

Applying Value Selling to Product-Specific Customer Conversations

VS 2.0 practice questions

For use with CE-IVD or CE-IVDR. *In Vitro* Diagnostic Medical Device products only. Some products may not be available in all countries.

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CE-IVD. In Vitro Diagnostic Medical Device. May not be available in all countries.

How to use this guide

- This tool is to help you navigate the VS questioning methodology
- You can use these practice questions in customer conversations to explore more specific discussions relating to Cepheid CE-IVD and CE-IVDR products.
- Key Benefits of our solution are given for each product
- Followed by example questions are provided for

Discovery Assessment Impact Value

You can also use the questions to complete your pre-call plan;

Key Questions for the Sales Call

Question	Follow-Up #1	Follow-Up #2	Follow-Up #3

- This can support conversations in both early-stage sales calls or
- Later stages to explore the **Impact** of **not** taking action, would have on the customer/patient and identifying the **Value** of changing for the customer/patient



Remember the Value Equation from your VS training?

Customers must believe the benefits exceed the cost in order to make a decision



If the perceived benefit exceeds the perceived cost, then there is value. The key is to determine how much value is required in order to make a decision.



Practice Value Selling 2.0





Remember, Features TELL, BENEFITS SELL!





Xpert[®] **Xpress** CoV-2/Flu/RSV *plus* Xpert[®] **Xpress** CoV-2 *plus*

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ ED Clinician/ POC/ Infectious Disease)

CE-IVD. In Vitro Diagnostic Medical Device. May not be available in all countries.

Practice Value Selling 2.0

Discovery

Assessment

Impact Value

Benefits

Collect facts about

THE CURRENT SITUATION

Explore:

Patient pathway

(a/symptomatic) High risk/ Low risk group

Testing strategy

POC testing
Competition
Positioning
SARS/CoV-2 FLU/RSV
High risk/ Low risk group

Lab workflow

(batches, frequencies, # samples, TAT, Workload, staff) Discover an

OPPORTUNITY TO IMPROVE

Probe for problems or difficulties in current situation:

Focus on patient outcome & pathway improvement

Medical decision impact

Test performances/ TAT/traceability

Workflow & staff Mgmt improvement

Ease of use Number of staff needed Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of not solving the problem:

Look for points of Competitive differentiation

on patient outcome /pathway and workflow

Lab workflow

On demand testing versus batching Low/high performances Flexible platform/ defined throughput

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their Challenges:

Propose a solution that addresses their challenges/needs

Show how your solution will bring value

to patients, clinicians, lab workflow & staff management







DISCOVERY

- What are your testing strategies/ algorithms for symptomatic/asymptomatic patients?
- Which guidelines are you following?
- Which trends do you see in respiratory testing at a national/regional level?
- How many respiratory/covid samples do you receive per day?
- Which platforms/tests are you using? What are the criteria to use one or another?
- What are your service hours regarding respiratory testing?
- How do you manage patient at high risk?







DISCOVERY



- What are the main challenges you face regarding respiratory testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your colleagues in other departments with the current service you provide?
- What is the rate of false negatives you observe with antigen testing for symptomatic patients?
- What is the rate of patients who need to be re-tested due to false negative results (any technology)?
- What are the challenges of a multi-step test algorithm?







DISCOVERY

ASSESSMENT

IMPACT

- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission? To which financial impact will this lead?
- What are the consequences of a delay in a result in terms of patient/bed management? How is this impacting the team handling patient/bed management?
- What will be the consequences of not having actionable results available 24/7 for the clinicians? And for the patients?
- What will be the cost of a covid outbreak in your hospital/institution?
- What will be the clinicial (or financial) consequences of not having fast and actionable results due to (either) less sensitive tests or multi-step algoritmhs?





DISCOVERY

ASSESSMENT

IMPACT



- How will having a test with better coverage for future variants improve your peace of mind? How will it improve clinicians confidence?
- How important is it for you to be able to respond to urgent requests from wards and at weekends? And for the clinicians? What is the benefit for the patients?
- What would be the benefit for your laboratory if your team could spend less time on covid/respiratory testing?
- What will be the clinical impact of having fast & accurate results 24/7? How will this benefit appropriate bed/patient management?





DISCOVERY

ASSESSMENT

IMPACT

- •What are your testing strategies/ algorithms for symptomatic/asymptomatic patients?
- •Which guidelines are you following?
- •Which trends do you see in the respiratory testing at a national/regional level?
- How many respiratory/covid samples do you receive per day?
- •Which platforms/tests are you using? Which are the criteria to use one or another?
- •What are your service hours regarding respiratory testing?
- •How do you manage patient at high risk?
- •What are the main challenges you face regarding respiratory testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your colleagues in other departments with the current service you provide?
- •What is the rate of false negatives you observe with antigen testing for symptomatic patients?
- •What is the rate of patients who need to be re-tested due to false negative results (any technology)?
- •What are the challenges of a multi-step test algorithm?
- •In case of a false negative, which will be the impact in terms of infection control and risk of transmission?
- •What are the consequences of a delay in a result in terms of patient/bed management? How is this impacting the team handling patient/bed management?
- •What will be the consequences of not having fast results available 24/7 for the clinicians? And for the patients?
- •What will be the cost of a covid outbreak in your hospital/institution?
- •What will be the clinicial (or financial) consequences of not having fast and actionable results due to (either) less sensitive tests or multi-step algoritmhs?
- How will having a test with better coverage for future variants improve your peace of mind? How will it improve clinicians confidence?
- How important is it for you to be able to answer to urgent requests from wards and at weekends? And for the clinicians? What is the benefit for the patients?
- •What would be the benefit for your lab if your team could spend less time on covid/respi testing?
- •What will be the clinical impact of having fast & accurate results 24/7? How will this benefit appropriate bed/patient management?





Xpert[®] MTB/RIF Ultra Xpert[®] MTB/XDR

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Infection Control Specialist/ Pulmonologist/Intensive Care Unit Physician)

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Practice Value Selling 2.0

Discovery

Assessment

Impact Value

Benefits

Collect facts about

THE CURRENT SITUATION

Explore:

Lab workflow

(batches, frequencies, # samples, TAT, workload and staff)

Testing strategy

Microscopy Culture Competition

Patient pathway

Waiting time/Isolation Empiric treatment Time to Result Discover an

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Focus on patient pathway

Medical decision impact

Actionable results Flexible requesting

Workflow & staff mgmt improvement

Test complexity

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Look for points of competitive differentiation on patient pathway & workflow

Laboratory workflow

On-demand testing versus batches Flexible platform versus defined throughput

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their challenges:

Propose a solution that addresses their challenges/needs

Show how your solution will bring value

to patients, clinicians, lab workflow & staff management







DISCOVERY

- •Could you please describe your current MTB testing workflow? How long does it take?
- •How many samples do you receive per day? How many of those are high suspect? Could you describe the current algorithm/s?
- •How many samples do you need to wait for to run a batch?
- •How are patients/contact patients currently managed awaiting MTB results?
- •How many technicians are able to manage the current workflow/platform?
- •How do you manage high suspect/urgent samples during evenings/weekends?

ASSESSMENT :





DISCOVERY

ASSESSMENT

- What are the challenges of your current method?
- What limitations are you experiencing in the current process?
- How does the this affect the management of the patient's treatment whilst waiting for results?
- How satisfied are the clinicians with the current TAT?
- How well does the current method align with WHO recommendations?

IMPACT





DISCOVERY

ASSESSMENT

IMPACT

- What impact does the additional hands on time to run the MTB have on the technicians time to perform other tests?
- What impact does the time to result for the second line drugs have on patient management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight? How is this impacting the teams managing those patients?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?







DISCOVERY

ASSESSMENT

IMPACT



- How would it benefit your staff management and the Lab workflow, if your team could spend less time on MTB testing?
- What would be the benefit for clinicians if you could respond to urgent requests also during evenings or weekends? And for the patient? How will this improve clinicians and patient satisfaction?
- How could clinicians benefit from a low resistance call out for INH?
- What would be the benefit for the clinicians if you could provide results to support decisions for first line and second line treatment in < 3hrs? And for the patients?





DISCOVERY

- •Could you please describe your current MTB testing workflow? How long does it take?
- •How many samples do you receive per day? How many of those are high suspect? Could you describe the current algorithm/s?
- How many samples do you need to wait for to run a batch?
- How are patients/contact patients currently managed awaiting MTB results?
- How many technicians are able to manage the current workflow/platform?
- How do you manage high suspect/urgent samples during evenings/weekends?

ASSESSMENT

- •What are the challenges of your current method?
- •What limitations are you experiencing in the current process?
- How does the this affect the management of the patient's treatment whilst waiting for results?
- How satisfied are the clinicians with the current TAT?
- •How well does the current method align with WHO recommendations?

IMPACT

- •What impact does the additional hands on time to run the MTB have on the technicians time to perform other tests?
- •What impact does the time to result for the second line drugs have on patient management?
- •What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight? How is this impacting the teams managing those patients?
- •In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?

- ·How would it benefit your staff management and the Lab workflow, if your team could spend less time on MTB testing?
- •What would be the benefit for clinicians if you could respond to urgent requests also during evenings or weekends? And for the patient? How will this improve clinicians and patient satisfaction?
- How could clinicians benefit from a low resistance call out for INH?
- •What would be the benefit for the clinicians if you could provide results to support decisions for first line and second line treatment in < 3hrs? And for the patients?





Xpert[®] BCR-ABL Ultra/ Xpert[®] BCR-ABL Ultra p190

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Oncologist/ Haematologist)

CE-IVD. In Vitro Diagnostic Medical Device. May not be available in all countries. CE-IVD p190 test is not available in the United States

Practice Value Selling 2.0

Discovery

Collect facts about

THE CURRENT **SITUATION**

Explore:

Lab workflow

(batches, frequencies, # samples, TAT, workload and staff)

Testing strategy

Send-outs Home-brew Competition

Patient pathway/satisfaction

Time to Result Waiting time

Assessment

Discover an

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Focus on patient pathway & satisfaction

Medical decision impact

Confidence in results Flexible requesting

Workflow & staff mgmt improvement

Test complexity Standardisation

Impact

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

> Look for points of competitive differentiation

on patient satisfaction/ pathway & workflow

Laboratory workflow

On-demand testing versus batches Flexible platform versus defined throughput

Value

Benefits

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their challenges:

Propose a solution that addresses their challenges/needs

Show how your solution will bring value

to patients, clinicians, lab workflow & staff management







DISCOVERY

- •What are your testing strategies/ algorithms for monitoring CML & ALL patients?
- •Which guidelines are you following for CML and ALL?
- •Do you test in house or send out these tests? (If sending out, ask why)
- •How many BCR-ABL samples do you receive per day/week/month?
- •Which platforms/tests do you use for BCR-ABL p210 and/or p190?
- •How many technicians are currently involved in the BCR-ABL p210/p190 testing?
- •What are your future plans regarding your workflow/staff organisation?
- •Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?







DISCOVERY

ASSESSMENT

- What are the main challenges you will be facing regarding BCR-ABL in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- What are you challenges with sending out these tests? How long does it take to get the report/result back?
- How often do you run a batch and how many samples in a batch? (Is this per week, bi-weekly...)







DISCOVERY

ASSESSMENT

IMPACT

- What impact does the additional sample batching to run BCR-ABL have on the technician's time to perform other tests?
- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for BOTH p210 and p190 in the laboratory?





DISCOVERY

ASSESSMENT

IMPACT



- How would the ability to test in-house for both breakpoints improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the laboratory workflow, if your team could spend less time on BCR-ABL testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?







DISCOVERY

ASSESSMENT

IMPACT

- •What are your testing strategies/ algorithms for monitoring CML & ALL patients?
- •Which guidelines are you following for CML and ALL?
- •Do you test in house or send out these tests? (If sending out, ask why)
- How many BCR-ABL samples do you receive per day/week/month?
- •Which platforms/tests do you use for BCR-ABL p210 and/or p190?
- How many technicians are currently involved in the BCR-ABL p210/p190 testing?
- •What are your future plans regarding your workflow/staff organisation?
- •Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?
- •What are the main challenges you will be facing regarding BCR-ABL in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered any staff reduction coming soon)
- •What are you challenges with sending out these tests? How long does it take to get the report/ result back?
- How often do you run a batch and how many samples in a batch? (Is this per week, bi-weekly...)
- •What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- •What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- •What happens if you are not able to test for BOTH p210 and p190 in the laboratory?
- •How would the ability to test in-house for both breakpoints improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- •How would it benefit your staff management and the Lab workflow, if your team could spend less time on BCR-ABL testing?
- •What will be the clinical impact of having fast & accurate results on-demand and in-house?





Xpert® NPM1 Mutation

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Oncologist/ Haematologist)

CE-IVD. In Vitro Diagnostic Medical Device. May not be available in all countries. Not available in the United States

Practice Value Selling 2.0

Discovery

Impact

Value Benefits

Collect facts about

THE CURRENT SITUATION

Explore:

Lab workflow

(batches, frequencies, # samples, TAT, workload and staff)

Testing strategy

Send-outs Home-brew Competition

Patient pathway/satisfaction

Time to Result Waiting time

Discover an

Assessment

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Focus on patient pathway & satisfaction

Medical decision impact

Confidence in results Flexible requesting

Workflow & staff mgmt improvement

Test complexity Standardisation/ Quality control Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Look for points of competitive differentiation

on patient satisfaction/ pathway & workflow

Laboratory workflow

On-demand testing versus batches Flexible platform versus defined throughput

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their challenges:

Propose a solution that addresses their challenges/needs

Show how your solution will bring value

to patients, clinicians, lab workflow & staff management









- •What are your testing strategies/ algorithms for monitoring AML patients?
- •Which guidelines are you following for AML?
- •Do you test in house or send out these tests? (If sending out, ask why)
- •How many NPM1 mutation samples do you receive per day/week/month?
- •Which platforms/tests do you use for NPM1 mutation testing?
- •How many technicians are currently involved in NPM1 mutation testing?
- •What are your future plans regarding your workflow/staff organisation?
- •Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?







DISCOVERY

ASSESSMENT

- What are the main challenges you will be facing regarding NPM1 mutation testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- What are you challenges with sending out these tests? How long does it take to get the report/ result back?
- What are the challenges with running samples in batches?
- What challenges does not having an international standard pose to your test method?

IMPACT VALUE





DISCOVERY

ASSESSMENT



- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for NPM1 mutation in the laboratory?
- What are the consequences for the patient's treatment if you are not able to offer NPM1 mutation testing in your Hospital?





DISCOVERY

ASSESSMEN1

IMPACT

- How would the ability to test in-house for NPM1 mutation improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the laboratory workflow, if your team could spend less time on NPM1 mutation testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?





DISCOVERY

ASSESSMENT

IMPACT

- •What are your testing strategies/ algorithms for monitoring AML patients?
- •Which guidelines are you following for AML?
- •Do you test in house or send out these tests? (If sending out, ask why)
- •How many NPM1 mutation samples do you receive per day/week/month?
- •Which platforms/tests do you use for NPM1 mutation testing?
- •How many technicians are currently involved in NPM1 mutation testing?
- •What are your future plans regarding your workflow/staff organisation?
- •Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?
- •What are the main challenges you will be facing regarding NPM1 mutation testing in the near future?
- •How satisfied are you regarding your current workflow? What would you like to improve?
- •How satisfied are your Haematologists/ Oncologists with the current service you provide?
- •How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- •What are you challenges with sending out these tests? How long does it take to get the report/ result back?
- •How often do you run a batch (weekly/bi-weekly). How many samples in a batch?
- •What challenges does not having an international standard pose to your test method?
- •What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- •What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- •What happens if you are not able to test for NPM1 mutation in the laboratory?
- •What are the consequences for the patient's treatment if you are not able to offer NPM1 mutation testing in your Hospital?
- How would the ability to test in-house for NPM1 mutation improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- •How would it benefit your staff management and the laboratory workflow, if your team could spend less time on NPM1 mutation testing?
- •What will be the clinical impact of having fast & accurate results on-demand and in-house?





Xpert® Carba-R

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Infection Control Specialist/ Antimicrobial Stewardship Team/ Intensive Care Unit Physician

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Practice Value Selling 2.0

Discovery

Assessment

Impact Value

Benefits

Collect facts about

THE CURRENT SITUATION

Explore:

Lab workflow

(batches, frequencies, # samples, TAT, workload and staff)

Testing strategy

Send-outs Culture Competition

Patient pathway

High risk patients Time to result Waiting time Discover an

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Focus on patient pathway

High risk patients Colonization status Patient management

Medical decision

Actionable results Flexible requesting

Workflow & staff mgmt improvement Test complexity

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Look for points of competitive differentiation on patient pathway,

medical decisionmaking & workflow

Laboratory workflow

On-demand testing versus batches Flexible platform versus defined throughput

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their challenges:

Propose a solution that addresses their challenges/needs

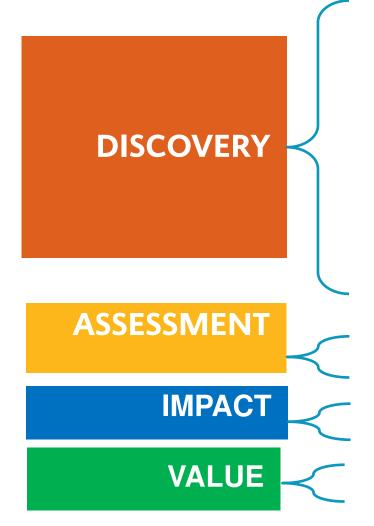
Show how your solution will bring value

to patients, clinicians, lab workflow & staff management









- •What is your current process for CPE testing?
- •How long does it currently take you to achieve an actionable CPE result?
- •How are high-risk patients currently managed awaiting CPE results?
- •How do you treat potential CPE cases or outbreaks in the evenings/weekends?
- •How do you ensure patients admitted with an unknown CPE status are managed appropriately to avoid transmission?
- •Are you always able to prescribe patients with full knowledge of their CPE status (including gene family and resistance mechanism)?





DISCOVERY

ASSESSMENT

- What are the challenges of your current method?
- What challenges do you experience in fulfilling the requests from your clinicians testing high-risk patients?
- How satisfied are you with your current options providing fast and actionable CPE results?
- What are challenges of not being able to test for CPE during evenings/weekends?
- From a clinical (or workflow) point of view how would better (or optimal) look like?

IMPACT VALUE





DISCOVERY

ASSESSMENT



- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patients?
- What will be the consequences of an outbreak? For your staff, patients and financially?
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences following a culture pathway for the doctor? (and the patients?)
- Which costs could you expect from such situation in terms of patient care, service disruption?





DISCOVERY

ASSESSMENT

IMPACT

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CPE results in 50 minutes have on patient management and the use of isolation beds and contact protection measures?
- How do you estimate the financial savings of optimized patient/bed management?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?
- How will you benefit from rapid detection of colonized patients? (Considering prevention measures and patient management)





DISCOVERY

ASSESSMENT

IMPACT



- •What is your current process for CPE testing?
- How long does it currently take you to achieve an actionable CPE result?
- How are high-risk patients currently managed awaiting CPE results?
- How do you treat potential CPE cases or outbreaks in the evenings/weekends?
- How do you ensure patients admitted with an unknown CPE status are managed appropriately to avoid transmission?
- •Are you always able to prescribe patients with full knowledge of their CPE status (including gene family and resistance mechanism)?
- •What are the challenges of your current method?
- •What challenges do you experience in fulfilling the requests from your clinicians testing high-risk patients?
- How satisfied are you with your current options providing fast and actionable CPE results?
- •What are challenges of not being able to test for CPE during evenings/weekends?
- From a clinical (or workflow) point of view how would better (or optimal) look like?
- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patients?
- •What will be the consequences of an outbreak? For your staff, patients and financially?
- ·What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- •What are the consequences following a culture pathway for the doctor? (and the patients?)
- •Which costs could you expect from such situation in terms of patient care, service disruption?
- •Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CPE results in 50 minutes have on patient management and the use of isolation beds and contact protection measures?
- How do you estimate the financial savings of optimized patient/bed management?
- •What will be the clinical impact of having fast & accurate results on-demand and in-house?
- How will you benefit from rapid detection of colonized patients? (Considering prevention measures and patient management)





Xpert[®] C.diff BT

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Infection Control Specialist/ Intensive Care Unit Physician)

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Practice Value Selling 2.0

Discovery

Impact

Value **Benefits**

Collect facts about

THE CURRENT SITUATION

Explore:

Lab workflow

(batches, frequencies, # samples, TAT, workload and staff)

Testing strategy

Send-outs Culture Competition

Patient pathway

High risk patients Time to Result Waiting time

Discover an

Assessment

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Focus on patient pathway

Medical decision impact

Actionable results Flexible requesting

Workflow & staff mgmt improvement

Test complexity

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Look for points of competitive differentiation on patient pathway & workflow

Laboratory workflow

On-demand testing versus batches Flexible platform versus defined throughput

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their challenges:

Propose a solution that addresses their challenges/needs

Show how your solution will bring value

to patients, clinicians, lab workflow & staff management







DISCOVERY

- •What is your current process for CDI testing? How long does it take?
- •How long does it currently take you to achieve a meaningful CDI result? How many steps are included?
- •How are patients/contact patients currently managed awaiting CDI results?
- •How do you manage potential cases of CDI or outbreaks during evenings/weekends?
- •How do you proceed with patients with risk factors?

ASSESSMENT

IMPACT





DISCOVERY

ASSESSMENT

- What are the challenges of your current method?
- What limitations are you experiencing in the current process?
- What are the challenges of a multi-stage test algorithm?
- How satisfied are you with your current options providing fast and actionable CDI results?
- What challenges do you see in fulfilling the requests from your clinicians testing high-risk patients?

IMPACT





DISCOVERY

ASSESSMENT



- What are the consequences of using a multi-stage testing algorithm for the doctor? (and the patients?)
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences of a delay in a result in terms of patient/bed management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?





DISCOVERY

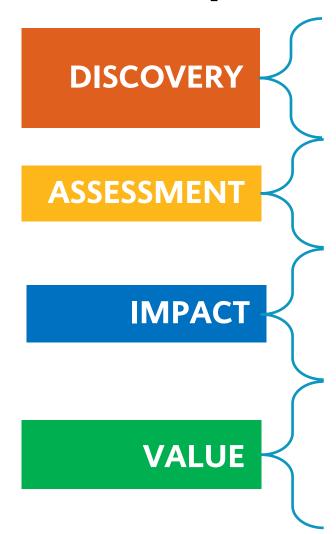
ASSESSMENT

IMPACT

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CDI results (including presumptive 027 strain identification) in 43 minutes have on patient therapy management and use of isolation beds?
- How do you estimate the financial savings of optimized patient/bed management?
- What would be the impact of avoiding false negatives?
- How would you benefit from a single, fast and simple test for CDI? How will this improve clinicians and patient satisfaction?







- What is your current process for CDI testing? How long does it take?
- How long does it currently take you to achieve a meaningful CDI result? How many steps are included?
- How are patients/contact patients currently managed awaiting CDI results?
- How do you manage potential CDI cases or outbreaks in the evenings/weekends?
- How do you proceed with patients with risk factors?
- What limitations are you experiencing in the current process?
- What limitations are you experiencing in the current process?
- What are the challenges of a multi-stage test algorithm? How satisfied are you with your current options providing fast and actionable CDI results?
- What challenges do you see in fulfilling the requests from your clinicians testing high-risk patients?
- What are the consequences of using a multi-stage testing algorithm for the doctor? (and the patients?)
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences of a delay in a result in terms of patient/bed management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?
- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CDI results (including presumptive 027 strain identification) in 43 minutes have on patient management and the use of isolation beds and contact protection measures?
- · How do you estimate the financial savings of optimized patient/bed management?
- What would be the impact of avoiding false negatives?
- How would you benefit from a single, fast and simple test for CDI? How will this improve clinicians and patient satisfaction?





Xpert® HPV v2

Practice Value Selling 2.0 Questions (target personas: Lab Manager/ Gynecologist/ Cytologist)

CE-IVDR. In Vitro Diagnostic Medical Device. May not be available in all countries. Not available in the United States.

Practice Value Selling 2.0

Discovery

Assessment

Impact

Value

Benefits

Collect facts about

THE CURRENT SITUATION Explore:

Testing Method

Cytology or PCR
Ease of use
Test performance

Screening Strategy:

Screen and Treat or Screen, Triage and Treat (Screen with HPV DNA)

Treatment Strategy

Faster referral to colposcopy and/or refer for follow up HPV testing in 12 months Discover an

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Testing method:

Accurate HPV results

Screening strategy

What are the pain-points or challenges of meeting the Screen and Treat or Screen, Triage and Treat strategy with the HPV test

Risk of missed diagnosis or Referral to Colposcopy

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Patient management and infection risk

Incorrect identification of women with high-risk HPV infection

Unnecessary referral to colposcopy

Risk of missed diagnosis

Increased risk of developing cervical pre-cancer and cancer

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE

Get the customer to articulate the value of solving their Challenges:

HPV primary screening

Supports WHO screen-andtreat approach

Test and treat patient management

Rapid HPV results that include integrated high-risk HPV 16 and HPV 18 genotyping support quality decision-making for colposcopy referral.¹

Appropriate referral to colposcopy







DISCOVERY ASSESSMENT IMPACT VALUE

- •What is your current process for cervical screening testing?
- •How do you currently process HPV tests in your laboratory?
- •In HPV positive patients, what genotypes are you seeing?
- •How do you proceed with patients with positive HPV high-risk genotypes?
- •What guidelines/ recommendations do you follow for cervical screening?





DISCOVERY

ASSESSMENT

- What challenges are there with the current triage process?
- How would you improve your current cervical cancer screening service?
- What challenges do your staff face with false-positive HPV results and re-testing?
- What challenges do you see in fulfilling the WHO screen and treat recommendations?
- What would be the impact of avoiding false positives on colposcopy referals?

IMPACT VALUE





DISCOVERY

ASSESSMENT

IMPACT

- What are the consequences of a labour-intensive method on staff resources?
- What impact does reflex testing for HPV have on patients' time to treatment, instead of screening by HPV first?
- What would be the consequence of incorrectly identifying women with high-risk HPV infections?
- What is the impact on the patient who are unnecessarily referred to colposcopy?





DISCOVERY

ASSESSMENT

IMPACT

- What benefits would your lab experience if your team could reduce the time spent on HPV testing?
- How would having an accurate HPV test improve your confidence in the positive results you report to colposcopy?
- What would be the impact of avoiding false positives on colposcopy referrals?







DISCOVERY

- What is your current process for cervical screening testing?
- How do you currently process HPV tests in your laboratory?
- In HPV positive patients, what genotypes are you seeing?
- How do you proceed with patients with positive HPV high-risk genotypes?
- What guidelines/ recommendations do you follow for cervical screening?

ASSESSMENT

- What challenges are there with the current triage process?
- How would you improve your current cervical cancer screening service?
- What challenges do your staff face with false-positive HPV results and re-testing?
- What challenges do you see in fulfilling the WHO screen and Treat recommendations?
- How often are patients sent for unnecessary colposcopy?

IMPACT

- What are the consequences of a labour-intensive method on staff resources?
- What impact does reflex testing for HPV have on patients' time to treatment, instead of screening by HPV first?
- · What would the consequence of incorrect identification of women with high-risk HPV infection?
- What is the impact on the patient who are unnecessarily referred to colposcopy?

- What would be the benefit for your lab if your team could spend less time on HPV testing?
- How would having an accurate HPV test improve your confidence in the positive results you report to Colposcopy?
- What would be the impact of avoiding false positives on colpolscopy referals?





Xpert® Xpress GBS

Practice Value Selling 2.0 Questions (target personas: Gynecologist, Midwife, Pediatrician)

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

Practice Value Selling 2.0

Discovery

Assessment

Impact

Value

Benefits

Collect facts about

THE CURRENT **SITUATION Explore:**

Testing Method

Culture or PCR

Screening Strategy:

antepartum (35-37 week), intrapartum, risk-based, Guidelines followed

Early-onset disease rate

Unknown status

Management of Women arriving for delivery with no GBS status

Antibiotics Strategy

IAP (intrapartum antibiotic prophylaxis)

Discover an

OPPORTUNITY TO IMPROVE

Probe for challenges in current situation:

Testing method:

Xpert® GBS test is the only test to fully meet consensus criteria for rapid intrapartum GBS testing 1

Screening strategy/Infection rate

Antepartum versus intrapartum (potential risk of status changes after 35-37 of gestation)

Unknown Status

Misusage of antibiotics

Highlight the severity of the problem to

CREATE URGENCY

Discuss the consequences of **not** solving the problem:

Patient management and infection risk

Incorrect identification of women with GBS colonization

Usage of inappropriate of IAP

Risk for the mother and the baby

Acknowledge the benefit of solving the problem to

ESTABLISH VALUE Get the customer to articulate the value of

solving their Challenges:

Show how your solution will bring value with **Intrapartum PCR testing** vs current methods

Test and treat patient management

Test at the right time, and treat only the women who need it

Appropriate usage of antibiotics









- What is your current standard practice to determine who is receiving IAP?
- Do you know the European consensus paper on Intrapartum GBS screening and antibiotic prophylaxis?
- What is your current infection rate?
- What is your current screening strategy?
- How many GBS samples do you receive per day/week/month?
- How do you manage women with unknown GBS status?
- Which platforms/tests do you use for GBS testing?







DISCOVERY

ASSESSMENT

- How concerned are you with the high risk of GBS status change following screening at 35-37 weeks of gestation?
- What are the limitations of your current testing method and sceening strategy?
- What are the challenges following a risk based approach?
- What are the challenges with women with an unknown status?
- What are the challenges delivering IAP to all women with unknown status?

IMPACT





DISCOVERY

IMPACT

- What can be the consequences of for women (and babies) if the status at time of delivery is unknown?
- What can be the impact of antibiotics exposure on newborns?
- What happens if the GBS status change following screening at 35-37 weeks of gestation?
- What are the financial consequences of a not accurate patient status?





DISCOVERY

ASSESSMENT

IMPACT



- How could a rapid test available to determine GBS colonization status at the time of delivery improve patient care?
- What would be the benefit of an intrapartum screening strategy?
- What would be the benefit of knowing the colonisation status at the time of delivery?
- What would be the benefits from a better and appropriate antibiotic usage?
- What are the benefits from an optimized patient treatment?





DISCOVERY

- What is your current standard practice to determine who is receiving IAP?
- Do you know the European consensus paper on Intrapartum GBS screening and antibiotic prophylaxis?
- What is your current infection rate?
- What is your current screening strategy?
- How many GBS samples do you receive per day/week/month?
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- Which platforms/tests do you use for GBS testing?

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- What can be the impact of antibiotics exposure on newborns?
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Thank You

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