

Medical Sales 101: Interview with Devin Hughes, EIR at CONNECT

Scott Nelson: Hello everyone, it's Scott Nelson and welcome to Medsider, home for medical device upstarts. For those of you who are new to this program, this is a show where I interview interesting and awesome people in the medical device space in order to learn more about what they do, what they've done in the past, their successes, their failures, etc. On the call today we have someone that I'm very excited to talk to and dig into some of this information. His name is Devin Hughes and most of his time right now is spent as a mentor/entrepreneur in residence at CONNECT. I don't want to go into too much detail, I'm going to let you explain that Devin, but welcome to the call.

Devin Hughes: No, thank you for having me. I'm delighted to share some of the things that I've done in the device world, and if I can be of help to someone, that's great. I look forward to it.

Scott Nelson: Okay. I want to spend a few minutes here just talking about your background because it's obviously really impressive. You're currently working on your Doctor of Business Administration; you have an MS from...where's your Master of Science from?

Devin Hughes: Southern New Hampshire University.

Scott Nelson: Southern New Hampshire. You've got a wide range of certificates from Stanford, from Arizona State's graduate school. What is it, Thunderbird? Is that what it's called?

Devin Hughes: Correct. Yes, Thunderbird.

Scott Nelson: So, I could go on and on about your background, which is incredibly impressive, but I'm going to have you briefly explain, maybe catch us up to just prior to your time at Genzyme and then what you're doing now.

Devin Hughes: Okay. So, my background may not be that different, but I suspect it is from most. I didn't come up through pharma or disposables or anything like that. I spent most of my early years in the high tech space selling hardware and software, a variety of different technologies from business intelligence to security, etc. Selling a piece of software on Wall Street in some cases for 500,000, 600,000 dollars. Most of my background is in startup technology companies.

Scott Nelson: Okay.

Devin Hughes: The last company that I was with ran out of money, were VC-funded, and so things worked out and I went from that and kind of segued right into the device industry.

Scott Nelson: Okay. And your experience in device started with Genzyme Biosurgery, correct?

Devin Hughes: Yes, that is correct.

Scott Nelson: I'm a little bit familiar with Genzyme, but give the audience a brief overview of that market space.

Devin Hughes: Yeah. So, Genzyme Biosurgery is a division of the biotech. Genzyme sold two products. One was a mesh for incisional ventral hernia repair.

Scott Nelson: Okay.

Devin Hughes: It was a polypropylene mesh with a biologic on the underside to prevent scar tissue adhesion, so the mesh wouldn't adhere to the bowel. The other product was a biologic, obviously an implant too, that was used to prevent internal scar tissue, primarily on colon and rectal cases, GYN trauma, hepatobiliary, and some others, primarily in the abdomen and pelvis.

Scott Nelson: Okay. Okay. Before we fast-forward to what you're doing now with CONNECT and then ODEXXO if I pronounced that correctly. One quick question in regard to your move from kind of the startup tech space to the medical device world. What initially attracted you to the medical device arena?

Devin Hughes: I had kind of been on the fringes for a while. I had some friends who worked for Stryker and some others. I played sports in college, and so I had a lot of guys who worked for Stryker and others in the ortho space but for some reason, timing didn't work out. Literally, like a lot of you. I mean, I got a call from a recruiter as I was driving down the Jersey Turnpike one day at the time and said, "Hey, we're looking for someone in this area. I realize you don't have any experience in the device world, but you've got ample experience selling," and as he put it, "We're looking for the best available athlete. We'll teach you the playbook."

Scott Nelson: Got you.

Devin Hughes: And that was that.

Scott Nelson: Okay. Okay. Cool. That's interesting. I figured there was some sort of connection maybe to the medical device world, but there we go. So, let's fast-forward a little bit, like I said, to CONNECT. Give us a brief overview of what CONNECT is.

Devin Hughes: Yeah, so CONNECT is an incubator here in San Diego with an independent nonprofit organization that links high tech and life science entrepreneurs with resources they need for success, and success can look like additional technology, money, markets, management partners, support services. Essentially, we take early entrepreneurs with an idea, may or may not be approved yet, and provide kind of mentorship and resources to create a commercial strategy and essentially a company.

Scott Nelson: Okay.

Devin Hughes: Then, for the most part, we actually help them raise money, usually typically angel rounds and sometimes VC-funded rounds.

Scott Nelson: Okay. So, the typical company that you're working with, do they have a device that already has an FDA approval or a CE Mark at that point yet though or no?

Devin Hughes: It's both. I mean, typically ideally they've got a product that's already approved.

Scott Nelson: Okay.

Devin Hughes: I mean, there are some that are really, really early stage, but I'd say for the most part we've got folks a little bit farther along. It's usually a former scientist or someone who comes out of the industry and so has a little bit of context of what it looks like but doesn't understand commercially what it actually means to actually go market and/or actually sell a product to a hospital or wherever the venue may be.

Scott Nelson: Okay. Alright. Just jotting down some notes here as you talk. That's why the pause is there. So, one other question in regard to CONNECT, because we'll move forward to the main topic of what I'd like to discuss with our time. So, at CONNECT, what does the typical end product look like? I mean, are most of the folks that you're working with in the incubator stage. Are they selling off to a larger company like Medtronic, Genzyme, Baxter, etc. or are they moving on to a different stage in sort of the VC/incubation kind of phase of their life? What does that look like, the end product when you're finished?

Devin Hughes: Well, it's changed dramatically over the last few years with the economy. There's been less appetite to invest in early-stage companies like these.

Scott Nelson: Okay.

Devin Hughes: So, I'd say, currently, most of them are somewhat stealth, below the radar, get enough funding to kind of keep the lights on and actually get a product out to market. In most cases, a lot of cases, they want to commercially have a sales force and go forward. A lot of times they don't have the resources to do it, so they'll do some licensing agreement or some kind of distribution. So, it's a little bit of both, but I'd say more the latter where they're typically selling to distribution or licensing, unless it's a game-changer for whatever reason, and again, there are few of those.

Scott Nelson: Okay. Okay. Very good. Just for the folks that are listening to you as well, I want to mention you operate outside of the device space as well. You do a lot of speaking at various engagements, not only from an industry standpoint but from more of a community aspect as well. So, just wanted to get that out there. You play in more spaces than just the medical device world.

But I wanted to move to next is one of the main reasons I have reached out to you, Devin, is I saw your blog and the content was really, really good. I think I speak on behalf of a lot of other folks in some sort of sales or marketing capacity within the device space, that a lot of the so-called speakers or the gurus are pretty far removed and a lot of their content, it's not something that I can walk away with and say, wow, that was really good. I can actually use some of these points.

Yours was different. I read yours and I was like, what the hell is going on here? This guy really knows what he's talking about. So, I guess I want to paint a picture for the audience of how I initially got in contact with you or how I reached out to you. Anyway, that's what I really wanted to focus on. I would encourage everyone, we'll plug your stuff at the end again, but I would encourage everyone to go to your personal website. It's devinchughes.com, that's D-E-V as in Victor-I-N-C as in Charlie, Hughes, H-U-G-H-E-S, dot com, and check out Devin's material, because it's really, really good stuff. So, you ready to dig into some of these points here?

Devin Hughes: Yeah, absolutely.

Scott Nelson: Okay. Anything else you wanted to add, I guess, about your website before we get started?

Devin Hughes: No, I mean, again I'm just delighted to share. A lot of this stuff may or may not be obvious to your point which you just raised. When I got into the industry, there was a lot of very high-level-type information on how to be successful. It was either be very, very clinical or be the funny guy, everyone will like you. But who knows what that looks like? The other one was you just go ride around with some other rep who's really, really successful for a couple of days and just do what he does, and you'll be successful. You couldn't replicate that. I couldn't replicate that. So, part of this was kind of me giving back, me jumping in the industry without any experience at all, being reasonably successful, and then quantifying and encapsulating all those things that make our industry so special and unique, but also challenging but also ways that you can pull levers to enhance your success.

Scott Nelson: Okay. Cool. So, some of this material that we'll be getting into now I think is included in your blog posts Medical Sales 101, 102, 103, and 104, I believe. I think that's where I took some of these. They're all great posts. I would encourage everyone to go actually read those, read them in their entirety. There's a lot of other really good stuff on Devin's blog as well, but for lack of time we've got to kind of shrink some of this information down. So, I'll pick out a few points and then we'll kind of just banter back and forth about what we can all learn from this. So, point number one, be prepared for some pushback about your company products, the last rep, etc. Expound on that a little bit.

Devin Hughes: Yeah, so when I came out of training, I mean, you have been indoctrinated to feel like that when you walk in everyone is just going to give you a nice big hug and high-five you and they're going to love you to death. It's just going to be an emotional lovefest. Then, invariably, before you, there's been a variety of different reps and managers to come through. So, that point was that just be prepared that when you walk in there's a lot of history there, right? Typically, you're there because the other rep may or may not have been successful, may have struggled. They don't tell you that in the interview process. So just get your psyche ready that when you go in you're probably going to hear some stuff that you didn't hear in training. The difference between what they say in the corporate headquarters and what actually happens in the bottom of the OR is a little bit different. That's all.

Scott Nelson: Sure. Okay. So, to that point, I find this really fascinating and I've been with several large companies with pretty reputable training programs. I've never actually heard that information. The only I guess the source of information that I've found somewhat similar is from actually maybe doing a ride-along with another rep. But why is that? Why do you think most trainers or managers don't address that, as you phrased it, there's some existing history with various [13:56 inaudible]?

Devin Hughes: Well, again, this is my experience. A couple of reasons. Number one, when the trainer goes out and actually works, typically the rep takes him on a milk run. He doesn't go to the place with hand-to-hand combat, where people don't like him, they don't like your product, too hard to handle, it's overpriced.

Scott Nelson: Sure.

Devin Hughes: The marketing guy comes out, where does he go? He doesn't go to the hard accounts. He goes to the place where everyone's a lovefest. So, they have no context of what that looks like.

Scott Nelson: Sure. That's a great point. So, do you think that will ever change? I mean, if I was a marketing person, does that responsibility fall on that marketing person or that trainer to say, "Hey, Joe Rep, I don't want you to take me to your best accounts. Let's dig into the trenches with some tougher accounts?" Does that burden of responsibility fall on the person who's doing the ride-along or the rep?

Devin Hughes: I think both. I think you're a marketing person with a lot of emotional intelligence to figure that out that the real world doesn't look like where every time you walk in the hospital everyone's giving you high fives.

Scott Nelson: Yeah.

Devin Hughes: But honestly, I think the rep should do it not only for himself but for his manager and the company to put the marketing and the trainer and even his own manager in harm's way, and do it a lot, so they have context for what it looks like. So that when he does come to any of the three needing some assistance or support, they have some context of the challenges, to what's going on, he does not constantly hear, "Well, do it like Steve does in that other territory or do it like Bill does."

Scott Nelson: Sure.

Devin Hughes: All of us know that my territory is not like everyone else's. There are some similarities and some differences, but context is king.

Scott Nelson: Okay.

Devin Hughes: So that's all. That's what I think is so helpful.

Scott Nelson: Okay. No, it's good stuff. Let's move on to the next point. Work the night shift occasionally, and in parentheses, I think you put, "especially in the beginning." That's a great point, but let's dig into that a little bit.

Devin Hughes: Yeah. So, most of us who have had experience in the device world, typically the operating room will start cases at seven, seven-thirty, around three to three-thirty they shut it down and the night crew comes in. Well, my experience had been that at the nighttime crew, most of the managers go home. The nighttime crew is not as stressed. It's not as busy. Most of the elective cases are done. There are probably some delays, but overall, it's just a lot easier to work. People are a lot more relaxed and you have some opportunity to build some really, really strong relationships for a variety of reasons. One, there's not too many other reps running around there at six o'clock, let's be honest.

Scott Nelson: Sure. Yeah.

Devin Hughes: They're either at the gym or home with their family.

Scott Nelson: Right.

Devin Hughes: So, you get an opportunity to spend more time plus an opportunity to spend more time in the lounge, the caf, wherever. People are hanging out, so you get an opportunity to kind of peel back the onion and get to learn a little bit more about he or she or the nurse. So, overall, the atmosphere I think is a lot more conducive to relationship-building in a lot of cases. Two, it's implied that, wow, this guy's really gutting it out. He's in here at seven-thirty, eight o'clock on a Friday night to stay for this trauma case.

Scott Nelson: Sure. Yeah.

Devin Hughes: So, in my opinion, you start to differentiate yourself from the other folks and earn some credibility with the staff and/or the docs.

Scott Nelson: Got you. Okay. Some of those folks that are listening probably have experienced this for themselves. I know I have. Some of the better relationships that I had with physicians have occurred because of this simple fact that you mentioned and being around a lot later. I think what you hit on, how that environment or that atmosphere changes dramatically when it's past five o'clock, for example. It's really quite amazing how everyone's guard goes down. So, it's a great point, but I definitely wanted to bring it up because it's definitely an avenue where reps can really truly differentiate yourself and make some major inroads.

So, let's move on to another point. You mentioned, Take things personally. Average reps have a job. Great reps are passionate about their positions and it borders on an obsession. They eat, sleep and drink conversations about the territory, that case, next week, this month, etc. So, I know for me personally, I operate within the endovascular space, that's been one of my drivers for success, is the fact that if you entrench yourself, that enables you to kind of put yourself in

the shoes of that physician you're calling on. But expound on that a little bit, the idea of "take things personally."

Devin Hughes: So, I looked at it where the opportunity to be a medical device rep I think is a really big deal, because by your activity, by your influence, you have the opportunity to improve patient outcomes. That is significant. So, I looked at it like, as I sit there in the hall outside the room and that patient rolls by. They have no idea, they're nervous, they're scared, they don't know who I am, typically you don't go in the room until they're asleep, but you have the opportunity to actually make things better. There are not so many other sales jobs where you get to do that.

I mean, you actually get to make a difference, that you actually get to leave an imprint. When you walk home or drive home or walk, whatever you do, you can look back and go, I did something today that was significant. So, my whole thing was that when I was at Genzyme, I didn't necessarily look at myself as a sales rep. I created a culture where we thought of ourselves as patient advocates, that we were advocating on the patients because the patients don't know what they don't know but we do, so it's up to us. Now, why is that significant, I thought? Because there's so much rejection and there's so much competition in the device world. There are so many opportunities to just walk away and take it on the chin, but it matters.

So, what this really means to me is that you take what you do very, very seriously, you don't take yourself that seriously, but at the same time you have an obligation to push forward and do your best to advocate for the patients. Now, the best reps that I've ever hung out with, I mean, they were in the OR, in the hospital, by six-thirty and they didn't go home till seven, no matter what. They were BlackBerry-ing at night, the weekends, you name it. So, it just felt like they just couldn't get enough of it.

Scott Nelson: Sure.

Devin Hughes: They wanted more and more and more. That's kind of what I mean by that, is that there's just something else that's driving them to push forward. It's not necessarily the money. It's because they're making a difference, and that's significant.

Scott Nelson: Yeah. I want to ask you about trying to find a work-life balance in device sales because I think your point in letting it consume you is a good thing but maybe it can also be a bad thing too. I want to ask you about that, but first, before I forget, that mindset of selling in an environment where that psyche, that mindset of being a patient advocate. I look back at me personally, initially, I didn't have that. It was more about, wow, I have the opportunity to make a lot of money. I like sales, and it's kind of fun, the hunting, and the chasing, etc., but it took me a while to sort of wrap my arms around the fact that what I'm doing is truly making a difference in the lives of certain patients. Did you see something similar or was that a mindset that you were able to grasp from the very get-go?

Devin Hughes: I think early on I did because part of it is because I think I didn't really have a whole lot of context for what this would look like. I mean, when I got in my first case, I was like, wow, this is unbelievable!

Scott Nelson: Yeah.

Devin Hughes: I mean, the doc and the nurses, you know what it's like. They're looking around at you and you're the expert. It almost feels like time has stopped and the spotlight goes on and you're up and you've got to perform. That was a good feeling. So, part of it also was to create an atmosphere and differentiate the sales process with physicians. What I found and this is anecdotal is that nine 9 of 10 medical device sales reps have the same playbook. They talk the same, the present themselves the same, they do everything the same because we've all been given the same recipe for success. We just keep doing and doing that, and we've had some level of success. So, there's this kind of weirdness between the docs and the reps, and they say something, and we say something back, and there's this kind of awkward dance that goes between the two.

Well, I didn't want to be like every other rep. I wanted to differentiate that. One, because I thought that I brought more value, and two, I thought it was pretty disingenuous. I didn't like being talked down to by the docs. I thought I was credible. I read history. I read the data. I knew the cases. I knew all the anatomical structures. So, I was looking for a way to differentiate the sales process to be more successful but also to drive more patient advocacy.

Scott Nelson: Okay. Okay. So, that level of confidence where you can actually have that mindset of, I really don't think I need to be talked down by Dr. So, and So or some surgeon, etc. in a certain case. Is that because you naturally have a high level of confidence or is it simply because you did know the procedure that you're in, you did know the data, you did know your device, you did know the disease state? Was it a balance between the two or was it mostly because you were confident in what you knew?

Devin Hughes: I think it was a balance. I mean, one, I was confident, but two, I hated that feeling of walking away from talking to a physician and just feeling horrible, knowing that he just pretty much disparaged me, told me my product was terrible. You walk and it's just a horrible feeling. At a certain point, I got the confidence pretty early on. I said I'm not going to let that happen anymore.

Scott Nelson: Sure.

Devin Hughes: I mean, there's a reason why I'm here because I do bring value. Now, he may not see it, and if he doesn't see it that's okay. There are a lot of other people that do. So pretty early in the sales process, I put it right up there out front. So, I would say something like this, "Hey doc, do you know what? I appreciate the time to talk to you today, but I need a favor from you." "Oh, what's that, Devin?" "If at any point during our relationship, if you don't see any value in me, my product, the company, whatever we're doing, I need you to tell me immediately. I don't want to waste my time nor your time."

Can I count on you to do that for me? Because doc, I don't want to be one of those reps, you know the kind, the kind that hangs around your office all the time and acts real interested or the guy who's always hanging outside your cases pretending like it's an accident before you walk in and tries to come up to you at the scrub sink and to tell you what the ballgame was like last night." "You know that kind of guy? Well, I don't want to be that. I'm not that guy, doc. You don't need to pretend with me. If you don't like my stuff, that's okay. There are a lot of people that do, and we can be friends and we'll..."

Scott Nelson: Sure. Yeah.

Devin Hughes: Those are the kinds of conversations that I had.

Scott Nelson: Okay. So, I want to dig into that a little bit deeper because, one, I think you're spot on. You're spot on. But two, I have to think that when you had that conversation with most physicians, that probably opened up a whole new world to them because they knew exactly what you were talking about. Is that right?

Devin Hughes: Oh. I mean, usually, we both start cracking up, laughing.

Scott Nelson: Yeah. Yeah.

Devin Hughes: I mean, he could name, "Oh yeah. Oh, I know exactly who you are." I said, "Yeah, you've probably got five or six of them, right?" "Yeah, yeah, the guy who occasionally just happens to be in the parking lot when you're going to your car, who just happens to be by the lounge, who happens to be by grand rounds, all those guys."

Scott Nelson: Yeah. Okay. Okay. I'm a huge believer in that idea of trying to get to that level of transparency where it doesn't matter to me if you give me a no. I mean, it matters to a certain degree, but in the big scheme, it doesn't matter if you say no, I just want to know that you said no. I don't want to operate in the land of maybes because then it gets awkward, and then, as you mentioned, there's this song and dance that rep and customer, in this case, it's a doctor at play. So, why do you think it's difficult for most reps to have that sort of conversation to get to that level of transparency?

Devin Hughes: So, one of the tenets I think when I was selling [27:18 inaudible] one of the common denominators for the most successful reps, obviously you've got to be likable assuming you have a decent level of clinical knowledge, one of the real differentiators, the truly great ones that I found, was the ability to have difficult conversations.

Scott Nelson: Okay.

Devin Hughes: That hope was not a strategy. To look a guy in the eye and just have that hard conversation and say, "Doc, you know what? I get the sense you really aren't ever going to use this, are you? You're only using it because I happen to be here and you're in the room and you don't want to be a tough guy and tell me no." Because of the product that I had sold, you didn't have to use it. You used it, it was starting to become a standard of care, but there wasn't anything

else like it. So, in some cases the doc, you're trying to get prophylactic use, so that was a hard conversation to have. So, the earlier that I could have these difficult conversations with people, which got less difficult the more you had them, it changed the relationship, saved me a lot of time, and I got to the heart of the matter, which was really what he/she thought about my product case to case, etc.

Scott Nelson: Sure. Sure. That actually ties into another point that you've basically just covered. You mentioned it in one of your posts, but your comfort zone is your biggest obstacle and objection. In order to be widely successful, you have to get comfortable with being uncomfortable. That probably ties into what you just mentioned, correct?

Devin Hughes: Yeah, and you know, I coined that phrase just because when you come in, I mean, I think everyone can relate. I mean, you're in a lot of uncomfortable situations where the competition's outside the room or you heard anecdotally from a nurse that they didn't like your stuff, or you heard that the chairman of surgery hates reps. I mean, there are always things that you just hear and you're trying to kind of pull them all together until they come and then know what to present and talk about.

Scott Nelson: Sure.

Devin Hughes: So, I just found that the easiest way to do it, the easiest way that I found was to put myself in extremely difficult situations all the time. I tried to put myself in an uncomfortable situation at least once a day.

Scott Nelson: Okay. That's good advice. That's great advice. So, you actually proactively looked for situations like that just because you knew you'd be better off by putting yourself there.

Devin Hughes: That's exactly right, yeah. I use the term "bulletproof," and the more I got beat up early on and often, after a while, one, you're more resistant, and two, you're more prepared.

Scott Nelson: Sure. Yeah. No, that's good stuff. Let's move on to another point. Know the science behind your product and the disease state. I think you kind of addressed that concept with being "bulletproof," and you said, "Many reps are bulletproof on their data but lack basic knowledge of the disease state." I mean, that's another really, really good point because most reps think that to really be successful you need to know your device or your product and the competition, but in my opinion, you need to know both and you need to take a step further and understand what that patient's going through, what the disease state looks like, what are the long-term sequelae of that particular disease, etc. So, that's a really good point. What else can you add to that?

Devin Hughes: Part of that was trial-and-error for me. I went in like anyone else, as kind of novice. I had my product information; I had all the clinical data and I just regurgitated it on the doc. Then I stepped back and said okay if I'm a physician and a patient walks in the room, me being the patient I sit down on the table. What does that interaction look like? I said, wow, it looks dramatically different than what I'm doing with the doc.

Scott Nelson: Okay.

Devin Hughes: The doc's not pulling up brochures and data. He's actually making a lot of eye contact, asking a lot of questions, digging back. It's more of a conversation. I said I want to mirror that. That's what I want to be. I want to be a resource that way. Again, as I touched on earlier, I didn't want to be like the other reps that I just described who are just formatically doing that. So, what I found was that I was having much richer conversations with physicians when I understood how the patient presented, what the post-op care looked like so that full patient journey.

Scott Nelson: Okay.

Devin Hughes: So, it gave me additional context, and also I thought built credibility with the physician. So, it didn't always appear that I was just there for my stuff.

Scott Nelson: Sure.

Devin Hughes: That if I was going to be a patient advocate, then my behavior had to change.

Scott Nelson: Okay.

Devin Hughes: So, did my knowledge base.

Scott Nelson: I like that phrase, "understand the full patient journey." That's a really good phrase. Is that another one you coined?

Devin Hughes: Yeah, it seemed appropriate.

Scott Nelson: You're being too humble about it. Those are really honestly good phrases. You have to get comfortable being uncomfortable and understand the full patient journey. That's good stuff. I might actually steal those. I'll make sure you get credit for them in the future.

Devin Hughes: Help yourself. Help yourself.

Scott Nelson: Let's move on to another one because we're running a little bit short on time and I may have to invite you back to cover some more stuff down the road because this is really good content I think. You've just got so much to offer. Again, that sounds cliché. I'm not trying to brownnose you by any means. This is just really good stuff. It's really, really spot on. Regardless of what sort of niche you operate within the medical device space, almost all of this applies. So, let's move on to another one. Don't spend so much time trying to be liked by everyone in the OR or the physician's offices. It's important to be liked but it is just as important to be respected by your customers too. How did you come about that? How did you come to understand that point and what do you think that looks like for those of us in some sort of sales and marketing capacity?

Devin Hughes: Well, because being funny and Mr. Personable a lot of times is not a huge differentiator, because there are a lot of guys that are funnier or better looking or played football in Florida or whatever it is. We're all looking for that bridge to relate to the doc. I mean, whatever

it is. Granted, you've got to be likable, but what I didn't want, and it's just me personally again, I'm saying I'm a patient advocate, that I'm advocating for the patient. I'm there for the right reasons with this evidence-based medicine I didn't want my physicians to use just because they liked me.

Scott Nelson: Sure.

Devin Hughes: Because that doesn't scale. Because what if I got busy or my business grew? I wasn't going to be able to be around as much.

Scott Nelson: Sure.

Devin Hughes: So, what I figured out was okay, if they use it all the time because I'm around, oh that's great, except when I'm not around as much my business is slowing down. So, I had I guess dissected the sales process and I had to create opportunities that it couldn't just be because he liked me. I mean, that helped, but there had to be a lot more to that. Plus, I mean, let's be honest, the offices and the staff, they like everybody.

Scott Nelson: Sure.

Devin Hughes: I mean, every guy who's bringing lunch or doing whatever they have to do. So, that was just part of it. It was probably obvious to most that that was one thing that jumped out at me, that there has to be more to the secret sauce than just being likable.

Scott Nelson: Sure.

Devin Hughes: You've got to do something else to bring to the picnic.

Scott Nelson: Give us a few examples of what actually that process of going from being liked to really add value and being respected by your customers. For the most part that happens over time, I mean there's a process to that, but can you pinpoint a few examples that you did to get to that point where you really did add value, and when your customers began to see that I guess?

Devin Hughes: Well, I think part of it, and value obviously is a perception, part of it is I think initially from how you introduce yourself into the sales process. I typically did not come in. Every time I had a conversation, it wasn't about, "When's the next time you have a case? Did you use my stuff?" Just very basic, rep-type behavior.

Scott Nelson: Sure.

Devin Hughes: I tried to have conversations. A lot of times I'd sit down with the front desk and try to understand what are the busy days in the office, is he going to bang on a fellow. Try to understand the whole dynamics of the whole system. Right now, ACOs are a big deal. Try to understand the industry and try to bring the content that way. If we've got something in-house, we've got a medical publishing arm or we've got new data, or I saw something on the website that I thought was relevant to their specialty, I'd make copies and leave it.

Scott Nelson: Okay.

Devin Hughes: I mean, just anything. Little things and we're not talking about huge things, just little things that just show that you're thoughtful and it's not always just about you.

Scott Nelson: Sure. Sure. That's a really good point because I could personally testify to that. I've really seen that pan out when I've presented information that has really nothing to do with my product or what I sell but maybe about the patients they typically see, and I think that really does show that. I know for a fact that even though a physician hasn't come out and said, "Hey look, Scott, I value your opinion," or "I value what you think," maybe they haven't directly said that but in a roundabout way they recognize that because of those little things. So, I could definitely testify to that.

Devin Hughes: I think one other thing that's noteworthy is don't always assume why he or she is using your product. I like to ask. So, I would dissect that. So, say you're a month in the relationship and he's using my stuff, "Hey doc, I have a question for you. What was it that I did or could have done specifically that made you switch from the competitor to my stuff? I'm just really curious. Was it me? Was it personality? Was it the product? Was it the clinic? What was it?" You peel back the onion and hear that.

Scott Nelson: Sure.

Devin Hughes: A lot of times what you'll hear is the stuff that you didn't really think was that important, and you're like, "Wow, really, that?"

Scott Nelson: Yeah.

Devin Hughes: Again, you add that to your briefcase, and again, as I like to say, you're even more bulletproof.

Scott Nelson: Yeah, okay. Let's see here. Let's make this the last point because I think I want to leave this as maybe we'll have to do a follow-up call because there are a few other posts that you've written that are really, really good too. So, I might want to try to continue this conversation another time. I don't want to try to squeeze all of this into a certain amount of time because it's too good. That won't do it justice. But the last point I want to talk about is, don't be scared to speak up if you see a surgeon or staff member about to make a mistake with your product. There is a reason why you're in that case with that physician. The emphasis being on there's a reason why you're there, and it's not just to put a smile on your face. So, describe that a little bit more for us.

Devin Hughes: Yeah. So, I mean, I can still see myself in the back of the room the first time that I'm working with a clinician, and we've all had those surgeons who just think they intuitively get it. They don't need you. They're just going to do it. They don't want to listen, and you see it, maybe he's not doing it right or the scrub techs are handling it wrong. Maybe you don't say anything, it doesn't go in really well and they look at you like in disgust. So, one of my earlier

points is if it's not easy to use, then they're not going to use it. Two- there is a reason why you are there. You're supposed to be a resource.

Scott Nelson: Sure.

Devin Hughes: If you don't have the wherewithal to speak up in a respectful way, then I would challenge that maybe you're not the guy or girl for that position. So, what I typically did, and I noticed this again if you're early in the device industry, is to set the expectation before you even walk in the room. So, you talk to the surgeon, you talk to the staff and say, "Hey look, when we get to the point where you're going to use my product, there may be a point where I'm going to speak up and I want to make sure that's okay."

I'm not going to be talking down anyone, but I want to make sure this goes in perfect because the patient's counting on us, us to make sure that it goes in right. Is that okay?" "Yeah, yeah, no prob." I'll say the same thing to the doc, and I'll review again what we're going to do, how we're going to use it, one-two-three, and just plant it in his head that when we come up to that point. Again, a lot of guys who have been in the business for a long time don't have to do that, but if you're early on, it's uncomfortable to tell a doc, "Hey, hey, hold on! Hold on! What are you doing?"

Scott Nelson: Right, right. Yeah.

Devin Hughes: But that's all.

Scott Nelson: But I think what's worked for me and I think has worked for other people as well as I've talked with other reps that have been in that same situation is that even though and it goes back to what you said earlier about putting yourself in uncomfortable positions for a purpose. I guess, what's the worst-case scenario? Is that your physician does use your device wrong or your product wrong, doesn't insert it, whatever may happen in that case. One- that obviously something's probably going to happen to that patient.

One, the doctor's going to be pissed, and that's most likely going to affect not only your relationship with that doctor but also any future sales. So, you've got to think about what can happen too if you don't step up. Maybe you step up to the plate and actually say something, and maybe it's obvious and the physician already knows that. Well, big deal. At least everyone's on the same page. So, I think, to your point, setting the proper expectations and being willing to step up is really huge. I think we'd all do better to make sure we're doing that as cases are covered and whatnot.

Devin Hughes: Yeah. I'd say, I mean I realize it can be uncomfortable at certain times, and then again I think you have an obligation not only for your well-being, for the patient's well-being, and for everyone else to do the right thing. But again, it's not easy, I get that at times.

Scott Nelson: Sure. Sure. So, let's end it for now, and I'd love to have you on, time willing if your schedule's open in the future. But I always like to end these calls with if you had a son or a

daughter or maybe a close friend or something like that that came to you and said, “Hey Devin, I’m interested in the medical device space. What one or two pieces of advice could you give me to help kick-start my career? What would that be?” This is kind of a general question, but what one or two things do you want to leave that person with?

Devin Hughes: Yeah, I’d say hopefully you’re in it for the right reasons. I’d probably peel back the onion and want to know why. For me, it was much more than just money, and I may be an anomaly that way. I honestly felt that it was a rare opportunity that we have to actually leave an imprint. So, what’s your legacy going to be? But that said, I’d say it is an unbelievable job as everyone who does it at a high level can attest. I mean, the feeling that you get when you actually change or make something standard of care, there’s nothing like it. There’s a lot of autonomy, there’s an opportunity to work with some really, really bright, intelligent people, and it stretches you. I think if you’re in the device industry for a while, you come out and you’ve grown. You’re a much better person than prior to when you went in.

Scott Nelson: Sure.

Devin Hughes: So, that’s probably what I’d say, something like that.

Scott Nelson: Cool. No, that’s good stuff. That’s a good place to end this call. I’ll have you hold onto the line here, but thanks a ton, Devin, for joining me on the call. I’m sure the audience is going to be able to walk away with the same sort of feeling that I did when I first read this information. I was like, wow, that guy really knows what he’s doing. I mean, this is really good stuff. So, thank you.

Devin Hughes: No, you’re welcome. I was glad to be here.

Scott Nelson: Yeah. Again, for those of you who are listening that didn’t hear the first part of the interview, make sure to check out Devin’s website, or at least one of his websites, where he blogs about various ideas like we talked about on this call. It’s devinchughes.com, D-E-V-I-N-C hughes, H-U-G-H-E-S dot com. So, thanks, Devin. Appreciate it.