

## How to Translate your Medical Device Idea from Concept to Reality: Interview with Michael Sinsheimer, Founder of Medtech Catalyst

In this interview with Michael Sinsheimer, we learn how Medtech Catalyst helps physicians, engineers, and academic medical centers translate their medical device concepts into reality. Here are some of the things that we are going to cover with Michael:

- What is Medtech Catalyst and what role do they play in bringing medical devices to market?
- Why are more medical device companies seeking international approval before US approval?
- What does the future hold for medical device venture capital and angel funding?
- Large medical device companies are becoming more active with their venture arms. Will this trend continue?
- The evolution of outsourced R&D departments within large medical device companies.
- We're also going to look into Michael's background and successes that helped propel his medical device career.

**Scott Nelson:** Hello, everyone. It's Scott Nelson, and welcome to Medsider, home of the free medical device MBA, and on today's call, we have Michael Sinsheimer, who is the founder and president of MedTech Catalyst. So, welcome to the call, Mike. Appreciate your coming on this morning.

**Michael Sinsheimer:** Thanks, Scott. I appreciate the opportunity.

**Scott Nelson:** Absolutely. So, let's start with what you're doing now as the Founder and President of MedTech Catalyst. Can you give us a brief overview of what exactly MedTech Catalyst is and what you typically do in your work there?

**Michael Sinsheimer:** Sure. I guess the best description of MedTech Catalyst is its sort of a hybrid between an incubator and a venture capital firm.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** So, MedTech Catalyst identifies technology or has physician inventors come to it in which MedTech Catalyst cofounds or is a founder of a new company based on innovative medical technology. MedTech Catalyst then comes up with a business plan, raises the capital, brings on the product development people necessary to translate the idea to its commercial endpoint as well as brings on the regulatory assistance needed to pass by FDA clearance as well as anything out of the United States.

**Scott Nelson:** Okay. So, you're bridging the gap between a traditional medtech VC and maybe just a general angel investor.

**Michael Sinsheimer:** That's correct, although it's possible after we assess the viability of the technology and come up with the business case, and then we seek capital from angels and/or venture firms and/or strategic partners such as companies that would be interested in the technology.

**Scott Nelson:** Okay. In terms of your clients, is there a certain demographic? Is it mainly physicians or are there other types of inventors that you typically work with?

**Michael Sinsheimer:** Great question, Scott. The majority are physician inventors and usually, they're associated with academic medical centers and companies with positions at Yale, at Duke, at Case Western, at UCLA, at UNC-Chapel Hill. So, it does run the gamut. I do also have companies with what I'll call biomedical engineering inventors.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** But mostly it is physician-inventor-driven.

**Scott Nelson:** Okay, and I've got kind of a two-part question. Let's pretend that I'm an interventional cardiologist at Duke University Medical Center, for example. The two-part question would be, how do I know about you and MedTech Catalyst, and then two, what's the typical first step for a physician that has an idea or something that they think would be a viable product to commercialize?

**Michael Sinsheimer:** So, typically, a physician inventor, due to their employment agreement has assigned rights to the university, in your example Duke University. So, Duke University's role is to assess that technology to determine whether they want to make an investment upfront in intellectual property, and by intellectual property, I mean submitting a patent application. That can be provisional or non-provisional. Provisional is sort of a placeholder, less expensive than a non-provisional.

I can become aware of this technology, or Duke University Transfer who I have a company with might say, "Hey, this is in medtech sweet spot. Let's see if they have an interest," or I might proactively see that technology, have an interest in that space and then reach out to either the inventor or to the tech transfer office regarding initiation of a discussion around the technology and MedTech Catalyst's potential role with that technology.

**Scott Nelson:** Okay. So, I guess, first let me ask you, what's your wheelhouse in terms of where you like to really focus your skills and your effort in? Is there a certain specialty?

**Michael Sinsheimer:** Yes, I'd probably say two, and those are the two areas that are probably most profitable to hospitals, so that would justify investment and innovation in the areas, and those two areas are cardiopulmonary and orthopedics. So, I've had great success with both segments of the medical device area.

**Scott Nelson:** Okay. And so in that example that we just were kind of conversing about regarding Duke University in that hypothetical example, why would they bring someone like you and

MedTech Catalyst on board to partner with versus, correct me if I'm wrong, but it seems like the Cleveland Clinic, for example, has really received a lot of buzz lately about almost like their venture arm for lack of a better description. So, I guess to sum it up, why would they bring in MedTech Catalyst versus trying to do it themselves?

**Michael Sinsheimer:** That's a really interesting question, and it does depend upon the situation with each university. Prior to the last couple of years, universities did not have what I'll call a greenhouse fund to seed these ideas.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** But the traditional mission and role of tech transfer offices were to take an invention disclosure from a physician and assess it as I said on the front end of this interview, and then determine whether they wanted to invest in a patent application. They do well by interfacing with their physician inventor and their outside patent counsel, and that's really what they're mission is, and then they try to find licensees.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** So, there became a gap between basically the dot com implosion, and then most recently due to the economic tsunami that we all encountered in 2008, a funding gap. So, universities were left with potentially societal changing technologies but with no means to commercialize those. At the same time, for the most part, and there are exceptions to the rule, medtech companies want significant proof of concept before the licensed technology, so in essence, they were not the market for technologies emerging from academic medical centers because those technologies were too immature or in their infancy.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** So, what we've done is we saw all those trends happening. We created, really, I hate to say it, a new approach to assist tech transfer and physician inventors in moving their technology down the commercialization pathway. The Cleveland Clinic is a good example. There are some other institutions that have some money and it's for a very, very early-stage type of seeding of technology to enable a basic proof of concept, sort of a quick feasibility test. However, those funds are not... They're not really significant. They're probably \$50,000 to \$100,000 to pursue some initial work. So, it's to get to the point where maybe a VC or angel investors will come in.

What I do is I come in at the front end usually when a patent's not issued. So, the riskiest stage of the technology, and I basically have an informal advisory group of physicians and business guys that vet the technology. If that looks good, I put together the business case. I raise the capital. I in-license that specific technology into Anucorx and then bring on the team to translate that technology to hopefully its commercial endpoint.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** Usually, Scott, that means far enough down the commercial pathway that we've taken out significant execution risks for strategic partners, and strategic partners in medtech are very good at marketing and sales of technologies, and also potentially driving economies that bring down the manufacturing cost to make the economics work out.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** They are less good at or less willing to take the front-end risk where there's a technical risk and clinical risk. They are much more willing to put into their pipeline something that is really just a market risk at that point because they totally understand the market risk and they also have significant feet on the ground in terms of sales personnel.

**Scott Nelson:** Got you. And a strategic partner would be... Can you give me an example?

**Michael Sinsheimer:** It's any of the big med device companies whether it's Medtronic, Boston Scientific, J&J's various groups, BioMed, Stryker, etc.

**Scott Nelson:** Got you. Okay. Okay. And so, in essence, MedTech Catalyst, your whole goal is to create almost a minimum viable product by stripping away the initial risk from a clinical and technical perspective to get this product attractive enough to bring on other strategic partners.

**Michael Sinsheimer:** Yes, and we do it in such a way where what I'll call the burn rate is extremely low and the capital is dedicated to true R&D and very minimal amounts of administrative expense. We use outsource product development people so that we don't have any employees because one employee in engineering doesn't have the skill set to do it all, and sometimes you don't have the need to use that skill set and you'd be squandering some funds. So, we dedicate really all the capital to translating the technology to the way you just described the output.

**Scott Nelson:** Okay. Okay, so almost employing sort of a very lean approach to that process, then.

**Michael Sinsheimer:** Yeah. In this environment, that's what "my funders" find very attractive about our models. That we are finding innovation, we have the skillset to translate it, and that the burn rate is very low in comparison to other approaches.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** This is an exaggeration. I was horrified by the capital raised in some of these early-stage companies to build infrastructure that was unnecessary to devise success, and we're talking millions and millions of dollars that I believe didn't need to be expended at the time that they were. With that said, you have to balance being undercapitalized as well. You have to make sure you have enough funds to translate something to its endpoint.

**Scott Nelson:** Okay. Okay. Are some of your funding sources, would they be traditional medtech medical device VCs then? I mean, or is it just mainly kind of a group of angel investors? What does that look like?

**Michael Sinsheimer:** It really depends on the circumstance around the portfolio company that I'm raising capital for. How much capital is needed? How long is it going to be projected to exit? Whose sweet spot is it in? With that said, I will tell you, and I'm sure you're reading this in the press, a life science venture capital is extremely difficult to attain. It's decreasing by the day, especially early-stage life science venture capital. We have some unpredictability around regulatory matters, specifically FDA approvals, and when you have unpredictability you don't know how long things will take. It would probably take longer; it costs more money. It harms their perception of what the return will be, and they've been gravitating either away from life sciences specifically or just harvesting their existing portfolio or just moving later stage in general, not so early.

**Scott Nelson:** Sure. This is going to be probably an impossible question to answer, but there is a lot of news about that and it seems like that's the primary issues like you just mentioned, the unpredictability of the FDA and the regulatory process, and more so, this device does look promising but how long is it going to take for us to actually reach an approval where we can actually bring this to market or sell the technology, etc. What do you see as the next steps, looking at the next three to five, and maybe even seven years down the road? Do you think that it will continue to get worse, where kind of VC interest is sort of bottoming out right now, we're going to see an increase? What does that look like?

**Michael Sinsheimer:** My own opinion is this stuff is cyclical and that it will improve, and in general, my VC brethren sometimes focus on keeping up with the Joneses or basically following the same pathway as each other, and we'll have some that break out and go back in because life sciences are attractive as a segment. You do need diversification as a VC. So, I think it'll come back. This stuff is cyclical.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** I think the regulatory pathway will become more defined soon. It's starting to move in that direction. There's lots of pressure on the FDA. They're trying to get more aggressive in supporting innovation.

**Scott Nelson:** Sure.

**Michael Sinsheimer:** And venture capital firms as well as device companies are putting significant pressure on the regulatory body. I think there's a slight glimmer, and I believe it'll come up. The time horizon is another issue. I don't have that crystal ball.

**Scott Nelson:** Sure. Sure. Yeah. I think you're definitely right in that. We're seeing an increased pressure on the FDA especially post that IOM report that was released on, what was that a couple of months ago or something like that sort of lambasted the 510(k) process.

**Michael Sinsheimer:** Let me also say there are strategies to take care of this a little bit. I have a portfolio company and we are going to do significant clinical trials in the EU to get our CE mark, which will showcase for strategics how well this product works.

**Scott Nelson:** Okay. Oka. Do you see, in your experience, speaking of going international first—I think I read something the other day where it seems like an extraordinarily high percentage of companies are trying to commercialize or get approval first internationally before they come to the US. Do you see that trend continuing until the FDA becomes a little bit easier to deal with?

**Michael Sinsheimer:** Totally.

**Scott Nelson:** Yeah. Yeah.

**Michael Sinsheimer:** That's our approach. That's everything I'm reading about as well, Scott.

**Scott Nelson:** Yeah.

**Michael Sinsheimer:** There's still an issue with the FDA, which is that typically medtech revenue in the US accounts for 40 to 60% of technology revenue. So, you still have to come back, and you still need approval.

**Scott Nelson:** Right.

**Michael Sinsheimer:** But the sequence at least for now given the unpredictability of FDA is to go overseas first and get some approval potentially depending on how far you need to take this. Get some commercial revenue over there, and then come back, or like potentially in our scenario, showcasing enough clinical success to take that execution risk away from the strategics and potentially then jump on board because they know the market risk of the device.

**Scott Nelson:** Sure, and I even read something about, I think it was GI Dynamics, I believe, that actually, they went IPO in Australia, I believe, on purpose, and it seems like there's maybe an increased interest in some companies doing that. So, it's almost like one step further, not just seeking device approval from an international standpoint but actually going IPO internationally first before you come and commercialize in the United States.

**Michael Sinsheimer:** Yeah, sometimes you have to take whatever strategy will work to yield success, whether it's raising capital or getting regulatory approval or whatever. You have to be nimble.

**Scott Nelson:** Sure.

**Michael Sinsheimer:** Especially today things are moving so rapidly, and that's what we try to do.

**Scott Nelson:** And one of the last questions I want to ask you about on this topic before we get into your background, Michael, is some of these, they may be considered startup companies but they're fairly old startups and they've reached a point where they're almost bloated now. What do you see as the prospects for some of these companies that they may have IPO'd several years ago but they're not seeing much, I guess, interest from larger partners, the Medtronics, the Boston Scientifics, the Covidiens of the world because there's simply too much bloat there. What happens to these sorts of companies?

**Michael Sinsheimer:** Well, if they don't really have terrific intellectual property and they don't really have a point of differentiation to the market, then I see them going away or being incredibly small-niche companies.

**Scott Nelson:** Yeah.

**Michael Sinsheimer:** If they have significant IP and they can build on it, they can reposition themselves in the marketplace. I mean it sounds like a management issue. You know, it's hard to answer what you're asking because it's sort of a general question.

**Scott Nelson:** Sure. Right.

**Michael Sinsheimer:** But you're sort of asking a survival of the fittest question in some ways.

**Scott Nelson:** A little bit. I mean, I guess without giving too many examples, but I'm just thinking, my wheelhouse tends to be the vascular arena, cardiovascular arena, and you look at a company like CSI or Cardiovascular Solutions for example. You almost would have expected them to be purchased several years ago if not over the past year, but it just doesn't seem like it and who knows what's going on behind the scenes. But there just seems to be a lot of bloat there and you just wonder what happens to a company like that.

**Michael Sinsheimer:** Yeah, well, they can't withstand it forever because capital markets are so challenging. So, financing that sort of situation can't go on in an unlimited way. I would think that they should obviously look at their headcount, look at what they're trying to do. Look at whether they can position their technology differently. Look at if there are different marketing strategies as a first step potentially, having just a strategic partnership, not an exit. Meaning some sort of sales and marketing agreement with one of the larger companies and/or get a strategic investment from one of those companies and still give them some rights for distribution.

**Scott Nelson:** Sure.

**Michael Sinsheimer:** We raised a lot of money by selling distribution rights exclusively to one of my portfolio companies very early stage that really helped fund the company. Now they're also strategic investors. So, again, just being very thoughtful about future direction.

**Scott Nelson:** Sure. Sure, and it seems like the message in there is sometimes you need to be a little creative in changing direction as well.

**Michael Sinsheimer:** Yeah, exactly. Exactly.

**Scott Nelson:** I'm going to forget if I don't ask you about this now before we kind of dig into your background a little bit, but there seems to be a lot bigger medtech, med device companies that we're a lot more action with their venture arms. I mean, can you maybe talk to that point a little bit? Do you see that kind of continuing?



**Michael Sinsheimer:** I do. The pharmaceutical brethren have been doing that for quite a while, and now we're getting even more actively involved in there. I think that's not that dissimilar to the trend that we talked about earlier with some of these universities putting a greenhouse fund together or whatever you want to call it, a seed fund for their physician inventors at their academic medical centers. So, I think it's very analogous to that. I think the medtech companies basically are doing that to get an early look-see at technology, to see if a) they'd want to participate further down the road because they'll have those companies totally on their radar because of reporting requirements that they'll probably insist upon of the investments that they make.

**Scott Nelson:** Yeah.

**Michael Sinsheimer:** So, I think it's, hey, everyone is looking to figure out how they're going to grow their companies in the future, and these medtech companies that have these funds are looking at this as almost an external pipeline versus whatever internal developments that they have.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** Part of the reason I went into the business that I did, that I created this company, was for that pipeline reason, and understanding that for the most part internal R and D in these companies is very much insignificant. They have moved away from that. They enhance technologies and they market them well.

**Scott Nelson:** Yeah.

**Michael Sinsheimer:** So, they're interested in finding new, I'll call them properties, that they can have an early bite at without the full commitment of R& D, and then potentially, when those technologies get through, let's call them milestones or gates, feasibility, animal studies, clinical trials, regulatory approval, these guys, these big firms potentially have a new product to grow their companies. So, I think that's why you're seeing that trend.

**Scott Nelson:** Okay. Yeah, the evolution of an outsourced R&D department basically.

**Michael Sinsheimer:** Yeah, that's basically what it is.

**Scott Nelson:** Yeah. That's puzzling to me because these companies have so much capital, they're so rich in capital, yet they can't figure out how to create their own internal R&D department to fuel kind of internal pipeline. I'm not sure if that's just a class in culture and environments, a big...

**Michael Sinsheimer:** They did, Scott. They did have it. I think they made some sort of calculus that said the failure rates for early-stage technologies are well beyond 50% and we've got a lot of headcount here. Let's get out of this business and buy things...

**Scott Nelson:** Sure. Yeah.



**Michael Sinsheimer:** ...that the risk profile is a lot different than when you start those technologies on your own.

**Scott Nelson:** Right. Right. Right.

**Michael Sinsheimer:** So, they did that probably a decade ago, and that was part of the vacuum that I saw.

**Scott Nelson:** Okay. Okay. Yeah. So that's where your company, MedTech Catalyst, would fit in, as sort of stripping away as we talked about before, stripping away the clinical and technical risk of an idea, a device idea, and creating sort of a minimal viable product for that.

**Michael Sinsheimer:** Exactly.

**Scott Nelson:** Yeah. So, I know we don't have a lot of time left but I want to ask you a little bit about your background. The easy question is, you founded MedTech Catalyst, what, back in the early 2000s? Is that right?

**Michael Sinsheimer:** Yeah. Correct.

**Scott Nelson:** You've got eight portfolio companies, an impressive background. The easy question would be, how did you get to where you are today? I mean, that's a very general question, but you started out with Pfizer, and maybe just take us a little bit through your background. I don't want to dig into this too crazy, but I want to understand, I want to give people who are listening that like have an interest in advancing in their career or maybe making their kind of personal pivot. Maybe we can pick up on a few things based on your kind of background and the steps that you took, so.

**Michael Sinsheimer:** Well, I appreciate it. First, I really hope that you can tell, and the listeners can tell I'm extremely passionate about what I do now. It is an outgrowth from my experience. I got an MBA from NYU, and then as you said, Scott, went to Pfizer. I was in the consumer healthcare group, and at Pfizer, I started as an assistant marketing manager and within 13 months got promoted to marketing manager, bypassing the associate level.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** I ran a business called Rid, which wasn't a very sexy and not really great cocktail party conversation. It was a lice-control shampoo, and that brand before I came in, its market share had eroded. It had been the market share leader. So, I completely repositioned that brand and did a combination marketing approach. All the brands in that division were more consumer-oriented, so we kept some consumer marketing, but we altered the positioning to also include a target audience of medical professionals. So, that was really my first medical professional marketing experience. When I say medical professionals, we're talking about pediatrics, we're talking about nurses and your general family practitioner who often saw head lice first.

**Scott Nelson:** Sure.

**Michael Sinsheimer:** So, the combination of this approach totally changed the trajectory of the brand. We regained market share leadership, and I was promoted onto the second-largest business at Pfizer at that time in the consumer healthcare area, Bengay. Bengay was at that time, about a 90-year-old brand. Over about a year I started thinking that if I did a great job I picked this thing up 3 to 5%, and if I didn't do such a great job it'd go down about 3 to 5%.

**Scott Nelson:** Right.

**Michael Sinsheimer:** So, I had fun with the brand. It was an NFL locker room product. I went to the Super Bowl. But I decided I wanted a greater career challenge and was approached to be the number two guy by a dental implant company, a US subsidiary to a Swiss company that had tried to penetrate the US on a couple of occasions and failed. A great technology yet hadn't positioned that technology correctly in the US market. I was formally the US VP of marketing and strategic planning, but I ran the education and the regulatory side of that dental implant company and created a foundation over four years for success. That subsidiary's doing 100 million a year now.

**Scott Nelson:** Okay. Real quick, your move from Pfizer to that dental implant company, was it Straumann? Is that how you pronounce that?

**Michael Sinsheimer:** Yes, Straumann, Straumann USA.

**Scott Nelson:** So, you've obviously had some tremendous successes at Pfizer. You got promoted to that second-largest brand, I think, within a relatively short amount of time.

**Michael Sinsheimer:** Yes.

**Scott Nelson:** So, how did the people at Straumann hear about you? How did they recruit you over?

**Michael Sinsheimer:** It was a small-world network.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** The person who had been the consultant to Straumann in Switzerland actually approached my brother to maybe manage Straumann, and he said he wasn't the right person because he is a financial services person but that they should talk to his brother Michael.

**Scott Nelson:** Okay. Got you. Okay.

**Michael Sinsheimer:** And that's what happened. So, it's been a nice ride since then, and I think one thing that might be important for the listeners is that the Pfizer brands were all formula-based, and the dental implant company was device-oriented.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** My point here is that as long as you have a good process and utilize that process throughout, you can move from I call it pharma to device and probably device to pharma as long as you then obviously take the time to really learn that business segment. So, it's the mechanics, biomechanics, and bio-engineering is a lot different than the chemistry and biology associated with formulations. But if you have a good marketing process where you do a lot of front-end evaluation and assessment of the market you will learn a lot and then be able to leverage that information in coming up with very solid positioning, target-audience definition, good marketing tactics, etc.

**Scott Nelson:** Got you. I got you. So, as long as you hone or can develop a solid marketing process that's somewhat industry-agnostic...

**Michael Sinsheimer:** Yeah.

**Scott Nelson:** ...or I should say healthcare-agnostic.

**Michael Sinsheimer:** Yeah, that's right. Yeah, that's totally correct, and you just have to be willing to put in the time to learn the aspects of that specific product and market niche that you are now in.

**Scott Nelson:** Got you. Okay.

**Michael Sinsheimer:** So, I relied on lots of dentists and engineers to really get a good sense of the dental implant market and our technology specifically and how it fell within the competitive frame.

**Scott Nelson:** Okay. Okay. So, moving on from Straumann, you spent roughly four years there. Did you then go ahead and start MedTech Catalyst or was there a stop in between there?

**Michael Sinsheimer:** There was a stop in between there for consulting which was Integrated Marketing Concepts, which was my own firm, and I actually was on retainer for what is now Biomet 3i...

**Scott Nelson:** Okay. Yeah.

**Michael Sinsheimer:** ...but it was called Implant Innovations, and they were the third-largest business in the space at that time, founded and run at that time by Keith Beaty and Rich Lazarra.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** They were interested in learning how we created such a strong marketing impression given the amount of resources of a startup US subsidiary. So, I was on retainer there, plus I helped them evaluate new technologies, and that's when Straumann really gave me the bug to get involved in early-stage innovation, assessing technologies, and trying to translate those and bring them to market for the overall societal benefit.

**Scott Nelson:** Got you. Okay. Okay. Obviously, that passion, that interest is what's led you to start MedTech Catalyst. So, you're strictly focused on the medical device space right now, then.

**Michael Sinsheimer:** Yeah, it's a medical device. I do have a dental pharma company as I was approached by a Dean of a dental school who had experience with me at Straumann to co-found a company that we are just moving forward now. But mostly medical or dental devices is where MedTech Catalyst spends its time.

**Scott Nelson:** Okay. Okay. Very good. Very good. So, let's go ahead and conclude here, because I know we're running really short on time, but for those would-be as I like to call them, medical device doers, people that are ambitious that are listening to this and learning more about your background and your successes. What lasting one or two pieces of advice would you give them moving forward?

**Michael Sinsheimer:** At first, really sort of test whatever idea I might have out on some colleagues that were in the space. I would go to [uspto.gov](http://uspto.gov) and put whatever innovation I thought I had and search the database book of patent applications and issued patents to see if what I'm doing is truly novel. I'd ask those colleagues if I could make this, do you think this would be value-added, paradigm-shifting and see where that landed on the spectrum.

**Scott Nelson:** Okay.

**Michael Sinsheimer:** If it's not in value-added, no one's going to pay money for it. I'd also consider how much it will cost to bring this thing to market, and based on that whether people will get a return on their investment, and I'd contact people like MedTech Catalyst to help with all that.

**Scott Nelson:** There you go. A little shameless plug there. Yeah.

**Michael Sinsheimer:** Yeah, always, always shameless.

**Scott Nelson:** Yeah. That's a great point because I have to think that there are plenty of physician inventors, and not just physician inventors but even, as you mentioned before, some engineer inventors that have a great idea, and there's probably a lot of viability to their idea, it's just how do they even... I guess to sum it up, everyone has probably some good ideas but it's really about execution, and I guess that's where a company like MedTech Catalyst would come into play.

**Michael Sinsheimer:** Yeah, it is about execution. I mean, I believe that all my co-founders probably have the skill set to do what I do. They're certainly intelligent enough, but they haven't spent the time doing what I do. They don't have the experience doing what I do. Oftentimes, they also have lots of priorities, so we're talking do they have the bandwidth to do what I do, meaning...

**Scott Nelson:** Sure. Almost more important, right? Almost more important if they had a bandwidth issue.

**Michael Sinsheimer:** Yeah, Part of it they have teaching requirements. They have clinic time. They have potentially academic medical society responsibilities, then they have spouses, they have family, and getting a business off the ground and really doing it right requires a lot of, it's not just intelligence. It does require a lot of time. So, partnering with a company like MedTech Catalyst and being a complement to the new company versus being a silo and trying to do it all yourself, that's our value proposition. We bring expertise and we help save the time and we help bring in the funds necessary to hopefully launch your idea, which in many cases is viewed as launching your baby.

**Scott Nelson:** Sure. Yeah. Okay. Very good, very good. Well, let's go and end it right there, Michael. For those listening that want to learn more about you or MedTech Catalyst, where do you want to direct them to? Where can they go check out more information?

**Michael Sinsheimer:** Okay. They can go to [medtechcatalyst.com](http://medtechcatalyst.com) or they can email me at [msinsheimer, S-I-N-S-H-E-I-M-E-R@carolina.rr.com](mailto:msinsheimer@carolina.rr.com).

**Scott Nelson:** So that's [msinsheimer@carolina.rr.com](mailto:msinsheimer@carolina.rr.com).

**Michael Sinsheimer:** Yes.

**Scott Nelson:** Got you, and I'll go ahead and post a link to that in the actual blog post. So, go to [medtechcatalyst.com](http://medtechcatalyst.com) or shoot you an email with any further questions and whatnot.

**Michael Sinsheimer:** Yeah, and email may be a quick executive summary of the concept and what sort of help you're looking for from MedTech Catalyst.

**Scott Nelson:** Got you. Okay. Very good. Well, Mike, I'm going to ask you to hold on to the line here but let's go and end it there. It's been great getting to know MedTech Catalyst and yourself a little bit better, and I always think it's fascinating to find out how you got to be where you are today. So, great stuff.

**Michael Sinsheimer:** Yeah, appreciate that. Thank you for giving me the opportunity.

**Scott Nelson:** Absolutely, and like I said, I'll have you hold on to the line, but anyway, that's it for now folks. Thanks, everyone for listening. Until the next episode of Medsider take care.