

So I just want to talk to you about you've been using the rJB. Are you using rJB and navjam, or is it just the rJB?

I've used it a handful of times. I haven't used it recently, but I have used it a handful of times, you know, with regards, you know, navigation, yeah, yeah. So what, what I did was I wanted to see how did it work with another navigation system that I currently use. So something that is used on a regular basis is, is the O Arm, which is like the Medtronic stealth arm system. I don't know if you're familiar with that.

I am.

Yeah. Okay, so that's typically what I use on a regular basis, daily in the operating room. And what I was trying to do was to see, hey, look in my hands. How does the rJB work? You know, in that setting, and it seemed to be very comparable to the ORM system, which actually is actually very exciting, right? So the opportunity of using the rJB in a smaller system yet as accurate as the current navigation system that we use.

So when you say smaller system, do you mean like a smaller hospital that doesn't have space to store the O-arms?

Well, I mean, no, I mean, you know, the hospitals can store it, you know, the device is a little smaller, you know, and things like that, but, you're right. I mean, I think, you know, we have to worry about storage and space, and realistically, I really think the rJB would be really well adopted in the ambulatory surgery center, where it may cost money to purchase an alarm or a system like that, whether it's, you know, the Missouri or even, you know, the Globus excelsior system. There are a number of navigation systems on the market, but they can be quite expensive for an ambulatory surgery center. And I think that's where rJB might actually flourish is in that kind of setting, to where there's not an upfit cost for the use of a traditional navigation system.

Yeah, that makes a lot of sense. So aside from that, from the ambulatory surgery centers what advantages of the FJB do you see compared to other navigation systems?

I think that they're comparable is, is plenty, to be quite honest, because you know then, then you're talking about the cost, right? So you know, you have the cost of the device, the alarm device, or the Excelsior, the maze, or you might have a rep that needs to support, that you might have to have the contract to have the, you know, device serviced and maintained. So the maintenance contract, so there's a lot of layers that go on to a navigation system that the hospital needs to accept and and you might not even need to have that kind of system if you use trjv. Yeah, that makes a lot of sense, because you're right. It's not just the upfront cost, it's also all the maintenance and those contracts. So, yeah, I mean, you know, you got a rep that's specifically a rep for just the oh one, and you've got the maintenance cost, and you got the cost of the device itself. So, I mean, those things, you know, can certainly add up and, and I don't know what they go for, but, you know, now what they go for

nowadays, but you know, let's say it goes for, you know, 750, to a million dollars, you know, for the device itself, the other systems, the major and maybe the excelsiors, they might even go for more than that, 1.5 2 million, you know. And then you know, if you, if you're at an ambulatory surgery center, you might not have those funds to funnel out.

Yeah, I wrote another article about the costs, and you're right. It was about one to 3 million is the range. So they're, they're really expensive. What about time? Did you find that it saved you time?

Yeah, that's kind of a relative term. I'm not really sure it necessarily saved me all that much time. You know, there's a setup in getting a couple of X rays for the rjp, you know, I guess you do have to put a pin site in for, if you're using the O arm's got to put, you know, the pin into the into the hip, and then you got to do a spin, which may take a couple minutes, but, I mean, I don't think that that's necessarily a game changer. Might help for a few minutes. Okay, yeah, so the registration, I believe, is faster, but there's still these other things you need to do that do the time is about the same you're saying.

I mean, I mean, it might be faster, you know. I mean, you know, on on the rJB, you've got to spend time on the, on the, you know, pre operative side to measure your angles, right? Then you need to get some X rays, and operatively, then you're all set to kind of proceed, you know, with the O Arm, you've got to put a hit pin in, and then you've got to spin one time to have the accuracy of the system, and then you got to register each of the items in there, you know. So does that really save you some time? Yeah, you're talking 510, minutes. Okay, I guess so. But I mean, to me, that's not that, that's not that much time, you know, savings, yeah. So that's not the benefit. The primary benefit would be the cost that that you have. I think the primary benefit would be the cost, no question, yeah, I think with, with the with the accuracy being the same, and the cost being, you know, significant. I mean, I think that's where, that's where hospitals may want to go, and especially nowadays with the declining reimbursements, and, you know, and and you know, navigation, I don't even think is reimbursable by the hospital. I'm not sure. I'm not a hospital employee doctor, so I don't really know what the hospital can get out of it, or not get out of it, so to speak, you know, but, but you know, when I'm doing a surgery, I don't think I get reimbursed because of navigation.

So it does neither here nor there. Now, you know, for the cost of it, if the hospital is not getting reimbursed, then that 1 million or 3 million, you know, that's, that's straight cash, you know, for the hospital. And that might just be, you know, the cost of doing business, so to speak. Because nowadays there's, you know, every surgeon coming out uses navigation, right? I mean, you know, now they're trained to use navigation. So that's one of the things that you know a spine surgeon is going to request, if it's a, if you think it's a hospital that does not have any nav, you know, does not have any spine surgery. And all of a sudden they want to get into the spine surgery arena. When they get into the spine surgery arena, they're then, you know, going to have to get involved in navigation. And the cost of navigation, which might be one to 3 million, like you said, you know, in that kind of setting, if they're already doing that, you know, and they're, they're expanding their big, their company or their business, so to speak, you know, if there's a number of surgeons, do they have to

buy another one, you know, that does that. And and, you know. And so now you're talking about the cost of spending that money and then not getting the reimbursement for it.

And then there's the added cost of per case of having the rep in the room, which is the same cost, really, as what it costs for the rJB. And then there's the maintenance cost, which I don't think that there's any maintenance cost with the rJB. So you're, you're, you know, foregoing the initial cost of the system and the maintenance cost to a hospital program or to an ambulatory surgery center, right? Yeah, because the rJB is single use, so there's, yeah, there's no maintenance. And the cost of that is roughly, from what I remember, and I don't know that, I don't know if they've gone up or what the cost is, but, you know, I think it might be similar to the cost of the rep in the room for the navigation system, because, you know, that's a separate cost, at least at our hospital. Our hospital pays the rep in the navigation system to help us forget the rep for the instrumentation. You know that that's, you know, that's separate, you know, the navigation rep is, is a, is a, is a cost that that's to the hospital. Wow. So that was something that I was not aware of. So in a standard surgery, you would have a rep there for the navigation, and you would have a separate rep for the instrumentation. Now if, if you're using, for instance, if you're using Medtronic for navigation, which is the O Arm, and then also Medtronic screws, then it might be the same rep. Typically it's not. Typically it's still, there's the navigation rep, which the hospital has to pay a charge for, and the instrumentation rep, which the hospital doesn't really pay. I mean, they pay from the standpoint of using instrumentation, you know, but there's not an added extra cost every time that that rep comes into play, but there's an added extra cost when the navigation rep comes into play, right?

Yeah, so with the cost savings, do you think that would influence the number of surgeries that that a center would do?

I think it would certainly make it much more profitable faster. Yeah, not having to put up one to \$3 million for navigation and then trying to reap the you know, profits off of that before making profit. If you don't have that upfront cost, I think you can actually become more profitable faster.

Yeah. That makes a lot of sense. So the reps was interesting, that the cost is there. You have any other thoughts about about the device, what it was like to use it?

Oh, I think it was an easy device to use. I think it was reproducible. And I think it was, you know, surgery friendly. Surgeon friendly.

So you mean, like a surgeon gets it in their hands and it's pretty intuitive or easy to figure out how to use it?

Yes.

Okay, I'm trying to think, what else I have, yeah, sounds like, yeah. I kind of wanted to. I didn't really have like, specific because I didn't want to ask leading questions. I kind of wanted to just get your

just get your experience of using it. So it sounded like your main thing was, was the cost? Yeah, and, and that's a big thing nowadays, right? I mean, because reimbursements for these procedures by the insurance companies are getting less and less, so hospitals are getting reimbursed and last for these procedures, the costs seem to be going up, right? So the cost of these items are going up. And the maintenance, you know, that's a constant maintenance thing that, you know, is a ticker tape that the hospital has to pay out. And I'm not hospital, you know, you know, friendly. I mean, what the hospital does, it's up to them, that it's their business. So, you know, again, I'm in private practice, you know, but, but it's still, if you were a hospital, and you had to put out one to \$3 million and then you've got to put out \$150,000 a year, and then you got to put out \$2,000 a case. Okay, how many cases you have to do to finally pay off the cost of all of that stuff? Now, granted, every case, you're making more money than it's going to cost you 2000 So, okay, you can, you can, you can fray that cost, but the \$1 million or the \$3 million cost, you've got a, you know, a ticket that you've got to, you know, cut every time, and to, kind of finally, okay, now, now we're at 2 million, now we're 1 million. Now we're at 600,000 and how many years does that take to pay off that cost? And then, and, and then, what about the cost of the monthly charge or the yearly charge for that of 150 or \$200,000 a year. You know that that certainly is a cost as well.

Yeah, is there also a training cost? Do you have to be trained in how to use specific navigation systems?

I don't have to be trained now the rep has to be trained, and that's why it costs them money. Because they they tell the hospital, look, we got to train this guy or gal extra, and so they need to know how to do it, because if things go wrong, we want to make sure that, you know, there's no harm to the patient or the surgeon is well protected and stuff like that. So that's why you pay, you know, those costs. So it makes it priceless, but it's still, you know, it's still, it's still money going out. And, like I said, the reimbursement in the hospitals, you know, you get less and less for these surgeries and and so if there's a way to somehow save money but not lose the accuracy and not lose the ability to perform the surgery safely for the patients, then I think that's, that's a win, win, win, right? The patients, you know, is better because they're, they're undergoing a safe surgery. You know the it's costing less to do the surgery itself, so maybe on an outpatient setting, you might get paid less by the insurance company because it's outpatient versus inpatient. But you can fray that cost as an entity because it's not, you're not having this overhead that's, that's high?

Yeah, no, definitely.

I mean, that's huge when you do, yeah, when you think about the numbers like that, if they're paying one to 3 million and having to just make that back before they can, yeah, they got to make it back before they make profit, right? So how many years is that going to take it for them to make profit, and then that's assuming that the reimbursement is the same, you know now, till, you know, a few years from now, after that takes, you know, a few depending on how many cases you do. Yeah, no, but, but, let's say, let's say the cost of the rep in the room is just to throw out numbers, \$2,000 a case. And let's say the cost for the rJB, because disposable, is \$2,000 a case. So if those, if

those monies are comparable, then now you've already cut out the one to \$3 million plus the, you know, maintenance fees, yeah. I mean, that's and what happens when the system breaks down? And if the system that you currently have, whichever system you've got, if it's broken down, do you have to cancel the cases, because it takes week, two weeks a month, to get that fixed, right? So now you're not making any money off of those cases because you're not doing those cases, because you're not able to do them, because the system's down.

Yeah, that's something I didn't even think about, about the systems being down.

Yeah? Which can happen? You know, we don't want it to happen, but it certainly can happen. Certainly can happen.

So how long have you been a spinal surgeon for?

It's my 28th year.

Oh, wow, long time. Yeah. So have you ever seen a device similar to this? Or is this your first time using something like this?

Navigation has been around. So it's not it's not new in that kind of setting, but it seems to be a lot easier to use, a lot more streamlined then, then I've seen before.