Bringing Hope to Children through Medical Device Innovation: Interview with Brad Slaker, CEO of DesignWise Medical

Scott Nelson: Hello, everyone, and welcome to Medsider. This is Scott Nelson, and for those of you who are new to the program, Medsider is the home of the free medical device MBA. It's a place where I interview dynamic and interesting medical device stakeholders, and on the call today we have Brad Slaker if I pronounced that right, Brad. You can correct me if I'm wrong.

Brad Slaker: That's correct.

Scott Nelson: That's correct. Brad is the Founder and CEO of DesignWise Medical, which is a unique non-profit company that is developing medical devices for the pediatric patient demographic. So, without further ado, welcome to the call, Brad. Thanks for taking sometime today and joining us.

Brad Slaker: Oh, well, thank you for inviting me and sharing your interest in the story of DesignWise Medical.

Scott Nelson: Yeah, and for those of you who are listening, just to kind of give you an idea of what we're getting into. I'm going to let Brad basically tell the story of the premise of DesignWise, what they're doing, how they're going about their time, what the business model is, and then hopefully we'll learn a little bit about Brad's background towards the end of the interview. But I thought it best for Brad if you can maybe tell one of your patient stories, and this will help I think myself as well as the audience get a feel for really what you guys do, and then we'll kind of dig into some more detail.

Brad Slaker: Yeah, that sounds great.

Scott Nelson: Okay.

Brad Slaker: Yeah, let me give you an example of a need that we've come across that we're actively pursuing a solution for. There was this 1-year-old boy, his name is Grant, and Grant suffered from a rare lung disease, and the acronym is NEHI. The net result of this lung disease was that when Grant was sleeping, his lungs lost basically their efficiency in doing the exchange between oxygen and carbon dioxide. So, therefore, Grant was prescribed to have supplemental oxygen while he was sleeping, and this was in the home environment. He wasn't in a hospital.

He was in a home environment, and the traditional way of delivering the supplemental oxygen was through a nasal cannula that has to be, you know, the needle prongs placed within the nose, the cannula itself taped to the child's face so that over the course of an evening the cannula does not get dislodged. Well, Grant, being 1 year old, really doesn't have the cognitive abilities and maturity yet to fully understand why every night mom or dad is having to put this tube in his face and tape it down, and then in the morning rip the tape off night after night after night. It really

started to become very quickly a wrestling match between Grant and his parents every night in trying to get this nasal cannula affixed to him.

You know, from the parents' perspective, they are fully committed to making sure that their developing son is getting the oxygen he needs. I mean, it's just incredibly important and vital to their son, so they were intent on getting him the oxygen he needs. But Grant would just put up a fight, so every night became a wrestling match, and pretty soon his parents kind of threw up their arms and said, there's got to be a better way. So, they went to their pediatrician and told him the story, and all the pediatrician could do, the only thing that was available, was to place Grant in what they call arm boards, and really what that does is it doesn't allow him to bend at the elbows so he can't reach his face and pull the cannula off.

Well, they tried that, and as anyone who's been around kids can understand, that only made the situation dramatically worse. So, every night continued to be a wrestling match, and eventually what these parents did was they strapped the oxygen to him through a teddy bear, had Grant fall asleep hugging the teddy bear, knowing that some of his oxygen is going to be delivered to his face. They would take turns every night staying up with Grant and adjusting the teddy bear as their son would rollover.

So, needless to say, that situation did not create a very healthy environment in the family. The parents were exhausted, Grant was not necessarily getting the oxygen he needs, and it just is an end situation that really is in need of a new solution. So, fortunately, I'd met Grant at a conference out on Washington, DC, and that's where I first heard her story and frustration about the lack of innovative devices for children. We clicked as soon as we met and I felt the intensity of her passion for this issue, and within about two weeks, we started initiating a development project to see if we can provide some meaningful alternative to the nasal cannula for children like Grant. So, that's kind of an at-home story of one of the needs that exist out there pediatric landscape.

Scott Nelson: Right, right. That's a great story, and I personally can somewhat identify with that story just because my wife and I have, our oldest daughter actually suffers from some asthmatic sort of issues younger. So, on a small scale, I can somewhat identify with that. But that's a great story, and hopefully gives the audience a little bit of an idea of what some of the needs that you're trying to solve within the pediatric community. But let's start to dig in here to this a little bit, and can you briefly describe, like maybe give us a really brief overview of DesignWise, and then tell us a little bit about how this organization started?

Brad Slaker: You bet. You bet, yeah. Like I said before, DesignWise Medical is a non-profit organization and we are strictly focused on developing solutions to the unmet medical product needs that children have. So, we're strictly focused on children. But we do that mostly through a volunteer resource pool that's comprised of students from academic institutions as well as professional volunteers and retiree volunteers. So, we identify in collaboration with clinicians and parents, and other stakeholders in children's healthcare what some needs in some unmet areas are in pediatric healthcare. Then we take those needs and match them up with our volunteer resource pool that initiates development projects to hopefully identify solutions to these needs. So, to date we've…I'm sorry, go ahead.

Scott Nelson: No, go ahead. I'll let you finish. I'll let you finish.

Brad Slaker: Okay.

Scott Nelson: That was one of the questions I wanted to ask you at another point. I think you're going to address how many projects you have currently in the works, but go ahead. I want you to finish that.

Brad Slaker: Yeah, yeah. To date, well, to that point as well, to date we've been actively working on six pediatric-specific projects and they have involved over 200 volunteers to date, about two-thirds of which are students,. With our approach to developing these solutions, we really look at the process that we're going through in developing these solutions as a perfect training ground for future professionals. So, engaging students, whether it be through a student-based project within like a senior design class or an MBA class project, or as interns or coops. Somehow engaging students in these projects, in the activities of DesignWise, provides a tremendous learning environment for those future professionals as well as we, DesignWise Medical, really get to tap into their excitement, enthusiasm, motivation, and great intellect. The one thing they're lacking is experience, but we can provide that, but we're also getting the best of just tremendous individuals working with us on these programs.

Scott Nelson: Okay, okay.

Brad Slaker: So, like I said, to date we've had over 200 volunteers, about two-thirds of which have been college-level students, and we're excited to keep growing our volunteer resource base.

Scott Nelson: Okay, yeah. So, in essence, I'm just going to repeat some of the things you just mentioned. You're a non-profit medical device manufacturer in essence, and you're almost strictly focused on the pediatric space, trying to identify certain needs that exist, and then developing devices and certain technologies to hopefully solve some of those problems, and you're using volunteer resources, stakeholders, college students, etc. to help develop some of these technologies. Is that a safe summary?

Brad Slaker: Exactly. Yup. Yup.

Scott Nelson: Okay. So, let's go back a little bit. You mentioned that you're strictly focused on the pediatric space. Why that patient demographic?

Brad Slaker: Well, personally, I've spent well over 20 years in the medical device industry as a development engineer and I've held various roles in product development for medical devices, and one thing that about six years ago that I was kind of asking myself is, are we, the medical device industry, doing everything we can for all populations that are out there? At first, it was kind of just a passing thought, a passing question in my head, but I found it was continuing to gnaw at me until I could find the answer to that. So, as part of pursuing my MBA studies at the University of St. Thomas, I went in with my eyes open to try to answer that question for myself.

I initially looked at the developing nations and the medical device, medical equipment, and product needs that they have, which are also tremendous, but what surprised me was, as I was looking at those different populations, I kept running across different pointers as to the pediatric marketplace right here in the United States, in Western civilization, as being an area that has not received the attention from the medical device community as it needs to and that they deserve. So, as I kept getting attuned to that issue, it just started to resonate with me as an individual and as a medical device professional. So, at that point, I made the promise to myself to let's see if we can do something to help that situation. I have a little bit of experience, and let's see how I could potentially apply it to these needs that are not being addressed and make a positive impact.

Scott Nelson: Sure. Okay. So, that's kind of in essence how the idea was born. So, in regards to the lack of development for medical devices, I think we would both agree that as adults, we generally take that for granted, the intense development of medical devices for the adult population, but why is that same intense focus not made of for the pediatric patients? Why is that not there? Can you explain some of those reasons?

Brad Slaker: You bet. That's a fundamental question as to why these needs still are unaddressed largely in the pediatric place. Unfortunately, all the arguments can distill down to money. In a nutshell, what happens is a pediatric patient is someone who could be 12 weeks premature up to in some definitions a 21-year-old. So, there's quite a disparity in the physical makeup and composition in that broad range of a spectrum as well as the pediatric population versus the adult population, it's so much smaller, anyway. So, when you factor all that in, the market for anyone of these pediatric-focused products really falls into the definition of a niche product. In some cases, the potential volumes for these products or for children are so small that there's really very little, if not any way of a for-profit entity recouping their return on investment to develop that product.

Scott Nelson: Okay.

Brad Slaker: So, with the market sizes being so small, and oftentimes the lack of a return on investment for these companies to go in and solve these issues, they are choosing to go after other markets, generally in the adult marketplace.

Scott Nelson: Okay.

Brad Slaker: So, it really distills down to that issue, the lack of return on investment on any one of these particular pediatric needs that exist.

Scott Nelson: Okay. Unfortunately, just like most things in our economy, it comes down to money, and that's somewhat understandable as the vast majority of medical device companies have to report to the street on a quarterly basis.

Brad Slaker: Oh, absolutely.

Scott Nelson: Do you think, well, let me first ask, do most medical device companies, you know, the Boston Scientifics, the Medtronics, the J&J's of the world, do they recognize this lack of development for the pediatric market, and unfortunately they can't really do anything in-house, and so they maybe are more apt to help support an organization like DesignWise?

Brad Slaker: The organizations that I talked with regarding the pediatric marketplace, they all understand the needs that exist there, and they really understand the difficulty in their organizations participating in a meaningful way in that marketplace. You know, it really comes down to a business model and business approach that doesn't allow them to really commit meaningful resources to it.

Scott Nelson: Okay.

Brad Slaker: But when speaking these individuals, one of the things that kind of makes the situation maybe not as urgent in some people's minds is the fact that a lot of adult products are used for children. So, the children are being served kind of tangentially in a lot cases by-products being developed for adults. But what happens, if you get someone who would take the time to drill into that, what happens is oftentimes, clinicians, pediatricians, and caregivers of children are having to themselves modify or adjust or make adjustments to an adult device to make it appropriate for children.

Scott Nelson: Okay.

Brad Slaker: So, that's a burden that is placed on the pediatric caregivers that shouldn't have to be a burden for them. There are oftentimes when treatment, whether it be surgical or non-surgical interventional treatment for [18:18 inaudible] have to wait until that child has reached the physical maturity level that would allow the tools and instruments that currently exist, generally from the adult world to be effective on them.

Scott Nelson: Okay.

Brad Slaker: Rather than having specific tools for the specific child at the specific stage that they're at. Those don't exist. So, what has happened is the caregivers of children whom I deem as miracle workers because they do magic with what they have available to them. They really kind of compensate for the non-ideal targeting that the adult products are doing for children, and their voice generally is not heard by the large public, or if it is, that's when the companies, unfortunately, have to say, "Well, we can't do it because it doesn't fit into our financial model or financial structure. Sorry," and push them onto someone else. So, it's all these factors that have contributed to this area of being right for some interview groups and companies to really give some focus on meeting their needs.

Scott Nelson: Right, right. So, big picture, the main reason is money, but there's a multitude of facets that kind of factor into that as to why you can't simply adapt adult medical devices to the pediatric patients and the associated problems that kind of go along with that.

Brad Slaker: Yes. Absolutely. As an example, the story that I told earlier about Grant. From a device company, from people in the medical device industry, they see that "Oh, we have a delivery system, it's called a nasal cannula, it works on children, it's been proven to work on children, so therefore that need has been addressed. We don't need to give it anymore attention or it doesn't deserve any more attention." But when you drill down to the different layers, you know, when you start getting to the home environment and the actual use of these devices, that's when the issues really start cropping up and they're, in most cases very much different than any issues that adults would face.

Scott Nelson: Okay, okay. That makes sense. Let's dig into that story about Grant a little bit because I wanted to ask you a couple of follow-up questions that we briefly touched on earlier, the kind of topic of where these ideas come from, even in looking at your current projects, where these ideas are being generated. Then also your team of volunteers, whether it be college students or even folks in the medical device world participating in your organization, I want to get your take on how you've been able to basically lead that team. So, let's first dig into that kind of idea or the topic of where these ideas come from. You mentioned you met Grant's mom at a conference. That's one example. So, they're coming from parents. Let's start there.

Brad Slaker: Yup.

Scott Nelson: Yeah, I presume there are other ways that you're kind of crowdsourcing some of these ideas, but with parents, are there other avenues? I mean, it seems to be almost like a happenstance. I happen to meet Grant's mom at this conference. Are there other ways that you're generating ideas from parents?

Brad Slaker: Yeah, actually, meeting Grant's mom at the time when I did was very fortunate happenstance because that was just when I was officially launching the company and we needed the first project to work on. So, it was very fortuitous timing on both ends. And as part of our first couple of years of existence, it was important that we had a handful of projects that we could really sink our teeth into to help demonstrate that a non-profit medical device company has some legs, that the whole business concept has some legs, and we can make some positive inroads.

So, the first handful of projects, one of which was with Grant's project, the next three projects were identified through The Children's Hospital of Minnesota. We developed a partnership with them, and they directed us to three clinicians within their hospital that are always looking for new technologies, improved technologies, and had some very specific and tangible needs that they would like to work with an entity like DesignWise. So, we got paired up with them, and so those three clinician-initiated ideas became our next there projects we've been working on.

Scott Nelson: Okay.

Brad Slaker: Since then, we're starting to look more proactive and really starting to put together a process to go into a clinical area, whether it be in a hospital or a parents' group, a parents' support group for children's health issues and really working in tandem with them to extract all the needs or areas where things could be improved, need to be improved, for their children's

health outcome. So, we've been developing this research approach, and we piloted it last spring at Gillette Children's Hospital. So, we actually brought a team of 16 industrial design developers from the University of Wisconsin Stout out to Gillette Children's Hospital, and in teams of three, they shadowed and observed the staff for an entire shift. From that came a pretty extensive laundry list of areas for improvements and needs that either are being inadequately addressed or not addressed at all.

So, as we continue to roll that process out, what we're doing is we're filling up the top of our funnel for all the needs that exist in the pediatric landscape, and then with that now we have a project advisory board that is tasked with looking at all of these opportunities for us to initiate projects on and helping to prioritize which ones we're going to be acting on first, and then committing development resources to those projects. So, we're really starting to fill up that hopper of these unmet needs.

Scott Nelson: Okay. So, is the bigger issue not necessarily generating the ideas, it's more trying to identify the right needs to tackle and obviously the funding and resources that go along with developing that need into an actual solution?

Brad Slaker: Yeah, I mean, it's a balance of many factors, and you have the technical factors. We're a small non-profit at this point, so we're not going to undertake at this point developing any sort of implantable device. That would just crush us in the weight of a product like that. But things that aren't that technically complex, don't have that complex regulatory cycle. So, we analyze a need from both a technical, a regulatory, we understand what the marketplace is so that we know which groups of children could benefit by it and make sure that we're planning to get it in front of as many children as could benefit by it as possible.

But then, we're also looking at the time it takes to get to the market, potential for funding sources to help us support that project, and so as part of that, we're looking at very shortly starting a diabetes project initiative. There's a lot of activity in childhood diabetes and childhood obesity and stuff like that, and we know there are opportunities for medical products to assist in that effort, and, realistically, there's also various research funding and funding sources that can accompany that. So, we're looking at initiating a project in that direction. So, looking at all these factors from technical to market to regulatory to how quickly we can get it to market, what's our distribution angle, and all that, all those things go into helping us weigh and prioritize these needs…

Scott Nelson: Okay.

Brad Slaker: …to give us a list to action on.

Scott Nelson: Okay. That's a nice segue into kind of the next area that I mentioned earlier that I'd like to ask you about, is this team that you're leading. Whether it be a group of engineers in a college that want to get their feet wet and get their hands dirty in a project like this, or it could be these established medical device stakeholders like yourself that just want to lend a hand, lend a helping hand in your organization. One is how do you go about these people? Is it just simply

through your networks, since you've been in the device space? So, how do you go about recruiting this team, and then can you give me maybe an example of the challenges associated with that and maybe even some ways you've solved some of those obstacles and challenges?

Brad Slaker: Sure. Sure. Well, you know, as we initiated it, DesignWise got it started about three years ago, the first thing I did was initiate a senior design project at the University of St. Thomas for Grant's device. So, immediately there I had four college senior-level engineering students working on the device. Then as the next three projects started to roll in, we kind of kicked them off initially with student projects as well. Just as our activities grew, word of mouth spread here in the Twin Cities area of what we're doing, and it's good people interested, professionals, retirees, and so forth, really got turned on by what we're doing and offered their assistance.

So, as people would contact us or have interaction through a meeting or through networking or what have you. Explained to them what we were doing, we got tremendous interest by people wanting to get engaged somehow in what we're doing. So, over the three years, we've been in existence, that has just continued to assimilate and grow our volunteer resource base. So, actually, to date, we have never had to make a formal call out to the general public looking for volunteers. We've actually had a situation, or we've had probably more people that want to get engaged, but we right now just don't have the infrastructure to appropriately engage them.

Scott Nelson: Right. That's a good problem to have, right?

Brad Slaker: Yes, it's a good problem to have. I'm anxious for us to build the scale-up more so we can raise the bar on engaging more volunteers and more activities. So that's been how our volunteer group has continued to grow. We've engaged seven local universities in various programs and projects and working with students from those universities. So, we're continually adding universities that have a skill set or an opportunity that would really match what we're trying to do as well as giving their students an opportunity to learn.

So, that's how it keeps growing, and as word of mouth and just the exposure that DesignWise has in the community continues to grow, inquiries about volunteer opportunities continue to rise. So, it's very exciting and very encouraging to have that, and that's one very important piece of having a unique company like DesignWise Medical started here in the Twin Cities, which is one of the three medical device hotbeds in the world, so where better to try something new like this than in the Twin Cities area.

Scott Nelson: Right, right. Based on your experience thus far, you know three years now, do you think something like this could be accomplished anywhere else besides an area like the Twin Cities or would it just be extremely difficult?

Brad Slaker: You know, I think, probably in the Silicon Valley area out in the San Francisco area is one of the other hubs, and then the Boston area. Those are the three traditional centers in the United States for it. I think it would have a good chance of succeeding in those areas as well, but just plunking this idea down in a community or locale that really does not understand the medical device industry would be very challenging.

Scott Nelson: Right.

Brad Slaker: So, I'm very blessed to be in this area.

Scott Nelson: Yeah. You mentioned earlier, you know, that scaling up from an infrastructure standpoint is one of the bigger obstacles to overcome right now, amongst other things that require capital.

Brad Slaker: Yup.

Scott Nelson: So, the funding sources for DesignWise, are they primarily coming from just private personal donations, or is it company sponsorships? How does that work?

Brad Slaker: Yeah. To date we've really been funded by the individual contributor. So, it's been the individual or the family that's been intrigued and energized by our idea that has really provided the operating capitals for the last three years. With that being said, we've been working since the beginning of the year to really expand as needed the funding avenues open to DesignWise. So, we're now really actively pursuing corporate sponsorship and different grants and foundation opportunities that we feel really confident that we fit in with their missions. So, we're really expanding our scale of fundraising opportunities and goals, because like you said, it's vital for us to get a bolus of capital here fairly soon that can allow us to put together the paved infrastructure that can help manage more projects than we're doing now and manage them in a much more efficient manner than we currently are right now.

Scott Nelson: Okay.

Brad Slaker: To date, DesignWise is still, we're still 100% voluntary organization, myself included.

Scott Nelson: So, yourself included no kidding?

Brad Slaker: Yes. Yup.

Scott Nelson: Oh, wow. Well, I don't think I realized that in kind of doing the initial research. That's a cool point.

Brad Slaker: Yeah, so we know that with a very modest amount of capital infusion that we'll be able to scale what we're doing so many times over and one exciting thing too is tapping into various crowdsourcing product development opportunities that will allow us to really scale a lot of the activities that we're doing in theoretically a worldwide basis, and engaging partners and volunteers from all over the world if they're interested in helping us develop solutions. So, we're extremely excited looking forward that we know we can do more and when we start getting products into the market, it's just going to continue to take off. So, we're very excited.

Scott Nelson: Cool. Let's just pretend one of your projects right now that you're working on does receive some sort of approval status from the FDA. What is the end goal in terms of distribution? How are you going to actually bring this to market for use in the hospital setting? Is it through a

distribution or is it selling the technology or partnering with another device company? What does that look like?

Brad Slaker: Well, in short, I would say all of the above, but it really comes down to each project or product itself. Each product is going to have its own pathway to commercialization. Some of the projects that we're working on lend themselves real well to being adopted by current medical device companies and integrated into their system and their distribution networks to get the product back into the hands of the pediatric caregivers. Other projects that we're looking at, thinking about finding potential existing companies that might be interested in carrying it, some of these projects. We don't have a clear avenue in front of us as to who we would talk to. So, in those cases we're really entertaining the prospect of distributing and selling those products through DesignWise Medical itself.

Scott Nelson: Okay.

Brad Slaker: So, the avenues to commercialization are very product-dependent, but any revenue, whether it be actually sales revenue from a product or licensing revenue from a strategic partner, any revenue that comes back to DesignWise is going to go into funding the next round of projects.

Scott Nelson: Okay.

Brad Slaker: So, that's one of the real beauties of the flexibility of our business model being a non-profit. We don't have shareholders period.

Scott Nelson: Right.

Brad Slaker: So, we don't have that burden of having to shoulder that return on investment to those folks. We don't have investors, and so that allows us quite a bit of freedom in actually how we structure partnerships and what we really look for from a revenue basis. We're very flexible on those ends and anything that we do get, and hopefully, we'll get some revenue as we get products into the market, will just go to support the next products. Our five to 10-year goal is that we will be mostly a self-sustaining if not fully a self-sustaining entity due to the products that we're able to bring to the market.

Scott Nelson: Okay. Okay. I'm glad you mentioned that, because I did want to ask kind of what are the more immediate/semi-long-term goals for DesignWise, and you hit it right there, is to become, what did you say, in 10 years become a self-sustaining entity?

Brad Slaker: Yup. Yup, so that we can wean ourselves off of meeting that sell-and-profit base to keep us going and alive.

Scott Nelson: Yeah, very cool. I know we're running short on time here, Brad, and I wanted to ask you a little bit about your background and how you basically, in essence, got to this point in your career. So, you've worked for some big medical device companies, Boston Scientific, and Zimmer Spine, correct?

Brad Slaker: Yup. Yup.

Scott Nelson: Those included as well as a few startups. Have you been involved with some startup companies as well?

Brad Slaker: Yeah. Yeah. My first two companies out of school I worked with were both startup medical device companies here locally, and together I spent about nine years at those two companies, and then I moved over to Boston Scientific and spent about 10 years at Boston Scientific, and about two years at Zimmer Spine.

Scott Nelson: Okay.

Brad Slaker: So, my career progression has been I started in research and development. My background is mechanical engineering, worked in research and development, and then went over into the quality compliance end for about four years and then ultimately got into a project management role where I got to manage the full cross-functional development teams that would take concepts and develop the product and bring it to commercialization. So, I've been really blessed with some great experiences in the medical device industry in my past, and that has really helped give me the confidence to venture out on starting something like DesignWise Medical.

Scott Nelson: Sure, yeah. Yeah. To say the least, your résumé is incredibly impressive with your experiences, not just in kind of the startup world but also at rather large companies and in the interesting things that often happen there as well. So, that's cool. In terms of what your time to conclude, is this where you're spending most of your time, with DesignWise then?

Brad Slaker: It is, it is. Yes.

Scott Nelson: Okay, very good.

Brad Slaker: Yup. So, this is my full-time unpaid position.

Scott Nelson: Very good. Very good. Then, for those listening and are intrigued by your background, do you have some advice for those people that are listening? Maybe something that when you first started off in the medical device space. Something you wish you knew back then that you now know or just some advice for any would-be ambitious medical device player that wants to pick your brain?

Brad Slaker: Yeah. Some of the most valuable advice I got was from one of my mentors in business school, and he continually said if you have an idea and you can't get it out of your head that it is something that just keeps bothering you and you start questioning whether you should go for it or not. His advice was, just go for it. Just do it. Take the step. Surround yourself with the appropriate people and advisers and things like that. Take the step and he kept reinforcing, "What's the worst thing that can happen?" Just to go back to what you were doing before. That's not a bad worst-case scenario.

So, his persistence in just saying, this is obviously something that's touching you from a personal standpoint, so you're going to be more bothered if you don't go for it than if you go for it and it fails. That was just such incredible advice to me at the formation stage of DesignWise Medical and continues to be extremely valuable advice for me. It's something that I would say to anyone who has what they may think is a harebrained idea or something that just keeps gnawing at them that they feel they need to pursue. I would just say pursue it. Pursue it in whatever fashion. If you have to start slow-great but at least you're making some forward progress, then just continue to pursue it and don't give up on it.

Scott Nelson: Yeah.

Brad Slaker: So that was incredible advice for me and that's what I would pass along to anyone else.

Scott Nelson: That's some great stuff. It seems so simple, but if you've ever been in that spot where you want to start something, this idea's just eating at you, but that initial step, that actual first step, as you can probably echo my comments here, it's really hard. It's really, really challenging. So, that's great advice just to go ahead and, maybe at the risk of certain things, go ahead and make that first step. So, that's some great concluding advice. For those listening that want to learn more about you, Brad, or about DesignWise, maybe there's some interest there, in getting involved in your organization, whether on a volunteer basis or from a funding basis. Where do you want to direct people?

Brad Slaker: I would direct them to our website and that's www.designwisemedical.org.

Scott Nelson: Okay. Repeat that again. designwisemedical.org?

Brad Slaker: Dot org. Yup.

Scott Nelson: Alright, just as it sounds. Okay. Very good. Well, thanks a ton for coming on the program. The story, your story, and that of DesignWise Medical is definitely inspiring, and hopefully everyone listening picked up on a few things and can walk away with some good advice. So, thanks again, Brad, for coming on. I appreciate it.

Brad Slaker: Oh, I really appreciate it, Scott. Thank you for the opportunity.

Scott Nelson: Alright. Thanks everyone for listening. Take care.