

How Medical Device Companies Can Use Web 2.0 Strategies to Reach New Customers: Interview with Rony Sellam

In this interview with Rony Sellam, we learn how web 2.0 strategies like the one I just mentioned are impacting the sales and marketing departments within large and small medical device companies. Listen close as Rony shares some fascinating insights in regards to the changing business dynamics within today's healthcare environment. You're surely not going to be disappointed! Believe me when I say that. Here are some things that we are going to learn from Rony:

- How NorthPoint Domain is helping hospitals move past the traditional “gym and hotel” business model.
- The unique history, content, and audience of the Endovascular Forum.
- What does the “new customer” look like within the medical device space?
- Certain physician customers are simply unreachable. We all know that but is this really true in today's web 2.0 environment?
- How the Endovascular Forum is changing the plumbing of the sales and marketing departments within medical device companies.

Scott Nelson: Hello, everyone. It's Scott Nelson, and welcome to Medsider, home of the free medical device MBA. For those of you who are new to this program, this is a show where I interview interesting and dynamic medical device stakeholders so we hopefully can all learn a few things, hopefully, be entertained as well. On today's call, we have Rony Sellam, he's the Group President and Chief Strategy in Business Development Officer at IC Sciences Corporation. So welcome to the call, Rony. Appreciate you coming on.

Rony Sellam: Thanks for having me.

Scott Nelson: So, let's start out with IC Sciences. I'll let you describe IC Sciences as well as the main two subsidiaries or entities that kind of fall under the IC umbrella.

Rony Sellam: Sure. IC Sciences stands for Informed Clinical Sciences Corporation and they are, for the intents and purposes of this call, two main organizations that are interesting to discuss. One is called NorthPoint Domain and it's in the health IT business, selling to hospitals, and the Endovascular Forum, endovascular.org, is the other company under the IC Sciences umbrella, and those two companies really are the intersection of using technologies on the Internet to advance medicine and to better the care of patients. The NorthPoint Domain side does it by providing better information to improve outcomes to patients, and the Endovascular Forum side does it by informing and educating physicians on how to best treat patients, and therefore, they both help with improving patient care.

Scott Nelson: Got you. Okay, and that's obviously a brief overview, and I want to dig in a little bit further into both entities, both endovascular.org as well as NorthPoint Domain. But before we go further, I want the audience to kind of get an idea of IC Sciences Corporation because I have

a lot of different guests on here. If you go to the IC Sciences website, and I would encourage the audience to do that, the leadership team, yourself included, Rony, is really impressive. I mean, Pete Nicholas, Sr. is Boston Scientific fame; his son Pete Jr., Barry Katzen, who if you're in the endovascular space, Barry Katzen is involved in a lot of the big-name clinical trials down there at Miami Vascular. This is an impressive leadership. Can you speak to that at all?

Rony Sellam: Sure. The company is extremely mission-driven. We've been around for about 12 years at this point, and what I found personally dealing with leaders and captains of the industry really is that they are the people that don't really have a whole lot to prove anymore in terms of their personal or professional accomplishments and they care a lot more about impacting the world around them and doing what's right and what's good, and I've been very privileged to be able to work with people like Dr. Katzen, as you talked about. This is someone who is a true educator, truly cares about the vision and the mission behind the company, and I can see how from the outside these physicians and the businesspeople seem extremely impressive, and I am still impressed by the fact that they're all involved with something I get to do every day.

Scott Nelson: Yeah.

Rony Sellam: But I think if you consider the goal at stake, which is improving patient care, it's quite the right caliber of people to accomplish that goal, and it is a very elite group of people, I would agree, and I think that the company has benefitted from their wisdom and advice for many years, and there are a lot of other people that you may or may not know that are involved with the company. For example, on the Endovascular Forum, Dr. Jim Benenati's our Chief Medical Officer. On the NorthPoint Domain side, Dr. Spencer King, who is probably the best-known name in the world of cardiology in the world and is extremely involved. So, we have a lot of very, very powerful mission-driven minds that are helping us accomplish our mission.

Scott Nelson: Right, right. The reason I wanted to cover that briefly is I want the audience to get a feel. I mean, this is like, and I apologize certainly to anyone that's listening that's involved with either those two entities that we didn't mention but, you know, Dr. Katzen, I can't remember the physician that you just mentioned in regard to NorthPoint.

Rony Sellam: Dr. Benenati.

Scott Nelson: Benenati.

Rony Sellam: Yup.

Scott Nelson: Very good.

Rony Sellam: He's actually the Past President of the SIR, Society of Interventional Radiology.

Scott Nelson: Oh, there we go. Okay. Okay. That's probably something I should have probably known. But needless to say, the reason I mention that is this is like a high-level team. So, for those listening that this is the first time they're hearing about IC Sciences and endovascular.org, this is definitely a cool team to learn about. Let's first dig into NorthPoint a little bit, and then we'll

follow it up with endovascular.org, and then we'll really transition into how you personally see Web 2.0, its impact on the medical device space now and in looking forward 5, 10, 15 years if you can even feel that far out. Let's first start out with maybe a little bit, kind of an elevator speech of NorthPoint Domain, maybe a little bit longer than an elevator speech if we're going from the first to the 15th floor maybe, with a couple of stops in between.

Rony Sellam: Yeah.

Scott Nelson: Let's start there.

Rony Sellam: I can certainly do that. So, on the NorthPoint Domain, I'll try to keep your audience in mind and describe it as a company that's in the electronic care plan business for specialists, and a very simple example and illustration of what that is that we sell web-based products to hospitals in order to help patients through the transitions that they have to go through within the continuum of care.

A good example of that is a post-PCI electronic care plan with a patient being discharged and typically not understanding and not realizing that they do have a disease and that they do need to change their lifestyle. So, the idea is to provide information electronically using the Internet as well as their smartphones and educate them especially in the first two weeks after their procedure in what is coronary artery disease, what they should think about and learn about, what changes they should make sure to implement in their lifestyle, and we're focusing in the case of PCI on those two weeks.

Just to give you a sense of where that stands right now, we do have an R&D study that just started, we're going to have to go in with all the first patients, to compare those patients post-PCI that have received electronic care plan program from their hospital, in that case, Baylor Heart and Vascular Hospital in Dallas, to a cohort that hasn't. The idea is to look at the patient transaction, quality of life as well as financial measures. The primary endpoint is the quality of life, QOL.

Scott Nelson: Okay.

Rony Sellam: So that's on the NorthPoint side.

Scott Nelson: Real quick before you jump into endovascular.org.

Rony Sellam: Yeah, sure.

Scott Nelson: On the NorthPoint side, so your actual customers then are hospitals that would actually purchase this system, correct?

Rony Sellam: That's correct. That's correct.

Scott Nelson: Then the advantage would be, I mean beyond just improve patient quality of care, this is an improved overall patient experience then as a way to market the services of the hospital? Is that kind of the direction they would go?

Rony Sellam: Yeah. That's the right direction. In general, what you'll find in major metropolitan areas, patients have the perception that every...

Scott Nelson: Sorry about that, folks. We had a slight technical difficulty, but Rony is back on the line here. That was probably more so on my end than on your end Rony, but I asked you the question about when a hospital purchases the NorthPoint suite of products, are they looking at it from a standpoint of improved patient quality of care, improved patient experience? Maybe just speak to that a little bit.

Rony Sellam: So, the hospitals today are very often looking to compete on the quality of the service that they provide, and the reason why is because, in a lot of major metropolitan areas, most patients have the perception that hospitals all have about the same level of quality of care and quality of outcomes.

Scott Nelson: Okay.

Rony Sellam: So, service is one of the main elements of their ability to compete. So that's one element. The other element is that for many, many years, and here I'm going to quote a very famous international cardiologist who once told me that hospitals have for a very, very long time been treated like hotels and gyms. Hotels because if you're admitted as a patient, that's sort of an opportunity for them to generate revenue, and a gym because they have very expensive gear inside the hospital that when utilized also generate revenue. Their job as administrators of hospitals is really to try and maximize their utilization of both the room asset and the equipment asset, and so it's been that way for decades.

We're now though in a very different logic, and we're as a nation really looking to start and to look at quality as a major way to drive rewards and incentives in the system. So hospitals will have to start thinking about and looking at the quality, and all of a sudden, if you have a congestive heart failure patient who gets readmitted within 30 days, you will not at the hospital get reimbursed for that readmission because the system is telling you, "Well, we expected you to do a good job the first time around and we don't want you to have the pernicious incentive of making more money when that patient is not well."

So, the world is changing. This is a seismic shift in the way people think about healthcare and how it's delivered, and so it's having an impact on the fact that hospitals as you probably know are absorbing, sometimes acquiring, private practices at a rate that's never been seen in the US really, at least not in recent memory. As they are making these acquisitions, if you look at it from a strategy perspective, the hospital who used to be focused on the hotel room and the equipment, when they're acquiring those physician practices, they're acquiring those relationships with the patients. Now they have to start thinking about that relationship, and they

inherit the quality of that relationship. If it's good or if it's bad they inherit that and they have to have systems and ways and processes and cultural elements to manage that.

Scott Nelson: Okay.

Rony Sellam: So, very often what you see is hospitals having the “now what” syndrome. They’ve either acquired or aligned themselves with very large cardiovascular groups and they in the strategy room ask the question of, “Okay, now what?”

Scott Nelson: Right.

Rony Sellam: That's why we can help with developing and driving those patient relationships and helping them differentiate themselves from a service perspective by providing a better patient experience and very tactically going after the issues that drive quality such as readmission, such as making sure the patient is engaged, empowered and understands what they're supposed to do. Also, for the benefit of your audience, one of the things that are probably interesting to think about is that med device companies and pharma companies down the road will probably try to go from a product company logic to a solution company logic.

Instead of just selling, for example, stents, the company might be also selling an app that comes with the stent that tells you what you're supposed to be doing for a couple of weeks or why Plavix is important if you have a drug-eluting stent. Or if you're a diabetic patient, you get all the care that you need and all the, for example, drugs that you may need, and with the drugs may come, for example, some way for you to be followed throughout the continuum of care and your chronic disease. So, I wouldn't be surprised if within a few years NorthPoint Domain was not only selling products and solutions to hospitals but also to all of those who are looking to be more than just a product to a patient, try to really provide the solution and help manage and address that disease.

Scott Nelson: Got you.

Rony Sellam: Especially if you're in pharma where, as you know they're organized by disease and therapeutic areas, and they want to own that disease, they want to be the owner of the entire disease space including the patient understanding of it. So, those people and those companies, I think it's going to be important down the road to be able to provide real solutions to the actual quality of the care that's being delivered.

Scott Nelson: Okay. Okay. I want to circle back around to that whole topic as it pertains to medical device companies and how they can maybe take advantage of Web 2.0 strategies moving forward, but hopefully, that gives the audience a good idea of NorthPoint. I like the analogy that you used in regards to the gym/hotel, I've never heard of that before, and how that basically is changing somewhat as more and more hospitals are acquiring large physician practices. It seems like they're big cardiology practices, and maybe that's just because I play in kind of that space a little bit but, I mean it's rare that you see a big cardiology practice that hasn't been acquired by the big hospitals.

Rony Sellam: That's correct. You very rarely see a large practice that hasn't been acquired, but you also see now we're in the second phase of that wave where there are different business models and ways to align the hospital with the practice where the acquisition is not necessarily the only way. In the first two years of that wave, that's really what happened. Today, there are other ways to incentivize. There are other ways to tie a practice down to a hospital, and you have very, very innovative models that are being tested and implemented throughout the country. They're all really, really changing the dynamic between physicians and hospitals, and they're also changing in a way, let's just say, I mean you have been in the special suite in the Cath lab a lot and you've been to the OR a lot I'm sure as well. You know that physicians that are used to making life and death decisions on a regular basis and who have the responsibility to human life in their hands are used to, let's just say, have a fighter pilot mentality.

Scott Nelson: Right.

Rony Sellam: For those people in the past, it was a very good fit for them to be an owner and a leader of a group. So, when you take that fighter pilot and you put him/her in a stage and a situation where they now have to report to people, there's bureaucracy, etc., it's a hard adjustment for a lot of people.

Scott Nelson: Yeah.

Rony Sellam: On the other hand, for some of them it's creating an incredible breath of fresh air where they don't have to deal with all the nonclinical, nonpatient-oriented activities, and they can just focus on that. They don't have to focus on actually running a business. So, it's a major change and it's a major change in their income as well, as I'm sure you've noticed with your customers over the past few years.

Scott Nelson: Yeah.

Rony Sellam: So, it's having an impact across the entire "value chain" of medical devices as you know. Also, one of the reasons why those groups are being acquired is because the reimbursement mix has been significantly altered in the last few years and the business model, and I mean in the most crucial sense, the business model of very large private practices, depending on how they built their group, in many cases became unsustainable, and that's when these large groups decided, we can't survive more than three years out. We have to either get acquired or align ourselves.

Scott Nelson: Yeah. Yeah. No doubt. I've actually heard that same comment made. It wasn't necessarily a choice. It was more of being forced into it through submission, I guess, for lack of a better description. But real quick, last question in regard to this topic before we move on to endovascular.org. With the NorthPoint solution of products, are you typically stepping in after the acquisition has taken place or beforehand and playing somewhat of a consulting role?

Rony Sellam: So, we don't play a consulting role, and we typically have products that are implemented in private practices, usually large private practices as well as hospitals, and we have

moved into a larger share of our client base being hospitals because of these acquisitions and before of the fact that that was where the game was played, and in the future, it's going to continue to increase with the fact that hospitals are now going to be, with the cost of ACOs, which a lot of people have heard about, accountable care organizations.

So, hospitals in these new organizations are going to more and more be the people that we serve. But we also have, if you think about what I described in terms of what the products do, they can also be extremely valuable for an insurance company who would want to manage 300,000 congestive heart failure patients, for example, and they can also be very useful for, let's just say, an ICD manufacturer who would like to provide more than just a product to many "high-touch" and high-value patients. So, there are a lot of ways to deploy that technology, and I think in a lot of ways we're only at the beginning, and that's what's very exciting for us.

Scott Nelson: Yeah, I can see. I'm just thinking through the various directions that you could take as I imagine you guys are well aware of, but you know, because of time constraints, let's move on to endovascular.org and maybe you can provide a brief overview of endovascular.org, and then we'll transition to what the future holds for Web 2.0 strategies, maybe even Web 3.0, as I'm hearing that phrase more and more, strategies moving forward to medical device companies.

Rony Sellam: Sure. So, the Endovascular Forum, which is endovascular.org, it's the same thing, is a very, very large forum that is for medical specialists in the vascular/cardiovascular/endovascular space. It's been around since 1996 and it was the brainchild of the Miami Educational Foundation, which includes Dr. Barry Katzen, and that organization basically had the idea of putting image-based cases on the Internet in order for physicians to learn from one another, across specialty boundaries especially. It was a very, very successful initial push in order to create that site.

We acquired the Endovascular Forum as an asset back in 2002, and we transformed it from a repository of flat cases and really rebuilt that technology platform from the ground up the first time. We actually just rebuilt it a second time, making sure that there's a greater and greater emphasis on making every physician and every member of the Endovascular Forum a part of a large community. We've also found a way over the years to establish relationships with partners that are either society partners or symposium partners.

So, some of the examples are the SIR, the SCAI, the SVM on the society side, on the symposium side we have ISET, CiDA, GEST, and CICT as well. What we're trying to do there, which we've done in my opinion successfully, is create a multidisciplinary, multispecialty group of credible players in our space to make sure that the quality of the content would be always topnotch, and to make sure that we could also create a governance structure on top of the Endovascular Forum that would make sure that we do what's right for the patient at the end of the day and what's right for our members.

So, what we have is a steering committee with seven members. Each member is a physician leader of one of the partners I described, so let's say SVM, etc., and these are very involved physicians in the way we do what we do at forums. So, let me take a second to tell you who they

are. Dr. Katzen represents ISET, we have Dr. Benenati representing SIR, we have Dr. Dolmatch representing CiDA, we have Dr. Haskal representing GEST, we have Dr. Beckman representing SVM, and we have Dr. Issam Moussa representing CICT, and we also have Dr. Bonnie Weiner representing the SCAI. Those seven physicians really help us steer the ship and make sure that we are in sync with the needs of the specialists around the world and we continue pushing the envelope in terms of the technologies and the functionality that we push to further that mission. So, that's the high-level view of the structure and history.

Scott Nelson: Yeah.

Rony Sellam: What's incredibly cool about the Forum is that it went from a small community of people looking at, really, flattened documents online to thriving. Over 120,000 people, 120,000 subscribers, with a very, very large audience using technology from across the world to learn from one another. So, some of the things that really get us excited here in the office are that we see physicians from, take an example of a vascular surgeon from Brazil asking a question and seeing an interventional radiologist from Switzerland and a cardiologist from the US all discussing how to best treat a particular in a particular case. You wake up in the morning and you pull up the form and you see a video that was uploaded by a physician in China. I mean, it just goes on and on.

We have an incredible amount of activity on the Forum. We're very, very happy about that. I think it's showing people that there's real power that you can unleash from what an online global community can do, and it's changing the way people I think look at the way to communicate with customers. So, Web 2.0 sounds like, I don't know, a buzz word. What's really happened, and I think it's important for people [27:56 inaudible]. What's really happened is that we went from a world where the medical device manufacturer was in control of its brand and basically had the ability to create materials and content and then broadcast those materials to an audience, and it was a one-way conversation.

Today, many physicians have the opportunity to take that brand, create content around that brand themselves, positive or negative, and to have an impact on a particular audience, and they can do that very easily with social media platforms, and they can do that very easily on the web in general. So, that changes the game, and it changes the ability for the device company or pharma company to control the message...

Scott Nelson: Right.

Rony Sellam: ...that is officially something that is different. So, I think the winners of the future will be the ones that will accept that there is a role which is to facilitate the delivery of information, exchange of information, to participate in that dialogue with the customer, and so you really have to see a Web 2.0 platform like the one we have as the customer relationship management system of the future and the fact that there is a new customer out there.

That new customer is no longer attending five or six conferences a year. They don't have the opportunity to do that for a lot of reasons anymore. All of these physicians now have, as you

know, smartphones, and they are connected to the Internet every single day. A lot of them participate in professional networks and professional online groups and use online tools on a very regular basis. We happen to cater to people who love medical devices and use them every day, and so they love technology, and therefore, they're even further up on that curve, technologies option, and Internet option. We had absolutely no idea that when we started our Facebook page, we had no idea that we would have over 120,000 subscribers within 10 months, which is where we are.

Scott Nelson: Wow, is that where it's at, 120,000? No kidding.

Rony Sellam: It is, yes, and I have to say, many people, myself included, I would have never thought that you could be 100% focused on high-quality content and attract that many subscribers to be interested and engaged in that content. We have our average image-based case now posted on our network is averaging over 60,000 impressions.

Scott Nelson: No kidding. Okay.

Rony Sellam: Yup. Now, that's a very, very consequential number, and I think it shows the power of a platform of that magnitude. And I believe, I really believe that in order to grow that way, it's very important to focus on the quality of the content and it's very important to listen to the members, to what they want to do and what they want to hear.

Scott Nelson: So, I'm going to just jump right in. So we're talking about an audience that's highly engaged, that's consuming this content at an incredible pace, a device company, are you giving them the ability—I mean, I should take a step back and say, you know, a very vague question for me to ask you would be, how can device companies begin to take hold and grasp the Web 2.0 and Web 3.0 strategies so they're not behind the curve? But to this example, are you giving device companies the ability to go in and comment on a particular case. On the endovascular.org site, for example, if the case study says, Dr. Smith used such and such stent for this particular case or such and such device for this particular vessel, how can a medical device company take advantage of taking part in that content rather than just being alongside it, basically?

Rony Sellam: So, we have the philosophy and views that it's very important for us to remain agnostic...

Scott Nelson: Sure.

Rony Sellam: ...and so we allow medical device companies to participate in the forum, to comment if they want to. We allow industry medical professionals to become members of the forum. They are labeled as such, but they can't participate.

Scott Nelson: Okay.

Rony Sellam: So, I think in order for that real dialogue to take place, and this is a question that's an important one to ask, which is, why not exclude medical device companies from such a platform? The answer is that if you take your top five docs, certainly your top five innovative

docs, and you ask them, would you like to have the ability to dialogue with medical device companies to make sure that you understand where device technologies will go? Would you like to have this opportunity, yes or no? The answer is 100% of the time absolutely yes.

Anybody who has ever been to a medical conference knows that everybody really enjoys the ability for all the players to participate and to learn from one another and to see what the future should be. So, it makes perfect sense to have an ecosystem which is what we're creating where you have a hospital, a medical device company, a physician, a nurse, a tech, a medical device sales rep, a medical device marketing manager or director, a chief medical officer of a med device company. It makes in our opinion perfect sense to put all these players in our platform and allow them and give them a voice.

What's incredible for us, and this is the piece that really gets us very excited and motivated, is that whenever we give new tools to our members, they always exceed our expectations in terms of their ability to use those tools, and advance the mission of the forum. We do see physicians particularly using these tools to do things that frankly we haven't thought about on many occasions. So, a lot of our product development efforts in terms of what the software does comes from looking at what our members are doing and what they're trying to accomplish using those tools in order to learn and communicate with one another.

So, one of the things that were very interesting to watch for us is how the discussion forums, which are very advanced and very interesting and quite vibrant, how much they were used. It's just one example out of many. Same with the medical images, same with videos, same with the fact that you now have a number of conferences that have taken some of the content that's being presented at the conference, some of the videos that are presented at the conference, and posting that on the Forum.

Scott Nelson: Right.

Rony Sellam: Physicians love it.

Scott Nelson: Sure, and you commented about this earlier, that a big interventionalist sticking with the endovascular theme anyway, an interventionalist that's really busy, does not have the time to go to maybe even two, three, four conferences a year. They may get to one, maybe two, you know, if they're lucky. So, this sort of platform I would think, I would imagine, will become even more popular in the future. I'm sure you'd agree with that probably, right?

Rony Sellam: Yeah, and especially if you started thinking not just about the US but you start thinking about emerging markets. About 31% of our activity is now US-based, and therefore the majority is OUS. Two years ago, it was reversed, and what you see is an incredible appetite from across the globe to harness the power of some of those tools. So, there's a concept, the concept of the long tail is one where, particularly if you apply it to medical device commercial efforts, you have the physicians that you can get to as a rep and you have the physicians you cannot get to as a rep. Well, guess what? The web can get to every single one of them. There is a long tail there.

Scott Nelson: Right.

Rony Sellam: There is a way to touch and communicate and reach through the screen to communicate with a particular physician who wants to learn, and you touch them at a time when they're interested in learning and they're there to be educated and to share information and receive information. So, that is a very important time of interaction with the physicians. Of course, I don't think it's ever going to replace the in-person ability, but let me submit this to you, and you may or may not know, but you've seen that most reps in pharma companies and device companies now are equipped with iPads.

You probably have seen and noticed that the iPad first generation didn't have a camera, therefore you couldn't do a face-time video call, but the iPad 2 does. So, let me tell you how some of the more advanced pharma companies are using this and planning on using this. That's going to maybe help you understand how that new customer and technology can help you enable new ways to "change the plumbing" in your company, not just the window dressing but actually the plumbing of how you do what you do, the sales, and marketing professionals.

So, what you see happen in those limited pilots is a situation where the rep walking in has on his iPad 2, a physician ready to answer any questions that the particular physician that's being e-detailed may have. So, the role of the rep is to be a source of clinical information. Well, what if instead of being a rep that's a sales and marketing individual, what if that was a physician? What if that physician wasn't there in person but was back in the office headquarters and was engaging the customer using face-time on an iPad? What if all of a sudden your sales force is turning into a group of physicians who are interested in playing that role? You really completely changed the mix of what the role of the sales rep on the ground becomes and you developed more of a strong clinical link with that particular customer?

Scott Nelson: Right.

Rony Sellam: So, that's just one example of some of the things that are being experimented with today. These are things that are not so difficult to imagine.

Scott Nelson: Right.

Rony Sellam: You can also see that happen in the med device space, and you can see how that would really transform how you connect, and you communicate, and you manage that customer relationship.

Scott Nelson: Right. I'm certainly not saying that you think this is how this is going to play out, but almost the sales and marketing team being just a group of almost facilitators that are putting the pieces together and allowing Dr. Jones in Alabama to connect on a high level to Dr. Wendell in Philadelphia, for example.

Rony Sellam: Correct, and the other part is that, again, that customer is new. I was recently at the CiDA meeting and I was meeting with one of our physicians there, and he was telling me this

story of how difficult it is for the reps, particularly the new reps, to be in dialogue with a doc about a device they're used to using or they want to be using. A physician may have very, very difficult questions, and they want the answer that he's hearing from the rep to be supported by clinical data. He was just telling me horror stories of reps having a very, very hard time, hyperventilating, etc. in his office because he started to ask some questions and they just really, really could not help.

Scott Nelson: Right.

Rony Sellam: Of course, there aren't that many physicians who are going to have the patience to say, yeah, why don't you get back to me on this and I'll take another half an hour and see you here again in two days when you have the answers. Very often, if you have the ability to get the answers right there and to use technology to deliver those answers, that would be really interesting.

Another thing that you could do, imagine if you were walking with your iPad and all of a sudden you're in the office of the physician, you're discussing, or in a Cath lab or wherever you are with a customer. You're starting to discuss a particular device, and you have the ability to pull up your iPad and show them an interactive case from the endovascular forum and show them not just theory behind but how it's actually being applied and how a physician in Alabama used it and published a case on it. This is the conversation and the dialogue on and around the case. That would really be an incredible way and opportunity for that rep to have something new to talk about and to drive real value to that physician.

Scott Nelson: Right. Absolutely. Absolutely. So, with that said, and I know we're running short on time. To try to wrap this up, with that said, I mean, some of these topics seem so obvious, and this is definitely the future. If I'm a decision-maker at a big medical device company, I'm totally wanting to get engaged in this sort of thing because some of this is definitely going to play out without a doubt. Are you seeing medical device companies grasping this? When you're at various conferences and you're talking to management-level key decision-makers, are they on the same page as you? Are they getting it? What does that look like?

Rony Sellam: Scott, you were cut. I think you're going to have to stop and re-ask the question because most of the question was cut out.

Scott Nelson: Okay, got you. Sorry about that.

Rony Sellam: It's okay.

Scott Nelson: Yeah. I'll repeat the question. So, when you're at these conferences and talking to key decision-makers at medical device companies, are they grasping this idea? Are they fearful of it? Is there a general theme?

Rony Sellam: So, I think in general you really get a different reaction depending on the size of the company and the role and responsibility of the individual you're discussing your topics with,

obviously. What you see is the smaller companies seeing incredible efficiency in the ability to touch that many people...

Scott Nelson: Right.

Rony Sellam: ...and very often the aggressive, smaller organizations see the value right away. They don't have a way to get 50,000 impressions to touch 50,000 clinicians around the world in a few hours, to touch their particular products. So, for them, it's an incredibly, incredibly enticing, and powerful tool and something they really want to get. One of the reasons why is because they probably care a lot more about establishing new relationships than they care about maintaining the ones they already have.

The larger organizations, however, are trying to make sure they control the message as much as they possibly can. They're also trying to make sure that they maintain those relationships, and they have more to lose because those relationships have been costly for them to establish, so they don't want to damage. They're more risk-averse obviously, whereas the smaller organization, especially when you get to a higher-level decision-maker who looks at this, and then it's a matter of, okay, how do we do it? How much is the cost and how fast can we get to it?"

The part that's interesting for us is that we have a very competent and very, very strong engineering and technology team behind this platform, which means that we have the ability to listen to what the med device company is trying to accomplish with this new customer that's now online and connectable and reachable using the Internet, and they have ideas that we didn't think about and we are here to learn and to partner on how we can best help them help the customer and themselves in accomplishing what they're trying to accomplish together.

Scott Nelson: Yup.

Rony Sellam: So, that part is also exciting. It's not set in stone. Every Thursday at 4 p.m., we release new code, new functionality to our technology platform. So, every week that you go to the Endovascular Forum, there's something new, something different, something improved, and I recommend you take a look at the Endovascular Forum page on Facebook and look at those 122,000 subscribers that we currently have and how engaged they are to really understand like I said, the power of the platform.

Scott Nelson: Yup. Yup. No doubt. Cool. I know we're running short on time. This has been an awesome conversation, and I genuinely like to say that every conversation is good, but this has been really, really interesting to say the least. So, to conclude, I always like to ask the guests that come to the program...

Rony Sellam: Scott, you're cutting out again.

Scott Nelson: I'm cutting out again. My connection must be not the best. Can you hear me okay?

Rony Sellam: Yup. Now I can.

Scott Nelson: Okay. This is how we keep it candid here on Medsider, pretty transparent, but I always like to conclude the interviews by asking, if you had a close friend or family member that came to you and said, “Rony, I want to get involved in the medical device arena, the medical device space, what’s one or two pieces of advice that you could give me that I should really take hold of in order to experience some success? What would you have to offer?”

Rony Sellam: I would certainly say that listening to the customer is an incredibly powerful and undervalued quality. Physicians are very often educators. They are passionate about what it is they do every day, and asking questions and listening to what they want, how they would like to be communicated to and with continues to be, especially in this era of information overload, in general, I think it’s very important to keep that human connection. So, I think that the successful med device reps of tomorrow will be people who have strong listening skills and who are ready to be a facilitator of information delivery for the physician, and who really are genuinely interested in improving patient care. I think it’s how you have to think about it. Very, very often, as you know, physicians are passionate about what it is they do, and they respond to passion and they respond to real enthusiasm for the patient.

Scott Nelson: Sure. Yeah. That's good stuff, and real quick for those listening that want to learn more about you or endovascular.org or IC Sciences, where should they go to find more information?

Rony Sellam: So, endovascular.org on the web is a good way to do it. Facebook, so facebook.com/endovascularforum is another way to get to the forum; northpointdomain.com is another way to do it, and icsciences.com is another way to do it.

Scott Nelson: I’m just jotting those down as you talk. Okay, very good. Alright, very good. Well, thanks a ton, Rony. I’ll have you hold on to the line here, but thanks again for coming on and I certainly enjoyed the conversation.

Rony Sellam: It was my pleasure, Scott. Thank you for your time and for giving me an opportunity to talk about what I care about every day.

Scott Nelson: Absolutely. Absolutely. Definitely. It definitely shows. So anyway, that's it for now, folks. Thanks, everyone for listening. Until the next time take care.