

# Medtech Hospital Adoption Sprint

**12 WEEKS** FIXED-FEE ENGAGEMENT FIRST-SITE ACTIVATION

Turn FDA clearance into hospital revenue. A3HCS installs the value analysis committee package, clinical champion pipeline, and workflow integration playbook that closes the gap between a cleared product and a first paying site.

**2 to 3 / qtr**

CLEARED VAC  
SUBMISSIONS, TARGET

**6 to 9 months**

TIME TO FIRST REVENUE,  
VS. 18+

**3 to 5 sites**

ACTIVATIONS IN 6  
MONTHS

Engagement benchmarks. Actual outcomes vary by product maturity, FDA pathway, and target health system network.

## THE PROBLEM

**FDA clearance is not hospital adoption.** Cleared products sit at the value analysis committee for 12 to 24 months because the dossier was built for FDA, not for procurement. Different audience, different evidence, different sale.

**Sales reps do not speak hospital.** Commercial teams come from device sales backgrounds and pitch features. Hospitals buy on workflow fit, total cost of ownership, and clinical champion endorsement.

**EHR integration is undefined.** Without a credible Epic or Cerner integration path, the procurement conversation ends before it starts. "It works with our systems" is not an answer.

## THE A3HCS SOLUTION

A 12-week sprint that converts a cleared product into a deployable hospital solution. Three phases. One physician-executive lead. Direct hospital-side perspective from inside the procurement room.

- **Diagnose.** Three weeks. Audit existing VAC submission and sales materials. Map the target health system landscape by site type, EHR vendor, and prior adoption signals. Identify 5 to 10 anchor sites and the clinical champion inside each.
- **Equip.** Six weeks. Rebuild the VAC dossier from the procurement committee's perspective. Build the clinician-facing 1-page workflow card. Draft the Epic or Cerner integration brief. Stand up an objection-handling FAQ for VAC questions.
- **Activate.** Final three weeks. Warm-intro pathway into the first 5 anchor sites, ride-along on the first VAC submission, debrief the result. Sprint ends with a 30-day post-engagement check-in.

## WHAT THE VAC ACTUALLY WANTS TO SEE

Most VAC dossiers fail because they speak to FDA concerns, not procurement committee concerns. A3HCS rebuilds the package across the four dimensions a VAC actually uses to decide.

DOMAIN	NAMED OWNER	WHAT WE REVIEW
1. Clinical Evidence	Medical & Clinical Affairs	Indication match, evidence quality, safety profile, head-to-head comparator data.
2. Operational Fit	Nursing & Department Director	Workflow integration, training burden, time-to-competency, equipment footprint, downtime risk.
3. Financial Case	Finance & Supply Chain	Total cost of ownership, reimbursement pathway, cost offset analysis, contract and termination terms.
4. Strategic Alignment	Service Line VP / CMO	Strategic priority fit, network effect with existing services, competitive positioning.

## THE 12-WEEK ENGAGEMENT

Phase 1, Diagnose WEEKS 1 TO 3	Phase 2, Equip WEEKS 4 TO 9	Phase 3, Activate WEEKS 10 TO 12
Audit existing materials. Map target market. Identify anchor sites and clinical champions. Quantified opportunity report.	Rebuild VAC dossier. Workflow card. EHR integration brief. Objection-handling FAQ. Commercial team enablement.	Warm-intro pathway to first 5 sites. First VAC ride-along. 30-day post-engagement check-in.

## ENGAGEMENT & WHY A3HCS

Engagement Structure	Why A3HCS
<p>Fixed-fee, scoped to product complexity and target site count. Three-phase delivery over 12 weeks.</p> <p><b>DELIVERABLES</b></p> <p>Diagnostic audit, VAC dossier rebuild, clinician workflow card, EHR integration brief, objection-handling FAQ, anchor-site introductions, first VAC ride-along, 30-day post-engagement check-in.</p> <p>Optional fractional commercial advisory retainer available post-sprint to support the first wave of additional site activations.</p>	<p><b>Hospital-side fluency.</b> The framework is built from operating inside the hospital, not from a commercial textbook.</p> <p><b>Physician-executive credibility.</b> VAC conversations go differently when the clinician across the table is also an MD.</p> <p><b>Independent of your engineering partner.</b> A3HCS does not compete with FDA regulatory consultancies. We pick up where they leave off.</p> <p><b>Speaks the procurement language.</b> Fee structure, EHR integration, training burden, cost offset. Not feature-and-benefit decks.</p>

## Schedule a Strategy Consultation

30-minute call to assess fit, baseline opportunity, and engagement scoping. No obligation. • [a3hcs.org](http://a3hcs.org) • Nitesh Kumar, MD, MBA, ACHE, Six Sigma Black Belt