

Sleep Meets Major Marketing Muscle

A prominent referral line (**1-800-SNORING**) backed by serious educational efforts and practical products gives Sleep Group Solutions (SGS) a running start heading into 2010.

When **Rani Ben-David**, president of Sleep Group Solutions (SGS), North Miami Beach, FL, needed a new company advisor, he went straight to the top. Ben-David, who heads a company that hosts more than 40 sleep education seminars a year in various American cities, now gets advice from Atul Malhotra, MD, medical director for the Boston-based Brigham and Women's Hospital (BWH) Sleep Disorders Research Program. The Harvard professor who invented SGS' Rhinometer and Pharyngometer recommended Malhotra, and Ben-David now counts the BWH mainstay as a friend and business associate.

As both a purveyor of education and a seller of state of the art, sleep technology, SGS has seen dramatic growth which parallels that of an exciting and rapidly emerging specialty of Medicine: the sleep industry. The plans for 2010 are simple: keep it going and spread the news with marketing muscle supplied by 1-800-SNORING—a spin-off developed by the highly successful professional referral service known as 1-800-DENTISTS. On the cusp of what could be the company's most successful year in 2010, we chatted with Ben-David about the future of sleep education, and SGS' growing influence in the global sleep market.

WHAT IS THE SGS EDUCATIONAL MODEL FOR WORKING WITH DENTISTS?

We host more than 40 seminars a year. And in 2010, we will probably have more. It starts with a comprehensive 2-day seminar provided by hand-picked, knowledgeable dentists with vast experience in Dental Sleep Medicine. Most of our doctors have been credentialed by the American Board of Dental Sleep Medicine which is the only Dental Sleep Medicine credentialing body in the United States.

Our typical Dental Sleep Conference attendees are Dentists who have little or no formal experience in the world of sleep medicine. Most know little about sleep disordered breathing (SDB) such as sleep apnea. During those two days, the participants are introduced to the essential terminology of sleep medicine, important epidemiologic statistics, patient assessment to screen for sleep and breathing problems and the fundamentals of managing the CPAP-intolerant patient who is seeking alternative treatment to CPAP therapy. The "alternative" in this instance are Mandibular Repositioning Devices (MRDs). An integral part of this educational introductory course is the use of technology for both patient assessment and treatment, ranging from snoring to severe obstructive sleep apnea.

DO DENTISTS COME TO YOUR LOCATION IN NORTH MIAMI BEACH FOR EDUCATION?

We offer seminars in 14 different states, and most participants are not local. Even if we do a presentation in North Miami,

we will likely only have two dentists who are actually locals. The rest are from other parts of the US, or even from different countries. Some participants travel hundreds of miles.

The MDs tend to travel less than the dentists. Our efforts with MDs usually involve stopping by their offices. Most of our sales team are people that came from the medical world, so they have relationships with primary care physicians, ENTs and sleep docs. Recently, we did a 1-day conference in Texas, and we did have some PCPs. Most PCPs know our local representative in the area.

ARE DENTISTS MORE RECEPTIVE TO SLEEP EDUCATION THAN PCPS?

We have been in this industry for 5 years, and for 4 of those years we paid more attention to the dental side. We wondered; What would be the level of interest from PCPs? PCPs and dentists are the ones that see most of the patients. They can boost awareness.

HOW DO YOU GO TO A SLEEP DOCTOR?

You may go to a PCP or dentist who refers you to a sleep doctor. These are the guys that see most of the patients out there. PCPs, dentists, internal medicine professionals—they are all interested. They are willing to learn more. They have knowledge, but not enough. It's nice to see their devotion to patient care. If they have someone with high blood pressure, they will eventually understand that he or she might have a sleep problem.

WE KNOW NOW THAT POOR SLEEP IS A CULPRIT IN SO MANY DIFFERENT AILMENTS. ARE YOU FINDING THAT PCPS ARE STARTING TO UNDERSTAND THIS?

There are some that are just not aware. It would be hard to put a number on it. Some PCPs still just treat the symptoms, while others see these symptoms as the effects of sleep apnea. This is where the medical field is going. The medical community is starting to recognize that a lot of these comorbidities are the result of poor sleep.

HOW DO YOU ATTRACT MD'S OR DENTISTS TO YOUR COURSES AND WHAT DOES IT TELL YOU ABOUT THE LEVEL OF AWARENESS?

Well, the hardest part is reaching them. There are 170,000 dentists and hundreds of thousands of primary care physicians, and just reaching them costs a lot of money. If a rep goes to a dentist and really explains to them what it is, they will come because they do care. The financial side for clinicians is also rewarding, in addition to the clinical side. It benefits them. It is another piece of the puzzle that they do not have. Ultimately, we are a bridge. We get the MDs, dentists, and specialists—and we build the bridges—but getting to them is the expensive part.

HOW DO CLINICIANS END UP BENEFITING FINANCIALLY?

Per sleep case, our dentists charge anywhere from \$2,500 to \$5,000. Today I met a doctor that charges \$8,000. So there is a big benefit.

The primary care physician who offers home sleep testing can both provide an invaluable service to his patients as well as financially benefitting from this service. The sleep specialists can benefit from home sleep testing because not only will they see many of these newly discovered patients who were screened by the primary care physician but they will also be able to see many more patients not only because of the ease of application of these devices but potential financial barriers are eliminated due the low cost for ambulatory sleep testing. Additionally, many patients with obstructive sleep apnea who may be referred for nasal surgery because they are having difficulty even breathing with a CPAP machine, are more easily re-tested using home sleep testing. See these patients many of whom will need follow-up studies. Insurance companies now recognize this. Just a few years ago, insurance hardly recognized it. With the health reform plan, they are looking at how to treat patients today so they will have fewer problems later. Sleep is a big part of that.

We are talking about preventive medicine. When somebody has a little headache and you take care of it right away, it does not become a big medical problem. As with anything in life, take care of it right away. Don't let it keep on growing up, and I think that is what we are headed for. It might cost us more money today, but in the future it will save us a lot more.

DO THE LECTURERS WORK FOR SGS?

The lecturers do not work for us. The only financial benefit is for their time. Most of them are clients that have our equipment, and believe in that equipment. They are highly motivated and great speakers. They are not partners in the company, and we are not paying them a high ticket. They don't get anything from sales. What we have is a good team of doctors that believe in sleep education, and really want to save lives.

WHAT PRODUCT DO YOU MANUFACTURE?

We manufacture the Eccovision Rhinometer and Pharyngometer. We own the patents, and we build them.

ATUL MALHOTRA, MD IS MEDICAL DIRECTOR FOR THE BOSTON-BASED BRIGHAM AND WOMEN'S HOSPITAL SLEEP DISORDERS RESEARCH PROGRAM. HOW DID YOUR COLLABORATION WITH MALHOTRA COME ABOUT?

When we started in this industry, we got advice from various medical people. We have been growing by large percentages from year to year. Professor Jeffrey Fredberg from Harvard was the inventor of our equipment, so I asked him for someone who was well respected in sleep, and who also uses our equipment. I wanted someone that knew our equipment, used our equipment, published about our equipment—and someone who was good and honest. He immediately suggested Dr. Malhotra, and I spoke with Dr. Malhotra to see if he was interested.

I knew the name, but I had never met him. I think because he believes in the equipment he was happy to join us. And I think it is a great relationship. I wanted his opinion as to what we were missing. What do we need to do more of? We want

advisors who are esteemed clinicians and as a sleep professional he is second to none.

WHAT IS 1-800-SNORING ALL ABOUT?

We believe in the marketing side. We help doctors market their practice, and what we did with 1-800-SNORING is work with the same company who did 1-800-DENTIST. On the dental side, they are the top of consumer marketing. Together with them, we jointly did the 1-800-SNORING. They are in charge of the marketing, and we are in charge of the educational aspects. For a low fee, doctors will be able to join the network. This will help all those people who snore, but maybe don't know that they have a real sleep problem. Through use of the phone number, consumers can decide whether they need to go to a sleep lab or perhaps an ENT, or maybe a primary care doctor—or maybe a local dentist.

The pilot program will start in Los Angeles very soon. A few months later everyone will hear about it, and it will be the biggest consumer marketing program out there. If you are a board-certified sleep doctor, you are qualified to be in. If you are an ENT doctor that does surgery, you are qualified. If you are an accredited sleep lab, you are qualified to be in. If you are a primary care doctor that does not know about sleep, then you are going to have to be educated to get into this network. If you are a dentist that wants to treat sleep and snoring, you need to also be educated by Sleep Group Solutions CE seminars as part of the 1-800-Snoring Program.

We are going to have quality doctors in this network whom all have been thru the SGS educational program. There is going to be a Web site, TV, radio, and everything. Our partner, Larry Twersky, has a state-of-the-art lead generator system. He is running the marketing and has more than 130 employees dedicated to educating the assisting patients who will be calling to find a doctor in their area. We collaborated with Larry Twersky and the 1-800-Dentist team since they are the top marketing company in the US.

HOW DO YOU THINK YOUR COMPANY WILL PERFORM IN 2010?

We have our new home sleep testing program, and have networks of areas where we have board certified sleep doctors working with our dentists, primary care physicians, and ENTs. Instead of just sleep doctors, we have dozens in different areas of medicine that are using our home sleep testing device. It is all VPN and remote desktop with the sleep doctors, so the sleep docs are involved.

I think we will help attract many patients who are undiagnosed for sleep apnea. Through the bridges that we build between the sleep docs that are educating our primary care physicians and our dentists, will be able to reach out to many patients. We are hoping for big growth in 2010.

We will also continue in our research and development of new and existing products. We have and will add to our line of products. In today's market when people are scared of CT and the potential risk of radiation (a recent study showed the death of 15,000 people, and 35,000 will get cancer from the radiation) and with massive validation showing that our equipment correlates with CT and MRI with *no radiation* at all, I believe that we will establish our position in the medical community as a must-have equipment and the gold standard for airway evaluation for specialists and general physicians. The cost of our equipment is affordable to any doctor, and that is why many of our clients own more than one device.