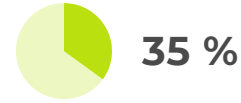


NAME

Michelle (Clinician)

INFLUENCE



TYPE

Idealist



Organizational goals and priorities

- My hospital faces increasing pressure to deliver high-quality care to patients at the lowest possible cost, while simultaneously reducing preventable readmissions.
- My focus is on caring for ICU patients using modern, minimally invasive techniques.
- My priority lies with improving patient outcomes and reducing risks of infection.

Role in the buying process

- My main concern centers around efficacy and patient outcomes. I leave the rest up to the administrators.
- I will resist change for change sake. If there is no clear reason to switch products (i.e. cost reduction, safety improvements, improving patient outcomes), I won't consider switching, especially if it's at the cost of patient outcomes.
- I will advocate for a particular product when I believe it has a compelling case for improving patient care and outcomes.
- Key factors I take into consideration: ease of use, patient comfort and safety (i.e. reducing the risk of infection), brand reputation and my own personal familiarity.

Drivers and motivators

- Scientific evidence / product trial results
- Design and ease of use in procedure (reduces risk of errors, reduces risk of infection, keeps patients comfortable)
- Training programs, continuing education (reduces risk of errors)
- My relationship with the sales rep (willingness to listen to feedback, availability and follow-up, tenure)
- Complete kits

Fears and challenges

- Concern for poor outcomes (possible complications, errors, readmission, etc.)
- Lack of educational / training resources
- Amount of time education and training will take
- Product availability (little to no stock available when needed)

Demographic and position info

Female 47 years

ICU Director

Large Health Care System (IDN)

Other roles:
Anesthesiologists/Anesthesia Techs, Emergency Medicine Personnel, Vascular Access Teams, CRNAs, Interventional Radiology

Preferred channels



Mail



Laptop



Smartphone



Email



Google



Website



Event



Printed magazine



White paper



LinkedIn



Colleagues

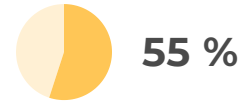


Training

NAME

James (Supply Chain)

INFLUENCE



TYPE

Guardian



Organizational goals and priorities

- My health system faces increasing pressure to deliver high-quality care to patients at the lowest possible cost, while simultaneously reducing preventable readmissions.
- My top areas of focus right now are PPE (takes a ton of time), elective surgeries (major revenue stream) and cost savings.
- My goal when evaluating products to consider for purchase is to ensure that good decisions are being made regarding the total cost, staff preferences, quality and patient outcomes (CQO).
- I rely on data and analytics to deliver high-value care across my network of facilities.
- I rely on clinical evidence when championing new opportunities for cost savings.
- My priorities include: reducing total cost, eliminating or consolidating suppliers/reducing SKUs, and maintaining or improving patient outcomes.

Demographic and position info

♂ Male 56 years

VP/Director/Manager of Hospital Purchasing/Supply Chain

Large Health Care System (IDN)

Other roles: Hospital Purchasing/Supply Chain, Hospital Administration/Contracts, Infection Prevention, Patient Safety Officers

Role in the buying process

- I need to understand total costs - cost of ownership of supplies, cost of procedures, cost of delivered care, which are all dependent upon quality and outcomes, which in turn determine reimbursement levels.
- I would like to get other stakeholders on board with the change so I don't have too much push back, specifically the physicians - and will need strong clinical evidence to do so (possibly through product trials). There needs to be an obvious improvement in either patient outcomes or cost reduction (without sacrificing one or the other) in order to make a change.

Drivers and motivators

- Is the current product adequate in regard to patient outcomes and cost?
- Starts with cost, but really it's about total value (Cost, Quality, Outcome, Preferences).
- Highly focused on clinical evidence (Level 1 peer reviewed data) - proven to decrease readmissions, improve patient experience, improve outcomes.
- Educational resources (medical journals, seminars, conferences).
- Educational tools - algorithm for managing utilization on a by product, by procedure, by complexity basis.

Preferred channels



Laptop



Smartphone



Email



Google



Website



Printed magazine



White paper



LinkedIn



Colleagues



Salesperson



Seminar



Mail

Fears and challenges

- Increased scrutiny of resources
- Little difference per product in regard to patient outcomes (lack of NEED for a change)
- Differentiation from physician to physician (preferences, utilization)
- Additional training for each product change
- Lack of standardization of data, business process, clinical procedures and supplies across the organization
- Sourcing products from too many suppliers
- Product availability (little to no stock available when needed)