

MEAT: A New Philosophy for MedTech Commercial Models

MedTech Commercial Models

A Reproduction in under or in part of Models

#### **Moderator:**

**Richard Charter:** 

Head of Market Access & Pricing, Diabetes Care EMEA, Grant provider to the MEAT Community of Practice

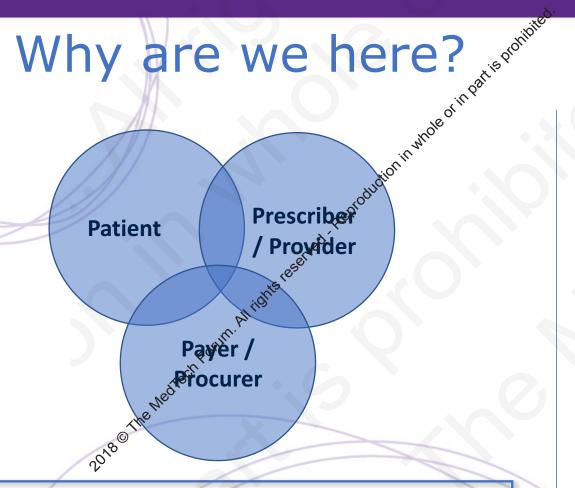
### **Speakers:**

Ferran Rodriquez Omedes: Head of Clinical and Biomedical Engineereing, Hospital Clinic de Barcelona

Eszter Kacskovics: Public Affairs Director, Health and Medical Solutions, Essity Hygiene & Health

Götz Gerecke: Partner & Managing Director, The Boston Consulting Group

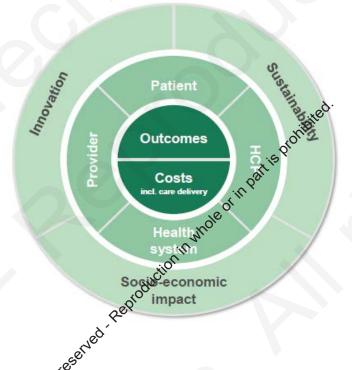




As manufacturers we can align around these stakeholders:

- patient (user),
- Prescriber/provider (decision maker),
- iii. Payer / Procurer (budget)

Value =



The commercial and sales model changes through the lens of Value Based Healthcare.

# 'Value Based Health Care' is not new... Reproduced by permission of the American Econ THE AMERICAN ECONOMIC REVIEW ADMINISTRATE OF THE AMERICAN

## **ECONOMIC REVIEW**

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ECONOMICS OF MEDICAL C

By KENNETH J. ARROW

I. Introduction: Scope and Method

This paper is an exploratory and centative study of the specific differentia of medical care as the object of normative economics. It is contended here, on the basis of comparison of obvious characteristics of the medical-care indust with the norms of welfare economics, that the special economic problems of medical care can be explained as adaptations to the existence of uncertainty in the incidence of disease and in the efficacy of treatment.

It should be noted that the subject is the medical-care industry, not health. The causal factors in health are many, and the provision of medical care is only one. Particularly at low levels of income, other commodities such as nutrition, shelter, clothing, and sanitation may be much more significant. It is the complex of services that center about the physician, private and group practice, hospitals, and public health, which I propose to discuss.

The focus of discussion will be on the way the operation of the medical-care industry and the efficacy with which it satisfies the needs of society differ from a norm, if at all. The "norm" that the economist usually uses for the purposes of such comparisons is the operation of a competitive model, that is, the flows of services that would be offered and nurchased and the prices that would be paid for them if each individual in the market offered or purchased services at the going prices as if his decisions had no influence over them, and the going prices were such that the amounts of services which were available Uncertainty and the Welfare Economics of Medical Care. Kenneth Arrow, 1963

"The 'norm' that the economist usually uses... is the flow of services that would be offered and purchased and the prices that would be paid for them..."

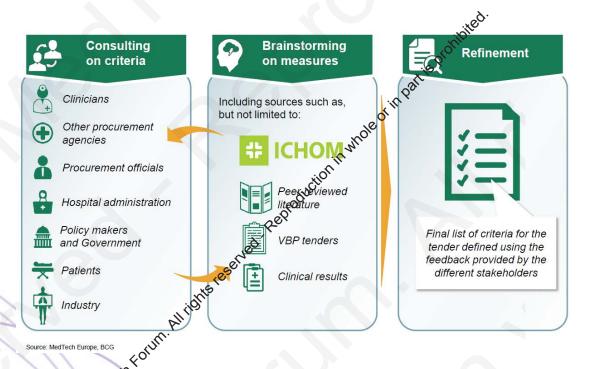
## ...but how we commercialise innovation is

The old 'silo submission' model:

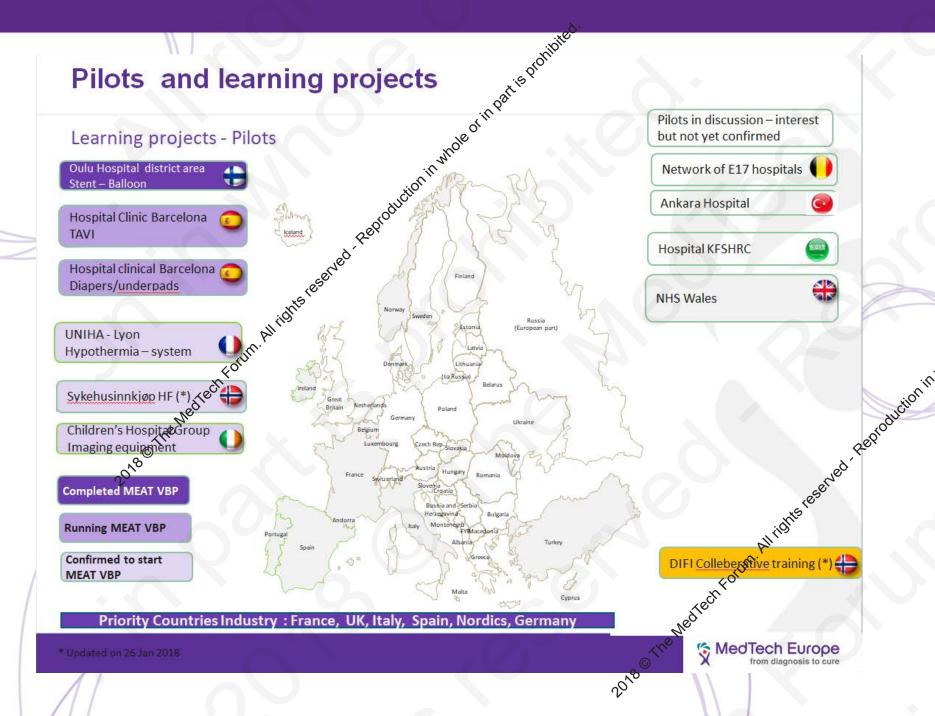
Silo 1 Silo 2 Market Access / HEOR / **Reimbursement Team Marketing Team Creates Tools** Reimbursement Submission **Sales Teams Generate Demand** Reimbursement **Granted: Yes / No** 

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The new 'collaborative dialogue' model:



..based on a MedTech Value Framework & Procurement Community of Practice



A Defined Community of Practice (CoP) has been built, and there are clear learnings for **MedTech Companies** 



**Eszter Kacskovics** Essity Health and Hygiene AB

Manufacturer's Perspective on Value Based Procurement

> The MedTech Europe exent
> The MedTech Forum bringing HealthTech stakeholders together

Essity Internal

# Why is this so difficult and slow?

- hard to disagree with the principles, but when details addressed, it gets complex, difficult to define what does it really mean for a specific technology
- most stakeholders prefer to "wait and see" what others do and learn from it
- new perspective -> requires new way of looking at things, new alue propositions, maybe new developments
- "lonely fighters" in comapnies are not enough, internal change agents, and top management commitment is needed



# How to make it happen?

- Stakeholders reeds to take a more active role:
  - ✓ industry needs to define and communicate clearly what outcomes their technology can deliver ( not technical specifications)
  - Procurers need to define their REAL needs, and be open and listen to the industry's possible solutions

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The MedTech Forum

bringing HealthTech stakeholders together



# Seven steps to get ready internally

- Join the **Community of Practice** to become part of shaping the journey
- 2 Package MEAT Value Based Procurement materials into your own branded tool kit
- Involve cross-functional team including market access, medical affairs and marketing
- Define specific value propositions and related evidence around new framework
- 5 Bhgage in pilot tenders and refine approach based on insights degrived
- Train and enable your local commercial teams to enter into dialogue
- Systematically roll out and track impact of new tenger excellence approach

