There Has to be a Better Way: Interview with Steve Zielinski, VP of Sales for Interrad Medical

In this interview with Steve Zielinski, the VP of Sales for Interrad Medical, we learn more about this unique medical device and the history of Interrad. Here are some of the things that we are going to cover:

- What's so different about the SecurAcath medical device?
- Has anyone actually said "no" when comparing the SecurAcath to alternative medical devices?
- Why Interrad Medical may eventually employ the unique Intel business model.
- Interrad Medical's recent unique Series-C round of financing with angel investors that recently went down.
- The importance of understanding the nuances of the specialist physicians you're calling on as it pertains to medical device sales reps.

Scott Nelson: Hello, everyone. It's Scott Nelson, and welcome to another episode of Medsider, home of the free medical device MBA. On today's call, we have the Vice-President of Sales for Interrad Medical, Steven Zielinski. He's gone by Zeke his whole medical device career, so I'm going to refer to him as Zeke. So, without further ado, welcome to the call, Zeke.

Steve Zielinski: Thanks, Scott. Good to be here.

Scott Nelson: Yeah, looking forward to this conversation, learning a little bit more about Interrad Medical and your newest technology, the SecurAcath. Then we'll also hopefully have a chance to dig into your background a little bit as well. So, let's start with Interrad Medical. Can you give us an overview of, I guess, your main device right now, the SecurAcath?

Steve Zielinski: Absolutely, Scott. Our device that we're selling currently today, both domestically and internationally, we have FDA approval and CE Mark approval for the SecurAcath device. It's essentially an anchor device that can be added on to any PICC or central venous catheter provided it's the right French size. The way it works is it's a small anchor that is a small nitinol anchor that's actually folded and put underneath the skin in the same insertion hole as the catheter itself. Then it affixes to the catheter and it reduces catheter movement, it allows for easy catheter length adjustment, it doesn't have to be replaced. The only way to secure catheters right now in the market on the patient's skin using sutures or adhesive devices. What this does, and it's very novel, is it goes subcutaneously underneath the skin to secure the PICC line or the central venous line.

Scott Nelson: Okay. Let's take a step back. For those who are listening that don't know what a PICC line is or a central venous line, can you give us an overview of maybe the type of patient or why a certain patient would have one of these PICC lines or central venous lines?

Steve Zielinski: Sure. Let me explain first off what a PICC line is by definition. It's an acronym, it's a peripherally inserted central catheter. Usually, it's long and slender, it's a flexible tube and it's inserted in the peripheral vein typically in the upper arm, and then it's advanced until the catheter tip terminates in a large vein in the chest near the heart to obtain intravenous access.

Scott Nelson: Okay.

Steve Zielinski: It's very similar to a central venous line in that it terminates into the large vessel near the heart; however, a PICC line, unlike a central line, it's point of entry is usually in the periphery of the body, hence the name, in the extremities. Like I said it's usually placed in the upper arm. It's usually the area of choice.

Scott Nelson: Okay, and why would a patient have a PICC line? Are they receiving some sort of pharmaceutical drug through this catheter?

Steve Zielinski: Yes. Typically, you know, patients need to get some sort of intravenous access so that they can actually transfer drugs in or out of the body. The types of patients that would get this would be chemotherapy patients. Patients that have a catheter in for a longer period of time will typically get a PICC line or a central venous line. On average, a PICC line usually stays in about three weeks in the domestic market here in the US. On average, a central line would stay in anywhere from five to seven days.

Scott Nelson: Okay. Okay. So, really anywhere from like a week to a month, roughly speaking.

Steve Zielinski: On a PICC line, right.

Scott Nelson: On a PICC line, okay. So, this patient is receiving some sort of pharmaceutical drug through this line. They've got it anywhere from a week to a month, and you said the only way to currently attach or keep that PICC line or that catheter secure is through some sort of adhesion or adhesive mechanism or through sutures. Before I ask you more about that, is this a big issue, catheters falling out or physicians having problems with PICC lines kind of pulling out of a patient's vein or something like that? Can you explain that a little bit more?

Steve Zielinski: Good question, Scott. Really, right now when you look at the market, over 500 million vascular access catheters are placed worldwide every year.

Scott Nelson: Five hundred million?

Steve Zielinski: Five hundred million.

Scott Nelson: Yeah, that's big.

Steve Zielinski: So it's a pretty big market with vascular access catheters, and traditionally, as I mentioned, originally the PICC lines or the central lines were all secured by sutures where they sew it to the skin, and then recently, in the last probably seven or eight years, they now have gone to these adhesive devices where they can actually affix it to the skin, and then they could

close the doors to it and basically lock it in place. The problem lies mainly because as I mentioned before, an average PICC line stays in for about three weeks. You have to clean the device, and when you're cleaning the device, you have to replace the adhesive mechanism that's locked into place, so it can get a lot of blood, it actually has a chance for bacteria to form and get infections.

So now, with the SecurAcath device going underneath the skin, you basically use one device for as long as that catheter's in-dwelled, and you can clean the device very easily 360 degrees around without worrying about dislodging the catheter. So, in answer to your question of dislodgement, is it actually a problem. If you talk to PICC nurses on the floors or you talk to the med Surg floors, they get those patients, or you talk to the home health nurses that these patients actually go home with a PICC line in, they'll tell you that it happens quite frequently.

Scott Nelson: Okay.

Steve Zielinski: So, by securing something for as long as the catheter's in-dwelled with the SecurAcath device, hopefully, we'll reduce that from happening.

Scott Nelson: Okay, so I presume that when you're out in the field with your reps and speaking with the physicians and the PICC nurses and whatnot, talking about the issue of securing catheters in place, that's an obvious one. They probably all get that for sure. So, the main sales job that you have to do is why this is better than some sort of adhesive mechanism they're using now or sutures. Is that safe to say?

Steve Zielinski: That's correct. I mean, what the SecurAcath does is it actually enables a fast, safe, continuous securement for as long as the catheter's in-dwelled in a patient. So, our unique design of SecurAcath basically stabilizes the catheter right at the insertion site of the PICC line or the central line by using that blunt anchor, and it deploys and holds virtually painlessly in the subcutaneous tissue just beneath the skin. The other advantage of the SecurAcath is it takes only seconds to place and seconds to remove, and it's secure for the life of the catheter.

The other advantage to the adhesives and the sutures is that it prevents the catheters from migrating or what we call pistoning. What I mean by that, Scott is that even if you have an adhesive device, some of the trade names out there are StatLock or GripLoc. Those are some of the companies. Bard makes the StatLock, and the GripLoc is another company. There are a couple of other companies that make adhesives as well. Those primarily have to be changed out regularly, almost weekly in the cases of PICC lines, and it's also very hard to clean around it because you have to peel it off.

There are a lot of patients that have very sensitive skin. You're talking about elderly patients that have had PICC lines in for a number of times. These are repeat patients that come back continuously to get PICC lines in, and their skin gets very irritated and frail. Even when you suture the PICC line to the skin, a lot of times even that can fray. So, the other advantage is not only to the patient but also to the practitioner in that those catheters that get secured by sutures no longer have a chance of getting a needlestick. In this day and age, with hepatitis and AIDS and so

forth, you know, the practitioner getting a needlestick is a big problem for hospitals, and it's costly to hospitals if a practitioner gets that.

Scott Nelson: Okay. Okay. Yeah. I noticed that on your website it mentions it eliminates needlesticks, and you're mainly referring to needlesticks for that practitioner that's actually suturing or maybe was suturing down that catheter. You're not referring to like a needlestick for the patient, right?

Steve Zielinski: Correct.

Scott Nelson: Yeah. Yeah. Yeah.

Steve Zielinski: They are going to stick the patient just to suture, but you're also, and here's another advantage, Scott, that we have to prove. There's hopefully going to be less chance of infection because when you're suturing the catheter in place, you're now introducing a number of holes into the skin. It could be anywhere from 8 to 12 extra holes going into the skin. With the SecurAcath device, we're not putting any new holes in the skin. It's going in the same hole as the insertion site of the catheter.

Scott Nelson: Got you.

Steve Zielinski: Right now, central lines, the CVC lines, about 80% of those central lines, and those are the ones that go in the IJ in the neck area, are probably 80% still sutured. The PICC lines are probably 80% adhesives right now. So, there is a difference in the two markets.

Scott Nelson: Okay. Okay. Can you repeat that again? What were those percentages again?

Steve Zielinski: Sure. When you're looking at, and this is again on average nationally, but an average PICC line right now as I mentioned stays in for about three weeks, and those are right now 80% secured by some sort of adhesive.

Scott Nelson: Okay.

Steve Zielinski: A central line that goes usually through the neck or the internal jugular vein is actually about 80% sutured. The reason why the adhesives haven't caught on to the CVCs as much is because there are rolls in the skin around the neck area and there are oils that are in the skin a lot, and so the adhesives really don't stick that well, whereas a PICC line is put into the upper arm and you don't have the rolls of the skin or the oils that you get up around the neck area.

Scott Nelson: Okay. Okay. I'm going to shamelessly plug your website right now because there's a great animation, not an animation, actually a live video, I think there's an animation on there, you could correct me if I'm wrong but…

Steve Zielinski: Yup.

Scott Nelson: …of your device in action, so I would encourage everyone to check out the website, securacath, that's S-E-C-U-R-A-C-A-T-H dot com., securacath.com. There's also a fairly convincing little testimonial on there as well from I think a PICC nurse maybe.

Steve Zielinski: Yes, she's a nurse practitioner out of Albany Medical Center, Gail Sansivero. She's a very well-known past president of the AVA Society, which is the American Vascular Access Association, and we just had the AVA meeting in San Jose last week and it was sort of our coming-out party if you will, and Gail presented our clinical data during that meeting. We had over 170 guests at 7:00 a.m. in the morning because everybody was so interested in the device.

Scott Nelson: No kidding. Actually, I was going to ask you about clinical data, but first that video on there, that's a great marketing idea, and that's something I don't see a lot of device companies doing, is actually sticking a patient testimonial. I don't know, I've never like played in the PICC world so I didn't know who Gail was, but I have to imagine that if I'm overseeing PICC nurses or whatnot and I jump on your website to find out more about the SecurAcath, I'd probably recognize who this lady is, right?

Steve Zielinski: Yes, Gail Sansivero again is a nurse practitioner, and so it's really a practitioner's testimonial, not a patient testimonial, on the website, but Gail as I mentioned works at Albany Medical Center. She actually works for a private practice that actually contracts with Albany to do all of their PICC insertions, port insertions, and so forth. So, she's a very practiced practitioner, does a lot of procedures in her career, and like I said, she was the past president of the AVA Society.

Scott Nelson: Okay, cool. No, that's definitely a great idea. But you mentioned you presented some clinical data at that AVA meeting. Can you briefly give us an overview of what that looked like?

Steve Zielinski: Yeah, I mean in our study to get through FDA approval, we were actually in five centers, three in the US and two in Canada, and we had 142 patients in our study. It was split pretty much down the middle with half of the patients being central venous catheter insertions and half being PICC insertions, and we had a 100% success rate in our placements.

Scott Nelson: Okay. Okay. Was that the main endpoint for this study, just the success rate of placements?

Steve Zielinski: The success rate of placements, we also monitored infection rates, we monitored dislodgements, and those are the major points. However, we are going to be doing a new study as well that we're actually getting psyched for right now, and it's actually going to be a study that basically takes SecurAcath versus the adhesives, and the endpoint being more along the lines of dislodgement.

Scott Nelson: Okay. Okay. Cool.

Steve Zielinski: We're recruiting [16:44 inaudible] right now for that.

Scott Nelson: Okay. Very cool. So, in listening to you describe this and I've watched the videos and I would encourage everyone that's listening to this call, check out some of those videos and the testimonial on the website, but this seems like a pretty novel technology, definitely differentiating. When you're in the field and engaging potential customers, what are some objections then? Because it seems like this would be an easy switch to make from suturing to this device, but are there objections that you see?

Steve Zielinski: Well, it's not so many objections because I'll be honest with you, Scott, we haven't had anybody say no yet. Everybody is [17:28 inaudible] this thing. It's more or less they really see the advantage quickly, and before I keep going further I just wanted to say that the founder of our company was Dr. Michael Rosenberg, and he is a practicing Interventional Radiologist in St. Paul, Minnesota today. He's our Chief Medical Officer for Interrad today, but his day job is still an Interventional Radiologist.

Scott Nelson: Okay.

Steve Zielinski: You know, Interrad basically started in 2004, but Dr. Rosenberg actually got the idea of this because he obviously inserted PICC lines and catheters in patients, and specifically in pediatric patients, and he was tired of these kids coming back and having their lines pulled out. So, that was what the impetus was for getting him to think about a device under the skin, and that's where he began.

Scott Nelson: Okay.

Steve Zielinski: So, I just wanted to touch base on that because it's really a lot of med device companies start by the practitioners themselves, and Dr. Rosenberg was the inventor and founder of our company...

Scott Nelson: Sure. Sure.

Steve Zielinski: Some of the objections that we get with it right now is more or less time for getting the evaluation because the placers of the device are either the PICC nurse or the anesthesiologist in the case of the central lines. That's who's placing these catheters, but the patients move from wherever they're placed. If they're placed in the radiology suite, or many times now the PICC catheters are placed bedside by PICC nurses. So, the PICC nurses are actually placing these catheters bedside and not in the IR suites anymore. Traditionally, the interventional radiologists were placing them, and I would over the last five years it's switched now to the vascular access PICC nurses bedside because it went from sutures to adhesives, in the PICC side of things.

Scott Nelson: Okay.

Steve Zielinski: So, one of the objections we get is that these patients are going to go to the Med Surg floor or to the ICU and they're going to be touched at a lot of different departments in the hospital. So, it's not so much an objection of the device. It's an objection of, how do we train and

how do we get all the in-servicing done that needs to take place to get approval within the institution?

Scott Nelson: Got you. Okay. So, it's more a logistics sort of operation more so than, I like this device better than yours, or I like suturing better. Is cost ever an issue?

Steve Zielinski: Cost always is an issue today in the marketplace with medical devices. I mean, we're very economically priced. We're actually very equivalent to using the same amount of adhesives that you would use on one patient versus just having a SecurAcath device without having to replace it. So, from that standpoint, we're very cost-justified. And then, when you look at the sutures and you just get one needle stick by a practitioner, the device easily pays for itself, and let alone the time involved in terms of seconds to place and seconds to remove versus suturing something that's going to take five minutes or so depending on the practitioner.

Scott Nelson: Yup. Okay. Very good. Yeah, that makes a lot of sense, and like I said before, it almost seems, it sounds too cliché to say a no-brainer, but in this situation it almost is, and I can understand why you really haven't had a whole lot of objections, because it doesn't seem like there's a really good, viable alternative on the market today. Speaking of, I want to get into a little bit more about the background to Interrad. I know you mentioned Dr. Rosenberg initially was the inspiration for this device and still serves as the CMO. But looking at the future for Interrad, right now your device is approved for PICC lines and CVCs. Are there plans for making it available for dialysis catheters as well?

Steve Zielinski: Good question, Scott. Our first plans right now are we have them available in 5 French and 7 French, so the two sizes that we have available today. So, the first order of business is to get more sizes. We want to improve the size matrix. So, hopefully, by the end of the year, we'll have a 4 French, which a lot of the pediatric nurses are asking for and the neuro-intensivists are asking for in the PICU. So, that's a first on our product development. And then we're hoping to have a 6 French by the first quarter of next year, and also increase the sizes. When you start talking about dialysis catheters, now you're getting into the bigger French sizes.

Scott Nelson: Sure.

Steve Zielinski: You're talking into 9, 10 French sizes. We do have a device in the subcutaneous, under-the-skin securement is highly protected in terms of IP in our company, and we are looking to put it on other catheters like drainage catheters and like dialysis catheters. Then, really, the big, big market is peripheral IVs, and now you're going tiny. Now you're getting into the gauge sizes, but that, when you think of how many IVs are put in every day in hospitals and it's just taped on and those are pulled out all the time, that is the big, big market that someday we'll probably be in, but at that point in time we'll probably be either owned by somebody else or within a strategic partnership somewhere else.

Scott Nelson: Yup. Yeah, and actually that was another question I had for you. But what do you think is first, I mean if you had to guess or wave a magic wand, your device for dialysis catheters or your device for smaller-gauge-sized peripheral IVs?

Steve Zielinski: Well, I would definitely say that it's going to be easier to go to the bigger sizes…

Scott Nelson: Got you.

Steve Zielinski: …versus smaller sizes right now, because if you look at our device on our website, you'll see that you have to fold it, and then insert it, and then it opens up underneath the skin, and then you put a cap on it and lock the catheter in place. So, right now, making the bigger sizes is a little bit easier for us to do, but it doesn't mean that we can't do the other. So, if I said, you know, right now we're probably going to go more towards the bigger sizes versus the smaller in the near future.

Scott Nelson: Got you. Yup, that makes sense. Then, in terms of, I'm not sure if the best description is an end goal for Interrad Medical and your technology, but is that sort of where maybe this is going, as most startup companies and you're being acquired by a larger medical device company like a Bard? You mentioned Bard earlier. Any company that basically has a good hold on the PICC market I would think would be a natural acquirer of something like this.

Steve Zielinski: Well, ultimately right now, I mean either you're acquired or have some sort of relationship with the strategic partners. Keep in mind the strategic partners can also become our customers, because most PICC lines and central venous catheters are actually in a kit today, so they'll either have the adhesives or the sutures in the kits. So, ultimately, the Teleflexes of the world, the Bards of the world, the AngioDynamics, the Medcomp, the Novalis, all of those companies are potential customers or strategic partners.

Scott Nelson: Okay.

Steve Zielinski: So, we don't discount that as well, and I liken it almost to what we call around here the Intel Inside strategy, which is there is a Pentium chip in every computer, but you don't sell the chip. Well, that could be the strategy for Interrad as well.

Scott Nelson: Sure.

Steve Zielinski: Right now, what we're doing is we've gone to market with a direct sales force and we want to build the market and then, in terms of long-term strategy, I mean ultimately from a product standpoint, we want to make the SecurAcath the standard of care for catheter securement. We basically have a little orange device as you could see in our website, it's orange so you can see it, and a nurse knows exactly what it is when they see it coming out of a patient's arm or the neck of a patient today, and they know exactly what to do in terms of placing it and removing it, and we want to make that the standard of care for catheter securement.

But ultimately you look at what startup companies do, and we've been around since 2004, we've gone commercial this year in 2011, so you know when you look at how we got to where we are, especially in a tight economy where a lot of venture capital money is drying up, we've actually been funded and most recently in a 10-million-dollar Series C round of financing just last week that we closed, and we did it quite differently than tradition medtech devices.

Scott Nelson: Hold that thought because I definitely want to ask you about that because that was very unique financing round, but in regards to the sales model, you mentioned that you are hiring direct reps, is that kind of the distribution model you're employing right now, is through direct reps?

Steve Zielinski: Yes. Today, that is our strategy. Our sales model strategy is to recruit direct reps. I've already hired direct reps, so we have domestic reps, and I'm headed to Europe actually next week with our CEO Joe Goldberger, and we are headed out there to look at selling in Europe and probably lining up some distributors. Right now, we're selling direct.

Scott Nelson: Okay. And is there a certain number of direct reps that you want to get to? Or how many do you have now versus where do you kind of want to be?

Steve Zielinski: You know, it's one of those things where we're still kind of determining that.

Scott Nelson: Sure.

Steve Zielinski: So, I can't throw a number out at you in terms of the number of reps. I mean, right now we want to establish a good market. We have to have the right [00:27:33] feet on the streets. Right now, it's important to make sure that the device works properly, make sure that it's getting in patients, it's getting in service. One of the things that we're really concentrating on, Scott, is getting a clinical education manager that will actually help us recruit PICC nurses around the country to work per diem and help with our training because I was telling you these patients go to all different floors in the hospital, and for a rep to just spend all of his time in training versus opening up new accounts, that's not a very long-term strategy of converting an account. So, we're actually focused right now on getting our clinical education piece in play and getting that going.

Scott Nelson: Yeah. That's a great strategy, that per diem model. That's interesting that you're employing that. That's a very savvy strategy. But let's get into that recent financing series that was $10 million, and I'm not sure if you mentioned this already but the actual capital mainly came from angel investors, and that's very unique. Can you explain that in a little bit more detail?

Steve Zielinski: Sure. It's very unique because as I mentioned earlier, our CEO and president is Joe Goldberger, and he was brought into the company by Dr. Rosenberg in the board back in '05, and all of the money that Joe has raised for Interrad Medical has been through angel investors, and it's very unique in terms of a model of funding right now because most of the time you'll get venture capital to give you, you know, we just raised $10 million, half of it sometimes would be raised by venture capital.

But what we did is, Joe worked with private placement through RBC Wealth Management Group in collaboration with RBC Capital Markets, who worked with our Interrad executives to raise these funds exclusively from high-net-worth angel investors. So, essentially, RBC Wealth managers went out and basically brought high-net-worth individual investors to the company. We explained the company and the strategy behind the device, and we were able to raise all of the money through angel investors with the help of RBC Capital.

Scott Nelson: Okay. Okay. And do you think that, in looking at other startups watching you get this done, is that something that other companies may want to employ, using almost a strict angel round of financing versus going the traditional VC route?

Steve Zielinski: Well, it's interesting you say that because if you ask Joe why he was successful in doing that, he'll say it's because when you have a medtech device that is simple and easy to learn, like the SecurAcath, you mentioned earlier it's almost like a no-brainer when you look at it you get it right away.

Scott Nelson: Right.

Steve Zielinski: When you actually have a very simple device that even a layperson can understand, it's easier to go to these high-net-worth individuals, because I would say half of our investors are physicians and the other half are entrepreneurs, and most of these folks are looking for opportunities that they understand, and then also are a good value to them and hopefully a good return on their investment.

Scott Nelson: Okay.

Steve Zielinski: So, the reason why it worked for Interrad is because it was a simple device to understand and it was practical, and the market value was large because you look at, as I mentioned before, 500 million vascular access catheters placed worldwide, it's really a large market you're going after.

Scott Nelson: Okay. Yup. That makes a lot of sense. I know we're running a little bit short on time here, and I'm trying to look over my notes to see if I wanted to talk about anything further – oh yeah, there's one point before we get into a little bit about your background if you don't mind, there's one point I wanted to ask you. I saw in doing some research, did you initially launch a SecurAcath PICC? Or what's the story behind that versus now this universal kind of SecurAcath device that secures basically every PICC or every CVC available?

Steve Zielinski: Yeah, good question, Scott. Yes, initially, the initial device that they were going to launch, and this is prior to my coming on board the Interrad, was an actual PICC catheter with anchors. So instead of the securement device just being the clip itself if you will, it was actually a PICC catheter that had anchor in it. So, essentially, we were going to go to market with a PICC catheter that would secure, but then the executives at the time and Dr. Rosenberg got together with the board and they decided the better strategy would be, don't compete against the other PICC companies with the securement device like Bard, Novalis, Arrow, Teleflex, and all the other PICC companies. Why not get a device that could go on anybody's PICC?

Scott Nelson: Yup.

Steve Zielinski: And they switched strategies. It actually made the timeline longer to get to commercialization, but in the long run, we feel it was the right strategy, and now we have a

universal device that will go on anybody's catheter and we're not competing for PICC against PICC.

Scott Nelson: Right. Yeah, and that seems like a really, really good pivot looking back that was made. I'm not entirely sure of the timeframe when that decision was made but it seems like a really, really good move at this point. So, very cool. I mean, it definitely looks like a very novel technology, and this provides a little bit of a segue into getting into your background. You've had some very, for lack of a better description, sexy roles in your past, a very impressive résumé. I could rattle off a bunch of positions here, Director of Sales at Boston Scientific within the Cardiovascular Division. I think you launched, was it Taxus? First drug-eluting stent for BSC, is that right?

Steve Zielinski: Yes, I was the Director of the Midwest and launched that device. Yes, that's correct.

Scott Nelson: Okay. Senior VP of Sales for LifeWatch, Vice-President of Sales, Director of Sales for Angiotech. I could go on and on, and I'll link up your LinkedIn profile here when we post this interview on Medsider, but you've got experience at fairly high levels with both large medical device companies, for example, Boston Scientific, and then you've also got a lot of experience with the CoAxias of the world, and now Interrad. What's your advice for sales reps in this urban environment, I mean, if you had to offer any sort of advice, speaking just directly almost to the people that are listening that have work within a sales capacity right now? You know the startup environment is probably appealing but maybe doesn't offer the most security. What's your advice to those people listening?

Steve Zielinski: Yeah, good question, Scott. You know, when you look at, and obviously I've been a sales rep myself in the med device business at the beginning of my career, and you know, at the end of the day, when you look at where the medtech market is going today, you could go into the big companies, and let's face it, all of the companies are hiring, but let's face it, even the big companies aren't secure anymore.

Scott Nelson: Yeah.

Steve Zielinski: There's a lot of reduction in forces going on with a lot of different companies, and so even that you can't even say it's a secure job anymore. So, when you look at the startup environment, one of the things that are enticing usually for a sales rep is that they get equity in a company, you know, right out of the gates, and that's no different than what I'm offering with sales reps that I'm hiring, is that we give equity because you're part of the company as a shareholder, and I told you the way that Joe Goldberger raised the money, there are no onerous terms for any shareholder. Because we raised it all by angels, every share is equivalent.

So, it doesn't matter if you're an employee or you're an angel investor, your shares are equivalent in terms of the rights to the company, unlike warrants or preferred shares that are sometimes put on when you raise through venture capital. So that's an enticing thing for sales reps that are looking to come into a company and be an owner right away and be able to be part of something

new and thriving as opposed to—I almost envision these types of sales reps are evangelical reps. They're seasoned professionals, but also they want to create the need versus just saying, "What's your budget for stents?" You know, those are the types of individuals that say, "Hey, I want to go create the need. I want to go change the way catheters are secured in all patients in the long run," and that's the type of rep that would come to a startup.

Scott Nelson: Gotcha.

Steve Zielinski: Definitely in the case of SecurAcath and Interrad.

Scott Nelson: Yeah, I like your description of evangelical sales rep, and actually that reminds me because I wasn't going to ask you this question, but I am now because I think it's an interesting question because I was listening to an interview just yesterday where this question came up. And in your experience, you've probably interviewed hundreds if not thousands of sales reps, hired probably hundreds of them as well. When you look at the medical device space, would you rather have, I like to call it like the beer sales rep, I'm sorry, the academia sales rep or like the college academic sales rep or the college beer buddy sales rep? And I'm more referring to someone who's more analytical in nature, wants to really analyze a customer's business, etc., versus the guy that can make friends with anyone, walk into an account, and make friends with anyone, maybe he's not the sharpest guy in the world but he's definitely the most personable guy. Is there a certain profile that you look for or does it depend on the job?

Steve Zielinski: Yeah. Well, two parts to that question. I do think, the second part, it does depend on the job because I've hired for big companies like Boston Scientific, and those types of reps are ones that we can train. We have a great training program. We can take them through the procedures, we can take them through the devices, the features, and benefits and all that kind of stuff.

But when you're in a startup organization, you're usually looking for experienced representatives that do have the relationship like you said. Because what I like to say as I'm hiring the reps, if a hospital has a VAC committee, a value analysis committee, and every hospital does, especially for our device or for any other devices that are going to touch a lot of areas of the hospital, I'm looking for the types of reps that could the special sessions of a VAC committee. They don't have to wait for that a month from now or two months from now when that committee meets. They're the ones that can get enough buy-in by the VAC committee members that say, "We have to move this thing now," or "Let's move up the timeframe." So those are the types of individuals I look for to hire, that can hold the special VAC committee's sessions versus the ones that have to wait a month or two or three so a hospital can look at a product.

Scott Nelson: That's a great way to put it, the rep that can have the special VAC committee, because I think every rep that's listening to this call right now understands the importance of that, of being able to push through that timeframe a little bit.

Steve Zielinski: Yup.

Scott Nelson: Yeah. So, very cool. Good stuff. Let's kind of conclude this. So, let's say you have a family friend that maybe either wants to get into kind of the medical device world. A lot of these questions I apologize for those listening to that kind of don't have a sales bias. Zeke, you're a sales guy so I have to ask more sales-related questions, but if you had someone come to you and say, "Zeke, I either want to get into the medical device world in a sales capacity or maybe I have maybe a year or two years under my belt," and they pose the question, What advice would you have for me that would lead to a successful career especially in kind of the uncertainty of today's medical device world? What one or two things would you say to them?

Steve Zielinski: Well, yeah, the first thing that I would say is that in this day and age, experience does matter, especially in a medical device. So, if you just want to get into the medical device world, the typical track record is start on the pharmaceutical side, get some experience talking to physicians, etc., and then move into the device side. That's a normal track record. It doesn't mean that it's always the case, but in many cases it is. But what I advise you to do is really understand the device that you're going to sell, understand the call points that you're calling on. If it's an interventional radiologist, if it's interventional cardiologist, if it's an anesthesiologist, they have different needs and there are different ways of accessing those doctors and institutions, and you have to know how to access those doctors.

Nowadays, it's even harder to get in. You have all of these different types of governing bodies by hospitals whether it's a Vendormate or StatusBlue or this or that. There are a lot of different access points that you have to go through to get into the hospitals. So, you need reps that know how to create those relationships and get into the call point that you need quickly and understand that. So that's probably a bit of advice that I would give them.

More importantly, understand that when you're in, I'm going now mostly startup, when you're looking at that evangelical rep, I call it again, that just creates the need out of nowhere, those types of reps are the ones that pick up the phone and have a doctor answer it on their cell phone. When you've got doctors' cell phone numbers, then you know that they've got great relationships. They're the ones that have access quickly. So, startup med device companies are looking for those types of reps that have those relationships, that can get in right now. In our case, to an anesthesiologist or to a PICC nurse or an interventional radiologist and be able to step right in and talk about the SecurAcath device.

Scott Nelson: Sure. Sure. That's good stuff. That's good stuff. I want to, before we kind of conclude this, for those listening that want to either learn more about your background or reach out to you or learn more about Interrad Medical and the SecurAcath, where would you direct them?

Steve Zielinski: I would definitely direct them to www.securacath.com, S-E-C-U-R-A-C-A-T-H dot com. That goes into our website. We're actually redoing our website, so you're going to see some changes going on right now. Jeff Killion, who is our VP of Marketing, is working on that as we speak. You can also see us at any of the shows. We were just most recently at the AVA meeting, which is the Annual Association for Vascular Access.

I'm leaving this afternoon for the ASA meeting, which is the American Anesthesiology Society meeting in Chicago through Monday. We'll be at the Critical Care Nurse meetings next year in March, and there are local AVA chapters all around the country for PICC nurses. Those chapters are very much tied into our company and they know about s, especially after last week, and they all have regional meetings, and you could go up under the AVA Society and figure out where those local chapters are and take a look at the information on SecurAcath and vascular access in general.

Scott Nelson: Okay, cool. The website was securacath, S-E-C-U-R-A-C-A-T-H, right?

Steve Zielinski: Yup.

Scott Nelson: Securacath.com. Very cool. If you're listening to this on iTunes or something, that'll definitely be linked up in the post on Medsider as well. So, very good. Anything that you want to add that we didn't cover at all before we say goodbye?

Steve Zielinski: No, I think we've covered it all. I could just say that from a new VP of Sales for a company, I've been here for about two months now and I'm creating this team, it's an exciting time for the company. I mean, we're really excited to bring on the right people that will help us make SecurAcath the standard of care for catheter securement. I have no doubts that it's going to happen. It's just a question of when.

Scott Nelson: Sure. Sure. Yeah, it's definitely a novel technology that, like I said before if there was a no-brainer decision if such a decision existed in the healthcare world, it definitely seems like this would fit into that category. So, very cool. Well, I think we'll end it there, Zeke. I'll have you hold on to the call, but again for everyone listening, Zeke, or Steven Zielinski, he goes by Zeke, VP of Sales for Interrad Medical, go to securacath.com. If you want to see those animations or watch the YouTube video, learn a little bit more about Interrad and the SecurAcath device, go to securacath.com, S-E-C-U-R-A-C-A-T-H dot com. So, we'll go ahead and end it there. Thanks, everyone for listening, and take care.