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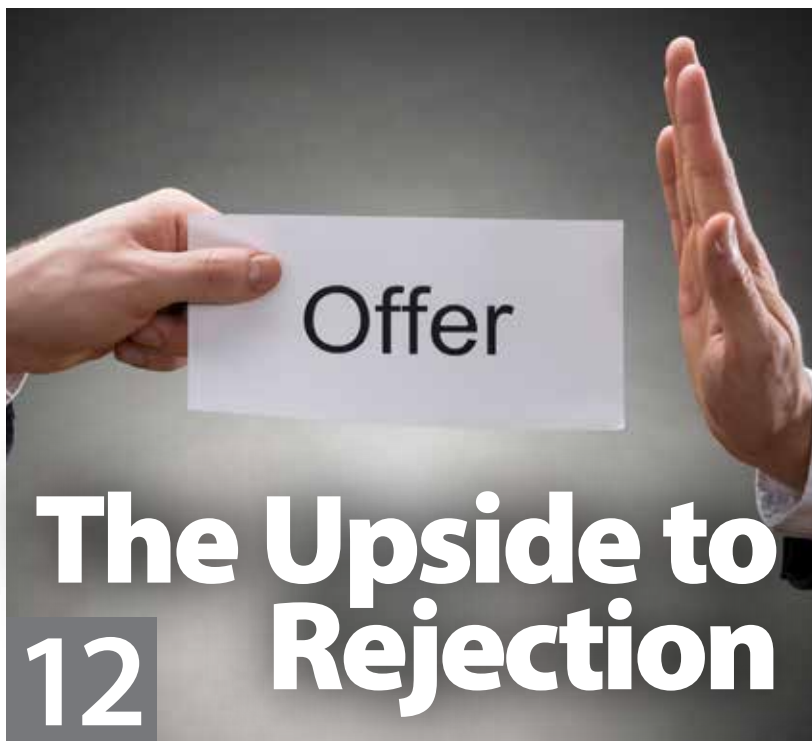
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Train, Learn, Adapt



Scott Adams

Last night I watched Michael Phelps win his 23rd Olympic gold medal. He won his first gold medal 12 years ago in the 2004 Athens games. Think about how different things are for him a dozen years later in Rio. He's 31 years old, his competitors are different, he has different teammates, and the landscape of the games are completely different. Yet over the last three Olympic Games he has trained, learned, and adapted to whatever challenges he has faced.

Think about how much our industry has changed over the past 12 years. Have you been able to train, learn, and adapt to the market we have today?

The September edition of *Repertoire* is our annual Excellence in Sales issue. Each year our readers nominate the rep they think should be crowned the distribution or manufacturer sales rep of the year. This year, Chris Huppert from Midmark was named the manufacturer rep, and Mike Ludwig from Henry Schein was named the distributor rep of the year.

Both of these reps have been able to train, learn, and adapt to the environment we live in today. They both realized you must be willing to face the challenge in front of you and adapt to the need of today's client.

"The first time you meet Chris, you realize how engaging he is," says Matt Bourne, vice president, medical sales, Midmark. "He is very focused on what you are saying. He's always in the moment." When calling on the customer today you have to listen to their needs and then sell them on the outcome your product or service will deliver to solve their problem. This is completely different from the features-and-benefits selling we did 12 years ago.

Mike is no different in that he has overcome many of the same changes Chris has in the market place. "He studies what customers are facing, takes the time to learn their challenges, listens to them, and then brings in the proper experts, consultants or manufacturer reps who can help that customer respond to those challenges." – Henry Schein Medical Vice President and General Manager Brad Connett.

Both of these reps can teach us some valuable lessons. My challenge for you in this issue is to take the time to read their stories and then take some time yourself to train, learn, and adapt to the things that challenge your business today.

In October *Repertoire* will be launching a six-part series on MACRA this is a great place to start learning about the issues facing your customers. Be watching the dail-eNews for more details.

Dedicated to the Med-Surg Industry

R. Scott Adams

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Don't Panic

How leaders can take fear off the table when confronting challenges

By Lisa Earle McLeod

A client of ours was experiencing a drop in

sales; financial performance was down, way down. The natural response is fear and panic. Unfortunately the natural response is the very worst path for a leader.

Here's how it usually plays out. The numbers look bad, leaders try to rectify them by instilling more measurements. They tighten the ship; they say things like "We need more accountability." They have weekly meetings to review the numbers; they command the sales team, "Close anything you can right now!" After a few weeks of this, people scurry around like rats on a sinking ship. Finger-pointing and a reactionary mindset rule the day.

Here's why this happens, and how we helped our client overcome this instinct:

1. Fear of failure ignites the lizard brain

The lizard brain, aka the amygdala, is the most primitive part of your brain. It's ignited and ruled by fear. Instead of thinking about the future, the lizard brain says, "Do anything you can to survive today." Unfortunately, the amygdala isn't very smart. It can't tell the difference between a threat to your life and a threat to your ego. For a leader, fear of not making the numbers feels life threatening. Fear ignites the panic that causes leaders to scream and shout at their teams, or hole up in their offices.



Our client was tempted to go into panic mode. But instead, we took the time to plan. Instead of focusing inward, which is what panicked organizations do, we helped our client focus outward, on their customers. Instead of requiring their people to attend more internal meetings, we sent them out to meet with clients to find out why they were and were not buying. We used the information to revise the strategy. We instituted some short-term band-aids to help cash flow. But the majority of our effort was strategic.

This is counter to what the lizard brain tells you, but it's the only way to create a stable organization. It required

some deep breathing. The leadership team had to reset themselves and not let the panic seep through their organization. We had to simultaneously focus on both short and long-term, and create a strategy that could be executed immediately. Fortunately, our client, with our help, was able to calm the lizard brain, and rally their team around a plan.

2. Financial results are a lagging indicator

The numbers are the result of the thoughts, beliefs, behaviors, processes and systems that were created months, and years ago. Financial results are a symptom, not a cause. Leaders who pound on the spreadsheet demanding improvement don't address the root cause. It's like having a brain tumor and deciding the best course of action is to take Advil, because it relieves your headache. You're still going to get headaches, and they're



Instead of focusing inward, which is what panicked organizations do, we helped our client focus outward, on their customers. Instead of requiring their people to attend more internal meetings, we sent them out to meet with clients to find out why they were and were not buying.

going to get a lot worse. If your neurologist developed a treatment plan that only focused on symptoms, and not cause, they would be a failure in their field. Leadership is no different.

With our client we unpacked the cause of the financial decline. It didn't happen overnight. Lack of emphasis on prospecting, increased competition, and eroding value proposition all contributed. We chose places to get quick wins – more prospecting – and created a plan to improve product offerings.

As a leader, your job is to take fear off the table. The first place you need to remove it is in your own brain. **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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The Upside of Rejection

By Dan Nielsen dan@americashealthcareleaders.com

As a leader, do you consistently teach, model and reinforce the upside of rejection? Without exception, every member of your team and every employee or associate within your organization will frequently encounter rejection, even when they are directly focused on carrying out the mission, values, strategic imperatives, and annual goals of your organization.

The upside of rejection can be consciously learned, remembered, and leveraged for the good of everyone involved, including your organization and the people you serve.

The upside of rejection is to purposefully and diligently capture and create opportunities for positive change and definitive improvements as the result of inevitable personal, professional and organizational rejection.

The benefits

Think about it. The huge – yes, massive – benefits and results of consciously and consistently leveraging the upside of rejection include:



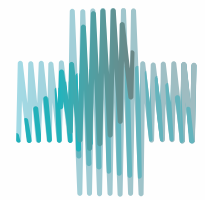
- Better, more effective leaders throughout your organization (everything rises and falls on leadership)
- Smarter people and smarter teams
- More experienced and mature people and teams
- More effective people and teams
- More efficient people and teams
- More focused people and teams
- More confident people and teams
- Better results throughout your entire organization
- A more confident, courageous, and positive culture throughout your entire organization
- Stronger, more successful, more loyal people and teams throughout your organization
- A powerful, unstoppable culture driven by the courage and learning that results from purposefully and consistently teaching, modeling, and reinforcing the upside of rejection

If you take the time to prioritize and look, you and every leader throughout your organization will find hundreds of golden opportunities to teach, model and reinforce the upside of rejection!

If it's to be it's up to me – that means it's up to you! **rep**

Dan Nielsen is the author of the books Presidential Leadership (2013) and Be An Inspirational Leader (2016). He regularly writes and speaks on the topics of Leadership Excellence and Achieving Greater Success, and is available to deliver keynote presentations or facilitate discussions for your organization. For more info, please visit www.americashealthcareleaders.com/speaking.

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Soles of Shoes of medical staff are a source of infection. Doctors shoes were positive for infectious bacteria 56% before rounds and 65% after rounds. Of object examined in this study (including hands) shoes are the largest reservoir of alert bacteria.²



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¹ Alam M J, McPherson J K, Miranda J, Fernando S S, Le L, Amadio J, Garey K W, (2015) Prevalence and characteristics of toxigenic Clostridium difficile, C. perfringens and Enterococcus on shoe-bottoms from a hospital system In: American Society for Microbiology (ASM) Texas Branch Fall Meeting, (poster presentation) Oct 29-31, 2015 (SAM HOUSTON STATE UNIVERSITY, HUNTSVILLE, TX)

² Paduszynska, K.; Gaggis, L.; Rucinska, M.; Pomorski, L. Physicians as an infective vector at a department of surgery. Polski Przegląd Chirurgiczny 2014; 86, 11, 511-517

³ Amirfeyz R, Tasker A, Ali S, Bowker K, Blom A. Theatre shoes – a link in the common pathway of postoperative wound infection? The Royal College of Surgeons of England 2007; 89: 605-608

⁴ Paton S, Thompson K, Parks SR, Bennett AM. Reaerosolization of Spores from Flooring Surfaces To Assess the Risk of Dissemination and Transmission of Infections. Applied and Environmental Microbiology 2015 Aug;81(15):4914-4919

Smart Moves

They started with buying power in mind, but today's successful RPCs are mining opportunities for supply chain and clinical improvement.

By Laura Thill

The last 10 years have brought for striking changes in the hospital supply chain landscape. While hospital systems have continued to take advantage of the benefits provided by their GPOs, by the mid-2000s, it became clear there was much to be gained when independent hospitals and IDNs joined forces to create regional purchasing coalitions. The original intent of these coalitions was to “collaborate on the reduction in supply chain costs through commitment and aggregation, operational consolidation, and shared resources,” according to David Gillan, senior vice president, supply chain aggregate services, Vizient, Inc. Today, RPCs – or aggregation groups – continue to enable members to work collectively to realize greater savings and benefits than would be otherwise be possible. In short, the aggregation group model has become increasingly sophisticated, he points out.

“Today’s aggregation group model is data-driven, clinically credible and effectively connected through technology,” says Gillan. “The model offers integrated tools and resources that are practical for members’ day-to-day use. The tools help ensure they are sourcing the most clinically effective supplies and that their efforts are helping to improve patient care.”

Indeed, whereas in years past, purchasing coalitions focused on achieving incremental sourcing value, “today’s aggregation group model serves as a forum for members to learn, improve and build together,” says Gillan. “By doing that, they will continue to accelerate their performance. For example, when working in the physician preference area, these groups will get subject-matter physicians together to discuss value analysis, data and the specific use of various practices and products. While the



David Gillan

primary focus of this is to help with the contracting process, an intentional byproduct is the exchange of data and best practices by clinicians and other key stakeholders.”

That said, purchasing coalitions continue to offer their members the same historical value as well, including:

- Buying power leverage.
- The ability to share and utilize data to make decisions.
- Peer-to-peer connections to rapidly apply best practices and drive innovation.
- The opportunity to identify and drive performance improvement initiatives.

Bigger and better

The better-performing aggregation groups have developed the governance and operational processes necessary to be successful, notes Gillan. “Health system leaders and their staff members who support aggregation groups understand the

value they bring to their facilities,” he explains. “Members maintain their commitment to the group and make decisions that are in the collective best interest. At Vizient, we have continued to invest in the aggregation groups’ success by building and refining support, sourcing, analytics and stakeholder engagement required for high performance.”

Still, one might wonder if purchasing coalitions – like all organizations – will need to take steps to avoid losing steam, and if so, what strategies they will adopt. As they continue to expand, “aggregation groups will need to shift to issues beyond purchasing volume or buying power,” says Gillan. “Their collective performance will need to become more focused on best practices and performance improvement, utilizing sophisticated data and analytics to help members make decisions. Ultimately, effectiveness will depend upon the members’ commitment to each other, continuing to expand the aggregation group’s scope (areas in which they choose to focus their efforts), and the ability to continually improve their

“Strategically, the GPO-RPC relationship is important to ensure future success. GPOs have the knowledge, experience and data analytics to help RPCs develop protocols and processes to improve operational efficiency. In addition, GPOs work closely with RPCs and suppliers to ensure they have access to new technology and innovations that can lead to achieving better patient outcomes.”

processes and engage key stakeholders. Members will need to continue to invest in their aggregation group, as many higher-complexity areas require specialized resources or processes.

The role of the GPO

The GPO-RPC relationship has been – and continues to be – important to the success of purchasing coalitions, according to Gillan. It has been an opportunity for both sides to “learn and improve together,” he points out. “RPCs look to the GPO to provide support in sourcing and data analytics to help the aggregation group make strategic decisions. GPOs continue to support RPC goals and play an integral role in the supplier relationship with aggregation members.”

In addition, GPOs and RPCs have been successful at developing innovative programs, he says. “An example



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Spotlight



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- 2 Mayo stand
- 3 Eye chart
- 4 Alcohol bottle
- 5 Foot stool
- 6 Sundry jar rack
- 7 Glove box holder
- 8 Gauze (in sundry jar)
- 9 Cotton balls (in sundry jar)
- 10 Wood applicators (in sundry jar)
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is aptitude, LLC, a Vizient subsidiary. aptitude recently collaborated with a large aggregation group to develop an online reporting platform to further enable transparent and strategic relationships with suppliers. This new data sharing service will allow the aggregation group to share purchasing patterns, predictive spend analytics, performance metrics and information about the competitive landscape for new insights, which can be translated into cost-saving opportunities.


“Strategically, the GPO-RPC relationship is important to ensure future success,” Gillan continues.

“GPOs have the knowledge, experience and data analytics to help RPCs develop protocols and processes to improve operational efficiency. In addition, GPOs work closely with RPCs and suppliers to ensure they have access to new technology and innovations that can lead to achieving better patient outcomes. At Vizient, our view is

“Health system leaders and their staff members who support aggregation groups understand the value they bring to their facilities. Members maintain their commitment to the group and make decisions that are in the collective best interest.”

that we should be an indispensable partner that works increasingly closer with our members through these forums, [which, in turn,] transition the business from being price-focused to utilization-focused.”

Moving forward, Gillan is confident that purchasing coalitions will continue to play a significant role in healthcare delivery. “Historically, aggregation groups have primarily been price-driven and focused on lowering supply costs by leveraging economies of scale and various forms of commitment in exchange for greater value. Moving forward, these groups must be more strategically aligned as

they work to identify ways to reduce product and clinical-practice variation, while also using clinical insights around the performance of products. The future model will rely more heavily on data-driven decisions, clinical integration and clinical care pathway optimization for maximum operational efficiency and optimal patient care outcomes.” 

A strong foundation

In 2008, when Vizient (then VHA) formed its first committed RPC, Vizient SupplyNetworks™, it introduced its members to the concept of “formally structured supply networks [designed] to provide the additional commitment, governance, operational processes and stakeholder engagement that are critical to success, especially as these groups began to move into more difficult product categories,” explains David Gillan, senior vice president, supply chain aggregate services, Vizient, Inc. The concept took off, resulting in substantial saving for its members. In 2015 alone, aggregation efforts saved members over \$283 million.

Gillan credits the success of Vizient’s aggregation groups to their strong foundational support. “Start-up initiatives require a significant amount of effort to build the right support foundation,” he points out. “Understanding and

addressing obstacles early, such as decision-making processes, operational protocols, aggregation group commitments and agreement on focus areas, all must be determined and agreed upon. Then, hospital executives, supply chain leaders, physicians and other clinicians have to work together to implement the new structure.

“Successful RPCs understand that they must work together and make decisions that benefit the group, not the individual health systems,” he continues. “Vizient’s aggregation groups have been successful because of the foundational support we provide to the members, along with the analytics and decision-support tools tailored specifically to aggregation groups. Vizient continues to invest in resources and the process improvement necessary to continue to deliver greater value through the aggregation groups.”



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Excellence in Sales Awards



PAST AWARD WINNERS

	DISTRIBUTOR	MANUFACTURER
2016	Mike Ludwig, Henry Schein	Chris Huppert, Midmark
2015	Todd Matthews, McKesson Medical-Surgical	Nick Riordan, Welch Allyn
2014	Chuck Ryan, McKesson Medical-Surgical	Nate Williams, Midmark
2012	Paul Lilly, McKesson Medical-Surgical	Louis Cupo, Cardiac Science
2011	KC Meleski, Claflin Equipment	Mimi Hobson, Terumo
2010	Steve Marshall, Cardinal Health	Mike Paige, Med Care Associates
2009	Rich Bilz, Henry Schein	Tommy Whitehead, Midmark
2008	Tom Jacob, McKesson Medical-Surgical	Denny Monnin, Midmark
2007	Dick Daley, Affiliated Healthcare Systems	Bob Chaldu, TIDI Products
2006	Mike Leva, Claflin Company	Jack Moran, Med Care Associates
2005	Marty McCurdy, PSS	Steve Bakalar, Welch Allyn
2004	Denise Hassler, Caligor	Jeff Daner, Midmark
2003	James Barnes, Cardinal Health	
2002	Jim Wheeler, Seneca Medical	
2001	Linda Phillip, McKesson Extended Care	
2000	Brad Jacob, McKessonHBOC	

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Mike Ludwig: A student of the art and science of selling

For Mike Ludwig, field sales consultant, Henry Schein, every moment has the potential to be a learning moment. He learns from his customers, his colleagues, his family, and the world around him. It's a trait he might have picked up from his mother, Kathy, who was a fourth-grade teacher. Or his father, Dave, a psychology professor and clinical psychologist.

Wherever he got it, continual learning – and then sharing his insights with others – are the accelerants to his selling style. And they are part of the reason Ludwig is receiving this year's *Repertoire/HIDA* Excellence in Sales Award for a distributor.

Ludwig differentiates himself from others with his industry knowledge and “constant thirst to be ahead of the curve of knowing what is ‘next’ in healthcare,” says Chris McDougald, regional sales manager, North Carolina market, Henry Schein. “Mike is constantly initiating discussions and sending me articles and white papers of developments as well as new strategies and solutions that are presenting themselves within our industry. He always is looking for ways to be a part of the discussion internally within Henry Schein as to how we are preparing for the ever changing landscape that we work in to ensure we (Henry Schein) maintain our status of being an industry and market leader.”

Henry Schein Medical Vice President and General Manager Brad Connett learned all this about Ludwig soon after Connett hired him in 1990 when they both worked at Roane Barker (acquired by Henry Schein in 1997.)

The two were at an ABCO (now NDC) show, barely a month after Ludwig joined the distributor. In addition to the distributor reps on hand, a hundred or more manufacturers were showing literally thousands of products.

“After three days of meeting people and late nights, I was tired,” recalls Connett. “But we had an afternoon to burn before leaving.” At one point, Connett heard knocking on the door, only to find Ludwig there with virtually every single sample and product he had received at the show. “He asked me to go through each one,” says Connett “I thought I was done, but he had a thirst for knowledge and perseverance. He wanted to win.”

Says Ludwig, “Everything is a learning moment – and a teachable moment – for me, whether it's with my peers or customers. I try not to get in over my head. What I teach may just be supply chain management tools. But I am really passionate about that, and about spreading best practices models.”

He does so on a daily basis in his territory, which extends from Greensboro, N.C., southwest on I-85 toward Charlotte.



“He went above and beyond by providing one-on-one training, and he is always available to us.”

–Lori McCann



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Excellence in Sales Awards

First lesson in sales

Ludwig was born in Fort Wayne, Ind., but was raised in Hickory, N.C., where his father had a teaching job. He graduated from Lenoir Rhyne College in Hickory in 1990 with a major in business and minor in economics.

He was inspired to become a salesman while lifeguarding at a local pool. “There was a guy there one afternoon, when no one else was there. He had a beautiful house by the pool. So I asked him, ‘What do you do for a living?’ He said, ‘I’m in sales.’ Sounded like a great deal to me.”

Back then, pharmacy sales was the rage, he recalls. People who wanted to get into medical sales gravitated toward it. But Ludwig ran into Chris Poole, a

He credits his father for being his first mentor, and Connett the second. “Brad shaped and molded me, and still does in a lot of ways,” he says. “He has a lot of great insights, is a great manager, really cares about his sales reps, and has built a team around that philosophy.”

The third mentor? Henry Schein colleague Bruce Brown, who also has a territory in North Carolina. “We talk daily,” says Ludwig. “He can break down any scenario and encapsulate it for you. He’s a greater-good type person.” Ask sales reps who they would want as their rep if they were a provider, and chances are, they’ll answer “Bruce Brown,” he says.

The system-ness of things

Ludwig looks at himself not only as part of a selling team, but as part of a larger system, encompassing Henry Schein, the provider, manufacturer partners, and others.

Says Connett, “He is definitely a student of the market. He studies what customers are facing, takes the time to learn their challenges, listens to them, and then brings in the proper experts, consultants or manufacturer reps who can help that customer respond to those challenges. He looks after the customer and

what their needs are, and adapts his selling to them.

“He’s not a closer-driven type. His success is based on customer relations and becoming a trusted advisor.

Says Ludwig, “In the early 1990s, we focused on the individual – his or her knowledge and abilities. Then the emphasis was on the team effort. “Now, we have to humbly step back and ask, ‘How do we fit into the system and how can we get feedback to improve our system approach?’ Instinctually, it feels as if you’re not as important. But it’s the most important thing we can do.”

That system involves supplier and provider, as they work to align themselves on patient care, patient outcomes, patient satisfaction, as well as supply chain efficiencies, he says.

“The provider and medical education world is shifting, slowly,” he says. Medical schools today are



Ludwig family

med/surg rep, with whom he had played basketball. “He told me, ‘You really need to consider this,’” says Ludwig, speaking of distribution sales. “He explained the dynamics of it. It was my first lesson in sales, on what reps have to offer, namely, value.” The interview with Connett followed.

“Once you realize your value in the process, that’s when the ‘aha’ moment came for me,” he says. “I wanted to be a valued salesperson.”

“Everything is a learning moment – and a teachable moment – for me, whether it’s with my peers or customers.”

– Mike Ludwig

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Brad Connett and Mike Ludwig

less interested in candidates with strong science backgrounds and more interested in those with high emotional IQs, that is, people who can work with others and who understand that they alone are not the sole owners of medical knowledge. It's the empathy and ability to collaborate that will win out – those are the individuals who will be successful.”

Manufacturers are an integral part of the system, says Ludwig. “The system sell is exciting. You bring in new technology and see the light bulb go off on the provider side. It's a huge win for everyone.

“Now more than ever, our relationships with manufacturers – especially key manufacturers that deliver value – are stronger. We are part of a more intimate system.”

“He studies what customers are facing, takes the time to learn their challenges, listens to them, and then brings in the proper experts, consultants or manufacturer reps who can help that customer respond to those challenges.”

– Brad Connett

Supernatural?

Ken Spence, now with Provista, recalls meeting Ludwig some time ago at a sales meeting, when Spence worked on the manufacturer side. “I talked to him and told him, ‘If you ever have an opportunity and need help with one of your accounts, let me know,’” he says. A couple of months later, Ludwig did indeed call about an account that needed assistance with exam and surgical gloves, and asked for Spence’s help. “That’s the type of person he is. He’s a big writer, but he was reaching out, working hard for his accounts. He’s not just an order-taker; he wants to go in and find solutions to make that account run more efficiently. And he gets manufacturers to help when needed.

“After that one time, when he sent me into the account, we were able to convert the entire office, which led to another seven or eight conversions,” says Spence. “From then on, any time Mike needed something, he would give me a call. ‘Ken, I want you to ride with me for a day; I have some accounts who really need some help.’”

Lori McCann, MS, RN, HACCP, director clinical operations, Carolina Asthma and Allergy, believes that Ludwig “has a supernatural sense” for figuring out what his accounts need. An independent practice, Carolina has 11 locations in and around Charlotte.

“I provided Mike with my vision and goals for managing our supply costs and efficiencies, and he provided me with an outline of what Henry Schein could provide,” she says. “He even staged the process to make it

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manageable, so it wasn't overwhelming to the front line staff. He went above and beyond by providing one-on-one training, and he is always available to us."

Customer-centered

Frank Kelleher, controller, Eagle Physicians & Associates, Greensboro, N.C., recalls when Caligor (formerly Roane Barker, now Henry Schein) won a five-year bid to be its med/surg and pharmaceuticals supplier. Eagle has 49 doctors, 10 mid-level providers and 280 staff in seven physical locations in and around Greensboro.

"He almost looks at these large accounts as a huge puzzle with which he is constantly striving to 'crack the code' on what the perfect service model looks like."

"He was not popular with the clinics that had to give up their relationships with the losing bidders," recalls Kelleher, who gave Ludwig three months to "make all of our buyers happy."

"He was able to win their trust by showing that standardization on most supplies across Eagle would bring down everyone's costs. He then began to communicate savings opportunities on which his company was increasingly focused.

"His communication skills and customer-centered, fundamental way of being have only gotten better over the years," continues Kelleher. "Our offices would revolt if there was a whiff of suspicion that I was shopping around for a replacement for Henry Schein.

"He listens not only to what our buyers say," says Kelleher, "but what they mean. He waits until he has enough information to offer a solution or resolution to a problem. And he lets us know when he cannot help.

"There is more to tell, but this captures the essence of why Mike is excellent at his job. When I look at other vendors and service providers, he and a few others set the standard for what I have come to expect from the key links in Eagle's value chain."

Says McDougald, Ludwig is a leader at servicing large IDN customers. "He likes the challenge of truly understanding the needs of the large, complex IDN customer and building out a customized strategy and solution that addresses all of their needs. He almost looks at these large accounts as a huge puzzle with which he is constantly striving to 'crack the code' on what the perfect service model looks like."


At quarterly business reviews, "Mike's accounts have consistently commented on how they appreciate the partner they have in Mike, and how committed he is at bringing added-value to their entire supply chain," continues McDougald. "The common theme I hear is that Mike has his finger on the pulse of what their needs are and is able to quickly identify a solution that helps to address those needs. I have been told that he has become much more than just a rep for many of his customers, and is viewed in most instances as a valued member of their team."

— Chris McDougald

Carpe diem

"There is no more fascinating industry to get into," says Ludwig, speaking of medical products sales. "You need great people. You need open minds." Young people considering a career in medical sales need to have an interest in being part of a system, have empathy, and have the ability to coordinate and collaborate. It's as rewarding as you make it."

Ludwig has made a point of not letting adversity beat him, even formidable medical challenges that faced one of his two sons. "He's an introspective guy, a deep thinker," says Connett. "We've had conversations about the preciousness of life. He's got a smile on his face and a presence about him that says carpe diem."

Ludwig and his wife, Stephanie, have two sons: Stephen and Jacob. 

Chris Huppert: Sales pro

Working as a golf pro at a posh country club sounds like a great job. And in many respects, it is. There's the sunshine, the chance to be around a lot of friendly people, and golf, for goodness sake. It's not an easy job, though. Long hours, managing the golf shop, managing outside staff, running tournaments, giving lessons – lots of lessons.

Chris Huppert's 10 years at Deerwood Country Club in Jacksonville, Fla., were a learning experience, which in some ways prepared him well for a career in medical sales. Huppert is a Southeast territory sales rep for Midmark and recipient of the Repertoire/HIDA Excellence in Sales Award for a manufacturer.

"It was one of the nicer clubs in the area," he says. "We had doctors, attorneys, CEOs of companies. So you learned how to deal with those types of personalities. And the hours – I worked from 6 in the morning till the sun went down; I worked holidays; I didn't have a lot of time off. So there was a certain amount of work ethic that went into the job."

An opportunity

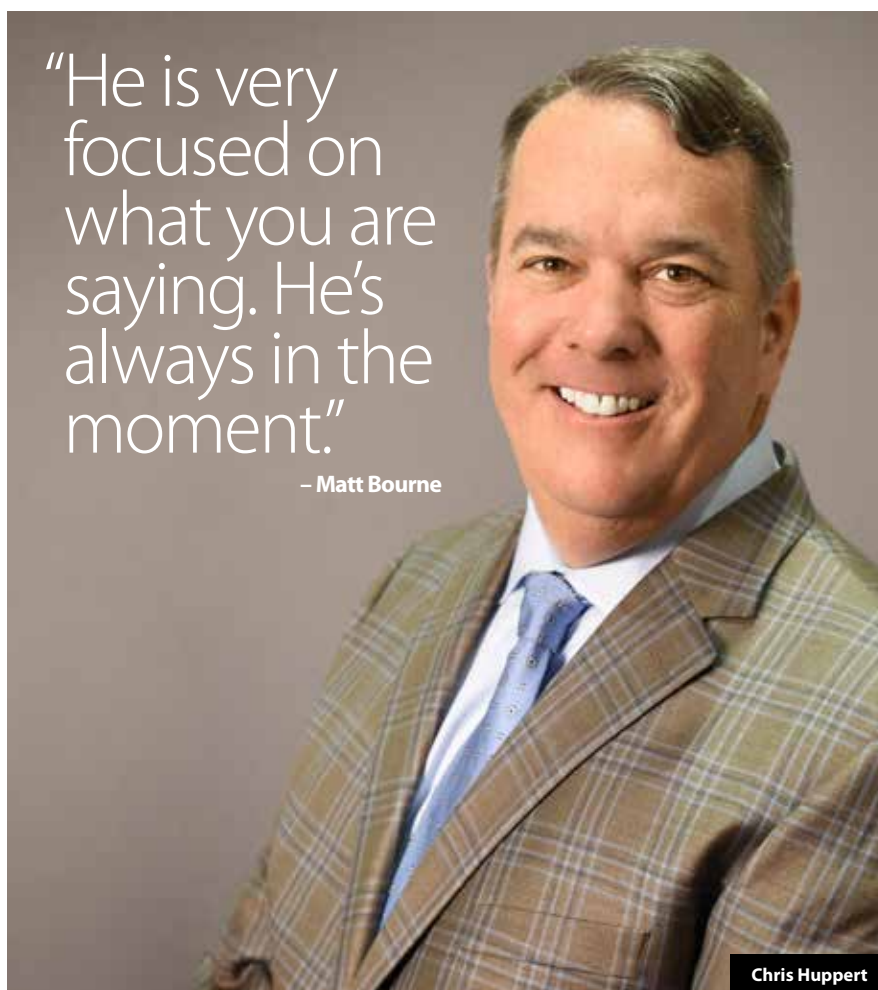
Born and raised in Jacksonville, Huppert covers central north Florida, southern Georgia and lower Alabama for Midmark. His mother, Kathy, aged 74, was at press time preparing to retire from Ponte Vedra Inn and Club in August. His father, Richard, passed away in 2001.

Richard was an independent manufacturer rep (not in medical sales), and it was from him that Chris got his first exposure to sales. "I saw him and his career, and I thought, he had a good living; he was able to take care of a family," he recalls. "I was like, 'That's something I could do.'"

While at the country club, Huppert met many people from PSS (now McKesson Medical-Surgical), which was headquartered in Jacksonville, as well as other health-care firms. From time to time, somebody would ask him, "How long are you going to work here?" and invite him to interview for a position with his or her company.

"He is very focused on what you are saying. He's always in the moment."

– Matt Bourne



Chris Huppert

Finally, in 1997, he accepted one such invitation, from Healthlink. "I realized, 'Now is the chance; you don't get opportunities like that every day.'" So he and his wife-to-be, Jennifer, who had just gotten her bachelor's of fine arts degree from the University of North Florida, moved to Baltimore and, six months later, to Annapolis, Md., where Jennifer got a job.

Excellence in Sales Awards

Solution selling

“I really wasn’t sure what to expect,” he says regarding medical sales. By taking Dale Carnegie and Sandler sales training courses, he gained insight into selling techniques. But he quickly learned that it all boils down to this: Sales is a people business. Work closely with distributor reps, and they will support you and your company. “I was happy being on the manufacturing side,” he says.

After six years, he and Jennifer wanted to get back to Florida, where family was. A friend told him that Midmark was looking for a rep in Jacksonville, and asked if he would be interested in pursuing it. After a conversation with Midmark’s Mike Hughes, he was sold. It didn’t take much.

“Chris understands we’re beating on the doors to make sales. If we’re in a competitive situation and we make that phone call first, he’ll protect us.”

“The people I knew from Midmark were all very likable, and I could see myself being part of that team,” he says. “They are an industry leader, and they like to have fun,” at least it appeared that way to him, judging from the Midmark booths at the annual HIDA show. “To work for an industry leader is the ultimate goal in sales.” And so, in 2004, the Hupperts moved back to Florida. Huppert couldn’t be happier.

He appreciates being part of a solution-selling company such as Midmark, and “being able to help our customers deal with their issues and problems in the office, visiting them after they have implemented something we talked about, and having them say, ‘Thanks; I can’t believe the transformation; the patients are so much happier, the staff are so much happier.’”

He understands the vital role distributors play in helping that scenario unfold, and notes that the relationship between distributor and manufacturer has evolved over the past 12 years.

“Relationships still play a key role,” he says. After all, distributors can choose whom they work with.

“But how we conduct our business certainly has changed, as a result of the industry itself changing,” he adds. “Twelve years ago, I would rely heavily on the distributor rep to call me and get me in front of a customer for a demo. They were frequently one- or two-doctor practices, and we would likely close the sale on the spot.

“Fast forward to today: Due to consolidation, with IDNs acquiring physician practices, the customer we’re calling on has changed. Some of these larger IDN customers are not on the normal call pattern of our distributor reps. We still call on those one- or two-doctor practices. But we’re also dealing with the C suite.”

Distributors’ perspective

Huppert truly understands the value of distribution and is a vital part of distributors’ success, says Chris Walter, account manager, McKesson Medical-Surgical.

“Chris understands we’re beating on the doors to make sales. If we’re in a competitive situation and we make that phone call first, he’ll protect us.

– Chris Walter

“Chris has always gone out of his way to help me make sales,” he continues. “He has helped me in many situations by bringing value to my accounts. Also, when Chris works with me, we end up getting more sales. Most important, Chris follows up with the doctors after the sale to be sure everything is working properly. His willingness to speak to the clinic or physician or whomever it may be, just overall makes him a great rep.”

Huppert engages physician customers quickly, asking them about their practice, workflow, patients and processes, says Walter. “He’s probing, but not pushy. He’s a problem-solver, and he offers solutions.”

“Chris is a true professional,” says Jay Nolff, account manager, McKesson Medical-Surgical. “He has years of experience, immense product knowledge and uses a consultative approach with our mutual customers. Chris practices what he preaches, and [is] big on ‘LAPR’ – Listen, Acknowledge, Probe, Respond. He understands the



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customer's pain points and provides the solution that will work best for them.

"As a distributor rep, when you send a manufacturer into one of your accounts, you want them to treat your customer just like you would and also protect you from competitive threats, and he does both masterfully," Nolf continues. "I know he will not only close the deal, but promote McKesson, thereby making me look good as well as educating my customer. He certainly has earned my respect and loyalty."

Steve Blanda, senior account manager for McKesson Medical-Surgical, says, "In an age of dying customer service and lack of attention to detail, Chris is a throwback to when details matter and execution is needed. He is always – not sometimes – able to exceed my expectations on taking care of our customers – and my standards are very high. Chris is the guy that I measure everyone else against."

"Oftentimes I would call Chris for something, usually information on a particular promotion or help in closing a deal, and he would not only provide me the answer, but when needed, offer to do more. For instance, once I needed the latest cabinetry color swatches for a large practice that was expanding, and he offered to call my physician directly and set up a face-to-face to facilitate closing the deal, which we did. He made the drive to Savannah without any hesitation, I might add."

Blanda recalls when he was unable to meet one customer's deadline for delivering some new tables. "Chris offered to provide loaners to the customer, installed them, then helped me deliver the new ones when they arrived," he says. "He did this even though it took him hours out of his planned schedule. And he does all this without a hint of displeasure or annoyance, which conveys his level of professionalism."

In the moment

"The first time you meet Chris, you realize how engaging he is," says Matt Bourne, vice president, medical sales, Midmark. "He is very focused on what you are saying. He's always in the moment."

"You never see him get very animated one way or the other," continues Bourne. "He always has a really balanced approach and thought process. That comes from his experience in the field, and realizing that there isn't anything we can't accomplish if we communicate with

each other, and understand we're being transparent in our goals."

Huppert has the skills to work with the various personalities and priorities that today's sales reps are encountering in today's large product evaluation and selection committees, says Bourne. An even larger strength, though, is his willingness to try new things. "He's not going to say, 'I've been in this industry for 20 years and I haven't got anything to learn.'"

Huppert and his wife, Jennifer (who runs a successful freelance graphic design business) are active with show dogs. In fact, one of their Golden Retrievers – Charlie – has won awards at Westminster and is in the Golden Retriever Club of America's Show Dog Hall of Fame.

When asked whether he would advise a young college grad to go into medical sales, Huppert doesn't hesitate. "I would absolutely encourage them," he says. "This can turn into a lifelong profession. This industry offers opportunity for growth and advancement."

"One thing I would encourage young people to do is continue to grow in your understanding of sales. Take courses. There are so many talented young people." Be prepared to embrace a lifelong of learning. **TE**



"Chris is always – not sometimes – able to exceed my expectations on taking care of our customers."

– Steve Blanda



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A patient's health depends on more than her doctor's scientific expertise. University of Chicago is teaching future doctors what "more" is.

By David Thill

Editor's note: Sensing a gap between how physicians are educated and the future needs of the U.S. healthcare system, the American Medical Association in 2013 launched its "Accelerating Change in Medical Education" initiative. The association awarded grants to 11 medical schools to fund selected innovations in medical education, and then expanded the program in 2015 to an additional 21 schools. Here's a look at one program shaping tomorrow's physicians – and *Repertoire* readers' customers of tomorrow.

Traditionally, the doctor led the healthcare team. But today, many providers believe that the nurses, patient navigators, specialists, and, of course, the patient herself all play major parts in the care process. For that reason, some medical schools are training future doctors to play on that team, rather than take charge of it.



"We have moved away from the older paradigm of 'doctor as leader,'" says Jeanne Farnan, M.D., MHPE, associate professor of medicine at the University of Chicago Pritzker School of Medicine. Pritzker's VISTA curriculum, part of the American Medical Association's "Accelerating

Change in Medical Education" initiative, was set to begin in September 2016, and team delivery will be a key part of it. "We've started to recognize that the earlier you introduce students to other providers, the more they function as team members," says Farnan.

An emerging field

VISTA (which stands for "value, improvement, safety and team advocates") is intended to help students understand how healthcare delivery science improves medical care.

Healthcare delivery has traditionally focused on basic and clinical sciences, but healthcare delivery science is about value-based care, says Farnan. "How do we think about the ways in which we deliver care and improve upon those methods," especially when it comes to safety, working on teams, and encouraging patients to be advocates for their own care.

Michael Howell, M.D., MPH, chief quality officer at the University of Chicago Medicine, has called healthcare delivery science a new and emerging field. "But it will be critical for our students and residents to be successful in the future," he said.

As part of the emphasis on teamwork, first-year medical students will shadow nurses in high-functioning units, participating in activities such as team huddles, intake assessments, and discharge processes with patients. In addition to experiencing the clinical environment, shadowing will allow students to see the care process from the nurse's perspective, to learn how nurses perceive their roles with the patient.

It will also serve as a model for future interprofessional interaction among students. Currently, second-year medical students work with pharmacy students and residents, and Farnan says the medical school is developing opportunities with the physical therapy, respiratory therapy, and chaplain programs.

The horror room

In the Pritzker School's new curriculum, patient experience takes a leading role, from safety to advocacy. As part of its clinical skills curriculum, students experience the hazards of hospitalization in the "horror room," an exercise Farnan describes as a sort of "I Spy" or "Where's Waldo" for medical students.

Students will have 15 minutes to identify about 17 hazards in a simulated patient environment. With each scenario based on information about a specific theoretical patient – from child to adult – hazards might include a box of latex gloves near a patient who is allergic to latex, an empty soap dispenser, a urinary catheter that could put the patient at risk of infection, or a mattress that might lead to a pressure ulcer.

Farnan, who plays a role in coordinating the horror room experience, says it helps students become cognizant of the environment in which they work. "We have seen it persist with residents. The experience stays with them."

Recognizing that a key concern for patients is finances, medical students will now focus on financial harm early in their first year. They will learn, for example, how to screen their patients for cost-related underuse – that is, failure to use medication or seek care due to inadequate insurance coverage. Students will practice using screening tools such as GOTMEDS to evaluate whether and how their patients

have had to compromise their quality of life in order to get medication or care.

First-year students will role-play conversations with patients about financial issues. As Farnan notes, they experience this process again in their third year, when they work in patient discharge.


A worthwhile patient experience means the patient must understand their health and care options. This is why the University of Chicago's new program strives to have students maintain a lay perspective on healthcare. Students "become acculturated very quickly to the clinical environment," says Farnan. "We want them to maintain that perspective of what it's like to be a patient."

Pritzker students are reminded to use language that the patient can understand, and to value the patient's role

Recognizing that a key concern for patients is finances, medical students will now focus on financial harm early in their first year. They will learn, for example, how to screen their patients for cost-related underuse – that is, failure to use medication or seek care due to inadequate insurance coverage. Students will practice using screening tools such as GOTMEDS to evaluate whether and how their patients have had to compromise their quality of life in order to get medication or care

in the care process. As Farnan puts it, "What are those things that are unique to their patient as an individual who is experiencing that disease, [who] has their own unique perspective and priorities they want in their treatment?"

Working with the other 31 schools in the AMA consortium has been "eye-opening," says Farnan. Referencing a saying that "if you've seen one health system, you've seen one health system," she says the open spirit of sharing within the consortium has been fantastic: an opportunity to see "what people can do with the resources they have, and how you can take another idea and apply it in your system.

"It's a collegial environment. People can talk about things that have worked well, and things that haven't worked well," and get ideas for new possibilities. "We get to see how we can take their big wins and make them our big wins." 

David Thill is a contributing editor for Repertoire.




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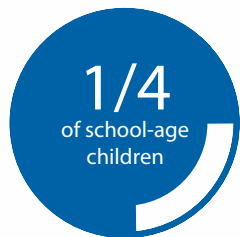
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² Source: Zabba, Joel N. "Children's Vision Care in The 21st Century & Its Impact on Education, Literacy, Social Issues & the Workplace: A Call to Action." Journal of Behavioral Optometry (2011)



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Meals Affect Rx Prescribing Patterns

Food matters, at least to drug companies and physicians, according to a study published online this summer by JAMA Internal Medicine.

“Receipt of industry-sponsored meals was associated with an increased rate of prescribing the brand-name medication that was being promoted,” note the study’s authors. That said, “The findings represent an association, not a cause-and-effect relationship.”

Participants were physicians who wrote Medicare prescriptions in any of four drug classes:

- Statins
- Cardioselective β -blockers
- Angiotensin-converting enzyme inhibitors and angiotensin-receptor blockers (ACE inhibitors and ARBs)
- Selective serotonin and serotonin-norepinephrine reuptake inhibitors (SSRIs and SNRIs)

The researchers identified physicians who received industry-sponsored meals promoting the most-prescribed brand-name drug in each class:

- Rosuvastatin (Crestor, AstraZeneca PLC)
- Nebivolol (Bystolic, Allergan PLC)
- Olmesartan (Benicar, Daiichi Sankyo Co.)
- Desvenlafaxine (Pristiq, Pfizer Inc.)


Data analysis was performed from Aug. 20, 2015, to Dec. 15, 2015, based on industry payment data from the

federal Open Payments Program for Aug. 1 through Dec. 31, 2013, and prescribing data for individual physicians from Medicare Part D, for all of 2013.

A total of 279,669 physicians received 63,524 payments associated with the four target drugs. Ninety-five percent of payments were meals, with a mean value of less than \$20. Rosuvastatin represented 8.8 percent of statin prescriptions; nebivolol represented 3.3 percent of cardioselective β -blocker prescriptions; olmesartan represented 1.6 percent of ACE inhibitor and ARB prescriptions; and desvenlafaxine represented 0.6 percent of SSRI and SNRI prescriptions.

Physicians who received a single meal promoting the drug of interest were:

- 18 percent more likely to prescribe rosuvastatin (Crestor) over other statins
- 70 percent more likely to prescribe nebivolol (Bystolic) over other β -blockers
- 52 percent more likely to prescribe olmesartan (Benicar) over other ACE inhibitors and ARBs
- 118 percent more likely to prescribe desvenlafaxine (Pristiq) over other SSRIs and SNRIs

Receipt of additional meals and receipt of meals costing more than \$20 were associated with higher relative prescribing rates. 

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FACT: In addition to prescribing oral fluoride supplements to patients whose water supply is deficient in fluoride, The U.S. Preventive Services Task Force recommends that primary care physicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.¹



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1. Internet Citation: Final Update Summary Dental Caries in Children from Birth Through Age 5 Years: Screening: U.S. Preventive Services Task Force, July 2015.
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening?ds=1&s=dental%20caries>

Are You Ready for the Next Round of UDI?



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

How well do you know and understand the Food and Drug Administration's (FDA) unique device identifier (UDI) rule? This is a significant UDI month for healthcare distribution, since September 24 is the class II medical device deadline for UDI label and packaging implementation. While manufacturers of these devices should already be prepared for this second significant UDI checkpoint, now's the time for all trading partners to be actively following ongoing rule developments and discussing both current and future labeling responsibilities.

The following are key points related to UDI:

- A UDI is a series of numeric or alpha numeric characters required by the FDA on a medical device label, its packaging, or directly on the device itself.
- The FDA's final UDI rule, released in 2013, set the foundation for UDI use across healthcare for operational, financial, clinical and, post-market surveillance purposes.
- The FDA's intent is for almost every medical device to be tracked down to patient use, with few exceptions.

Class III medical device labels and packaging have required UDIs since September 2014, but that deadline may not have affected you or your customers directly if you don't deal with those products on a regular basis. As we now get further into the rule's implementation, it applies to products that are much more prevalent across healthcare settings.

Label and Packaging Implementation Timeline

- **September 2014:** Class III medical devices (products posing the greatest potential risk to patients; pacemakers, heart valves, and stents, for example)
- **September 2016:** Class II medical devices (moderate potential patient risk; infusion pumps, surgical needles, power wheelchairs)





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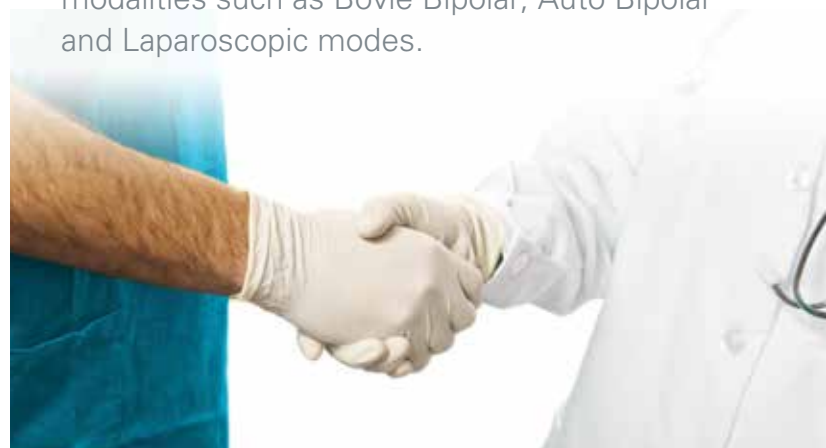
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- **September 2018:** Class I medical devices (least potential patient risk; tongue depressors, elastic bandages, gloves)
- **September 2020:** Reusable/reprocessed devices not classified as I, II, or III

Distribution pain points


Both distributors and manufacturers need to understand UDI requirements. That's because the rule as currently written exempts single use devices (SUDs) from labeling requirements if they are sold as part of a larger package. But if a distributor breaks down packages and sells SUDs individually, perhaps as part of

HIDA has asked Congress for an extension allowing the FDA to clarify key questions about its rule.

low-unit-of-measure (LUM) inventory programs, the FDA could determine the distributor must add a UDI to those smaller package units.

In June, HIDA and several distributor members met with FDA and other government officials to discuss this issue and other challenges associated with class I and II UDI labeling requirements. HIDA has asked Congress for an extension allowing the FDA to clarify key questions about its rule. It's uncertain whether that extension will happen, which is all the more reason why every supplier should be working on their UDI strategy now, even if they sell only class I devices. After all, 2018 is only two years away.

Since the FDA is still determining the full implications of how its rule affects potential class I and II device relabeling requirements for distributors, this is a top-of-mind issue for HIDA and should be for you as well. It's not too late to ask what you can do right now to prepare for this month's deadline.

HIDA Government Affairs can answer any of your most pressing UDI questions. Simply email us at HIDAGovAffairs@HIDA.org and we'll be sure to help. 

Contact your Bovie Regional Sales Manager for more information.

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Want to Get a Customer Talking?

Ask About Staffing Challenges.



By Elizabeth Hilla,
Senior Vice
President, HIDA

An enormous part of your value as a distributor is saving staff time. When healthcare customers get reliable distribution services, they spend less time ordering, receiving, managing, and paying for medical supplies. What's more, a trusted distributor rep can help providers choose time-saving products and train clinical staff to use those products correctly and efficiently.

You know that. But more than ever, I recommend making this a key topic in your customer conversations.

Why staffing is a pain point

In many places across the U.S., particularly rural areas, there just aren't enough health-care workers. Greater access to health insurance, combined with an aging population, is driving increased demand for health-care services. Unfortunately, the supply of registered nurses (RNs), certified nurse assistants (CNAs), and other workers just isn't keeping up.

What's more, employee turnover is high in healthcare settings – after all, nurses and other workers have demanding, physical jobs. If they see the opportunity to move to a different facility for higher pay or less stress, they are likely to take it.



Chris Boldt

If you call on nursing homes or home health agencies, the problem is likely to be even worse. On a recent HIDA AMS webinar, Chris Boldt, Vice President of Long-Term Care Operations for Benedictine Health System, reported the annual turnover rate for both RNs and CNAs in nursing facilities in her state was well over 60 percent. Some positions stay open for weeks or months simply because there are no applicants. When attending meetings with other long-term care leaders, “we have a lot of dialogue across the country around how do we address the vacancy issue in long-term care,” Boldt said.



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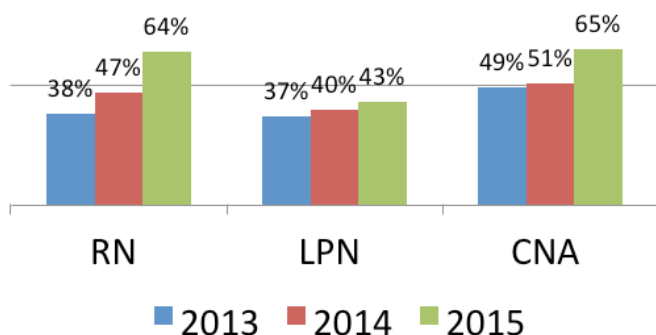


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Nursing Facility Staff Turnover



Source: Long Term Care Imperative 2016 Legislative Survey (Minnesota)

The problem isn't likely to improve any time soon. More than half the RNs in the U.S. are over age 55, meaning more nurses are retiring than entering the workforce. What's more, the problem tends to compound itself: understaffing adds to stress and dissatisfaction for the remaining workers, which can lead them to leave the profession.

“As we go through the pecking order, often those CNAs unfortunately do not feel valued for the great and demanding work they do with our patients.”

– Chris Boldt

How can you turn this into an opportunity?

Because this issue is likely to be top-of-mind with many customers, it won't be hard to start a conversation about staffing. I recommend simply asking your contact about their pain. For instance:

“Carla, I heard on a HIDA webinar recently that the turnover rate for nurses in some areas is more than 60 percent. Is that a big problem here? What are you doing about it?”

If you confirm that staffing is a major pain point, you likely have a host of solutions in your portfolio that may be relevant, such as:

- Quick and easy-to-use rapid tests: Anything that involves a time savings for the clinician, or reduces a step, is likely to be valued.
- Inventory management programs: Show customers how you can take non-clinical work away from nurses, through solutions such as low-unit-of-measure programs, Kanban systems, or other programs.
- Patient lift devices: Because nurses often have to move and lift patients, back injuries are common, and take nurses out of the work force, at least temporarily. Many facilities are now using various kinds of patient lifts to prevent these injuries. If your customer isn't, this is a great sales opportunity.
- Incontinence or skin and wound care products: If your product saves steps, reduces the number of changes, or decreases the likelihood of time-consuming complications, talk about those benefits.
- In-service training: High turnover means your customers have an ongoing need for staff training, especially if you can make it quick, simple, and available on short notice as new workers are hired.

Finally, anything that makes staff members a little happier in their jobs is extremely valuable. For example, Boldt recommends asking not just the RNs for their input on your products, but also the CNAs. “As we go through the pecking order, often those CNAs unfortunately do not feel valued for the great and demanding work they do with our patients,” said Boldt. Including them in the product evaluation process can make these key staff members feel more valued, and the supplier receives valuable feedback on products as well, she noted. **REP**

For more resources on building your sales skills, check out HIDA's AMS Sales Training Program.

For information, contact Elizabeth Hilla, 703-838-6130, hilla@hida.org.

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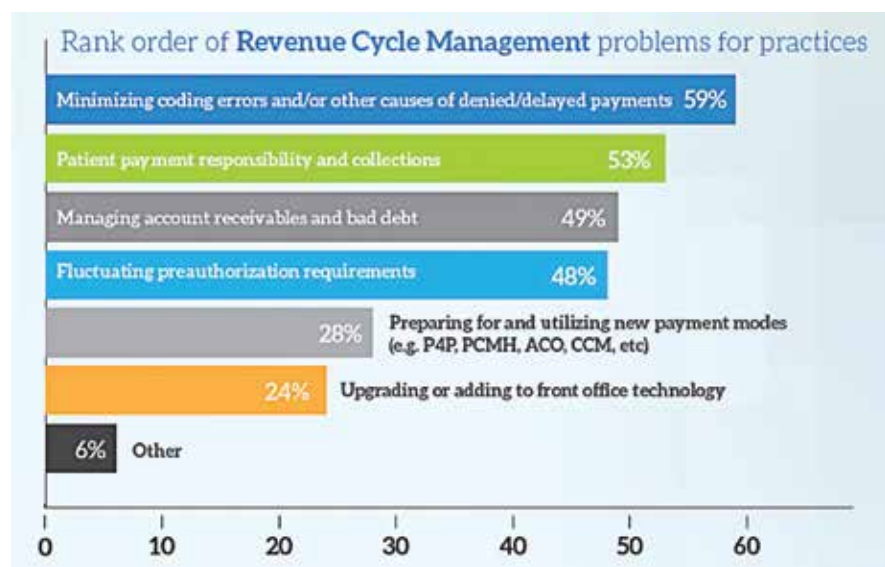
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Editor's note: Welcome to Practice Points, by physician practice management experts Capko & Morgan. It is their belief – and ours too – that the more education sales reps receive on the issues facing their customers, the better prepared they are to provide solutions. Their emphasis is on helping physicians build patient-centered strategies and valuing staff's contributions.

What Concerns Doctors About Medical Billing – And Why It Matters to You

Capko & Morgan has recently teamed up with demand-generation firm MedData Group to survey doctors on key practice management issues. This summer's "MedData Point" study was on revenue cycle management, AKA medical billing. It's a subject that's central to our practice management consulting work. (Getting paid is always on the minds of our clients.) But despite our regular access to in-person feedback from physicians about billing, the survey still held some surprises. Some of these evolving concerns may represent both a problem and an opportunity for your business.



(Source: MedData Group. Complete results and infographic available at: www.meddatagroup.com/news/meddata-point-research)

One notable surprise was the resurgence of concerns about health plan reimbursements. For the past few years, our clients have been most vocal about patient collections, thanks to increasing deductibles. As the survey graphic below shows, collecting from patients is still a very pressing concern. But even more physicians expressed concern about denied and delayed claims. Do your clients know how to properly document and code for your products, to avoid denials and extra steps to appeal them?

A related response, fluctuating preauthorization requirements, was also a bit of a surprise. Not because preauthorizations are a new frustration; we've been hearing this complaint for years. But the fact that nearly half of respondents, drawn from all specialties, cite this issue as a pressing concern is interesting. The burden of preauthorization appears to be rising again, after seeming to stabilize for a few years. Cost-control pressures of healthcare reform may be driving payers, including Medicare, to

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require more prior authorizations for devices; with many drugs hitting or approaching patent cliffs, payers are also focusing on substituting generics. In specialties like rheumatology, increasing use of costly biologics may also be contributing to the trend.

Lending a hand

Vendors and reps that help practices navigate this tedious process stand out in a very positive way. And there are easy ways to make a difference. For example, could you publish a list of popular health plans that require preauthorization for your product or service? (We know of one regional diagnostic lab that has a handy chart on their website for this purpose.)

Technology platforms that can help are also emerging. Will your product(s) be available on online services that allow prior authorizations to be done more efficiently? Equally important, do your clients

Vendors and reps that help practices navigate this tedious process stand out in a very positive way. And there are easy ways to make a difference. For example, could you publish a list of popular health plans that require preauthorization for your product or service?

know about this capability? In our experience, technology utilization by practices usually has much room for improvement.

Even the practice management and EMR systems practices already own are often used at only a fraction of their potential. That's why another standout survey result – the mere 24 percent of respondents who said upgrading front office technology is a pressing concern – was, unfortunately, not a surprise.

Achieving awareness and understanding of technology that can solve practice management problems is no small feat. Even as neutral consultants, we often find it

hard to make the message stick. If technology is what you're selling, and you're facing an uphill mindshare battle, know that it's not just you. But also know that if your help eventually enables a practice to simplify a workflow or billing hassle, you will break away from the field by becoming a trusted resource. **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

What's new in glucose monitoring?

Glucose monitoring technology is rapidly changing, and could soon impact the way your customers track their patients' glucose levels. Integrated Device Technology, Inc. has received government approval for its Eversense® Continuous Glucose Monitoring (CGM) system, an implantable long-term glucose sensor using IDT's sensing technology. For now, approval is limited to EU-member countries. The system features an implanted glucose sensor that lasts up to 90 days, or about six times longer than non-implant-



able systems currently on the market. The IDT® sensing solution incorporates an LED driver, temperature sensor, photodiodes and other components in a compact package to drive glucose measurements, which are wirelessly communicated to an on-body wearable transmitter. Roche recently announced it will market the Eversense CGM System in Italy, Germany and the Netherlands.

Smart glasses making healthcare smarter

Vuzix® Corporation, a supplier of video eyewear and M300 Smart Glasses products, has partnered with Silicon Valley-based Sensory to deliver TrulyHandsfree™ voice recognition

on the M300, designed to improve the efficiency of workflows in telemedicine, as well as other areas. The partnership enhances voice recognition functionality, navigation and control of the next-generation Vuzix M300 Smart Glasses, enabling physicians to dictate and create medical records electronically while conducting examinations. The voice trigger, command and control operations with Sensory utilize embedded speaker ID and speaker verification technology based on deep machine learning technology. The M300 integrated with Sensory technology enables hands-free voice navigation of the user interface and is highly accurate even in high-noise conditions, allowing the user to speak commands such as, “go to menu,” “turn on camera, take picture, turn off camera,” “confirm pick,” and many others.

Hedge your loss

A new online reporting tool, Report My Loss, is designed to make it easier for people to report lost property, including cellphones, jewelry and more. Because it is part of Recipro's Crime Reduction Ecosystem, many police and other agencies that recover property reportedly search



Report My Loss records as part of their property investigation processes. A single report costs \$5.95.

Living smarter

Advances in technology have impacted the way your customers care for their patients, as well as how you communicate with your customers. Technology has also made a difference in the way you live your life. Smart home appliances are next-generation home appliances that can receive,

process and transmit information and communicate with devices such as smartphones, tablets and laptops to enable the user to get real time information on the appliance, along with remote access and control. In the face of rising global energy demands, smart home appliances could facilitate real-time communication, enabling users to operate the appliance at lower frequencies or shift the operating time to off-peak periods.

Wireless charging

Your cell phone has died, your charger is at home and there's no outlet in sight. In the near future, this may no longer be an issue. For instance, Hotel Technologies, a partner company of iHome, has selected an IDT® transmitter to deliver wireless charging for iHome's newest products targeting the hotel market.

Safer cellphone

Distracted driving reportedly is one of the leading causes of road accidents, often due to cellphone texting. In fact, statistics from the National Highway Traffic Safety Administration have revealed that for drivers 15-19 years old involved in fatal crashes, 15 percent of the distracted drivers were distracted by the use of cell phones. Figgers Communications has introduced the Figgers F1 Cell Phone with a built in mechanism that prevents texting and driving. The F1 detects motion on the driver's side of an American vehicle when the car is in motion over 10 miles per hour, and puts the phone into a safe mode. The F1 is available for \$399.99, and the company offers cellular service – including unlimited 4G LTE data and unlimited talk and text time to over 100 countries – for \$50 per month. For more information visit www.Figgers.com.

Awake and alert

Avantechs Inc. has introduced Sleepman, a wearable gadget designed to help prevent drowsiness associated with driving or manage cat naps. Sleepman monitors electromagnetic bio-signals around the clock, providing visual insights into the user's sleep patterns and daily activity to help improve sleep and wellbeing. Features include:

- Doze-Off Alert, to warn drivers at the earliest signs of concentration loss
- Bio-Smart Alarm, which monitors the user's bio-signals and wakes him or her up in the optimum sleep stage, at the end of a night's sleep
- Power Nap, to help users take a perfect power nap by waking them up before they fall into a deep sleep
- Accessories include:

- Sleep Enhancer, which emits a series of micro-current impulses to the user's palm to help sleep quality
- InsomniZap, designed to help the user fall asleep faster, using relaxing self-training procedures
- Heart Rhythms Monitor to warn of dangerous arrhythmia

Photos, videos and more


Western Digital Corp. has introduced the My Passport® Ultra portable hard drive, with up to 4TB capacity, reducing users' need to carry large personal collections of videos, photos and other content with them. The device is roughly the size of a smartphone and offers WD Backup™ automatic backup software and password protection, coupled with USB 3.0 connectivity. My Passport Ultra 4TB portable hard drives have a 3-year limited warranty and are available from the WD store or at select retailers and distributors. The MSRP cost is \$159.99.

Good for the environment

Reusable bags are a great way to recycle. But, who has them when they need them? Burgans Enterprises,



LLC, announced the release of Bag-It!, a reusable bag reminder app for iPhone®, iPad® and Android devices. The app, available at www.howtobagit.net, is designed to help busy consumers ensure that reusable shopping and grocery bags are

where they need them, when they need them. Bag-It! allows users to customize a list of up to 20 stores and locations, including farmers markets, that they visit most frequently. When a user arrives at one of the stores on their list, the app sends a notification to their mobile device reminding them to take a reusable bag in with them. Users can also search for stores near them, by city or zip code, using a single tap in the app. Over a trillion plastic bags are used worldwide each year, according to the Earth Policy Institute, which points out that plastic bags break down into smaller, toxic plastic and contaminates the environment. Over its lifespan, a single, reusable shopping bag is estimated to replace an average of 700 plastic bags. For more information visit www.howtobagit.net. 



Childhood Obesity

There is no simple solution to childhood obesity, but through education and awareness, physicians can steer their patients in a healthy direction.

September marks the beginning of a busy season for your physician customers: back to school. It's also National Childhood Obesity Awareness Month. In addition to providing important solutions, such as vaccines, needles, blood pressure cuffs, table paper, gloves, hand hygiene products, surface disinfectants and more, distributor sales reps can remind their customers to educate young patients about a serious health concern, while promoting a healthy school year.

Risks and complications

Childhood obesity is considered a serious medical condition that affects children and adolescents, often leading to

health problems traditionally confined to adults. Obese children are at risk for diabetes, high blood pressure and high cholesterol, and sometimes develop poor self-esteem and depression, according to the Mayo Clinic.

Lifestyle issues, such as too little activity and an overload of calories from food and drink, are the main contributors to childhood obesity, notes Mayo Clinic. But, genetic and hormonal factors also play a role. In fact, recent research has found that changes in digestive hormones can affect the signals that let people know they are full. Certain genetic diseases and hormonal disorders can also make a child prone to obesity.

Other risk factors include the following, according to Mayo:

- **Diet.** Regularly eating high-calorie foods, such as fast foods, baked goods, vending machine snacks, soft drinks, candy and desserts can easily cause children to gain weight.
- **Lack of exercise.** Children who don't exercise much – or spend too much time in sedentary activities, such as watching television or playing video games – are more likely to gain weight because they don't burn as many calories.
- **Family factors.** Children born in a family of overweight people are more likely to put on weight, particularly in an environment where high-calorie foods are always available and physical activity isn't encouraged.
- **Psychological factors.** Some children overeat to cope with problems or to deal with emotions, such as stress, or to fight boredom. Their parents may have similar tendencies.
- **Socioeconomic factors.** People in some communities have limited resources and little access to supermarkets. As a result, they may opt for convenience foods that don't spoil quickly, such as frozen meals, crackers and cookies. In addition, people who live in lower income neighborhoods may not have access to safe places to exercise.

Complications of childhood obesity can include:


- **Type 2 diabetes.** Type 2 diabetes is a chronic condition that affects the way the body uses sugar (glucose).
- **Metabolic syndrome.** Metabolic syndrome isn't a disease itself, but a cluster of conditions that can put children at risk of developing heart disease, diabetes or other health problems. This cluster of conditions includes high blood pressure, high blood sugar, high triglycerides, low HDL ("good") cholesterol and excess abdominal fat.
- **High cholesterol and high blood pressure.** Children can develop high blood pressure or high cholesterol by eating a poor diet. These factors can contribute to the buildup of plaques in the arteries.

The plaques, in turn, can cause arteries to narrow and harden, leading to a heart attack or stroke later in life.

- **Asthma.** Children who are overweight or obese may be more likely to have asthma.
- **Sleep disorders.** Obstructive sleep apnea is a potentially serious disorder in which a child's breathing repeatedly stops and starts when he or she sleeps.
- **Nonalcoholic fatty liver disease (NAFLD).** NAFLD causes fatty deposits to build up in the liver and can lead to scarring and liver damage. There usually are no symptoms associated with NAFLD.
- **Early puberty or menstruation.** Being obese can create hormone imbalances, which may cause puberty to start earlier than expected.
- **Low self-esteem and bullying.** Children often tease or bully their overweight peers, who

Overweight children tend to have more anxiety and poorer social skills than normal-weight children have. At one extreme, these problems may lead overweight children to act out and disrupt their classrooms.

suffer a loss of self-esteem and an increased risk of depression as a result.

- **Behavior and learning problems.** Overweight children tend to have more anxiety and poorer social skills than normal-weight children have. At one extreme, these problems may lead overweight children to act out and disrupt their classrooms. At the other, they may cause overweight children to socially withdraw.
- **Depression.** Low self-esteem can create overwhelming feelings of hopelessness in some overweight children. When children lose hope that their lives will improve, they may become depressed. A depressed child may lose interest in normal activities, sleep more than usual or cry a lot. Some depressed children hide their sadness and appear emotionally flat instead. Either way, depression is as serious in children as in adults. 

For more information visit www.mayoclinic.org/diseases-conditions/childhood-obesity/basics/definition/con-20027428.

Chances are you spend a lot of time in your car. Here's something that might help you appreciate your home-away-from-home a little more.

Automotive-related news

Selfie alarm

If you are alarmed about drivers taking selfies while they have their hands on the wheel and their foot on the gas pedal, you aren't alone. The Zebra shares your concerns and has introduced a product designed to discourage the practice and ultimately make the roads safer. The In-Car Selfie Prevention Alarm (ICSPA) uses connected technology to monitor for high levels of vanity – for instance, how often drivers check themselves out in the rearview mirror, how many photos are in their smart phones' selfie albums, and even how many cosmetic products are in the vicinity – within a vehicle. When such activities exceed a safe threshold, a kill switch is activated on the driver's smartphone. Continued monitoring may activate safe braking and parking if the driver doesn't become more engaged in his or her driving. The company intends to use its funding efforts to produce millions of free ICSPAs for cars nationwide for drivers who find their car insurance through TheZebra.com.

Under pressure

The National Safety Council recently released survey results showing that 82 percent of Americans feel the most pressure from their families to drive distracted. Two-thirds of drivers reported feeling unsafe because of another driver's distraction, but far fewer – just 25 percent – recognized that their own distractions have put themselves or others at risk. The dangers of using cell phones – even hands-free – while driving have been understood for years, yet today there are more ways than ever to stay connected behind the wheel. In-vehicle systems allow drivers to call, text, email, update social media and browse the Internet, despite research showing these systems cause distraction that can linger long after the driver finishes the task. That said, 55 percent of drivers said if

their vehicle or phone came with a technology solution to prevent distraction, they would not turn it off.


Other key findings from the poll include:

- 54 percent of drivers feel pressure from work to drive distracted.
- Of the teen drivers surveyed, 73 percent said their friends put the most pressure on them to drive distracted (71 percent said their family puts the most pressure on them.)
- 74 percent of drivers admitted they would use Facebook behind the wheel.
- One in 4 drivers said they would feel much better about their drive if there was no way to use technology behind the wheel.
- 66 percent of drivers would talk on the phone while driving through a parking lot, which can be a chaotic environment with many hazards.

Service, please

When it comes to auto care, 80 percent of vehicles require service, a new part and/or repair, according to the Car Care Council, which reports that vehicles inspected at community car care events held throughout the country in 2015 failed one or more aspects of the inspection process. Some areas posting the highest failure rates include:

- Low fluid levels (washer fluid 26 percent, engine oil 23 percent and coolant 19 percent)
- Clogged or dirty air filters (19 percent)
- Illuminated check engine light (13 percent)
- Worn belts (13 percent)
- In need of battery service (13 percent) and wiper blade replacement (12 percent).

For more information visit www.carcare.org. 

Bringing Value to the Team

For Jonathan Coombs, an open-minded approach to sales and a desire to work closely with his distributor rep partners has led to stronger relationships with his customers.

By Laura Thill

The hard work starts after the sale is complete, says 2015 Midmark Corp. Medical Rookie of the Year, Jonathan Coombs. A sale can go “perfectly well,” he points out. “But, if installation and the project management planning fails, you will have a very unhappy customer who will remember the negative experience far longer than the positive. Midmark has given me the tools, personnel and training to keep everything running smooth from start to finish.”

Learning the language

When Coombs joined the medical products industry in 2002, he brought with him several years of sales and project management expertise; but his experience was grounded in heavy equipment sales and large health system project management. “When I started in the medical industry, understanding the language of the field was the most difficult part for me,” he recalls. “Medical personnel spoke a different language than those in the construction industry I was used to dealing with, so it took time to acclimate.” Familiarizing himself with hospital processes and protocols was equally challenging, he says. “If I didn’t understand what took place in a cath lab, for example, how could I sell them a solution to their problem and become their trusted advisor?”

“As the role developed early in my career, I would meet with different department heads while calling on their facility and ask them to walk me through an everyday process with their patients to better understand what went on, from start to finish.” And, by visiting the warehouses that stocked supplies for different hospitals, he learned how orders were placed, processed, shipped out and then received and stocked at the hospital. From this, he developed an understanding of patient billing and par level stocking/supply

processes. “I think this was the quickest and best way for me to get my feet wet in the medical industry,” he says.

Coombs recalls being handed a customer list early on in his career. “This provided me with a great start,” he says. “From there, simple networking and daily interactions with customers helped my connection list grow.” Later, when he



Jonathan Coombs

“When I started in the medical industry, understanding the language of the field was the most difficult part for me. Medical personnel spoke a different language than those in the construction industry I was used to dealing with, so it took time to acclimate.”

joined Midmark, he received “key” one-on-one training with his manager, who was an expert in the field, as well as with several factory engineers who brought a thorough understanding of the product. “Midmark has an outstanding Education Center that demonstrates how our equipment is used in different healthcare settings,” he explains. “In my opinion, there is not a better way to learn about products than when you are provided the means to see, touch and feel them in the healthcare environment.”

Distributor reps add value

One of the most important attributes any salesperson can bring to their role is a willingness to learn



“The Midmark and distribution partnerships have proven that the approach to offer excellent service and high value products do create lasting customer relationships.”

new strategies and processes, notes Coombs. No matter how many years of sales experience a rep has, it’s important to stay open to new methods of selling, he points out. “As competition grows, we must always be willing to change and adapt to find the perfect solution for our customers,” he says. And when there

is a partnership between manufacturers and distributors, they can offer a broader perspective and greater experience, he adds.

“The Midmark and distribution partnerships have proven that the approach to offer excellent service and high value products do create lasting customer relationships,” he says. “The open communication channel that is shared with our distribution partners allows for the consistent flow of valuable information on new construction projects, client organizational structure, and health system initiatives that can influence design and product specification. There is an important and significant history of our distribution partner’s belief and understanding in the Midmark family of products. This has created the trust that has been the key ingredient for the mutually achieved successes.” **rep**

The rep behind the sale

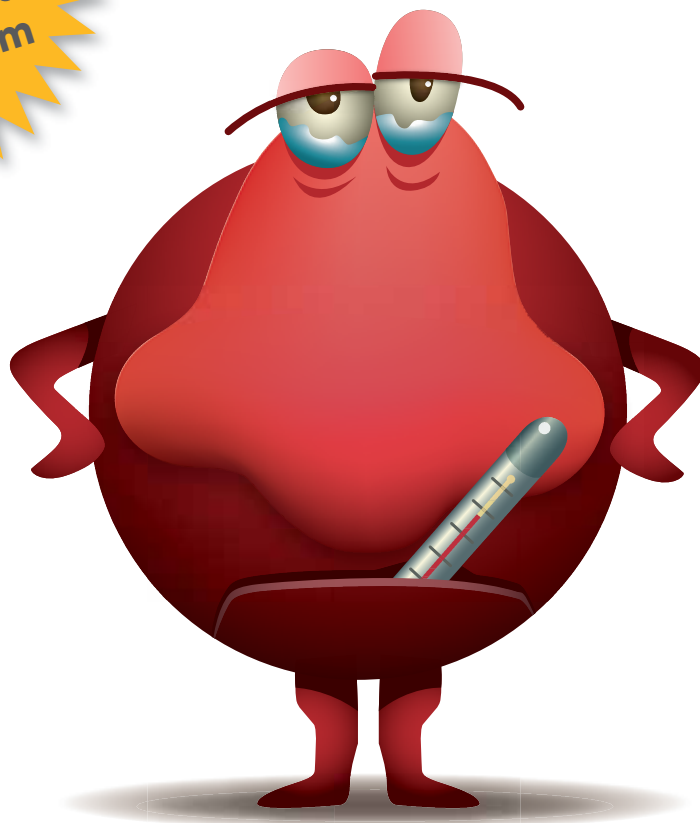
A devoted parent to his 4 1/2 –year-old son, Beckham, and engaged to be married, Midmark sales rep Jonathan Coombs is an avid outdoorsman who enjoys fishing, water skiing and snow skiing, hunting, scuba diving and boating. In fact, in the early 1990s, he was a four-year collegiate swimmer at Western Kentucky University. “After work hours, I’m usually in the gym trying to stay in shape,” he says. “I competed in the super heavy weight category in body building competitions in 1998 and 2014, placing 1st and 3rd in both competitions.

“I also enjoy flying single-engine Cessnas, and gliders,” Coombs says. Flying Cessnas cross-country can be challenging, because they offer limited seating and luggage space, he explains. Furthermore, they are expensive to rent and fuel.

Gliders are more affordable, but present their own set of challenges. For instance, the pilot depends on heat thermals (columns of rising air that are formed on the ground through the warming of the surface by sunlight) to stay airborne for long periods of time. “Without heat thermals, the glider will slowly descend throughout the flight,” says Coombs. “Flying gliders is one of the most peaceful and relaxing things one can do. You literally soar in the sky, without the sound of a propeller buzzing in the background.

“My father put me in a glider at age 14 (with an instructor) and I was hooked from then on,” he continues. “I soloed a glider at the age of 15, and flew a single-engine plane at 17. Those were very exciting, though nervous occasions.”

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Industry News/Products

Cardinal Health names Pamela Kimmet as chief human resources officer

Cardinal Health (Dublin, OH) appointed Pamela Kimmet as chief human resources officer, effective June 30, 2016. Pam joins the company from Coca-Cola Enterprises, where she was SVP, human resources. She will report to George Barrett, chairman and CEO of Cardinal Health. Kimmet succeeds Carole Watkins, who is retiring following 20 years with Cardinal Health.

ACO Med Supply names new president, VP of operations

ACO Med Supply (Charlotte, NC) made two executive appointments. The company named Greg Harmon as president and Harlan Mason as VP of operations. In his new role, Harmon will be responsible for providing strategic leadership for the company by working with the CEO and other management to establish long-range goals, strategies, plans and policies. Harmon has worked at ACO Med Supply since

2001, and served as chief sales officer since January 2010. In his role, Mason will be responsible for strengthening ACO Med Supply's supply chain capabilities and efficiencies through technology, systems, and infrastructure as well as strengthening leverage of vendor partnerships

American Diagnostic Corp. announces promotion of Charles McRae to National Sales Manager



Charles McRae

American Diagnostic Corp. (ADC), announced the promotion of Charles McRae to National Sales Manager, effective August 1. The move is a response to significant growth at ADC including a doubling of its sales force in recent years, according to a release.

McRae is based in the company's southeast region and will support and direct ADC representatives throughout the United States and Canada. He joined ADC in early 2010 and has more than 15 years' experience in medical sales.

DETECTO's new icon® state-of-the-art eye-level scales



DETECTO's new icon® series eye-level physician scales are the evolution of product technology in clinical measurement. The icon's powerful sonar touchless height rod combined with an all-in-one color display means the patient simply steps onto the scale platform and within a second full measurements (weight, height, and BMI) are all displayed onscreen instantly without having to press a single key, offering the ultimate in speed, hygiene, and accuracy. Other features include:

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- Sonar touchless height rod for ultimate speed and accuracy
- Ultra-thin platform only 1.5 inches high
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- Displays weight, height, and BMI onscreen simultaneously
- Users don't need to press a single button for full readouts
- USA-made quality

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