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When "Do More With Less" Becomes a Sales Opportunity

How thoughtful questions, better data and a team approach can help physician office labs improve efficiency and strengthen their bottom line.





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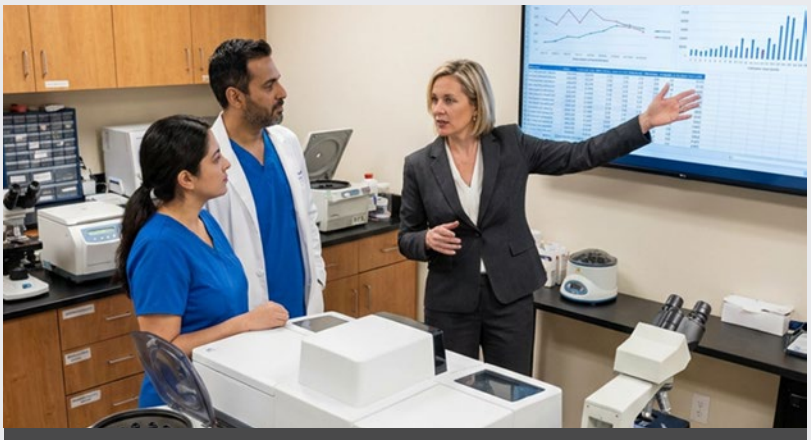
References: 1. Data includes Afinion HbA1c and NycoCard HbA1c sales. **2.** Data on file. Based on POC Test Worldwide sales. **3.** Crocker JB, et al. *Am J Clin Pathol*. 2014;142(5):640-6. **4.** Lee MS, et al. *J Gen Intern Med*. 2025;40:2789-2791.

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CONTENTS

NOVEMBER 2026 • VOLUME 34 • ISSUE 11



18 When "Do More With Less" Becomes a Sales Opportunity

How thoughtful questions, better data and a team approach can help physician office labs improve efficiency and strengthen their bottom line.

23 **Filling the Lab Workforce Pipeline**
The demand for laboratory professionals continues to outpace the supply. Kathy Nucifora of COLA explains the shortage and offers strategies for physician office labs facing staffing challenges.

28 **Selling Into a Changing Lab Market**
As technology advances and supply chain gains influence, Fisher Healthcare's Amy Malik says sales reps must understand the unique needs of each laboratory.

32 **Helping Physician Office Labs Navigate Evolving Pressures**
Henry Schein's Gary Dennis explains how understanding clinical value, reimbursement shifts, and compliance challenges allows medical distribution reps to become indispensable partners.

PUBLISHER'S LETTER

2 **Countless Blessings**

COMMUNICATION

4 **From Conflict to Collaboration**
Mediation and Conflict Resolution Officer Martin Stillman, MD, JD, explains why conflict is an opportunity – not a threat – and shares communication techniques every healthcare sales professional can use to resolve challenges with confidence.

SALES

10 **Beyond Confidence: Building the Skills to Succeed at Work**
How to be more productive, prepared and secure in today's shifting healthcare environment.

14 **The Full Demo Is Killing Your Sale**
Showing a buyer everything feels thorough. Most of the time it just hands them homework. The best reps find the problem first and show only what solves it.

FINANCES

38 **Helping Practices Make Smarter Purchases**
Reps can become valuable partners by helping physician practices think through utilization, infrastructure, financing and the business case for new equipment.

44 **Make the Investment Make Sense**
Tax breaks are great. But before making an equipment purchase, one financial expert says physician practices should weigh utilization, cash flow, total costs and long-term financial return.

ASCs

48 **The Math Behind ASC Reimbursement**
Why a modest payment update by CMS may mask deeper reimbursement cuts and mounting financial pressures for independent surgery centers.

TRENDS

52 **From Transaction to Strategy**
As financial and supply chain pressures mount, healthcare organizations are taking a more collaborative approach to capital procurement and supplier partnerships.

TECH TALK

56 **Building a Better Patient Experience**
Connected technology, thoughtful room design and streamlined workflows are helping providers create exam rooms that work better for patients and caregivers alike.

HIDA

60 **Managing Tariff Uncertainty with HIDA's Interactive Tariff Dashboard**

MED/SURG BEDTIME STORIES

62 **Max and Scout and the Emergency Backorder**
Problem-solving under pressure is critical in distribution.

NEWS

64 **Industry News**

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Countless Blessings



Every November, I sit down to write my Thanksgiving publisher's letter and reflect on how fortunate I am. This year feels different. I'm celebrating my 30th anniversary in the medical supply industry and wondering where the time has gone.

In 1996, I started as a young sales rep for Healthlink, covering the Northeast. I had a territory, a sales goal and absolutely no idea what I was doing or how much this industry would shape my life.

Thirty years later, including 18 years as publisher of *Repertoire Magazine*, I realize what started as a career became something much more meaningful.

It became a family.

Over the years, I've met remarkable people who took a chance on me, mentored me, challenged me and helped me grow. We've celebrated victories, endured difficult times, traveled nearly 2.5 million miles and shared more laughs than I can count.

Some friends are no longer with us, and I miss them dearly. Others are just a phone call away, even if we haven't spoken in months. That's what makes this industry special. These relationships last a lifetime.

One of my greatest blessings has been watching my son, Scottie Adams, build his own career in this industry over the past eight years. I'm especially grateful to everyone who has mentored him, shared knowledge and helped him along the way. Your generosity reminds me that our industry's greatest strength is its people and their willingness to help the next generation succeed.

I'm also thankful to work in an industry that makes a meaningful difference. Every product we manufacture, distribute or sell ultimately serves a caregiver and a patient. We may not wear scrubs or carry stethoscopes, but we play an important role in keeping America healthy.

As we celebrate Thanksgiving, let's appreciate the freedoms and opportunities we enjoy in this great country and never take them for granted. Most importantly, let's cherish the family and friends who make this journey worthwhile.

After 30 years, I've learned that sales numbers fade, awards collect dust and business challenges pass. But friendships, memories and the people we love remain.

To everyone who has been part of my journey, and now Scottie's, thank you.

From my family to yours, Happy Thanksgiving. God bless you, your families and this great country we call home.

Dedicated to the Industry,
R. Scott Adams, Publisher

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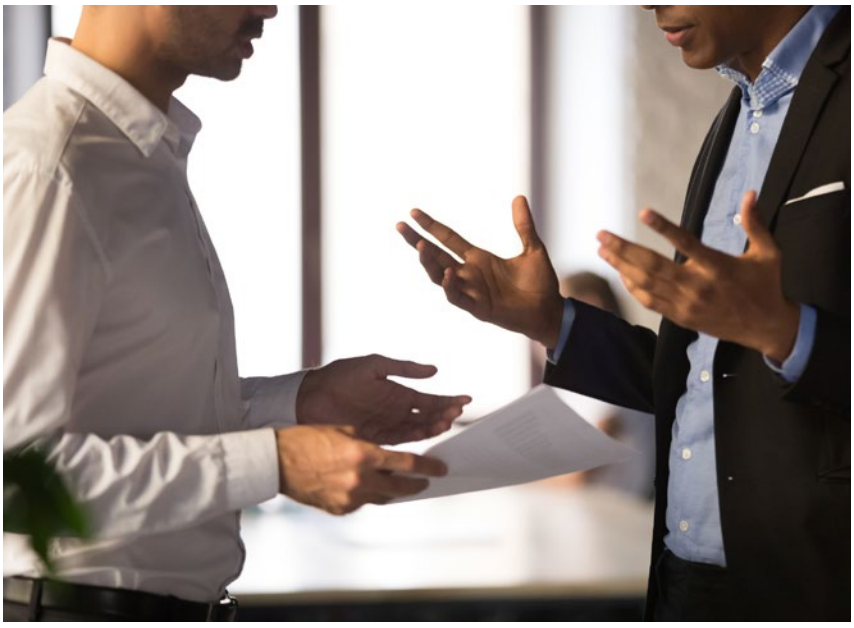
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From Conflict to Collaboration

Mediation and Conflict Resolution Officer Martin Stillman, MD, JD, explains why conflict is an opportunity – not a threat – and shares communication techniques every healthcare sales professional can use to resolve challenges with confidence.

Listen to this article, scan the QR Code.

Conflict is inevitable in healthcare. Whether it's a disagreement between colleagues, tension with a patient or competing priorities within an organization, difficult conversations are part of doing business. Yet many professionals receive little formal training on how to navigate conflict effectively. Dr. Martin Stillman believes that's a missed opportunity – not only for solving problems, but for strengthening relationships and creating healthier organizations.

As Mediation and Conflict Resolution Officer for Hennepin Health System, Dr. Stillman is called upon to resolve conflicts across departments and leadership teams. After seeing early success, he realized there were additional approaches that could be effective besides simply stepping in to mediate.



Martin Stillman, MD, JD

"We could have more widespread impact if leaders were given tools to address conflict more efficiently and confidently themselves," he said.

With support from hospital leadership, he developed the Conflict Resolution and Facilitation Training (CRAFT) program, which was first taught within his health system before expanding to healthcare organizations nationwide. Dr. Stillman credits his organization's chief medical officer with championing the work through a simple philosophy: "Let's build capacity, not dependency."

Today, Dr. Stillman is nationally recognized for helping healthcare professionals approach conflict with confidence rather than avoidance. A practicing internist, attorney and mediator, he believes conflict resolution is a learnable skill that can improve communication, teamwork and leadership.

In the following interview with *Repertoire Magazine*, he shares practical strategies for turning difficult conversations into productive ones – and why the ability to navigate conflict may be one of the most valuable professional skills anyone can develop.

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† ISO size refers to the inner cannula inner diameter or I.D.

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How has the unique combination of being a physician, attorney and mediator shaped the way you view conflict in healthcare?

Dr. Martin Stillman: I find that each aspect of training plays a role. My legal training gave me skills for appreciating different positions and perspectives along with their respective strengths and weaknesses. My ongoing medical practice keeps me in touch with myriad issues that engender conflict in healthcare and promotes my passion for patient care. Finally, my mediation training, experience, and coaching have allowed me to bring it all together by approaching conflict in healthcare more skillfully, both in practice and in teaching conflict resolution.

What is it about conflict that you think people most often misunderstand?

Dr. Stillman: Without conflict, there is the risk that nothing changes. This includes changes that are necessary to move people and/or organizations forward. When people begin to shift their framework and see conflict as an opportunity, good things can come from that. I've been involved with many cases where individuals or groups have had substantial, challenging conflict. When they learn techniques to approach conflict resolution differently and work to see themselves through difficult challenges together, a positive and strong foundation begins to develop. This foundation then makes the next conflict they face more manageable.

Many conflicts rarely go from 0 to 60 without prior fragments of conflict going unaddressed.



What are the most common causes of conflict you see in healthcare organizations today?

Dr. Stillman: I've learned that causes of conflict in the workplace vary greatly and much has been written about categories of workplace conflict in general (such as differences in resource allocation, disagreements on structure and control, lack of goals and values alignment, and not feeling appreciated or heard). While the causes can vary, I find the effects of unresolved conflict on individuals and institutions to be fairly consistent and common. For individuals, these effects include increased stress and anxiety, along with difficulty concentrating both in and outside of work. At the institutional level, they show up as reduced teamwork, productivity, and retention.

How can conflict resolution skills be a differentiator for *Repertoire* readers?

Dr. Stillman: Becoming efficient, or at the least more self-aware and comfortable, with conflict resolution, could make representatives both feel better in their work and be more effective in resolving challenges they face.

Even taking steps to learn how to discuss differences in healthy ways can make a difference. One study from the international journal Social Science & Medicine found that those whose differences of opinion were resolved through discussion were



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less likely to report stress, poor general health, or absences from work due to exhaustion or sickness compared to those who reported that no attempts were made to resolve the conflict.

What are some of the more valuable lessons you've learned as a Mediation and Conflict Resolution Officer?

Dr. Stillman: I continue to expand my knowledge as this work continues, but here are a few lessons I've learned:

Many conflicts rarely go from 0 to 60 without prior fragments of conflict going unaddressed. Spend time putting out small fires, or better yet, help the participants of the conflict learn how to put out small fires themselves. This greatly reduces the risk of debilitating blazes.

It's rarely "about the money". More commonly, people want to be heard, valued and relevant to achieving common goals.

Keep asking "Why" when trying to understand what's behind someone's stance or position until you arrive at an answer you can do something with to address their concern. For example, if you ask someone why they feel this way about something, and they respond: "Because it's important to me," you're not done. Your next question should be "Why is it important to you?"

When nobody will move, and breaking impasse feels unobtainable, encourage commitment by those involved to try something different for an agreed upon specified trial period. When making a change feels like it will be forever, people are afraid to be wrong and find it difficult to change. When people feel there is commitment to reexamine the issue after a defined period of time, there can be movement.

To learn more about Dr. Stillman's work, scan the QR code.

Key Takeaways

- **Conflict is an opportunity, not just a problem:** When approached with the right mindset and skills, conflict can strengthen relationships, improve teamwork and drive meaningful organizational change.
- **Conflict resolution is a learnable leadership skill:** Healthcare professionals and sales reps can become more confident and effective by developing practical communication and mediation techniques rather than avoiding difficult conversations.
- **Listening to understand is the foundation of resolution:** Asking thoughtful questions, uncovering the interests behind positions and making people feel heard are often more important than proving who is right.
- **Addressing small conflicts early prevents bigger problems later:** Resolving minor disagreements before they escalate improves employee well-being, teamwork, productivity, and retention while creating a healthier workplace culture.

If you could teach every healthcare sales rep one communication skill tomorrow, what would it be?

Dr. Stillman: Being an effective communicator involves being an effective listener. And being an effective listener involves seeking to understand. When there is a conflict, our instinct is to immediately and passionately try to prove our point and why we are right.

Effective communicators start with trying to understand why the other person feels the way they do in order to help arrive at resolutions that might work for both of them. rep

The Case for Earlier Diabetic Retinopathy Detection

The Welch Allyn RetinaVue care delivery model aims to make retinal exams more accessible by bringing it into primary care and other points of care.

Listen to the full conversation, scan the QR Code.

For the nearly 40 million Americans living with diabetes, an annual eye exam can play a critical role in protecting vision. Yet fewer than half of patients may be following that recommendation due to geographic barriers, access limitations or competing priorities.

"It's a huge problem," says John Prior, senior manager of commercial marketing, RetinaVue at Baxter, who spoke with *Repertoire* Publisher Scott Adams about detecting diabetic retinopathy.

The stakes are high because diabetic retinopathy can progress without noticeable symptoms until significant, potentially irreversible damage has occurred. Prior discusses how making retinal exams more accessible in the practice setting can support early detection, timely intervention and better patient outcomes.

1 Early detection can prevent devastating outcomes

Diabetic retinopathy can progress significantly before a patient experiences symptoms, making regular screening critical. Prior notes that the condition is the leading cause of adult blindness, with about 25,000 Americans going blind from diabetic retinopathy each year. "The data says it's 95% preventable with early detection and treatment," Prior says. Retinal exams can identify patients who need referral to an ophthalmologist or retinal specialist before the disease progresses to more serious stages requiring injections, laser therapy or surgery.

2 Bringing exams into primary care can improve access

While other diabetes-related care measures, such as A1C testing and foot exams, typically have high compliance rates, retinal exams may have less than 60% compliance because patients traditionally must visit another provider. "That's why bringing this technology into the primary care setting is so important," Prior says. Exams during a routine visit can make it easier for patients with multiple appointments and competing health priorities to receive needed eye care.

3 The model is more than a camera

The RetinaVue solution is designed as a complete care delivery model rather than simply a diagnostic device. The handheld camera is paired with secure network software and a nationwide network of state-licensed, board-certified eye specialists who interpret the images. Results are typically returned within four to six hours and integrated into the patient's EMR. The portable model can also move between exam rooms and into mobile, home and community settings. "It's more than that," Prior says, emphasizing the broader resources available for implementation, training, technical support and ongoing customer success.

By bringing retinal exams into primary care and other points of care, the goal is to remove barriers and detect disease before it can cause irreversible damage. As Prior puts it, "How do we bring this technology from the specialty of ophthalmology to where the patient is? That's really what these solutions are all about."



Beyond Confidence: Building the Skills to Succeed at Work

How to be more productive, prepared and secure in today's shifting healthcare environment.

By Jenna Hughes

Listen to the full interview, scan the QR Code.

A great salesperson leaves their customers feeling not only heard but genuinely understood. They know their product inside and out, represent their brand with conviction, and that preparation shows. Their confidence feels earned rather than performative. By the end of the meeting, we are as confident in them and their product's ability to meet our needs as they are.

This type of self-trust is often thought of as an innate trait, one that we are – or are not – naturally talented in. But lasting confidence is rarely built on personality alone. The most successful professionals understand that it grows from developing the right skills, building expertise and gaining experience over time. As professionals become more prepared and capable, they are able to communicate more effectively, make better decisions and collaborate with greater clarity.

Repertoire Magazine recently spoke with Therese Gopaul-Robinson, a leadership consultant, keynote speaker and former healthcare professional with more than 20 years of

experience navigating complex healthcare systems, about how professionals build the skills, systems and expertise that create authority and how they can do less while achieving more.

After years of watching talented professionals hold themselves back because they didn't feel fully prepared or secure in their role, Therese developed Security Stacking®, a framework that helps leaders build the skills, experiences and evidence that create lasting effectiveness and stronger decision-making.

Doing less, achieving more

In today's competitive and fast-paced work environment, it can often feel as though to be successful at work, you must attend every meeting, answer every client's request immediately and take on several additional responsibilities.

"In my experience, this overcommitment can happen because there's an organizational breakdown in systems and operations," said Therese. "In this case, sales reps may not have the playbooks or protocols in place that clearly dictate who should be doing what."

When professionals feel unprepared, unclear or unsupported at work, it can often be a real challenge for them to feel secure and capable in their role.

"When you're in a sales role and you're focused on acquiring or onboarding new clients, if those protocols aren't in place, you're naturally going to feel responsible for making sure your client has the best possible experience," said Therese.



Therese Gopaul-Robinson

When professionals feel unprepared, unclear or unsupported at work, it can often be a real challenge for them to feel secure and capable in their role.

When a clear framework outlining responsibilities is missing, professionals may fill in the blanks and assume that they personally need to own every task and be involved in everything. Often, when they take on more responsibility than they can handle at work, their effectiveness suffers and eventually, so does their self-trust.

"If you're working in an environment that constantly reinforces the idea that you have to prove yourself, do more and continually demonstrate your value, then it's natural for professionals to feel like they have to say yes to everything," said Therese. "The advice I would give is this: before you say no to more responsibility, ask yourself why. Why am I getting this request? Does it align with my role? Does it make the best use of my skills? If the answer is no, then that's an opportunity to discuss reallocating responsibilities."

When beginning to prioritize more strategically in the workplace, reps must think beyond today's to-do list. "To truly prioritize, we have to pull back the lens and look at the bigger picture," said Therese. "What is the salesperson's goal? What market are they responsible for? Do they have the tools they need to find the right prospects?"

Having the right tools is essential to setting clear goals and making sound decisions about where to focus. Equipped with the right resources, sales professionals can then direct their efforts on where they will have the greatest impact.

Therese has worked with numerous organizations where sales professionals are organized and divided by region, specialty or another area of focus. "Whatever the structure is, it's important they have a clearly defined market that each person is responsible for," said Therese. "Once they have that focus, they also need the tools to identify and find the right prospects."

Clear policies, protocols and training give professionals the tools and information they need to make good decisions about what responsibilities they should be taking ownership of, and just as importantly, what they shouldn't. "From there, sales reps can lean on their resources," said Therese. "They can follow the sales process and understand what their sales funnel should look like, so they are able to consistently prioritize their core responsibilities."

Building expertise that creates credibility

Feeling assured of your responsibilities is an important first step toward making better decisions and performing at a higher level. Achieving genuine security goes further – beyond feeling good about yourself or overcoming imposter syndrome – it's built through preparation, experience and repeatedly demonstrating to yourself that you can do the work.

"If you don't understand what you're selling or believe in the value it provides, people are able to sense that immediately," said Therese.

Therese says that building capability and sound judgement starts with ensuring that you are part of an organization that "values the need for tools, resources, development and training."

From there, conviction grows as professionals develop the expertise to bring value to customer interactions and effectively address their needs.

"Credibility is earned from building your expertise in a particular space – from learning the task and truly understanding the roots of the sales process, the market and the clients," said Therese. "From there, you naturally become more confident in your ability to create value."

Leaders, too, play a role in building their team members' capability by setting clear expectations, granting autonomy and acknowledging successes.

"As leaders managing team members, we can instill ownership in our teams by recognizing folks who want to build certain skillsets and giving them stretch assignments – ones that feel challenging and uncomfortable, but that help them develop new skills and build competence through experience," said Therese.

"Credibility is earned from building your expertise in a particular space – from learning the task and truly understanding the roots of the sales process, the market and the clients."

Capability comes with continued efforts outside your comfort zone and grows with experience and repetition. Tackling an unfamiliar challenge helps build comfort with uncertainty – encouraging professionals to prove to themselves that they can handle more responsibility.

"Confidence is getting to a place where this skill set is high enough that you trust yourself to consistently deliver," said Therese. "As you gain a better understanding of your role, your responsibilities and how your work fits into the bigger picture, your alignment naturally grows. Confidence becomes less about how you feel and more about what you know you're capable of." rep

Key Takeaways

- Organizations play a key role in empowering professionals to grow, succeed and build their capabilities.
- True self-trust and credibility come from developing expertise and consistently demonstrating your knowledge.
- Workplace confidence grows through experience and repetition, helping you prove to yourself that you are prepared and capable.

Collecting Vital Signs and Improving Workflows

Listen to the full podcast, scan the QR Code.

One of the first things that happens during a doctor's visit is checking the patient's vital signs to establish a baseline and provide the care team with the information they need for the rest of the patient encounter.

In a recent *Repertoire* podcast episode, Tracy Timmerman, marketing director of the medical division at Midmark, said because vitals are collected so frequently, it can be easy to think of them as a routine task – but the quality of that process is so important.

"The care team needs to consider whether the patient is positioned appropriately, whether the measurement technique is consistent and whether the results are then documented accurately in the patient record," she said.

Any variation in positioning for vitals collections can really add up when you're looking at the number of patients that a physician's office can see throughout any given day or week. Acquiring vitals is a clinical workflow that includes the patient, caregiver, equipment, exam room and connection to the EMR all working together to ensure accurate collection and improved patient outcomes.



The Midmark 800

The Midmark® 800 Digital Vital Signs device is designed to support accurate, efficient, and connected vital signs acquisition in the ambulatory care environment. It captures blood pressure, temperature, pulse, optional SpO2 and automated respiration rate, as well as height and weight.

"With this device, we really wanted to create more than just a replacement for an existing vital signs device. We wanted to help customers rethink the full process surrounding vital signs acquisition," Timmerman said.

During development, the team at Midmark focused on three priorities for vital signs acquisition: usability, flexibility, and connectivity. The Midmark® 800 needed to work as a part of the exam room, as opposed to an isolated piece of equipment, which helps to further create a standardized workflow.

The exam room ecosystem

Midmark looks at the exam room as an ecosystem, or interconnected clinical environment, Timmerman said. "The exam chair affects how the patient is positioned, while the location of the vital signs device affects how easily the caregiver can access it, and the workstation affects whether staff can remain near the patient while documenting the encounter."

It's all about designing the room so that all of the individual components work together, creating more consistency for the customers, a more coordinated care encounter wherein the environment supports the care being delivered, and reducing unnecessary movement for providers.



The Full Demo Is Killing Your Sale

Showing a buyer everything feels thorough. Most of the time it just hands them homework. The best reps find the problem first and show only what solves it.

By Brian Sullivan, CSP

Listen to this article, scan the QR Code.

I rode along with a rep named Nate on a Tuesday afternoon to a four-location orthopedic group evaluating a point-of-use inventory system for its surgery center. The practice administrator was there, along with the OR manager and a materials coordinator who clearly had somewhere else to be. Nate set up his laptop. The administrator leaned back and said five dangerous words: "OK, show me what you've got."

And Nate did. All of it. Receiving. Par levels. Barcode scanning. Charge capture. Vendor reports. User permissions. Forty-five minutes, nine modules, not one technical hiccup.

They were polite. They asked two questions, both about price, and the administrator said they'd talk internally and get back to him.

In the car, Nate let out a breath and said, "I thought that went great."

"You showed them everything," I said, "except why they should buy."

More isn't value. It's homework.

Most reps believe a longer demo builds more value. It sounds logical, and it's almost always wrong. Every screen that doesn't connect to the buyer's problem forces them to do the translation work themselves. Most won't bother. They'll nod, thank you for your time and keep doing what they've always done.

Here's the part of Nate's call that bothered me. In the first five minutes, while he was plugging in his laptop, the OR manager mentioned they'd had two cases delayed that month because an implant showed in stock and wasn't on the shelf.

That was the whole sale. Nate's system fixes exactly that problem. He got to it around minute 31, for maybe 90 seconds, sandwiched between the reporting dashboard and the permissions settings. By then the OR manager was checking her phone. He heard it. He just didn't use it.

Why reps show everything

Nobody gives the full demo because they're lazy. They give it because it's safe. Product training teaches the full tour, and the full tour is the one part of the job where you're guaranteed to know every answer. If you show everything, you never have to decide what matters and you never risk guessing wrong.

So reps become museum guides. They walk the buyer from exhibit to exhibit, deliver the memorized facts at each one, and keep moving even when nobody is following. That's not thoroughness. That's asking the buyer to do your job.

A focused demo is harder than a full one, and that's why most reps avoid it.

Earn the demo before you give it

Before you open the laptop, you should be able to answer four things:

1. What problem are they trying to solve?
2. What are they doing about it now?
3. What matters most to the people who will use it every day?
4. And what would have to happen for them to change?

If you can't answer those, you're not ready to demo. You're ready to ask.

Once you can answer them, the demo mostly builds itself. For Nate, that meant opening with



the implant that wasn't on the shelf and showing exactly how the system would have caught it. The materials coordinator cares about receiving, so show her receiving.

Here's a simple test. For every screen, you should be able to finish this sentence out loud: "I'm showing you this because you told me…" If you can't finish it, the screen stays closed.

Yes, even if marketing gave it its own slide.

Yes, even if you practiced a clever transition into it on the drive over.

Somebody is thinking about the committee evaluation where a missing feature gets you scored down. Fair. Those exist, and there you cover everything. But that's a scoring exercise, not a sales call, and you know which one you're walking into. Most reps use the rare exception to justify the everyday habit.

Leave something out

This is the hardest part for a well-trained rep. You should finish some demos without showing the whole product. That doesn't mean you were unprepared. It means you were selective.

Nate got a second meeting with the same group two weeks later. He showed them three things in 14 minutes and spent the rest of the hour talking about their delayed cases. The administrator asked for a proposal before he'd packed up his bag.

A focused demo is harder than a full one, and that's why most reps avoid it. It requires a point of view. You're betting you understood the problem, and you're saying so out loud in front of the people who live with it every day. A lot of reps would rather walk a buyer through nine modules than risk being wrong about one.

The rep who shows everything sounds like a vendor reading a brochure. The rep who shows three things and ties each one to something the buyer said sounds like the only person in the room who was listening.

Your product has dozens of features. Your buyer probably cares about two of them. The full demo proves you know your product. They assumed that before you walked in.

What they're still waiting to find out is whether you understand their problem.

Brian Sullivan, CSP, is the founder of PRECISE Selling and author of *PRECISE Selling: 20 Days to the Top*. With 35 years of experience in healthcare and medical distribution sales, he delivers keynotes, bootcamps, and outsourced sales development for companies nationwide. Contact him at preciseselling.com.

Key Takeaways

A longer demo doesn't create more value: showing features that don't address the buyer's priorities forces them to do the work of connecting the product to their problems.

Earn the demo by asking questions first so you understand the customer's problem, current approach, daily priorities and reasons for changing.

Tie every feature to something the buyer has told you, using the simple test: "I'm showing you this because you told me…"

Don't be afraid to leave features out: a focused demo that addresses the buyer's biggest needs can be more persuasive than a complete tour of the product.

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- Lower total cost of care with early detection and treatment[2]

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When "Do More With Less" Becomes a Sales Opportunity

How thoughtful questions, better data and a team approach can help physician office labs improve efficiency and strengthen their bottom line.



By Jim Poggi

Listen to this article, scan the QR Code.

You hold a scheduled meeting with one of your best lab customers and ask them what they think of some new technology. Maybe it's an exciting new waived chlamydia/gonorrhea system or a new waived fentanyl test. Would they like more information? Would a demonstration from the lab manufacturer make sense?

Their response: "We have been told to 'do more with less.' So, I guess that means new technology is out of the question for us."

The experienced distribution account manager knows this sort of response should lead to more thoughtful probing to better understand the objection. In selling lab products, "no is the gateway to yes" is often true even when the objection is a softer "no" such as this one. Some probes that make sense here include:

- "Can you help me understand what 'do more with less' means in your laboratory?""

- "How does your lab plan to implement a 'do more with less' program?"
- "Can you give me examples of how you are planning to 'do more with less?'"
- "Who in your practice is the sponsor of this program?"
- "Who should I talk to in order to know more about it?"

The probes following the first, simplest and most open one will follow depending upon what you hear. It is likely that the direction to "do more with less" is direction dictated by the practice owner and/or the financial buyer who may be a member of the practice, or located at the IDN if the practice is owned. "Do more with less "is likely a response to a financial decision maker believing the practice or even just the lab needs to provide more profit to the practice.

This objection is not a threat if you remain confident, engage in thoughtful and non-threatening questioning, and are prepared as their lab consultant to show them how the lab can be more productive and produce more profit with the same level of staffing.

Develop a tailored plan to address the objection

To successfully counter this objection and secure your current business and set the stage for the possibilities of selling new solutions, you need to develop a well-detailed and thoughtful plan. Depending on how serious the practice is about their adherence to a comprehensive "do more with less" program, you will need some or all of the data and resources I will provide in this column. I have deliberately developed the elements of the plan to counter a worst-case scenario.

To be a high-quality consultant, you cannot work without the right set of data.

Things you need to know include:

1 Who is behind the "do more with less" strategy?
And, how can you gain access to that individual?

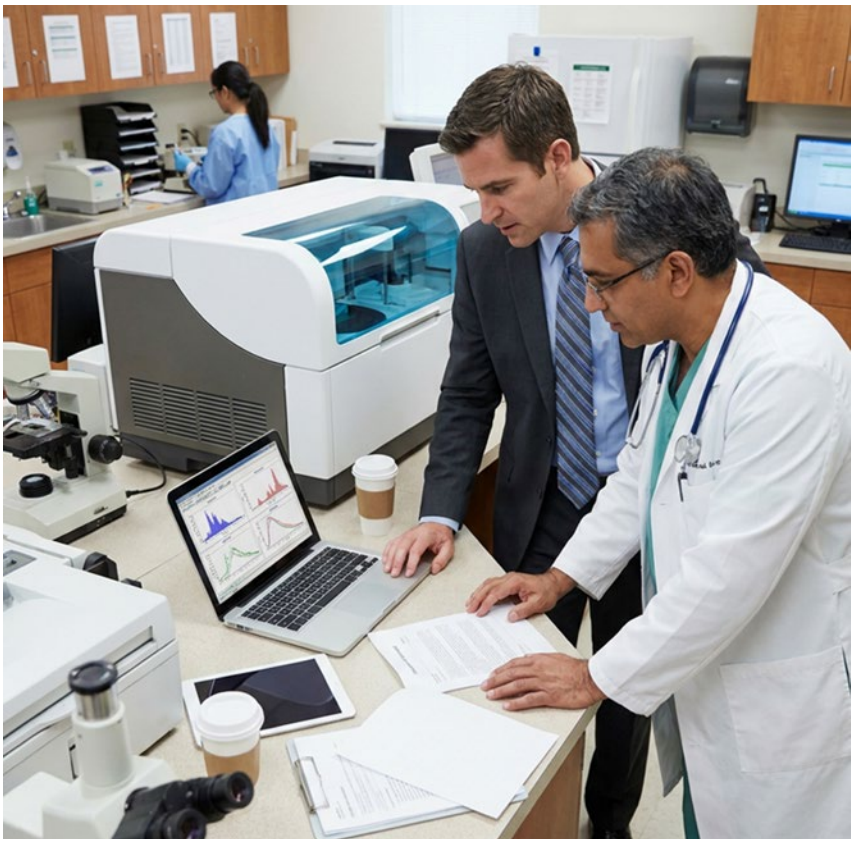
2 How firmly developed is this strategy?
Is it a core value or a slogan?

3 Do you have coaches at a high level in the practice or IDN?
These are people who can help you understand the landscape and get you the data you need.

4 Do you understand how efficient the lab is now?
For example:

- Are they automating the frequently performed tests? Do they have a high waste level of reagents?
- Are they sending out tests they could do in house?
- Are they performing tests they should be sending out?
- Are the personnel frequently idle?
- Do their personnel need re-training?
- Do they have systems that are obsolete and should be replaced?
- What does the lab staff think will improve efficiency?
- Are they using your company's electronic ordering system effectively?

To understand whether any of these things are true, you need to set up a meeting with your trusted lab manufacturer's technical resources to evaluate the lab and make suggestions for improvement. You need to be prepared to document them in a business review meeting as your work to develop a better "base case" of efficiency for the lab.



5 Do you have the ability to obtain the send out and monthly in-house testing data?

You will need it. Your lab manufacturer should be able to provide the in-house testing data and be able to answer the question about whether they should add new tests or send out more tests. You will need a coach in-house to help you get access to the send-out data.

6 You need the CPT code data on the tests they are performing and those they are sending out.

See the sidebar to scan the QR code to view the latest data.

7 Who are your team members?

You, your manager, your corporate accounts manager and your key lab manufacturer are typically those needed to develop a compelling argument and alternative program. Customer service may be helpful if your customer needs help learning your company's electronic ordering system.

Scan the QR code to the latest CPT code data.

8 What is your discussion forum?

Do you have quarterly business reviews with this customer? Can you call for a special business review to specifically address and understand what they mean by "do more with less"?

What are the elements of cost to a practice?

If you go into a meeting with financial decision makers, you need to be prepared to discuss how to become more profitable. The Medical Group Management Association (MGMA) and other practice management authorities have modeled the costs of primary care and specialty practices. The following information is based on MGMA's data. Before you engage with your client's financial management, I strongly advise you to work with your manager and trusted lab manufacturer to be confident in the modeling you plan to present and be able to confidently provide objective, well respected sources.

Here is a typical cost summary I have found in my research. Personnel, including support staff and physicians, historically comprise about 65% of the cost to the practice. Reagents make up about 5%. Physical plant (rent and utilities) make up 5% to 10%. Administration, billing, legal and other costs make up the remaining 15% to 20%.

Remember and point out that a properly managed lab is

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a profit center, not a cost center. Sharing this data is not intended to create a debate about the specific costs of an element of this data, but to point out that a modest percentage of costs leads to potentially significant profitability.

When you meet what should you be proposing?

You should begin by thoughtfully listening and asking questions to gain clarity on their objectives. Share an empathetic viewpoint: "We understand the importance of profitability and efficiency in your practice and, as your lab consultant, we are prepared to offer some suggestions that we believe will make a meaningful difference in productivity and profitability. May we share our thoughts with you now?"

To be credible, think about developing two alternative scenarios. Strategically this is better since it gives the account two choices rather than one option, and it makes it easier to say "yes" and harder to say "no."

If you have learned new information in the meeting, or if you still need to collect more information, you must request a follow-up meeting. One way to position it: "We have learned a great deal from you today and desire to provide you with our best, most comprehensive thinking on solutions we wish to offer for your consideration. In order to do so, we need a little time to gather information from the lab as well as our lab manufacturer. Can we agree to meet in another month?"

Key Takeaways

- "Do more with less" should prompt thoughtful probing to uncover the practice's goals, decision-makers and definition of efficiency rather than ending the sales conversation.
- Account managers need solid data on lab utilization, staffing, testing volumes, send-outs, costs and workflow to identify opportunities for greater productivity and profitability.
- A coordinated team of the distributor, manager, corporate accounts and lab manufacturer can turn efficiency concerns into tailored solutions supported by credible business and laboratory data.
- When proposing solutions, listen first, present two realistic options and follow up with the information needed to position the lab as a profit center rather than a cost center.

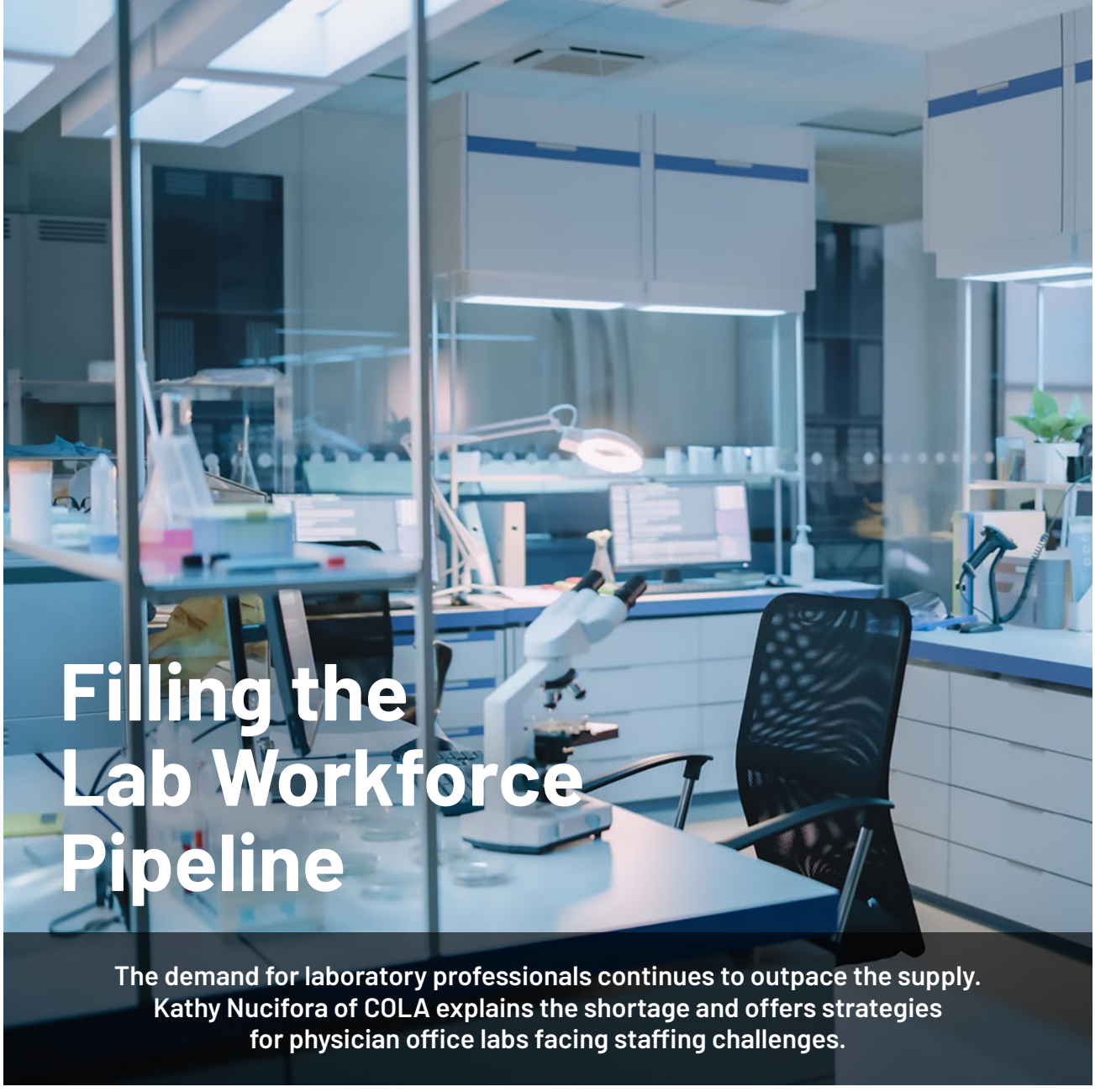
Pick a time that makes sense and stick with it. If they ask what data you need, be specific and go back to my list or one you have developed locally. Ask for access to their internal data if you have been denied this information. Be confident. To be a high-quality consultant, you cannot work without the right set of data. If they refuse, ask why and politely disengage. Sometimes patience is a better strategy than persistence, and strategies such as "do more with less" typically do not move forward in thoughtful, comprehensive, consistent and long-lasting ways. Stay in touch and wait for the right time to re-engage to offer your solution.

So, is "do more with less" a threat? It can be, but it is also an opportunity to work thoughtfully with a team who can help you gather data, consider options to make the lab more efficient and present realistic options to improve the efficiency and profitability of the lab.

Remember, they say: "do more with less."

We say: "work smarter, not harder."

You have the products, team and tools to develop the right solutions and present yourself as the lab consultant they can count on for solutions that benefit them. "Do more with less" can mean counting on you and your trusted lab manufacturers more than ever. It's up to you to make it happen. rep



Filling the Lab Workforce Pipeline

The demand for laboratory professionals continues to outpace the supply. Kathy Nucifora of COLA explains the shortage and offers strategies for physician office labs facing staffing challenges.

The laboratory workforce shortage is no longer simply a recruiting challenge. It is affecting how laboratories operate, who performs testing and, ultimately, how practices maintain quality and compliance. While hospitals and health systems can draw from academic partnerships and larger talent pools, physician office laboratories face their own set of challenges, particularly when it comes to finding qualified personnel and technical consultants.

Kathy Nucifora, MPH, MLS (ASCP), COO of COLA Inc., says the pipeline is falling well short of the need. With academic programs graduating roughly 5,000 laboratory professionals annually compared with an estimated need for 10,000 to 12,000, the gap could widen without sustained action.

In the following interview with *Repertoire Magazine*, she discusses where the shortages are most acute, why high-complexity testing presents particular staffing challenges, and what physician offices can do to prepare for a laboratory workforce that may be smaller and more specialized in the years ahead.

Listen to this article, scan the QR Code.

How would you characterize the laboratory workforce shortage today?

Kathy Nucifora: The laboratory workforce shortage overall is critical, although vacancy rates vary across regions and laboratory departments. The



Kathy Nucifora, MPH, MLS (ASCP)

shortage has been developing over many years and was accelerated during the public health emergency (PHE). Vacancy rates have decreased somewhat since the public health emergency (PHE), but have not returned to pre-PHE levels, according to the most recent American Society for Clinical Pathology (ASCP) survey. The Bureau of Labor Statistics has indicated a need for 10,000-12,000 new laboratory scientists annually, while academic programs are only graduating approximately 5,000 annually. If significant action is not taken soon, the problem is likely to get worse.

There are many contributing factors, including an aging workforce, burnout, pay disparities and a lack of awareness of the profession. In recognition of the shortage, the Medical Laboratory Personnel Shortage Relief Act was introduced in the House in September 2025 but has not progressed. This legislation, if passed, would expand the National Health Services Corp to include medical laboratory personnel, which would allow for loan repayment assistance for those who work in areas of severe shortage. The legislation also establishes federal grants for colleges and universities with laboratory science programs. The lack of a sense of urgency surrounding this legislation reflects that lack of awareness of the critical need for and critical role of laboratory scientists.



The gaps are most acute on the West Coast and the Southern Atlantic regions, according to the latest ASCP survey. Across the country, vacancy rates range from 7% to over 20%. Hiring challenges are also acute in rural areas, as we do see rural hospitals that are forced to rely on staffing agencies, which is usually a short-term and very expensive solution.

As far as laboratory departments, anatomic pathology is experiencing the highest vacancy rate, with Chemistry/Toxicology and point of care testing (POCT) not far behind.

When we talk about a shortage of laboratory professionals, which roles are hardest to recruit and retain, and why?

Nucifora: We see the most challenges in hiring and retaining high complexity testing personnel. This is because the education and experience requirements are more stringent for high complexity testing personnel than for less complicated, moderate complexity testing personnel. Laboratories performing only moderate and waived testing can often find and train high school graduates to perform the testing. This issue has been somewhat controversial but is allowed by CLIA and can be successful when training and competency requirements are met and well-documented. Some states do have more stringent personnel requirements.



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How does the workforce challenge look different in physician offices and ambulatory settings compared with hospitals and large health systems?

Nucifora: Hospitals and health systems are more likely to benefit from relationships with regional academic programs, by serving as a clinical site for students. While this helps with the pipeline, hospitals and health systems typically require a larger number of high complexity personnel. So, they are certainly not exempt from the crisis.

Many, but not all physician office laboratories (POL) perform mostly moderate and waived complexity testing. And, while they may have nurses or other members of the care team trained to perform the testing, it can be difficult to keep up with compliance and documentation requirements, considering all of their other priorities. In such cases, having a qualified and dedicated Technical Consultant (TC) is key. We hear from many POLs that it is difficult to not only find a TC, but to afford them.

Are you seeing practices ask laboratory personnel or medical assistants to take on more responsibilities because they don't have enough staff? What are the implications for training and quality?

Nucifora: Certainly. A common finding when we survey (inspect) laboratories is that staffing is insufficient for the workload, leading to noncompliances. When non-laboratory trained personnel are responsible for day-to-day laboratory testing, one implication is the lack of basic understanding of quality control and quality assessment. This sometimes causes a laboratory to miss an opportunity to address quality failures before patient results are adversely affected.

What are the biggest factors driving laboratory professionals to leave the field, and what are successful employers doing to keep them?

Nucifora: Burnout is a problem throughout most healthcare professions. Long hours, relatively low pay and a perceived lack of professional growth contribute to laboratory professionals leaving the field. Successful laboratories encourage career pathways that lead to advanced supervisory positions or becoming a specialist in a particular laboratory department. Others have implemented programs whereby an employee can start as a laboratory assistant, then move into an academic program, with tuition assistance. Programs of this type promote loyalty and a culture of recognition.

Key Takeaways

- **The laboratory workforce shortage remains critical**, with demand for laboratory professionals outpacing the number of graduates entering the field.
- **High-complexity testing is particularly difficult to staff**, while rural and physician office laboratories face additional challenges finding and affording qualified personnel and technical consultants.
- **Staffing shortages can affect quality and compliance**, especially when non-laboratory personnel take on testing responsibilities without sufficient training in quality control and assessment.
- **Physician office labs will need to adapt**, including considering moderate-complexity testing, partnering with academic programs to build their talent pipeline, and creating supportive career pathways to attract and retain laboratory professionals.

How are automation, point-of-care testing, connectivity and other technologies changing the laboratory workforce? Are they helping alleviate staffing shortages, or are they creating a need for new skills?

Nucifora: I believe both cases are true. Automation significantly increases throughput but requires laboratory staff who are specially trained to maintain the automation. An increase in available POC technologies may alleviate some staffing shortages in the laboratory but do require well-trained POC supervisors to oversee all the scattered testing.

What does the laboratory workforce pipeline look like? Are enough people entering these professions to replace those who are retiring or leaving the field?

Nucifora: Again, the pipeline is not sufficient. Academic laboratory science programs graduate approximately 5,000 laboratory professionals, while the need is for 10,000 to 12,000 annually. Graduates with degrees in chemistry and biology can qualify to hold positions in high complexity laboratories with training, and many successful laboratories have developed programs to recruit and train these graduates. This can potentially significantly add to the pipeline. But we need to do a better job of advocating for laboratory science to these graduates when they look for a career.

We also need to promote the profession to middle and high schoolers. Many have not heard of careers in laboratory science. Many laboratory professional organizations have joined forces, through the Workforce Action Alliance and the Medical and Public Health Laboratory Workforce Coalition to get out there and talk to science teachers, school counselors and students about laboratory science careers. These efforts need to be sustained over the coming years.

Looking five years ahead, what do you think the role of the laboratory professional in the physician office will look like? What should practices be doing now to prepare?

Nucifora: Unfortunately, we have seen many POLs close due to decreases in reimbursements, acquisitions by large health systems and difficulty in finding qualified laboratory staff. I think this trend will continue, at least for the foreseeable future. There are POLs that perform a large test menu of all levels of testing that are able to operate successfully. One of the keys to this success is a strong relationship with an experienced and qualified Technical Consultant. Without such a relationship, it is difficult to maintain compliance, decrease waste and provide accurate and reliable results for the patients.

In five years, I expect to see even fewer POLs. To ease the burden of finding high complexity testing personnel, POLs should consider moderate complexity options for the tests that they need to offer to their patients. If high complexity testing is needed for the practice, POLs should partner with regional academic institutions to become clinical sites for training laboratory scientists. This allows them to bond with the trainees and to hire work-ready qualified graduates.

Laboratory scientists are often underutilized. They can provide population data to detect trends and monitor progress of solutions designed to increase patient compliance and improve population health. We are all aware of the physician shortage, and while laboratory scientists of course cannot do the work of a physician, as a profession we can step up and contribute more actively to the healthcare team. This is a movement that has already begun, and will be important to POLs, where illnesses can be detected early, when treatment can be more effective.

Additionally, workplace culture is incredibly important to young professionals. If possible, laboratories should offer flexible scheduling, advancement options and a culture of support in order to attract young professionals.

Selling Into a Changing Lab Market

As technology advances and supply chain gains influence, Fisher Healthcare's Amy Malik says sales reps must understand the unique needs of each laboratory.



Listen to this article, scan the QR Code.

The laboratory market is changing on multiple fronts at once. Artificial intelligence and automation are reshaping workflows, molecular testing is becoming more accessible, and consolidation is giving health system supply chains a larger voice in purchasing decisions. At the same time, reimbursement pressures and staffing, space and capital constraints are forcing laboratories and physician offices to rethink how testing is delivered.

For sales representatives, those changes create both challenges and opportunities. Fisher Healthcare's Amy Malik said success increasingly depends on understanding not just the technology, but also the financial, operational and supply chain forces influencing each customer. The result is a laboratory market where the definition of efficiency can vary widely, and where a one-size-fits-all sales approach is unlikely to work.

Market forces

Laboratories are undergoing significant change as technology, testing capabilities and the business of healthcare reshape how diagnostic services are delivered. According to Malik, Sr. District

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Amy Malik

Sales Manager, Gulf Coast, Fisher Healthcare, three developments stand out: artificial intelligence, the growing availability of molecular testing and the increasing influence of supply chain.

"First, the implementation of AI. Every major market is finding a way to implement AI. Laboratories are no different. The implementation of AI is allowing them to reduce manual work, improve consistency and make better decisions with complex data."

The second major change is the availability of molecular testing. "These days, molecular testing platforms are everywhere and even the smallest of laboratories either have already implemented or are in the process of implementing molecular testing as much as possible."

But perhaps the most significant change for suppliers and sales representatives is the growing role of supply chain in laboratory purchasing decisions. As healthcare organizations consolidate, clinical considerations increasingly intersect with standardization and financial objectives. "We are seeing more and more facilities purchased by larger IDNs consolidating a market, and this leads to a more involved supply chain. It is becoming more difficult to use clinical data to sell and maintain business."

Malik said the shift reflects a broader recognition of supply chain as a strategic resource. "Bottom line is that Supply Chain was an underutilized resource for many years, and now larger systems have embraced the utility and financial benefits of a robust supply chain. Healthcare is a business and supply chain is here to cut costs and drive standardization."

"AI is allowing everything to speed up. Tests turn into results faster, and the laboratorian is there to keep things running smoothly."

The economics of a changing laboratory

For laboratory customers, technological advances are unfolding alongside significant financial pressures. Malik said one of the most immediate challenges is related to reimbursement for molecular testing.

"Laboratory customers are struggling with molecular testing payment changes. Recently, we have seen many laboratories struggle due to being audited for their molecular payment billing submissions," Malik said. "The problem is that during the audit, their CMS payments are held until the investigation is completed."

For laboratories that depend heavily on molecular testing, those payment disruptions can have serious consequences. "Some of these labs only do this type of testing and therefore this is causing them to default on their contracts, close their businesses, or go bankrupt."

Against that backdrop, Malik said sales professionals should keep an eye on three trends: AI, automation and laboratory economics.

"AI is allowing everything to speed up. Tests turn into results faster, and the laboratorian is there to keep things running smoothly."

Automation is also becoming increasingly accessible, regardless of laboratory size. "Automation is everywhere and is available to everyone, no matter how large the laboratory," Malik said. "Automation can prep a sample, aliquot the sample, automatically run QC, move plates through the incubation process, read those plates, and even update software. We have come a very long way in just the last 10 years."

The third trend, economics, may be the most fluid. "Laboratory economics change in the blink of an eye," Malik said. "We have all had a project approved in a laboratory budget to only have the funding pulled when an emergency arises elsewhere."

She added that three forces in particular are shaping those economics: "the consolidation of IDNs, the strengthening of the supply chain, and the federal government."

Bringing testing closer to the patient

For physician offices, the opportunity to bring more testing closer to the patient is real, but so are the barriers. As IDNs consolidate more physician practices into their networks, standardization and system-level purchasing decisions may make it harder to place testing capabilities in every individual office.

"The IDN consolidations will include more physician offices being added to the portfolio. This is going to make it harder to bring testing into every office," Malik said. "However, CLIA-waived analyzers with a small footprint (countertop) will always be valuable to the POL market. Otherwise, a multi-specialty clinic will be the best option for offering more testing in the POL setting."

The practical challenges facing physician offices are considerable. Staffing, reimbursement, capital, space, regulatory requirements and other factors are holding practices back.

"Generally, the physician office does not have a license above CLIA-waived, and staffing is minimal and usually not an MT/MLS with a BS degree. Capital equipment is expensive and most physician offices utilize every square foot to see more patients. I have never been in a physician office that has a room ready for expansion."

Staffing, reimbursement, capital, space, regulatory requirements and other factors are holding practices back.

For sales professionals, understanding those limitations is important when discussing laboratory opportunities. And even the definition of efficiency can vary significantly from one customer to another.

"The meaning of efficiency is fluid. It changes from laboratory to laboratory," Malik said. "In most of the larger laboratories (acute laboratories, independent reference laboratories, and regional reference laboratories), efficiency means all of the above."

But sales professionals should resist the temptation to assume that the same metrics apply everywhere. "However, depending on the KPIs of the facility, that can change from year to year," she said. "Never assume you know what efficiency metrics look like from laboratory to laboratory. Every laboratory has its challenges and their individual measure and meaning of efficiency is all that matters."

Key Takeaways

- AI, molecular testing and supply chain are three major forces reshaping how laboratories operate and make purchasing decisions.
- As health systems consolidate, supply chain is playing a larger role in laboratory purchasing, making clinical value only one part of the sales conversation.
- Reimbursement challenges, particularly for molecular testing, are creating significant financial pressures for some laboratories.
- Sales reps should avoid a one-size-fits-all approach and understand each laboratory's unique technology, staffing, space, financial and efficiency needs.

Helping Physician Office Labs Navigate Evolving Pressures

Henry Schein's Gary Dennis explains how understanding clinical value, reimbursement shifts and compliance challenges allows medical distribution reps to become indispensable partners.

Listen to this article, scan the QR Code.



The physician office lab is evolving as practices face tighter margins, changing reimbursement, staffing challenges and increasing pressure to deliver care efficiently. At the same time, advances in point-of-care technology are making more diagnostic testing possible closer to the patient, creating new opportunities for practices to diagnose and treat without relying heavily on reference labs.

For medical distribution sales reps, that changing landscape creates an opportunity to do more than take orders.



Gary Dennis

In the following *Repertoire Magazine* story, Gary Dennis, Senior Director, Laboratory Services at Henry Schein Medical, discusses the trends reshaping the physician office lab, the growing role of point-of-care testing and why reps who understand the clinical and business value of diagnostic products can become trusted advisers to their customers.

Economics and compliance reshape the lab market

Dennis pointed to economics and regulatory compliance as two of the biggest pressure points for physician office laboratories. Reimbursement for many routine tests has remained flat or declined, while the cost of consumables, reagents, testing and labor continues to rise. At the same time, the potential return of PAMA in January 2027 could create additional reimbursement pressure.

For practices deciding whether to perform testing in-house or send it to an independent or reference laboratory, the economics can be complicated. A successful physician office lab requires more than simply having the equipment available.

"The practices that do well are the ones that know their cost per reportable result, understand their payer mix and match their test menu to the patients they actually see," said Dennis.

Respiratory testing illustrates how practices can



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respond to those pressures. Depending on their payer mix, some primary care practices may emphasize molecular or antigen testing where reimbursement is more favorable. That kind of analysis can help offset some of the broader reimbursement challenges facing physician office labs.

Compliance presents another challenge. Even practices operating under a certificate of waiver have responsibilities, including following package inserts, running controls, documenting staff competency and tracking lot numbers and expiration dates. Practices performing moderately complex testing face additional requirements, including inspections, proficiency testing and personnel qualifications.

For many smaller practices, the challenge is not a lack of commitment to compliance, but a lack of time and resources. Staff turnover can make the problem even more difficult, particularly when medical assistants move between primary care and urgent care settings.

"Compliance gaps usually aren't about intent, but about bandwidth," Dennis said. For practices offering point-of-care testing, maintaining quality and compliance requires ongoing attention alongside the financial considerations of running the lab. "This is why we have teamed up with Colaborate, a full-service management consulting firm dedicated to serving independent and hospital-based medical laboratories. Together our goal is to help clinical laboratories across the U.S. maintain compliance, enhance operational efficiency and increase financial sustainability."

Staffing is another pressure point for physician office labs, and the challenge extends beyond traditional laboratory personnel. Dennis said fewer young people are entering laboratory technician and medical laboratory technician programs, while turnover among primary care staff can disrupt testing programs.

That turnover can have a direct impact on whether practices continue performing tests in-house. If a staff member trained to operate a point-of-care analyzer leaves and the replacement does not receive adequate training, the practice may simply stop using the technology and return to sending specimens to a reference lab.

"When you lose that staff member and they don't get retrained the right way … they stop using the products and revert back to sending tests out." Dennis said.

The result can be longer turnaround times and additional patient visits, while practices lose some of the ability to diagnose and treat during the same encounter. For Dennis, maintaining a point-of-care testing program requires more than purchasing the right equipment. Ongoing training and staff competency are essential to making sure the technology continues to deliver value.

Chronic disease and infectious disease testing gain momentum

As physician practices look for ways to improve chronic disease management and meet value-based care requirements, diagnostic testing is becoming an increasingly important part of the equation. Dennis points to diabetes and cardiovascular testing as areas of opportunity, particularly as HEDIS measures and Star Ratings increasingly influence how practices are rewarded or penalized for managing patients.

A1C testing is one example. Dennis estimates that roughly 65% of A1C tests are still sent to outside laboratories rather than performed in the physician office, potentially limiting the ability to make immediate treatment decisions.

"How are you going to manage that chronic disease patient if you're not able to run the test or you're not running the test?" Dennis said.

Infectious disease testing is another area seeing significant growth. Dennis said Henry Schein's medical business has seen infectious disease testing increase roughly 26% to 28% over the prior year, citing growing interest in tests for conditions including CT/NG, syphilis, HIV and hepatitis C.

The appeal is not simply convenience. Point-of-care testing can give providers results

during the patient encounter, allowing them to diagnose and, when appropriate, begin treatment without relying on patients to return for results.

Testing at the point of care

Despite economic pressures, advances in diagnostic technology are making it possible for physician offices to perform more testing at the point of care. Dennis noted infectious disease testing has been a particularly active area, with CLIA-waived options for conditions such as CT/NG, syphilis and trichomoniasis becoming increasingly available.

"There's still an education component from the provider's standpoint," Dennis said. Providers need to understand not only that these technologies exist, but how they can fit into their practices and improve patient care.

The expansion goes beyond infectious diseases. Dennis points to advances in complete blood count testing as another example of how technology is bringing sophisticated diagnostics closer to the patient. He said Henry Schein is excited about its exclusive agreement with CytoChip, which offers a cartridge-based, five-part CBC designed for the CLIA-waived setting.

More broadly, Dennis said the post-COVID environment has accelerated diagnostic innovation and helped challenge the traditional "send it to the reference lab" model. New point-of-care platforms are increasingly capable of delivering performance comparable to more traditional laboratory testing.

True advisors

The changing lab market gives sales reps an opportunity to move beyond products and become true advisers to their physician-office customers. That starts with understanding the clinical, financial and operational issues practices are facing, then using manufacturer partners and product knowledge to help connect those issues to potential solutions.

Dennis cautions against waiting for customers to identify a product on their own. By the time a physician calls asking for a specific test or analyzer, he says, the research has likely already been done. A consultative approach means getting ahead of that conversation by understanding the practice, its patient population and its clinical priorities.

That approach can also be tailored to individual specialties. An OB/GYN practice may have very different diagnostic needs from an oncology practice, for example. For reps, the opportunity is to develop enough expertise to recognize those differences and bring relevant solutions to the conversation.

"It's about building that craft and investing your time in those areas," Dennis said.

Key Takeaways

- **Financial & Regulatory Strain:** Tighter margins, reimbursement shifts, and strict compliance demand that practices carefully align test menus with costs.
- **Staffing Vulnerabilities:** High turnover and inadequate retraining often cause practices to abandon point-of-care equipment for reference labs.
- **Expanding POC Capabilities:** Advances in CLIA-waived technology enable immediate, same-encounter diagnosis and treatment for infectious and chronic diseases.
- **Consultative Rep Opportunity:** Sales reps can move beyond order-taking by guiding practices through the financial and clinical realities of diagnostics.

Turning ADA Compliance Into a Bigger Conversation

Listen to this podcast, scan the QR Code.

New ADA requirements for accessible exam equipment are prompting healthcare organizations to take a closer look at their scales and other equipment. But according to Jason Fillipp, Sr. Director of Global Sales at Pelstar LLC (maker of Health o meter® Professional Scales), the conversation doesn't have to stop with compliance.



In a recent *Repertoire* podcast episode, he explained how the requirements can open the door to a broader discussion about equipment standardization, workflow and long-term strategy.

"The challenge wasn't simply, 'How quickly can we get an ADA solution to the market?'" Fillipp says. "It was really, 'How do we meet this need quickly while still delivering the kind of product and experience Health o meter® Professional Scales customers expect?'"

That approach starts with understanding the customer's environment. A large hospital, outpatient clinic and physician office can have very different equipment, workflows, space limitations and budgets. Rather than recommending a single solution, Fillipp says reps should take a consultative approach by first asking customers what they already have.

"We're going to review their existing inventory, compare it against those MDE specifications, identify the gaps, and then work with them on the available options," he says.

That assessment can uncover opportunities that extend well beyond ADA compliance. Health systems may have equipment from numerous manufacturers, hundreds of SKUs and different calibration and service requirements across facilities. In those situations, an accessibility assessment can become the starting point for a larger standardization conversation.

"When we talk about standardization, we're really talking about reducing complexity across the entire lifecycle of a piece of equipment," Fillipp says, "from purchasing and using it all the way to maintaining it on the back end."

Fillipp points to one large Midwestern health system that had scales from 18 different manufacturers and more than 200 SKUs. Through a standardization strategy, the system reduced that to one manufacturer and 11 SKUs that covered about 99% of its scale use. The result was not only financial savings, but greater consistency in purchasing, training, calibration and maintenance.

For reps, Fillipp says the first step is simple: understand what the customer has. "What equipment do you have? Where is it located? What type of patients does the location serve? How does that equipment compare to the current accessibility requirements? Where are the gaps?"

With that information in hand, customers can develop a strategy rather than simply reacting to compliance requirements and potentially over-purchasing equipment. ■

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Helping Practices Make Smarter Purchases

Reps can become valuable partners by helping physician practices think through utilization, infrastructure, financing and the business case for new equipment.

Listen to this article, scan the QR Code.

Physician practices are facing a financial balancing act: rising costs are colliding with pressure on reimbursement, making it harder for practices to invest in their businesses while maintaining day-to-day operations.

Deuce Lukemeyer, a principal with PYA, an accounting and advisory firm that works with clients in the healthcare space, says capital purchases are increasingly competing for attention in an environment "marked by declining reimbursement and higher operating expenses."

Labor is one of the biggest contributors to that pressure. Physician shortages are well documented, but practices are also struggling to recruit and retain the broader teams needed to keep offices running. Medical assistants, in particular, can be difficult to hire as practices compete with other industries for workers.

At the same time, the cost of borrowing has increased. Higher loan rates add another layer of expense for practices looking to purchase equipment, expand facilities or make other capital investments. Malpractice and office insurance costs are rising as well.

The result is a challenging operating environment in which practices are being asked to do more with less. "There's just a whole host of environmental influences today that make practicing medicine more expensive," Lukemeyer says.

And reimbursement pressure isn't going away. Medicare and other government payers continue to look for ways to reduce healthcare costs, putting additional pressure on physician

practices even as the cost of delivering care continues to rise.

For *Repertoire* readers, these financial pressures have an important implication: physician practices are likely to scrutinize every purchase more closely. Reps calling on practices need to consistently remember that customers may be balancing the need for new products, equipment and technology against rising labor, insurance and borrowing costs in an atmosphere of declining reimbursement.

That doesn't necessarily mean practices will stop investing. Instead, the conversation may shift toward value, efficiency and return on investment. Products that can help practices save staff time, improve workflow, reduce waste or support better patient care may have a stronger business case than products viewed simply as replacements or upgrades.

For a startup practice operating at a loss, for example, an accelerated deduction may provide little immediate benefit.

Look beyond the tax break

When physician practices are considering a major equipment purchase, the tax benefits can be attractive, but they shouldn't be the reason for making the purchase in the first place.

PJ Birmingham, a manager with PYA, cautions practices against buying equipment simply to generate a tax deduction. "There needs to be a real business purpose for the equipment,"

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Helping a customer evaluate the total investment – not just the purchase price – can make the rep a more valuable resource in the decision-making process.

he says. "Don't let the tax deduction drive the decision-making process."

Instead, practices should consider the purchase from several angles, starting with cash flow. Paying cash may avoid interest charges, but practices need to make sure they have sufficient funds left for everyday operating expenses and, where applicable, distributions to owners or partners. Financing can preserve cash, but higher interest rates create additional monthly expenses that need to be factored into the decision.

Birmingham also recommends looking beyond the initial price tag to consider utilization and longevity. Questions to consider include:

- Will the equipment be used enough to justify the investment?
- Could it become obsolete in a few years?
- Does the practice have the space and infrastructure to accommodate it, or will the purchase require construction, structural modifications or a new suite?

For med/surg reps, those considerations can provide an opening for a broader conversation with customers. Rather than focusing exclusively on the equipment itself, reps can ask about expected utilization, workflow, space requirements and the practice's longer-term plans. Helping a customer evaluate the total investment – not just the purchase price – can make the rep a more valuable resource in the decision-making process.

Finally, Birmingham emphasizes that purchasing equipment doesn't automatically make a practice eligible for every available tax benefit. "There's a laundry list of things to consider," he says. The business purpose,

A Good Purchase Starts With a Good Plan

The practices that make sound equipment decisions tend to have something in common: They understand when to bring their financial advisers into the conversation, and when they don't need to.

PJ Birmingham, a manager with PYA, says the right level of outside guidance depends on the size and sophistication of the practice. A small or startup practice with limited cash and little financial and operational experience may benefit from consulting its CPA more frequently, while larger organizations may have enough internal expertise to evaluate routine purchases on their own.

The bigger warning sign is when a practice allows a tax benefit to drive a purchase that doesn't make business sense.

A practice that can step back and say, "Maybe we could use it in a few years, but let's plan this out a little longer," is demonstrating the kind of discipline that can lead to a more successful investment, Birmingham says.

For reps: When a customer is considering a major purchase, ask whether the practice has considered utilization, timing, cash flow, implementation and the tax implications. Those questions can help uncover issues before they become problems – and position the rep as a strategic resource rather than simply a product salesperson.

cash position, financing, utilization, longevity, installation requirements and tax implications all need to be considered before a practice signs on the dotted line.

Section 179

For physician practices considering equipment purchases, Section 179 can provide a valuable tax benefit, but it should be viewed as a planning tool, not a reason to buy equipment. "Section 179 is an election, not a requirement," Birmingham says.

Practices need to first determine whether accelerating depreciation makes sense for their financial situation. For a startup practice operating at a loss, for example, an accelerated deduction may provide little immediate benefit.

Section 179 is also subject to limitations. The deduction is tied to the amount of qualifying property placed in service and deductions are phased out as the amount of assets placed in service surpasses set IRS thresholds. A practice cannot use Section 179 to create a tax loss, although unused deductions can be carried forward. Practices also need to consider whether state tax rules conform to federal accelerated depreciation provisions.

Another consideration is the timing of the tax benefit. Accelerating 100% of an eligible equipment purchase into the first year can reduce taxable income today, but it also means there may be less depreciation available to offset taxable income in future years. That makes the decision a matter of tax planning, not simply tax savings.



"There needs to be more planning and more discussion on the front end rather than on the back end."

The distinction can become especially important with major equipment purchases. An MRI, for example, may qualify for accelerated depreciation, but the construction required to house it may be subject to different depreciation rules. A new room, structural modifications or other improvements could have much longer depreciation periods.

For med/surg reps, the takeaway is that Section 179 can be part of the conversation when customers are evaluating capital purchases, but it shouldn't be the centerpiece. Reps can help customers think through the clinical and operational business case while encouraging them to involve their tax and financial advisers early.

"There's a lot more considerations that need to take place," Birmingham says. "There needs to be more planning and more discussion on the front end rather than on the back end."

Help practices do their homework

Whether a practice ultimately leases or purchases equipment, the best decisions start with the same foundation: due diligence. For med/surg reps, that creates an opportunity to help practice administrators ask the right questions without stepping into the role of their financial or tax advisers.

Lukemeyer suggests starting with the clinical need and expected utilization. How much referral volume does the practice currently send elsewhere? How much volume could the new equipment capture? And how would bringing that service in-house affect the practice's daily schedule, revenue and operating expenses?

There are also practical questions that can be easy to overlook. Will the equipment require a specialized technician, ongoing licensing, additional insurance or maintenance? Does the practice have the necessary space, electrical connections or other infrastructure? And could the equipment improve patient experience or quality of care?

Ultimately, the role of the med/surg rep is not to make the financial decision for the practice. It's to help customers gather the information they need to make an informed one.

For reps, helping customers work through those foundational questions can be more valuable than simply presenting a product. It can also help identify when other experts need to be brought into the discussion.

The same applies to payer considerations. Practices should understand how a new piece of equipment could affect pre-certifications, prior authorizations and payer contracts, Lukemeyer says. Reps may be able to help administrators identify the procedures and volumes they should track as they evaluate the investment.

And leasing shouldn't be dismissed as simply an alternative to buying. As Birmingham points out, leasing still represents an expense. When entering into a lease, both parties need to be mindful of who bears responsibility for maintenance, insurance and repairs.

Ultimately, the role of the med/surg rep is not to make the financial decision for the practice. It's to help customers gather the information they need to make an informed one. As Lukemeyer puts it, "Those are good things that will shortcut the time and energy investment required of the practice administrator." rep

Key Takeaways

- **Look beyond the tax break:** Section 179 and other tax benefits should support a sound business decision, not drive the purchase of equipment.
- **Consider the total investment:** Practices should evaluate cash flow, financing, utilization, longevity, space, infrastructure, maintenance and staffing before making a purchase.
- **Do the homework:** Tracking patient volume, referrals, reimbursement, payer requirements and potential revenue can help practices determine whether an investment makes clinical and financial sense.
- **Help customers ask the right questions:** Med/surg reps can add value by helping practices evaluate their needs and identify when they should bring in CPAs or other financial advisers.

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For healthcare organizations focused on value-based care, rapid diagnostic information available during the patient visit can support treatment and patient management decisions. The ability to detect and differentiate Influenza A, Influenza B and SARS-CoV-2 from a single nasal swab may help providers more quickly evaluate patients presenting with respiratory symptoms.

For medical-surgical sales representatives, the product offers an opportunity to start a conversation around a familiar challenge: How quickly can a practice determine whether a patient's respiratory symptoms are caused by flu or COVID-19?

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Make the Investment Make Sense

Tax breaks are great. But before making an equipment purchase, one financial expert says physician practices should weigh utilization, cash flow, total costs and long-term financial return.

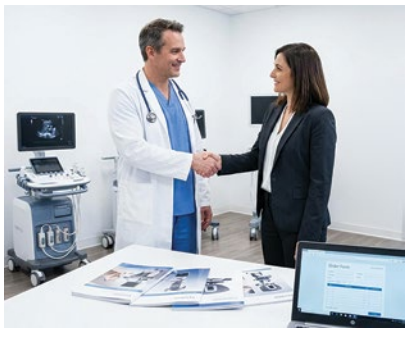
By Graham Garrison

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In today's market, physician practices are operating with less room for error. Payroll, supplies, technology and other operating costs continue to put pressure on margins, while reimbursement does not always increase at the same pace, said Jonathan Raj principal and managing director of Hollins & Hur, a financial firm providing accounting, tax and financial advisory services specifically tailored to physician-owned medical practices and other healthcare businesses.

"That makes working capital more important," he said. "Even a financially healthy practice has to think carefully about whether cash should go toward equipment, additional staff, expansion or simply maintaining flexibility in the business."

Based on its experience working with solo physicians, group practices and specialty clinics, the firm sees firsthand how difficult it can be for practice owners to understand where revenue is going, which providers or services are truly profitable, and how rising staffing and operating costs affect the bottom line.



Look beyond the tax deduction

That broader financial perspective becomes especially important when practices are considering major capital investments, such as new equipment. While tax incentives can help offset the cost, Raj said practice owners should first determine whether the investment makes financial sense for the business.

Indeed, one of the biggest mistakes practices can make is "allowing the tax deduction to drive the purchase," he said. A deduction reduces taxable income, Raj said, but "it does not reimburse the practice for what it spent."

Practices also need to look beyond the equipment's purchase price and consider the total cost of ownership, including installation, maintenance, software, supplies and potentially additional staffing. Raj says utilization is another critical consideration. "Equipment that makes sense at full capacity may look very different if patient volume comes in below expectations," he said. In other words, practices should evaluate whether the equipment will generate enough clinical and financial value to justify the investment – not simply whether they can claim a tax benefit.

That same principle applies to Section 179, which allows qualifying businesses to accelerate the tax deduction for certain equipment rather than taking the deduction gradually through depreciation. Raj said a common misconception is that Section 179 "somehow makes the equipment free." It does not. There are limitations, and the tax treatment can vary based on the practice and the purchase. "We generally look at the economics of the purchase first," Raj said, "and then determine the most tax-efficient way to structure it."

Start with the business case

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physician practices should determine whether the investment makes sense for the practice itself. Raj recommends physician practices evaluate purchases in a specific order: "operational need, expected financial return, cash-flow impact and then tax treatment."

That means asking how much additional revenue the equipment can realistically generate, what additional costs will come with that revenue and, if the equipment replaces an existing process, how much cost or staff time it could save. Practices should also "pressure-test utilization," Raj said. If patient volume or equipment utilization comes in 20% or 25% below expectations, does the investment still make financial sense? "Tax savings should improve the economics of a good investment," he said, "not be the reason for making it."

Timing matters

For practices considering an equipment purchase as part of year-end tax planning, understanding what qualifies – and when – is critical. Raj said most tangible equipment used in a medical practice can potentially qualify, including medical equipment, computers, office equipment and certain software, provided applicable IRS requirements are met.

One of the most important considerations is when the equipment is placed in service. "Ordering equipment, signing a contract or even paying for it before December 31 is not necessarily enough," Raj said. Generally, the equipment must be ready and available for its intended business use during the tax year. As a result, practices considering an equipment purchase for tax purposes should plan ahead rather than assume a late-December purchase will qualify. "It is better to address it earlier in the fourth quarter," Raj said.

Lease or purchase? Look at the long-term economics

The same focus on economics should guide practices when deciding whether to lease or purchase equipment. Raj recommends considering three factors: "how long you expect to use it, how certain you are about utilization and how important it is to preserve cash."

For equipment a practice expects to use heavily for many years, purchasing may offer better long-term economics. Leasing, meanwhile, may provide greater flexibility when technology is changing quickly, utilization is uncertain or preserving cash is a priority. But practices shouldn't make the decision based solely on the size of a monthly lease payment or the equipment's purchase price. Instead, Raj recommends comparing the total economic cost of each option over the period the practice realistically expects to use the equipment.

Ultimately, the tax treatment should be part of the decision – not the decision itself. "The tax code can make a good equipment investment better," Raj said, "but it generally cannot turn a bad investment into a good one." rep

Key Takeaways

- **Look beyond the tax benefit** and evaluate an equipment purchase based on operational need, expected return, cash flow and total cost of ownership.
- **Pressure-test utilization and financial assumptions** to ensure an investment still makes sense if patient volume or equipment use falls below expectations.
- **Plan ahead for year-end tax benefits,** because equipment generally must be placed in service — not simply purchased or paid for — during the tax year to qualify.
- **Compare leasing and purchasing based on long-term economics,** including expected usage, technology changes, utilization certainty and the practice's need to preserve cash.

Hand Sanitizers: What the Label Doesn't Tell You

Instructions for Use (IFUs) are currently a hot topic in infection prevention circles. While IFUs serve a critical function by ensuring products are used safely and effectively, healthcare decision makers are increasingly scrutinizing whether manufacturer recommendations align with real-world clinical practice and evolving evidence-based guidance.

This conversation is particularly relevant for alcohol-based hand sanitizers (ABHS), where a key question is emerging: does the amount of sanitizer healthcare workers (HCWs) actually receive match the amount required to achieve the efficacy demonstrated in testing? Compounding the issue, the dose needed to effectively sanitize HCW hands is rarely included on a product label. Did you know that different brands of hand sanitizer, even those with the same level of alcohol, can reduce different amounts of bacteria on hands?

Look Beyond the Label

When evaluating hand sanitizers, healthcare decision makers should ask three important questions, which can be easily framed with "the 3D's":

1. **Data:** Has the FDA required efficacy been demonstrated on skin?
2. **Dose:** What volume of product was used to achieve those results?
3. **Delivery:** Can the dispenser consistently deliver that dose?



Answers to the first two questions should come from the manufacturer and be based on one of two required Food and Drug Administration (FDA) efficacy tests for hand sanitizers. The Healthcare Personnel Hand Wash Test is the on-hands (in vivo) test that measures how effectively sanitizers reduce bacteria on human skin, not in a test tube.[1,2]

Once you have this data, the second question to ask is how much product was used to achieve those results. Like under-dosing a medication will not deliver the intended clinical effect, using too little sanitizer may not achieve the bacterial reduction demonstrated in testing. Studies consistently show that application volume is a primary driver of ABHS efficacy. Lower application volumes can leave more germs on hands.[1, 2]

The most overlooked question may also be the most important: can the dispenser reliably deliver the dose required to achieve those efficacy results? A recent study of five leading U.S. foam sanitizer dispensing systems found substantial differences in both average output and dosing consistency. This is important because if dispensers do not consistently deliver an adequate volume, HCWs may not receive the dose needed to achieve the germ kill expected.[3]

What Really Drives Hand Sanitizer Efficacy

A common misconception is that higher alcohol concentrations automatically mean better performance. Research has repeatedly shown that this is not the case and that hand sanitizer performance depends heavily on formulation. In fact, studies comparing products with 60% to 90% alcohol found no meaningful relationship between concentration alone and antimicrobial efficacy.[1]

Likewise, product format alone, whether foam or gel, does not determine efficacy. Rather, formulation quality and the amount applied to the hands have a much greater influence on performance. Well-formulated products can meet FDA efficacy standards at realistic in-use volumes, while others fail despite higher alcohol concentrations or simply lower applied doses.[1,2]

The key takeaway is that IFUs provide an important framework for evaluating hand sanitizers against. Infection control, supply chain and value analysis stakeholders should understand the formulation, the dose required to achieve the stated efficacy, and whether the sanitizer dispenser can consistently deliver that dose in practice. Looking at all three factors helps provide a more complete understanding of both clinical performance and overall value of their hand hygiene program.[3,1]

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The Math Behind ASC Reimbursement

Why a modest payment update by CMS may mask deeper reimbursement cuts and mounting financial pressures for independent surgery centers.

By Pete Mercer

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Earlier this year, the Centers for Medicare and Medicaid Services (CMS) released a proposed payment rule for the Calendar Year 2027 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System, suggesting a 2.4% average payment increase for ambulatory surgery centers and hospital outpatient departments.

Repertoire spoke to Mandy Hawkins, senior advisor for Avanza + MedHQ and CEO of Three Hawks Advisors, about the recent proposed payment rule from CMS, what it means, and how it could impact ASCs across the country.

What the proposed rule means

According to Hawkins, CMS is moving in the right direction regarding policy, but the payment side of the proposal is not as encouraging. She said, "The proposal removes 637 codes from the inpatient-only list, a list that will be eliminated by Jan. 1, 2029, and adds 618 codes to the ASC covered procedure list and extends the use of the hospital market basket for another year. The industry is hoping that CMS extends it longer than one year. The proposed rule also signals that CMS believes the physician, the anesthesia provider, and the patient should decide the site of service."

On the payment side of things, CMS proposed a 2.4% update, but the results vary by CPT code and specialty. Out of the top 100 codes that are used for reimbursement, only 15 of them are proposed to see an increase over the rates from 2026. While a 2.4% update sounds positive, Hawkins said the math tells a different story because the ASC weight scalar drops from 0.872 to a proposed 0.809. CMS applies the ASC-specific scalar on top of that. Because the scalar excludes device costs, which have grown from 5.4% of ASC spend in 2016 to 32.4% in 2026, non-device procedures bear the full burden of cuts. "This is why 85 of our top 100 codes face a cut," she said.

Hawkins added, "In 2026, ASCs received roughly 50% of the hospital outpatient rate for those codes. In 2027, that falls to roughly 44%. We would be paid less than half of what a hospital receives for identical work while meeting comparable federal and state requirements and reporting under the same Medicare quality program."

Reimbursement in today's environment

Looking at this reimbursement through the lens of today's financial environment reveals some interesting limitations to the proposed rule. Costs are continuing to climb across the healthcare spectrum, so it's more important than ever for healthcare entities to find ways to reduce spending.

"As noted," Hawkins said, "of our top 100 codes by volume, 85 are proposed for a decrease. For most facilities, this is not a positive update at all. It also comes at a time when costs are moving in the opposite direction."

Ambulatory essentials like anesthesia, implants, and devices are seeing cost increases, while provider shortages are still a significant obstacle for outpatient and inpatient facilities alike. Because ASCs are operating on tighter budgets than most hospitals, the 2.4% increase doesn't really meet the needs of most ambulatory facilities.

"Most ASCs are small businesses," Hawkins said. "More than half have two or fewer operating rooms, buying the same implants as a health system without any of its purchasing power, and hiring from the same labor pool with a smaller budget."

"At 44% of the hospital reimbursement rate, with no evidence of a growing difference in capital or operating costs between the two settings to justify the gap, the payment differential clearly strengthens the hospital's position."

Hawkins did point out an improvement in reimbursement for device-intensive codes, where certain procedure reimbursements are proposed to increase by several thousand dollars per procedure. These are not among the highest-volume procedures, which are moving in the opposite direction.

"What concerns me most, and should concern policymakers, is not clinical care; it's the reimbursement model. Single-specialty independent centers in ophthalmology, GI, and pain are absorbing real reductions in 2027 for reasons that have nothing to do with the cost or quality of the care they deliver. If enough of those facilities can no longer remain viable, a payment system problem will become a patient access problem."

Shifting from hospitals to ASCs

As more procedures become available at outpatient facilities, will this shifting dynamic and the proposed reimbursement rule push more patients towards ASCs over hospitals? Hospitals have viewed ASCs as competitors in the past, but that relationship has changed.

As Medicare and commercial payers are leaning towards lower-cost settings, cases are leaving hospitals anyway. The hospitals that can partner with an ASC can recapture some of that revenue instead of losing it altogether to outpatient facilities.

"At 44% of the hospital reimbursement rate, with no evidence of a growing difference in capital or operating costs between the two settings to justify the gap, the payment differential clearly strengthens the hospital's position," Hawkins said.

She argues that this is why we are seeing more joint ventures where health systems offer physicians equity in the ASC, giving them skin in the game that they would not have at a traditional hospital. Independent surgeons can also take their cases to physician-owned or corporate ASCs

instead of a hospital. This doesn't mean that independent ASCs are going anywhere, though.

"Surgeons who choose independence do so because it works. They retain control over clinical protocols, supply purchasing, and staffing. Long-term equity in a well-run center delivers autonomy and meaningful distributions without administrative bureaucracy. The real question for the next few years is not whether independent ASCs survive, but whether Medicare's payment math leaves them enough margin to keep reinvesting in their facilities."

Before the final ruling

As of this writing, CMS has not published a final rule for the Calendar Year 2027 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System. Before issuing its final rule, Hawkins suggests that CMS calculate a single outpatient weight scalar based on combined ASC and hospital outpatient department volume and apply one budget neutrality calculation across both payment systems.

ASCs operate in a heavily regulated environment where dedicated advocacy directly influences reimbursement levels, administrative burden, and patient access.

Key Takeaways

- CMS's proposed 2.4% payment update for 2027 masks potential reimbursement cuts, with 85 of the 100 highest-volume ASC procedure codes facing proposed decreases.
- Rising costs for anesthesia, implants, devices and labor are putting additional financial pressure on independent ASCs, many of which lack the purchasing power of larger health systems.
- Expanding the list of procedures eligible for ASCs creates growth opportunities, but reimbursement disparities could threaten the financial viability of independent centers and ultimately affect patient access.
- ASC leaders should analyze proposed rates for their highest-volume procedures, review payer contracts and supply agreements, and support industry advocacy efforts before CMS finalizes the rule.

In the next three to five years, the scope of ASCs will continue to expand as the IPO is eliminated and procedure selection shifts towards clinical discretion. For Hawkins, payment alignment is the big question.

"If CMS resolves the scaling problem, these will be very good years for surgery centers. If it does not, we will keep receiving the expanding list of procedures we cannot afford to perform and the savings that CMS is continuing to count on will not translate to reality."

For ASC leaders, Hawkins advises them to pull the highest-volume codes and compare current rates against the proposed rates so they plan around their real number rather than the 2.4% rate update. Any device-intensive cases should be evaluated, and any payer contracts and implant and supply agreements should be revisited. Building data collection workflows for quality reporting now will put them in a better position moving forward.

She said, "I encourage everyone in the ASC community to get involved. ASCs operate in a heavily regulated environment where dedicated advocacy directly influences reimbursement levels, administrative burden and patient access. Supporting the Ambulatory Surgery Center Association and its advocacy efforts is essential to the financial viability, regulatory flexibility, and continued growth of surgery centers nationwide." rep

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PWH Professional Women in Healthcare

From Transaction to Strategy

As financial and supply chain pressures mount, healthcare organizations are taking a more collaborative approach to capital procurement and supplier partnerships.

Listen to this article, scan the QR Code.



As healthcare organizations navigate rising costs, inflation and continued tariff uncertainty, capital equipment decisions are facing greater scrutiny. The traditional focus on upfront price is giving way to a broader evaluation of total cost of ownership, utilization, interoperability, service requirements and long-term value. At the same time, lessons from the pandemic have reinforced the importance of supply chain resilience, while sustainability and cross-functional collaboration are becoming increasingly important considerations.

In the following interview with *Repertoire*, Bill Muich, Senior Director, Equipment Sales & Service, Concordance Healthcare Solutions, discusses how these trends are reshaping capital equipment procurement. He also shares his perspective on evaluating technology based on measurable outcomes, balancing innovation with practical business needs, and building supplier relationships that extend beyond the transaction.

Rising costs, inflation and tariffs continue to pressure healthcare organizations. How are these forces changing the way health systems think about procurement decisions?

Bill Muich: Healthcare organizations are under more pressure than ever to maximize every dollar they spend. Rising costs, inflation and tariffs have made it clear that procurement can no longer be viewed as a transactional function, it must be a strategic one. At Concordance, we are seeing health systems place greater emphasis on total cost of ownership, standardization and utilization data rather than focusing solely on purchase price. Leaders are looking for partners who can provide market intelligence, identify cost-saving opportunities and help them make decisions that

balance financial stewardship with high-quality patient care.

How has the capital equipment procurement process changed compared with 5 or 10 years ago?

Muich: Capital procurement has become much more collaborative and data driven. Five or 10 years ago, purchasing decisions were often led by individual departments or clinicians. Today, organizations are bringing together clinical, financial, operational and supply chain stakeholders much earlier in the process. They are asking tougher questions about utilization, long-term maintenance costs, interoperability and return on investment. IT is often actively involved with medical diagnostic equipment decisions to make sure the new equipment interfaces with their EMR. Concordance supports this evolution by helping customers evaluate capital purchases through a comprehensive lens that aligns equipment decisions with broader organizational goals.

How should organizations evaluate whether a capital investment is truly creating value versus simply adding another technology or piece of equipment?

Muich: Value should be measured by outcomes, not by the technology itself. Before making an investment, organizations should define the clinical, operational and financial objectives they expect the equipment to achieve. That includes improvements in patient outcomes, workflow efficiency, staff productivity, service line growth and overall cost of care. At Concordance, we encourage customers to establish measurable success criteria before making a purchase and use data to evaluate performance after implementation. Technology should solve a clearly identified problem – not simply represent the latest innovation.

How do organizations avoid adopting technology simply because it is new, rather than because it solves a meaningful business problem?

Muich: Innovation should always begin with identifying a need. Organizations that are most successful start by asking what challenge they are trying to solve rather than what new technology is available. A disciplined evaluation process includes input from clinicians, supply chain leaders, finance and operations, along with an assessment of workflow impact, implementation requirements and measurable outcomes. Concordance helps customers focus on solutions that deliver meaningful value and support their strategic priorities instead of chasing technology for technology's sake.

The pandemic changed how organizations think about supply chain risk. What lessons from that period are still shaping decisions today?

Muich: The pandemic reinforced that supply chain resilience is essential to patient care. Organizations recognize the importance of supplier diversification, inventory visibility and proactive planning rather than reacting to disruptions after they occur. Health systems are also placing greater value on trusted distribution partners



Bill Muich is a healthcare sales and business development executive with more than three decades of experience in medical equipment, supply chain solutions and healthcare distribution. As Senior Director of Equipment Sales and Service at Concordance Healthcare Solutions, he leads national growth initiatives and strategic partnerships that support healthcare providers across the United States.

that can provide transparency, communication and strategic guidance during periods of uncertainty. They are looking at where the piece of equipment is manufactured and if the parts are readily available. At Concordance, those lessons continue to shape how we help customers strengthen supply continuity while maintaining operational efficiency.

Sustainability is increasingly part of procurement conversations. How are environmental considerations influencing healthcare purchasing decisions?

Muich: Sustainability has become an important factor alongside cost, quality and clinical performance. Healthcare organizations are evaluating suppliers based on packaging reduction, waste management, product lifecycle, transportation efficiency and broader environmental initiatives. They are also looking for opportunities where sustainability and financial performance align, such as reducing unnecessary inventory, minimizing product waste and improving operational efficiency. Concordance works with manufacturers and providers to identify practical sustainability opportunities that support both environmental goals and responsible resource management.

Sustainability has become an important factor alongside cost, quality and clinical performance.

What separates a transactional supplier relationship from a true supply chain partnership?

Muich: A transactional supplier delivers products. A true supply chain partner delivers expertise, insight and long-term value. At Concordance, partnership means understanding each organization's unique challenges, collaborating on strategic goals and bringing data-driven recommendations that improve performance over time. It involves transparency, accountability, proactive communication and a shared commitment to better patient care. We collaborate with all parties in a healthcare setting from clinicians, finance, IT and many more departments to ensure critical input is garnered and that the equipment purchased satisfies the need not only today but for the future. The strongest partnerships are built on trust and a mutual focus on helping healthcare organizations achieve measurable clinical, operational and financial outcomes.

Key Takeaways

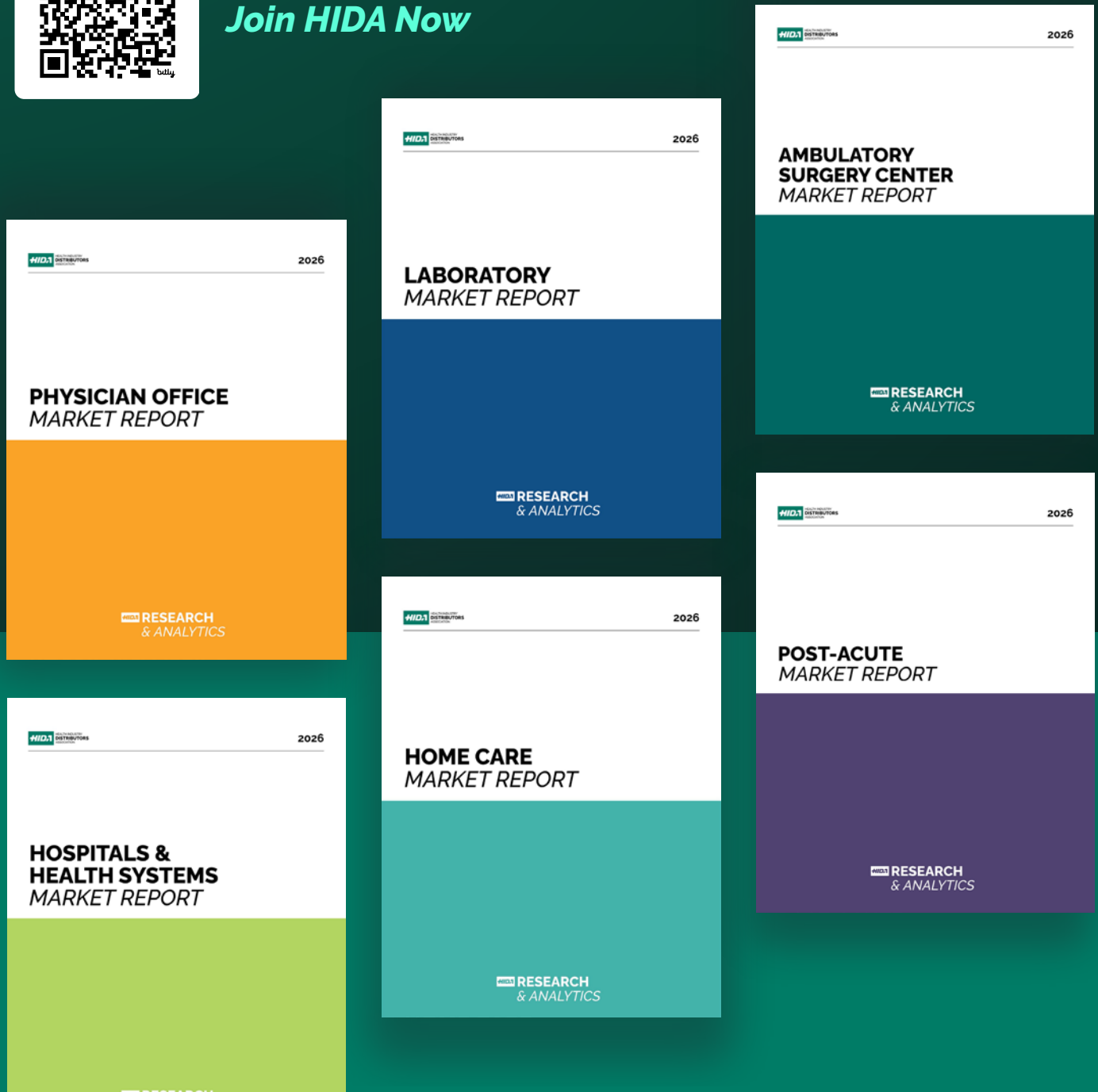
- Rising costs, inflation and tariffs are pushing health systems to evaluate capital purchases based on total cost of ownership, utilization and long-term value rather than purchase price alone.
- Capital equipment decisions are becoming more collaborative and data driven, bringing clinical, financial, operational, supply chain and IT stakeholders into the process earlier.
- Organizations should define measurable clinical, operational and financial objectives before investing in technology and evaluate whether the equipment actually delivers those outcomes.
- Supply chain resilience, sustainability and trusted supplier partnerships are increasingly important considerations in equipment procurement and long-term value creation.

HEALTH INDUSTRY DISTRIBUTORS ASSOCIATION

Industry Insights To Guide Your Planning

HIDA's market report series covers the major healthcare markets including hospitals, physician offices, ambulatory surgery centers, labs, and post-acute care. HIDA members use these reports to track trends, benchmark performance, and inform their planning. The entire series is free with membership.

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Building a Better Patient Experience

Connected technology, thoughtful room design and streamlined workflows are helping providers create exam rooms that work better for patients and caregivers alike.

By Pete Mercer

Listen to this article, scan the QR Code.

Making a trip to the doctor can be challenging, even for mundane visits. Indeed, many patients have already made up their mind about how their experience at the doctor is going to go before they walk in. That's why understanding the patient experience matters – knowing how each touchpoint impacts the patient will give providers a better understanding of where they can improve.

Repertoire recently spoke to Tracy Timmerman, Director of Medical Marketing for Midmark, about how the patient experience has changed in the last 10 years and how it's become a strategic priority for providers.

How has the patient experience changed in the last 10 years?

There's been a lot of change in the world of healthcare over the last 10 years. We've weathered a pandemic and seen advances in technology surge, creating seismic shifts in the delivery and accessibility of care. The patient experience has shifted as well, from a provider-centric model



to what is now a consumer-driven, digital-first model.

During the pandemic, we needed new avenues for patients to see their providers without the risk of sitting in a waiting room. Telehealth became a popular alternative to in-person doctor visits, allowing patients to connect with their doctors via video calls. To this day, telehealth is still a viable avenue for doctor's appointments, despite the limitations of not being seen face-to-face.

The patient experience is even bigger than the visit to the doctor, which is something healthcare has had to embrace over the last few years. "I think we've broadened our definition of patient experience quite a bit over the last decade," Timmerman said. "It used to be largely measured by satisfaction scores or how patients felt about their interactions with a provider. Today, healthcare leaders recognize that patient experience starts long before the caregiver enters the exam room and continues long after the visit is over."

That shift is visible at every touchpoint, from scheduling and check-in to the physical environment. Timmerman said that the patient experience isn't separate from the quality of care that they receive. "When patients feel comfortable, informed and engaged, it creates better conversations, greater trust and often better outcomes. That's why it has become such an important part of how healthcare organization think about delivering care."

Making a good first impression

A significant part of the challenge that healthcare organizations are facing today is that they are asked to do more with fewer resources, across the board. Whether it's staffing shortages or financial pressures, providers are trying to improve the quality of care and patient outcomes with limited resources to do so.

"Patient experience sits right in the middle of those challenges – when organizations improve the experience, they're often improving efficiency, caregiver satisfaction, and clinical outcomes at the same time."

Timmerman argues that these limited resources are the reason why health systems are taking a more holistic view of the care environment. She said, "They're asking, 'How do we remove friction from the care experience?' because every minute a caregiver spends looking for equipment or working around an inefficient room is a minute they're not focused on the patient."

Leveraging the environment

The physical environment plays a huge role in the patient experience, much bigger than people may realize. As soon as the patient walks into the facility, they begin forming opinions about how welcoming, organized, and comfortable the facility feels. Those first impressions carry a lot of weight, especially when it comes to the actual appointment.

The flow of the exam room also affects providers themselves. "The environment also has a tremendous impact on caregivers. If the room supports their workflow, keeps equipment within reach and allows technology to work seamlessly, providers can spend more time engaging with patients instead of managing the environment around them," she said.



Tracy Timmerman

Good room design solves problems that patients and providers shouldn't even see, making everything easy to use for provider and accessible for patients.

She argues that the exam room is where the most important conversations in healthcare happen. "Patients receive diagnoses, ask vulnerable questions, and make decisions about their health in those spaces. When the room is thoughtfully designed, it helps reduce the anxiety and creates a more comfortable experience."

Room design is one of the areas Midmark specializes in, offering things like cabinetry, seating, and examination chairs – all products that make a difference in creating a welcoming and organized environment to improve workflows and ease any patient anxiety. Good room design solves problems that patients and providers shouldn't even see, making everything easy to use for provider and accessible for patients.

"Patients may not notice every design detail, but they absolutely notice how the experience makes them feel," she said. "Every design decision should make it easier for caregivers to focus on caring for people. That's our philosophy at Midmark."

Improving efficiency with room design

Efficiency happens by reducing friction throughout the day. The less time that providers can spend orienting the room to the needs of the patient, the more time that they'll be able to spend conversing with the patient about their health.

"If the layout supports the natural flow of an exam, staff don't have to work around the room, they can work with it," Timmerman said. "A great example is the evolution of vital signs collection at the point-of-care. Traditionally, capturing a patient's height, weight, and other vitals could require multiple steps, additional equipment and interruptions to the workflow. Today, solutions such as an integrated scale in the Midmark 626 Barrier-Free Examination Chair allows caregivers to capture weight as part of the patient assessment without requiring patients to move to another device or adding unnecessary steps to the visit."

By capturing vital signs at the point-of-care and incorporated into the overall workflow, caregivers spend less time managing the processes and more time engaging with patients. Small steps like these ultimately create a smoother experience for both the patient and provider,

"That's where thoughtful design creates real value, not by adding more complexity, but by removing barriers that keep caregivers from focusing on what matters most: delivering better care."

"The future exam room will be connected, adaptable, and designed around the needs of both patients and caregivers.





The exam room of the future

As technology continues to evolve, greater possibilities will continue to emerge. The future of healthcare will be more connected than ever before. Timmerman said that the future of exam rooms will be defined by having technology that works together and works quietly in the background.

"The future exam room will be connected, adaptable, and designed around the needs of both patients and caregivers. Information will flow seamlessly, equipment will support efficient clinical workflows and the space itself will be flexible enough to meet changing models of care."

The rise of artificial intelligence will also play a role, helping to automate documentation and administrative tasks, support clinical decision-making, and identify other opportunities to improve the workflow. While it might be seen as a way to add yet another layer of technology to the space, any foray into implementing AI should be looked at to eliminate any further steps that contribute to caregiver burden.

"When space, workflow and technology are intentionally designed to work together, caregivers can spend less time managing the visit and more time being present with their patients. At the end of the day, that's what better care experiences are all about."

Key Takeaways

- **Patient experience has expanded beyond the exam room,** encompassing every touchpoint from scheduling and check-in to follow-up and the physical care environment.
- **Thoughtful exam-room design can improve both patient comfort and caregiver efficiency** by reducing friction, keeping equipment accessible and supporting natural clinical workflows.
- **Small workflow improvements can make a meaningful difference,** allowing caregivers to spend less time managing equipment and processes and more time engaging with patients.
- **The exam room of the future will be connected and adaptable,** with technology and AI working quietly in the background to streamline care while reducing caregiver burden.

Managing Tariff Uncertainty with HIDA's Interactive Tariff Dashboard

HIDA has developed a new interactive, online tool to help members calculate and understand tariff costs. The Interactive Tariff Dashboard, a free, member-only resource, allows the user to estimate tariff costs by product category based on country of origin. Data is drawn from public sources using Harmonized Tariff Schedule (HTS) codes that apply to commonly-used medical products. The data pulls from the U.S. International Trade Commission, which records all products imported to the U.S., and is updated monthly.



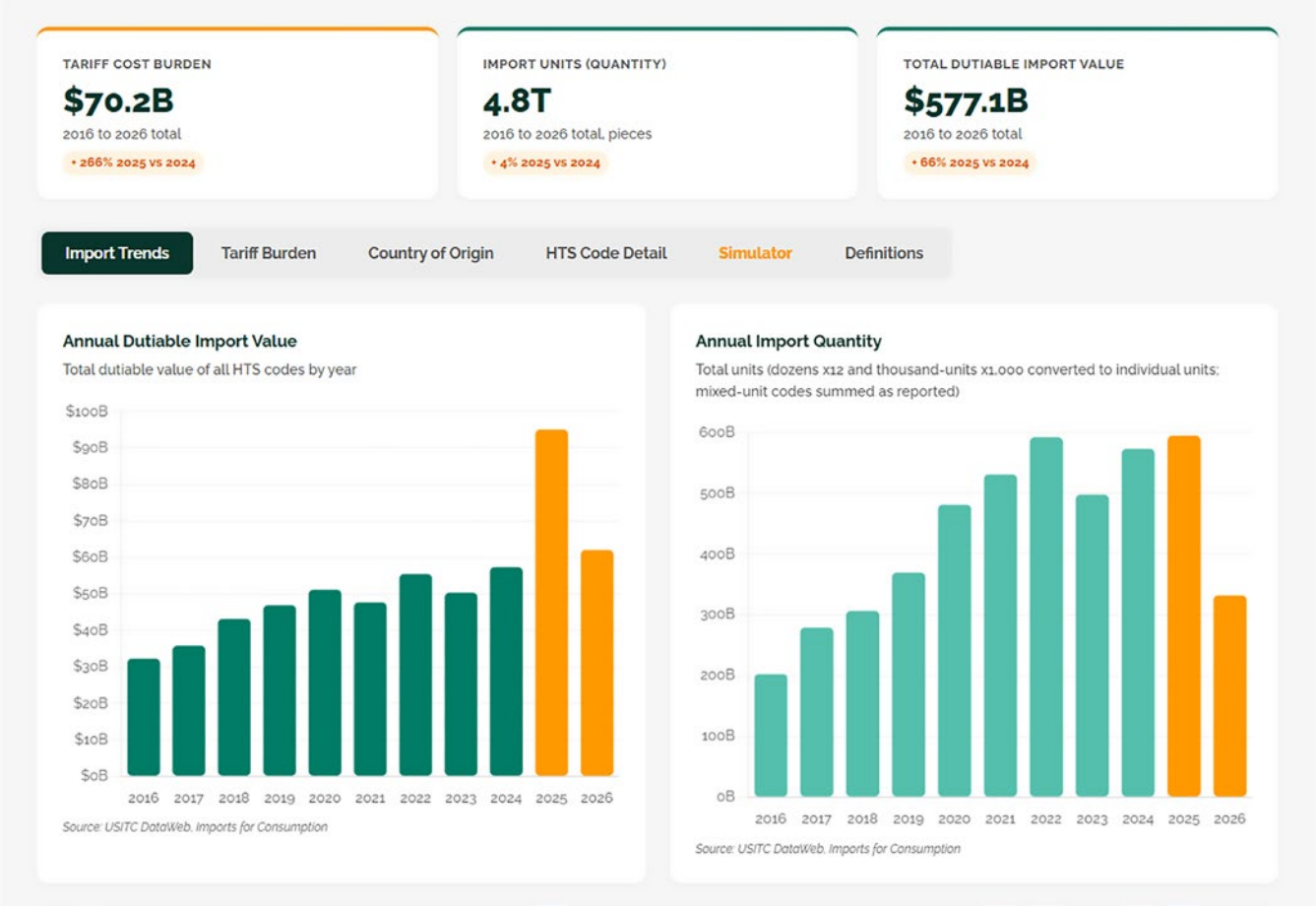
By Wyeth Ruthven, Director, Congressional & Public Relations

The new tool allows companies to:

- Calculate both import values and duty payments
- Assess how trade policies affect specific segments of their product portfolios
- Understand how the tariff burden differs for products manufactured in different countries
- Model future tariff scenarios and estimate their potential financial impact before policy changes take effect.

Users can enter assumptions such as import volume and tariff rates to project future duty costs. For example, a distributor importing 35,000 units of a product can compare the actual tariff costs paid in





prior years with the estimated costs that would result from a proposed tariff increase. These projections help companies evaluate potential risks, prepare budgets, assess pricing implications, and make more informed sourcing decisions.

"With tariff policies changing so quickly, we wanted to give members another tool to help manage the uncertainty," explained HIDA VP of Research and Analytics Alysse Henkel, who built the dashboard.

For healthcare distributors, tariffs are no longer an abstract trade policy issue. They have become a significant business consideration that can affect product costs, sourcing decisions and customer contracts. Yet understanding exactly how tariff changes affect medical products can be difficult, particularly when policy shifts occur rapidly and involve thousands of product classifications.

For healthcare distributors, tariffs are no longer an abstract trade policy issue.

Looking ahead, HIDA will continue to refine the dashboard as tariff policy changes, helping members turn uncertainty into clearer planning and stronger advocacy. By pairing reliable data with practical tools, distributors can better anticipate what is coming next and make decisions that protect the healthcare supply chain. The Tariff Dashboard is available to HIDA members on the association's website. It is part of a full suite of tools our association has developed to manage the ever-changing world of tariffs and trade policy. rep

MAX AND SCOUT AND THE EMERGENCY BACKORDER

PROBLEM-SOLVING UNDER PRESSURE IS CRITICAL IN DISTRIBUTION.

Max Carter was not your average 12-year-old.

He was a medical distribution sales rep, and today was going to be a big day. He had a full schedule of clinic visits, and everything was running smoothly — until his phone buzzed.

"This is it," Max said as he read the message. "One of our key items is on backorder. And the clinic needs it today."

Scout, his shiny blue pen, popped up from Max's shirt pocket.

"Whoa! That's a big deal," Scout said. "What are we going to do?"

Max took a deep breath. "We'll figure it out. That's what we do."



Time to problem-solve

Max called the clinic right away.
"I know this is a tough one," he said.
"But we're working on it,
and I'll keep you updated
every step of the way."

Then Max got to work.

He checked with other distribution centers,
looked at available inventory and
reached out to a trusted supplier.

"Still no luck," Max said, rubbing his chin.
"But I think I have a solution."

Scout grinned. **"Go get 'em!"**



A little extra effort goes a long way

After a few more calls,
Max found another distribution center
with the item in stock.
It wasn't the easiest option,
but it could get the clinic
what they needed in time.

Max coordinated the transfer,
confirmed the order and stayed in touch with the
clinic's materials coordinator.

By late afternoon,
the supplies were on the way.

"It's coming," Max said with a smile.
"Just a few more hours."

Scout beamed.
"You turned a problem into a plan.
That's what real problem-solving looks like!"

And when the clinic received the order,
the staff gave Max a big thank you.
He smiled, clipped Scout
back onto his shirt, and thought,
"Every challenge is a chance to
make a difference."

Industry News

HHS launches first ever department-wide PPE demand forecast

The U.S. Department of Health and Human Services (HHS), through the Office of the Assistant Secretary for Financial Resources (ASFR), announced a new Department-wide policy establishing the HHS Personal Protective Equipment (PPE) Forecast. This is the first official, recurring process to identify, consolidate, and publish anticipated HHS purchases of personal protective equipment covered by the *Make PPE in America Act*.

The new forecast will give American PPE manufacturers a clearer and more predictable signal of future HHS demand. By turning the Department's acquisition plans into actionable market visibility, the initiative will help domestic companies make better-informed decisions about hiring, production, capital investment, and manufacturing capacity while strengthening the supply chains HHS relies on during routine operations and public health emergencies.

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Laura Gantert. Dir. Circulation & Admin. 10/9/2026

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