



February 8, 2021 Quick Quiz Results

After COVID: Supplier Provider Meetings



Total Responses = 67

Are you a... ▼

- Healthcare Provider
- Healthcare Supplier
- Other

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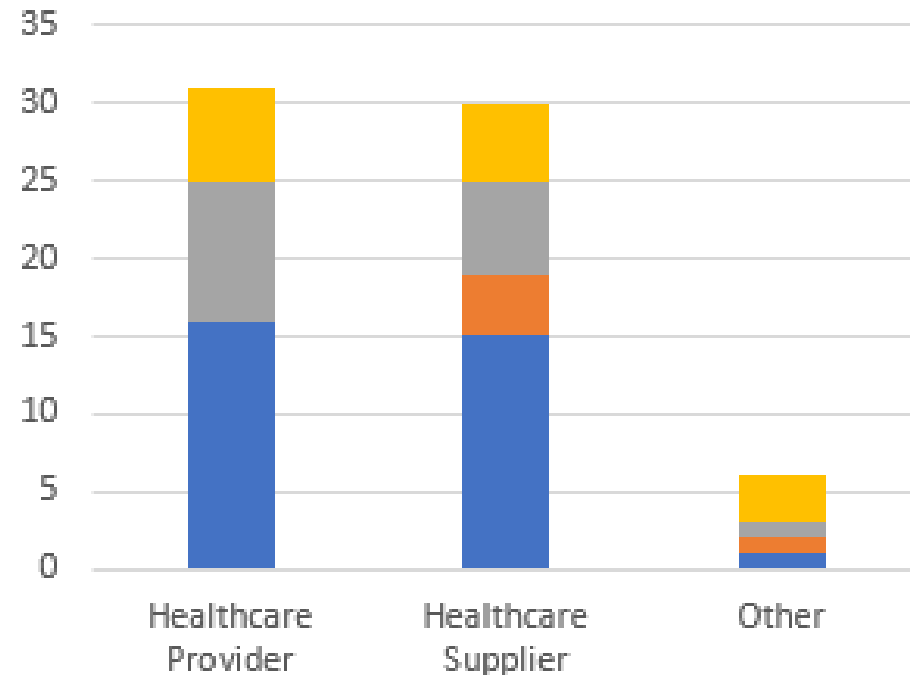


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Once the COVID-19 Pandemic is over, do you anticipate that sales reps will be visiting hospitals in person as often as they were before the pandemic?

- Yes
- Too soon to tell
- Other (please specify)
- No



Other responses came from Suppliers:

Our field staff are considered Essential workers, so we have not stopped going to facilities.

Reps who are viewed as essential by hospitals will have access. All others will likely be restricted yes, if allowed, hospitals may have more restrictions/limited access

We have learned a lot since the pandemic, reps will be going in person for some meetings but working smarter. Time management will be different now that we have Zoom and Teams to connect with the customers.

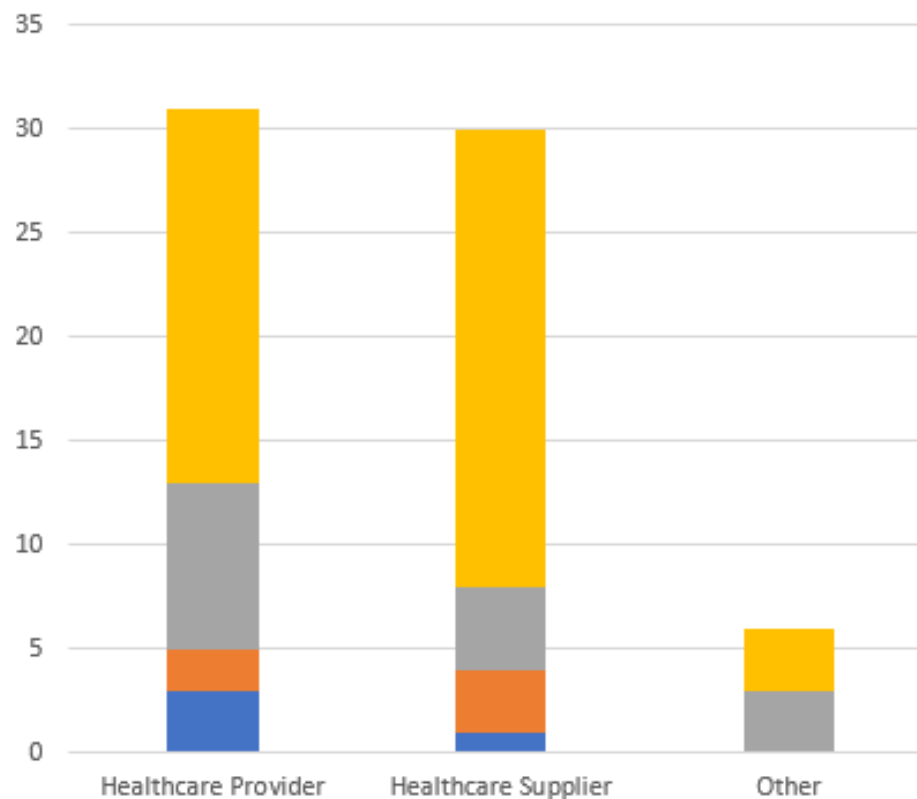


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Will policies guiding sales rep access to hospitals be different after than the pandemic than they were before the pandemic?

- Yes - there will be more limited access for sales reps
- Too soon to tell
- Other (please specify)
- No - access will be the same as before the pandemic



Other Comments from Providers:

Yes, we have put in place more rigor to the process for coming onsite

I don't think policies will change, but practice will. We will do more by video conference than in person.

Other Comments from Suppliers:

The difference will probably be a requirement to have had the vaccine

Reps who are viewed as essential by hospitals will have access. All others will likely be restricted

Customers have not allowed distribution reps into hospitals at this time. Only necessary personnel, however we are hopeful by July we will be back in limited meetings on site.



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Members provided insight on the limitations anticipated post-pandemic:

Suppliers had some thoughts:

We believe access will be restricted to when we are needed to support cases in OR, provide inservicing or other types of programs that benefit other departments

Access will be limited to training and case support only. All other activities expected to be conducted virtual or outside of the hospital.

All reps will need to be vaccinated. I believe providers will have restrictions for reps.

supply chain working from home

Limited to those directly involved in staff training and/or direct patient care

Meetings must be more targeted and alot of preplanning not just showing up. Teams/Zoom allows for better content sometimes because you can pull in other people no matter where they are located. Better outcomes.

Safety concerns. Questions about non- clinical sales reps adding value

For the immediate future we would anticipate reps needing to be vaccinated

Expect non-OR access to be limited to Reps with appointments and have justification for in person (product demos or education)

Anticipate more limited opportunities for sales rep to be at hospitals. Still OR coverage, but all other access to be limited.

A risk of infection will continue for some time so less exposure will be the goal

Great emphasis will be placed on only allowing sales reps that are supporting clinical staff to be present in hospitals.

I believe the requirement of an appointment or request to support patient care to be in the hospital will be enforced more stringently.

The Pandemic highlighted what was always the case...there are too many non-Providers personnel in clinical spaces. That cost \$\$\$\$\$\$ and creates patient risk and someone is financing that cost...

I keep relating it to pre and post 9/11...before 9/11 everyone could walk to a gate at the airport. Post 9/11 only ticketed passengers are allowed. I feel access to hospitals might not be as strict as the example above but will definitely be different.

I believe it will be much more strict for representative access. Potentially only by physician request.

No access without appointment or verbal hosting person/manager from the department being visited.

After what we've collectively been through, we need more collaboration and problem solving not less

Proof of negative testing will likely be necessary, though how that manifests is uncertain. reps will need to have documented immunizations



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Members provided insight on the limitations anticipated post-pandemic:

Providers had ideas to share:

Updated policies, health and background information required and using our vendor mate system consistently

Tighter access policies and justification for onsite visits. Validation through Supply Chain.

We will work through any limitations in the future and will inform reps via our virtual process.

Questioning the overall need to provide access given the ability to do business via Zoom, or Teams.

Sales reps will be limited to engaging Supply Chain with possible exception for operational leaders. Our organization does not want selling into our physicians.

I think our fundamental in person meeting model will change post-Covid. This is not specific to sales reps. I expect hospitals will closely assess their visitation policies and take lessons learned from Covid in the future business model.

These sales reps should be meeting with supply chain reps mostly so will be restricting direct access to the facilities.

Access to those reps that are required for daily patient care services will be the priority; will need to explore how sales calls that were typically in place before COVID will be adjusted.

Visits will be allowed only when invite from a clinician/physician or representative is needed for a procedure or case. On site service/maintenance representatives will return/continue as current.

I would anticipate that healthcare providers will use the lessons we have learned to help secure our facilities. Many of us have significantly upgraded our ability to monitor visitors. This simple change will allow us to catch more reps before they make it into our facilities. I believe long term equipment support reps will continue to have broad access to facilities. However, sales calls will be much more limited without a specific appointment.

Our organization saw big reductions in infection rates and off contract purchase rates. The leadership correlation is reduced access across the board where possible.

Tighter adherence to accurate immunization records; positive control of vendor access, meaning less free-wheeling walk around.

Approval for Vendor visits will need to come from both Corporate Leadership and Facility leadership over that service line and with appointment only
focused appt

We have seen that most reps provide minimal value to our organization when they have unfettered access.

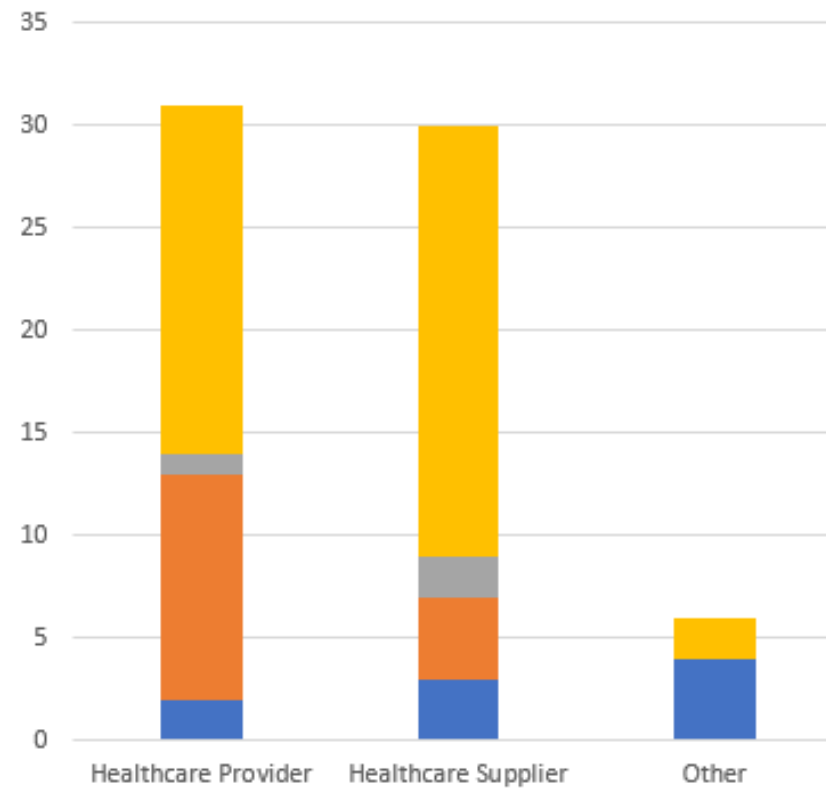


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Will the increase in provider supply chain teams working from home impact suppliers' ability to meet in person with their customers post-COVID?

- Yes
- Other (please specify)
- No
- I don't know



Thoughts from those who selected “other”

To some degree for buyers.

It will depend on the supplier. The more strategic and critical a supplier is, the more likely that some face to face meetings will occur.

If that continues in the long term, it will have an impact not only on our ability to meet in person, but it will also slow down our collective ability to solve some of our industries biggest problems



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Providers had many insightful comments on the return to meetings post-COVID:

Very limited and of priority

I think meeting in person will open up just not as it was, and for good reason. This past year shows that much can be done without ever meeting in person. Over the past year and although sometime not as smooth "You're double muted... you're still muted..." we all have survived and served our customers. I think this will have positive impacts like less spend on travel, less lease cost for business or facility expenses, certainly less travel time!

We still have meetings when it is absolutely necessary, although in a controlled way.

We have been able to operate with technology such as Zoom and Teams very effectively.

It will be a long time before we see vendors back in our clinical facilities.

there are some things that require in person visits. I believe any change to practice or lack of returning to practice will be driving by the suppliers and less so the providers.

At this time we are not allowing any in-person meeting with suppliers and limit access to only those suppliers that provide essential services to our staff and patients. This is predominantly those sales personnel that offer support in our procedural and post-acute settings with a few exceptions.

We expect to maintain a hybrid schedule in the future (~50% remote work) and, while we will schedule most supplier meetings to be in person, expect to maintain a certain amount remotely in perpetuity

I think the convenience of remote meetings is just as effective, if not more than in person meetings.

Will require special reason to host in person meetings



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And more insightful comments from Providers:

many will be via web-ex.

I think we will be encouraging more virtual sessions initially early on with new products\technologies; once truly interested, will allow more on site visits to explore further

Video conferencing seems to be working well.

Will primarily be conducted virtually.

Virtual meetings have helped more people and providers attend meetings. More folks from all levels of the organization, from analyst to administrator, can attend and provide perspective on issues. This should make us ask: *why* are we meeting in person? What about this meeting requires in person, limited attendance vs. a broad, virtual meeting.

We have downsized our on-site staffing and with that in mind do not intend to risk those departments with on-site visits. Video access is a clearly safer alternative to still have a meetings, conduct business, and don't have unintentional exposures.

Virtual meetings will continue to be used much more than before. There will be in person meetings when needed to demo products or walk facilities and meet with clinical teams but less for just regular sales meetings.

Drop-ins won't happen as there won't be 100% certainty that the supply chain person is actually in the office on any particular day.

Virtual meetings have become very efficient and take less time to communicate between the parties and my health system will want to continue that trend

The reps value these interactions more than the buyers do. The buyers view these "drop in" visits to be an interruption to their days and no value add.



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Suppliers also shared their thoughts on meetings post-COVID:

I think both suppliers and providers will find some efficiency gains by meeting remotely even when fully able to meet in person again. The face to face is very unlikely to go away completely

In person meetings with supply chain help build relationships and trust. If supply chain staff are working from home, meeting locations would be helpful for supplier interaction.

I anticipate there will initially be fewer, but there will be a slow return to close to the previous level. Validating the need for face to face vs virtual will likely be a new normal, with most of the burden of proof on suppliers.

If Supply Chain leaders are going to begin working remotely, there still remains the chance to meet face to face; but just with pre-planned meetings.

I believe that in-person meetings will resume, however they will not be as frequent.

More virtual meetings. Face to face meetings will be more impactful, because they will be more prioritized....this is actually a good thing.

I miss the "good old days" of meeting with my customers. there is something so bonding about meeting someone face-to-face and getting to know them and earning their trust. Much more difficult over a computer. I can't imagine being a new supplier rep right now...would be very-very difficult.

Many of our supply chain customers are working remotely and will continue to do so for the foreseeable future. We recognize the benefit that limited travel and virtual meetings can have on efficiencies, but definitely is the antithesis of why many of our team members desired to do this role as an account exec....they appreciate the customer interaction, some travel, and we will need to find a balance that works for us or we will have trouble keeping talented people in these roles.

Virtual will expand and face to face will be 50% this year, our projection.

My hope is we will get back to in person meetings at some point. Teams, video capabilities are good in the short run but nothing takes the place of in person meetings.



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And more comments from Suppliers:

Most meetings will remain virtual. In-person meetings will be more strategic. Meetings will be focused on addressing significant challenges and will only include key stakeholders.

I think the meetings will be more productive at this time as we ease into getting back to normal. We need to get jump started. Looking forward to getting back.

There will be a heightened focus on clinical selling at the hospital. While Economic selling will continue to accelerate at centralized procurement (IDN leads).

Likely we will move to a scenario where Supply Chain members are on site for live meetings 1 day/week, home rest of the week for virtual meetings

Mostly migrated to web meetings; in-person are selective.

we need to get back to them ASAP because this is a more productive way of doing business and getting things accomplished

A hybrid approach is probably best for both providers and suppliers.

Face to face meetings are always preferred.

In person meetings build stronger relationships

In person meetings are still vital for long term strategic partnerships

A few comments from Other respondents:

The interactions will be more value based.

Sales reps can play an important role in training and in servicing staff. I'd see that continuing. Meeting with supply chain on routine sales visits may stay virtual. I think all meetings will be more structured and less ad hoc.

I believe we as a society have now taken a pretty big step to adopt video conferences (something that before COVID had been very difficult to get people to feel comfortable with). I believe the local or regional visits will still take place frequently, but flying across the country to have a 1-hour face-to-face meeting will happen much less often than before. There will be an acceptance of the fact that it just won't make much sense to spend 2 days traveling to meet for an hour.

I feel they are important both with supply chain negotiators and clinical/physician providers.