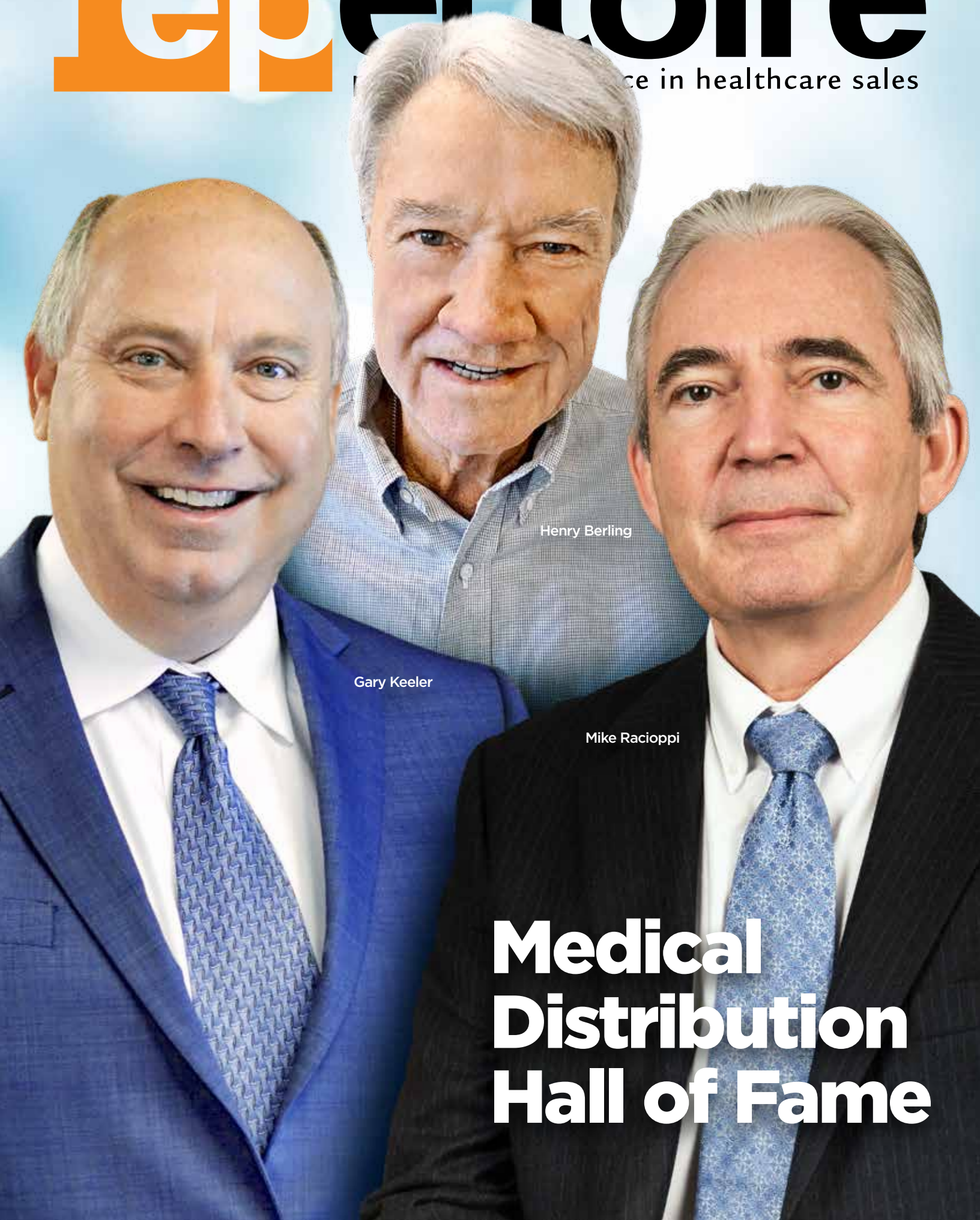


repertoire

Force in healthcare sales



Henry Berling

Gary Keeler

Mike Racioppi

Medical Distribution Hall of Fame



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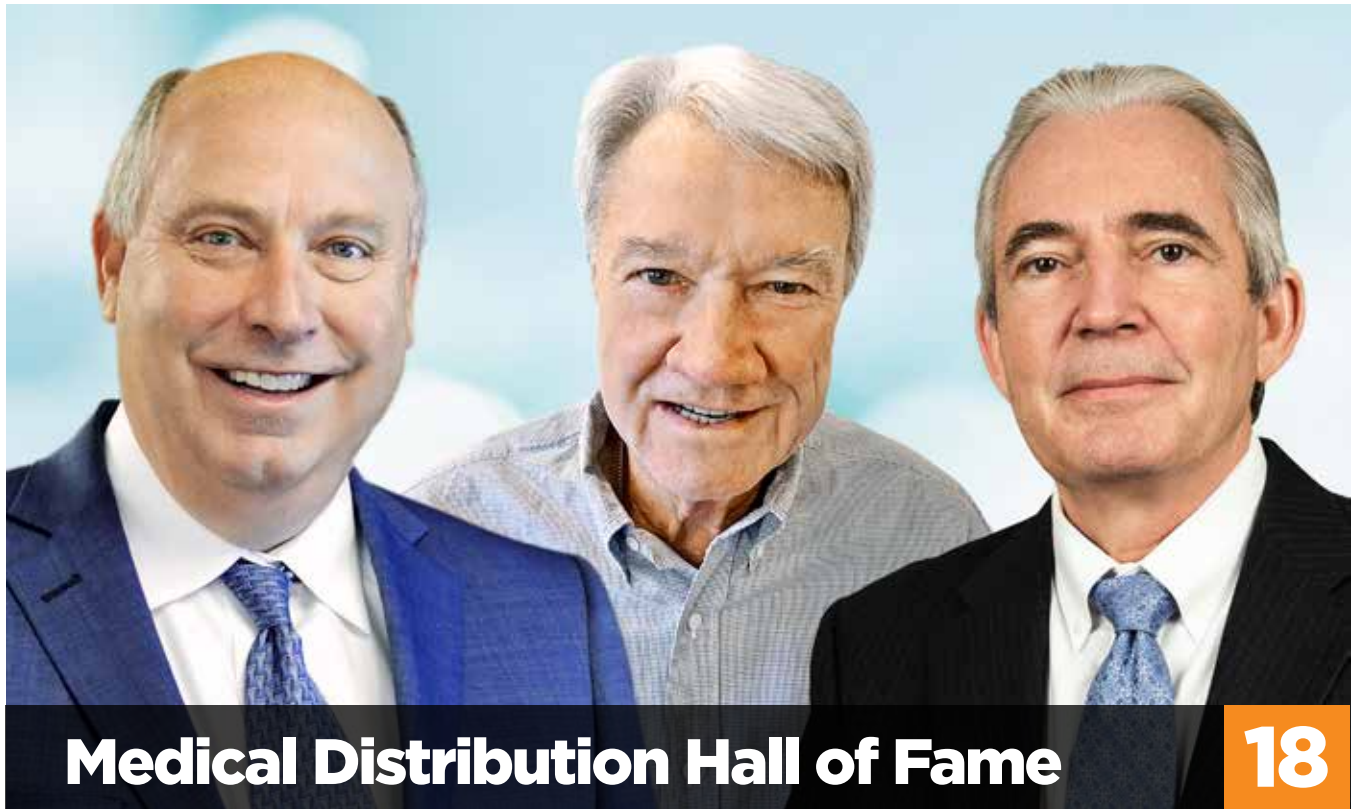
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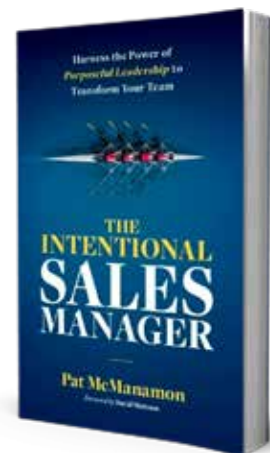
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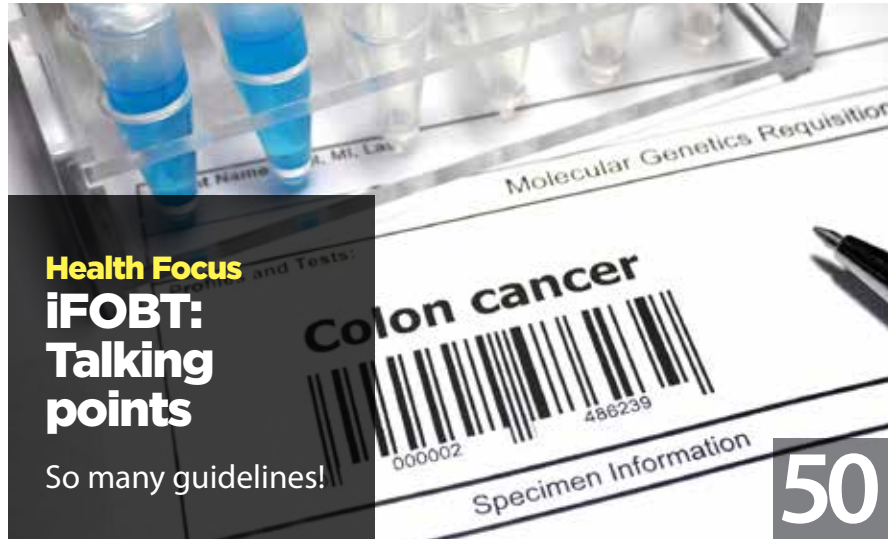
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Hall of Famers



Scott Adams

Each year as we get ready to publish the annual Medical Distribution Hall of Fame issue, I look forward to reading the stories of some of the most talented and successful people in our industry. As you read about this year's inductees, you'll see patterns that have made these individuals successful in their careers and in life.

Henry Berling. While I never called on Henry, it's easy to see why the manufacturers that did gravitated toward him and Owens during his tenure. Henry received more Hall of Fame nominations than anyone has to date. When I spoke to the people who nominated him, the same comment kept coming up. "Henry is the ultimate gentleman." One of my favorite quotes in Henry's article is: *"I have learned one thing interacting with people," he says. "Since I wasn't such a good student in school, I found that if you listen to people and pay attention, they will teach you more than you could ever learn by asking questions. And the industry is full of people like that."*

Michael Racioppi has an amazing story, starting as a pharmacist to ultimately becoming the president of Henry Schein's medical division, and today traveling the world for Schein as the chief merchandising officer. As you read through Mike's story, you will see what a visionary he is, as well as a trendsetter. I've known Mike for 20-plus years, and one thing that has always stood out is the loyalty his team shows toward him. When Schein employees talk about Mike, you can sense how much they appreciate him and the value he's brought to the company and our industry. Selfishly, my favorite quote by Mike is about one of our products: *"We felt the more often the sales reps went online for EOL, the more likely they would be to help customers transition to placing their orders online. It was not an easy transition for some field reps. But most eventually got there."*

Gary Keeler. In my first meeting with Gary, he and Rick Frey (with the help of Cindy Juhas) lifted a smooth \$100 off me in a game of liar's poker at a HIDA event in Baltimore. Being a fresh-faced, 29-year-old national accounts rep, I was

unaware that they were using signals to unburden me of my \$100. I learned a valuable lesson that night – if you're going to play with the big boys and girls, you best keep your head on a swivel. The one thing that has always stuck out to me about Gary is how much of a sales guy he is, and more importantly, how much he supports his sales team. Throughout his article you will see this trend. My favorite quote of Gary's: *"When you ride with reps every day, you see how we all look at our own businesses, how we look at what we do, how we rationalize why we do things."* The simple fact that he still talks about riding with reps shows his commitment to them and why they have worked hard for him over his career.

I'd like to end this publisher's letter by thanking Mark Thill for writing three great articles on the well deserved 2020 Hall of Fame inductees.

Dedicated to the industry,
R. Scott Adams

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1. ID NOW Strep A 2: Internal assertion study on file (967-001-16-CA-R0140 vB.0)

2. ID NOW Strep A 2 Pack Insert

3. Moore N, et al. Evaluation of the Alere[™] i Influenza A & B 2 Assay. 2018 ASM Clinical Virology Symposium, West Palm Beach, FL. Poster

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5. ID NOW RSV Pack Insert

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Capital Ideas

Sold a large lab system? Now the work starts.



By Jim Poggi

You just sold a large lab system! Congratulations are in order. If it's your first, I hope my guidance will help you assure an excellent post-sale experience for your customer, your supplier(s) and you! If this is not your first rodeo, I expect that my thoughts will jog your memory and perhaps add an item or two to make your best implementations even better.

In our personal lives, we intuitively know that the first 30 days after a major capital purchase (home, car, major home appliance, etc.) set the tone for our long-term satisfaction with the product and its supplier. In our professional lives, the realization of how important customer satisfaction is has become so top of mind with leading companies that many now have executives in charge of “customer delight,” “total customer satisfaction” and similar. Most large manufacturers and distributors also poll their customer base routinely and publish customer heat map statistics. Even the federal government has gotten into the act; MACRA's cornerstones are customer satisfaction and better customer outcomes.

In reality, customer satisfaction and the quality of your company's brand are built up from every customer interaction. Your actions in your territory are the fundamental building blocks of customer satisfaction at the national level. Take pride in providing an awesome customer implementation and post implementation experience with every large-scale lab solution you sell. Clearly, this advice also applies to large scale equipment sales for any product type.

This month's column will provide guidance in the best steps to take to manage your approach to lab equipment implementation based on my experience. Let's look at the moving parts together.

Getting it right as you close the deal

The first step in assuring an exceptional customer experience is making sure your solution is optimized to fit the customer's needs best. Do they need high throughput, a

wide test menu, ease of use, small footprint, low initial or low operating costs? Deep customer discussions and a clear understanding of what is most important to them is your best friend in the large lab capital sales process. Be sure to team with your key supplier(s) for the best, most comprehensive viewpoint. Often, the best distributor account managers ask their customer what they like and what they would change about their current lab equipment solution as part of their due diligence process. I have begun adding “Do you have any new needs or concerns based on changes in reimbursement, regulations or competition in your area since your last purchase?”

Your solution needs to consider the customer needs and variables as well as changing market conditions. Ultimately, it is a rare solution that does not have some compromises. Remember the old saying: “You can have a solution that is fast, cheap or high quality. Pick any two.” As you develop and explain your situation, be sure to point out any compromises and make sure your customer is aware of them and agrees before they sign on the dotted line. The five words you do not want to hear after the product is delivered are “I did not know

that.” They often precede things you really don't want to hear or address.

Preparing for implementation

You, your customer and supplier have agreed on the best solution and how it will be funded. You are on your way! But, there are a lot of items to manage even before the product is delivered. This checklist should help you.





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†RSV- Respiratory Syncytial Virus

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1. BD Veritor System for Rapid Detection of Flu A+B, CLIA-waived kit package insert, 8087667 (14) 2018-06.
BD Veritor System for Rapid Detection of Flu A+B, laboratory kit package insert, 8087666 (11) 2017-10.

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PHYSICIAN OFFICE LAB

Item	Responsible	Status	Comments
Site survey	Supplier		The best suppliers do this exceptionally well
Site modifications (list)	Local contractors/ supplier		Know what's going on but avoid being the expert or general contractor
Delivery date(s)	Supplier/customer		
Installation date(s)	Supplier/customer		
Customer training	Supplier/customer		On site in supplier training facility?
Update customer credit limit?	Distributor sales rep		Sometimes needed for the new equipment
Update customer procedure manuals	Supplier/customer/ third party		Suppliers often have templates to share
Set up customer standing order for reagents, calibrators, controls, consumables	Distributor sales rep		Create rapid online customer order guide. Remember lot change issues
Make sure your customer has any needed general lab supplies to support the new solution	Distributor sales rep		Rockers, pipettes, centrifuges, etc.
Coordinate supplier provided install supplies with customer provided supplies	Supplier/customer/ distributor sales rep		In my experience this is often a gap no one addresses until installation/set-up day
Make sure customer is on the right proficiency program	Supplier/distributor sales rep		And get the PT business!
Advise customer to review their CMS-116 form and adjust as needed	Supplier/distributor sales rep/customer		This is their CLIA form; they should have it close at hand
Assure LIS and EMR connectivity will work	Supplier/LIS company/EMR company		This may take a while; plan early


Post implementation follow-up

Taking the right steps will assure you have planned and coordinated the work with care and diligence. This is the

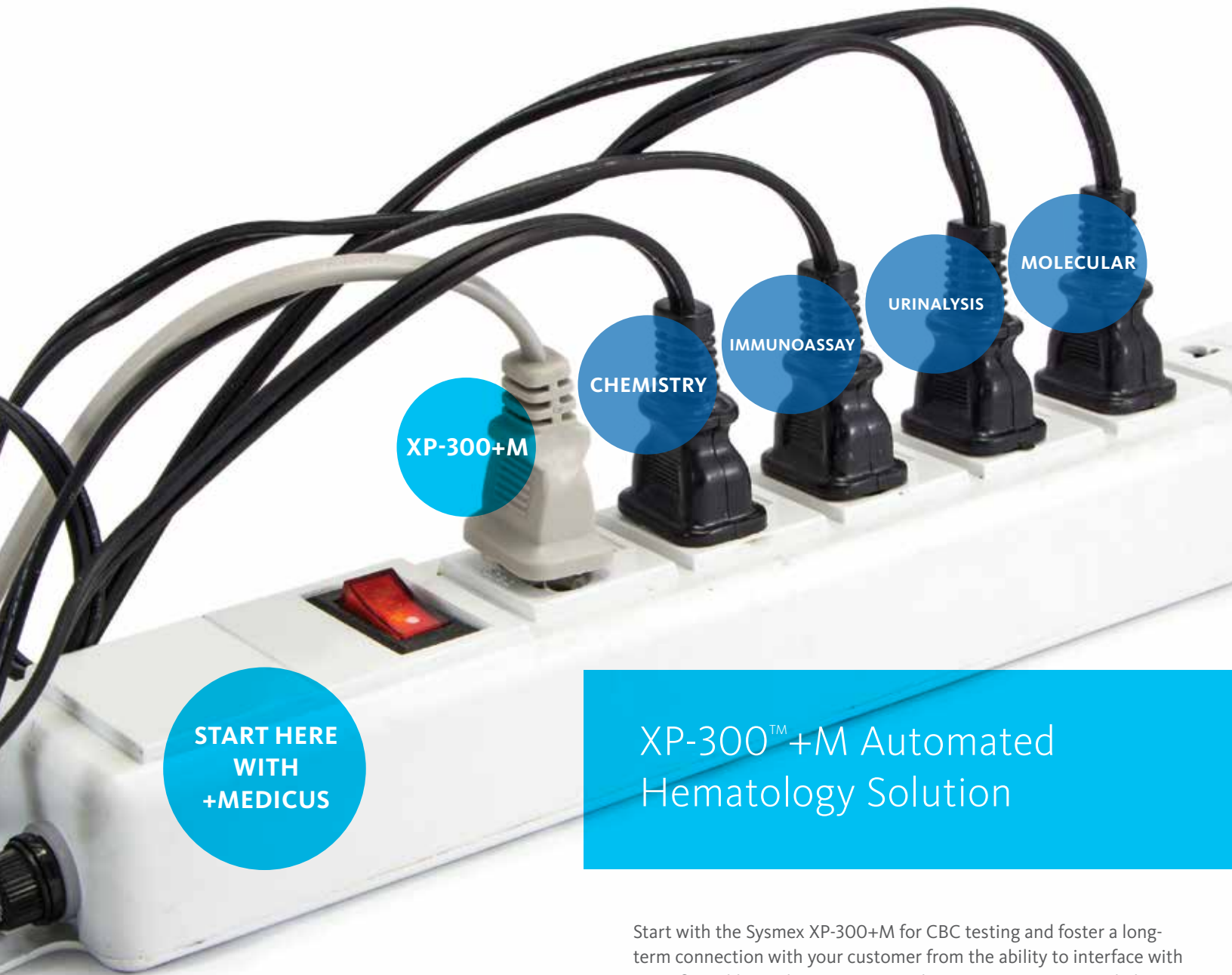
foundation. But, don't forget to address your customer's feelings about the work and let them know you care. This is the icing on the cake.

Item	Best practice	Timing/comments
Thank you	A written card, perhaps a memento for the lab or office	Within two weeks of implementation
Post implementation survey	Written questionnaire asking what went well and what could be improved	Once I began doing this my implementations improved
Ask for a referral/reference	Always ask	And thank those willing to help you
Log the lease term where you can find it later	Plan to begin reminding the customer of the need to make a replacement/upgrade decision 18 months BEFORE lease end	Don't get caught by surprise or let your customer forget

Your role as the quarterback of the sale and implementation process is pivotal to success. Stay in role, delegate tasks appropriately, let the experts in each area do their work and check progress frequently. The best implementations include frequent meetings with you, the

customer and supplier as you complete action items and look toward the next steps. Selling the solution is just the beginning. Creating an exceptional implementation and customer experience separates the stars from the rest of the pack. Be a star! 

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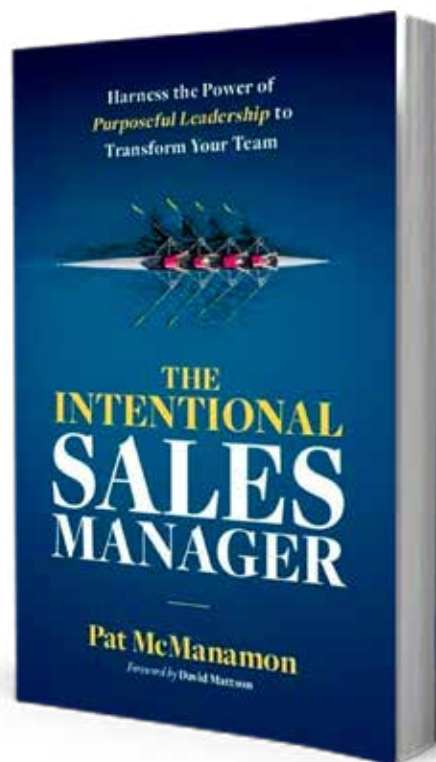
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The Bridge from Salesperson to Sales Manager is Intention

By Pat McManamon, Sandler Training



Editor's note: *The following is an excerpt from "The Intentional Sales Manager – Harness the power of purposeful leadership to transform your team" by Sandler Trainer / Author / Speaker/ Sales Coach Pat McManamon*

"Sales manager."

These two words encompass what is arguably the most challenging role within any company. In my experience, it is also the most misunderstood role.

A manager is not a salesperson. They are two totally different roles. Sometimes we lose sight of that. Our job as managers is not to close sales. Very often, however, we act with the intention of closing sales. This common problem is compounded by the reality that the metrics that can create a viable scorecard for salespeople are a little harder to identify at the management level.

Managers who become truly effective as leaders of sales teams embrace their management role by establishing

for themselves minimum standards of performance and activity that are very different from what salespeople are expected to do. These standards connect to the goals of developing their people ... and coaching them so that they get better at executing what they know how to do. This embrace of the sales manager's role does not happen without a consistent, disciplined effort guided by intentional decisions.

My hope is that "The Intentional Sales Manager" will help current and aspiring sales managers to see the potential hazards of not being focused and intentional when it comes to developing their people and themselves. My aim is to support them as they inspire others to leverage

their personal goals as a means of sustaining their own continuous growth by sustaining the continuous growth of others.

An all-too-common theme

While writing it, I found myself reflecting on the countless sales teams I've worked with over the years. I realized that there was an all-too-common theme among teams that found themselves in trouble and looked to Sandler for help: managers and salespeople who held themselves and their organizations back ... because they could not see their own blind spots, and were not ready to set up a plan – an intention – for overcoming them.

There is always something to learn, something to improve, something to see more clearly. Of course, it's possible, and perhaps even likely, that you as a manager may notice the blind spots of others before you recognize your own. Don't compare what they're doing to what you might do in a similar situation. That's not your role. Instead, ask, "If I were to be intentional about helping this person to get better, what is the one thing I could do that would help them most?" And then act.

Many sales managers, it should be emphasized, evolve from a sales role. As a salesperson it's easy to measure your impact because of metrics related to sales volume, dollar amounts, averages, ratios, and new accounts.

When managers accept their new responsibility, they are told to do things like set the strategy, define the culture and develop your people. These are all things that are critical to the role of manager, but not that they are also activities that have a long-term perspective. What will you be doing each day? You can easily edge your way back into being a "senior salesperson" unless you are intentional about staying in the manager role.

Growth as a manager can be an elusive quest ... until the manager begins to realize just how much he or she doesn't know.

The truly intentional manager quickly realizes that learning and growth are interchangeable, and that they must never stop learning and growing. Other managers, by contrast, learn only enough to sustain themselves in their first management assignment and then, sadly, come to believe that they have arrived and they have no need to

learn further or look for a coach who can help them learn to show humility and vulnerability. Don't be one of them!

Top 10 behaviors


"The Intentional Sales Manager" is based on real-life situations of the challenges faced by sales managers with whom I've worked. The following takes place after some important lessons learned:

It had been a couple of months since Tom had first sat down one on one with each of his salespeople. The format of the team sales meetings had changed dramatically since then. No longer was the focus on the department's production numbers and each salesperson's updates on each of the accounts in his or her pipeline. (Those discussions were held for the private meetings, which had a clear coaching focus.) The team sales meetings now followed an agenda based on input of the sales team. The salespeople had told Tom that they wanted to be updated about company issues, and that they wanted to master, with Tom's help, the Top 10 behaviors of successful sales professionals. With Tom's facilitation, they agreed to work as a group on these top 10 behaviors, all of which support the performance of top performing salespeople.

- 1.** Lead generation
- 2.** Building relationships
- 3.** Qualifying opportunities
- 4.** Making presentations
- 5.** Serving customers
- 6.** Account management
- 7.** Territory development
- 8.** Building a cookbook for success
- 9.** Continuous learning
- 10.** Execution of a proven selling system

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The Intentional Sales Manager, by Pat Mcmanamon

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How Well Do You Know Your Customers? Part II

Editor's note: *Do you know what your IDN customers' priorities are? Do you, your products and services meet their needs today? How about tomorrow? Last month, Repertoire offered readers a "crash course" in health system supply chain by presenting a few highlights from the 2019 "Ten People to Watch in Healthcare Contracting," an annual feature in Repertoire's sister publication, the Journal of Healthcare Contracting. Here are a few more.*

Fred Keller

Position: Vice president, HCA Contracting, HealthTrust, Nashville, Tennessee

In the past two years: "Our collaboration with our cardiovascular service line has been an exceptional experience. Being included as a contributing leader to not only our cost and supply initiatives, but to a holistic business strategy including growth, service development, clinical performance and resource balance ... I have learned so much and received such valuable insight."

On the docket: "We are trying to help various teams within HCA be on the front end of learning about new products and how they may change the standard of care. We want to look at the pipeline so we know when these technologies are going to be commercially available, instead of learning about them eight months after the fact. We can structure better contracts when we learn about technologies ahead of time and gain an idea of how the government is likely to manage them from a reimbursement or indication perspective. All constituents – payers, providers,



patients, physicians – benefit by being thoughtful instead of reactive, and by taking the time to understand where new technology really fits."

Thoughts on the practice of supply chain management: "I listen more. I trust more. But I expect

more. I have made every day more about thinking and solving and surrounding myself with people who are better than me. It has also been more about helping younger and newer leaders in this profession experience things in a controlled manner, so they can learn and gain confidence in the capabilities they will need in the future."

Future challenge for the profession: "Our teams manage contracting as a byproduct of managing larger relationships with our constituents and suppliers. Contracting becomes a lot easier when you are engaged with the people making decisions about the service line and its future I would tell a young

person to find time to have a dialogue with the people who are influencing a service line. It makes your task – contracting – easier, because it raises the value of your contracting expertise. You are seen as being more intimately invested – and influential – in what they're doing."

Herman Lovato

Position: Director of support services, Centura Health, Centennial, Colorado

In the past two years: “One of my biggest successes was establishing a support team and partnership with the outpatient provider network of facilities, which once exceeded 300 offices. Visibility to provider offices’ spend increased by 95%, allowing our team to put together sourcing and purchasing strategies across the enterprise. One of these strategies included pharmaceutical spend, which accounted for 70% of total spend. Partnering with Pharmacy to highlight the areas of opportunity justified hiring a dedicated pharmacist to establish a pharmaceutical and therapeutics committee dedicated to outpatient provider pharmacy opportunities. Our teams have partnered to provide valuable data analytics, visualization tools, and implement a number of highly impactful changes to our formulary.”



has been a significant change in the practice of supply chain over the years. The industry is not only more equipped to capture data, but

has also improved the way we visualize it. Bridging the gaps between purchasing data and clinical data has strengthened relationships between clinical teams and has directly impacted supply chain’s ability to contribute to patient outcomes and quality care.”

Future challenge for the profession: “Every supply chain professional must prepare for the pressure between rising costs of goods and services, and finding creative solutions to deliver results. In some cases we can create the competition and negotiate competitive pricing, and in others the industry allows for price gouging. There are many variables that play into pricing, and there are challenges with getting a product to the market. However, it is ultimately the patients who suffer.”

On the docket: “One of my goals over the next year is to ... develop a successful strategy within nutritional services. I would like to support dietitians and nurses by developing lean processes, ensuring we get product to the patient floors, seeing that it’s well managed, making sure we have no issues with expiration dates. We can provide tools, and, they – as experts in the field – will determine how to use them.”

Thoughts on the practice of supply chain management: “There

Bridging the gaps between purchasing data and clinical data has strengthened relationships between clinical teams and has directly impacted supply chain’s ability to contribute to patient outcomes and quality care.

Joel Prah


Position: Vice president, supply chain, Mercyhealth, Janesville, Wisconsin, and Rockford, Illinois

In the past two years: “It was imperative for me to take time early on in my new role at Mercyhealth to learn our operations, get to know my teams, and develop relationships with other leaders, and at the same time assess the supply chain organization and determine what our future strategy should be. We were in the middle of a spine implant initiative that had stalled during negotiations. It was rewarding for me to work with my new team, physicians, legal, and the supplier to get this contract ‘over the finish line.’”

On the docket: “Key projects will center around the integration of our two legacy supply chains. Mercy Health and Rockford Health came together in 2015, but we have been operating with two different ERP systems and two prime distributors. This year we will evaluate ERP systems, partnering with IT and Finance. After we make our decision, we will develop a strong implementation plan. I am also looking forward to selecting one med/surg distributor, freight management company

and vendor credentialing supplier. Finally, we will be evaluating the opportunity to design and develop a centralized integrated service center for Mercyhealth.”

Thoughts on the practice of supply chain management: “I have always believed in understanding the ‘how and why’ of everything I am involved in, and typically ask a lot of questions. I continue to learn from everyone around me, including our CEO, vice presidents, physicians, peers and staff. I try to Observe, Listen, and Learn, and use past and present knowledge to guide decision-making.”

Future challenge for the profession: “I would recommend to the next generation of supply chain professionals that they spend time learning what our clinicians do on a daily basis. Get out there and spend time in the OR, cath lab, ED and other areas. [In addition], to be successful, supply chain professionals need to be skilled in many areas, such as finance, negotiations, problem solving, logistics, analytics, leadership, change management, performance improvement and other areas. We all need to be lifelong learners and to collaborate with the many roles within our health systems to drive our profession forward.” 



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Medical Distribution Hall of Fame

Editors' note: Meet this year's three inductees into the Medical Distribution Hall of Fame: Henry Berling, Gary Keeler and Mike Racioppi. Each personifies courage, business smarts and perseverance, and each of their careers reflects the wisdom and joy of forming meaningful friendships with others in the industry.



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Medical Distribution Hall of Fame



‘In Henry We Trust’

Henry Berling helped build Owens & Minor on trust, openness, honesty ...
and good business sense

Trust turns into loyalty, which is the key to getting a lot of things done. That was the guiding principle for Henry Berling as he helped steer Owens & Minor through 40 years of expansion in terms of geography, services offered and stature in the industry. It also helped him – and his company – negotiate some nervous moments.

“We took a great deal of risk from time to time, but I never thought we wouldn’t succeed,” he says. “We always looked forward, and that worked very well for us. I was just pleased to be part of it.”

Berling was born and raised in Richmond, Virginia. His father, August – a German immigrant – was an entrepreneur, who owned an auto body business, then an ambulance business, a lab supply company and finally, a med/surg distributor called A&J Hospital Supply.

August and his wife, Louise, raised their kids to be polite, to listen to what others were saying, and to always do their best. It is the same approach that Berling and the rest of the Owens & Minor management team, including Gil Minor, Hue Thomas and Bobby Anderson, used to grow their company.

Berling attended Villanova University near Philadelphia, which was run by the same religious order – Augustinians – that had operated a high school he attended. Not long after he graduated in 1965, his father announced he was going to sell A&J to what was then called Owens, Minor & Bodeker Drug Co. August Berling was ready to simplify his life a bit, while the Owens, Minor group was eager to expand beyond the wholesale drug business into med/surg supply, in order to become more competitive with another distributor, Durr Fillauer Medical of Birmingham, Alabama.

In the summer of 1966, while their father was spending the summer in Germany, Henry and his brother, Dick, handled the details of the sale of A&J. (Rather than cash, August Berling had insisted on equity in Owens, Minor & Bodeker.) Thus began a long career for the two brothers with the company. In fact, Henry stayed until his retirement in 2004, and Dick retired one year later. (Their father, August, stayed with the company until his death, working in DME, the repair shop and other areas.)

The growing years

“The days with Owens & Minor were full of excitement and opportunities,” recalls Berling. “We did the best we

could, had some great success, and built a culture that our teammates relied on, and that we relied on too.”

From 1966 on, the company built its med/surg business organically and through acquisitions, including that of Powers & Anderson, Marks Surgical, Murray Drug, White Surgical and Southern Hospital. It continued to expand in the 1980s, beginning with the acquisition of Will Ross in 1981. In 1992, the company sold its wholesale drug business, and two years later, made its biggest acquisition of all – Stuart Medical in Greensburg, Pennsylvania, nearly doubling its size.

To make an acquisition succeed, the first thing you’ve got to do is trust the guy you’re buying it from, says Berling. “If you’re open and honest with that person, and you help them understand where you want to go, usually you’ll build their loyalty. The biggest thing, though, is, ‘Do they trust you to do what you said you would do?’ And we always did what we said we were going to do.”

Throughout all the acquisitions, the team worked to preserve its customer service orientation, sometimes to a fault. “I can’t tell you how many years we ran five or six systems, so customers wouldn’t have to face any changes in the way they did business with us,” he says. “We did things that nobody else wanted to do, and things they didn’t think we should do. But we did it for our customer base.”

Inside the company, Berling and the Owens & Minor leadership team worked to instill a culture of transparency, openness, integrity and respect. “We left our doors open all the time. It wasn’t rocket science. It was the leadership of the company, the way we treated the people who worked there.” And that culture spread to the companies it acquired, he adds.

Changing the model

“The key to the future is to change the model that exists today,” says Berling. In that spirit, Owens & Minor in 1985 signed on as an authorized distributor for the newly formed VHA Supply Company (now Vizient).

At the time, for-profit hospital company Hospital Corporation of America was bidding to buy the country’s largest med/surg supplier – American Hospital Supply (now Cardinal Health). (The deal ultimately fell through when Baxter Travenol stepped in to buy American.) American also happened to be the primary vendor for the young VHA purchasing group. So, rather

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Hall of Fame: Henry Berling

than conduct business with a company owned by its for-profit competitor (HCA), VHA sought alternatives. Hence the authorized distributors.

VHA Supply sought a tough cost-plus deal with the distributors, a deal that Owens & Minor initially resisted. But eventually the two came to an agreement. True, the sales-force found the slimmer margins unsettling, says Berling. But because of the greater volume of business brought by the contract, most came out ahead. Another motivating factor for the reps: Taking business away from American accounts.

In the later '80s and early 1990s, the company became a strong proponent of stockless purchasing and activity-based costing.

Shut up and listen

Today, Berling and his wife of 50 years, Carol, have four sons (two in the medical business), 14 grandchildren and two great-grandchildren. He has stayed in Richmond ever since graduating from Villanova in 1965.


"I have learned one thing interacting with people," he says. "Since I wasn't such a good student in school, I

found that if you listen to people and pay attention, they will teach you more than you could ever learn by asking questions. And the industry is full of people like that."

For example, when Berling was working as an OR tech one summer, a surgeon insisted on teaching him some anatomy. "I never said I wanted to know anatomy, but I found that if I kept my mouth shut, I'd learn some things." Later, when Berling called on his first hospital lab as a young rep, he was asked if he knew what a CBC was. "I said 'No,'" he recalls. "So he said, 'Come back at 5 o'clock and I'll teach you.'"

Berling remains busy in the industry today as co-owner of Custom Healthcare Systems, a custom kit maker in Richmond. And he stays in touch with friends and colleagues from Owens & Minor.

Of his career he says, "You never realize how good it was because as you're doing it, it doesn't appear to be anything other than what you should do. But it was a great run.

"Life goes by quickly. If you stop and pay too much attention, you'll probably wonder what you're doing. But if you believe in something, it can be a hell of a lot of fun." 

Henry Berling: Short takes

John Moran says ...

John Moran, identified as "Salesman" on LinkedIn, retired as vice president of corporate distribution from Welch Allyn in 2010. "It was absolutely impossible not to like Henry," he says of Berling. "It was fun to be with him, either at Owens or at his house having a beer after he finished cutting his lawn with a push mower." Following are some more of Moran's takes on Henry Berling.

- › "Owens & Minor was lean. Very lean. I don't think anybody wore just one hat over there. If you worked at Owens & Minor, you had to be pretty nimble.
- › "Henry was very busy, but he always took time with people. You could be in

his office for an hour and 15 minutes. He didn't keep that close a track of time."

- › "Henry was intuitive, instinctive. He knew how to make the company profitable. And he understood manufacturers. He treated vendors with respect and made sure their needs were met."
- › "Henry always had family in the forefront. He was so proud of his own, but would always inquire about yours."
- › "Henry had an incredible number of contacts. There were times I thought, 'He can't know all these people.' But he did."
- › "He didn't tell jokes. He told stories about real people. Perhaps he embellished a few of them."

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Medical Distribution

Hall of Fame: Henry Berling

Dan Eckert says ...

Dan Eckert, CEO of StatLab, joined Owens & Minor when the company acquired National Healthcare & Hospital Supply of Orange, California, in 1989. He served as director of national accounts from 1989 to 1992. "Henry was fond of nicknames," he recalls. "I became 'Danny Boy' pretty quickly after joining his team. He was also notorious for looking you straight in the eye and giving you a very firm handshake."

- › "When I joined the company, Henry flew me around the industry and introduced me to suppliers, hospital systems and GPOs. He knew almost all the key leaders by first name, and in many cases, we didn't even make appointments. We would just show up and they would agree to meet with us."
- › "Owens & Minor was a relationship company, and it started with Henry. The basic strategy [for growth] was to build on our strong regional and local hospital relationships to gain the support of the GPOs they belonged to. [With hospital customers], the strategy was to get our foot in the door, prove we were trustworthy and that we would do what we said we would do, and then build a bigger relationship on that foundation."
- › "Our manufacturer partners knew they could rely on and trust us. When there were issues with product quality or supply, Henry would always err on the side of giving them the benefit of the doubt and working through it."
- › "In his own way, I think Henry took his responsibility as a mentor to me and others on the team very seriously. He cared and he showed it. I learned more of the fundamentals of our business and developed my early convictions as a

leader working for Henry. It's rare to find that early in your career, but so key."

- › "Perhaps the biggest lesson I learned from Henry was that relationships built on integrity and trust matter as much or more than your 'pitch' to get the business."

Doug Harper says ...

Doug Harper, president, NDC Homecare, was an executive with physician supplier PSS (now McKesson Medical-Surgical) while Henry Berling worked with Owens & Minor in the acute-care market. "I am very glad I did not have to compete with Henry," he says. "He is the epitome of a Southern gentleman – and a dogged competitor. One of his many skills was to build true partnerships with customers that lasted forever, as they knew he certainly wanted their business and he always had their best interest at heart."

- › "Henry's success with acquisitions was due to the simple fact that the owners of these companies simply trusted him and knew that a partnership with him would be great for them and their teams."
- › "Henry was – and is – a valued mentor to many. Although he has zero patience for underachievers, he is always willing to help anyone who works hard and is a true advocate for their customers and company."
- › "Many people begin their careers well-intentioned to be a 'true partner and advocate' for their customers and companies. However, that intention often gets lost due either to the egos of success or the pressures of an industry. Henry has never wavered from his values and hence has enjoyed great successes, friends and admirers."
- › "Our industry is better today thanks to Henry Berling, and I am honored to be his friend."

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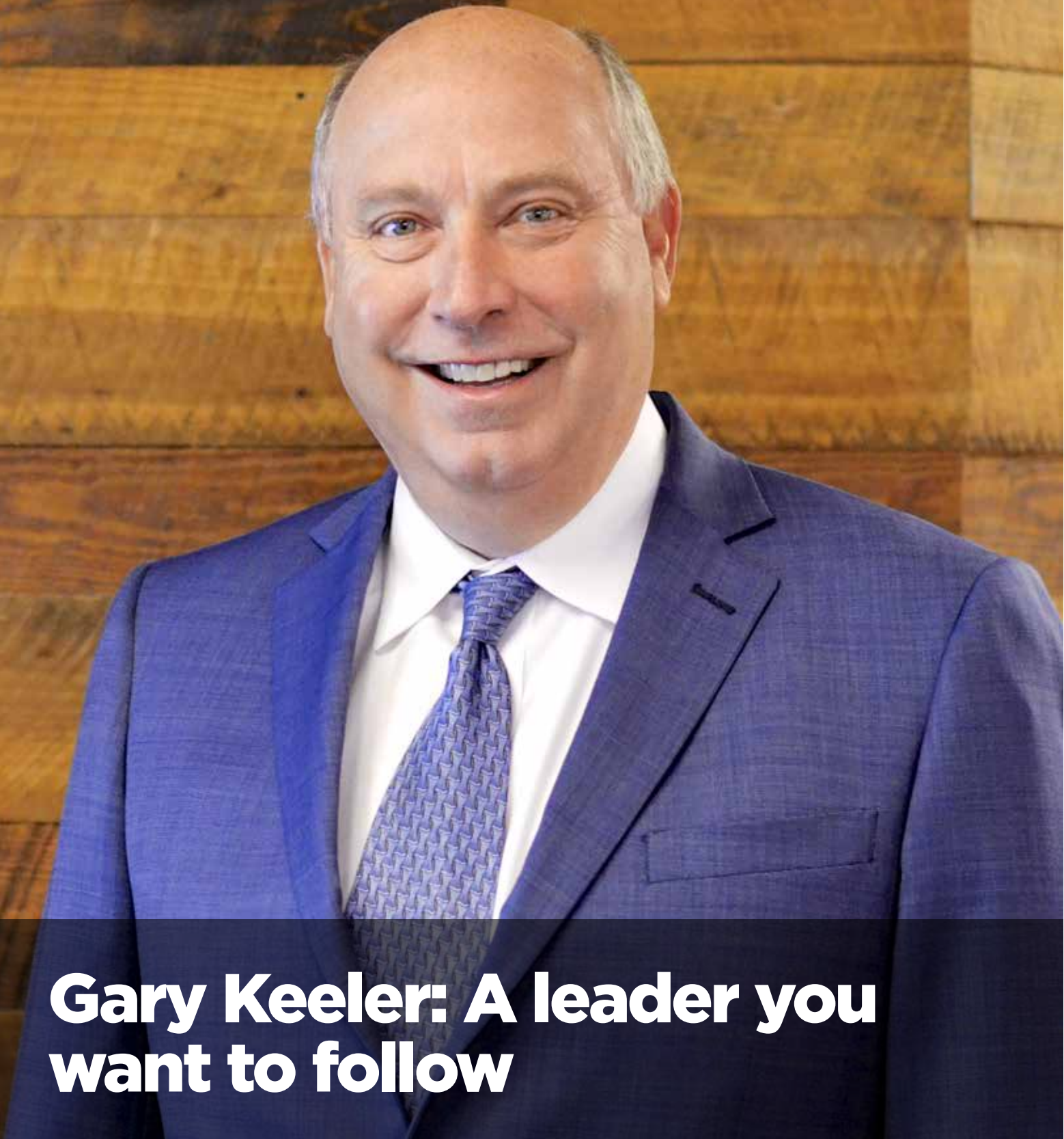
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Medical Distribution Hall of Fame



**Gary Keeler: A leader you
want to follow**

In a 2019 podcast with *Repertoire* Publisher Scott Adams, Gary Keeler, president of sales and marketing, McKesson Medical-Surgical, talked about seizing teachable moments, but doing so with humility.

“I love riding with reps,” he said.

“When you ride with them every day, you see how we all look at our own businesses, how we look at what we do, how we rationalize why we do things. So after I ride with a rep, I get out of the car and ask myself, ‘What am I doing that’s like that?’ because when you look in the mirror, you say ‘You know what? I have the same challenges.’”

“It helps you go back and be more realistic about your expectations as you ride with people and talk with people.”

Keeler was born and raised in Two Harbors, Minnesota, near the western tip of Lake Superior, about 100 miles south of the Canadian border. His father, Jim, was a high school physical education teacher and football coach. His mother, Lorraine, was an elementary school teacher.

Gary got a physical education degree from the University of Minnesota in Duluth. Deciding that there were few jobs in the field, he took a customer service job with Red Line, an extended-care distributor in Golden Valley, Minnesota. Nine months later, he became a field rep in Fargo, North Dakota, and then in Minnesota.

Loves selling

He loved being a rep. “I enjoyed the ability to influence our customers on products and solutions that could help them grow their business and provide better patient care,” he says. “I was making money while doing something I loved. And I appreciated the ability to directly affect my income based on how hard I worked.”

Later he became sales manager in the Upper Midwest for Red Line, and then regional vice president and senior vice president of sales and marketing. His years at Red Line were ones of growth, with sales rising from \$14 million when he joined the company, to \$530 million in 1998.

“We were one of the first companies to be fully focused on nursing homes, and we had a differentiated value proposition, especially with our billing business,” he says. “We solved problems for our customers before our competitors did. Many things that seem simple today were a big deal then, like low unit of measure and bar coding for improved tracking and charge capture.

“And we had a very good mix of sales reps. We had a lot of young people, who didn’t have bad habits to break. And it didn’t take long for our tenured reps to sell our broader solution either. People adapt pretty quickly if they’re winning.”

In 1998, McKessonHBOC – as it was then known – acquired Red Line to strengthen its position in the extended care market.

“When you ride with reps every day, you see how we all look at our own businesses, how we look at what we do, how we rationalize why we do things.”

“One of the reasons I was absolutely excited about McKesson buying us was their relationships with IDNs,” Keeler told *Repertoire* in 2000. What’s more, McKesson Medical Group’s relationship with Premier Inc.’s Provider Select alternate-site purchasing program helped Red Line secure a role in that GPO’s long-term-care program.

In November 1999 he was named president of what was then called the Extended Care division of McKesson. He would go on to become president of McKesson Medical-Surgical’s primary care business, and ultimately, president of sales and marketing for the company.

Ingredients for sales success

Two things are necessary for sales success, he says: 1) engagement by the entire organization, and 2) confidence

Medical Distribution Hall of Fame: Gary Keeler

“If you have a sales force who believe that every day they go out, they have a better offering than the other guy, you will go very far.”

in the company’s offering. As companies grow, engaging hundreds of reps can become challenging. Technology can help, but only if it is used to enable – not displace – personal relationships.

Second, “If you have a sales force who believe that every day they go out, they have a better offering than the other guy, you will go very far,” he told Adams.

Customers always come first.

Red Line founder Herb Goldenberg – whom Keeler considers a mentor – routinely would ask his reps as they returned to the office on Fridays, “How happy were your customers this week?” says Keeler. Goldenberg made a point of asking that question even before discussing how much they had sold. The lesson stuck with Keeler throughout his career, first as a field rep, later as a manager and executive.

Another mentor was former boss Paul Julian, who, in January 2018, retired as executive vice president and group president of McKesson Corp. He was a “straight shooter,” Keeler told Adams. “I learned so much from him about the details of running a business, the importance of keeping your eye on the ball, and remembering that if you don’t take care of basic blocking and tackling, nothing else matters.”

Great opportunities are out there

Sales hasn’t gotten any easier over the years, he says. Products are more

complex, customers are more complex. But the opportunities are still great.

“Thirty years ago, fragmentation was our friend. Markets were not aggregated, making it much easier to focus. We took advantage of that and turned sales jobs into long careers.” Career paths were straightforward: First, you were a rep, then a manager, and later, perhaps an executive.

“In today’s world, there are a lot of variations. Younger people want to try new and different things more frequently. They are eager to keep learning – and that’s very positive. We as executives have to look at things differently. We have to find ways to create opportunities for people to learn and experience new things. Companies struggle with that, but it is an investment worth making.

“Young people should absolutely consider medical sales for a career,” he continues. “Healthcare is full of opportunity, and who wouldn’t want to be part of an exciting industry that continues to grow and change? My advice is to find a place to get in the game. Seek out opportunities to differentiate yourself – to your customers and your company. Be willing to try new and different things and be open to change. That definitely means meeting new and different people, because relationships go a long way. There are fantastic people throughout this industry who will help you professionally and become great friends.”

“Thirty years ago, fragmentation was our friend. Markets were not aggregated, making it much easier to focus. We took advantage of that and turned sales jobs into long careers.”

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It is for that reason that Keeler believes he has two families.

“First and foremost, I have been blessed to have support from Debbie and my children, Ashley and Trevor. I have been traveling most weeks since 1991, and doing what we do takes a commitment from the whole family. This is a

team sport, and my family has always been overly supportive of whatever I needed to do.”

The second family? “All of the fantastic people I’ve worked with at McKesson. So many of them have helped me become successful through all these years. These are life-long friendships and relationships I will never forget.” **rep**

Gary Keeler: Short takes

Jim Poggi says ...

Jim Poggi, director of vendor relations for AV MEDICAL, first met Gary Keeler when Poggi joined McKesson Medical-Surgical as a “rookie” lab category manager. Keeler was president of Primary Care. “Lab was just becoming recognized as an under-penetrated customer opportunity, and no one knew at that time whether we would succeed or not. Gary was in charge of the ‘pilot program’ to see what we could accomplish.”

- › “Gary’s reputation as a leader and a ‘mover and shaker’ within McKesson was intimidating. And the pressure was on to prove that I could help McKesson build a lab business in primary care. I was nervous the first time I spoke to him and wanted to make a good first impression. I quickly realized he was down to earth, open, funny, humble and not overbearing or intimidating, as long as you respected his questions and told him the truth as you understood it. The longer I knew Gary, the more confident I was that I understood the type of leader and person he was.”
- › “As a leader, Gary asks the right questions to help you see the question, problem or issue from multiple angles to help you make your OWN well-thought-out

decision. I cannot think of a single time Gary said, ‘Pog, do this or else.’ It was more like, Pog, you need to think about how busy the reps are and make your message easy to understand and tell to their customers.”

- › “Few leaders like Gary come along in a lifetime. Don’t try to become Gary Keeler, but try to understand the characteristics of thoughtful, practical and humble leadership he represents, and ask how you can incorporate some of these qualities in yourself and your daily life. Try to lead by inspiring thought as you mentor people rather than providing them your solution.”
- › “You meet the real Gary Keeler the first time you encounter him. He does not put on a façade, and you don’t have to guess who he is or what he stands for. And he has a scary memory for detail, especially revenue and margin numbers. Those of us who have worked with Gary have grown personally and professionally from our interactions with him.”

Joan Eliasek says ...

Joan Eliasek is president of extended care sales for McKesson Medical-Surgical. She met Gary Keeler in 1998 when McKessonHBOC acquired

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Hall of Fame: Gary Keeler

Red Line. Keeler was in charge of sales, Eliasek was in charge of the acute care supply chain consulting group. "He was a very straightforward communicator," she recalls of their first meetings. "He was also great at making complex things very simple. He also seemed pretty down to earth."

- › "Gary tells it like it is. For me that is one of his best qualities. He is also a regular guy from pretty humble beginnings, and he never forgets that, despite the fact that he has risen to such a high level within the organization and the industry."
- › "Gary has such unbelievable depth of experience that he can add value in any business situation. He's also very good at understanding customer perspectives and translating them into win/win opportunities."
- › [One thing about Gary Keeler and his career that young reps should take away]: "Take the time to learn the business and don't forget the people you have worked with along the way. Those relationships matter."

Rick Frey says ...

Now retired, Rick Frey was president of primary care for McKesson in 1998 when the company acquired Red Line. His early impressions of Gary Keeler? "He was inquisitive, somewhat quiet, and focused on understanding the emerging culture at McKesson Medical-Surgical, his role going forward, and how success was measured at McKesson Medical-Surgical."

- › "Gary understood the customer and the challenges they were faced with, and was instrumental in championing the customer requirements for IT to develop the solutions."
- › "One of Gary's strengths is building relationships with both internal and

external customers. Gary also placed a value on talented people. He hired and promoted well."

Stanton McComb says ...

McKesson Medical-Surgical President Stanton McComb met Gary Keeler briefly in 2002, when McComb was just two weeks into his new job as a director of McKesson Corporate Strategy and Business Development. "I was there investigating how our physician office reps pick up and promote new product categories, and Gary was president of physician office sales."

- › "At that first meeting, I knew nothing and nobody. I did not have much to contribute at the time, and I honestly do not remember what we discussed. But I have always vividly remembered that Gary was extremely down to earth, very friendly and welcoming to me. The truth is that he has always been a very kind and friendly person."
- › "The next time I met Gary was in Costa Rica, at my first sales award trip, as president of McKesson Pharmacy Systems. I literally bumped into him and his wife, Debbie, on a zip line platform. They were laughing at my wife, who was in front of all of us. I wondered what was so funny and then, when Molly turned around, I saw that her face was completely covered in zip line grease. We all shared a laugh about it, and the Keelers really put us at ease."
- › "[One thing about Gary Keeler and his career that young reps should take away]: "You should care deeply about what you do, because it matters. I will forever quote Gary when speaking with new reps and tell them that a wise and wildly successful sales leader once told me, 'Wake up and give a crap!'"



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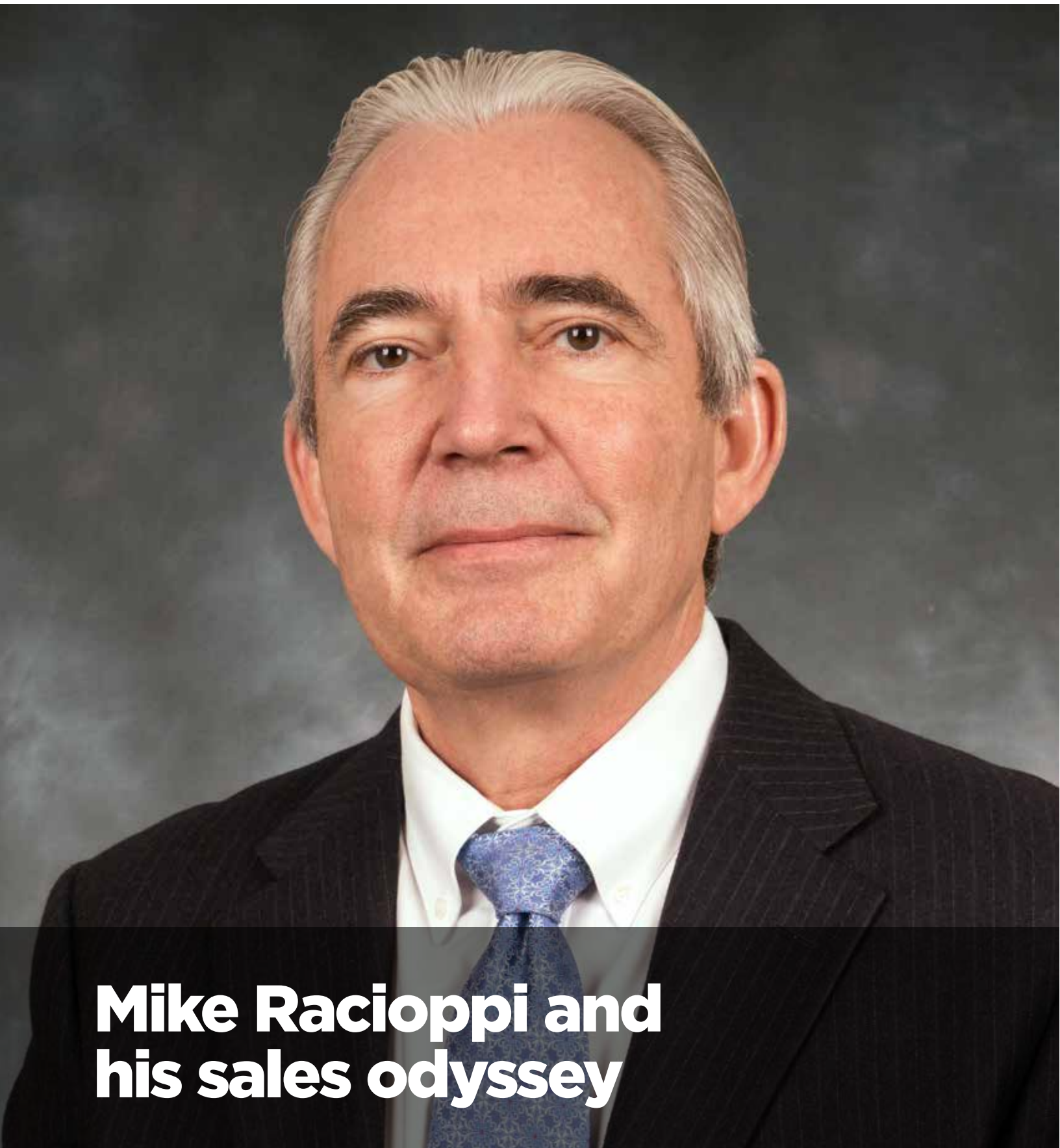
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Medical Distribution Hall of Fame



**Mike Racioppi and
his sales odyssey**

A few things to know about Mike Racioppi, senior vice president and chief merchandising officer for Henry Schein:

- › He was the first on his block to own a PalmPilot. (Attention younger *Repertoire* readers: Introduced in 1996, the PalmPilot was the first personal digital assistant, or PDA. And it came with a stylus!)
- › When he sees a path forward, he goes for it. Hence his success – as president of the Medical Group from 1999 to 2008 – in pulling together legacy teams and businesses to form a three-brand strategy for Henry Schein Medical.
- › He worked all the angles to guide the sales force and their customers into the world of e-commerce.
- › His greatest all-time business book is “Only the Paranoid Survive” by Andrew Grove, the late co-founder, CEO and chairman of Intel.

Racioppi was born in New Jersey and lived there until his sophomore year of high school, when his father, Arentino – a field engineer for Sun Oil Company – was transferred to Massachusetts. His mother, Josephine, worked as a waitress part-time.

He made a career decision while working part-time in a pharmacy as a junior in high school. “I decided to major in pharmacy in college,” he says. “I did so at the urging of the pharmacist so that I could at least, as he said, have ‘guaranteed employment when I graduated’ – which was true at that time.” He graduated from the University of Rhode Island’s school of pharmacy in 1977.

For three years he worked as a pharmacist at a CVS store in Woonsocket, Rhode Island, then took a position as a pharmacy manager for QuickChek food stores in New Jersey. At QuickChek he crossed paths with someone whom he still considers a mentor: Robert Page, now-retired president of QuickChek. “I learned from Bob to always be prepared, show up early, dress for success and try and be wildly enthusiastic,” says Racioppi.

Furthermore, Page was an innovator. “Until then, no one had combined a convenience food store with a pharmacy,” says Racioppi. “His concept was to offer one place where you could get health and beauty aids, cosmetics, traditional convenience items – and prescriptions filled. “It was one-stop shopping for the consumer before the idea became prevalent.” Racioppi opened pharmacies in six QuickChek stores.

In 1988, he joined regional drug wholesaler Ketchum Distributors, which was Henry Schein’s largest customer by virtue of Ketchum’s purchases of generic pharmaceuticals from Henry Schein. (At the time, Henry Schein was both a dental distributor, and a generic pharmaceutical manufacturer and distributor, he points out.) In 1992, he joined Henry Schein as senior director of corporate merchandising, then moved into the Medical Group, first as vice president of marketing and merchandising, then as vice president and general manager of the Medical Telesales Division, whose sales in 1999 were \$60 million. He was appointed president of the Medical Group in late 1999.

“When I was given the incredible opportunity to lead Henry Schein’s entire medical business, total annual sales were \$700 million,” he recalls. “Taking the leap from managing a business [i.e., Telesales] with \$60 million to one that was more than 10 times the size was daunting, to say the least.”

Three-brand strategy

His first mission was to understand the multiple businesses and teams in place at the time. Each had its own P&L and most had different operating systems. They were:

- › Bedsole
- › Bond Wholesale Inc.
- › Caligor
- › Columbia Medical
- › Delta Scientific
- › Emjay Medical
- › General Injectables and Vaccines (GIV), the company’s specialty pharmaceutical injectable and vaccine business, which Henry Schein acquired in 1999.
- › Henry Schein Telesales
- › PRN Medical
- › Roane-Barker
- › Scientific Supply
- › Southern Surgical
- › Stone Podiatry
- › Universal Foot Care

His second mission was to build and execute on a plan to build a three-brand strategy. Telesales, field sales and GIV would be brought onto one operating system. Throughout the transformation, the Medical Group

Medical Distribution

Hall of Fame: Mike Racioppi

would be expected to retain and attract customers and sales consultants, he says.

The three-brand strategy turned out to be a significant area of strength and differentiation for Henry Schein, says Racioppi. “When we began to leverage our telesales consultants’ pharmaceutical expertise with our field sales consultants’ equipment expertise, our sales accelerated rapidly.”

The company’s physician business grew rapidly, stretching west of the Mississippi, all the way to the West Coast. In 2002, Racioppi brought on 50 additional sales consultants to the Caligor business, bringing the Medical Group’s total to 270 field consultants in 34 states.

“We felt the more often the sales reps went online for EOL, the more likely they would be to help customers transition to placing their orders online.”

“My greatest fear during those years was to become so involved and consumed with being successful at work that it would negatively impact my personal life,” he says. “I am very thankful that I got through that period of time with my personal life in a good place.”

E-commerce

Simultaneously, Racioppi sought to shift the field sales reps and their customers away from manually placing and taking orders, to e-commerce, so that both could focus their energies on operating more efficient medical practices.

In 1999, less than 10% of the Medical Group’s sales were initiated by the customer without the sales consultant’s involvement. “It was tough in the beginning to convince customers to do something reps had been doing for them for free,” he says. But younger customers welcomed e-commerce, and Henry Schein provided them tools – such as the Aruba system – to help them do so.

Racioppi strongly encouraged Henry Schein reps to use Education OnLine, or EOL, an early online product-training

program. He did so primarily to demonstrate the company’s commitment to its manufacturer partners. But it also stimulated e-commerce.

“We felt the more often the sales reps went online for EOL, the more likely they would be to help customers transition to placing their orders online. It was not an easy transition for some field reps. But most eventually got there.”

Today, 65% of sales are generated by customers, which has given the field sales consultants more time to help their customers run better businesses, he says. But e-commerce has presented its own set of challenges.


“There are many reasons why customers leave a company, but a couple of things have changed since 1999. It is now so easy for a customer to comparison-shop on the web. If in some cases they see lower prices elsewhere and don’t see enough other value to justify paying more, they are more likely to ask for lower prices or leave than [they might have] in 1999, when price transparency wasn’t in place to the degree that it is today,” he says. Henry Schein and its reps have responded by acting as business consultants to their customers.

Worldwide perspective

For the past 13 years, as senior vice president and chief merchandising officer, Racioppi has traveled around the world spending time with the company’s businesses and discovering best practices to share in such areas as freight management, minimum orders, credit card usage and sales. He has learned a few things along the way:

- › Listen twice as much as you talk. That is why we were born with two ears and one mouth.
- › Meet with people in their office, not in yours, if you can. They are more comfortable there.
- › Look for pennies not dollars. They are easier to find and add up quickly.

He considers Henry Schein Chairman and CEO Stanley Bergman to be a mentor, having learned from him “to embrace change, be inclusive, act boldly, and treat others as you would like to be treated.”

And he is “grateful beyond words” for his wife, Carol, to whom he has been married for 30-plus years, “for her love and support during our journey together.” The two are blessed with two “incredible kids,” he adds – Jessica and Nicholas. 



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Medical Distribution

Hall of Fame: Mike Racioppi

Mike Racioppi: Short takes

Tony Melaro says ...

Tony Melaro was director of national distribution accounts for Welch Allyn prior to his retirement from the medical industry. As area manager for Welch Allyn, he crossed paths with Mike Racioppi in the early 1990s. First impressions? "Definitely a New York guy with a lot of confidence; passionate about the business and Henry Schein's ability to deliver." Some other observations.

- › "Mike was very fair, a good listener, knew the business, and wasn't afraid to take a chance on a new product."
- › "He was a visionary, very open-minded about change. He could see the marketplace evolving and was always proactive, staying one step ahead of the competition."
- › "Mike respected the manufacturers he trusted, and was always open to thoughts, comments and suggestions, cementing long-term relationships with said manufacturers."
- › "Mike was one person who was always open to meeting with vendors. He listened to our pitch, gave us great input and feedback, and would support our program or initiative if he thought it was good for Henry Schein and Welch Allen. He was a win-win guy."
- › "I always looked forward to seeing Mike. He never took himself too seriously."

Brad Connett says ...

Brad Connett is president of Henry Schein's U.S. Medical Group.

- › "I met Michael in 1998 at the first Henry Schein Medical/Caligor budget meeting. There was a large group of field-based

businesses recently acquired by Henry Schein. Michael represented the Henry Schein Telesales business and I was running Caligor SE. Michael was there with Lou Ferraro – two long-tenured Team Schein members. As part of the transition, Mike was assessing the situation. After all, Michael's favorite book is 'Only the Paranoid Survive' by Andrew Grove. Michael not only survived – he thrived."

Michael Racioppi's contributions to the growth of Henry Schein Medical Group in the first decade of the 2000s include:

- › "His open-mindedness to learn the business from a multichannel perspective, hiring industry talented reps in the early 2000s."
- › "His extensive knowledge of pharmaceuticals grew the portfolio significantly, contributing to hypergrowth for the Medical business."
- › "His intensity of managing flu vaccine, including his knack for timing and negotiating."
- › "I don't know anyone as good as Michael digging into the details, both in professional and personal life. When Michael likes something – whether it be golf, wine or music – he is ALL IN. He doesn't do anything halfway, and he does a lot of research before making decisions."
- › "Mike was on the forefront of technological advances before most people were. He is the first person that I can remember to have an electronic device, which was a PalmPilot and stylus."

iPhones weren't even invented. And with every new device he had, he knew how to use it."

- › "Michael was a big proponent of encouraging customers to order on the web and was convinced it was the commerce of the future. Of course, he was right. Looking into the future and anticipating change is a knack not everyone has. Michael's zest for looking ahead will continue to influence others around him to re-invent themselves."

More comments

- › "Michael sees things quickly that most other people miss on a regular basis." –Lou Ferraro, vice president, generic pharmaceutical sourcing and administration, Henry Schein Inc.
- › "Mike is a respected leader throughout our organization. He is a creative thinker and is always on the lookout for alternative solutions to opportunities that come his way." –Gerry Benjamin, executive vice president, chief administrative officer, Henry Schein Inc., and member of the board of directors.
- › "Fortunately for Henry Schein, Mike Racioppi was one of the visionaries who anticipated trends and helped develop the solutions that are transforming the delivery of care." – Stanley Bergman, chairman and CEO, Henry Schein Inc.

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Medical Distribution Hall of Fame

Hall of Fame Inductees

2001

- › George Blowers, Welch Allyn
- › Jim Stover (William T. Stover), National Distribution & Contracting
- › DeWight Titus, F.D. Titus & Sons

2002

- › Bob Barnes, Durr-Fillauer
- › Karl Bays, American Hospital Supply
- › Pat Kelly, PSS
- › Ron Stephenson, Indiana University

2003

- › John McGuire Sr., Colonial Hospital Supply
- › Haworth Parks, Parks Inc.

2004

- › Bill McKnight, McKnight Medical Communications
- › George Ransdell, Ransdell Surgical

2005

- › Max Goodloe, General Medical

2006

- › Gil Minor III, Owens & Minor

2007

- › Elliot Werber, Kendall Corp., F. D. Titus & Sons, Bergen Brunswig

2008

- › Bill and Lew Allyn, Welch Allyn

2009

- › John Sasen, PSS

2010

- › John Moran, Welch Allyn

2011

- › Scott Fanning and Don Kitzmiller, Midmark Corp.

2012

- › Ted Almon, Claflin Co.
- › Cindy Juhas, Hospital Associates.

2013

- › Rob Saron, Bovie Medical Corp.

2014

- › Bill McLaughlin, IMCO
- › Yates Farris, IMCO

2015

- › Brian Taylor, Medical Distribution Solutions Inc.

2016

- › Brad Connett, Henry Schein Medical

2017

- › Dick Moorman, Midmark
- › Mike Carver, GOJO Industries
- › Tony Melaro, Welch Allyn

2018

- › Paul Julian, McKesson Corp.

2019

- › Roger Benz, Concordance Healthcare Solutions
- › Gerry LoDuca, DUKAL Corp.
- › Bill Sparks, MedPro

2020

- › Henry Berling, Owens & Minor
- › Gary Keeler, McKesson Medical-Surgical
- › Michael Racioppi, Henry Schein

Medical Distribution Hall of Fame

Hall of Fame Quiz

- 1 Born and raised 100 miles south of the Canadian border in Two Harbors, Minnesota, he personified practical and humble leadership in McKesson Medical-Surgical's extended care and primary care businesses.
- 2 As president, he pulled together legacy teams and businesses to form a three-brand strategy for Henry Schein Medical in the early 2000s.
- 3 He helped build Owens & Minor on trust, openness, honesty, good business sense, a cigar and good stories.
- 4 How could distributors fail to love this Florida-based Hall of Famer, whose manufacturing firm has the following registered trademark: Dedicated to Distribution®?
- 5 Would dress as a U.S. Marine Corps drill sergeant to conduct memorable sales training seminars for distributors in Sagamore in Upstate New York. (Additional clue: Was awarded the Distinguished Flying Cross and two gold stars for his service in the Pacific in World War II.)
- 6 Referred to as the passionate "mother bear" for the independent distributor. Also called a "dog with a bone" for his determination on behalf of independents.
- 7 Drove 198,000 miles a year in his first two years as a medical salesperson, but quickly learned how to be more efficient in his travels.
- 8 During his tenure at HIDA, oversaw publication of seminal work on "Stockless Materials Management."
- 9 Responsible for introducing "A" suppliers to the capabilities of a national rep firm. (Additional clue: The Wisconsin Hockey Hall of Fame is housed in this inductee's childhood home.)
- 10 When he started his newsletter, he thought fax machines were the coolest. But he caught on to electronics, and was among the first in the business to develop online training programs for medical sales reps.
- 11 Learned how to defend himself as a small kid in an orphanage, explaining to *Repertoire*: "Anytime a kid picked a fight with me, I'd grab him. I'd wrap my arms around him as best I could. Then I would sink my teeth into whatever part of his body was handiest. And keep them there."
- 12 Learned how business operates while working for Captain John Juni on a commercial fishing boat off the North Carolina coast. The lessons came in handy as he helped Henry Schein grow from an East Coast player to a national one.
- 13 Using a blue-and-yellow checked sports jacket and pants as props, created sigmoidoscope expert Dr. Ben.
- 14 Seized upon the needs of emerging IDNs and physician practice management companies in the 1980s, helping them cope with the new rules of Southern California's growing managed care market
- 15 In his early days in sales, this Vietnam vet was said to show up at distributors' offices wearing a high-gloss jacket, white pants and white shoes, leading distributor reps to call him the Good Humor man.
- 16 This Hall of Famer – said to have one of the loudest laughs in the industry – joined F.D. Titus & Sons in 1982, and for a while was a shared rep with the Clay Adams division of Becton Dickinson.
- 17 Told *Repertoire*, "One out of 10,000 people is a horse's rear end, but the manufacturers, customers and distributors I met are the greatest bunch of people in the world."
- 18 For over 20 years, has hosted the annual "Friends of the Healthcare Industry" event to support a food pantry for residents in need in Knoxville, Tennessee.

- 19** Studied architecture under Frank Lloyd Wright at the Illinois Institute of Technology, then became the third sales rep hired by Foster McGaw at American Hospital Supply – before buying a faltering local Chicago supplier named Central Surgical in 1952.
- 20** This Hall-of-Famer is famous for demanding very fast and short business dinners. Says one observer, “If the dinner does not wrap up, he will wrap it up for you.”
- 21** Gathered the entire factory crew in the middle of a cornfield to applaud distributor reps as they got off their bus for a training session – a demonstration of his desire to “own the relationship.”
- 22** The joke at his company: “We’re bringing in people so young they need their mother’s permission.” (Additional clue: Was offered a spot on the Chicago football team, the Cardinals.)
- 23** Pioneered the concept of a national distribution company with a local sales and warehousing presence. (Additional clue: Told recruiter he attended Massey University – a fictitious school – so he could fly B-25 bombers in World War II.)
- 24** Many salespeople like to talk, but perhaps this Hall of Famer’s greatest strength was his listening skills. (Additional clue: Wanted to pursue air traffic control and warning in the Air Force, but – due to his color-blindness – became a medic instead.)
- 25** Taught the distribution industry how to read a balance sheet.
- 26** Of this person, Jana Quinn said “One thing I learned from him was to really be present, that the most important moment is the one you’re in, and that the person you’re talking to is the most important thing at that moment.” (Additional clue: Graduated from Pan America College on a basketball scholarship.)
- 27** This Vietnam vet discovered his first love – selling – in grade school, when he gave a convincing science-fair presentation on a line of vitamins and mineral supplements. (The president of the company for whom his father worked wanted to buy some.)
- 28** A pioneer in automation, whose sales reps took orders on handheld devices and then downloaded them through phone lines. (Additional clue: Was a center and forward on Vanderbilt University basketball.)
- 29** Rolled the dice at age 32 by moving his family to Tiffin, Ohio, to co-found Seneca Medical.
- 30** Of the two brothers who oversaw the greatest growth of Welch Allyn, he was responsible for the cool look and feel of the company’s instruments – no surprise, having attended the college of fine arts at Syracuse University.
- 31** Long before there was *Repertoire*, there was Medical Products Sales, founded by this former American Hospital Supply sales rep
- 32** Saw automation as a way for independent distributors to compete against what he called “the bigs.”
- 33** Worked as a hyperbaric diving specialist and rescue diver before spending 20 years at Becton Dickinson and 19 at PSS. As a sales rep, he was able to convince customers that white was the best color for analyzers, failing to mention that white was the only color the company offered.
- 34** Sold TI calculators for \$149. But at least they could add, subtract, multiply and divide.
- 35** Bought a distribution company at age 28, and about 20 years later launched one of the country’s first stockless purchasing programs at the same hospital where he had been born.
- 36** Made a painful decision to exit the company’s wholesale drug business, and went on to acquire more than 20 companies in the 21 years he led the firm.
- 37** Of the two brothers who oversaw the greatest growth of Welch Allyn, he was responsible for developing the company’s R&D program and operational improvements.

Editor's note: See the answer key on page 60

Integrating Health Data

How do you sell to a data-driven physician?

Want to know how to shoot the breeze with tomorrow's physician? Try studying up on algorithms, genetic counseling, the social determinants of healthcare, or the latest capability of your Apple Watch.

That's because physicians are preparing to integrate health data – and the technologies that harness it – into the clinical setting, writes Lloyd B. Minor, M.D., dean of the Stanford University School of Medicine, in the 2020 Stanford Medicine Health Trends Report, “The Rise of the Data-Driven Physician.”

In fact, doctors and medical students are pursuing supplemental education in such things as advanced statistics, coding and population health, and they are open to using tools such as health apps and wearables as part of routine care, he adds.

In addition to conducting a secondary review of news articles, white papers, and peer-review research for the 2020 Health Trends Report, Stanford Medicine worked with Brunswick Insight to conduct a survey of 523 U.S. physicians and 210 medical students and residents.

Algorithms and AI

Approval of medical algorithms by the U.S. Food and Drug Administration has seen rapid growth over the past several years, according to the researchers. The Medical Futurist Institute reported in June 2019 that the FDA had

Already, 47% of medical students, 50% of residents, and 44% of physicians reported using a wearable health monitoring device, according to the Stanford researchers.

approved a total of 46 algorithms since 2014. Many of those algorithms are imaging-related, but some are being explored as tools to improve clinical workflows.

“There are still many outstanding questions about the technology, including what role AI should have in

the patient-doctor relationship, ethical considerations, and, more practically, how it can best alleviate clinical practice burdens,” according to the Stanford researchers. “Having a basic fluency in AI will be important for clinicians to engage in these critical discussions going forward.”

Advanced education

Nearly three-quarters of all medical students and nearly half of physicians are planning to pursue additional education in data science, according to the Stanford report.

Which of the following innovations do you think have the most potential to transform the healthcare sector in the next five years?

	Standards and residents	Physicians
Personalized medicine	64%	61%
Telemedicine	58%	52%
Artificial intelligence	40%	42%
Wearable consumer health monitoring devices	41%	40%
Genetic screening for health risks	33%	43%
Electronic health records	32%	223%
Robotic surgery	16%	19%
Virtual reality	15%	12%

Source: The Rise of the Data-Driven Physician, Stanford Medicine 2020 Health Trends Report



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Among medical students planning to take additional classes:

- › 44% said they will pursue advanced statistics and data science.
- › 36% population health management.
- › 30% genetic counseling.
- › 25% clinical genomics.
- › 23% coding and programming.
- › 13% artificial intelligence.

Among physicians planning to take additional classes:

- › 38% said they will pursue genetic counseling.
- › 34% artificial intelligence.
- › 31% population health management.
- › 27% clinical genomics.
- › 23% advanced statistics and data science.
- › 22% coding and programming.


Wearables

Tomorrow's physician will most likely take wearables seriously. Already, 47% of medical students, 50% of residents,

and 44% of physicians reported using a wearable health monitoring device, according to the Stanford researchers. Furthermore, when asked if they use the results of data from their own wearable device to help inform their personal healthcare decisions, 67% of students, 56% of residents and 71% of physicians said "yes."

Physicians and medical students also attribute clinical value to this data when it comes to their patients as well. Eighty percent of physicians and 78% of students and residents said that self-reported data from a health app is "very" or "somewhat" valuable in terms of clinical value, and 83% of physicians and 79% of students and residents answered the same about data from a wearable device.

"The Rise of the Data-Driven Physician is an unprecedented opportunity to transform medicine and improve patient outcomes," conclude the researchers in the Stanford report. "And we are encouraged to see current and future physicians taking steps to actively prepare for this new era of data and digital health."

Repertoire readers might ask: "Should we be doing the same?" 

Next month: National Public Health Week

Helping your provider customers deliver high-quality medical care is your daily concern. But today, the line between medicine and public health is disappearing, as providers examine the impact of things like poverty, malnutrition and inadequate housing on people's health.

During National Public Health Week – April 6-12 – *Repertoire* readers will have a chance to talk about some of these big-picture issues with customers. The American Public Health Association has posted these daily themes for NPHW 2020:

- › **Monday, April 6:** Mental health (Advocate for and promote emotional well-being.)
- › **Tuesday, April 7:** Maternal and child health. (Ensure the health of mothers and babies throughout the lifespan.)

- › **Wednesday, April 8:** Violence prevention. (Reduce personal and community violence to improve health.)
- › **Thursday, April 9:** Environmental health. (Help protect and maintain a healthy planet.)
- › **Friday, April 10:** Education. (Advocate for quality education and tools.)
- › **Saturday, April 11:** Healthy housing. (Ensure access to affordable and safe housing.)
- › **Sunday, April 12:** Economics. (Advocate for economic empowerment as the key to a healthy life.)

For more information on National Public Health Week, go to www.nphw.org/nphw-2020

Editor's note: *Stanford Medicine 2020 Health Trends Report, "The Rise of the Data-Driven Physician" can be found at <http://med.stanford.edu/content/dam/sm/school/documents/Health-Trends-Report/Stanford%20Medicine%20Health%20Trends%20Report%202020.pdf>*

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iFOBT: Talking points

So many guidelines!

It's tough to find two doctors who agree with each other. Hence the plethora of guidelines for everything from appropriate antibiotic usage to screening for cancer. It's not that clinicians are contrary, it's because they're passionate about health.

In an attempt to bring order to colorectal cancer (CRC) screening guidelines, the American College of Physicians in November 2019 published a guideline statement to guide clinicians on 1) the age to start and stop CRC screening, 2) frequency of screening, and 3) the optimal screening test in asymptomatic, average-risk adults. It wasn't easy.

"Guidelines disagree on the age to start and stop screening, screening interval, and recommended screening method," wrote the authors of a paper in the *Annals of Internal Medicine*. "Strategies differ in the quality of evidence regarding clinical effectiveness, harms, patient burden, recommended frequency of administration, and test accuracy."

Nevertheless, the ACP Clinical Guidelines Committee published the following three guidelines after examining

the evidence behind CRC screening guidelines from the U.S. Preventive Services Task Force (USPSTF), the Canadian Task Force on Preventive Health Care, the American College of Radiology, the American Cancer Society and other professional organizations:

Scanning them over, *Repertoire* readers may find some talking points to share with their physician customers.

- › **Guidance Statement 1:** Clinicians should screen for colorectal cancer in average-risk adults between the ages of 50 and 75 years. Although the median age for CRC diagnosis is 67 years, and persons aged 65 to 75 years derive the most direct benefit from screening for CRC, screening in adults aged 50 to 75 years also has benefit.

› **Guidance Statement 2:** Clinicians should select the colorectal cancer screening test with the patient on the basis of a discussion of benefits, harms, costs, availability, frequency, and patient preferences. Suggested screening tests and intervals are fecal immunochemical testing (FIT) or high-sensitivity guaiac-based fecal occult blood testing (HSgFOBT) every 2 years, colonoscopy every 10 years, or flexible sigmoidoscopy every 10 years plus fecal immunochemical testing every 2 years. No evidence from the assessed guidelines and their evidence reviews directly compares various CRC screening interventions, notes the ACP. All screening tests are associated

with potential benefits as well as harms. Clinical decisions need to be individualized using patient clinical characteristics, patient preferences, and screening test frequency and availability.

› **Guidance Statement 3:** Clinicians should stop screening for colorectal cancer in average-risk adults older than 75 years or in adults with a life expectancy of 10 years or less. When to discontinue screening is important for older adults because the harms of screening tests outweigh the benefits in most adults aged 75 years or older. High on the list are false positives, leading to injury to the colon or other complications related to colonoscopy. **rep**

The American College of Physicians suggests any of the following screening strategies:

Screening test	Interval
FIT	Every two years
High-sensitivity gFOBT	Every two years
Colonoscopy	Every 10 years
Flexible sigmoidoscopy plus FIT	Every 10 years for flexible sigmoidoscopy and every two years for FIT

March is Colorectal Cancer Awareness Month

The Office of Disease Prevention and Health Promotion, part of the Department of Health and Human Services, recommends that physicians and others use Colorectal Cancer Awareness Month to spread the word about colorectal cancer and its prevention. *Repertoire* readers can direct physician practices to this URL – <https://healthfinder.gov/nho/marchtoolkit.aspx>. – for tools they can use to heighten awareness of colorectal cancer among their patients and community members. Those tools include:

- › Verbiage about colorectal cancer for use on Facebook or in the practice’s newsletter.
- › Potential tweets about Colorectal Cancer Awareness Month.
- › Information on hosting a community event where families can be active while learning about local health resources.
- › A badge about Colorectal Cancer Awareness Month to add to the practice’s home page.

Health news and notes

Fetal surgery for spina bifida

Children as young as 6 years old who underwent fetal surgery to repair a common birth defect of the spine were more likely to walk independently and have fewer follow-up surgeries, compared to those who had traditional corrective surgery after birth, according to researchers funded by the National Institutes of Health. The study appears in *Pediatrics*. The procedure corrects myelomeningocele, the most serious form of spina bifida, a condition in which the spinal column fails to close around the spinal cord.



High blood pressure among women


Starting as early as young adulthood, women experience a steeper rise in blood pressure than men, according to a study published in the journal *JAMA Cardiology*, reports *NBC News*. “Many of us in medicine have long believed that women simply ‘catch up’ to men in terms of their cardiovascular risk,” Dr. Susan Cheng, an author of the study and the director of Public Health Research at the Smidt Heart Institute at the Cedars-Sinai Medical Center in Los Angeles, said in a statement. “Our research not only confirms that women have different biology and physiology than their male counterparts, but also illustrates why it is that women may be more susceptible to developing certain types of cardiovascular disease and at different points in life.”

The common cold: Does anything really work?

The National Institutes of Health says this about common cold treatments:

- › **Zinc:** Oral zinc lozenges may reduce the duration of the common cold when started within 24 hours, but intranasal zinc has been linked to a severe and permanent loss of smell and should not be used.
- › **Vitamin C:** For most people, vitamin C doesn't prevent colds and only slightly reduces their length and severity. But there's no harm in taking it – though not at high doses.
- › **Echinacea:** Although there is the potential that some preparations of echinacea are more effective than placebo for treating colds, the overall evidence for clinically relevant treatment effects is weak.
- › **Probiotics:** Not enough research has been conducted to determine whether probiotics may prevent colds, and little is known about their long-term safety.
- › **Nasal saline irrigation:** Nasal saline irrigation may have benefits for relieving symptoms of the common cold in children and adults, and may have potential benefits for relieving some symptoms of acute upper respiratory infection.
- › **Honey (Buckwheat):** Research suggests that buckwheat honey is superior to placebo for reducing frequency of cough, reducing cough, and improving quality of sleep for children with the common cold. However, honey should not be used in children younger than 1 year of age because of the risk of botulism.

Your home office as a health hub

Office spaces are becoming a drain on our health: Too much sitting, too much screen time, and not enough movement. MD Anderson Cancer Center advises you equip your home office with: resistance bands or dumbbells; yoga mat; foam roller or lacrosse ball; medication app and headphones. Find opportunities to take short breaks, throughout the day, they say. Try to get in at least 150 minutes of moderate exercise and at least two strength-training sessions each week. For more tips, go to www.mdanderson.org/publications/focused-on-health/March-2020/turn-you-work-space-into-a-health-hub.html. 

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Strategic National Stockpile Collaboration with Private Sector Strengthens National Security and Preparedness



By Former SNS Director Greg Burel, and HIDA VP of Government Affairs Linda Rouse O'Neill

The partnership between the Strategic National Stockpile (SNS) and the Health Industry Distributors Association (HIDA) strengthens our nation's health security. As part of the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR), the SNS oversees and maintains the nation's repository of emergency medical supplies in order to save lives and protect Americans from health security threats; that mission success is closely linked to the resiliency of the commercial supply chain.

"The results produced through the SNS and HIDA partnership have blazed a trail for public-private collaboration," said Greg Burel, former SNS director who retired in January 2020. "The two organizations meet regularly to pressure-test our work, collaborate on more scenario-based playbooks, and expand product workgroups. The partnership also has served as a model for engaging other organizations and stakeholders that have a role in public health preparedness and response."

Within ASPR, the SNS delivers the right products to the right place at the right time to secure the nation's health, and partnerships are fundamental in ASPR's approach to readiness and response. (For more details on the SNS, visit phe.gov/SNS). HIDA members represent the country's medical product distributors – the nation's essential link between manufacturers and patient caregivers.

"The success of the SNS/HIDA partnership is based on a strong commitment by both parties," said Linda Rouse O'Neill, HIDA VP of Government Affairs. "HIDA and its members recognize that responding effectively to save lives during a public health event needs both the federal resources from the SNS as well as the



commercial market. Our partnership with SNS has facilitated regular, transparent dialogue that helps pre-event planning for better future responses. Together we can realize our shared goal of creating resilient communities by strengthening the healthcare supply chain."

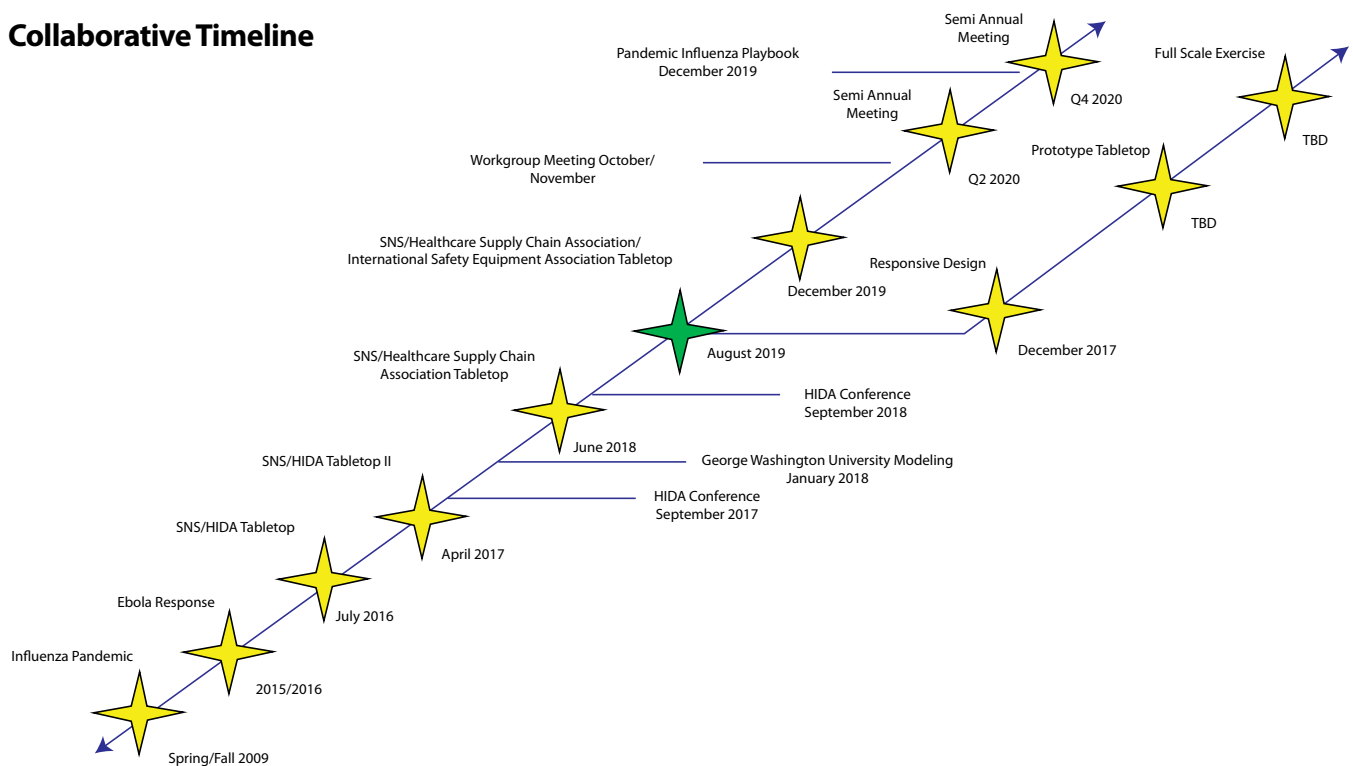
Regular open dialogue is critical

The SNS has hosted several workshops with HIDA that have led to better communication and collaboration among manufacturers and distributors in responding to emergencies and disasters. The open and transparent dialogue in these workshops identified market availability of ancillary supplies

as related to specific needs generated from an unforeseen incident such as an aerosolized anthrax attack.

HIDA provided executive-level subject matter experts to share commercial supply chain manufacturing capacity, challenges, and industry requirements for ancillary supplies in the stockpile. As product availability is compared to manufacturing surge capacity and just-in-time inventories, the partnership facilitates better decision-making on what to purchase, how much to stockpile, and how best to collaborate in an effort to protect the supply chain and the public from an event.

Collaborative Timeline



Tangible deliverables are important

SNS and its commercial partners have put in many hours face-to-face to cement this partnership. While the intangible positive impact of these partnerships is great, the tangible results have been important to keep engagement high and demonstrate value of the partnership.


The Anthrax Playbook. The SNS produced the SNS Commercial Partner Playbook: Anthrax Response to provide important information to commercial medical supply chain partners about anthrax and SNS medical countermeasure distribution operations in the event of an inhalational anthrax incident. The playbook provides an overview of:

- › the disease and associated symptoms;
- › mechanisms for detection;
- › proactive response actions;
- › medical countermeasure requirements;
- › response scenario example;
- › high-demand industry-specific medical products potentially needed to support a mass anthrax incident;
- › federal response activities and actions that may be initiated to support public health; and
- › medical response efforts during an intentional anthrax emergency.

The playbook is designed to help private partners better plan for and adjust their supply chain and inventory prior to and during a public health emergency requiring medical countermeasures from the SNS. This playbook is neither a document for procurement nor solicitation and is solely intended to support response preparedness activities. Periodic updates to this document will be made to reflect evolving changes to the strategic and operational environment.

HIDA Mapping Tool. The HIDA mapping tool creates opportunity for close public and private collaboration and coordination to respond to a public health event. The tool provides federal partners at ASPR the physical locations of commercial distribution partners and national aggregated data for IV solution products and more than 40 types of clinically appropriate needle/syringe product identified and validated with the SNS.

Accompanying the product inventory are education reports to provide additional market insights that will assist federal partners in understanding the commercial market information.

(Funding and support provided by the U.S. Department of Homeland Security, National Protection and Programs Directorate, Office of Infrastructure Protection, through the National Infrastructure Protection Program Security & Resilience Challenge, which is implemented by the National Institute for Homeland Security (NIHS). )

Editor's note: Technology is playing an increasing role in the day-to-day business of sales reps. In this department, *Repertoire* will profile the latest developments in software and gadgets that reps can use for work and play.

Technology news

Earbuds down the subway grate?

Last year in New York City, more than 7,000 cellphones, tablets, laptops and headphones were found throughout the subway system by Metropolitan Transportation Authority staff members, according to an article in *The New York Times*. Just from September to December, the MTA said that it had recovered 2,194 items dropped through subway grates – 1,220 of them earbuds or AirPods. In New York, at least, there may be a happy ending: Dial 511 and MTA will send someone out to retrieve your lost earbuds. If there's a subway system in your city, find out if it has a 511 service too.

iPhone 12 could be a whopper

At press time, leaked reports were saying that Apple's iPhone 12 will be just as strong as a MacBook Pro, according to *Tech Times*. Among the rumored features are a long-range 3D camera with time-of-flight sensors, 6GB RAM, a 'refreshed' Face ID, in-display Touch, and 5G technology. At 6GB, RAM is 50% bigger than the iPhone 11's, which can lead to graphics comparable to those used in games.

Let Google screen your calls

Robocalls are a nuisance. They make you second-guess each and every call from a number that's not in your contacts, and you know answering a call from a scammer will only lead to more robocalls. Deciding whether to answer an incoming call shouldn't be so stressful. Enter Google Call Screen. According to a report in *CNET*, instead of answering the call yourself, you can have Google Assistant answer it for you and provide you with a real-time transcript. You can then decide if you want to talk to the person or end the call. Here's how it works: Google Assistant tells the caller that you're using a screening service, one that will provide you with

a transcript of the call, and asks the person to state the reason for the call. Once the caller begins talking, a transcript of the response shows up on your phone's screen in real time. Google has yet to expand Call Screen beyond its Pixel phone line.


Bose closing retail stores

Bose is significantly shrinking the number of retail stores it operates because of the "dramatic shift" to online shopping, the company said in a statement, reports *CNN*. The maker of high-end electronics said it's closing 119 retail stores worldwide across North America, Europe, Japan and Australia. It will continue to operate about 130 stores throughout China, the United Arab Emirates, India and some Asian countries. In addition to selling products online, Bose products are sold by large retailers like Best Buy and Target, and it also has an Amazon storefront.



Trade or sell your Apple hardware

Apple's GiveBack trade service will give you Apple Store credit in exchange for your computer, iPhone, or iPad, reports *The Verge*. At Apple's site, you can find out how much you can get for your machine before sending it in. You'll just need your

serial number and access to its specifications to find the value. Apple won't pay you as much for your device as it might go for on the public market, but it's a good option if you just want to flip your tech without a fuss. Otherwise, Swappa.com and Craigslist remain the best options for selling your hardware. Before you sell, though, erase your data. Find instructions at TheVerge.com/2018/10/30/18023686/macbook-pd-mac-apple-trade-in-program-how-to-value-swappa 

Automotive-related news

Alexa pays for gas

Drivers can soon use Alexa to pay for a tank of gas from the comfort of their vehicle, reports *CNN*. ExxonMobil and Amazon announced a partnership in early January that will allow voice-activated fuel purchases in vehicles with Alexa built-in as well as from Alexa-enabled smartphones and other devices. The platform was slated to launch in April at more than 11,500 Exxon and Mobil gas stations in the United States. Customers using Alexa to pay for gas will be asked to confirm the station location and the pump number. Transactions will then be processed using Amazon Pay with payment information stored in their Amazon account.

My dog is my co-pilot

Does your dog do ride-alongs? If so, assure his or her safety – and yours – with restraining devices to avoid interfering with the driver and to prevent injury in a collision, says an article in *The New York Times*. While safety systems intended to protect humans are regulated by government agencies, there is little in the way of oversight or equivalent requirements for pet restraints, the author points out. This is not only a shortfall in keeping dogs secure, it also has serious implications for the driver and passengers. In a collision, an unrestrained animal becomes a projectile with the potential to cause enormous harm. In a typical 30 mile-an-hour head-on crash, a 50-pound dog flies forward with an impact force of 1,500 pounds. Many drivers find that the most practical compromise between protection and comfort for their dog is a travel harness, which straps around the dog's neck and behind the front legs, with its main support across the chest. The harness should connect directly to the car's safety belt, with the belt passing through an attachment point on the back of the harness.


It worked for Hansel and Gretel

Ford has stitched together existing technologies to create a feature called Breadcrumbs, which helps off-roaders find their way back to civilization, reports *Digital Trends*. It's available on most of the company's trucks, including the Ranger and members of the F-Series family. Like Hansel and Gretel, the technology leaves behind digital "breadcrumbs" so drivers who are hopelessly lost can glance at the dashboard-mounted touchscreen to quickly

see where they've been. The technology works with navigation data to drop one virtual pin per second when traveling off the beaten path. The reference points show up as little blue dots on the map. Breadcrumbs needs to be manually turned on with a few taps of the touchscreen, so it doesn't track your real-time location.



Autonomous vehicles might make you carsick

If the future lets people focus on work instead of driving, many of us will have to conquer motion sickness to read memos (or tweets), according to an article in *The New York Times*. Researchers are working on some fixes. Starting in 2017, Monica Jones, a transportation researcher at the University of Michigan, led a series of studies in which more than 150 people were strapped into the front seat of a 2007 Honda Accord. They were wired with sensors and set on a ride that included roughly 50 left-hand turns and other maneuvers. Each subject was tossed along the same twisty route for a second time but also asked to complete a set of 13 simple cognitive and visual tasks on an iPad Mini. About 11% of the riders got nauseated or, for other reasons, asked that the car be stopped. Four percent vomited. Ms. Jones wants to help people avoid and treat motion sickness. But at this early stage of her research, she's merely aiming to better understand the "fundamentals of human response." For example, there might be clues in how riders who get carsick hold their heads, maintain their posture or position the mobile devices they're using. 

Industry News

Cardinal Health says Chinese supplier behind massive surgical gowns recall

Cardinal Health (Dublin, OH) announced it is initiating two voluntary field actions for select Cardinal Health Pre-source Procedure Packs containing gowns that were part of a recall of AAMI Level 3 surgical gowns. These procedure packs, also known as kits, had been placed on voluntary hold at the time of the gown recall. Cardinal Health is initiating actions involving 2.9 million procedure packs manufactured between September 2018 and January 2020 that contain affected gowns. The affected procedure packs were placed on hold earlier in January. The gowns in the procedure packs are a subset of the 9.1 million gowns recalled. The decision to recall the packs was based on information Cardinal Health received in December that one of its FDA-authorized suppliers in China, Siyang Holymed, had shifted production of some gowns to unapproved sites, in uncontrolled environments and therefore could not ensure their sterility. Cardinal Health has since terminated its relationship with Siyang Holymed.

Midmark names Jon Dill as CFO, Randy Burton to VP, marketing



Midmark Corp., announced Jon Dill joined the company as chief financial officer on Feb. 3, 2020. Bob Morris, current Midmark CFO, will work with his successor through the transition before his approaching retirement the end of March. As CFO, Dill will have the responsibility for finance and accounting teams, including financial reporting, budgeting, forecasting, treasury, legal and taxation, and will report to John Baumann, president and CEO. Dill brings more than 30 years of experience in finance. He most recently served as operating executive at Orchard Holdings, an investment firm in Cincinnati, where he advised the management teams of the portfolio companies while optimizing portfolio synergies.

Midmark also announced Randy Burton was named to vice president, marketing. In this leadership position, Burton will lead the upstream and downstream



marketing departments to support strategic growth and the Midmark brand. Burton comes to Midmark from the role of director of business development at Cincinnati Children's Hospital Medical Center where he was especially effective in establishing strategic pediatric partnerships that support the needs of regional hospitals and healthcare systems, as well as expanding its portfolio of services including the launch of their new Mobile Care Center. Prior to this, Burton has held strategic roles at Johnson & Johnson (J&J) and Humana. His diverse healthcare experience includes successful leadership across strategic marketing, medical device new product development, brand management, business development and market research. In addition, he has been recognized for collaborative leadership and building high performing teams.

WHO names coronavirus outbreak a public health emergency of international concern

In late January, the World Health Organization (WHO) named the coronavirus outbreak a public health emergency of international concern (PHEIC). It is the fifth time in 13 years since global regulations have been in effect that an outbreak has met these conditions. International Health Regulations were first used to declare a public health emergency of international concern for the H1N1 pandemic in 2009. Other examples include the 2019 Ebola outbreak in the Democratic Republic of the Congo and the 2016 Zika virus. A public health emergency of international concern requires a response from states and may also require a coordinated international response, according to WHO.

New Vizient drug price forecast estimates 3.59% increase for 2020-2021

Vizient, Inc. (Irving, TX) released its Winter 2020 Drug Price Forecast projecting that health systems, including inpatient and non-acute environments, can expect a 3.59% increase for pharmaceutical purchases made from July 1, 2020 to June 30, 2021. The influence of expensive biologic therapies, oncology and oncology-related drugs, disease-modifying antirheumatic drugs (DMARDs), and immunomodulators on overall spend by health systems remains substantial, though the forecasted percentage is lower than previous projections.



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3. Henry Berling, Owens & Minor
4. Rob Saron, president, Bovie Medical Corp
5. George Blowers, VP sales, Welch Allyn
6. Bill McLaughlin Sr.
7. Dick Moorman, VP distributor relations, Midmark
8. Jim Stover, William T. Stover Company; HIDA; NDC
9. Bill Sparks, MedTech, MedPro
10. Brian Taylor, MDSI/Share Moving Media
11. Pat Kelly, founder, PSS
12. Brad Connett, VP and general manager, Henry Schein
13. Tony Melaro, director of national accounts, Welch Allyn
14. DeWight Titus, F.D. Titus & Sons
15. John Moran, VP corporate distribution, Welch Allyn
16. Cindy Juhas, Hospital Associates
17. Bob Barnes, Durr-Fillauer
18. Mike Carver, Southland Medical Supply, GOJO Industries
19. John McGuire, founder, Colonial Hospital Supply
20. Paul Julian, McKesson Corp.
21. Scott Fanning, VP sales and marketing, Midmark
22. Karl Bays, American Hospital Supply
23. Max Goodloe, founder, General Medical
24. Yates Farris, Winchester Medical, IMCO
25. Ron Stephenson, Indiana University
26. Elliott Werber, Kendall, General Medical, Bergen Brunswig Medical
27. Don Kitzmiller, executive VP, Midmark
28. Haworth Parks, Parks Inc., ABCO
29. Roger Benz, Concordance Healthcare Solutions
30. Lew Allyn, VP, Welch Allyn
31. Bill McKnight, McKnight Medical Communications
32. George Ransdell, Ransdell Surgical
33. John Sasen, BD, PSS, McKesson Medical-Surgical
34. Gerry LoDuca, DUKAL Corp.
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