

Interview with Per Svanberg, Business Unit Director Cardiac Rhythm Management, Boston Scientific Nordic



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Last year, Boston Scientific took important steps to stabilise and strengthen its core businesses. Could you develop on the development trajectory of Boston Scientific in the Nordic region so far?

I have only been with the company for a year now, but what happened is that Boston Scientific have acquired a number of companies in a short period of time. Some of them were really successful but we also had some other things we as a company needed to deal with and this is what we did. Today, we're over that period and the outlook is very positive. We are innovating in ways of doing business, not only with our customers but also internally in terms of logistics and processes.

What was the reason for you to step into this project at a moment when Boston Scientific was perhaps not looking at its best and what was the reason, do you think, for Boston Scientific to appoint you when they did?

For me it's all about people, and our collective ability to bring more patients back to a normal life. So I decided to join the company because I saw that the we had strong people, product pipeline was very competitive, and that spring was coming for the company and I wanted to be a part of that.

What would you say have been the key milestones and achievements of the past year?

I think the transformation we're going through – moving into a divisional based structure, has been the most powerful achievement, and it has been really professionally handled by the upper management. Restructuring has of course been very difficult for those individuals affected. However, we have not been too affected in the Nordics and I think that everybody has not only accepted but embraced the changes. The transformation was also about focusing on new areas, creating health care partnerships, and overall, focusing not only on the new products such as Vessix, Lotus Reprise, Promus Premiere etc., but also on the customer and of course the patient.

One of the things that were part of the global Boston Scientific strategy was expansion into new higher growth emerging geographies. What is the relevance within Boston Scientific of the mature Nordic region today?

The Nordics are mature markets but they're also very open for new technologies and new approaches. Part of the Nordic mentality makes us believe that if we want to participate in change, we should be first, because we are not big enough to influence changes later on in the process. Traditionally, therefore, we have been at the leading edge of technology, from mobile phones to home computers, to name just two areas. We have always been early adopters, and our hospitals also have that philosophy: to be part of the change we want to see.

Do you find that the system strikes the right balance between serving patient interests and retaining costs?

It's not a perfect system but I have never seen a perfect system. I've worked all over Europe and every system has positives and negatives. The main advantage of the Nordic systems is that the physician plays a bigger role in the initial stages of new technology implementation. For example, if a physician wants to try a new technology, it is quite easy to do since within their fixed budget, they have a lot of freedom as long as they serve their patients. Let's take hip surgeries for instance. If there is a new type of hip implant they want to experiment, they can test this without waiting for the DRG codes to come through, as long as it's CE marked of course. This is very good – but raises another question: how do you set the price for this patient?

On the negative side, we are so decentralized that this leads to inefficiencies in the system. For example, in my former position, I was selling a product that could avoid women using diapers after giving birth. From a strictly economical point of view, and not even mentioning the quality of life of the patient, the surgery made sense – since the device was cheaper than paying for the supply of diapers. The problem faced was that the diapers were paid for by the commune, whereas the surgery was paid for by the department. So, as companies, we can bring in technologies but if the healthcare system is not entirely patient focused, the system falls through.

You mentioned earlier a strong pipeline for the company, what are you most looking forward to bring to this market?

We have huge interest for renal denervation which may significantly improve the quality of life of hypertension patients, still at an early phase but very promising. Then of course, we have the S-ICD, which is a defibrillator implanted subcutaneously with minimally invasive outside the heart versus today's standard where the electrode is inside the heart.

We also see technologies complementing pharmaceuticals. For example, we have a device that could complement, reduce, or maybe even replace the use of Warfarin, the blood thinning drug. Some patients have severe complications using the drug, and a recent published multicenter study demonstrates that our device performs better. The trend is definitely towards an overlap of pharmaceuticals and medtech and Boston Scientific is well positioned in this area.

Other new med tech products that could complement pharmaceutical treatment is our newly launched Vessix product for treatment of hypertension.

But most importantly, I believe we need to see beyond the product. We don't want to deliver a product anymore, we deliver health care solutions. You can have the perfect product, but if no one knows or can use your product optimally – there is no added value to it. As a provider, we have to maximize the use of a product that comes to market, and this is what we are working on, and what drives me: delivering solutions to the patients.

If we start looking at the future, let's say in the next 3-5 years, where will you have taken the operations of Boston Scientific in the Nordics?

We want to be a healthcare partner, for the payers, the hospitals, but also for the patients – accompanying their recovery towards a normal life. I think cooperation is going to be key in the future, between us and the healthcare providers. Also, as I said before, the Nordic region are always early adopters and they can actually test the product at an early stage – providing the clinical data we need to move ahead.

As a conclusion to the interview, spring has started for Boston Scientific; do you see summer blooming anytime soon?

I attended the biggest Cardiology meeting, HRS last week in Denver and we had very high booth traffic which is usually a good sign when customers are interested in our products. We saw the same interest and leadership exposure at EuroPCR with 3 late breaking trials. I think we have a good pipeline but I also know that the competition has a good pipeline as well, so it's all about who makes the best of it. That's my job, to make the summer come – and I think we have good hope for that.

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