POLICY MAKER ENGAGEMENT: UNIVERSITY HOSPITALS

SINGAPORE BIODESIGN

CASE STUDY SERIES

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She has spearheaded planning and execution of technology launches, customer engagement projects and commercial excellence initiatives across regions.

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POLICY MAKER ENGAGEMENT: UNIVERSITY HOSPITALS

This case study illustrates how a leading healthcare company designed a unique programme to increase its brand equity amongst policy makers, and drive preference for its brands in government and/or university hospitals in emerging markets in Asia.

1. Background

A global medical device company (called **Company X** hereafter) has multiple businesses. One of the key business divisions focuses on a variety of surgical instruments and non-invasive surgical devices commonly used in Operating Theatres (OTs).

Company X faces intense competition from multiple local and global players in emerging markets in Asia. Although the company enjoys a good reputation, its premium products are often twice the price of locally available solutions. While some surgeons may prefer the quality of the company's products, they are bound to use products officially selected from their hospitals' tender process.

Hospital procurement teams in price-sensitive markets in South Asia had been exerting pressure on Company X to make significant price reductions. With more competitive pricing, the company's tender applications might then stand a higher chance of being considered more favourably.

Against this backdrop, Company X was motivated to engage hospital procurement teams, government policy makers and clinical practitioners to create preference for their brand, and justify its premium pricing structure.

2. The Programme

Similar to a design thinking needs-centric approach, Company X adopted a structured approach to design and implement an effective engagement programme - **Programme X** (Figure 1). The programme adopted a structured seven-step approach to enable the company in achieving its objectives.

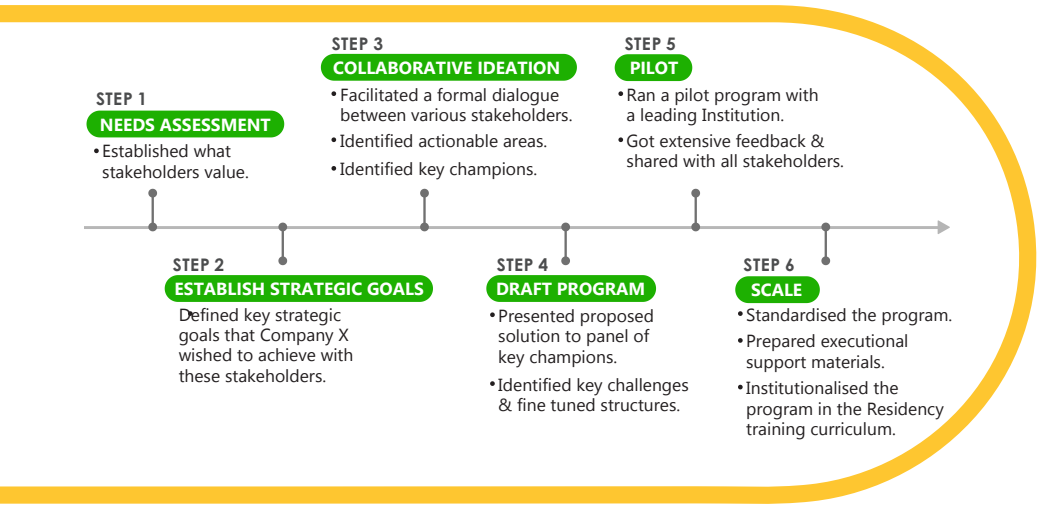

FIGURE 1: Process for Designing an Effective Stakeholder Engagement Programme

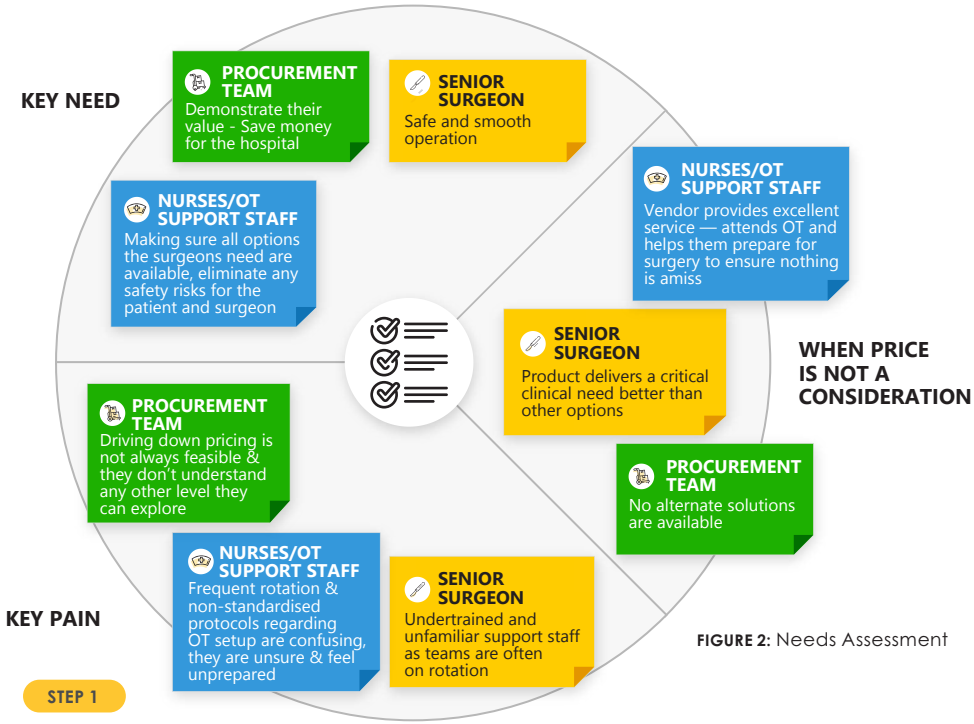

FIGURE 2: Needs Assessment

STEP 1

NEEDS ASSESSMENT

The first most important step is to identify the key needs of each of the stakeholders, as well as what they perceive as worthy of paying premium prices for. Through the exercise, Company X identified three main groups of stakeholders (namely, senior surgeons, nurses/OT support staff and procurement teams) and their key needs (Figure 2).

In conversations with key stakeholders, **patient safety and training needs of support staff** were identified as recurring themes. Company X realised that if solutions could be established to deliver enhanced patient safety in ways that other solutions could not, these safer solutions could possibly steer discussion away from pure pricing consideration.

Needs assessment conversations/ interviews should be carefully and sensitively designed. Typically, stakeholders are not comfortable sharing economic costs and paying capacity thresholds directly. To obtain the necessary information, interviewers could pose a few situational questions and extrapolate recurring themes of pains and gains. This enables interviewers to clearly identify situations that stakeholders are concerned with and propose desired solutions. By doing so, solutions can be tailored to address the specific pains and gains, thereby possibly commanding a price premium.

STEP 2

ESTABLISH STRATEGIC GOALS

In this step, Company X engaged in a rigorous exercise to strategise on achievable goals through Programme X. The top priorities that emerged were:

- **Enable long term engagement** – Programme X should provide a long runway for continuous engagement with stakeholders i.e. not a short term initiative;
- **Improve quality of healthcare** – Programme X should deliver tangible benefits and directly improve the quality of healthcare in emerging markets;
- **Educate non-clinical stakeholders** – Programme X should enable procurement/finance/training departments to look beyond pricing and evaluate solutions more holistically; and
- **Showcase innovation** – Programme X should become a platform to educate clinical stakeholders on new technology and help them understand differentiated applications.

STEP 3

COLLABORATIVE IDEATION

Next, Company X convened a roundtable discussion to facilitate dialogue among key stakeholders. Participants included key influential stakeholders from around the South Asian region. The panel comprised of key figures from ministries of health, hospital CEOs, and heads of surgical training and nursing training. The meeting agenda was "**How patient safety and compliance can be improved in the region by addressing the current training practices in government hospitals**". Through moderated discussions, many insights were generated and a common ground of requirements was established. The key takeaways were:

- **Culture of safety:** Patient safety should be emphasised from residency training onwards, so that surgeons consciously sustain such a culture and an environment of safe practices;
- **Standardised training regime:** Training programmes should be formalised and standardised to educate support staff on day-to-day routine operations and how devices around them work. This would address the challenge that most support staff faced – that of unstructured learning on the job from seniors and by observing the dos and don'ts;
- **Centralised repository of training materials:** Over the years, all hospitals had developed their own refresher courses and slides for in-house training. However, resources were often residing in various hospital training departments and not centralised. To tap on the richness and depth of available resources, the vast amount of available information could be compiled, updated, translated and applied.

As a starting point, Company X volunteered to compile and review available materials, as well as formulate a draft proposal for a well-crafted training protocol.

STEP 4

DRAFT PROPOSAL

Based on the key takeaways identified in Step 3, Company X proceeded to brainstorm ideas for preparation of training materials that were both comprehensive and relevant to participants. At the same time, the company strived to provide them with materials or a platform that gave them an opportunity to experience the company's solutions.

With clarity of these objectives, **Programme X was designed as a course to understand how surgical devices currently present in the OT interact with patients, as well as how patient safety can be improved.**

For ethical and compliance reasons, the course content was kept purely scientific and brand/product agnostic. The intention was to create a purely educational platform.

The course was designed in a modular format, with each module focused on one particular device type and its interaction with human tissues. Examples include cutting devices, wound closer devices and irrigation devices. To reinforce learning and further engage participants, each module was followed by a practical hands-on demonstration, where dangers of current practices would be highlighted.

STEP 5

PILOT DEMONSTRATION

With the modular course on hand, Company X shared Programme X with the leader panel for each country separately. For pilot demonstration, a top government hospital in Jakarta was chosen to run the first course.

To kick-start the pilot, a working committee was formed, consisting of the heads of training departments, heads of general surgery, chief OT nurse, potential clinical training leads i.e. nominated surgeons and nurses, medical education lead of Company X and local Programme X lead from Company X. The committee worked in close collaboration and co-developed the pilot Programme X-ID version.

A two-day "Train-the-Trainer" workshop was held where trainers practised delivery of the materials and familiarised themselves with practical experiments. Once the key training team was confident, a pilot date for Programme X-ID was set.

The pilot programme was well-attended and very well-received. Company X interviewed the participants and obtained extensive feedback for refining the programme further. Feedback interviews were recorded if participants gave consent.

From the feedback received, it was apparent that the participants found the practical demonstrations very useful and relevant. The demonstrations were visually impactful and created awareness of patient safety for the participants. In particular, they realised the safety

Driving collaboration on a large scale with government institutions can be a challenging task. Large corporations can leverage on existing government affairs associations, and tap on their financial or human resources to invest in such initiatives. For smaller companies, it will be more feasible to leverage on trade and industry forums, where the company can initiate conversations and shape agendas with key stakeholders in panel discussions/exclusive chat sessions that are sponsored.

hazards associated with usage of old technology devices. For example, the ease with which the devices could cause burns, infections and electrocution, if used without proper care. Participants also had a newfound appreciation for features available in new technology devices that could help avoid or prevent such hazards.

Based on participants' feedback, the working committee fine-tuned the course materials. Company X also took the lead in preparing a "Workshop in a Box" demonstration kit to help standardise training and delivery of workshops across the country. In addition, the company learnt from the pilot that there were significant costs associated with an electrical generator, which was essential for powering surgical tools required for the practical demonstrations. Furthermore, not all locations across the country had access to the generator. With such an understanding, Company X improved on the demonstration kit by including a necessary generator, laboratory consumables, script for each practical exercise and an animation video with subtitles in the local language. To ensure consistency in workshop quality, the company also included a standardised quiz and feedback form in the kit.

FINAL STEP

SCALE

The working committee was very encouraged by the positive feedback from the pilot demonstration. It was also apparent that Programme X-ID had made an immediate positive impact in raising/changing staff members' safety awareness and behaviour. With a successful pilot and useful inputs for further enhancements, more training programmes were conducted in Jakarta. Across the country, more lead trainers were also trained to facilitate regional adoption of the educational initiative.

In this final step, Company X shared key learning points from the implementation of Programme X - ID with the South Asia working committee. The programme was subsequently rolled out as "Programme X – Country" versions in a similar format and manner.

Subsequently, Company X obtained feedback from all the countries and captured the inputs for a case study, which was shared with all key clinical and non-clinical stakeholders. The results of the programme implementation were so promising, that the countries decided to include Programme X as a standard educational module in their national residency/nursing training curriculum. All OT staff are now required to undergo training in the programme.

3. Key Takeaways

By actively engaging its key stakeholders and adopting a structured needs assessment approach, Programme X was able to achieve all strategic goals that Company X had initially set out. The following are the key takeaways of this engagement process.

Firstly, the collaboration, planning and implementation of Programme X provided a platform for long-term engagement with various stakeholders.

Secondly, the technology demonstrations in the laboratories effectively communicated the benefits of new technology in Company X's product area to achieve better patient safety. The demonstrations also enabled various stakeholders to appreciate the value of the company's products. Programme X managed to raise awareness and eventually created preference for Company X offerings, and identified clinical champions around the region.

Thirdly, Programme X also helped the hospital procurement and non-clinical stakeholders understand how the new technologies could help reduce costs associated with risk management, accident enquiry, litigation, compliance and other safety-related matters. This effectively helped them to look beyond pricing and understand the value new technological devices bring to their OTs, despite the premium price tag.

As testimony to Programme X's success, stakeholders now see the once '*good to have but pricey compared to local offerings*' products as '*must haves*'. This has certainly helped Company X to largely maintain its prices in the region, given its safety value and reputation.

Company X had invested significant time resources in leading and organising the working committees to tangibly improve healthcare quality in the region. Today, it is a success story. Company X enjoys improved brand equity and respect from policy makers around the region.

To scale a pilot, it is important to make perfect execution as simple and replicable as possible. Creating a Standardised Operating Protocol (SOP) is essential for quality control and helps co-ordinate activities in different geographies. Operational barriers like lack of infrastructure, equipment, training etc. should be understood well and addressed in the SOP.

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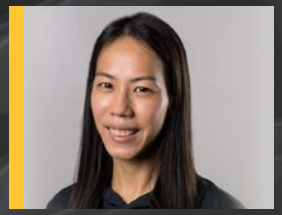

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EMPOWERING ASIA'S HEALTHTECH INNOVATORS OF TOMORROW

Modelled after the established Biodesign Programme at Stanford University, Singapore Biodesign is a capability development initiative that aims to train and nurture the next generation of healthtech innovators for Asia.

We are a dedicated talent development and knowledge resource for health technology innovation, riding on the robust biodesign methodology and our wide-ranging regional network to provide an appreciation of healthcare needs through observations from stakeholder perspectives.

MISSION

High-touch development of healthtech talent centered on needs-based approach and quality industry mentoring to accelerate health technology innovation and adoption for Asia's* unmet healthcare needs.

VISION

To be Asia's* leading healthtech talent development and knowledge partner for accelerating health technologies innovation towards commercialization and adoption.

*Asia refers to SG, China and ASEAN

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