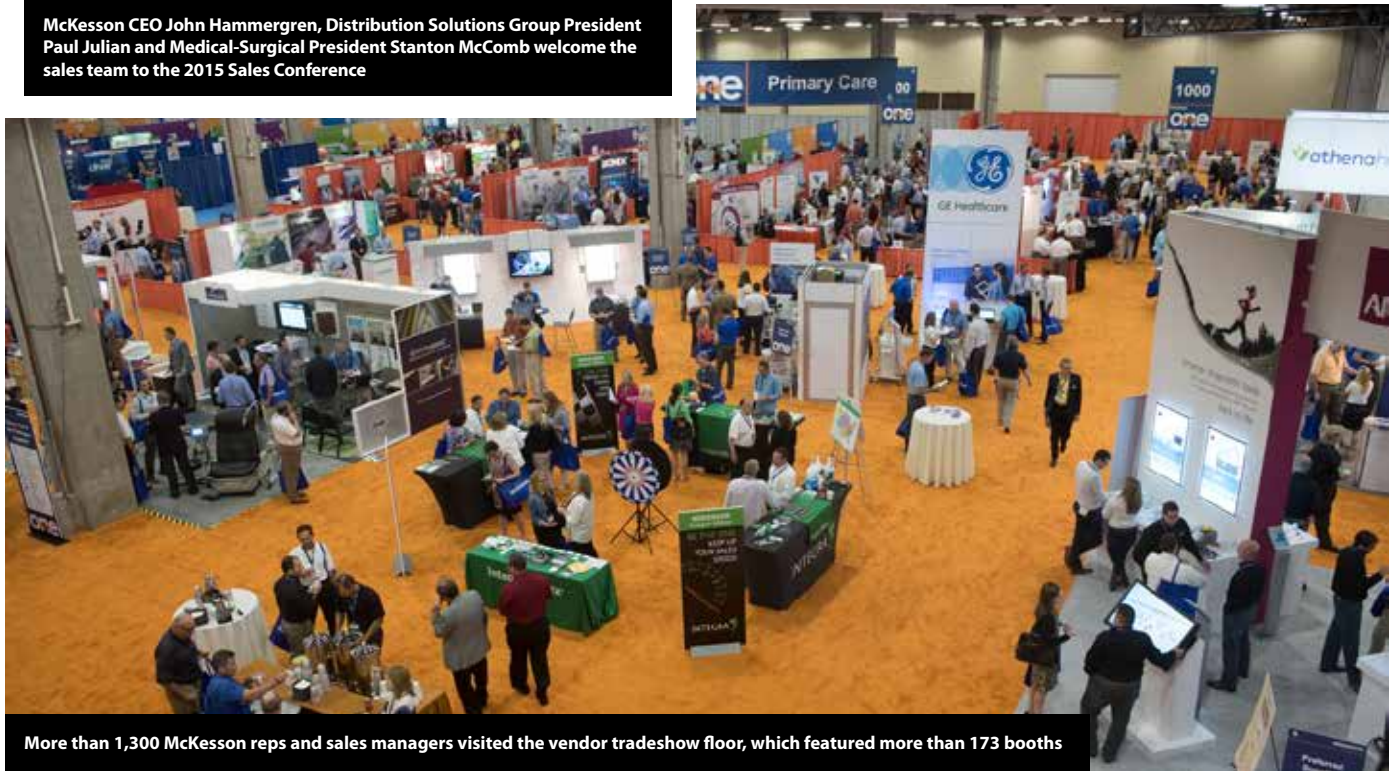
The theme for the company's springtime 2015 National Sales Conference, "Be the One," "emphasized the personal responsibility we each must take to increase our focus on our customers and grow our business," said Gary Keeler, president, sales and marketing.

"Our customers are in the midst of transformational industry changes and provider consolidations," said Keeler, in comments to *Repertoire* after the conference. "Our sales reps, who have always helped customers through times of significant change, are uniquely positioned to succeed. They will continue being valuable partners who help customers solve problems and better serve patients."

At the conference, McKesson Medical-Surgical introduced and updated three tools and programs designed to help reps hone in on three areas of opportunity: retaining top customers, expanding business with existing customers, and winning new customers.

The company introduced some changes to this year's conference, based on reps' feedback. The meeting was lengthened by a day, and organizers created a platform for reps to interact with McKesson's internal resources to help them solve administrative problems and grow their business. rep

McKesson CEO John Hammergren, Distribution Solutions Group President Paul Julian and Medical-Surgical President Stanton McComb welcome the sales team to the 2015 Sales Conference



More than 1,300 McKesson reps and sales managers visited the vendor tradeshow floor, which featured more than 173 booths

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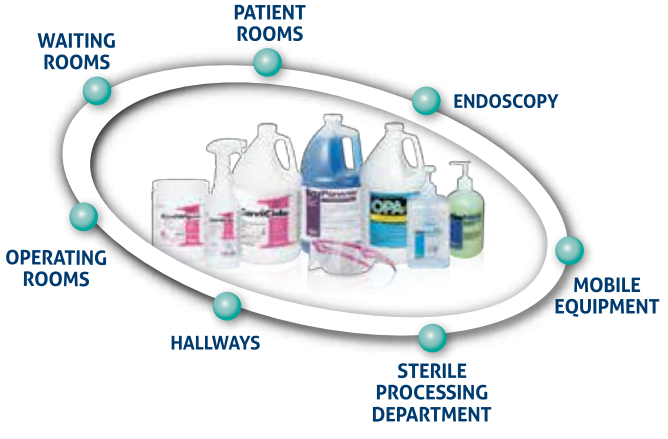

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By Elizabeth Hilla

Distributor Sales Strategies from HIDA

Afraid to sell that higher-priced product? You may be selling your customers short

As the healthcare industry undergoes unprecedented change, providers are adapting their operations to align more closely with the triple aim: improving quality, improving patient satisfaction, and reducing costs. Looking at that third component, your customers may think the best way to spend less is by purchasing lower-priced products. However, cutting corners on quality to save pennies may not achieve the results they seek. Here are several tips for selling higher-end products that can not only accomplish all three triple aim objectives, but also benefit you, your customers, and their patients:

Let quality products speak for themselves

There's a reason why consumers choose a Volvo over a Kia. Higher-priced products often cost more because they are just plain better – higher-quality materials, longer-lasting construction, etc. – which can help these items sell themselves during sales pitches. Providers need products that are proven to be more reliable and effective, improving the quality of care administered to patients and reducing the need for follow-up visits. Also, these products tend to be name brand items, which come from trusted suppliers who have proven track records and can guarantee product satisfaction or offer additional support if needed.

Justify how long-term solutions outweigh short-term savings

Some customers may already have pre-conceived cost savings goals in mind before you step foot in their buildings – for example, reducing medical supply costs by 15 percent. It's your job to make them realize that getting a better price by sacrificing product quality can have lasting negative impacts on and off the balance sheet. The key to successfully selling high-quality products is acknowledging your customers' cost concerns, encouraging them to consider the costs of not solving long-term problems, then backing up your product pitch with related outcomes data. A small increase in readmissions, infections, or even medical malpractice claims due to lower-quality products can quickly negate any gains your customer may think they've achieved with a lower upfront spend.

Explain that it's about more than low prices

High-quality medical products can play an important role in addressing the most frequently cited priorities facing providers – lower staffing costs, increased revenue, better care quality – if positioned the correct way. Explaining how higher-quality products can reduce instances of repeat procedures due to inconclusive results or reduce the amount of time staff spend waiting for diagnostic test results can do more to help your customers than getting them a lower price. If you can justify the ways a specific product can improve the overall health of a practice or facility, or the quality of work-life balance for a doctor or nurse, your customers will be more willing to understand why paying for these items often is the smarter choice.

In almost any sales transaction, it can be difficult to rationalize why spending more for something is a sound decision. In today's healthcare environment, however, cutting corners on cost is no longer an acceptable practice as providers get held to higher standards of care. Give your customers a legitimate explanation – sometimes more than one – to help them understand why paying more for higher-quality products will often result in better overall outcomes for their organization.

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Washington Summit

Distributors return to Capitol Hill, double down on advocacy

By Linda Rouse O'Neill, Vice President, Government Affairs, HIDA

More than 50 leading healthcare distribution executives met in Washington, D.C., at the end of June for HIDA's annual Capitol Hill fly-in and Washington Summit. The distributors, along with manufacturer partners, participated in more than 80 meetings with members of Congress and key staffers, a 33 percent increase from HIDA's 2014 meeting.

Attendees met with congressional leaders and their senior staff who sit on key committees that influence healthcare and supply chain policy: the House Ways and Means, House Energy and Commerce, Senate Finance, and Senate HELP (Health, Education, Labor, and Pensions) committees. Targeted advocacy efforts and strategic discussions focused on a number of important industry issues, including emergency preparedness, the Centers for Medicare & Medicaid Services' (CMS) competitive bidding program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), and continued calls to repeal the current 2.3 percent excise tax on medical devices.

HIDA met with 28 members of Congress and held an additional 50 meetings with key congressional staff. Pictured (from left to right): Matthew J. Rowan, HIDA, U.S. Rep. Susan Brooks (R-IN), Mark Zacur, Fisher HealthCare

Emergency preparedness receives national attention

HIDA has long advocated on behalf of medical products distributors regarding the pivotal role they play as essential support for providers during natural disasters, biological events, and other adverse scenarios. The Ebola crisis in late 2014 strengthened the ongoing relationship distributors have with government agencies that monitor product availability and public response, such as the Centers for Disease Control & Prevention's Strategic National Stockpile (SNS) and the Department of Homeland Security's Healthcare and Public Health Sector Coordinating Council (HSCC).

Government representatives are taking heed of these efforts and getting action plans in place to establish future contingencies for emergency events. U.S. Representative Susan Brooks (R-IN) spoke to Summit attendees about the need for legislation on pandemic preparedness, something she intends to introduce on the House floor in the coming months. She explained that distributors need to let their customers know about the medical supply areas in which they might be vulnerable in the event of an emergency, rather than have them operate under the assumption that medical products are at the ready for emergency distribution at any given time.

Strategic National Stockpile representatives from the CDC also lauded HIDA's work to educate and share information on product availability. Steven A. Adams, SNS Deputy Director, and Dr. Anita Patel, SNS

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Domestic Personal Protective Equipment (PPE) Supply Lead, stressed the importance of open communication and collaboration between trading partners and the government to manage logistical capability expectations during supply and demand fluctuations. They also added that since some CDC recommended PPE products in emergency scenarios are not always commonly used in hospitals, distributors can help customers through staff training and product selection exercises.

U.S. Reps. Gene Green (D-TX) and Bob Latta (R-OH) answer questions on health reform, bipartisanship, and the upcoming Presidential Election during their "Bipartisan Political Forecast" discussion

(From left to right) U.S. Sen. Bill Cassidy (R-LA) meets with Gary Reeve, MMS – A Medical Supply Company, and Linda Rouse O'Neill, HIDA, during a Capitol Hill fly-in congressional office visit.

Will the medical device tax get repealed?

During Hill meetings, distributors made sure to thank House supporters of the bipartisan Protect Medical Innovation Act of 2015 (H.R. 160), which included language to repeal the Affordable Care Act's 2.3 percent excise tax on medical devices and passed the House by a vote of 280-140. Future progress of the bill remains in doubt, since it does not include a pay-for mechanism for the $24 billion in expected revenue that would be eliminated with a repeal of the tax (the President has threatened to veto any medical device tax repeal that does not account for this revenue).

Medical device tax repeal was also brought up during a joint, bipartisan healthcare policy discussion with U.S. Representative Bob Latta (R-OH) and U.S. Representative Gene Green (D-TX). Both congressmen recognized that it remains a top priority for their constituents and distributors, pointing to the recent passage of the 21st Century Cures Act and the Drug Quality and Security Act as positive signs that Congress is serious about legislating in favor of inactivity.

Similar device tax repeal legislation has been introduced in the Senate (S. 149) and awaits further action. There is no set timetable for bringing this legislation to a vote, but it might be used as a compromise during budget talks later this fall. HIDA supports repeal of the tax, which has been suggested to cause adverse effects on healthcare efficiency.

Work still needed on Competitive Bidding

During 2014 fly-in meetings, distributors encouraged legislators to endorse a letter requesting the Office of Inspector General (OIG) to conduct a comprehensive assessment of Medicare's Competitive Bidding program. The letter included language that directed the OIG to assess any changes in products and treatment patterns of enteral nutrition patients residing in skilled nursing facilities, nursing facilities, and intermediate care facilities.

In a noteworthy win for the extended care market, this message was heard in December when the $1.1 trillion omnibus bill included a provision requiring CMS to conduct a Competitive Bidding study on the program's impact on these enteral patients in the long-term care facility settings previously mentioned. The study was due March 31 and has yet to be released, a talking point during congressional visits as distributors asked their government representatives to request that CMS release the results.

If the study finds that the Competitive Bidding program adversely affects enteral nutrition patients, there could be significant implications or possible delays for the nationwide program expansion set for Jan. 1, 2016. HIDA recognizes that Congress needs time to review the results before nationwide implementation and stressed this point during Hill visits.

Distributors who choose to take their key business and customer priorities directly to legislators on Capitol Hill continue to make headway on advancing healthcare supply chain interests, and the results to date validate these efforts. For more information on HIDA's Washington Summit, visit www.HIDA.org/Summit or contact HIDAGovAffairs@hida.org.

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Team Players

Mid-Atlantic Purchasing Coalition Pharmacy Network's members ask not only what the group can do for them, but what they can do for the group.

A broader outlook means greater savings – for members and their purchasing network. At least, that's what the folks at Mid-Atlantic Purchasing Coalition Pharmacy Network (MAPC Rx), a VHA SupplyNetwork ™, have discovered. Since the group was started in 2012 to reduce acquisition costs through contract aggregation, its members have begun focusing less on the benefits to be had for their individual hospitals, and more on the advantages available to the network as a whole.

MAPC Rx members collaborate to develop a project plan annually to determine which drug categories will be reviewed for the upcoming year. As part of the planning process, the VHA pharmacists and analyst review the projects to ensure the savings are balanced across the membership according to size.

So, when negotiations were underway recently for a hemostatic agent, even though the new product would cost some members more than the brand they currently were using, they made the switch, knowing it would result in greater savings for the network. The mindset appears to be working. In its first year alone, MAPC Rx achieved over $2.9 million in implantable savings, with about a third of that coming from contracts. In 2013, the network's savings grew by 48 percent to $4.3 million, and it anticipates a $5-million savings in 2015.

Repertoire recently spoke with Allison Tauman, PharmD, MPH, director of pharmacy networks, performance services, VHA, Inc. and Chrissy Schabacker, PharmD, BCPS, pharmacy implementation manager, Mid-Atlantic Purchasing Coalition, about the network's initiatives, which have driven its growth and financial success.

Repertoire: **How has MAPC Rx grown since it was founded?**

Allison Tauman and Chrissy Schabacker: MAPC Rx has evolved into a member-driven collaborative that reduces pharmacy costs while also focusing on clinical outcomes. It is the fastest growing pharmacy network within VHA's SupplyNetworks™, based on both number of member hospitals and total pharmacy spend. In 2012, MAPC Rx consisted of 17 hospital-systems. New members have been added each year, and the network now has a membership of 27 systems – a growth of 60 percent in less than three years. We anticipate adding new members in 2015 and in the future.

Repertoire: **Have you found the network is providing members with more advantages than originally expected?**

Tauman and Schabacker: MAPC Rx works diligently to combine contracting strategies with clinical initiatives around drug utilization that complement contracts. In

fact, only 25-50 percent of our cost reduction projects are contracting strategies alone. Our approach to contracting includes the adoption of leading clinical practices and value-based purchasing. As a result, the majority of our members' savings come from clinical and utilization initiatives. However, in pure contracting projects, the network's ability to pull through purchase volume to a single supplier has benefited members and earned a positive reputation with suppliers.

Repertoire: **What are the top initiatives MAPC Rx has pursued in the last 12 months?**

Tauman and Schabacker: Our top priority contract in 2014 was for intravenous immune globulin and albumin, due to the high cost and large member spend on these medications. We standardized suppliers and now maintain over 80 percent market share for these products, which has resulted in roughly $1.4 million in savings.

A second key project has been to address the rapid price increase for IV acetaminophen. We have worked with the supplier to secure member savings through contracting. Additionally, we have reviewed national benchmark data and drug utilization patterns at the member level. Through collaboration with MAPC Rx prescribers, we have implemented new evidence-based protocols that have resulted in further savings.

A third area of focus has been oncology drugs. Most chemotherapy medications are single-source and clinical guidelines necessitate their use. As a result, there is not much opportunity to extract traditional savings in this class. However, whenever possible, we have worked with our oncologists to determine therapeutic equivalence within a class and to request proposals from suppliers for increased commitment. As an example, we have had success with a drug class used to treat prostate cancer, which has saved MAPC Rx members over $2 million dollars.

Repertoire: **How has being part of a regional pharmacy network enabled members to leverage their buying power?**

Tauman and Schabacker: MAPC Rx's track record as a high-performing and committed network is its biggest asset. This is a direct reflection of the therapeutic conversion work performed by member

hospitals. Members have gotten better and smarter about taking off their what's-in-it-for-me hat and replacing it with a MAPC Rx hat. A good example of this involved a recently negotiated contract for a hemostatic agent used in the operating room. There were members that could have stayed with the incumbent at a lower cost; however, the total available savings for the network were greater with the competitor. The members agreed to move to the new supplier for the overall benefit of the network. Currently, we are greater than 90 percent standardized to this hemostatic agent, and the new supplier has been a great partner.

The pharmacists on the committee have great access to the physicians and decision makers in their hospitals. This has made it much easier to build consensus. The VHA pharmacists have also been available as a resource to work with physicians to help gain buy-in for therapeutic conversions and transitions to new evidence-based clinical protocols for medication management.

Repertoire: **Please explain the process whereby your pharmacy executives meet and make their decisions.**
Tauman and Schabacker: MAPC Rx is comprised of pharmacy leaders from member hospitals – typically directors of pharmacy. David Grant, vice president of patient services, Summit Health, currently serves as the committee chair. The network acts as a single decision-making entity for the purpose of contracting and clinical cost reduction. Network members vote on contracting projects using a weighted vote based on pharmacy spend. The network is supported by a full-time and a part-time pharmacist, and a full-time senior analyst, all of whom are employed by VHA. The pharmacists and analyst provide clinical information and financial analytics to guide the decision-making process. Network members meet individually with VHA pharmacists each month to discuss the projects and how to overcome barriers to implementation of therapeutic conversions. The network members also meet monthly as a group, generally via conference call, to discuss the contracting projects, vote on new projects and to share leading practices. Additionally, four in-person meetings are held throughout the year for peer networking and project discussion.

Repertoire: **Please explain how MAPC Rx co-exists with the GPO.**
Tauman and Schabacker: MAPC Rx works with Novation to offer enhancements on existing base agreements. We also have a dedicated sourcing executive at Novation for the pharmacy networks who facilitates custom contracts when the GPO contract is not available. Additionally, MAPC Rx has increased flexibility to contract, and the suppliers appreciate the high level of commitment that our network members deliver.

Repertoire: **How do you ensure that the interests of each of your member facilities are considered, and that each facility's needs are met?**
Tauman and Schabacker: MAPC Rx members collaborate to develop a project plan annually to determine which drug categories will be reviewed for the upcoming year. As part of the planning process, the VHA pharmacists and analyst review the projects to ensure the savings are balanced across the membership according to size. Within the project plan, there are points where the members can vote by majority to abandon it or continue, so there are always checks during the process and the ability to change course. Member satisfaction with the process and the network's performance are measured annually with a survey, and the results have been consistently high.

Repertoire: **Is it difficult to get buy-in to the network's contracts from each of your facility's physicians and staff?**

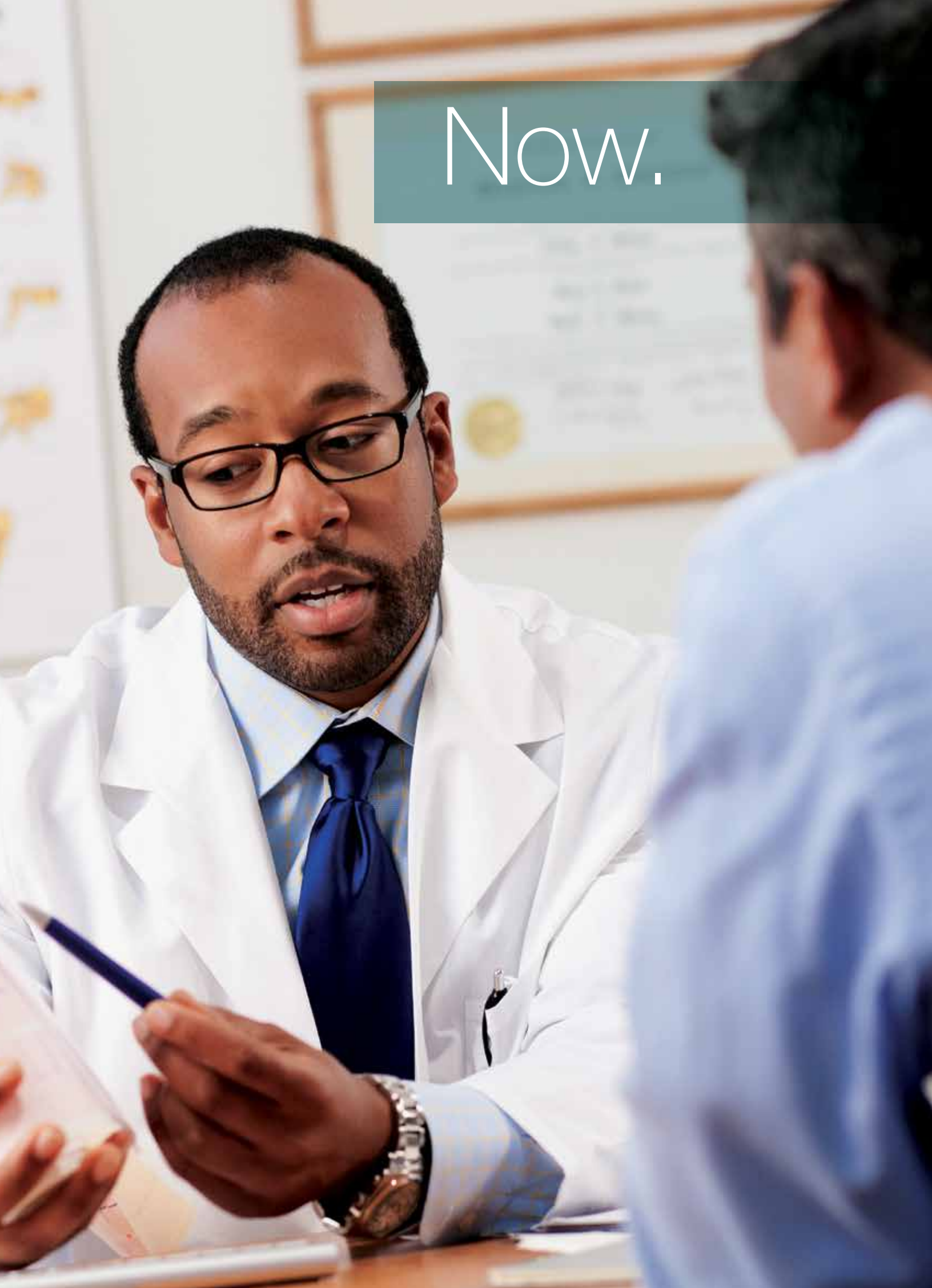
Tauman and Schabacker: The pharmacists on the committee have great access to the physicians and decision makers in their hospitals. This has made it much easier to build consensus. The VHA pharmacists have also been available as a resource to work with physicians to help gain buy-in for therapeutic conversions and transitions to new evidence-based clinical protocols for medication management. The network also utilizes physicians from other member hospitals as references and for benchmarking data and clinical evidence to gain consensus. This has allowed MAPC Rx hospitals to enter into some aggressive, highly committed contracts with exceptional cost savings.

Repertoire: **In additional to the cost-savings MAPC Rx has achieved through greater volume purchasing, what has been the greatest benefit of the network to its members?**

Tauman and Schabacker: MAPC Rx members say they see tremendous value in the ability to problem solve and exchange ideas with each other, as well as to share policies, guidelines and other resources. The MAPC Rx staff maintains a website, which includes the clinical evidence and documents to support each project that has been implemented by the committee. Additionally, we are starting to look at procurement of alternatives during drug shortages, which is a big benefit.

Repertoire: **How do you envision MAPC Rx in five years?**

Tauman and Schabacker: Over the next five years, we would like to improve our benchmarking ability to provide even more insight for members about drug utilization trends within our network. We also envision MAPC Rx forming more creative ventures with suppliers, including, perhaps, more risk-sharing or data-share agreements for some of the single source newer branded drugs. We will also be pursuing purchased-services agreements and other non-pharmaceutical contracts related to hospital pharmacy services. As our network grows, we will continue to expand our ability to meet the needs of the members by providing new opportunities for cost reduction and clinical improvement.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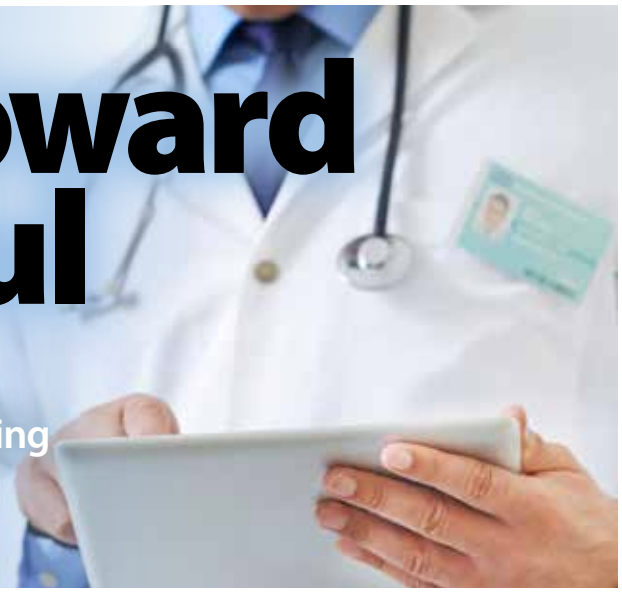
By William Foltz

Moving Toward Meaningful



Patient engagement, interoperability two challenges physicians face in meeting requirements in the Meaningful Use program. And Stage 3 is looming.

The Meaningful Use program, instituted as part of healthcare reform, has been the primary tool of policymakers to incentivize electronic-health-record adoption and proficiency. 2015 marks the last year that eligible providers – including physicians and hospitals – must attest to Meaningful Use Stage 2 (MU 2), else they risk a 1 percent reduction to their Medicare reimbursement beginning in 2017.

Meanwhile, EHR vendors and providers are already turning their attention to Stage 3, for which the federal government issued proposed rules in March.

While MU 1 brought its own set of challenges, requiring many physicians to install new technology and adapt to an unfamiliar workflow, providers trying to attest to MU 2 have encountered two primary obstacles that can sometimes lie outside of their control: patient engagement and interoperability.

Patient involvement

One of the most notable features of MU 2 compared to MU 1 is its focus on patient engagement. MU 2 contains several new criteria requiring providers to issue reminders for care, distribute educational resources to select patients, and increase patients' access to their personal health information. However, getting enough patients to use online portals and other tools poses unique problems. "Involving patients more in their own care is absolutely a cornerstone of a better U.S. healthcare system, but so far providers are finding it immensely difficult to coerce patients into participation," says Matt Douglass, Co-Founder and VP of Platform for EHR vendor Practice Fusion.

Data from CMS highlights the varying degree of success for specific patient engagement measures even among eligible providers who met MU 2. For the requirement that patients view their health information, roughly 62 percent of successful attesters had patient participation rates of 40 or below, with about a tenth hitting the minimum rate of 5 percent. For the patient reminder measurement, which had a 10 percent minimum, 72 percent issued reminders to half of their patients or less.

Part of the reason MU 2 patient engagement targets have been so difficult for some to meet may be inexperience with population health management in general. "Historically, providers have rarely involved patients directly in their own care outside of the healthcare setting other than giving them hand-written prescriptions or perhaps copying specific pages of the medical chart to hand to them in certain situations," says Douglass. Much like other healthcare reform programs, MU is forcing physicians to redefine their daily operations.

"If you step back and think about what is being asked of providers with the patient portal-related aspects of MU," Douglass says, "it's quite a paradigm and workflow shift from what they are accustomed to." The requirements have also led to some frustration among medical practices. "In general, physicians do not appreciate being measured based on activities that are outside their control," according to Karen Ferguson, Senior Director of Public Policy for the American Medical Group Association (AMGA). "The decision to use a patient portal is completely within the discretion of the patient, yet medical groups are held accountable for their choice to use, or not to use, the portal."

In response, many physicians are taking proactive steps to encourage greater patient participation. "Some medical groups have kiosks in their waiting rooms that are equipped with computers and a staff person ready to help patients enroll in the portal or login to their record," Ferguson says. "This requires

the creation of designated workflows for front office staff and clinical team members." Physicians often point to the greater convenience of the portal for functions such as appointment-making to sell patients on the system. Features such as appointment reminders and online access to condition-specific educational materials, both incentivized through MU 2, can also lead to healthier patients, a definite benefit for physicians participating in value-based reimbursement programs.

EHR vendors are well aware of the struggle to get patients more involved in their own care, and some offer additional services to assist physicians in the effort. "Beyond providing what we obviously think is an excellent product, we realized that in this particular case physicians need services as well," said Jim Brule, Solutions Director of Regulatory Affairs for Meaningful Use at Allscripts. "One of our services is producing the marketing materials that people need because Meaningful Use requires much more than simply providing a portal, but finding a way to reach out to patients." Allscripts also sends out teams to help enroll patients directly into the portal and hosts webinars on best practices to increase patient participation.

Providers struggling with patient engagement may also get some help from CMS. In April, the agency issued a proposed rule modifying several MU 2 requirements, including the mandate that 5 percent of each provider's patients communicate through a secure online message, a measurement criticized by the American Medical Association and the American Medical Group Association due to the limit of physician control. Under the new requirement, attesting providers would merely need to demonstrate that the capability exists. In addition, CMS would no longer require 5 percent of patients to view their health information online, instead allowing a single patient download to suffice.

Though providers have generally welcomed the change, some fear the proposal could set physicians up for a shock when they attest to MU 3. Brule notes that while some changes make sense, such as the elimination of the patient-initiated messaging requirement, easing the patient portal access standards could lead to trouble down the road. "We believe that it's important to keep some performance threshold, perhaps providing an exclusion for 2015 and ramping it back up. Removing it for the entire period won't help people in the long run achieve the higher threshold later on," Brule says.

Interoperability barriers

While effective patient engagement has proven to be a challenging goal of MU 2, a lack of interoperability remains an obstacle for some physicians. One core measure of MU 2 requires physicians to provide a summary care record for each transition of care or referral. To meet the standard, at least 10 percent of the records must be sent electronically.

On paper, the functionality is straightforward, given that all 2014 Office of the National Coordinator- (ONC) certified EHR systems must have the ability to create and transfer summary of care records through a secure direct messaging system. However, the new capability often brings

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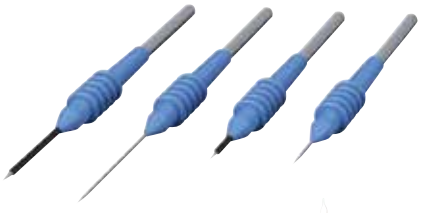

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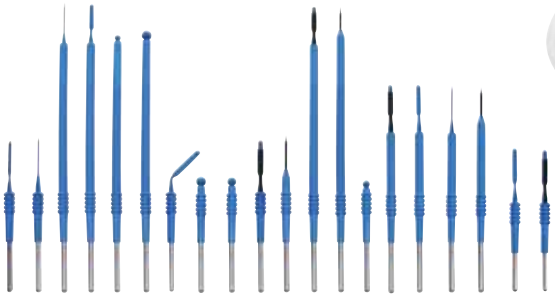

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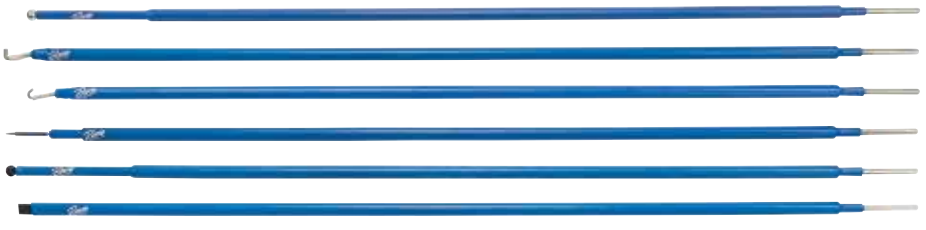

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What about Stage 3?

Here's how the Centers for Medicare & Medicaid Services summarized its intentions for Stage 3 of Meaningful Use in the March 30, 2015, Federal Register:

This Stage 3 proposed rule would specify the meaningful use criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to qualify for Medicare and Medicaid electronic health record (EHR) incentive payments and avoid downward payment adjustments under Medicare for Stage 3 of the EHR Incentive Programs.

It would continue to encourage electronic submission of clinical quality measure (CQM) data for all providers where feasible in 2017, propose to require the electronic submission of CQMs where feasible in 2018, and establish requirements to transition the program to a single stage for meaningful use.

Finally, this Stage 3 proposed rule would also change the EHR reporting period so that all providers would report under a full calendar year timeline with a limited exception under the Medicaid EHR Incentive Program for providers demonstrating meaningful use for the first time.

These changes together support our broader efforts to increase simplicity and flexibility in the program while driving interoperability and a focus on patient outcomes in the meaningful use program.

Source: Office of the Federal Register, www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3

new costs. As providers upgrade their EHR systems, they often face a substantial fee that can range from $50,000 to $80,000, according to a Government Accountability Office report from March 2014, creating a financial barrier for many practices left with systems that can't properly send documents to other providers.

In addition, the direct messaging standards themselves have not been encompassing enough, leading to variations that inhibit data transfer. In an October 2014 letter to CMS and the ONC, the American Medical Association stated in regards to a pilot project focusing on physician referrals, " ... it was learned that the current vendor systems do not have any functionality to facilitate sharing of patient information, only the ability to request a referral. This is leading to extensive customization (and cost) within each vendor system for a function that should be considered a standard operating practice since it often occurs many times a day."

The GAO, as well, pointed out data transfer problems in its March 2014 report, saying, "Several providers stated that they often have difficulty exchanging certain types of health information with other providers that have a different EHR system due to a lack of sufficient standards to support exchange." While transferring the summary of care document remains possible, according to Ferguson, it has caused frustration for many of its member medical groups, and the AMGA has recommended that CMS "place more responsibility on the EHR vendors to create interoperability around a single standard."

Stage 3 proposals

Given the challenges of providers attesting to MU 2, the recent proposed rules for MU 3 bear some consideration. The rules aim to simplify the program by eliminating measures already widely adopted and reducing the total number of objectives, but they also dramatically increase the requirements for both patient engagement and interoperability. During the MU 3 reporting period, the percentage of patients who must view their health information through a portal jumps from 5 to 25 percent, 35 percent must receive a clinically relevant secure message, and the electronic transfer rate of a patient's summary of care document increases from 10 to 50 percent.

The new standards may seem high, but providers have reasons to be optimistic. For one, physicians that have successfully attested to MU 2 will have already adapted to the new workflow demands and demonstrated the critical functions needed for a high level of patient engagement. In addition, interoperability between EHR systems is expected to improve by 2018, the mandatory year for MU 3 attestation without payment adjustments. Client pressure upon vendors, as well as government initiatives like the ONC 10-year interoperability plan, should make it easier for providers to share basic patient information.

Though the MU program has set a high bar for providers, requiring adjustments to workflows and sizeable investments in technology, physicians have so far proven that they are up to the task, and MU 3 should be no exception. rep

William Foltz is an analyst for the Major Accounts Exchange (The MAX), a provider of real-world intelligence for the contracting community in health care. The MAX – which is a product of MDSI, publisher of Repertoire *and the* Journal of Healthcare Contracting *– has been designed to serve as a supply chain "community," where senior-level executives can find, digest, and act on vital business and market intelligence.*

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A Sky High Expense

The steadily rising price of nursing home care has made it less accessible to those in need.

At one time considered a *large* expense, nursing home care today presents an insurmountable cost to many. The daily U.S. median cost of staying at a facility is $220 for a semi-private room and $250 for a private room, according to the Genworth 2015 Cost of Care Survey. The cost of staying in a nursing home has risen 4 percent each year over the past five years, according to a *Chicago Tribune* account of the report. In the last year alone, the median bill for a private room has jumped from $87,600 to $91,250.

Whereas in the past, individuals often have selected their long-term care based on their health requirements, today they may be forced to consider more options, including home healthcare and adult day healthcare. Unfortunately, the price of these services continues to climb as well, notes the survey:

- Homemaker services, including hands-off care such as cooking, cleaning and running errands. The national median hourly rate is $20 – a 2.63 percent increase over 2014.
- Home health aide services, including hands-on personal care (excluding medical care). The national median hourly rate is $20 – a 1.27 percent increase over 2014.
- Adult day healthcare, including social and support services in a community-based, protective setting. Some programs provide personal care, transportation, medical management and meals. The national median hourly rate is $69 – a 5.94 percent increase over 2014.
- Assisted living facility. Typically this level of care is less extensive than that offered in nursing homes. The national median monthly rate is $3,600 – a 2.86 percent increase over 2014.
- Nursing home care, designed to offer residents personal assistance, room and board, supervision, medication, therapies and rehabilitation, as well as 24-hour on site nursing care. The national median rate for a semi-private room – $220 – represents a 3.77 percent increase over 2014. The national median rate for a private room – $250 – represents a 4.17 percent increase over 2014.

As more people make the decision to live at home for as long as possible, this impacts their decision to purchase long-term care insurance, according to Genworth. In addition, experts point out that many aging baby boomers are becoming thriftier than ever, sometimes refinancing their home or leaving Social Security benefits untouched for potential long-term care expenses.

State by state

The cost of long-term care varies depending on one's state of residency. For instance, the annual rate of $281,415 for a private nursing home room in Alaska may be cause for some baby boomers to rethink their retirement plans. On the other hand, Genworth's Cost of Care Survey highlights several more affordable states, such as Arizona ($65,850 per year for a private room), Missouri ($60,773) and Kansas ($65,700). The coastal states (both West and East) are substantially more expensive – though, with the exception of Connecticut, not half as much as it costs in Alaska.

The cost of semi-private rooms, while less expensive, also fluctuate state by state. Again, annual residence care in Alaska and Connecticut comes with a higher price tag ($281,415 and $146,000 respectively). And, the cost of care is less in the Midwest and Southern states. The annual cost of assisted care living for a one-bedroom single occupancy ranges from $36,120 in Louisiana to over $94,000 in the D.C. area. rep

Editor's note: To learn more about the Genworth 2015 Cost of Care Survey visit www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html.

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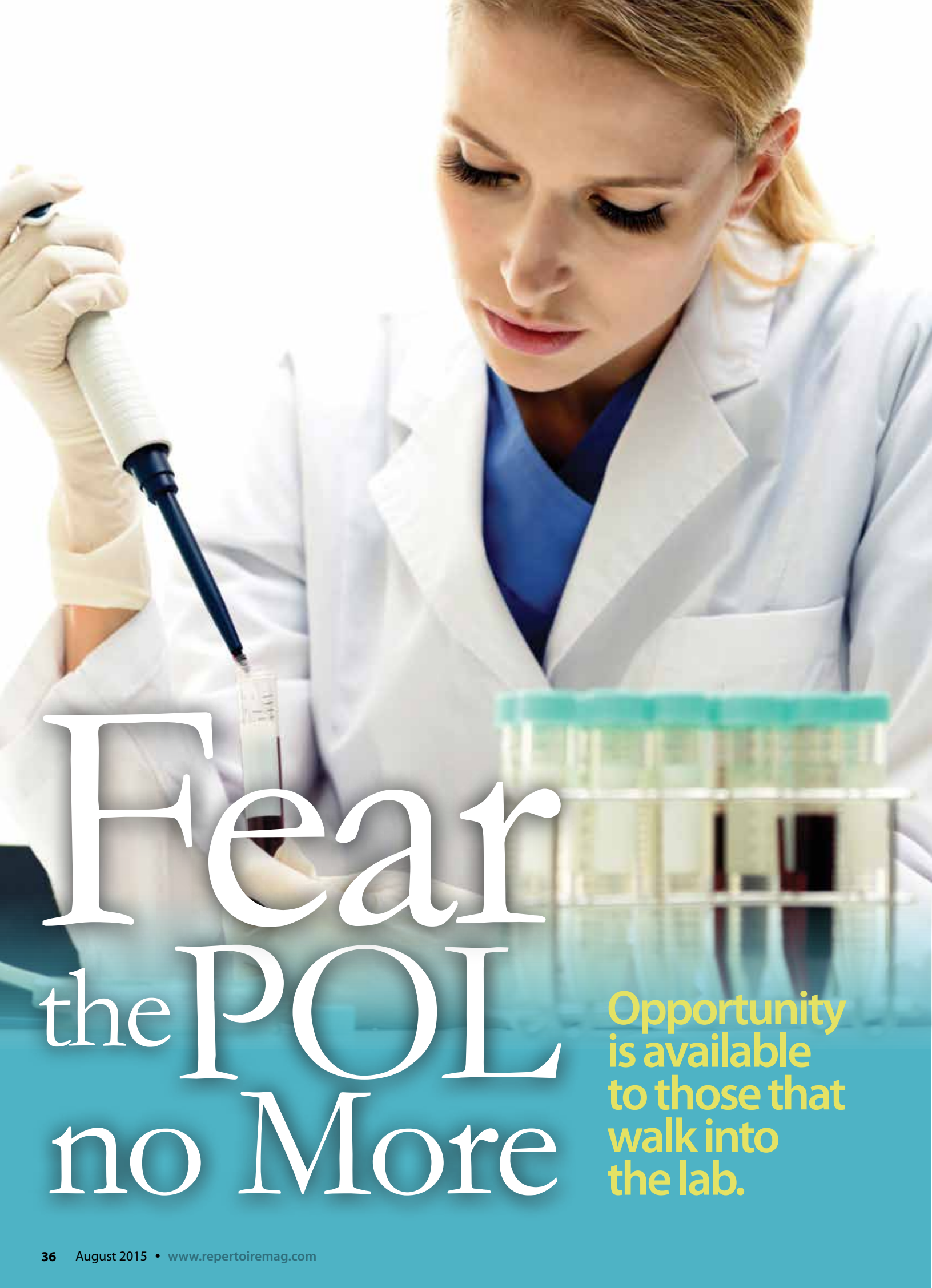

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Take the case of Alere.

In June 2014, the company's i Influenza A&B moderate complexity molecular test – said to be the only molecular test to detect and differentiate influenza A and B virus in less than 15 minutes – was cleared for marketing by the U.S. Food and Drug Administration. Six months later, in January 2015, the FDA granted the test – which uses a nasal swab sample from the patient – a CLIA waiver.

Three months after that, in April, the FDA cleared for marketing the Alere i Strep A test, said to be the first molecular test that detects Group A Streptococcus bacteria in throat swab specimens in eight minutes or less. Alere subsequently submitted an application for CLIA waiver of the test. Other assays said to be in development on the Alere i platform include respiratory syncytial virus (RSV), C. difficile, and chlamydia/gonorrhea.

Roche offers another example. In November 2014, the company received FDA clearance to market its cobas® Strep A test for the detection of Group A streptococcus bacterial DNA in throat swab specimens. The test runs on the cobas Liat System, a molecular point-of-care diagnostic system, and is said to offer results in 15 minutes.

This isn't to say there or won't be a continuing place for other point-of-care diagnostics, such as lower-cost lateral flow tests. But the accuracy of molecular tests as well as the attention being paid to personalized medicine and antibiotic stewardship, could push them into the mainstream, despite some concerns about cost.

"The beauty of molecular tests is that there are very few limitations on what you can do with them," says Paul Barto, category manager, laboratory, moderately & highly complex testing & instrumentation, McKesson Medical-Surgical. "What we're seeing right now with point-of-care molecular diagnostics is a focus on infectious disease. When you look at highly complex molecular diagnostics, we have seen lots of advances in oncology and women's health. Eventually, we'll see these tests move closer to the patient as well."

Says lab consultant and speaker Tim Dumas, "This RNA amplification is only limited by our knowledge of a molecule's DNA structure. As we identify more diseases' molecular structures, this method will expand and become commonplace. The cost should also come down."

> "As we identify more diseases' molecular structures, this method will expand and become commonplace. The cost should also come down."
>
> **– Tim Dumas**

Targets nucleic acids

Molecular diagnostics is a term used to delineate diagnostic tests that target or detect nucleic acids, that is, RNA or DNA, typically (though not always) following an amplification event, explains Ryan Schmidt, vice president of infectious disease marketing, Alere. "Molecular diagnostics often use a combination of oligonucleotides (often referred to as primers) and enzymes to specifically target and amplify a unique region of a target organism's genome, with detection of the amplified target region (the product) via labeled probes. These probes detect and often are able to quantify the amount of a target present in the sample being tested.

"The probe is often a labeled nucleic acid – an oligonucleotide – that is complementary to the product being amplified, meaning it can anneal, or bind, to it," he continues. The label [is] a molecule that emits a signal that can be measured using an instrument with detection capabilities,

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for example, an instrument that can detect fluorescence, chemiluminescence, voltage, light transmission. In contrast, lateral flow tests are designed to target a protein of some sort, typically an antigen or antibody, without any type of target amplification event.

"The amplification of a target enables lower titers of that target to be detected," says Schmidt. "This can circumvent some of the problems from poor samples that impact lateral flow performance."

Barto believes molecular diagnostics typically offer higher test accuracy than other methods. "When you're doing molecular testing, you're basically amplifying the sample," he says. Nasal swabs offer an example.

Lateral flow testing only detects the sample that the provider puts in the analyzer, Barto points out. If the sample is poor, there's a good chance of misdiagnosis. On the other hand, the molecular test amplifies the sample, for example, influenza, so the provider ends up with a much larger sample size. The result is greater accuracy.

> "In the last 10 years, molecular analyzers have come down in size, and the level of complexity has come down as well."
>
> **– Paul Barto**

In traditional point-of-care testing, whether it is visually read (strips) or lateral flow, the FDA recommends that, in the case of a negative result for flu during flu season, the provider reflex it, that is, confirm the finding with another test, says Barto. "But if molecular testing is your front-line test, the need to reflex could be eliminated."

Adds Dumas, "Both lateral flow and molecular (RNA amplication) look for molecules. The molecular test looks for nucleic acid – DNA or RNA – to identify the molecule, while lateral flow uses antibody/antigen response to identify the molecule.

"My analogy would be like identifying a vehicle," he continues. "Let's say we are looking for a car, in particular, a red car. The flow test will find the red car and sometimes a car that's kind of red; and sometimes, it will miss the red car because it didn't stand out enough. But the molecular test will find the red car and identify its make, model, how many doors, etc. It's a more accurate test that was, until now, sent to a reference lab for confirmation."

Closer to the patient

Traditionally, molecular tests – polymerase chain reaction, or PCR, and DNA sequencing – were run in the reference lab. "These are large instruments, highly complex, geared toward high throughput," says Barto. But, as with so many laboratory tests, the technology is moving closer and closer to the patient in the doctor's office. And that trend will continue, he predicts. For example, the BRCA1&2 tests, which can indicate a predisposition to female breast and ovarian cancer, are still highly complex, expensive tests. But it's not out of the question that even these will find their way to the primary care office in the future.

"In the last 10 years, [molecular analyzers] have come down in size, and the level of complexity has come down as well," he continues. "The goal for any point-of-care test is to get an answer while the patient is in the office. Molecular tests tend to have a slightly longer process time, because of the nature of the technology. But the goal is to get that process time [shorter]. It's getting closer."

Personalized medicine

Some believe that molecular testing will help providers address two issues of importance to the healthcare community today – antibiotic resistance, and the need to "personalize" medicine in an effort to improve outcomes and reduce waste.

"There is a clear tie-in to antibiotic stewardship," says Rick Graham, senior director, lab category management, McKesson Medical-Surgical. That's important, as the Centers for Disease Control and Prevention as well as the Obama Administration have targeted antibiotic resistance as a major healthcare threat.

Because molecular tests tend to eliminate the need to reflex a negative result for an infectious disease, such as flu or strep, Graham says the patient can leave the doctor's office with a definitive answer to the question, "Do I need a prescription or not?" Compare that to the situation that often unfolds today, where the doctor writes the prescription but tells the patient to hold off filling it for a couple of days, until the confirmatory test results come back. "What often happens is, the patient gets it filled anyway right after the appointment," he points out.

Meanwhile, molecular testing dovetails with the healthcare community's interest in so-called "personalized medicine," according to those with whom *Repertoire* spoke.

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"Personalized medicine is about treating each individual for just what they need," says Dumas. "No more testing to rule out things that are possible but not probable. Providers are going to be judged on pinpointing a diagnosis and performing tests to verify their suspicions. More accurate lab tests will prevail in this new market."

Says Schmidt, "Personalized medicine refers to understanding each individual's genetic makeup and taking advantage of that knowledge to treat each individual uniquely based on this knowledge. Molecular diagnostics is and will play a huge role in personalized medicine, and they are often thought of hand in hand."

Barto points out the role of molecular testing in helping doctors and patients predict the effectiveness of a prescription drug. Case in point: Plavix (generic name clopidogrel), an anti-blood-clotting medication. The U.S. Food and Drug Administration called for a warning on the drug's label alerting providers and patients that patients who cannot effectively metabolize the drug may not receive the full benefits from it. Providers are advised that tests are available to identify genetic differences in the function of liver enzymes, which determine the patient's ability to metabolize.

> "Providers are going to be judged on pinpointing a diagnosis and performing tests to verify their suspicions. More accurate lab tests will prevail in this new market."
>
> **– Tim Dumas**

Research is also being done on chemotherapy drugs and certain pain medications, in an effort to determine how metabolic pathways affect patients' response to them, according to Barto and Graham. Molecular testing is part of that research.

Stumbling blocks

Molecular testing faces some hurdles to widespread implementation in the physician's office. The first is the time it takes for such tests to yield results. The second is cost.

As the technology matures, time is less and less a factor, says Schmidt. Traditionally, molecular tests could take as long as 75 to 90 minutes to yield results. "But the new point-of-care molecular testing platforms are capable of delivering results in a matter of minutes," he says. "These are CLIA-waived systems, and as such, they can generate results in 15 to 20 minutes by a diverse set of users. Many lateral flow assays are also CLIA-waived, and generate results in similar time frames."

The total run time for the Alere i Strep A test is eight minutes, with a few minutes of hands-on time, he points out. "This is very similar to current lateral flow tests. The true value of the POC CLIA-waived molecular systems is that they can deliver the improved result in a timeframe that allows the healthcare professional to make the appropriate treatment decision."

That said, the larger issue might be price. But even that shouldn't be a deal-breaker, according to those with whom *Repertoire* spoke.

"Molecular diagnostics are more expensive than lateral flow tests, but are more likely to give a one-and-done result, offer increased case yield, and potentially reduce the need for send out/confirmatory testing," says Schmidt. Medicare, Medicaid and private payers reimburse for molecular diagnostics with specific CPT codes, he adds.

Says Dumas, in order for molecular testing to take hold, physicians need to see the value of getting an accurate result and avoiding the time and expense associated with prescribing antibiotics unnecessarily or letting an undiagnosed influenza spread. "In an era of value-based medicine, if insurance companies are serious about paying based on value, then the molecular test is a better value for the money." And, as with any test, the cost of molecular testing will decrease as the technology becomes more commonplace.

"I think there will be a balance, where lateral flow can be used as a screen, and molecular for confirmation," says Dumas. "Some providers may want to do that, others will go direct to the molecular."

The future

Molecular diagnostic tests are being developed for a variety of diseases/conditions, including infectious disease (influenza, strep A, RSV, chlamydia/gonorrhea, Clostridium difficile, HPV, TB, HIV, etc.) and companion diagnostics (for example, to evaluate a biopsy for the presence of cancerous cells carrying specific gene mutations), says Schmidt. Molecular diagnostics are also being used in the fields of food safety, agriculture testing, veterinary testing, GMO testing, etc.

For the distributor rep, the sale is simple, he adds. "Unparalleled sensitivity equals better outcomes for the patient, physician, community and healthcare."

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Question: Doctor, what are the most common disease states that you work with?
Reason: If a customer says they see a lot of diabetics, they should have access to in-office glucose and HbA1c testing. If they are sending these out, they can deliver better patient care, streamline practice workflow and increase their revenue by bringing them in-house.

Question: Doctor, what tests are you currently sending out?
Reason: This is a great way to get customers talking about what they are currently sending to a reference lab. High volumes on certain tests are a great place to start, since they are already running them and they can quickly bring that revenue in-house.

Question: Doctor, what is your current process for running (INSERT TEST)?
Reason: This is an easy way to find out how they are performing this test and if there are any issues you can discuss. If they talk about how difficult it is to run a CBC, e.g., discuss the process and come up with a solution that makes it easier to get a result.

Question: Doctor, would having a face-to-face conversation with a patient about their test results impact the way you practice medicine?
Reason: Have your customers sell themselves on the importance of testing in-house. Every caregiver will tell you they will see better patient outcomes if they can have a face-to-face conversation about test results.

Question: Doctor, how does it impact your care when you refer patients for lab tests and they don't go?
Reason: Many patients who are referred out for testing never go. This makes it difficult for physicians to provide proper care, since they don't have test results.

Question: Doctor, have you ever thought of doing lab testing in the office? If so, what tests interest you? If not, why?
Reason: Get the doctor talking about testing in-house so you can determine if there are any reservations or fears that you can put at ease. Once they are talking about testing, tailor your conversation to the tests they send out the most.

Question: Doctor, what is your current treatment plan for (DISEASE STATE) patients?
Reason: Find out how the customer is testing and maintaining these patients.

Source: *The Black Book: The 2014 Resource Guide for medical distribution reps,* Repertoire *magazine*

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Smart Screening

Physician group compiles cancer screening recommendations, and recommends…less

Less may be more when it comes to cancer screening. "Study after study has consistently shown that patients and many physicians overestimate the benefits and are unaware of and/or downplay the potential harms of cancer screening," said Dr. Wayne J. Riley, president of the American College of Physicians. Riley made his comments in May, following publication of the ACP's advice for screening average-risk adults without symptoms for five common cancers, published in the *Annals of Internal Medicine*.

"ACP wants smarter screening by informing people about the benefits and harms of screening and encouraging them to get screened at the right time, at the right interval, with the right test," Riley was quoted as saying.

ACP reviewed clinical guidelines and evidence synthesis issued by the U.S. Preventive Services Task Force, the American Academy of Family Physicians, the American Cancer Society, the American Congress of Obstetrics and Gynecology, the American Gastroenterological Association, the American Urological Association, and ACP.

"We found much common agreement on high-value-care screening among different organizations," said Dr. Tanveer Mir, chair of ACP's Board of Regents and a member of ACP's High Value Care Task Force, which developed the papers.

ACP's High Value Care initiative is designed to help doctors and patients understand the benefits, harms, and costs of tests and treatment options for common clinical issues, so they can pursue care together that improves health, avoids harms, and eliminates wasteful practices, according to ACP. High-intensity screening strategies – screening broader populations, more frequently, and/or with more sensitive screening tests – are not necessarily high-value care, according to the organization.

"The largest harm that can result from overly intense screening is over-diagnosis and overtreatment," Riley said. "The more sensitive the test we use or lower the threshold we establish for an abnormality, the more abnormalities we find – many of which will never lead to health problems. But because doctors cannot know which of these would or would not cause problems, we tend to treat them. Treatment for cell and tissue abnormalities that will likely not cause health problems cannot provide benefits."

> "The more sensitive the test we use or lower the threshold we establish for an abnormality, the more abnormalities we find – many of which will never lead to health problems."
>
> **– Wayne Riley, MD**

Screening average-risk adults ages 50 to 75 for colorectal cancer with high sensitivity fecal occult blood testing every year is an example of high-value care, according to ACP. On the other hand, screening women without a cervix for cervical cancer is an example of low-value care.

Meanwhile, prostate cancer, when detected with the prostate-specific antigen (PSA) test, never becomes clinically significant in a patient's lifetime in a considerable proportion of men, according to the ACP. Screening using the PSA test in average-risk men under the age of 50 years or over the age of 69 years can open the door to more testing and treatment that might

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actually be harmful. If cancer is diagnosed, it will often be treated with surgery or radiation, which increases the risk for loss of sexual function and loss of control of urination compared to no surgery, according to the ACP. (This does not apply to those men considered to be in high-risk groups such as African American men and/or those with a strong family history of prostate cancer.)

Following are some points of "high-value-care advice" from the ACP, based on its research.

Breast cancer

- Clinicians should discuss the benefits and harms of screening mammography with average-risk women aged 40 to 49 years and order biennial mammography screening if an informed woman requests it.
- Clinicians should encourage biennial mammography screening in average-risk women aged 50 to 74 years.
- Clinicians should not screen average-risk women younger than 40 years or aged 75 years or older for breast cancer or screen women of any age with a life expectancy less than 10 years.
- Clinicians should not screen average-risk women of any age for breast cancer with MRI or tomosynthesis.

Cervical cancer

- Clinicians should not screen average-risk women younger than 21 years for cervical cancer.
- Clinicians should start screening average-risk women for cervical cancer at age 21 years once every three years with cytology (Papanicolaou [Pap] tests without HPV tests).
- Clinicians should not screen average-risk women for cervical cancer with cytology more often than once every three years.
- Clinicians may use a combination of Pap and HPV testing once every five years in average-risk women aged 30 years or older who prefer screening less often than every three years.
- Clinicians should not perform HPV testing in average-risk women younger than 30 years.
- Clinicians should stop screening average-risk women older than 65 years for cervical cancer who have had three consecutive negative cytology results or two consecutive negative cytology plus HPV test results within 10 years, with the most recent test done within five years.
- Clinicians should not screen average-risk women of any age who have had a hysterectomy with removal of the cervix for cervical cancer.
- Clinicians should not perform cervical cancer screening with a bimanual pelvic examination.

Colorectal cancer

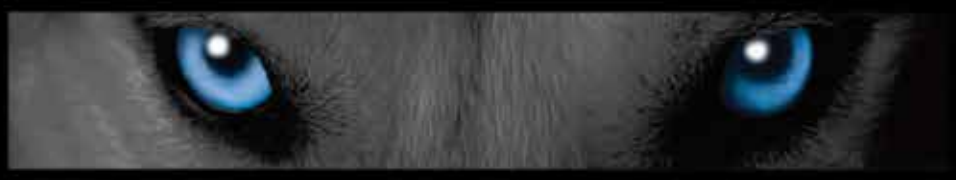
- Clinicians should encourage colorectal cancer screening by one of four strategies: high-sensitivity FOBT or FIT (every year); sigmoidoscopy (every five years); combined high-sensitivity FOBT or FIT (every three years) plus sigmoidoscopy (every five years); or optical colonoscopy (every 10 years) in average-risk adults aged 50 to 75 years.
- Clinicians should not screen for colorectal cancer more frequently than recommended in the four strategies mentioned previously.
- Clinicians should not conduct interval screening with fecal testing or flexible sigmoidoscopy in adults having 10-year screening colonoscopy.
- Clinicians should not screen for colorectal cancer in average-risk adults younger than 50 years or older than 75 years or those with an estimated life expectancy of less than 10 years.

Ovarian cancer

- Clinicians should not screen average-risk women for ovarian cancer.

Prostate cancer

- Clinicians should have a one-time discussion (more if the patient requests them) with average-risk men aged 50 to 69 years who inquire about PSA-based prostate cancer screening to inform them about the limited potential benefits and substantial harms of screening for prostate cancer using the PSA test.
- Clinicians should not screen for prostate cancer using the PSA test in average-risk men aged 50 to 69 years who have not had an informed discussion and do not express a clear preference for screening.
- Clinicians should not screen for prostate cancer using the PSA test in average-risk men younger than 50 years or older than 69 years or those with a life expectancy of less than 10 years.



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Task Force Advocates Screening for Type 2 Diabetes

Screening asymptomatic persons for diabetes may lead to earlier identification and earlier or more intensive treatments, potentially improving health outcomes. That's the opinion of the U.S. Preventive Services Task Force (USPSTF), which published the results of an evidence review in the *Annals of Internal Medicine* in April.

Approximately 21 million persons in the United States received a diabetes diagnosis in 2010 and an estimated 8 million cases went undiagnosed.

USPSTF researchers reviewed studies published from 2007 through October 2014 to assess the benefits and harms of screening for type 2 diabetes, impaired fasting glucose, or impaired glucose tolerance among asymptomatic adults. The evidence suggests that screening asymptomatic, non-pregnant adults for type 2 diabetes could help to delay progression to diabetes by identifying those who could benefit from treatment of impaired fasting glucose and impaired glucose tolerance. However, screening did not improve mortality rates after 10 years of follow-up.

In 2008, the USPSTF recommended that physicians should screen for type 2 diabetes in asymptomatic adults with treated or untreated sustained blood pressure greater than 135/80 mm Hg. This recommendation was based on the ability of screening to identify persons with diabetes and evidence that more-intensive blood pressure treatment was associated with reduced risk for cardiovascular events, including cardiovascular mortality, in patients with diabetes and hypertension.

Since then, evidence shows that an intensive multifactorial intervention for screen-detected diabetes aimed at decreasing glucose and lipid levels and blood pressure was not associated with a reduction in risk for all-cause or cardiovascular mortality or morbidity compared with standard treatment.

The USPSTF posted draft recommendations for public comment in October 2014. The Task Force is currently incorporating public comment to finalize those recommendations for future release.

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Opportunities, challenges face POC testing

The menu for point-of-care testing continues to expand. As a result, overall testing in the non-hospital setting continues to expand as well. That said, some regulatory changes could affect the amount of non-CLIA-waived testing that is being done in the physician office.

"The increasing introduction of transportable, portable and handheld instruments has resulted in the migration of point-of-care [POC] testing from the hospital environment to a range of medical environments, including the physician office and clinics, urgent care, disaster care and most recently, convenience clinics," says Susan Behnke, product manager, hematology, Sysmex America.

"POC test devices have contributed significantly to the growth of the overall diagnostics market over the past 10 years, and POC testing appears to be headed for an even bigger role in the diagnosis and monitoring of patient care," she says. "New technologies are allowing POC devices to produce quantitative lab-quality test results, which can be transferred automatically to an information system or an electronic medical record."

"New technologies are allowing POC devices to produce quantitative lab-quality test results, which can be transferred automatically to an information system or an electronic medical record."

Convenience and "meaningful use" will continue to drive the physician office lab market, says Behnke. But, as a growing number of physician practices are acquired by hospitals and IDNs, distributor sales reps will find that purchasing decisions will be more complex. "Input on testing methodology or the analyzer of choice [will be] made not only by the physician and

the site of testing, but within the IHN, at various departments, management levels and company contract agreements."

Questions

Despite its continuing growth, point-of-care testing faces two primary challenges, says Behnke – CPT code reimbursement, and the education requirements of those who perform testing.

"ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by HIPAA, and not just those who submit Medicare or Medicaid claims," she explains. "ICD-10 will allow a consistent story – for outcomes, data assessment and billing." That said, the change to ICD-10 will not affect CPT coding for outpatient procedures. CPT coding and associated reimbursement is relevant to hematology testing.

Meanwhile, as testing becomes more complex in the physicians' office, skills levels must rise too, she says. "In the past, typically, POC was mainly CLIA-waived tests. Now, CLIA moderately complex testing – for example, CBC testing – is being done in this environment."

Effective Jan. 1, 2016, labs that perform non-CLIA-waived testing will be required to adopt an Individualized Quality Control Plan, or IQCP, to identify, evaluate the significance of, and mitigate potential sources of error in the testing laboratory. (IQCPs apply to CLIA-certified laboratories, but not to laboratories performing only CLIA-waived tests, Behnke points out.)

"The IQCP is a replacement for the current Equivalent Quality Control (EQC) approach," she says, adding that ensuring quality is essential to reinforce patient safety and support care at the highest level.

"This new QC option – IQCP – is based on risk management allowing laboratories to tailor their QC plan based on their unique environment, personnel, samples, and analyzer and reagent systems. It allows the lab to customize QC policies and procedures based on the test system used. It has three key elements:

- Assessment of risk to identify potential hazards or errors in all three phases of the testing process – pre-analytical, analytical and post-analytical processes – and a determination whether or not these are mitigated with current policies and procedures.
- Development of a quality plan (standard operating procedures) that includes procedures in all three phrases of the testing process to eliminate or minimize risks identified as significant.
- Ongoing evaluation of the effectiveness of the IQCP to deliver quality test results and the implementation of changes when necessary.

"The question is, are non-acute-care facilities prepared for this change?" she asks. In fact, because of this new requirement, it is possible that some physician offices may move away from performing CBCs, which fall under the moderately complex category, preferring instead to stick with CLIA-waived testing only, she predicts.

Stand by for Change

Change is occurring rapidly in point-of-care testing. Distributors and manufacturers – not to mention clinicians – are adjusting accordingly. Chief among those changes is physician employment by hospital systems.

It is estimated that nearly 70 percent of physicians are employed by or affiliated with an IDN, says Steven Sepulveda, head of sales and corporate alliances, The Americas, Sekisui Diagnostics LLC. In many cases, the IDN supply chain executive is striving to standardize products and equipment – including point-of-care testing – across their acute-care and non-acute-care locations. Standardization brings advantages from a clinical perspective, and it also leads to higher volume, which the IDN can leverage for better pricing and terms from suppliers. Meanwhile, IDNs may choose to move some testing from the physician office to the inpatient hospital, where reimbursement may be higher.

The Affordable Care Act is having its own impact on the lab/diagnostics market, says Sepulveda. For example, the Obama Administration offers plenty of support to the nation's roughly 9,000 community health centers. Many of these centers, which serve all patients, regardless of income, have upgraded their facilities, and are performing more tests than ever for such conditions as trichomoniasis and vaginosis.

Alere

Diabetes is one of the most expensive diseases for our healthcare system and a major cause of disability and death for patients. Twenty-nine million Americans have diabetes – or 9.3 percent of the population – and over one in four do not know they have it. Another 86 million Americans are at risk for developing the disease.[1]

For people with diabetes, the key to minimizing suffering and preventing loss of life is controlling their elevated blood sugar levels (hyperglycemia). For some patients, this means testing themselves for glucose. But for all patients, a long-term measure is needed by both patients and clinicians to determine glycemic control.

Together, improving quality of care and patient satisfaction can make a difference in clinician, practice and health plan performance, and in the lives of people living with diabetes.

This long-term measure – or *truth serum* for a diabetes patient – is hemoglobin A1c (HbA1c or A1C). In its clinical practice recommendations, the American Diabetes Association (ADA) recommends testing A1C twice each year in patients that are well-controlled, and four times each year in patients that are not.[2] The large number of patients with diabetes and the need for frequent testing makes A1C one of the most common laboratory tests.

While A1C tests can be performed by sending a patient or their blood sample to a laboratory, patient care is improved when results are immediately available to the clinician by using a point-of-care method in the office or clinic. The Alere Afinion™ AS100 Analyzer delivers lab quality, is CLIA-waived, and provides A1C test results in three minutes from a fingerstick blood sample.

Knowing now matters™

Having A1C results available immediately enables earlier therapeutic decisions, which can result in improved diabetic control,[3] better patient outcomes,[3-5] and enhanced clinic efficiency with fewer patient visits and economic benefits for the practice or clinic.[6]

Probing questions for clinicians

- "What are you currently doing to comply with ADA guidelines to monitor A1C in your patients with diabetes?"
- "Do you have any challenges meeting quality metrics for control of your diabetes patients?"
- "Do you send out your A1C tests, or do you test patients in your office?"
  - If in-office, "What are you using?"
- "How would a faster point-of-care system impact your practice?"

The enhanced quality of care enabled by a three-minute, CLIA-waived, in-office test like Alere Afinion™ HbA1c is recognized by the ADA recommendation that "use of point-of-care testing for A1C provides the opportunity for more timely treatment changes."[2] Knowing now matters™ to patients, too, resulting in improved satisfaction.[5] Together, improving quality of care and patient satisfaction can make a difference in clinician, practice and health plan performance, and in the lives of people living with diabetes.

1. CDC. National Diabetes Statistics Report 2014.
2. ADA. Diabetes Care. 2015; 38 (Suppl.1):S1-93.
3. Bubner TK et al. Med J Aust. 2009; 190:624-6.
4. Gialamas A et al. Med J Aust. 2009; 191:487-91.
5. Laurence CO et al. Br J Gen Pract. 2010; 60:166-171.
6. Crocker JB et al. Am J Clin Pathol. 2014; 142:640-6.

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  - Increased efficiency
- Reliable, lab quality results
  - Precision: < 3 % CV
  - NGSP certified
  - No interferences from hemoglobin variants

Other Available Tests

- Alere Afinion™ ACR

To learn more contact your Alere Account Executive **1.877.441.7440 | alere.com**

BD

Summer is an ideal time to educate physicians' offices on newer influenza diagnostic testing options and prepare them for the upcoming influenza season.

Why help customers look at newer flu testing options now?

The FDA has determined that many of the tests on the market do not perform adequately, especially in terms of sensitivity. Therefore, FDA proposed reclassification of these tests from class I to class II, with the addition of special controls required to provide reasonable assurance of the safety and effectiveness of these devices. The FDA placed notice of this proposed change in the Federal Register on May 22, 2014, and the final order has been drafted and is under final review. At the time of the proposal, most currently marketed tests did not meet these proposed requirements. However, the BD Veritor System meets these new requirements.[1] Get ahead of the regulatory changes and switch your customers this summer.

Why sell the BD Veritor System?

The BD Veritor System is the first CLIA-waived digital immunoassay (DIA) for rapid detection of Influenza A+B, RSV, and Group A Strep. DIA is a new category of immunoassay in which the assay and instrument combine advances in detection particles, optical image recognition and interpretation algorithms to improve accuracy. This new technology detects more influenza positives than the older visually read technology that is still widely used.[2] The BD Veritor System provides results with less than 50 seconds of hands-on time while removing the errors inherent in visually read methods. With the launch of the BD Veritor System Combo pack, which ships with two Flu kits and a reader, it is an easy time for customers to get started using the product. For a limited time, it is available for the price of just two kits.

CLIA-waived BD Veritor™ System is a diagnostic system for the rapid detection of Influenza A+B, Group A Strep and RSV

Probing sales questions

- "What makes you confident about the accuracy of the results of the test you use today?"
- "Do nurses or med techs ever have indeterminate tests?"
- "Would an objective result help boost your confidence?"

With all of the changes in healthcare, your role as product consultant is more important than ever. Take these next few months and help your customers tackle the pending changes in the influenza diagnostic market by offering the BD Veritor System.

Editor's note: Sponsored by BD

[1] www.federalregister.gov/articles/2014/05/22/2014-11635/microbiology-devices-reclassification-of-influenza-virus-antigen-detection-test-systems-intended-for

[2] www.ncbi.nlm.nih.gov/pubmed/24391198

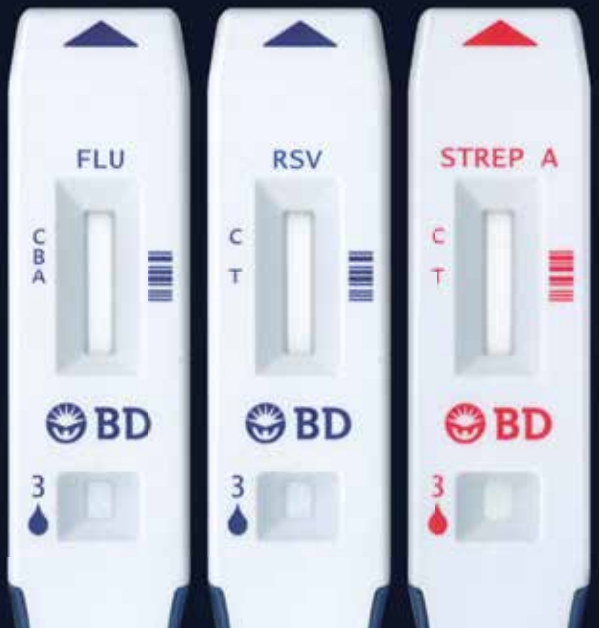
How Do You Revolutionize Infectious Disease Testing at the Point of Care?

Redefine Performance

BD Veritor™ System

CLIA-waived for Rapid Detection of Flu A+B, RSV*, and Group A Strep

BD Helping all people live healthy lives



Accurate – The first CLIA-waived digital immunoassay (DIA) for Influenza A+B, RSV, and Group A Strep. DIA is a new category of diagnostic immunoassay where the assay and instrument combine advances in detection particles, optical image recognition, and interpretation algorithms to improve accuracy

Simple – Less than 50 seconds of hands-on time with an objective, digitally displayed result[1]

Fast – From initial sample processing to a digital result in minutes[1]

*Respiratory Syncytial Virus.

Reference: 1. Data on File.

www.bd.com/ds/veritorsystem

BD Diagnostics
1-800-638-8656
www.bd.com/ds

Hitachi

Allergy treatment starts with diagnosis, and diagnosis starts with Hitachi Chemical Diagnostics, Inc. (HCD). This innovative in vitro system makes accessible allergy diagnosis possible now more than ever for the medical community.

HCD's patented panel format provides medical professionals with a viable, cost-effective, front-line approach for initial allergy consultations. Unlike the traditional approach of testing only a single allergen, HCD's panel approach offers results for up to 36 specific IgE results from one blood draw. The objective, comprehensive report can facilitate a treatment plan that could help enable a productive, healthy lifestyle.

The simple, three-step process and same-day results gives staff walk-away time to perform other duties; offers panel formatting; and decreases technician handling time.

For patients, lab testing is more comfortable and convenient than skin testing. It is an ideal alternative when medical conditions prohibit skin testing, and patients may continue taking antihistamines or other medications.

Cost-effective instrumentation

HCD's bench-top solution offers clinics cost-effective instrumentation that advances a new service and generates new revenue, without investing in expensive equipment and consuming precious laboratory space. The simple, three-step process and same-day results gives staff walk-away time to perform other duties; offers panel formatting; and decreases technician handling time. And it requires minimal training.

Start a conversation

Surprisingly, target clients often do not include allergists. Typical clients are primary care and internal medicine physicians, ENT's, D.O.'s and pediatricians. Start a conversation with one today by asking how often they write prescriptions for antihistamines and decongestants, or how often they refer patients to a specialist or a local lab. Also, ask if they are looking for ways to generate new revenue. Find out if you can put together a return-on-investment analysis to determine if in-house in vitro allergy testing is right for them.

Common client objections

Some common client objection include:

- "I don't get enough allergy patients to justify testing."

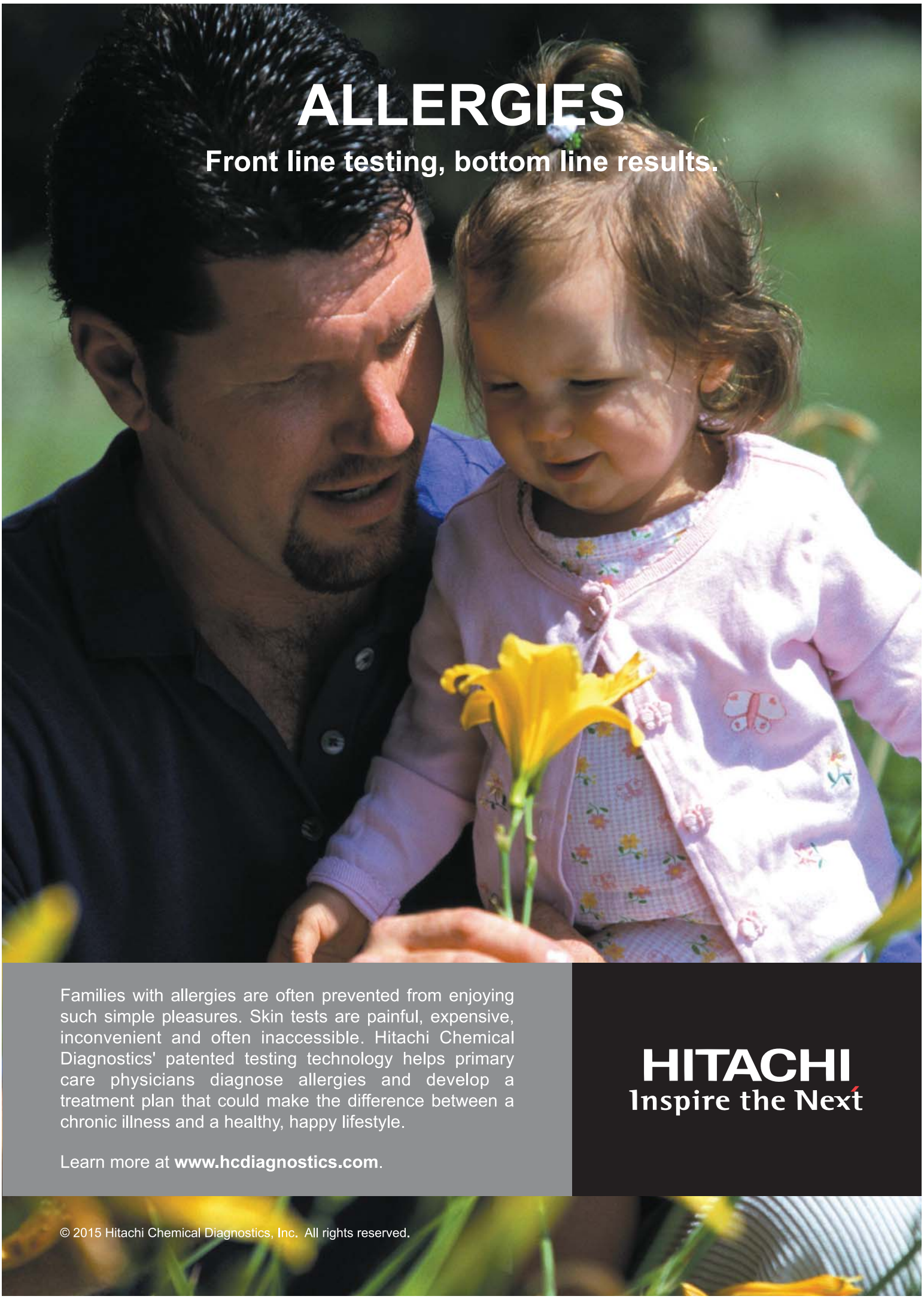
Studies report that one in five people suffer from some form of allergy. Patients are becoming savvier and expect prompt answers.

- "I don't see the point in testing. Hay fever is not a big deal."

Most professional medical societies recommend the use of an objective, specific IgE diagnostic test to supplement clinical history upon initial evaluation.

Primary care physicians are on the front lines of allergy diagnosis, and it's not always possible to refer to a specialist due to time, cost or other constraints. HCD's test is easy to access and easy to use. HCD envisions a day when allergies no longer threaten quality of life, because they are properly detected first

Editor's note: Sponsored by Hitachi



Families with allergies are often prevented from enjoying such simple pleasures. Skin tests are painful, expensive, inconvenient and often inaccessible. Hitachi Chemical Diagnostics' patented testing technology helps primary care physicians diagnose allergies and develop a treatment plan that could make the difference between a chronic illness and a healthy, happy lifestyle.

Learn more at **www.hcdiagnostics.com**.

HITACHI
Inspire the Next

PTS Diagnostics

As healthcare professionals continue to find new ways to engage with their growing patient populations, a focus has been placed on creating more efficient and productive online communication vehicles. Physician offices understand that engaging patients in their own health is key.

PTS Diagnostics has expanded its product portfolio by offering the PTS ConnectTM wellness solution, a turnkey cloud-based Population Health Management (PHM) tool.

Designed to collect patient information with real-time biometric data integration, the PTS Connect wellness solution's goal is to improve outcomes by encouraging patients to monitor their biometric data and track physical activity and progress online.

Teachable moments

It all starts during the patient intake process, where the PTS Connect wellness solution has the ability to capture key biometrics like weight, blood pressure, BMI, blood glucose and cholesterol information from PTS Diagnostics' CardioChek® analyzers. The PTS Connect wellness solution empowers healthcare professionals with a true teachable moment in which a point-of-care report can immediately be generated. The software then provides individual, online and secure accounts for patients to use anywhere, anytime.

Physician offices can promote health improvements by monitoring and tracking patient activity, providing proactive education and sending HIPAA-compliant communication. Medical professionals can promote true PHM by targeting wellness communication for at-risk individuals. Data-driven communications and health improvement campaigns give the physician's office the ability to target and promote change with precision.

In addition, the physician office can aggregate data and generate group reporting. The PTS Connect wellness solution is designed to directly engage patients in achieving improved health and wellness.

Probing sales questions:

- "How would real-time biometric data incorporated into a point-of-care report help you provide immediate consultation to your patients?"
- "Would your patients like to have access to a secure online account, which includes biometric data that allows them to track physical activity and monitor progress toward overall health improvement?"
- "How would aggregate reporting of Population Health Management data help you better understand the needs of your patient population?"

Finder's fee potential

PTS Diagnostics offers a significant finder's fee for distributor sales representatives who introduce the PTS Connect wellness solution to physician offices, healthcare systems, screening and wellness companies, retail clinics and more. Simply introduce the prospect to a PTS Diagnostics sales manager, and upon the third month of billing to the new customer, the distributor representative will receive a finder's fee.

Editor's note: Sponsored by PTS Diagnostics

New!

Expanding Point-of-Care Fingerstick Testing

The PTS Pod system is an easy-to-use device for point-of-care blood collection which reduces biohazard exposure and decreases screening time per participant. This innovative technology enables health screening companies and other healthcare providers to offer many additional laboratory tests to their clients.

Samples are collected at the point of care and fast dry times result in easy handling and shipment to an accredited lab for processing. Accurate and precise results are available for download from a secure website within within 3-5 days (typically 24 to 48 hours). All this happens from a fingerstick while maintaining efficient throughput of screening participants.

Current Fingerstick Tests*

Serum Nicotine/Cotinine
Prostate Specific Antigen (PSA)
Thyroid Stimulating Hormone (TSH)
Creatinine
High-Sensitivity C-Reactive Protein
Testosterone
Cortisol
Lipid Panel
Glucose
A1C

*Individually or in combination

pts Diagnostics

To place your order, call 1 (877) 870-5610.
ptsdiagnostics.com

The PTS Pod collection system is distributed by PTS Diagnostics.

Sekisui Diagnostics

***Trichomonas Vaginalis* is estimated to be the most** common, curable, non-viral sexually transmitted infection. Historically thought of as a nuisance infection, it has been largely under diagnosed and under treated and can have serious health implications, including:

- Risk of preterm birth.
- Increased risk of HIV.
- Infertility.

Diagnostic challenges

There are a number of diagnostic options available, however tradeoffs may have to be made in terms of accuracy, time and cost.

Method	Features
Microscopy/Wet Mount	Variable sensitivity (30-75%)[2] Subjective Requires live organism
Culture	Can take days to get results
Molecular	Highly accurate results Expensive Does not allow for test-and-treat approach
Point of Care Antigen Test OSOM® Trichomonas Rapid Test	No equipment or specialized training CLIA waived; easy-to-read, objective results Detects antigen; does not require live, motile organisms

The OSOM Advantage

The OSOM Trichomonas Rapid Test is the only CLIA-waived rapid test available today and offers:

- 95 percent agreement with culture and wet mount combined.
- Antigen detection (does not require live organism).
- Results in 10 minutes or less.
- Objective easy-to-read two-color results.

Probing sales questions

- "Do you currently test your patients for Trichomonas?"
- "How much time does your staff spend calling patients with their result?"
- "How would a CLIA waived kit for trichomonas detection change the work flow of your office if you could perform it, report it, offer immediate treatment in your office and get reimbursed?"

Potential physician objections

- "I do wet mounts. They are cheap and quick, and this is the way we've always done it."

It can be difficult to see a motile (live) organism each time. I have an antigen based, CLIA waived rapid test, which does not require live organisms be present. Diagnosing Trichomonas accurately the first time can help improve outcomes and lower costs.

- "Wet prep takes two seconds for me to perform. I don't have 10 minutes to wait."

Studies have shown wet prep sensitivity varies greatly (30-75 percent), so you want to make sure you aren't missing positive samples. Would you like to trial a five-test kit to see how it could improve your detection rate and workflow in your office?

The ability of the OSOM® Trichomonas rapid test to accurately, quickly and cost-effectively detect Trichomonas offers significant benefits to the patient and clinician alike:

- Begin immediate and proper treatment.
- *Avoid* misuse of unnecessary antibiotics.
- Provide an opportunity for appropriate sexual health education during the visit.
- Help prevent further spread of Trichomonas and *reduce* associated health risks.

Editor's note: Sponsored by Sekisui

www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm

[2] Hobbs, M. M., D. M. Lapple, L. F. Lawing, J. R. Schwebke, M. S. Cohen, H. Swygard, J. Atashili, P. A. Leone, W. C. Miller, and A. C. Sena. "Methods for Detection of Trichomonas Vaginalis in the Male Partners of Infected Women: Implications for Control of Trichomoniasis." Journal of Clinical Microbiology 44.11 (2006): 3994-999

SEKISUI DIAGNOSTICS

448,000,000

NEW CURABLE SEXUALLY TRANSMITTED INFECTIONS EACH YEAR

The **OSOM® Trichomonas Test** is a 10-minute, CLIA Waived rapid diagnostic. It's a simple, objective test that can be expected to improve the diagnosis of Trichomonas, especially where culture and PCR are unavailable[1].

We strive to help customers meet the challenges of our rapidly changing healthcare system by:

- Lowering costs
- Improving outcomes
- Creating better patient experiences

Answers for Healthcare. Awesome...yes, OSOM®.

OSOM® rapid diagnostics

To learn more visit **www.osomtests.com** or contact your Territory Manager at 800-332-1042.

1 Zaki, Maysa M., Hanaa M.E. Moussa, and Omayma M. Hassanin. "Evaluation of the OSOM Trichomonas Rapid Test for Detection of Trichomoniasis." *PUJ* 4.2 (2011): 177-84

MADE IN THE USA

Sysmex

Sysmex America, Inc., has partnered with Medicus Middleware to provide physician office laboratories (POLs) with analyzer connectivity directly to their electronic medical record (EMR) system. The Sysmex XP-300 moderately complex hematology analyzer is extremely robust and reliable – which makes it ideal for physician office laboratories.

The XP-300 is simple to operate and offers:

- A rapid and accurate analysis of a CBC, including platelet count.
- A three-part differential, including an absolute neutrophil count (ANC), which is an important parameter for your pediatricians and hematology-oncologists.
- Histograms for RBC, WBC and PLT for easy review.
- Normal ranges, with the ability to add multiple ranges based on patient populations
- Abnormal value flagging in color
- Critical value flagging
- A complete and compliant report that can be viewed on-screen and printed, including histograms
- Sending results directly to patient record in EMR

With Medicus Linc Lite, patient reporting includes:

- All Medicus Plus features and more
- Expanding to add up to five additional analyzers (e.g., chemistry, immunoassay, urinalysis)
- An optional reference lab interface
- Bidirectional interfacing to EMR
- Sending patient lab orders from EMR to Medicus
- Sending results from Medicus to EMR

A lot of QC is good for 100 days, which means a lot fewer changes!

The XP-300 has six quality control (QC) files. Typically, facilities will use 1, 2 & 3 for the low, normal and abnormal high. When it is time to change lots of QC, files 4, 5 & 6 provide the ability to easily perform the cross-over studies. A lot of QC is good for 100 days, which means a lot fewer changes!

Our Medicus Middleware partnership

The partnership with Medicus Middleware enhances the XP-300 capabilities for added value with patient reporting that includes:

- Two (2) alphanumeric patient ID fields to meet future regulatory requirements

The basis for your answers

"Moderately complex laboratories can enjoy the best of both worlds when you combine the accuracy and reliability of the XP-300 automated CBC (hematology) analyzer with the agility of Medicus Middleware. It connects directly to your EMR system and no extra software is needed, with simple plug-and-play to become HL7 connectivity ready."

Questions to engage your potential customers

- "Does your practice have an EMR system, but no LIS? If yes, then…"
- "How do you currently enter the patient CBC results into the EMR? Do you manually type in the values? Or do you scan the CBC printout and attach to the patient's EMR?"
- "Do you see a benefit in terms of the efficiency and effectiveness of being able to connect your CBC analyzer directly to your EMR?"

Editor's note: Sponsored by Sysmex

sysmex | BEYOND A BETTER BOX™

XP-300™ AUTOMATED HEMATOLOGY ANALYZER

Powered by Medicus Middleware

THE BEST OF BOTH WORLDS

By combining the accuracy of our Sysmex XP-300™ Automated Hematology Analyzer with the agility of Medicus Middleware—moderately complex physician office laboratories now enjoy direct analyzer connectivity to their electronic medical record (EMR) system.

When it comes to advancing the hematology diagnostic environment, Sysmex has always been far ahead of the curve—but better "boxes" are only a small part of the Sysmex difference. Our commitment to innovation includes addressing healthcare's most pressing issues—such as the need for clinical and physician office laboratories to adopt electronic medical records or face a loss of productivity and revenue.

Sysmex Plus Medicus Middleware is the Solution

Sysmex XP-300™ Automated Hematology Analyzer

- CBC with 3-part differential
- Robust and reliable
- Compact, space-saving design

Sysmex powered by Medicus Middleware

- Create a test order and a complete patient report
- Print it or just send the results to your patient's EMR
- All lab results are just a click away

You can view our series of videos at **www.youtube.com/user/SysmexAmericaInc/videos** or to learn more about Sysmex analyzers, please contact **Michelle Job at 224-543-9342**.

Sysmex America, Inc., 577 Aptakisic Road, Lincolnshire, IL 60069, U.S.A.
Tel. 1-866-779-7639 (option 4) www.sysmex.com/us

Quidel

Quidel's Sofia® family of rapid testing is changing how laboratories view rapid testing.

Sofia is a diagnostic testing platform, which takes rapid testing to a whole new level by integrating proven lateral-flow technology with advanced fluorescent chemistry. The Sofia platform combines this advanced assay technology with a small bench-top analyzer that can be deployed and used in both near-patient testing and laboratory settings. Sofia literally changes the way your customers view rapid testing.

Sofia test kits are simple-to-use, which makes Sofia adaptable to a variety of healthcare settings, from small physician offices to large hospital labs or emergency departments. As demonstrated by numerous studies

and peer-reviewed publications, Sofia offers highly accurate, objective results, which can be delivered in two workflow modes to flex with seasonality. Sofia offers several unique laboratory management benefits compared to most other rapid lateral-flow tests, visually read or instrumented. Sofia stores and provides your customers the ability to access all user data, including testing, QC and calibration activity and offers barcode interfacing for patient and user identification.

The comprehensive menu of CLIA-waived testing offered on Sofia includes: Influenza A+B FIA, RSV FIA and Group A Strep+ FIA. Sofia also offers Urine hCG FIA and Group A Strep in moderately complex kits.

Better access to better data

Sofia offers users the ability to connect to LIS or remotely manage their data through the use of the Quidel Virena® Wireless system. Virena is a unique wireless surveillance and data management program that works in harmony with – and adds value to – your customers' Sofia system. Imagine your customers being able to monitor QC and operator performance across every site in their organization, easily accessing test usage data (by operator, facility and/or an organization) for inventory management and workload requirements, all from their office. Virena allows users to easily generate and visualize dynamic reports, which chart test results and automatically calculate percent positives (prevalence) for all Sofia assays. Virena allows authorized users access to these enterprise benefits in a highly secure environment from any web-connected device.

What's new with Sofia?

Most recently, Quidel received simultaneous FDA clearance and CLIA waiver for the Sofia Strep A+ FIA, which was the first such achievement under the FDA's new dual-submission program.

Sofia stores and provides your customers the ability to access all user data, including testing, QC and calibration activity and offers barcode interfacing for patient and user identification.

Sofia Strep A+ FIA has been compared to culture with discordant specimens resolved by an FDA-cleared molecular assay in the label, which demonstrates its high sensitivity, specificity and negative predictive values. This test provides your customers with highly accurate results in 5 minutes with the laboratory management functionality of Sofia.

For more information on Quidel and the Sofia platform, contact Quidel Customer Service at 1.800.874.1517, or visit us at quidel.com.

Editor's note: Sponsored by Quidel

Right on Q!

Whether you need the highest quality and a broad range of rapid diagnostic tests or service after the sale, we'll be right on Q – *your* cue that is. You sell, we deliver.

Welcome to the new Quidel.

quidel.com

QUIDEL®

1518MI0715D (07/15)

Importance of Immunizations

Even healthy adult reps need to stay current on their immunizations.

Immunizations have significantly reduced the incidence of many infectious diseases, yet vaccination rates for some diseases continue to fall short of national public health goals, according to the National Public Health Information Coalition (NPHIC). To highlight the importance of immunizations – considered by the Centers for Disease Control and Prevention (CDC) to be one of the top 10 public health accomplishments of the 20th Century – August has been named National Immunization Awareness Month. In its immunization communications toolkit, NPHIC stresses three points central to the importance of immunization:

- Vaccines are an important step in protecting against serious, and sometimes deadly, diseases.
- Vaccines are recommended throughout our lives.
- A strong provider recommendation is one of the best ways to ensure patients get the vaccines they need, when they need them.

Sales reps, you can do yourselves a favor by checking the status of your immunization record to see if you are current.

For sales reps, this is an opportunity to learn about your customers' concerns and product needs. It's also a good time to take stock of your personal immunization needs as well. If you aren't current on certain vaccines, you may be placing yourself – and those around you – at risk for certain infectious diseases.

Recommendations

All adults need to stay current with their vaccinations, notes NPHIC. Childhood immunity to diseases wears off over time, and healthy adults can become ill and pass along certain illnesses to others. The need for adulthood vaccination often is based on age, lifestyle, occupation, travel destinations, medical conditions and previous vaccines. However, it is especially important for adults who:

- Are 60 years of age and older.
- Have a chronic condition, such as asthma, COPD, diabetes or heart disease.
- Are in close contact with the very young, the very old, people with weakened immune systems or those who cannot be vaccinated.

The CDC recommends that all adults receive the following vaccines:

- **Influenza (flu) vaccine.** Adults should receive this each flu season.
- **Td or Tdap vaccine.** Adults should get the Tdap vaccine once if they did not receive it as an adolescent to protect against pertussis (whooping cough), and then a Td booster shot every 10 years to protect against tetanus and diphtheria. In addition, women should receive the Tdap vaccine during each pregnancy.

Some vaccines are recommended based on age:

- **Human papillomavirus (HPV).** This is a one-time series of three doses recommended for females age 26 or younger, males age 21 or younger and males age 26 or younger who have weakened immune systems or have sex with men.
- **Measles, mumps, rubella (MMR).** Adults born in the United States in 1957 or later who have not received the MMR vaccine should get one. In most cases, one dose suffices, but sometimes two doses are necessary.
- **Pneumococcal (pneumonia, meningitis).** Adults 65 and older are advised to get two pneumococcal vaccines.
- **Shingles.** Adults 60 and older are advised to get this one-time vaccine.
- **Varicella (chickenpox).** Adults born in the United States in 1980 or later who never had the disease or never had two doses of the vaccine.

The CDC recommends the following vaccines based on health conditions, lifestyle or jobs:

	Hepatitis A Series	Hepatitis B Series	Meningococcal	Pneumococcal polysaccharide	Pneumococcal conjugate and polysaccharide
Weakened immune system				✓	✓
HIV		✓		✓	✓
No spleen or poorly functioning spleen			✓	✓	✓
Heart disease				✓	
Chronic lung disease				✓	
Diabetes Type 1 and Type 2		✓		✓	
Chronic kidney disease or failure		✓		✓	
Chronic liver disease	✓	✓		✓	
Chronic alcoholism				✓	
Men who have sex with men	✓	✓			
College freshmen living in residence halls			✓		

Each year, thousands of adults in the United States are hospitalized and even die from diseases that could be prevented by vaccines. Yet, in 2012, only 14 percent of adults 19 years and older received a Tdap vaccination, and only 20 percent of adults 19 to 64 years at high risk received a pneumococcal vaccination, according to NPHIC. Although adults believe in the value of immunization, they do not always realize they require them.

Sales reps, you can do yourselves a favor by checking the status of your immunization record to see if you are current. Then, check in with your customers to see how you can help them bring their adult patients up to speed as well. rep

Editor's note: Technology is playing an increasing role in the day-to-day business of sales reps. In this department, *Repertoire* will profile the latest developments in software and gadgets that reps can use for work and play.

Technology news

Is there a doctor in the house?

The future of physician visits is here – at least it is for those living in the Los Angeles and San Francisco areas in California. Heal, a company that offers on-demand personal health care services, has introduced a one-touch, on-demand house call doctor app for the Apple Watch. The app – available for free download with the Apple Watch – is said to offer a one-touch process to request a fully vetted and licensed doctor to arrive at a person's home or office in under an hour. Unlike a traditional doctor's visit, which tends to last between 10-15 minutes, Heal doctors reportedly spend as much time as needed with each patient for a fixed fee of $99. The service is available from 8 a.m. to 8 p.m., seven days a week. All doctors are fully equipped with state-of-the-art tools necessary for a mobile doctor visit, including an electronic medical record (EMR) to send prescriptions electronically, order labs and refer patients to a specialist; an AliveCor ECG; and a CellScope otoscope.

Doggone it!

Attention dog owners: Worried about your dog's wellbeing while you are at work? DogTelligent has introduced the Connected Collar™, a new solution for staying in touch with your pet. When synced with the DogTelligent app on smartphones and computers to track dogs' locations, the collar's built-in virtual fencing technology alerts owners when their dog wanders beyond set boundaries. In addition, the Connected Collar tracks a dog's activities throughout the day, collecting relevant information for the dog's veterinarian. Outfitted with micro-speakers, integrated LEDs, an ultrasonic training whistle and anti-barking technology, the DogTelligent Connected Collar™ is waterproof, shockproof and reportedly sturdy enough to combat the wear and tear from daily and highly active use. Available in small, medium and large, the collar retails for $159.95 and comes with Bluetooth, Wi-Fi and cellular connectivity. Shipping is expected to begin this month.

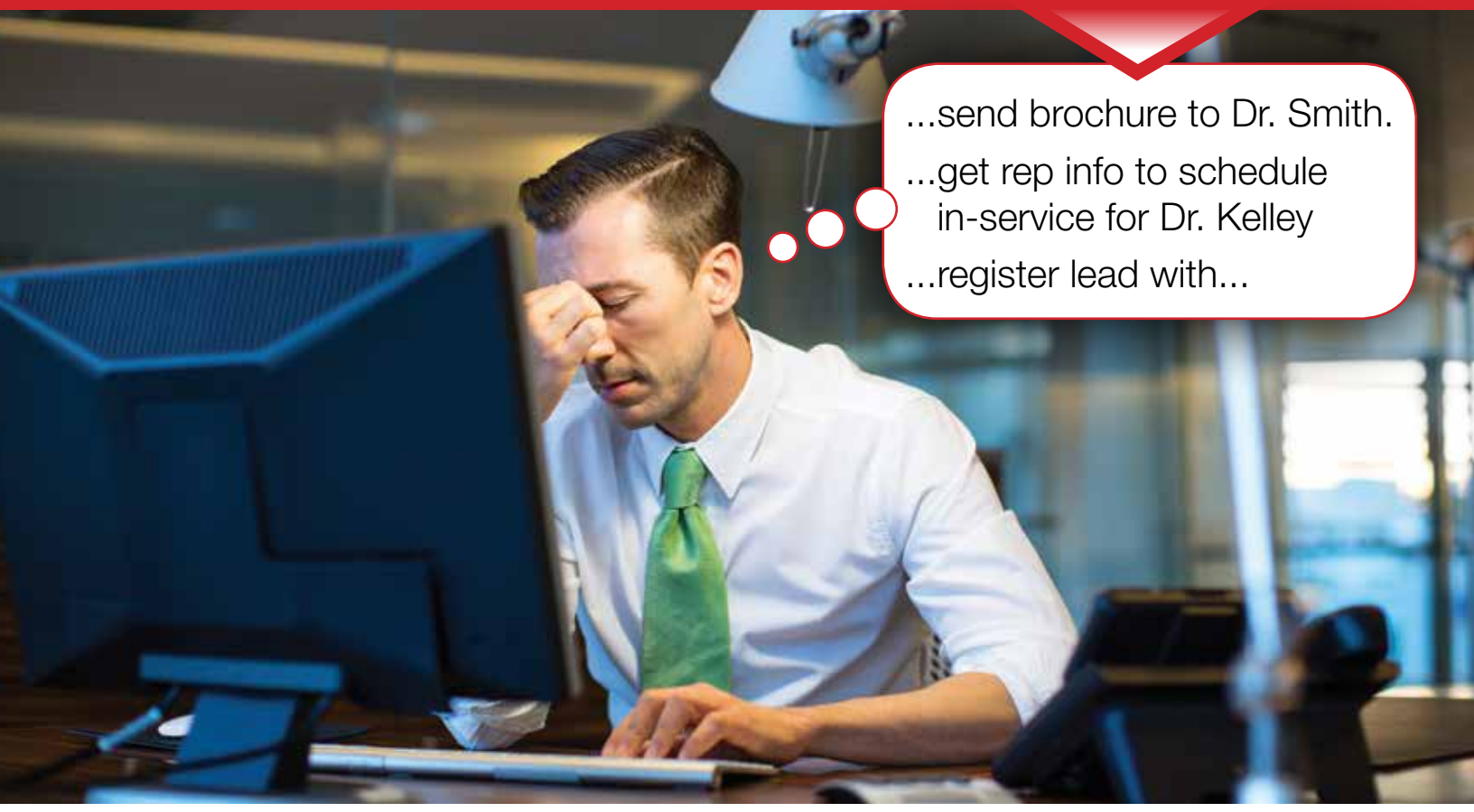
A clean connection

Soap Inc., a developer of unified home-based automation technology, recently announced the retail availability of its Soap Home app, designed to unite users' home automation devices, such as lights and thermostats, while at the same time connecting their computers, tablets and phones. The single-user app is designed to communicate with the hub users already own, including Netgear or Linksys routers. Soap does not require users to purchase new hardware and offers the following management tools:

- Nest Thermostat Management, which includes fan, heating/cooling settings and remote management.
- Nest Protect Management, which includes carbon monoxide/smoke detection, and battery level and check.
- Philips Hue Control, which includes on/off function, management of multiple hue lights and color selection.
- LIFX Bulb Control, which includes on/off function, management of multiple hue lights and color selection.

Soap Home app users can set up and manage multiple brands and devices from different international vendors. They can determine device compatibility by visiting soapapp.us. Soap Home is available for download at the Apple App Store. Android versions and other updates will be introduced in the coming months.

What does your “after hours” look like?



It could look like this...

Working smarter...

repConnect

Get RepConnect today in the App store! www.repertoireconnect.com


Empowering women to lead and succeed.
PWH
Professional Women
in Healthcare
For more information visit www.mypwh.org

PWH events at HIDA

Join Us at HIDA September 8-10, 2015

Wednesday, September 9 | 11:30 am – 1:00 pm
Jana Quinn Inspirational Award at HIDA Opening Reception

Wednesday, September 9 | 9:00 pm
PWH/HIDA Premier Networking Reception
All conference attendees are invited to join PWH and HIDA for a nightcap and great networking!

Thursday, September 10 | 8:00 – 11:00 am
Distributor Expo - Booth 231

Thursday, September 10 | Noon – 3:00 pm
PWH Annual Meeting (PWH members only)

PWH creates leaders. Professional Women in Healthcare provides women and their organizations a unique educational platform, dedicated to the leadership development and support of their current and aspiring women leaders. Connect and learn from nearly 600 members of healthcare distribution, manufacturing and GPOs to fast track the advancement of you, your team and your organization.

Learn about PWH from our members, scan this QR code.

rep corner

Noodling over Sales

Whether he is servicing his accounts or noodling in his free time, Tyson Coble loves a good challenge.

By Laura Thill

Transitioning from an 8-to-5 lab job to a field sales career may present a challenge for some. For LABSCO sales rep Tyson Coble, it has been a welcome change. His move from his former position as a medical technician and manager to his current role as a sales rep has been nothing but "great," he says. "I am super competitive and love the adrenaline rush of making a sale."

That said, Coble makes it a point to consult with his customers on solutions that will bring the greatest value to their practice. Medical products sales is definitely not a one-solution-fits-all business, he says. "It is important to treat each customer differently, for who they are," he explains, adding that his consultative experience as a laboratory manager has helped him do so.

Good timing

Working as a medical technician served Coble well for nearly six years, and helped him finance an associate degree, followed by a college degree in biology. After college graduation, he worked at two different labs, and eventually was promoted to manager at one. But, by 2011, he was ready for a change. "I had been looking to transition to a career in sales or as a service tech," he recalls. "While I wanted to stay connected to the lab, I was tired of the day-to-day work.

"My LABSCO rep suggested I reach out to LABSCO, where there was a sales rep opening," he continues. "The timing worked out perfectly. One thing led to another, and I joined LABSCO [as a field sales rep]. My territory includes the state of Oklahoma and the northern part of Arkansas."

Tyson Coble

Still, the transition took some getting used to, says Coble. Parting with his former laboratory to call on customers who are miles and miles apart required some new skills. "As a med tech, you may look at slides from 8 to 5," he says. "As a sales rep, you never know what will happen from one minute to the next. It has been a challenge, not only getting used to the new pace, but learning to fit so many sales calls into each day." To address this, he carefully plans his sales calls as much as four to six weeks out. But, is it possible to plan so far ahead in a business

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that can change at any moment? "Yes – about 50 percent of the time," he says.

And, he has had some support while learning the ropes, he adds, mentioning his mentors, Derek Young and Wade Pruitt. They come from considerably different backgrounds, he points out, but their assistance has been immeasurably helpful. "Derek has an MBA and has always sold large, capital equipment. Wade originally was a med tech, so he understands the challenges I face making that transition. Also, he has experience selling both small products and large equipment."

Noodle what?

Noodling – or fishing for catfish using only one's bare hands – has been a popular sport in the Southern states for many years. More recently, it has caught on in other parts of the country, as well, including Oklahoma. "I have been noodling for about 12 years, since I was 18," says Coble. "Yes, the catfish will bite your hands or arms, but as long as you are careful, nothing serious will happen."

The art of noodling

Noodling refers primarily to a method used to capture flathead catfish, which live in holes or under brush in rivers and lakes. However, the term has been applied to all hand fishing methods used to catch any species of fish.

When noodling for catfish, the noodler must first locate a catfish hole, which may exist anywhere from a few feet to 20 feet below the water surface. Once a hole is discovered, the noodler places his or her hand and arm into the hole. Often the catfish will swim forward in an attempt to escape the hole and latch onto the noodler's hand. The noodler can hook his or her hand around the fish's gills.

A typical catch weighs about 40 pounds. To help ensure their safety, most noodlers partner with a spotter, who can help bring the catfish to the noodler's boat or to shore.

Source: Wikipedia.

For the most part, Coble noodles for fun. Much like fishing, noodling is a "hit and miss sport," he points out. "You may noodle from one in the afternoon until eight at night, and only catch one fish. We usually catch and release after we take a picture."

Every so often, however, he does enjoy competing and at least once participated in a televised tournament. "During tournaments, you noodle on a lake of your choice, and then bring your catfish to a central location for a weigh-in," he explains. "I have never won anything significant, although I once came in second place in a smaller tournament."

And, as competitive as he is, Coble knows that with noodling, as with sales, one must always keep his wits about him. "You can't get too high, too low or too disappointed," he says. "You may not catch a fish – or close a sale – today." But next week may be a total success, he adds. rep

MEDICAL DISTRIBUTION HALL OF FAME

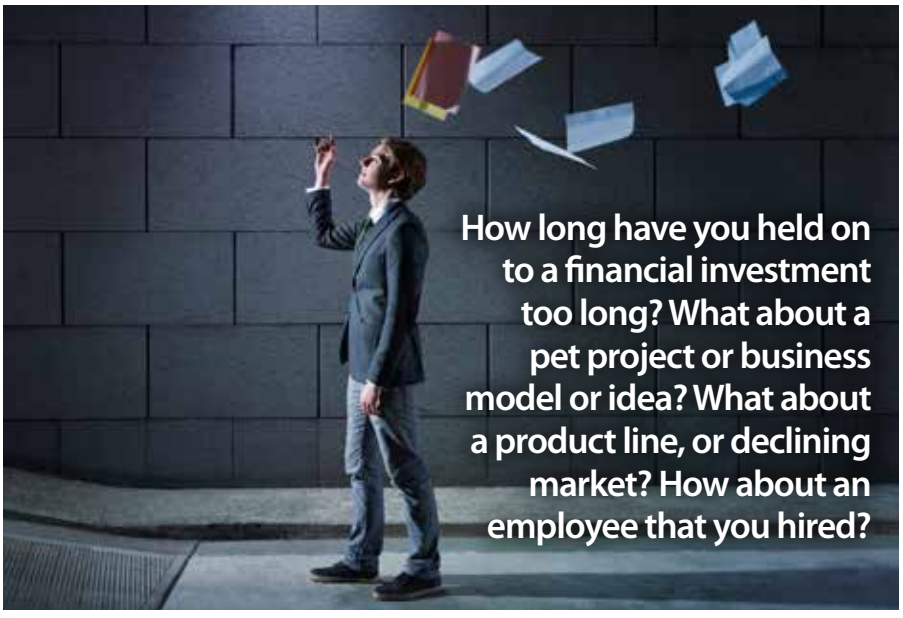
The Medical Distribution community gathered recently to honor Brian Taylor's induction into the industry's Hall of Fame.

By Randy Chittum, Ph.D.

Knowing When to Quit

Most of us are familiar with the concept of sunk-cost bias. It tells us that we are more likely to continue on a path if we feel like we have invested time, money, or energy. We are similarly familiar with the idea of opportunity cost. We know that our commitment to doing one thing means that we are essentially choosing that thing over many others. We mostly do both of these unconsciously. Considered independently, there are significant consequences, but what are the implications of considering the impact of sunk-cost and opportunity cost in tandem?

It almost certainly suggests that we should be quitting more things.



The quitting falsehood

"Winners never quit and quitters never win." So many successful leaders are hardwired with this falsehood. There is actually evidence that people are more successful and psychologically healthy when they thoughtfully quit. Far from an indication of being weak, it is a sign of strength and balance. The idea that quitters are weak is predicated on the idea that we quit because it is hard. That is not what we are talking about here. In this scenario we quit because the continuing investment is no longer wise when put in the context of all the possibilities.

There is a difference between quitting and giving up. Giving up may be more closely associated with waning will power or commitment. It is more about the person than the situation. Quitting on the other hand is more value neutral. It is a thoughtful choice that considers how we got where we are and what we sacrifice to stay here. It is balanced and measured.

How long have you held on to a financial investment too long? What about a pet project or business model or idea? What about a product line, or declining market? How about an employee that you hired?

One commonality among most business life-cycle models is a steadily increasing commitment to how things have been. We become organized around self-protection. Those who are new to the playing field are often organized around risk, because they often have very little to protect. Entrepreneurs tend to be very good, especially early, at experimenting with new ideas. What this means in practice is that they know how and what to quit.

We have been talking about complexity in this column this year. One of the key strategies for leading through complex times is to create what are called "safe to fail" experiments. In other words, to move beyond the platitude that is to be "entrepreneur-minded" and instead to actually replicate the most valuable characteristic of entrepreneurs. Safe to fail experiments require a bit of a quitter's mindset.

I imagine the learning challenge is obvious. Find something to quit. There is a very good chance you already know exactly what it is. If you quit something, let us know how it goes at randychittum@still-leading.com!

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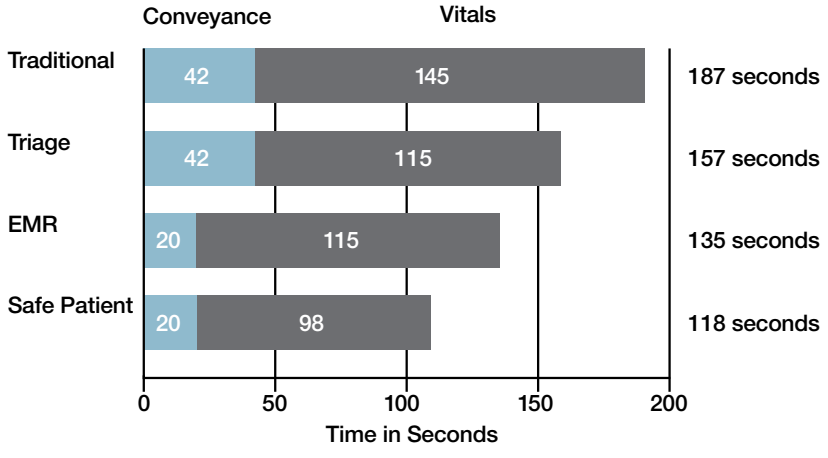

Based on a study by Midmark, the average time from the waiting room, through vitals acquisition, to the time the patient is ready to see the physician is 5 minutes, 7 seconds. Something as simple as moving vitals into the exam room and using an automated vital signs device can reduce conveyance and vitals time by up to 36%.

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