

With Remote Collaboration Technology, Busy Device Representatives Can 'Be There' for Diverse Accounts Across Growing Territories

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The flow of non-emergent procedures out of hospitals and into outpatient facilities has created both an opportunity and a challenge for medical device representatives: how best to serve a growing roster of accounts, from healthcare systems to ambulatory surgery centers (ASCs) and officebased labs (OBLs), that are spread out across a broad geographic area.

Beyond keeping their relationships with their accounts vital and fresh, the issue for device representatives is how to divide their time and travel budgets between the hospitals and healthcare systems that anchor their territories and the outpatient providers that are dispersed throughout.

An emerging solution allows device representatives to meet the demands of a variety of accounts by using remote collaboration technology to supplement in-person visits with virtual ones. With this technology installed in the facilities they serve, representatives can provide remote guidance during procedures and build new relationships without jeopardizing established ones — or their work/life balance.

Avail Medsystems provides a solution through a platform that allows device representatives to support accounts in remote locations, attend emergent cases, train physicians in the use of new products for faster adoption, and link physicians with others who can share knowledge about tool applications. The technology enables

livestreams from the operating room to remote collaborators' iPads or computers — anywhere, anytime. Equipped with high-definition, highpowered video cameras and inputs for surgical imaging, the Avail System allows representatives and other industry professionals to "join" a procedure, view it from different angles and distances, monitor imaging, communicate and interact with the operating practitioner and staff, and share their screens with others.

"Using the Avail System has allowed me to provide more comprehensive customer service and more efficient product launches, leading to better care for patients," said Josh Blount, a territory manager for neurovascular surgicaldevice company Rapid Medical. "Avail is a win-win for the entire procedural ecosystem. It represents the future, and device representatives need to get on board or be left behind."

# New Trend, New Challenges

One reason device representatives are seeing their territories enriched by outpatient facilities is that Medicare, based on recent advancements in technology, technique, and safety,1 has determined that certain procedures no longer require hospitalization. As a result, a variety of cardiovascular services, spine surgeries, interventional radiology treatments, joint replacements, and image-guided procedures are routinely being performed by the nation's 9,200 ASCs<sup>2</sup> and 700 OBLs.<sup>3</sup> These facilities, largely owned by physicians, often employ key opinion leaders who split their time between outpatient practices and large hospitals.

As these freestanding facilities absorb an increasing share of outpatient surgeries, they represent an important new focus for medical device companies, not only because relationships with key opinion leaders at the practices are meaningful, but because the facilities are remaining active even as some hospitals delay elective procedures due to the spread of COVID-19 and its Delta variant.4 Yet, supporting outpatient practices can present challenges, as many exclude field representatives from their procedure rooms, either to accommodate agile scheduling or to control foot traffic and surgicalsuite activity in their compact buildings.5,6,7

Even when access to facilities is unrestricted, representatives can find it challenging to visit all of their accounts in person. When needed simultaneously by a hospital and an outpatient facility that is hours distant, representatives can struggle to support both accounts without exceeding their travel allowances or losing sight of their work/life balance8 — particularly when sales forces are small. Due to these logistics, supplementing in-person case support with virtual visits can be extremely helpful.

As a result, medical technology companies are exploring digital solutions9 such as the Avail System, which can enable field representatives to "attend" from wherever they are to provide in-the-moment product guidance to doctors during procedures; enhance their product knowledge skills by watching physicians use their products; or support a product launch.

"Avail gives us a way to be 'in person' with our accounts without the time and cost associated with travel," Mr. Blount said. "We remain trusted allies who can provide support if a problem arises during a procedure. This technology allows us to make contact and help out, even while we're waiting on the campus of another account to assist in person with a surgery. And it makes a lot more sense than traveling to a facility out of state and then waiting around until an emergent procedure comes up so we can give device training."

## **Participating in a Transformation**

In fact, remote collaboration technology can facilitate connection across a wide variety of situations.

In addition to helping device representatives support institutions that are difficult to access, livestreaming can allow these professionals to virtually be in two places at once when case schedules compete, ultimately making it more possible to efficiently aid accounts across growing territories.

This kind of situational case coverage can mean the difference between a smooth procedure and a rocky one when device representatives are called upon to be present but can't be there physically — particularly during emergency procedures, when immediate travel is typically not possible, yet support is critical.

Richard Markiewicz, MD, an interventional cardiologist with Great Plains Health Heart Institute in North Platte, Nebraska, recalls using the Avail System to work through a challenge with a balloon device that could have compromised the outcome of a vascular procedure aimed at avoiding a leg amputation. Despite his rural location, Dr. Markiewicz was able to simultaneously confer with a device

representative in Omaha and with Jon George,
MD, MBA, an interventional cardiologist at the
University of Pennsylvania, to resolve the problem.

"It was a great demonstration of how, with Avail's technology, Philadelphia can be 3 seconds away instead of 1,500 miles away," Dr. Markiewiecz said. "As there are no representatives for the device companies who live in North Platte, a lot of times we've been on our own or only had the option of connecting with them via FaceTime. On this call, I said for the first time: 'This is what it feels like to have a rep in town."'

Mr. Blount also found that the Avail System provided crucial support one weekend when he was needed at home — and also for guidance during an emergency neurovascular procedure. In the past, his only option would have been to communicate with the surgeon on an iPhone.

"Thankfully, the physician was open to me logging onto Avail, so that I could see the entire surgical field and have a dialogue with him throughout the procedure and change the camera angles and view the imaging in real time," Mr. Blount, the Rapid Medical representative, said. "It was like being there, and in some ways better in terms of my ability to see what was going on. Making sure the rep is there and has plans A, B, and C can help avert disaster. It's better than the alternative of missing something."

Fortunately, research suggests that remote procedural guidance is at least as effective as that provided on-site. A review of 66 studies conducted before July 2017<sup>10</sup> encompassed 12 that compared physician-to-physician telementoring with on-site mentoring; those studies involved surgery using medical devices, including medical robots, endoscopes, laparoscopy equipment, and augmented reality technology. Seven of the 12 studies demonstrated no difference in the health outcomes associated with the two strategies, and no studies found remote teaching to result in poorer postoperative outcomes, the authors determined.

"The results of this review suggest that telementoring has a similar safety and efficacy profile as on-site mentoring," the authors concluded<sup>10</sup>.

#### With Connection Comes Education

This range of possibilities gives device representatives new opportunities to fulfill their role as conduits to the educational process for physicians and their staff members.

For example, the option for remote collaboration may boost the amount of time representatives can secure with physicians, enabling them to more effectively support the launch and adoption of products.

"Doctors who want to learn more about a new device won't feel they're bothering the device representative by making them fly out, so they're more likely to make contact and ask questions using virtual technology," Mr. Blount said.

Avail's technology also allows representatives to answer questions about devices by quickly connecting physicians with key opinion leaders who can virtually demonstrate and discuss the tools during livestreamed surgeries, Mr. Blount added.

Once tools are validated, facilities and health systems can use livestreaming technology to train staff to employ the new devices.

Device representatives can also use the Avail System to help accounts grow their businesses, which in turn can spark the additional use of devices — for instance, by partnering with outpatient providers to offer live broadcasts that promote their services.

Just as important is that representatives can use the Avail System to inform their device-company peers by providing them with "front-row" access to clinical procedures. This can be particularly meaningful to device engineers, who can use the opportunities to identify procedural gaps and seek ways to overcome them. Greater access to product users can lead to better product improvements and ultimately greater sales.

# Moving Forward with Remote Collaboration Technology

Due to its design, the Avail System is simple to incorporate into procedure rooms.

Avail's fully integrated A/V hardware and software system includes a mobile console that features two high-definition, 30x-zoom cameras, a large display monitor, and plug-ins for procedural imaging sources. After remote users answer a call on their iPad or laptop, a secure, web-based app enables them to control camera views of the surgery in progress, including the operatingroom team, the patient, and the equipment table. A split-screen feature lets viewers watch while also observing imaging, such as intravenous ultrasound or fluoroscopy. Viewers can collaborate with the broadcasting practitioner via two-way audio and by making annotations visible on the procedure-room display. Those watching can share their screens with others.

Finally, the Avail Member Hub, accessible via login on Avail.io, allows users to collaborate at the click of a button, manage schedules, and update availability in real time.

The Avail System is cost-effective because there is no capital expenditure involved, but rather a subscription- and usage-based fee, meaning that the technology offers a low barrier of entry for facilities and a calculated return on investment for medical device companies.

## Conclusion

While the shift of many surgery types from hospital to outpatient settings has presented medical-device representatives with opportunities to broaden their account bases, the trend has also heightened the challenges that come with supporting larger, more geographically diverse territories.

To that end, device representatives are embracing Avail's remote collaboration technology as a means of supplementing in-person visits with virtual consultations. The strategy not only helps them to keep and build key business relationships, but also ensures that they can offer efficient and consistent support to all their accounts without exhausting their travel allowances or jeopardizing their work/life balance.

The technology allows representatives to provide situational case coverage when it is needed the most, from the ability to virtually attend procedures at rural or remote facilities to the opportunity to attend emergent procedures with little notice or to be "present" in two procedure rooms at once.

Ultimately, the Avail System better connects representatives with decision-making key opinion leaders at both outpatient facilities and hospitals who can support market penetration by contributing to product validation, launch, and training.

"I think the vast majority of representatives will see the value in having this technology available as a way to support customers when they can't physically be there," Mr. Blount said. "Remote collaboration technology can lead to medical devices being introduced more widely, quickly, and cheaply. It's a huge benefit of the digital age that can make our business model enormously more cost-effective."

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