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3rd International Conference on

Medical Physics & Biomedical Engineering

November 07-08, 2016 Barcelona, Spain

Service agreements, economic value perceived by biomedical engineers and health administrators in the adoption of service agreements for small capital medical equipment

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Objectives: To provide a comprehensive overview from biomedical engineers and health administrators to economic value perceived with various service agreements available, including time and materials and exchange programs, for small capital medical equipment.

Methods: Focus group discussions (four independently) were performed to derive economic value of service agreements for small capital equipment. A small subset of participants included 11 biomedical engineers (one focus group, non-blinded) from UK and Nordic regions and 10 procurement managers/directors (three focus groups, blinded) from UK, France and Spain. Differing geographical regions were included to derive similarities and differences across stakeholder and perceived economic value. The methodology used is a dialogue based questionnaire with two business cases specific to standard service offerings (time and materials and exchange programs).

Results: Current practices for service agreements were identified and rated by level of importance with explanations. On full review, types of services offered were identified and measured by level of impact and willingness to pay. Key decision makers being a multi-disciplinary team of procurement, clinicians, and biomedical engineers when adopting service agreements for small capital equipment seemed to be similarly distributed across UK, France, Spain. Other parameters (current practices and respective level of importance) seemed to be associated with higher rate of conformity on specific information; medical device lifecycle, probability and severity of failure, volume and costs for maintenance and repair, and service team availability. Economic value of training and education between procurement and biomedical engineers is perceived to be a part of the service agreement and needed mainly in the initial stages of product adoption.

Conclusions: The economic value driver on hospital productivity and risk of operating room case cancellations proved the most important driver. Consensus across stakeholder and country was that service agreements were important to device uptime and to give a certain peace of mind that the devices will keep running and work well.

Biography

Suzanne Battaglia is a reimbursement and health economics analyst for Surgical Technologies business of Medtronic International Trading Sarl. She has done her Masters in International Healthcare Management Economic & Policy at SDA Bocconi School of Management. She is experienced in the fields of medical device reimbursement & health economics. She comes from varied therapeutic experience in areas of ENT, cardiovascular disease, critical care and orthopaedics.

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