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*Theocharis, George. Vouloumanou, Evridiki et al. "Evaluation of a direct test for seasonal influenza in outpatients", European Journal of Internal Medicine, Vol.21 (2010) 434-438

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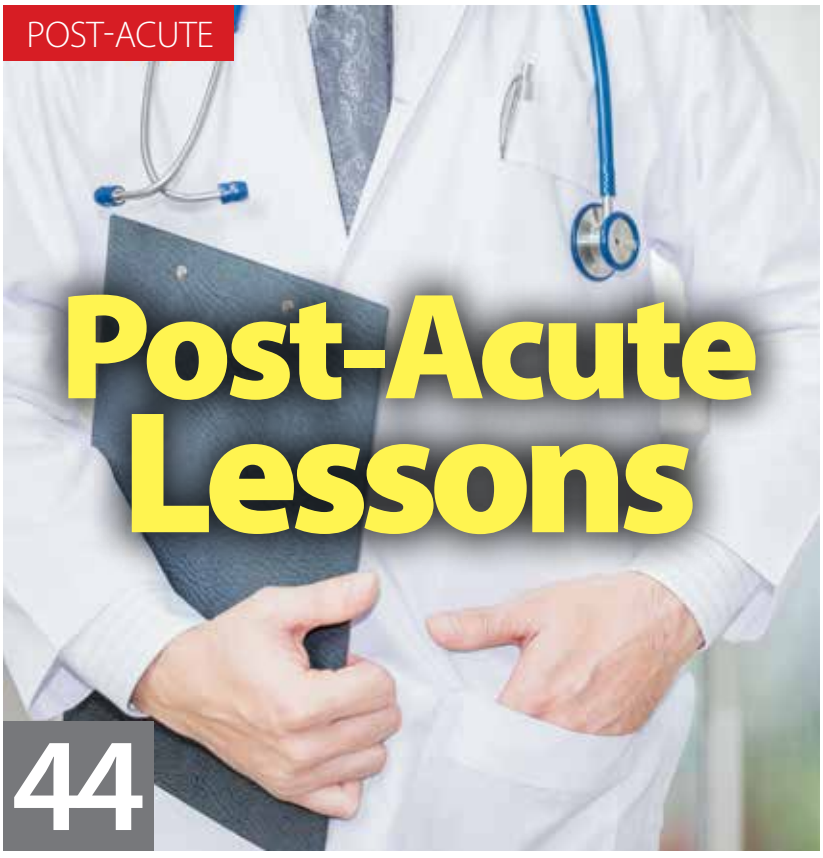
POST-ACUTE



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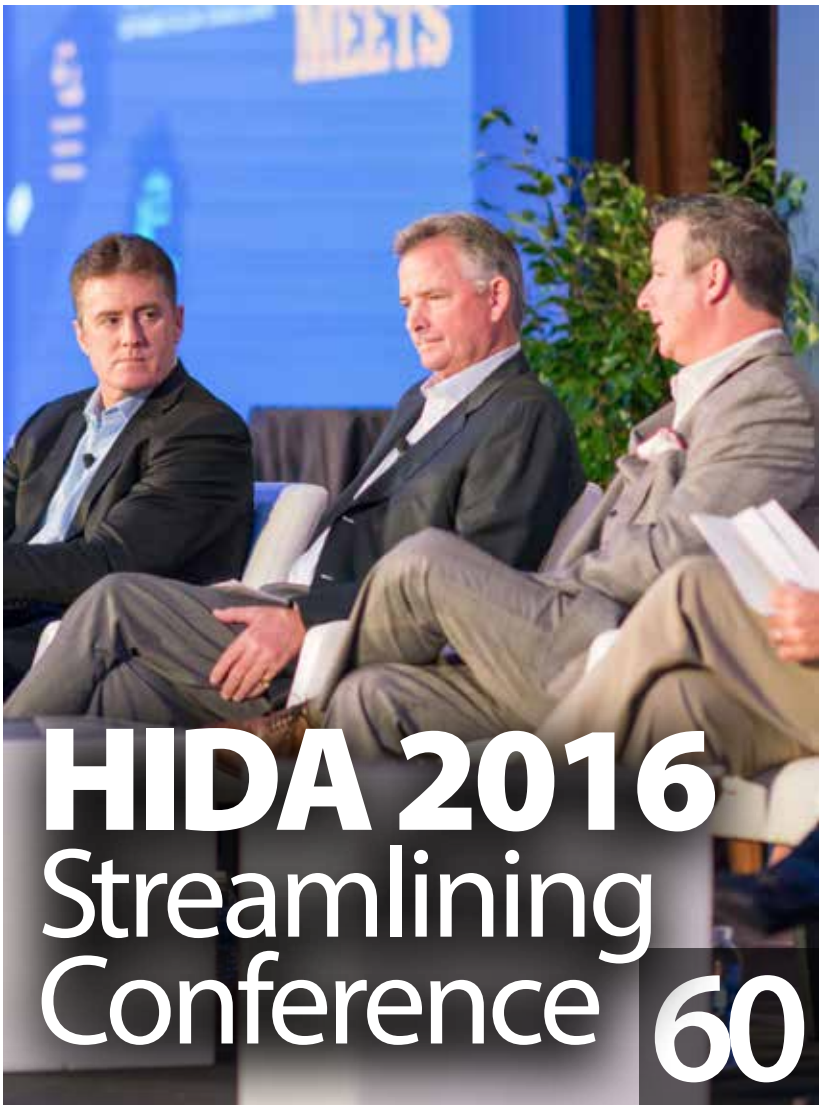

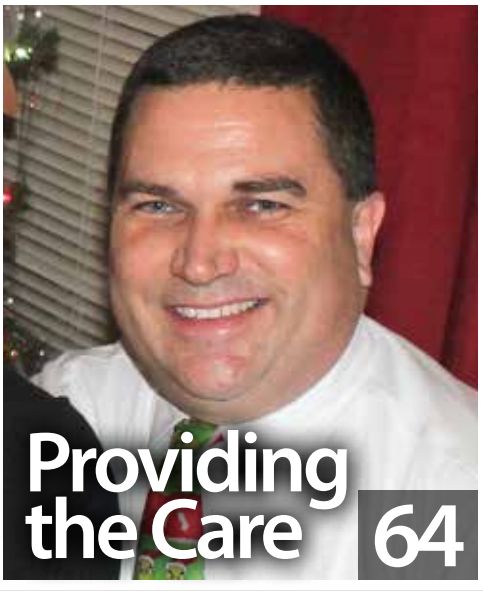

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Post-Election Plans

Scott Adams

Take a deep breath, and exhale. The election is over. Half of our country is ecstatic over the results, while the other half wants to move to another country. Yet despite how divisive this election season was, I still believe we have more to be thankful for as Americans than any other country in the world.

So now we look forward to how the healthcare industry may change in the coming months and years. Regardless of the new administration, physician payment reform is going forward. The Medicare Access & CHIP Reauthorization Act (MACRA) will be a big part of that.

MACRA is the single largest payment reform your customers have ever faced. This fall, we introduced a 7-part educational series on the subject that several companies are using. For those of you not going through this series, please take some time to go back to the May 2016 issue of *Repertoire* and read the cover story about MACRA.

More is on the way. During the first few months of 2017, we will write several columns getting into the components of MACRA. This content is being created to help you guide your customers through this reform. Like everything else in sales, this opportunity will suffer from the 80/20 rule. Only 20 percent will use this content as a way to set themselves apart from their competitors. This is a huge opportunity for you to be different!

If you have any questions on the series, please e-mail me directly at sadams@sharemovingmedia.com. This series is designed for sales, marketing and customer service teams.

Happy Holidays,

R. Scott Adams

P.S., Congratulations to the Dukal team, celebrating the company's 25th year anniversary!

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Making a Connection

Here are some steps you can take to keep the attention of your audience

By David Thill

Editor's Note: Whether selling a product, training hospital staff, or presenting to the board of directors, the quality of the presentation matters just as much as the content. Chris Anderson, president of TED – the nonprofit organization dedicated to spreading innovative ideas, and sponsor of worldwide TED conferences – recently published the book *Ted Talks: The Official TED Guide to Public Speaking*. In this continuing series, we offer some of Anderson's main ideas to help make your next presentation an effective one.

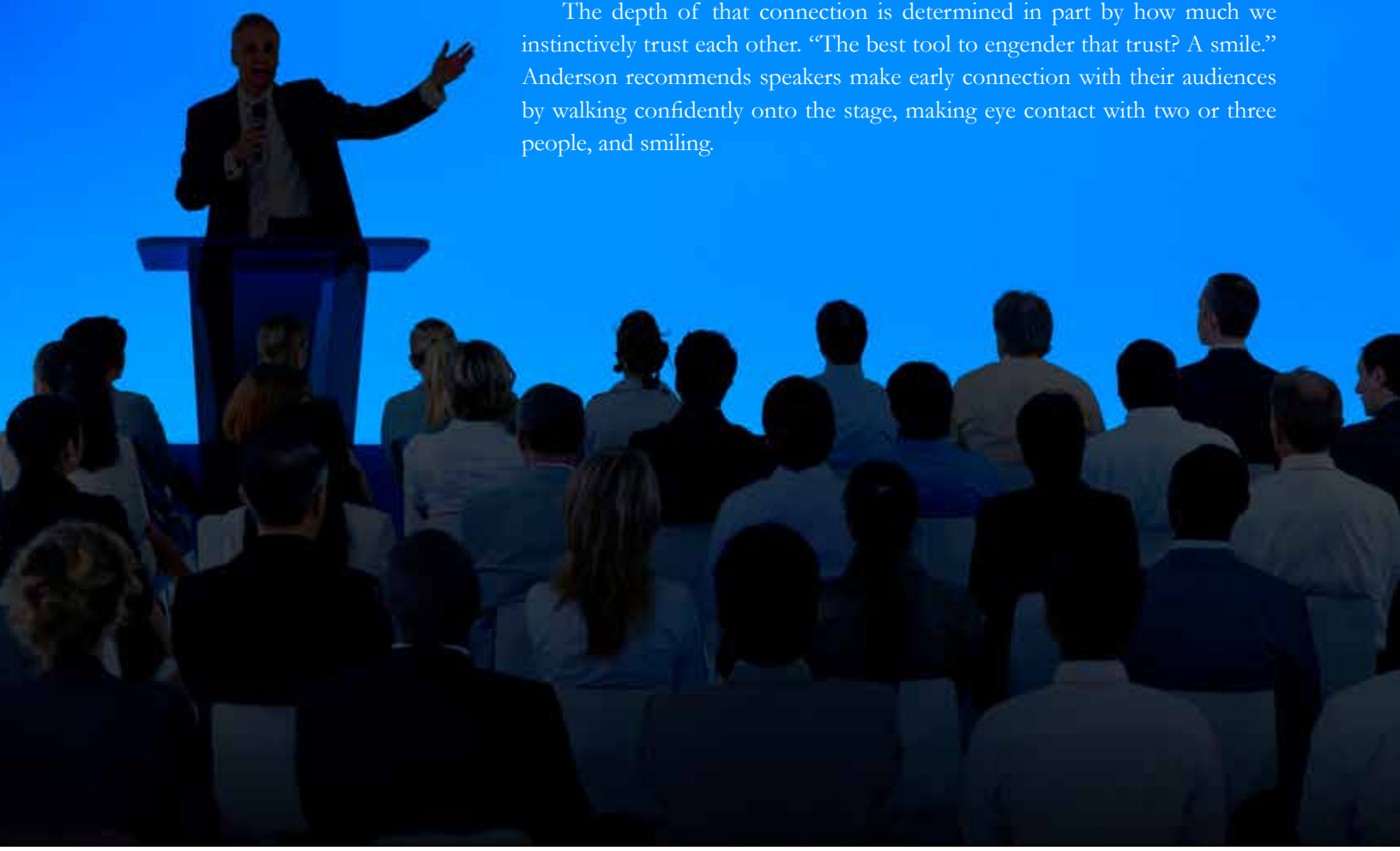
"You can give the most brilliant talk, with crystal-clear explanations and laser-sharp logic, but if you don't first connect with the audience, it just won't land," writes Chris Anderson in the fifth chapter – "Connection" – of his book *TED Talks: The Official TED Guide to Public Speaking*. "To make an impact, there has to be human connection."

Anderson offers several pieces of advice that may help you connect with – and consequently persuade – your audience the next time you have to make a presentation. Here are a few of them.

Make eye contact, right from the start

"Humans have evolved a sophisticated ability to read other people by looking at their eyes," notes Anderson. Scientific findings indicate that when two people stare at each other, their brains' mirror neurons are triggered so that each can adopt the other's emotional state. "We look at each other, and our minds sync."

The depth of that connection is determined in part by how much we instinctively trust each other. "The best tool to engender that trust? A smile." Anderson recommends speakers make early connection with their audiences by walking confidently onto the stage, making eye contact with two or three people, and smiling.



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"When you walk onto the stage, you should be thinking about one thing: your true excitement at the chance to share your passion with the people sitting right there a few feet from you. Don't rush in with your opening sentence. Walk into the light, pick out a couple of people, look them in the eye, nod a greeting, and smile."

A caveat: Anderson also notes that people can detect fake smiles, "and immediately feel manipulated."

Show vulnerability

"One of the best ways to disarm an audience is to first reveal your own vulnerability," begins Anderson. "It's the equivalent of the tough cowboy walking into a saloon and holding his coat wide open to reveal no weapons. Everyone relaxes."

> "Be yourself. The worst talks are the ones where someone is trying to be someone they aren't. If you are generally goofy, then be goofy. If you are emotional, then be emotional. The one exception to that is if you are arrogant and self-centered. Then you should definitely pretend to be someone else."

To illustrate the power of vulnerability, he recounts a 2001 TED Talk presented by the late surgeon Sherwin Nuland, discussing electroshock therapy.

"He was knowledgeable and funny, and he made it all seem interesting….But then he stopped. 'Why am I telling you this story at this meeting?'"

Nuland then talked about his own struggle with debilitating depression, which was treated, as a last resort, by electroshock therapy, a technique that ended up working. According to Anderson, "By making himself so deeply vulnerable to the audience, he was able to end his talk with extraordinary power."

He also observes that this technique – showing vulnerability – can help speakers battle nerves, by getting the audience on their side: "If you feel yourself choking up, then pause…pick up a bottle of water, take a sip, and just say what you're feeling. 'Hang in there a moment…As you can see, I'm feeling a little nervous here. Normal service will be restored soon.' Likely as not, you'll get a warm round of applause, and a crowd dying for you to succeed."

Once again, though, a word of warning is attached. Simply put, there is a line between showing vulnerability and merely oversharing, which can turn an audience against a speaker. Anderson quotes speaker Brené Brown: "The best way I've found to get clear on this is to really examine our intentions. Is sharing done in service of the work on stage or is it a way to work through our own stuff? The former is powerful, the latter damages the confidence people have in us."

"Authentic vulnerability is powerful. Oversharing is not," says Anderson.

Make 'em laugh – but not squirm!

It can be difficult for an audience to concentrate on a talk. But "[h]umor hacks away the main resistance to listening to a talk," says Anderson. "By offering little gifts of laughter from the start, you are subtly informing your audience … *Come along for the ride, dear friends. It's going to be a treat.*"

By inserting moments of laughter early in the talk, Anderson says, the speaker develops the all-important audience connection. "Laughter says, *We as a group have bonded with this speaker.* Everyone then pays more attention."

But as with the first two tools listed in this section, humor must be handled with care. As Anderson puts it, "Humor is a skilled art …. Ineffective humor is worse than no humor at all." Rather than trying to tell jokes, he recommends speakers tell "hilarious-but-true stories that are directly relevant to your topic or are an endearing, humorous use of language."

And one more thought: "Thirty years ago, speakers packed their talks with jokes based on gender, race, and disability. Don't go there! The world has changed."

Park your ego

"Nothing damages the prospects of a talk more than the sense that the speaker is a blowhard," says Anderson. "And if that happens early on…look out."

His example is a TED Talk in which the speaker began, "Before I became a living brand…" "And there, right there, you knew it wasn't going to end well."

In fact, he says, audiences seem to like when speakers go the opposite direction: using humor to land a blow to their ego. "Self-deprecation, in the right hands, is a beautiful thing." He offers a story of a TED Talk given by Tony Blair prior to his election as British prime minister, "which, [Blair] said apologetically, might make people worry whether he was qualified to govern."

During a visit to the Netherlands, Blair met a "well-dressed woman in her fifties" at a meal with dignitaries: "She asked him who he was. 'Tony Blair.' 'And what do you do?' 'I lead the British Labour Party.' He asked her who she was. 'Beatrix.' 'And what do you do?' [awkward pause] 'I'm the queen.'"

Anderson turns to TED speaker Salman Khan for a piece of advice:

"Be yourself. The worst talks are the ones where someone is trying to be someone they aren't. If you are generally goofy, then be goofy. If you are emotional, then be emotional. The one exception to that is if you are arrogant and self-centered. Then you should definitely pretend to be someone else."

Tell a story

According to Anderson, stories "can brilliantly establish the context of a talk and make people care about a topic." He uses Ernesto Sirolli, PhD., and a 2012 TED speaker, as an example. In his talk, Sirolli discussed improving development aid in Africa.

"If you're going to take on a tough subject like that, it's a very good idea to connect with the audience first," says Anderson. "When you can pull together humor, self-deprecation, and insight into a single story, you have yourself a winning start."

He advises speakers tell stories about themselves or people close to them. Stories about failure, awkwardness, misfortune, danger, or disaster – "told authentically" – can make listeners engage deeply in a talk. "They have started to share some of your emotions. They have started to care about you. They have started to like you."

The caution here is not to turn people off with your story, which, if not tackled appropriately, could come across as boastful or emotionally manipulative. "When you explain the amazing way you turned a problem into a thrilling success, far from connecting, you may actually turn people off….

"The guideline here," he says, "is just to be authentic."

The trusted friend

While Anderson does not make this idea a section of its own here, the "trusted friend" arises throughout the chapter, and throughout the entire book. Whether you're trying to determine if your vulnerability reads authentically, or whether your ego seems truly in check, or whether the story you tell seems honest enough, Anderson recommends presenting your talk to a friend you trust.

"Every leader needs someone she can count on for raw, honest feedback. Someone who's not afraid to upset or offend if need be. If you're feeling proud of what you've recently accomplished, it's important to try out your talk on that trusted person, and then give them the chance to say, 'That was great in parts. But honestly? You come over a little full of yourself.'"

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Industrial Approach to Healthcare Supply Chain

David Hargraves' decision to leave the University of Pittsburgh Medical Center to join Premier Inc. might have been a surprise to many in the industry…except those who know him.

Throughout his professional career, David Hargraves has focused on learning new skills and moving things forward. Joining Premier in March 2015 was simply more of the same.

David Hargraves

"The driving force behind my decision to leave University of Pittsburgh Medical Center and join Premier was along the same lines as when I previously decided to leave the manufacturing industry and join UPMC more than a decade ago," he says. "The impetus for the decision lies in helping to bolster the healthcare supply chain industry to be recognized as one of the most elite and respected supply chain sectors." Hargraves is group vice president at Premier.

Industry supply chain

Hargraves brought a wealth of knowledge and experience to UPMC in February 2006. He has an associate degree in biomedical engineering technology from Penn State University, a bachelor of science in organizational leadership from Duquesne University, and an MBA with a concentration in healthcare administration from Waynesburg University. He served as a biomedical equipment technician for the U.S. Navy, held marketing and sales positions with Newark Electronics and Dynatech Nevada, and served as director of global category knowledge for SAP Ariba before joining UPMC, where he served as vice president of clinical supply chain.

"The single biggest lesson I've learned from working in supply chains across multiple industries is, we're all more alike than we are different," he says. "Every industry shares a set of common supply chain problems, including invoicing, controlling costs and securing buy-in from key internal stakeholders. However, each industry has supply chain problems that are unique."

For example, healthcare suppliers and providers have a more difficult time maintaining trust, transparency and collaboration than those in other industries, he says. "Looking at other industries,

buyers encourage co-innovation with their suppliers. These buyers trust their suppliers and collaborate with them to develop new solutions for their mutual customers. This trust is often based on full transparency with respect to the cost of manufacturing the products or delivering the services that are necessary. Our industry is moving in this direction, and Premier is one of the companies on the forefront, working together with our members and suppliers to drive transparency in terms of costs and quality."

Another skill practiced in other industries far more often than in healthcare is strategic sourcing, says Hargraves.

> "Looking at other industries, buyers encourage co-innovation with their suppliers."

"Strategic sourcing emerged as a term that was intended to highlight a more formalized, multi-phase sourcing process that's comprehensive and goes beyond pricing and delivery," he says. "Done correctly, strategic sourcing within a group purchasing organization, a provider or even in a different industry should have very few differences. The key is to have a formalized sourcing process, supported by technology, which allows an organization to negotiate all major spend categories centered on a time-based bid calendar."

Although common across most industries, strategic sourcing is rare in healthcare supply chain for one simple reason – resources, he adds. "It takes a significant amount of resources to develop a robust strategic sourcing program, and many facilities have neither the spend volume nor the staffing to properly support a program."

Supply chain leaders

The future is bright for healthcare supply chain leaders, Hargraves believes. "Now, with the urgent need to find and deliver even greater cost reductions in the era of alternative payment models, supply chain leaders are emerging as key players in this shift and are driving a permanent transformation that takes our industry to a higher level of achievement. The future involves significant provider

"Today, we are seeing supply chain executives responsible for hundreds of employees and controlling billions of dollars in non-labor expenses, which requires increased education, skills, talent and professional acumen."

Steps to a supply chain transformation

"UPMC is a tremendous organization and has implemented many processes and practices that foster excellence in terms of supply chain," says David Hargraves, vice president, strategic sourcing, Premier. Newly forming integrated delivery networks should consider the key best practices UPMC used when implementing its multi-year supply chain transformation, he says:

- Set bold long-term goals supported by near-term tactical work plans with clear operational owners.
- Pursue the elimination of waste via process redesign.
- Deploy technology as a means to support great processes and not as a solution unto itself.
- Develop strong, clinical-lead value analysis teams with system-wide responsibility.
- Write system policies that empower supply chain and serve to rein in maverick spend.
- Develop an eye for talent and constantly recruit and develop the best possible supply chain professionals.

"It shouldn't be surprising to note that most of the items listed above are common of any world-class supply chain organization," he says.

consolidation. With this consolidation comes tremendous opportunities for supply chain executives to expand their responsibilities into non-traditional areas. The days of being responsible for just supply costs for one institution are fading, and the era of enterprise-wide responsibility for all non-labor expenses is looming."

Advanced education and professional certification in supply chain are likely to become prerequisites for the next generation of healthcare supply chain executives, he says. "Today, we are seeing supply chain executives responsible for hundreds of employees and controlling billions of dollars in non-labor expenses, which requires increased education, skills, talent and professional acumen."

GPOs will need to continually up their game as well, he says.

"GPOs need to evolve to keep pace with the increasing sophistication of our members and continuously improve our offered services as their needs evolve and responsibilities increase. With clinical data on nearly 40 percent of U.S. discharges and $48 billion in annual purchasing information, Premier's unique provider alignment and data-driven intelligence platform allow us to help our health systems manage current challenges and build for the future – breaking down siloes and improving care with a focus on population health, specialty pharmacy and supply chain. Our recent significant expansions into non-traditional spend areas – including purchased services, construction and facilities and clinical engineering – are evidence of our commitment to work with members to effectively and innovatively manage costs."

As for Hargraves, he hopes to deliver significantly greater value to the providers who use Premier's services and who view Premier more as an extension of

their own supply chain organization. "They align strategically with us as opposed to being seen strictly as an external supplier. Focusing on this goal, I believe we will continue to help our members penetrate new opportunities to control spend, collaborate on innovation between our members and suppliers to bring new devices and solutions to market, develop and deploy technology to drive efficiency and sustainable reductions in cost, and execute against our vision of helping our members achieve transformation to high-quality, cost-effective healthcare.

An example of this innovation is Premier's Partnership for the Advancement of Comparative Effectiveness Review, or PACER, which brings together diverse health systems that strive to optimize healthcare delivery by transparently sharing usage, outcomes and spend data across integrated delivery networks with the objective to improve care delivery and reduce cost, says Hargraves. Premier member health systems participating within PACER have saved more than $8 million in two years on cardiac stents and surgical mesh, he adds.

"PACER participants collaborate on highly aligned objectives and unite each institution's supply chain leaders and their expert clinicians to make informed decisions on clinical and/or physician preference items. And the results show how this initiative is working to reduce the influence of PPIs." rep

> "Our recent significant expansions into non-traditional spend areas – including purchased services, construction and facilities and clinical engineering – are evidence of our commitment to work with members to effectively and innovatively manage costs."

Manufacturer Reps to Watch

Mike Webb
ambulatory care specialist, B. Braun Medical

Gloria Lind
director of sales, West, Dukal Corp.

Brian Warren
territory manager, Southwest, Masimo

Ian Rodenberger,
casework project manager,
Medical Products and Services, Midmark

David Szvetecz
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Alexis Sailor
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Manufacturer Reps to Watch

Mike Webb, ambulatory care specialist, B. Braun Medical

***Repertoire*: What two or three things do you offer your distributor rep partners to enhance their sales?**

Mike Webb: Clinical expertise, teamwork and understanding of the customer's perspective.

Distributor reps are looking for someone who can bring value to their customer. My role as the product expert allows me to give advice, provide options and answer any clinical questions the customer may have. If I can work with the distributor in an efficient way and provide the customer with clinical expertise, it will strengthen the distributor's relationship in the account. That enables all of us to be successful.

Prepare as a team: Is there a competitor that may bypass the distributor and go direct? Are they a threat, and how do we prepare for that? These are all questions that we can work on together during the planning phases of an opportunity. Let's examine our clinical position, price point and our relationship with the decision-makers. Which one of those are strengths and which ones are weaknesses?

Understanding the customer's perspective: Why does the customer want to make a change? Clinical reasons? Pricing reasons? Contract compliance? How do we make the decision-makers look good? Maintaining the customer's needs first will always serve you well, and usually results in a win-win-win for customer, distributor and manufacturer.

Mike Webb

"If I can work with the distributor in an efficient way and provide the customer with clinical expertise, it will strengthen the distributor's relationship in the account."

***Repertoire*: Name two or three ways your distributor rep partners help you add value to your accounts.**

Webb: Staying in front of the customer and asking the right questions. Distribution partners are in constant contact with the customer and oftentimes are the ones alerting me of a customer's question or issue that needs to be dealt with. Many of my valued distributor reps know my products so well, they can make basic recommendations to the customer to get them what they need when they need it. If the distributor is asking the customer the right questions, it places the distributor in a consultative role, which becomes invaluable to the customer. This approach builds trust in business partners and helps me entrench my position and my products in the account.

***Repertoire*: What is the biggest change you anticipate in medical product sales in the next five years?**

Webb: Technology, government regulations and consolidation will make healthcare look very different in five years.

Big Data is driving the technology train, and healthcare has many data points to be collected, sorted and sold to research companies, who can greatly benefit from this information. Med-tech companies will flourish, and those doctors and health systems that participate will be rewarded.

(My responses are pre-election, so obviously) "healthcare reform" will maintain the same path, fall apart completely or will be completely overhauled and replaced with a new plan. We already see changes in reimbursements and how that is directly tied to the patient's overall experience.

In my business, I only have a handful of true competitors, and consolidation is always on our radar. [Recently], one of them was bought, partially spun off and bought by another competitor. We will have to be forward-thinking so we can anticipate these changes and prepare for them before they happen. The organizations that simply try to react to changing technology, government and market consolidation will, unfortunately, be left behind.

Gloria Lind, director of sales, West, Dukal Corp.

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Gloria Lind: Dukal…offers a true consolidation model for all market segments. Distributor rep partners are afforded the opportunity to system sell, capture large orders and retain those sales with each purchase order cycle. They don't have to hunt and paw through a sea of vendors and products in their system. A successful manufacturer rep will always position their distributor rep partner to be successful and confident in the products and solutions they represent.


Gloria Llind

Show up and be available! Not just the physical state of being, but in the cerebral state of mind share; smart planning; strategizing; being their advocate, the light bulb in the room, the product expert; doing the heavy lifting and supporting each opportunity – big or small.

LEADS, LEADS, LEADS and referrals. Qualify and quantify. Bring new ideas and sales opportunities to your distributor rep partner. Make the connections happen.

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

Lind:

- Transparency, trust, clear communication.
- We share and dig in to data. Data tells a story and is one of the best opportunity identifiers.
- Silence is acceptance; I expect a lot of questions and to be put to the task. Sometimes a perceived problem, hurdle or opportunity is a side effect or smaller piece of the bigger problem or opportunity.

Repertoire: **What is the biggest change you anticipate in medical product sales in the next five years?**

Lind:

- The field distributor rep will be forced to know more clinical information and will need to work with clinicians in addition to the buyer.
- More and more mergers and acquisitions will change the selling landscape.
- Competition from non-traditional healthcare product companies entering the healthcare market.
- The home health market will continue to grow

exponentially, with new, innovative medical products and technology that offer ease of use, convenience and portability for the home patient/consumer.

"LEADS, LEADS, LEADS and referrals."

***Repertoire:* Do you think distributor reps should embrace ride-days? If so, why? If not, why not?**

Lind: Absolutely. Don't just embrace it; give it a big bear hug. Pre-planning is key for me, but be spontaneous if needed. I recently enjoyed a "ride-week" with a national regional team, with their manager taking the lead. Both the regional manager and I brought appointments to the table. So much came out of our well-planned time together. If only one important thing came out of each day, it was that the national team realized how much business they are or might be leaving on the table.

***Repertoire:* Can you share a favorite ride-day story?**

Lind: The rep was a second-source provider and didn't know the clinical decision maker. My contact asked if I'd be interested in identifying a product for a large opportunity with a tight timeline. Unfortunately, the product is not something Dukal manufactures. We both turned to my distributor rep partner and asked if this was something they would be interested in. While I was driving to the next appointment, my distributor partner/co-pilot put the finishing touches on information and pricing. New doors were opened and relationships were made.

Brian Warren, territory manager, Southwest, Masimo

***Repertoire:* What two or three things do you offer your distributor rep partners to enhance their sales?**

Brian Warren: My distributor partners and our customers view me as a key resource for non-invasive monitoring whom they can trust. I've built that trust by exhibiting an unmatched level of product knowledge and dependable communication standards. The most significant reason why I bring value and enhance sales is my passion for helping customers provide the best patient care. My passion is an extension of Masimo's most important guiding principle, "Do what is best for patient care."


Brian Warren

***Repertoire:* Name two or three ways your distributor rep partners help you add value to your accounts.**

Warren: Distributor reps are an extension of their customers' practices and often feel as if they are part of their team or even family. I rely on my distributor partners to understand the challenges our customers encounter, and who utilize me to bring solutions to the table. They've cultivated customer relationships on a deep level and customers, in turn, trust their recommendations. Distributor reps that understand the solutions Masimo offers are able to enhance their customers' practices, productivity, and patient care.

***Repertoire:* What is the biggest change you anticipate in medical products sales in the next five years?**

Warren: It's no secret that MACRA is going to be a major driver of change in our industry. MACRA will prove to be a significant challenge for independent and small practices. The changing financial incentives will force change in the way physicians practice. Distributors and manufacturers must work together

to provide solutions that make sense for their customers in a significantly altered reimbursement landscape.

Repertoire: **Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Warren: Absolutely. Distributor reps sell thousands of products; each manufacturer rep is the expert on a few of those products. In addition to the value of having a product expert along to help you close business, I view ride days as part of distributor reps' continuing education; there is a reason providers are required to obtain CME credits. Ride days are the best way for reps to expand their knowledge of products, trends, and industry change. And in addition to learning, reps can expand the product portfolio they can sell to their customers.

> "It's no secret that MACRA is going to be a major driver of change in our industry."

Repertoire: **Can you share a favorite ride-day story?**

Warren: My favorite ride day was a day last year in Phoenix when a distributor rep partner and I were focusing on pediatric customers. We visited a pediatric office that was in need of a new infant pulse oximeter. When we arrived, the provider asked if they could use a demo device on an infant who was currently in an exam room. The provider had been using an older competitive pulse oximeter that was showing desaturated pulse oximetry values. The provider had been about to send the infant to the hospital to be put on oxygen before we walked in. Once the Masimo pulse oximeter was placed on the infant, the provider was finally able to obtain an accurate pulse oximetry value, which prevented a hospital visit and much unnecessary cost and worry for the patient and family. This is one of many ride days where I've been able to present superior Masimo technology with distributor partners. It's helped save time, money, and – most importantly – provided better patient care.

Ian Rodenberger, casework project manager, Medical Products and Services, Midmark

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Ian Rodenberger: As distributors are experiencing more pressure on margins, and purchasing channels are becoming more sophisticated, we can provide a comprehensive portfolio of products and services that span across the ambulatory market to enhance the healthcare experience for the customer. We have the opportunity to identify and improve critical business drivers that support quality patient care metrics. This in turn builds credibility with our distributor partners, and allows them to influence the opportunity as a trusted consultant, and not as a price agent. Getting a Midmark rep involved early in the sales process builds continuity in the selling team, typically leads to higher volume sales through a stronger mix of products, and most importantly, allows us to solve real concerns that our stakeholders and customers are dealing with.


Ian Rodenberger

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

Manufacturer Reps to Watch

Rodenberger: Our distribution channel is vital to our relationship with customers because they will bring us into meetings based on their rapport with the customer. The best distributor reps can deliver Midmark's value proposition at a high level and help us navigate to key decision-makers within an account so that we can mutually grow our business together. They also can deliver intel on the daily business decisions occurring in their accounts so we can provide the best solution to help enhance their practice. In addition, our dealer partners can provide value by managing the sales process from point of sale to the delivery and installation of our equipment, ultimately serving as an extension of us for a positive customer experience.

"The first sale grew over 2,000 percent, and the second sale was over 1,000 percent growth – which paid for Steve's gas that day!"

***Repertoire*: What is the biggest change you anticipate in medical product sales in the next five years?**

Rodenberger: As reimbursement models continue to drive business strategy for our customers, there will be continued consolidation in the market and increased value-based purchasing channels for capital equipment. Healthcare organizations will be making purchasing decisions based on data supporting the effectiveness of the product to enhance care, increase patient/staff satisfaction and help remove cost from the system.

***Repertoire*: Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Rodenberger: If ride days are qualified and planned at a strategic level by both the manufacturer and the distributor partner, then they can be very effective in driving results and strengthening relationships. Generally speaking, traditional "cold call" ride days are less effective today because of the complexity of customers' decision-making and purchasing processes.

***Repertoire*: Can you share a favorite ride-day story?**

Rodenberger: Steve McNeal, with Henry Schein in Cincinnati, asked me to call on a couple of accounts that were expanding. We met with one of his CHCs, who was trying to renovate two rooms in their clinic. They asked for a manual exam table and a stool. After we were finished with our meeting, they committed to purchasing two comprehensive exam rooms from us with flexible casework, computer carts, Barrier Free Exam Tables with built-in scale to eliminate conveyance, side chairs/stools, and automated vitals and digital IQmark ECG devices for point-of-care testing to integrate within their athenahealth EMR. The next account asked to look at procedure lighting, and we took the sale from one light to a light, procedure chair, stool and mobile treatment cart. Our sales grew exponentially based on our customer engagements. The first sale grew over 2,000 percent, and the second sale was over 1,000 percent growth – which paid for Steve's gas that day!

David Szvetecz, territory sales manager, PDI Healthcare

***Repertoire*: What two or three things do you offer your distributor rep partners to enhance their sales?**

David Szvetecz: I try to make it easy for them to work with me. When a distributor rep partner helps to introduce me to an account, I take that very seriously. I demonstrate to them how I can create a seamless transition to the PDI products by helping to create an implementation program, and conduct staff education along with timely responses to our joint customers' questions and needs.

After I've successfully worked on a product conversion with a distributor rep partner, I try to bring additional opportunities to their attention. For example, after

we convert the surface wipes at an account, I schedule a meeting with nursing leadership and present a comprehensive patient hand hygiene program. If adopted, this will often result in additional new business sales for my distributor rep partner.

***Repertoire*: Name two or three ways your distributor rep partners help you add value to your accounts.**

Szvetecz: By helping me better understand the dynamic of the key decision-makers at an account. My distributor rep partners are at these accounts more often than I am. If I have a better understanding of the decision-makers and the internal processes (i.e., committees and economic buying influences), I can streamline my company's infection prevention programs in a way that makes sense for that particular customer. If I know competitive volumes and codes prior to presenting, I have a better idea of what the opportunity truly means for the customer and PDI.


David Szvetecz

***Repertoire*: What is the biggest change you anticipate in medical product sales in the next five years?**

Szvetecz: I believe we are starting to see the effects of healthcare reform and value-based purchasing in the way our customers go about making product decisions. If quality of care is not met, Centers for Medicare and Medicaid Services (CMS) incentives equal 1-2 percent "withheld" from a hospital's annual Medicare reimbursement. Being that I work for an infection-prevention-based company, this is encouraging to me. Our products and programs have the unique ability to impact a hospital's rates and scores.

I am trying to do a better job at meeting with high-level decision-makers at facilities that have some challenges with their rates and scores. If I can demonstrate how other local facilities improved their HAC, HCAHPS, CLABSI or blood culture contamination rates and scores after implementing one of our products and programs, this can position me and my distributor rep partner above our competition. We will be presenting a solution, not just selling a product!

***Repertoire*: Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Szvetecz: YES! In my opinion, ride days are not only important for the manufacturer rep to gain access to their accounts, it helps us to better understand how we can help each other. I want my distributor rep partners to have a sense of confidence when I work with them at an account. Having the occasional ride-day allows us the opportunity to discuss targets that can be a win-win for both organizations. Two reps that are focused on closing the same opportunities will have a much better chance of success!

***Repertoire*: Can you share a favorite ride-day story?**

Szvetecz: About 10 years ago when I was a new rep at PDI, I scheduled an appointment with a distributor partner for us to meet with the contracts manager at a large health system in North Carolina. I like to call this my Chris Farley "Tommy Boy" moment. I started the appointment by telling the contracts manager how excited I was to save them money on their CHG skin prep products. She responded by saying, "That would be great, if we used a lot of that company's products. We haven't gone to them yet due to our rates being good and the competitive product being so expensive." I quickly closed my book and said, "Thanks for your time and hope you have a nice day."

My distributor rep partner put her hand on my wrist and said, to my customer, "Can I ask you a few questions before we go?" She quickly uncovered some background info on their rates and asked if we could meet with the infection prevention team. I later presented our product offerings to the IP director and her team, who were absolutely thrilled to learn PDI had affordable CHG products. This health system later became my largest user of PDI CHG skin prep products.

Josh Papelbon, senior account manager, Quidel

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Josh Papelbon: The key word in that question is "partners," because I truly look at my distributor reps as partners. I think for any partnership to be successful, there must be an aligned strategy to implement, and the pillars upon which that strategy is built on are trust, honesty, and commitment. The partnerships that exist with my distributor reps have also developed into many lasting individual relationships as well.

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

Papelbon: The first point I would highlight in that question is that the accounts are "OUR ACCOUNTS," shared amongst us in that partnership. The second point is that my distributor reps know our accounts more intrinsically than I ever could; in some cases they have been conducting business with them for 30-40 years. They have become trusted consultants for these customers, which brings a tremendous amount of value, especially when that distributor rep introduces you into that account to discuss a particular product. At that point, the customer has now transitioned into our customer and we offer a combined value to that customer. That doesn't happen though without first realizing question No. 1.

Josh Papelbon

"Every day I meet with a distributor rep I learn something, and I hope that I teach that distributor rep something as well."

Repertoire: **What is the biggest change you anticipate in medical products sales in the next five years?**

Papelbon: As the healthcare industry moves from a fee-for-service model to a quality-payment program, many of the decision-makers will be looking at medical sales reps and their products entirely differently. They will be more focused on how the products improve the quality of the patient's care versus the fee collected for that particular service. I think they will also rely on us as consultants to help them better understand how certain products improve the quality of that patient's care. What's exciting about that is, as this new healthcare model is implemented, it will create more opportunities that align perfectly with the products Quidel has to offer to our accounts.

Repertoire: **Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Papelbon: Absolutely – whether that ride day consists of a cup of coffee, breakfast, lunch, half day, or entire day. Every day I meet with a distributor rep I learn something, and I hope that I teach that distributor rep something as well; this is what is most valuable. Also going back to the first question: If you are going to have a successful partnership, I truly believe that is one that is cultivated and built in person, working together.

Repertoire: **Can you share a favorite ride-day story?**

Papelbon: The first thing that comes to mind on that question is when I first started as a manufacturer rep. One particular distributor rep gave me an opportunity to meet at Starbucks one morning. I took that opportunity to discuss all the value that Quidel has to offer to a distributor rep, the end user customer, and the patient. Since then we have been able to present that value to a multitude of his customers, who now have become our customers. I now consider this distributor rep practically an expert on the Quidel product line.

Alexis Sailor, channel sales specialist, Roche Diagnostics

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Alexis Sailor: Having been a distributor rep and now a manufacturer rep, I believe my past experience and background creates a stronger partnership with my current distributor partners. I understand that our distributor reps are counting on us to deliver a top-notch customer experience along with solutions that provide clinical, operational and financial benefits for the physician office practices they support. Being accountable, knowledgeable, and identifying the key win result for the physician, office manager, medical staff and the distribution rep has contributed to my success and our success as a team.

Alexis Sailor

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

Sailor: Distributor rep partners have long-term relationships with our customers and are in the accounts on a weekly or biweekly basis. They know the goals, objectives and challenges each physician office is facing. Their relationships and knowledge of the customer landscape allow us to position our solutions quickly and effectively. They are a key and integral part to our success. Therefore we must use their time effectively and always bring value to them and our shared customers.

> "Being accountable, knowledgeable, and identifying the key win result for the physician, office manager, medical staff and the distribution rep has contributed to my success and our success as a team."

Repertoire: **What is the biggest change you anticipate in medical product sales in the next five years?**

Sailor: I envision that medical product sales over the next five years may not change drastically for the distributors; but the physicians who will be at the helm of the practices will be looking to revolutionize and improve the way they manage and treat their customers. More and more diagnostics tests will become available for use at the point of care. And IT connectivity – and even virtual and app-based solutions – will be required by our customers to help them deliver real-time patient care.

Repertoire: **Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Sailor: Distribution reps should absolutely invite manufacturer reps to ride along when there is mutual and strategic value. The involvement of a product/industry expert to assist with demonstrating solution capabilities during various levels of strategic deals assist with becoming a trusted advisor, increasing account collaboration, aligning appropriate solutions and closing deals.

Repertoire: **Can you share you have a favorite ride-day story?**

Sailor: During my career, I have worked with many distribution reps at various companies. Through collaboration and aligning on mutual account opportunities, I was presented with an exciting opportunity to work with one of the top distributor reps at a leading medical distribution company in Southern California. During our ride-along, we were able to visit the warm leads and key accounts we wanted to target. It was a very effective day that lead to proposal generation. I appreciated the team approach and customer focus. I always love working with someone who is passionate and driven.

Manufacturer Reps to Watch

Bill West, account executive, distribution and alternate care, Sekisui Diagnostics, LLC

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Bill West: Margin enhancement ideas; value-based solutions for their end users and money-making ideas for the account; and my 30-plus years medical sales experience. For example, the doctor is usually the one reading the microscope. By switching to CLIA-waived OSOM Trichomonas and OSOM BVBlue bacterial vaginosis tests, the doctor's staff can now do the test, since it is CLIA-waived. The doctor's time is roughly worth $200 an hour or so, depending on which study you believe. If a doctor is running 10 wet preps per day, which each take 2-3 minutes to complete, the doctor has freed up at least 30 minutes to see more patients and increase his income.

Bill West

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

West: Distributor reps can help manufacturer reps in system selling or group standardization committee approaches by doing what they've always done – identifying key decision-makers and pointing the manufacturer rep in the right direction to connect with these decision makers.

Distributor reps can also help with system or IDN selling. This type of selling differs from traditional POL selling in that a system or group owns a large amount of POLs, and they are looking to all use the same product, and getting lowest cost due to volume usage of that product. [Reps may be] used to selling single-doctor practices in the past and getting a lot more margin, due to less competition and cost-consciousness, higher end-user reimbursement per test, etc. System selling has a much longer sales cycle; [you must go] through the standardization committee process, as opposed to the old days, when you could actually walk out of an office having made a sale, as the decision-maker was usually in that office.

> "Guess the sun, moon and stars were perfectly aligned that day."

Repertoire: **What is the biggest change you anticipate in medical product sales in the next five years?**

West: We are seeing a lot more POLs being gobbled up by the larger groups. This requires that the manufacturer and distributor reps work closely together identifying key decision-makers and decision-making processes, and getting the message to those folks on how our products (the manufacturer) and service (distribution) can reduce costs and deliver better outcomes to their institutions and patients.

Repertoire: **Do you think distributor reps should embrace ride-days? If so, why? If not, why not?**

West: Absolutely! Distributor reps can still learn "the tricks of the trade" from seasoned manufacturer reps, which will translate to increased income for them. For our specific product lines, we can teach distribution reps the benefits of outcomes-based selling, margin enhancement and overall product knowledge.

Repertoire: **Can you share a favorite ride-day story?**

West: I rode with a brand new distributor rep seven or eight years ago. I wasn't really looking forward to a day of cold calls, as this rep got $0.00 existing business. Lo and behold, we made 11 cold calls that day, saw the right person each call, and sold rapid diagnostics in all 11 accounts! Hasn't happened since. Guess the sun, moon and stars were perfectly aligned that day.

Beckie Greer, senior manager distributor sales – MW, Sysmex America

***Repertoire*: What two or three things do you offer your distributor rep partners to enhance their sales?**

Beckie Greer: Distributor reps have many manufacturer reps with whom they can choose to work. While product quality and reliability are important factors in their choice to lead with Sysmex, providing them with support and confidence that we will be a partner they can trust to represent them in front of their customers can be even more important. Distributor reps rely on the expertise of the manufacturer reps to find the best solution for their customer. A consultative approach, prompt response and communication are the foundation to building long-term relationships.

The best way to earn their trust can be as simple as following up on customer questions or issues in a timely manner. Communication is key. Even if I don't have an answer right away, responding to emails and phone calls within 24 hours to let them know I'm working to get what they need goes a long way. In addition, being a resource not only for the products I represent, but anything to help a distributor rep take care of their customers. If we remember and respect we are an extension of them for their customer, they are much more likely to work with those who help them succeed.

***Repertoire*: Name two or three ways your distributor rep partners help you add value to your accounts.**

Greer: Distributor partners have great relationships and understanding of their customers. Specifically for lab customers, relaying as much information – e.g., patient population, practice goals or challenges, anything that may impact customers' buying decisions – allows us to work together to provide the best solution for their needs. Some of the most successful distributor reps with lab sales are focused in their product positioning. Rather than bringing in all the possible tests available, they understand their customer's goals and focus on the product or portfolio that will help them achieve their goals without overwhelming them with too many products to consider at once. This is a winning approach that leads them to greater success and customer confidence in them.

Beckie Greer

"The best way to earn [the distributor rep's] trust can be as simple as following up on customer questions or issues in a timely manner."

***Repertoire*: What is the biggest change you anticipate in medical product sales in the next five years?**

Greer: Medical product sales and specifically, lab equipment sales, is a rapidly changing industry. With constant changes in healthcare policies and reimbursement, physician practices and labs are challenged with improving patient outcomes while managing their costs versus reimbursement. Companies developing innovative products that can help physicians to continue to grow their practice and improve patient outcomes will lead the way.

Manufacturer Reps to Watch

Ryan Ward, ambulatory care sales representative, Welch Allyn

Repertoire: **What two or three things do you offer your distributor rep partners to enhance their sales?**

Ryan Ward: As the healthcare industry continues to shift toward value-based medicine, it's more important than ever for the manufacturer rep to serve as a consultant to the distributor rep and his/her customer. Gone are the days of selling to a feature or a promotion. It is imperative for the manufacturer rep to be an expert on his/her products, and specifically, how the product/solution provides better patient care, to meet HEDIS and quality measurements, while increasing revenue. To mirror the industry's shift toward value-based medicine, we must engage in value-based selling. I'm working with my distribution partners to think differently about how we approach a prospect or customer, changing our mentality to value-based selling. I'm utilizing avenues like social media to prospect for new business. These avenues have helped me to provide more qualified opportunities to my distribution partners.

Ryan Ward

Repertoire: **Name two or three ways your distributor rep partners help you add value to your accounts.**

Ward: Many of my distribution partners have done a wonderful job to position Welch Allyn as the brand that accounts think of first for solutions to their biggest clinical challenges. Also, my distribution partners have utilized the trust they've built with their accounts to expand Welch Allyn's product mix. The number of contacts a distribution partner has with customers each day (telephone, email, in-person), has in effect, expanded our sales force.

Repertoire: **What is the biggest change you anticipate in medical product sales in the next five years?**

Ward: In the next five years, the biggest change in this industry will be how physicians are measured and paid. I also believe the rate of consolidation will increase at a more rapid rate in every segment of our business – customers (national/regional IDNs), manufacturers, distribution partners, design/consulting firms, and payers.

Repertoire: **Do you think distributor reps should embrace ride days? If so, why? If not, why not?**

Ward: I think distribution reps should embrace ride days. I'm not in favor of a day of cold calls. We can cold call over the telephone versus driving to an account, hoping the person we need to speak with is in the office and has time to speak with us. A ride-day must be well planned by both the distributor and manufacturer rep, with an objective for each meeting. We should have a commitment from the appropriate stakeholder(s) that they will attend the meeting. Too often, people do things to check a box. The most important asset that we have today is our time. We need to work smarter.

Repertoire: **Can you share a favorite ride-day story?**

Ward: Several years ago, a customer asked a distributor rep and I to stop by one of their rural clinics to present a PC-Based Spirometer. I often carry an additional product into a meeting. If time permits and the customer accepts, I'll introduce additional products. The distributor rep and I carried in an automated vital signs device. This customer was part of a very large health system. Over the last 8+ years, the customer has invested in hundreds of our automated vital signs devices, deploying them in their clinics and hospitals. Ironically, they decided not to purchase the PC-Based Spirometer.

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1. http://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf

The Next Generation

Repertoire readers can expect to serve a new kind of customer in the coming years.

By David Thill

"The work we're doing…will directly impact the way that healthcare will soon be delivered to patients nationwide," said Susan E. Skochelak, M.D., MPH, group vice president for medical education at the American Medical Association (AMA), in a March press release. Skochelak, who spoke with *Repertoire* for our June issue, was referring to the AMA's "Accelerating Change in Medical Education" initiative.

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The initiative, now in its third year, provides grants to 32 medical schools across the country so they can reinvent their curriculums and ensure that tomorrow's physicians are prepared to offer the quality of care necessary for tomorrow's patients.

A new kind of doctor means that distributor reps will have a new kind of customer. This is why *Repertoire* has covered the AMA's consortium since February in our "Tomorrow's Physician Customer" segment. For the final segment in the series, we looked at the eight programs profiled thus far and found that five broad – and interrelated – themes emerge:

- Patient-centered care
- Health systems science
- Team-based care
- Value-based care
- Leadership

"There are many [factors] that influence health outside the healthcare you receive. The Longitudinal Core Curriculum focuses on "understanding the patient from their perspective, bringing together patient safety, quality improvement, and population health to give students a better understanding of health systems and methods to improve them."

– Elizabeth Baxley, M.D., senior associate dean for academic affairs at East Carolina University's Brody School of Medicine

Here is a look at what tomorrow's physicians – many of whom will enter the field in the next four years – will be focusing on in their practice, and consequently what *Repertoire* readers will be thinking about, too.

Patient-centered care

"By serving as patient navigators our medical students see healthcare and its challenges not only from the perspective of doctors but also through the patients' eyes," said Penn State College of Medicine Vice Dean for Educational Affairs Therese M. Wolpaw, M.D., in the March AMA press release.

For our February issue, *Repertoire* spoke with Jed Gonzalo, M.D., M.Sc., associate dean for health systems education at Penn State College of Medicine. Gonzalo and his colleagues launched the Systems Navigation Curriculum in 2014, in which first-year students, serving as patient navigators, become active participants in all aspects of a patient's path to wellness. This work might include visiting the patient prior to discharge to assess her plan and potential health obstacles going forward, calling on the patient at his home to learn possible factors preventing him from obtaining the medical resources or attention he needs, or joining him at an outpatient doctor visit.

The patient navigators, like many future physicians, are working with health specialists, mental health professionals, and patient care coordinators to gain a more holistic view of the healthcare system, uniting the various aspects of the patient's care process to make it more efficient.

Patient safety is also an important component of patient-centered care. In our September issue, *Repertoire* spoke with Jeanne Farnan, M.D., MHPE, associate professor of medicine at the University of Chicago Pritzker School of Medicine, where the VISTA (which stands for "value, improvement, safety and team advocates") curriculum instituted in September takes a unique focus on this concept.

Pritzker's "horror room" gives medical students 15 minutes to identify roughly 17 potential hazards in a simulated patient environment. Depending on the theoretical patient in question, 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.

The patient experience is central to Pritzker's program. "What are those things that are unique to [the doctor's] patient as an individual who is experiencing that disease, [who] has their own unique perspective and priorities they want in their treatment?" said Farnan.

Health systems science

Whereas doctors have traditionally focused on basic scientific and clinical factors in their practice, tomorrow's

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graduates will also need a working knowledge of economic factors, social determinants of health, and population health. These concepts form the basis of health systems science, which is at the core of the Primary Care-Population Medicine curriculum at Brown University's Alpert Medical School.

Students in the joint M.D.-ScM degree program at Alpert learn about health disparities and the intersection of population and clinical medicine, including subjects such as advanced biostatistics, epidemiology, and healthcare leadership. "These are the skills that are necessary to succeed as a physician in this rapidly evolving healthcare system," said Paul George, M.D., MHPE, associate professor of family medicine at Alpert, in an interview for *Repertoire*'s August issue.

These skills – social determinants of health, economics, and epidemiology – are also key parts of the new Longitudinal Core Curriculum at East Carolina University's Brody School of Medicine.

"There are many [factors] that influence health outside the healthcare you receive," said Elizabeth Baxley, M.D., senior associate dean for academic affairs at Brody, speaking in *Repertoire*'s May issue. The Longitudinal Core Curriculum focuses on "understanding the patient from their perspective," bringing together patient safety, quality improvement, and population health to give students a better understanding of health systems and methods to improve them.

Team-based care

Brody's program also focuses on interprofessional care: physicians working in teams with other healthcare professionals, rather than alone. Team-based care is a common theme among the schools in the AMA consortium.

Gonzalo, speaking about Penn State's Systems Navigation Curriculum, observed that "[f]or decades, we've been training physicians that were sovereign cowboys." But now, he says, physicians need to be team players who understand the value that other players bring to that team.

"The outreach worker is just as important as the doctor," Pedro "Joe" Greer, Jr., M.D., told *Repertoire* in an interview for our October issue. Greer is associate dean of community engagement and chair of the Department of Medicine, Family Medicine and Community Health, at Florida International University's Herbert Wertheim College of Medicine. At FIU, interprofessional care and community health combine to form a unique program.

Medical students in FIU's program spend three and a half years working in teams comprising doctors, social workers, educators, lawyers, and public health specialists to serve low-income, uninsured families at the families' homes.

"No longer can we doctors be in isolation," said Greer. "We have to fulfill our social contract with the country," which means providing care that meets patients' basic needs. "Instead of everybody coming to the mountain, maybe the mountain's got to spread out."

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At University of Chicago's Pritzker School of Medicine, first-year medical students shadow nurses to gain experience in the clinical environment, as well as to see the care process from the nurses' perspective. Pritzker is also developing opportunities for medical students to work with peers in the physical therapy, respiratory therapy, and chaplain programs.

"We have moved away from the older paradigm of 'doctor as leader,'" said Farnan. "We've started to recognize that the earlier you introduce students to other providers, the more they function as team members."

Some schools, such as Brody, have implemented programs for a select group of students considered to have the potential to become leaders in population and community health.

Value-based care

"[W]e have a moral imperative to keep [communities] healthy," said Isaac Kirstein, D.O., dean of the Ohio University Heritage College of Osteopathic Medicine's Cleveland campus, in an interview for the November issue of *Repertoire*. Heritage's "transformative care" curriculum, set to be implemented in the fall of 2018, emphasizes value-based care to reflect changing payment models and to keep patients from returning to the doctor – and to keep them from having to visit in the first place.

In order to accomplish their goal of keeping communities healthy, the Heritage faculty is also taking a team-based approach in the new curriculum. "Health outcomes are better when patients have access to a primary care team," said Kirstein.

University of Chicago's Pritzker School also emphasizes value-based care by focusing on patients' financial needs. Students there will learn how to screen patients for cost-related underuse – failure to use medication or seek care due to inadequate insurance coverage – and will use screening tools to evaluate whether and how their patients have had to compromise their quality of life in order to get medication or care.

Leadership

Across the board there is an emphasis on training tomorrow's physicians to be leaders in the healthcare field. Some schools, such as Brody, have implemented programs for a select group of students considered to have the potential to become leaders in population and community health.

Other programs, such as Mayo Medical School and Brown University's Alpert Medical School, have made leadership part of their degree programs. At Mayo, students can choose to pursue a master's degree in Science of Health Care Delivery in tandem with their medical degree.

The M.D.-M.S. program will prepare students to become agents for healthcare system changes, said Stephanie Starr, M.D., assistant professor of pediatrics, in an interview for *Repertoire*'s July issue. "They will be uniquely positioned to close gaps related to healthcare delivery, lead change and affect policy."

Similarly, at Alpert, "We hope graduates of the program will be practicing physicians who see patients, but also lead in some way," said George. These leadership roles might range from leading a community health center, to being the chief medical officer at a large private practice, to leading a city or state public health department.

Tomorrow's physician customer

The healthcare field is experiencing still other changes, which doctors and distributor reps will need to be aware of. For example, Indiana University, covered in *Repertoire*'s April issue, is using electronic medical records to study population health. Many of the other consortium schools are also focusing on population and community health in their own curriculums.

Many of the programs in the Accelerating Change consortium have already begun teaching students under the new curriculums, and the others will soon be following. This means that by the year 2020, a new generation of doctors will be practicing medicine, and *Repertoire* readers will have a new generation of customers to serve.

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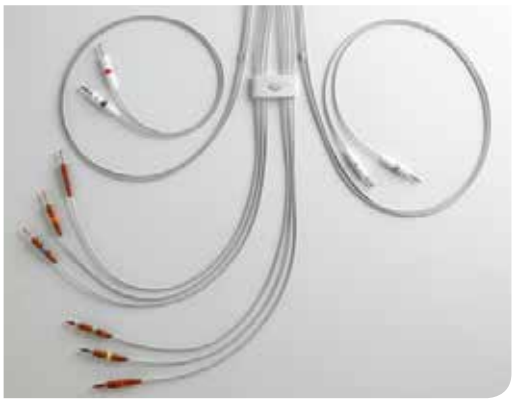

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Lifestyle medicine

A new continuing medical education program focuses on preventing disease rather than simply treating it

By David Thill

Chronic diseases such as diabetes, heart disease, and cancer cost the American healthcare system about $2.5 trillion a year – roughly 85 percent of total healthcare expenditures, said Dan Blumenthal, M.D., MPH, FACPM, president of the American College of Preventive Medicine (ACPM) at a September teleconference. This is a tragedy, he continued, "because we know how to prevent most of it."

A core competency

The September 28 teleconference was held on the day the ACPM, together with the American College of Lifestyle Medicine, launched the Lifestyle Medicine Core Competencies Program. This program is "the first medical curriculum to address the knowledge and skill gaps doctors cite as major barriers to counseling patients about lifestyle interventions," according to ACPM.

> "Today's physicians treat first with medication. But the key is to get at the root cause of the disease in order to reverse it and actually prevent it from occurring in the first place."
>
> **– Liana Lianov, M.D., MPH, FACPM, FACLM**

The 30-hour online curriculum addresses 15 core competencies for doctors and other healthcare professionals to have in order to coach patients toward healthy lifestyle behaviors. This includes behavior in regards to nutrition, physical activity, weight management, stress reduction, alcohol use, and tobacco cessation, among other topics.

"Lifestyle medicine is the evidence-based therapeutic approach to prevent, treat and reverse lifestyle-related chronic diseases," the organization's website states. Lifestyle interventions help patients to address disease risks, thereby decreasing illness burden and improving clinical outcomes.

"Lifestyle medicine should be seen as a core competency for preventive and primary care medicine," according to ACPM.

"As physicians, we should be guiding patients on prevention," said Blumenthal. He noted new developments in health insurance, including the Affordable Care Act and Medicare, which now cover value-based care: doctors taking preventive measures – for example, counseling patients on smoking cessation. While in the past physicians would not have been paid for this service, they will now, so they don't have an excuse to forego it, he said.

Blumenthal also observed that these types of preventive measures not only address health on an individual level, but on a broader community and population level as well. In other words, lifestyle medicine principles could help doctors reduce smoking and obesity on a community-wide basis.

However, he says, most physicians don't know how to incorporate prevention into their practice, because it has traditionally not been taught well in medical school. The Lifestyle Medicine Core Competencies Program is designed to address this education gap.

Reimbursement for results

"Today's physicians treat first with medication," former American College of Lifestyle Medicine

President Liana Lianov, M.D., MPH, FACPM, FACLM, and the curriculum's director of faculty, said at the teleconference. But "the key is to get at the root cause of the disease in order to reverse it and actually prevent it from occurring in the first place."

Lifestyle medicine methodologies are an effective and low-cost way to address these underlying root causes of chronic diseases, she added. The Lifestyle Medicine Core Competencies Program helps doctors put these methodologies into practice.

A typical physician tends to think of their patient as a list of diagnoses and medications, said Wayne Dysinger, M.D., MPH, chief executive officer of Lifestyle Medicine Solutions, a primary care group specializing in lifestyle medicine. "That's [how] the electronic medical record is set up." A physician practicing lifestyle medicine, however, approaches the patient more holistically – understanding the social context of their life, and other factors such as their sleeping, eating, and physical activity habits.

Lifestyle medicine is about reimbursement for results, rather than volume or procedures, said Dysinger. He recounted one of his patients, a 55-year-old woman diagnosed with diabetes, who was taking four medications when she first visited him. Over a three-month period practicing certain food, physical activity, and social support practices that Dysinger recommended, the patient was able to lose weight, decrease her medication use significantly, and reduce her hemoglobin A1c level from a diabetic to a pre-diabetic range, while also improving her mood. "That's the promise of lifestyle medicine," he said.

According to ACPM, the Lifestyle Medicine Core Competencies Program is available for physicians, nurses, nurse practitioners, physician assistants, dieticians, health coaches, and other allied health professionals in all specialties with an interest in learning the basic principles of lifestyle medicine. Maintenance of Certification (MOC) is available for select medical specialties that complete the program.

More information can be found at www.acpm.org/?page=lmprogram&utm_source=product&utm_campaign=lifestylemedicine&utm_medium=email&utm_term=lmprogram&utm_content=release - moc.

Post-Acute Lessons

By Mark Thill

"The long-term care industry is changing, and quickly," wrote Senior Editor Laura Thill at the beginning of the year, when *Repertoire* launched its post-acute-care section. "As the market evolves into a *post-acute-care* environment, it's essential that sales reps understand how this impacts their customers." That has been our mission this year, and will continue to be our mission in 2017.

We began the year defining what we mean by the term "post-acute care." Andrea Logan, president, AllMed Medical, helped us out.

"We define 'post-acute' as any place of service beyond the acute setting," she said. That includes extended care, post-hospital rehabilitation, telemedicine and home healthcare. "I would also include the senior market, including assisted and independent living. Care is migrating into these areas."

Since then, Andrea Logan and many others have taught us at *Repertoire* much about post-acute care. And no doubt they will continue to do so in the years ahead. We will keep passing that knowledge on to our readers. Meanwhile, here's just a little of what we learned in the past 12 months.

Joan Eliasek

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Expansion

"The expansion of place of service is the most obvious change. Coordination of care throughout the continuum is evolving and will continue to see changes as we see greater communication among hospitals, ACOs, rehabilitation centers, home healthcare givers and other post-hospital settings."

– Andrea Logan, president, AllMed Medical

"From a reimbursement perspective, managed care and alternative payment models will prevail. The traditional fee-for-service model will be very limited. Acute providers and insurers will drive the care coordination and demand outcomes from affiliated providers. Consolidation and preferred provider networks will also be the norm, with a focus on wellness and disease-state management."

– Andrea Logan

Acuity

"The traditional long-term-care or skilled-nursing-facility patient needed help with such tasks as bathing and taking medications. But, as hospitals discharge patients sooner, the acuity level is rising in the traditional SNF, and they are now becoming a more step-down or post-acute center. Whereas years ago LTC and SNF patients often were elderly, today it's common to see 40-, 50- and 60-year-olds in these facilities. And, not surprisingly, more and more are changing their signs to read 'Post acute care center.'"

– Eric Cohen, vice president of development, McKesson Medical-Surgical

"This is a highly regulated environment. These facilities can get cited if the food is too hot for the residents. [A] one- or two-star facility will never make it in this new environment we are moving into. If sales reps don't understand this new environment their customer is in, how can they go in and provide value?"

– Eric Cohen

Bypass

"Historically, nearly everyone was referred to a long-term care/skilled nursing facility following a hospital stay. Recent years have shown that post-acute care more times than not involves sending a patient directly home [and] bypassing the LTC/SNF setting, thereby increasing the demand for home health services."

– Kim Barrows, KB Post Acute Strategic Specialists

Value-based payment

"It is important that all providers understand that value-based payment models, including bundled payments, are continuing to roll out across the nation."

– Lisa Thomson, chief marketing and strategy officer, Pathway Health

"If a provider can demonstrate performance outcomes, quality care experience and a positive patient experience, the opportunities are endless in the new payment models. Post-acute-care providers need to re-imagine and redesign care delivery and processes to align with the new quality expectations and payment redesign."

– Lisa Thomson

No escaping the market shifts

"2016 will represent some big market shifts. If you've been tuning out the noise, you can no longer do so."

– Andrew E. Van Ostrand, vice president, Care Continuum/Extended Care, Medtronic

Choose your partners wisely

"For several years now, hospitals have been choosing their post-acute care partners and providers wisely, due to the financial consequences of readmissions within 30 days with certain diagnoses."

– Susan LaGrange, RN, BSN, NHA, CDONA, CIMT, director of education, Pathway Health

"There may continue to be opportunities in this area on both sides – that of the hospital to ensure stability of the resident's condition for discharge with good communication, and that of the post-acute care facility to prepare with a good pre-admission assessment process for a successful care transition."

– Susan LaGrange

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Post-discharge planning?

"The challenge is, there is a lot of variation among hospitals and discharge planners as to how a post-discharge plan is determined. If it's a surgical case, the surgeon is involved. If it's a medically complex patient, a hospitalist might be involved. Physician alignment is important, but who that physician is varies by patient. Decisions are based more on practice patterns than clinical effectiveness."

– Clay Richards, CEO of naviHealth, a Cardinal Health company

"Historically, there has been no financial incentive for the hospital to manage the patient after discharge. But you've started to see that change, because of value-based purchasing, readmissions penalties and, more important, bundled payment arrangements."

– Clay Richards

Going home

"There are all kinds of new technologies and innovation that are allowing care to be delivered in the patient home effectively. That's why CMS is incentivizing people to move care in that direction."

– Joan Eliasek, president, extended care sales, McKesson Medical-Surgical

Mission: Reducing readmissions

Post-acute-care facilities that closely consider "the culture of the readmission process, from admission through discharge, and collaborate with all entities the facility works with, as well as in-house systems" will be most likely to successfully limit hospital readmissions, says Susan LaGrange, RN, BSN, NHA, CDONA, CIMT, Pathway Health. This will entail the following:

- **Communication.** Staying in touch with the acute-care provider is crucial to ensure that the resident is appropriate for discharge to the post-acute care setting and that the proper care and resources are ready for the admission.
- **Organization.** The organizational process and systems management in the organization are essential to be able to identify early changes of condition and a streamlined approach to the evaluation/assessment, communication and care management in the facility.
- **Education and training.** Nurses require training on the assessment process, disease management and system processes for quality of care.
- **Planning.** Successful discharge planning should start on the day of admission.
- **Follow-up.** It's important to follow up on discharged patients to ensure the successful transition of care and assistance with management in a new setting.

Must-dos for bundled payment

All providers participating in the bundled payment program must ensure the following, says Lisa Thomson, chief marketing and strategy officer, Pathway Health:

- Safe and coordinated care transitions across provider types
- Agreed-upon clinical pathways across provider types
- Coordinated care
- Standardized performance metrics
- Data tracking
- Reconciliation of data to align with incentive payments
- Base payment
- Cost control
- Collaboration of services and supplies
- Financial risk adjustments, limits and outliers beyond the provider's control

Hot and cold

What's hot in post-acute care?

- Population health
- Care coordinators
- Alternative payment models
- Avoidable readmissions
- Tele-everything
- Centenarians
- Interoperability
- Consultative selling

What's not?

- Siloes
- Fee-for-service
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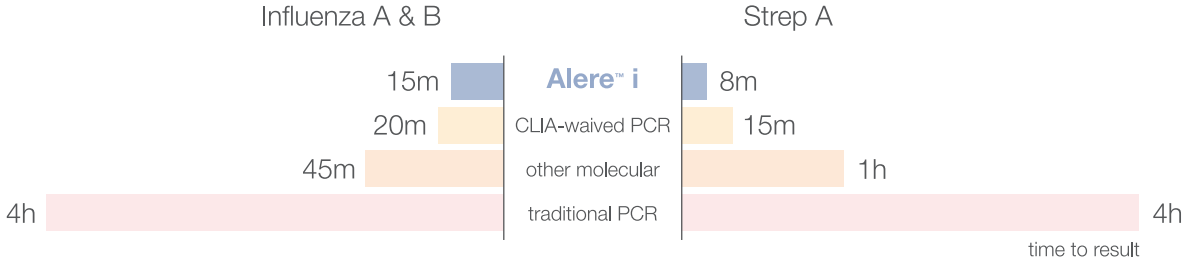

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Post-Acute Nutrition

ProMedica and Concordance Healthcare Solutions have combined to take the concepts of post-acute care and population health to a new level.

ProMedica's Food at Discharge program ensures that patients in need get a three-day supply of nutritious food upon discharge. Toledo, Ohio-based ProMedica buys the non-perishable food items, and Concordance inventories, packs and ships them to each of ProMedica's 12 hospitals. The program is designed to help patients deal with food scarcity and to potentially prevent readmission to the hospital due to poor or unavailable nutrition.

"ProMedica is constantly building programs to benefit our communities across northwest Ohio and southeast Michigan," says Dave Myers, Concordance executive vice president. "They put words into action, and they place the patient first." (Concordance was formed in December 2015 when three distributors merged – Seneca Medical, Kreisers and MMS—A Medical Supply Company.)

ProMedica President of Supply Chain Kathleen Krueger introduced the concept to Seneca in December 2014. "The issue was presented as, how can Concordance use its skills, strengths and excellence in logistics to partner with ProMedica and efficiently put these kits together and expand a unique program across all of our hospitals?" says Myers.

Now, when a patient is admitted to a ProMedica hospital, the admissions team identifies their potential need for food help and – just as important – their willingness to accept it. Upon discharge, they get food, a nutritional guide and a guide to community services.

Concordance employees pack the food kits on their own time. They pack three days' allotment in a box to be given to the patient at discharge. Concordance packs two kinds of kits: one for people with dysphagia (that is, difficulty in swallowing), and another for those without. Concordance then delivers the food kits to each hospital as part of its normal daily replenishment process.

"Everybody talks about wellness and following the patient," says Myers. "ProMedica is actually doing it."

ProMedica presented its Mission Partner of the Year Award to Concordance at the first annual ProMedica Philanthropy Awards this spring. ProMedica is also spreading the word about hunger as a health issue nationally through The Root Cause Coalition summits and other educational campaigns and research initiatives.

For more information about ProMedica's services to communities, visit www.promedica.org. rep

Food at Discharge

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Patient Satisfaction Includes Family, Too

By Gina Smith, CMRP, AMS,
Director of Business Development,
Health Industry Distributors Association

Patient experience measures are becoming increasingly important for reimbursement in all markets, but they present particular challenges in extended care. Many long-term care patients are unable to speak for themselves or fill out surveys. As a result, patients' families often play a central role in conveying the patients' satisfaction. In effect, patient satisfaction extends beyond the patient.

So, how can you help your customers meet the needs of patients and their families?

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Helping your customers inspire confidence

In last month's column, we highlighted HIDA's recent study of more than 1,000 patients and what they define as quality care. The survey found that key drivers of this satisfaction include a visible demonstration to cleanliness through frequent hand-washing and availability of hand sanitizing products, along with amenities and equipment that improves overall comfort and creates a relaxing atmosphere. Most importantly, patients want a setting that inspires confidence in their provider.

Extended care administrators are aware of these patient needs. They want more dignified tubs, higher-quality briefs, improved mattresses and beds, efficient call systems and medication dispensers, and better lifts. As a sales rep, you should respond to these needs and take it one step further.

Rather than simply reacting to these requests, help your customers think about how their care will please their patients' families. Regardless of whether they are the key decision maker with power-of-attorney, a beleaguered and possibly equally-frail spouse, or a group of loving and concerned siblings, children, and extended family, these family members will be observing how a provider cares for their loved one.

Regardless of whether they are the key decision maker with power-of-attorney, a beleaguered and possibly equally-frail spouse, or a group of loving and concerned siblings, children, and extended family, these family members will be observing how a provider cares for their loved one.

Ultimately, your customers need to think about how they can make visitors confident in the care their loved ones receive. One of the easiest steps providers can take is to use posters and brochures to explain infection control, and show that they are committed to preventing infections. Another step you can take is to keep your customers up to date on the latest and most modern equipment available. Our research indicates having up-to-date medical equipment and technology is a key driver of patient satisfaction as it suggests clinical sophistication.

Also think about what steps your customers can take to make their extended care settings more comfortable and home-like. Are there any amenities they would consider adding? Are there steps they can take to improve patient dignity? Are there any ways to improve the ambiance of patient rooms or waiting areas?

As a distributor rep, you are uniquely positioned to help your customers weigh these problems. Get your customers thinking about how important patient families are in care evaluations, and you will further solidify your role as a trusted advisor.

To access the Horizon Report Patient Satisfaction: How Medical Products Improve Consumer Experience and other Research & Analytics reports, visit www.HIDA.org/HorizonReport. rep

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Final MACRA Rule Provides Physicians Flexibility

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

You've likely heard the Centers for Medicare and Medicaid Services (CMS) released its final Medicare Access and CHIP Reauthorization Act (MACRA) rule. While the overall structure of the rule hasn't changed – physicians will still need to choose one of two payment tracks – CMS made several changes to ease the transition for physicians.

These changes offer physicians breathing room, but the rule will continue to be top-of-mind. The payment track physicians select may ultimately entail higher financial risk, which could lead practices to take a closer look at their expenses.

MACRA highlights

Congress passed MACRA in an effort to prioritize high-quality patient care. CMS finalized two tracks physicians can choose to participate in:

- **Merit-based Incentive Payment System (MIPS):** MIPS builds on previous reporting programs with a focus on quality, cost, and use of certified EHR technology.
- **Advanced Alternative Payment Models (Advanced APMs):** An APM is a payment approach where physicians accept both risk and reward for providing coordinated, high quality, and efficient care.

CMS adjusts quality requirements for MIPS participants

Under the final rule, physicians will be required to report more data to CMS. This data, to be collected in 2017, will inform their MIPS score and, ultimately, shape their reimbursement in 2019. The MIPS score providers receive is based on four weighted domains:

1. Quality
2. Improvement activities
3. Advancing care information
4. Cost (or resource use)

The cost domain weighting was reduced from 10 percent to 0 for performance year 2017. As such, CMS will collect data on all four domains, but only the first three will determine the 2019 Medicare payments. To account for the 2017 cost domain reduction, quality weighting has been increased from 50 percent to 60 percent of the MIPS score. The cost domain will be reintroduced in the 2018 performance year.

CMS's robust quality measures website (https://qpp.cms.gov/) provides detailed information on the hundreds of measures physicians can choose. It also walks physicians through the process of choosing measures for reporting purposes – something with which you can familiarize yourself and discuss with customers to offer products that can help improve outcomes and improve quality scores.

Physicians can pick their pace in 2017

CMS is allowing physicians to choose their participation level for the first performance period beginning Jan. 1, 2017.

They have three options to submit data to MIPS, which are:

1. **Submit a Full Year:** Report on the minimum number of measures required by CMS in each category to MIPS for at least one full 90-day period. By fully participating in the MIPS reporting program, physicians can maximize their chances to qualify for a positive adjustment during payment year 2019.
2. **Submit a Partial Year:** Report to MIPS for a period of time less than the full year performance period, but for at least one full 90-day period. Performers must report either more than one quality measure, more than one improvement activity, or more than the required measures in the advancing care information performance category.
3. **Submit Something:** Report one measure in the quality performance category, one activity in the improvement activities performance category, or the required measures of the advancing care information performance category.

Advanced APM participation

Alternately, physicians can participate in an Advanced APM. Participation in this payment track exempts physicians from MIPS reporting requirements. Additionally, if 25 percent of Medicare Part B payments or 20 percent of Medicare patients are received through an Advanced APM, physicians qualify for a 5 percent bonus incentive payment for 2019.

Exemptions

Many small practices will be exempt from these reporting requirements altogether due to low-volume threshold requirements. These are set at less than or equal to $30,000 in Medicare Part B allowed charges (or less than or equal to 100 Medicare patients). CMS predicts over 32% of physicians will meet this threshold.

Many of your physician customers may face substantially increased reporting requirements from the MACRA final rule. Keep in mind solutions you may be able to offer to address this burden. As always, feel free to contact us at HIDAGovAffairs@HIDA.org if you have any questions, or want more information.

Smart Sales Reps Don't Have to Ask

What Keeps Customers Awake at Night

By Elizabeth Hilla, Senior Vice President, HIDA

If you have to ask a customer what challenges or problems keep them awake at night, you need to do more homework.

I gained this insight from a participant at HIDA's Streamlining Healthcare Conference, where I led a discussion on probing skills and talking about ways to get customers to discuss their pain points. Often, a sales rep's effort to find those pain points starts with a very general open-ended probe, such as, "What are your biggest challenges?" But, as the conference participant pointed out, the risk in a question like this is that the customer may not want to spill discuss their issues or, worse, may perceive that you are not well-informed.

Instead, lead with a probe that shows you've been paying attention, such as:

- "Many of the nursing home customers I work with say that attracting and keeping nurses is a huge challenge. How big of an issue is that for you?"
- "What is your practice's plan regarding the new MACRA payment system? Have you figured out what track you're on and how that will affect you?"
- "With patient satisfaction impacting reimbursement levels, what are you focusing on to improve patient experience?"

Of course, you won't be able to ask informed questions like these if you aren't paying attention. Make yourself a student of:

- **Reimbursement:** You need to know how your customer gets paid, by which payers, and what's changing. This is a continual effort because payment systems in every market segment are changing rapidly.
- **Quality metrics:** The most common change in reimbursement across market segments is tying reimbursement levels to quality and outcomes. That makes quality metrics incredibly important to your customer's bottom line. As a rep, you need to know what metrics are most important to the customers you serve. (See Smart Selling, October issue.)
- **Staffing-related issues:** Every type of healthcare provider faces staffing challenges – managing a shortage of nurses and nurse assistants, dealing with millennial employees, and protecting worker safety are just a few that come to mind. (See Smart Selling, September issue.)
- **Overall demand trends:** You need to know if customers in a particular market segment or geography are facing more demand than they can manage, less demand than they need to be profitable, or something in between.

There are many ways to keep up on these issues, but they all begin with one step: setting aside the time to stay informed. We all tend to do what's urgent and often skip what's important, because important things often don't have a specific deadline. So, make it urgent by:

- Scheduling time on your calendar for the reading you need to do.
- Signing up early for webinars and training programs (HIDA offers many) on the topics you need to stay up on.
- Setting aside time before important customer meetings to do your homework, maybe by checking out their quality ratings or by seeing what news is posted on their website.

By building this study time into your calendar every week, you'll have the ammunition you need to already know what's keeping your customers awake at night, and to offer the solutions that will help them sleep better.

HIDA 2016
Streamlining Conference

More than 1,000 distributor, manufacturer, and group purchasing organization attendees were at HIDA's 2016 Streamlining Healthcare Conference in Chicago this fall.

"If you need to get some business done, you are in the right place," said HIDA 2016 Chairman Todd Ross, welcoming attendees and kicking off the conference.

Over the course of two and a half days, conference attendees conducted more than 2,500 business partner meetings – selling out all of the event's meeting space – as part of HIDA's Executive Business Exchange, Gold Key Club, and private suites meetings.

More than 85 manufacturers exhibited during the Innovation Expo, which featured medical product developments in diagnostics, infection prevention, med/surg, and skin and wound care.

Mark T. Seitz received the 2016 John F. Sasen Leadership Award

HIDA brought back its Reverse Expo, where conference exhibitors and attendees were able to walk the show floor and converse with both current and potential trading partners. This year's forum grew to 45 exhibiting distributors and, for the first time ever, included 18 GPO participants.

Mike Orscheln, CEO and chairman of Patterson Medical, was installed as 2017 chairman of the board of directors for HIDA at the conference's annual Chairman's Dinner. "I am very pleased that a leader of Mike's depth and experience will be HIDA's chairman next year," said Ross. Orscheln will begin his one-year term January 1, 2017.

"If you take away one thing from this event, remember that HIDA will never stop growing the positive impact it has on our members and the industry," said HIDA President and CEO Matthew J. Rowan.

Distributor panel

The event's opening general session featured a panel of leading distributor executives, who discussed how their providers want to reduce costs, waste, and complexity. Suppliers can help achieve these goals, they said, by partnering with customers to leverage data, improve technology, and reduce the total cost of care.

Panelists were Cody Phipps, CEO, Owens & Minor; Brad Connett, president, U.S. Medical Commercial Group, Henry Schein; Todd Ross, president and CEO, Preferred Medical; Roger Benz, co-president and CEO, Concordance Healthcare Solutions; Stanton McComb, president, McKesson Medical-Surgical; and Cindy Juhas, chief strategy officer, CME.

"Distributors need to lead disruptive change in our industry," said Connett.

"We can be the indispensable partner to our customers by helping them attack complexity," added Phipps.

HIDA has made its roundtable series a permanent fixture at the Streamlining Healthcare Conference. This

year's roundtables, where attendees exchange best practices and learn from peers in a collaborative setting, were focused on the topics of small business, sales management, and marketing/vendor-relations strategies.

HIDA also hosted an education session, "Adapting Your Sales and Marketing Strategy for Today's Healthcare Customers," in which executive staff explored the specific quality metrics on which customers are being rated, and the medical products and solutions that can contribute to quality improvements.

The conference concluded with its Contract Administration Workgroup meeting, beginning with a six-person GPO panel and ending with contracting professionals sharing perspectives on ways to improve pricing accuracy and advance HIDA's contract communication standards.

Award winners

Mark T. Seitz, president and CEO of NDC, received the 2016 John F. Sasen Leadership Award at the conference's Chairman's Dinner. The award recognizes individuals who demonstrate exceptional leadership qualities, commitment, and service to HIDA and the healthcare products distribution industry.

"HIDA is very pleased to recognize Mark's leadership in healthcare distribution," said Rowan. "Mark's strategic thinking and collaborative approach have made invaluable contributions to HIDA, its members, and the industry."

Cindy Juhas, CME, was Professional Women in Healthcare's (PWH) 2016 recipient of the Jana Quinn Inspirational Award for her contributions to the industry, as well as for being an excellent role model to others.

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Providing the Care

Tri-anim sales manager has discovered that value comes in many forms, whether in the service he provides for his customers or the love he has given to his children and foster children.

By Laura Thill

Attila Morgan takes nothing for granted. A proud father of five, foster par-ent to many more, and a successful regional manager for Tri-anim, he's achieved a happy balance between family and work. But, that's not always the case for everyone, he notes. "Though the years, I've become more and more understanding that many people are dealing with challenges in their life," he says. "At the end of every purchase order we receive, there's a person in need of care. We are providing the resources to the clinicians who are at the patient's bedside, providing the care they need."

Attila Morgan and his wife, Wendy

Clinical roots

Medical products sales wasn't always on Morgan's radar. Following high school graduation, he joined the U.S. Army. "I was looking to serve my country, and I needed the structure," he says. For three years, he worked in communications intelligence. Although his job took him as far as South Korea, he never really left the signal corps, he points out.

Soon after, when Morgan moved to Atlanta and joined the National Guard, "they didn't have much need for someone with a signal background," he points out. But, they did happen to need a respiratory therapist. He stayed with the National Guard for four years, in which time he acquired medic training and attended respiratory therapy school. In 1992, he moved to Alabama, where he was hired by East Alabama Medical Center as a staff respiratory therapist, eventually becoming the manager of the 350-bed facility's respiratory therapy, neurology, pulmonary rehabilitation and sleep disorders departments.

"During that time, I was a customer of Tri-anim," he explains. "I had an excellent relationship with my sales rep who, like me, had a clinical background. When he was ready to leave Tri-anim, he approached me about taking his position. At first, I wasn't sure about the move. I had no sales experience. But, the company looked like a great organization, with a culture of honesty and integrity. I joined in 2004 as an account manager (eventually becoming a regional manager) and have loved it ever since!"

Value-based sales

Since joining Tri-anim, the sales process has become increasingly complicated – and challenging – for both sales reps and their clinician customers, he notes. Changes in reimbursement

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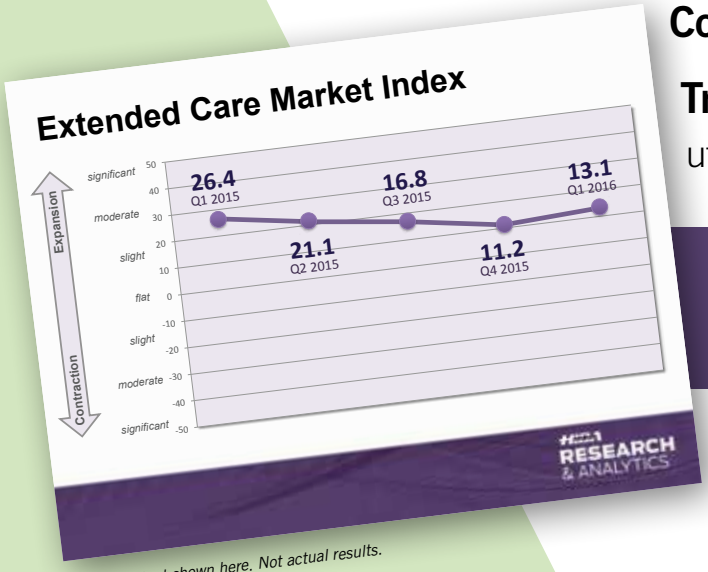

*Sample chart shown here. Not actual results.

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and purchasing structures, and the need for internal approval at medical facilities and practices, have added steps to the sales process, he points out. "Few physicians or clinicians today can make an immediate decision about a purchase," he says. Gone are the days when reps could make a sale simply because they were friendly with the customer.

"Today, we must be a consultative resource for our customers and show them the value of the products we introduce," he continues. "At the end of the day, we must be able to document exactly how we will help our customers provide better care to their patients. Indeed, one of the worst things a new sales rep can do is to "pull a product out of their bag on their first appointment with a customer and try to sell it," he says. "You can't sell to someone who doesn't know you. I tell my new sales reps to introduce themselves to their customers and get to know them." It can be embarrassing when they try to sell a product without realizing that the customer has been buying it for years, he adds.


Grant, Rachel, Brittan, Savannah and Ashlynn Morgan

"Clinicians are looking to make outcome-based and value-based purchases," says Morgan, and sales reps "must become more informed about their products and services in order to show the value of them." To do so, in many cases, distributor sales reps have strengthened their relationship with their manufacturer partners. "We've always had a strong relationship with our [manufacturer partners], but recently, it's grown even stronger," he says. Customers need to see a consistent message from both suppliers and vendors, he says. "[As such], our level of communication has gotten stronger. Our manufacturer partners regard us as an extension of their team. Together, we can build strong relationships with customers."

Giving back

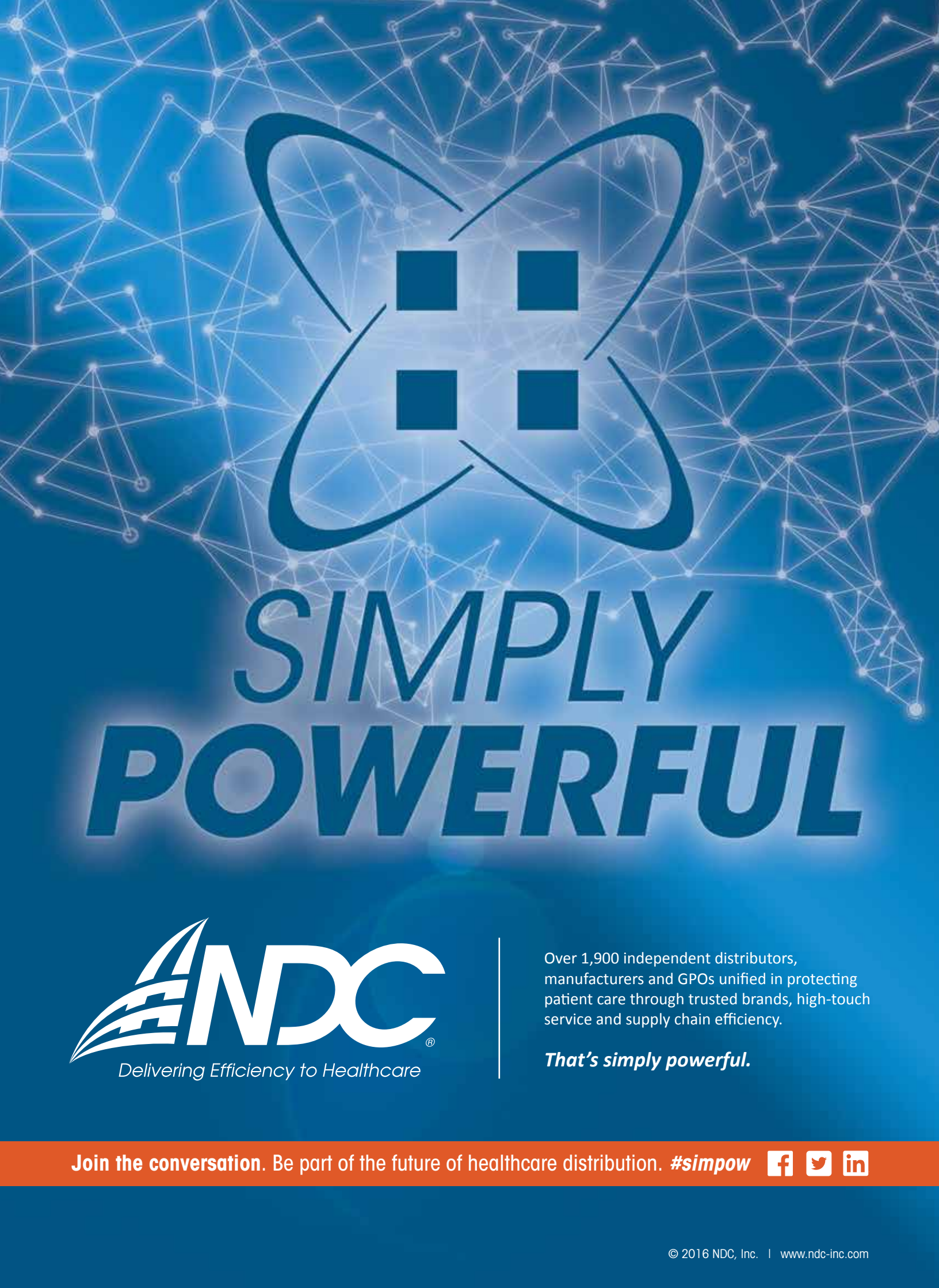
Around the time Morgan's oldest daughter turned 16, he and his wife, Wendy, decided the time was right to become foster parents. "We have been blessed with five healthy children and wanted to give back," he says. Over the next eight years, the couple fostered six children full time and an additional seven children for short periods to relieve other foster parents who needed time off. "Our foster children ranged from 12 weeks of age to 5 years," he says. "At any given time, we had two foster children living with us between 10 months to 2 years.

"There's a lot of joy in fostering," he continues. But, it's easy to get attached to the children and difficult to "let go," particularly after a couple of years, he notes. Fostering can also be a mixed bag emotionally, with a lot of uncertainty involved, he adds. "Children may show up on your doorstep at 2 a.m. with only the clothes on their back."

Indeed, it was difficult to anticipate the challenges facing the children, or the impact that foster parents and siblings could have on them. "We received a 12-week-old baby who had been terribly abused and were told he might not make it," Morgan recalls. "He came to us with a feeding tube, but after a year, he was walking around the furniture! [In another instance], we had a couple of girls (sisters) live with us for two years. It was rough at the start. I remember the first Sunday we had them – Palm Sunday – we were getting ready for church and one had a complete meltdown for an hour." But, after two years of living in a structured environment, they were very calm, he points out.

Although Morgan and his family have not had an opportunity to see any of the children after they moved on, they have received some positive updates. "A 5-year-old boy we had eventually returned to live with his dad," he says. "And, we heard the two girls who lived with us for a couple of years were adopted by the foster parents who had their sister."

Fostering "definitely has been rewarding, and the experience has taught our children that not everyone has the same opportunities [in life]," he says. "I've become much more understanding through the years that some people are dealing with some real challenges – or, [in the case of work], their patients are." It's all a matter of perspective, he adds. rep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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

Automated driving

Moving forward, companies and start-ups working on autonomous driving have the opportunity to use a free specification of the high-definition lane model, making it possible to display highly accurate lane data needed for autonomous driving technologies. The specification is part of a common industry standard, which previously was only available to members of the association. The NDS Association – an industrial consortium of automobile manufacturers such as BMW, Daimler, Hyundai Motor, Volkswagen and Volvo Car – provides the specification as the

downloaded package NDS Open Lane Model, available by visiting www.openlanemodel.org. The Open Lane Model reportedly will improve localization and path planning on routes. In addition, it will store lane topology and high-precision geometries of up to 1-cm resolutions, making it more precise than conventional models. Besides being able to assign standard attributes, such as speed limits, to lanes with high accuracy, the model will show boundaries, such as walls or tubes and colored lane markings, as well as complex intersections. With the support of camera- and LiDAR-based systems, the software will help localize the user's own car and plan the path on streets. The full NDS lane model, which is part of the NDS standard, offers advanced features, such as lane-level traffic, lane-level parking and more optimizations that enable compact and efficient maps for autonomous driving.

Partnership to end traffic fatalities

The U.S. Department of Transportation's National Highway Traffic Safety Administration, the Federal Highway Administration and the Federal Motor Carrier Safety Administration are joining forces with the National Safety Council (NSC) to launch the Road to Zero Coalition, with the goal of ending fatalities on the nation's roads within the next 30 years. The Department of Transportation has committed $1 million a year for the next three years to provide grants to organizations working on lifesaving programs. 2015 marked the largest increase in traffic deaths since 1966, and preliminary estimates for the first half of 2016 show an increase of about 10.4 percent compared to the number of fatalities in the first half of 2015. The Road to Zero Coalition initially will focus on promoting proven lifesaving strategies, such as improving seat belt use, installing rumble strips, truck safety, behavior change campaigns and data-driven enforcement. Additionally, the coalition will lead the development of a new scenario-based vision on how to achieve zero traffic deaths, based on evidence-based strategies and a systematic approach to eliminating risks. With the introduction of automated vehicles and advanced technologies, the Department believes it is very likely that the vision of zero road deaths and serious injuries can be achieved in the next 30 years. The Road to Zero Coalition will work to accelerate the achievement of that vision through concurrent efforts that focus on overall system design, addressing infrastructure design, vehicle technology, enforcement and behavior safety. An important principle of the effort will be to find ways to ensure that inevitable human mistakes do not result in fatalities. For more information visit Public.Affairs@dot.gov.

Insurance premiums could drop

According to the Global Insurance Market Opportunities (GIMO) annual report, Riding the Innovation Wave, which examines the key areas of potential growth and disruption for insurers, if autonomous vehicle technology is adopted at even a moderate pace, U.S. motor pure premiums could decrease by 20 percent by the year 2035, compared to their 2015 levels, and potentially by more than 40 percent by the time that autonomous vehicles reach full adoption in 2050. With the first commercially available technology expected to take off in 2018, the forecast assumes an 81 percent reduction in claims frequency, an increase in claims severity due to sensor costs, and an increased cost of handling product liability claims. The Global Insurance Market Opportunities report suggests that insurers should perform a careful examination of their own value chain, with the aim of evaluating core strengths and identifying weaknesses. Firms should also think carefully about how data and analytics can be applied to serving clients and reorganizing core operations.

New vehicle sales appeared to have declined in 2016, according to Kelley Blue Book. Based on the October 2016 sales forecast, new light-vehicle sales were down 6 percent from October 2015 and down 5 percent from September 2016.

Decline in new-vehicle sales

New vehicle sales appeared to have declined in 2016, according to Kelley Blue Book. Based on the October 2016 sales forecast, new light-vehicle sales were down 6 percent from October 2015 and down 5 percent from September 2016. The seasonally adjusted annual rate (SAAR) for October 2016 was estimated to be 17.9 million, a slight increase over the previous month, but a decrease of 18 million from October 2015. Retail sales were expected to account for 82.5 percent of volume in October 2016, down from 83.3 percent in October 2015. Subaru of America was expected to fare well, with the fastest-selling inventory, lowest days' supply and the least incentives of any major brand. In comparison, Volkswagen continued to lose market share in the United States, and Kelley Blue Book expected the manufacturer's volume declines to approach 10 percent in October 2016. While the mid-size care segment sales were expected to continue to drop, SUV sales surpassed car sales for the first time in the United States, a trend expected to continue with moderate gas prices. As a whole, the market share for cars in October 2016 was nearly 37 percent, compared to 40 percent in October 2015.

Carwash

New autonomous safety technologies are said to bring peace-of-mind to the driving experience. At the same time, they have been reported to cause unexpected hassles and delays for carwash-bound vehicle owners, whose cars become virtually immobilized at the facility's entrance, according to a report by car-shopping site www.BestRide.com. The report identified dozens of domestics and imports that require owners to manually deactivate computerized safety systems before proceeding through the carwash system. From entry level models and ultra-luxury sedans to compacts and SUVs, the number of affected new vehicles is said to be extensive, including Acura, BMW, Chrysler, Dodge, Fiat, Jeep, Lexus, Mercedes-Benz, RAM, Range Rover, Subaru, Tesla, Toyota and Volvo. BestRide.com released a comprehensive list of the adjustments car owners need to make before entering the carwash. 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

Travel Apps

Whether you are headed home for the holidays or making a bucket list of all-time vacation destinations, these apps will help you make the most of your travel plans.

Booking.com

When it comes to locating hotels or rental properties, this app is said to be easy to navigate and enables the user to sort results by what is important to him or her.

There are 800,000 properties to look through and millions of hotel and room photos, as well as reviews from over 50 million guests. Booking.com also offers a no-cancellation, pay later option on some hotel rooms. The app can be downloaded from Google Play, iTunes, Windows Phone Store and BlackBerry App World.

Skyscanner

The Skyscanner app allows one to search, compare and book flights without having to trawl through endless airline sites or apps. It is available in over 30 languages and offers millions of flights and flight paths to search through for free. Users can filter by journey duration, number of stops, airline, travel class, departure and arrival times. In addition, Skyscanner provides a color-coded chart and calendar, highlighting cheaper days and months to travel. Logging in to an account will sync recent searches across one's smartphone, tablet and desktop, as well as give price alerts when flights drop in price. Skyscanner can be downloaded from Google Play, iTunes and Windows Phone Store.

TripAdvisor Hotels Flights

TripAdvisor Hotels Flights offers over 225 million reviews and opinions and will help one find the lowest airfare, best hotel deals, entertainment/sightseeing and restaurants. Restaurants can be filtered by price, food type and rating. The TripAdvisor Hotels Flights app can be downloaded from Google Play and iTunes.

Expedia Hotels & Flights

Similar to the TripAdvisor Hotels Flights app, the Expedia Hotels & Flights app helps users find hotel and flight deals, reportedly saving them up to 40 percent on the hotel when they use their mobile phone. Users can see hotel reviews or filter by price and deals. Flights can be sorted by price, duration or time, and enable users to search by airport name, city or code. In addition, the Expedia Hotels & Flights app offers an itinerary feature, which shows upcoming booked trips. The app may be downloaded from Google Play and iTunes.

Airbnb

The Airbnb app allows users to book a one-of-a-kind accommodation in more than 34,000 cities, with over 450,000 listings to choose from. Users may access their itinerary from the app, as well as message their host to get directions. The app can be downloaded from Google Play, iTunes and Windows Phone Store.

Hotels.com

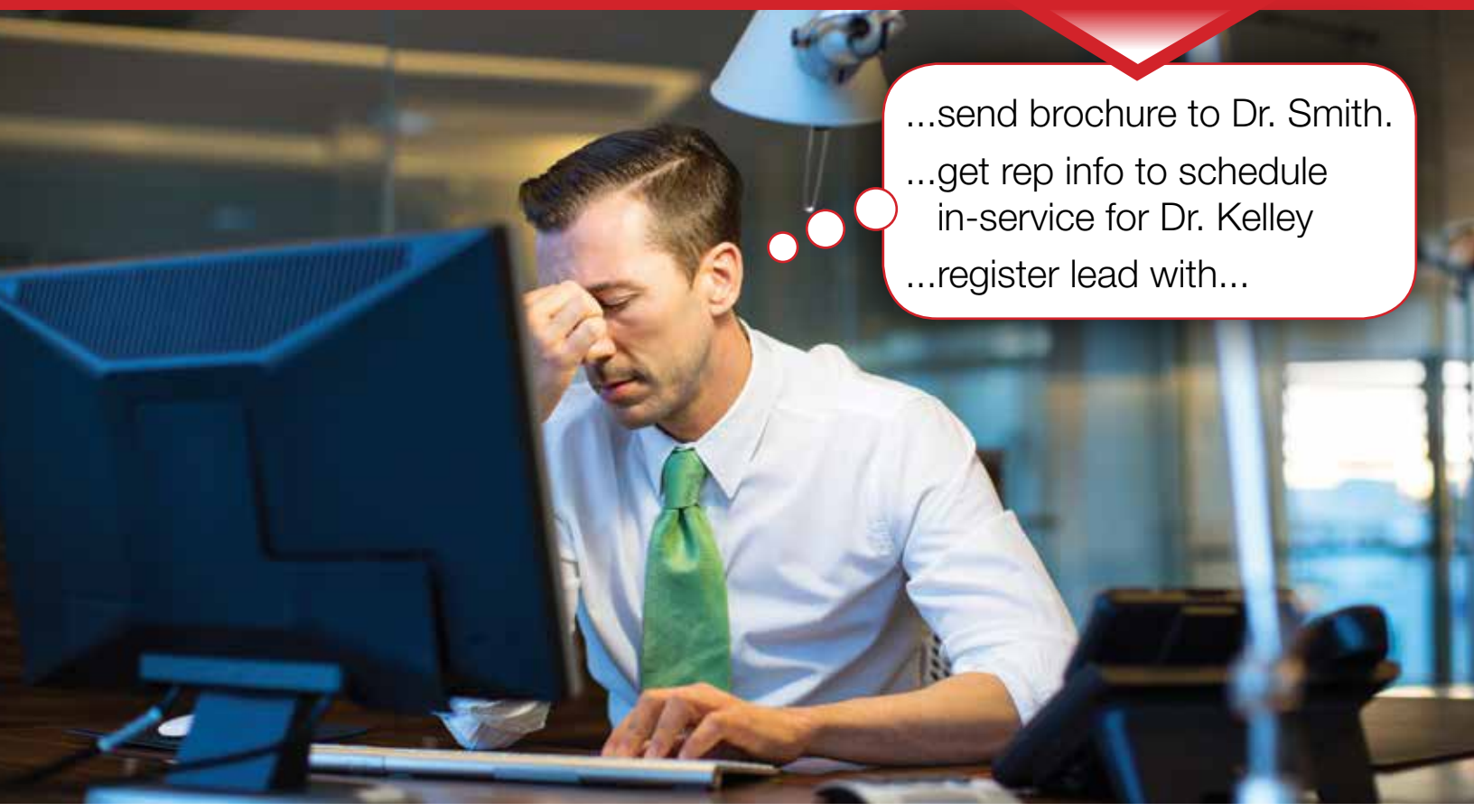
Similar to Bookings.com, Hotels.com helps users locate a hotel only – not the flight. The app reportedly shares information on hundreds of thousands of hotels across 200 countries. Users can filter their results by price, deals or reviews. By signing into their Hotels.com account, they are able to book and access their past, current and future reservations, even when they aren't online. The Hotels.com app can be downloaded from Google Play, iTunes and Windows Phones Store.

Kayak

Looking for the whole package? The Kayak app compares hundreds of travel sites, helping users find the best possible deals. It offers hotel, flight and car rental comparisons, allowing users to search for – and book – the best deals. The flight tracker and itinerary management feature permits one to manage his or her itinerary. In addition, Kayak permits users to look up baggage fees, airline numbers and airport information, and it has a price alert feature showing when flight prices drop. Kayak is available to download from Google Play, iTunes, Windows Phone Store and BlackBerry App World. rep

For more information visit www.pocket-lint.com/news/126433-7-best-apps-for-planning-your-vacation-or-holiday.

What does your “after hours” look like?



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Stayin' Alive

There are simple measures we can take to stay healthy and help friends and family do the same

By David Thill

"Understanding health risks is key to making your own health care decisions," said William Elwood, PhD., psychologist and behavioral scientist at the National Institutes of Health (NIH), in a feature article for the organization's October newsletter. "It gives you perspective on potential harms and benefits, so you can make smart choices based on facts and not fears."

The article defines a health risk as the chance or likelihood that something will harm or otherwise affect a person's health. It's just a possibility – not a guarantee that something bad will happen. That likelihood is affected by a person's risk factors. Some of these factors – such as genes and ethnicity – are not in our control, but others, such as diet, physical activity, and behavioral characteristics, are.

"In many ways, our perception of risk is irrational," said Elwood. "We sometimes worry over something that's extremely unlikely, like Ebola in the U.S. And we ignore steps we can take to prevent what's much more likely to harm us, like heart disease or colon cancer."

"When you see health statistics, consider the types of people being described," advises the NIH. For example, a statement may be issued along the lines of, "More than half of Americans over age 45 will develop heart disease at some point." This is a statistical average for the entire American population, but every individual's health risks are different. For example, smoking, high blood pressure, or diabetes will increase a person's risk. But exercise and a healthy diet can lower that risk.

To truly understand their health risks, the NIH recommends patients talk to their doctors and ask how they can reduce their risks. While it can be difficult to learn this information – particularly if it is not good news – open conversations with doctors can help patients and families make more informed decisions.

"We sometimes worry over something that's extremely unlikely, like Ebola in the U.S. And we ignore steps we can take to prevent what's much more likely to harm us, like heart disease or colon cancer."

– William Elwood

(For the full article – as well as other useful information from the NIH – visit https://newsinhealth.nih.gov/issue/oct2016/feature1.)

The lifesaving potential of CPR

"My goal is to spread the word to increase the level of CPR training in the population and get every institution to have a defibrillator on hand and people trained to use it," says Jeffrey Feig, a 50-year-old financial executive, in an interview with *New York Times* Personal Health columnist Jane E. Brody.

In August 2016, Feig suffered a sudden cardiac arrest at the downstate New York bungalow colony where he and his family spend their summers. Fellow vacationers had been trained in CPR (short for cardiopulmonary resuscitation) and the use of an automated external defibrillator (A.E.D.) at the colony, and therefore were able to return his heart to a normal rhythm while they waited for an ambulance. Feig survived – unlike 90 percent of people similarly afflicted – observes Brody.

She also notes that New York City police officers are not required to know CPR. But the average wait time for an ambulance in New York City is seven minutes, meaning that if bystanders and police are trained in CPR, lives can be saved.

If CPR is immediately applied when an electrical malfunction causes a person's heart to stop, "chances of survival, although small, are doubled or tripled," Brody writes. She references a study conducted in Denmark, published in 2015, which linked bystander CPR to a 30 percent decreased risk of nursing home admission and brain damage for out-of-hospital cardiac arrest survivors.

The American Heart Association offers instructions for hands-only CPR on its website:

"If you see a teen or adult suddenly collapse, call 911 and push hard and fast in the center of the chest to the beat of any tune that is 100 to 120 beats per minute, such as the classic disco song 'Stayin' Alive.'" A video demonstration is available.

Use of an A.E.D. to restore a person's normal heart rhythm also improves their chances of survival. "Every minute that passes without this correction reduces the person's survival chances by 10 percent," says Brody. These devices typically come with built-in written instructions and voice prompts.

Most cardiac arrests occur at home, meaning that the people on whom we perform this lifesaving measure are likely people we know. And while fear of making a mistake can cause apprehension, "[t]he alternative is standing by helplessly and watching someone die while you await the arrival of emergency medical personnel." rep

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Laura Gantert. Dir. Circulation & Admin. 10/1/2016

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Psychological safety

By Randy Chittum, Ph.D.

We talk a lot about trust in our teams and groups. We might soon be talking about psychological safety instead.

Psychological safety has a fairly practical definition. Amy Edmondson describes it as "the shared belief that the team is safe for interpersonal risk-taking." Having watched and studied teams for more than 20 years, I suspect we have much less of this than we imagine. Peter Senge has said that the collective intelligence of a group is less than the average intelligence of that same group. I find this, sadly, too often to be the case. And the primary reason for it is this particular source of interference called psychological safety.

Psychological safety is not only the absence of something, but the presence of something as well. When safety is present, mistakes are not only tolerated but presented for learning. There is a "lightness" to how people interact.

SCARF model

David Rock, a mindfulness and brain researcher, has developed a model that is a summary of the five most common things that our modern-day brains may experience as threats. They are detailed in his SCARF model:

- **S Status**
- **C Certainty**
- **A Autonomy**
- **R Relatedness**
- **F Fairness**

Our brains are hardwired to notice these. When we experience, for example diminishing status or uncertainty, a loss of autonomy, not being included, or unfairness, our brain experiences this as the type of threat from which it needs to protect us. In simple terms, this means that the thinking part of our brain starts to shut down. As that happens, we lose perspective, judgment, and eventually performance suffers.

How many times have you heard a leader say "everyone should feel free to share his or her real thoughts"? How many times did it make a difference in what you shared, or didn't share? Real safety in a team is best measured by how willing team members are to speak up with confidence that they will not be diminished or rejected in some way. The paradox of understanding what is happening in your team is that if you lack safety, by definition no one will tell you. Almost every team I see lacks this type of safety to some degree. It is not binary and virtually every team has room to navigate on this issue.

Psychological safety is not only the absence of something, but the presence of something as well. When safety is present, mistakes are not only tolerated but presented for learning. There is a "lightness" to how people interact. People are not diminished for being an outlier, but instead are rewarded. This is truly one of those times that action speaks louder than words.

It is important to note that none of this means we should have reduced expectations, or lowered desire to achieve. It simply means that our best path to that end is the one that values and acknowledges people for their humanity. rep

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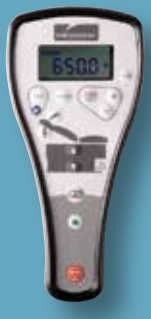

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