VAC Narrative and Playbook Development Case Study

Medical device company sought tactical support to help its sales team engage with VACs more effectively.

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The Committee 1 process varies from entity to entity, but typically (and in well-run Committee 1s) there is The client's surgical business had grown through acquisition, including two recent acquisitions of a [Redacted] meeting where the group gets together and [Redacted]. This could stretch to [Redacted] or be as frequent as [Redacted]. Meetings typically last XX-XXX percutaneous devices. While surgeons see value in these technologies, they comes at a higher price than minutes where a mix of new business ([Redacted]) will be discussed as well as old business (where products still in traditional laparoscopy devices. This dynamic has caused a challenge with the Value Analysis Committee the Process 4 or [Redacted] will be discussed). Typically, (VAC), which is typically looking for clear health economics evidence to balance any proposed price [Redacted] are discussed in each portion of the meeting, **Background and** premium. The result for client has been a slower than desired sales cycle and lower success rate than Products up for Process C are selected in the order of [Redacted] after clearing initial hurdles, unless an **Objectives** what was projected. influential Role 1 identifies a time-sensitive reason to [Redacted]. In which case, the Role 1 works with Role 2 to fast-track the Process C. This happens rarely and requires The client had conducted several research studies, KOL interviews, and workshops to develop draft VAC at least one of the following to be true: 1) [Redacted] or 2) Packs that support its initial pilots and broader roll outs. The client engaged BCE to help synthesize and [Redacted] align the data already collected with customer requirements, and to refine its VAC engagement strategy. The steps from there include a Process 3, Process 4, Process 5, and Process 6 **Typical Committee 1 Process** Potential points of variation Step 7: Process 6 Step 1: Discussion 1 include [Redacted] • [Redacted] BCE began with a thorough review of the client's work to date to understand the available product clinical Engaging the Committee 1 data, related clinical research, existing marketing collateral, and current sales process. This allowed us Step 6: Process 5 distill the key points in the value proposition and construct a clear, five-point narrative to guide clinical and economic buyers through the product adoption value proposition. We linked these elements to Engaging a Committee 1 requires identifying Operator 1s, [Redacted], and being [Redacted]. Gamering Operator 1 (or two) is a necessary first step - having multiple Role 1 voices from different departments will relevant supporting data, and identified gaps where they existed. drive a stronger Committee 1 presentation. However, unlike a traditional Role 1-[Redacted], there are three goals of this initial Role 1 interaction: 1. Articulate the Group 1 benefit Step 5: Process BCE then conducted a targeted set of ~10 blinded customer interviews to validate and refine the client's Approach conclusions. These interviews allowed BCE to collect unbiased reactions to the client's value proposition 2. Confirm [Redacted] and in doing so enable a Role 1 to [Redacted] when the time comes Step 4: Process 3 and VAC narrative, and better understand which elements resonated and where there were gaps or 3. Capture a [Redacted] to a Stakeholder 1 weaknesses. We also collected insight into best practices for VAC presentations and examples of effective Without success in this initial step, manufacturers run the risk of making a Discussion 1 without having an approaches for engaging VAC stakeholders. opportunity to [Redacted], [Redacted], or anticipate [Redacted]. Looking holistically, the Committee 1 engagement process moves from the initial Role 1 interaction through Stakeholder 1 engagement, [Redacted], and preparation for the Process C. While the process After defining the narrative for the client's specific products, BCE analyzed and defined best practices for can vary, typical best practices are highlighted below VAC engagement and developed a "Playbook" to support the client's sales team. · Role t · Poled All Committee 1 · Role 6 Committee 1 BCE found that VACs need to be logically walked through the category narrative to successfully sell Custome Engaged members · Primarily Role 1 and · Primarily: Role 8, Role Materials/Role 2 beyond clinical value, and identified the five pillars of a successful narrative for the client's devices. We · [Redacted] after init Deliver Deliverabl identified several data points that would strengthen the narrative if available in the future to help the · Use existing Role Conduct Dis for reviews of Stakeholder 1 [Redacted] · IRedacted] individua Stakeholder 1 henefit Utilize prep work to [Redacted] client prioritize data collection. Assess Factor 1 unmet · [Redacted] conduct Outcomes Seek [Redacted] if Discussion 2s with Offer clear Process need Capture Procest Create [Redacted] Identify [Redacted] for Frame discussions. Ease Role 2 concern We created a guide and overview of the Value Analysis Committee- what it is, how it works, and what Activity [Redacted] Be [Redacted] [Redacted] · Use prior relationshi engagement opportunities exist - to support the client's sales team training efforts. One of the themes · Enable [Redacted] to [Redacted] throughout the Playbook was the high level of variation present across VACs in how they are set up and Get [Redacted] how they behave. While there is variation, the Playbook focused on defining a typical environment and

The Committee 1 Process C

with [Redacted]

highlighting areas of deviation.