**Supplementary File 3**

**Organizational Readiness Assessment (ORA) for Subsidy Implementation of Medical Technology**

**Overview**

The Agency for Care Effectiveness (ACE) conducts technical evaluations that inform subsidy decisions on various health technologies, e.g. drugs, medical technologies and medical services.

2 The ORA serves to document patient-facing and backend processes that will be impacted should a selected medical technology be recommended for subsidy. This will help healthcare institutions identify potential implementation barriers as early as possible, and develop a clear implementation plan that is adaptable to local context within each healthcare institution.

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| **S/N** | **Question** | **Response** |
| **Organizational Support**  Rationale: This helps us identify critical front and back end processes, including charging mechanism, that will be impacted should subsidy be implemented. | | |
| 1 | Please describe the current service delivery workflow including the person-in-charge of each workflow, e.g. procurement, equipment commissioning, prescription, follow-up. |  |
| 2 | Where applicable, please describe the charging mechanism, including the charge and subsidy amount of this technology. |  |
| 3 | Please indicate whether this technology and corresponding indications of use are being captured in hard copy form or electronically. |  |
| 4 | For the provision of this service, please state if patients are being seen in your institution, referred to your institution and/or out of your institution.  Where possible, please provide approximate patient volume figures for this service for the box chosen. |  |
| **Stakeholder Engagement**  Rationale: This helps you to organize an internal cross-functional implementation workgroup to drive subsidy implementation. Early and upstream identification and engagement of all stakeholders helps you to work through workflow changes required to provide this technology to patients seamlessly. | | |
| 5 | Please indicate all internal and external stakeholders involved in the delivery of this technology.  This includes stakeholders outside of medical departments (e.g. nursing, pharmacy, finance, administrative and IT personnel) or outside of the institution. |  |
| 6 | Please provide ACE with a name and contact details of a champion to coordinate and oversee subsidy implementation, should this technology be approved for subsidy. |  |
| **Information Dissemination**  Rationale: This information helps you identify stakeholders that should be aware of the end-to end processes and helps ACE design targeted modes of information dissemination that are relevant to different stakeholders. | | |
| 7 | Please describe the stakeholders who should be informed, should subsidy be approved for this technology. |  |
| 8 | For the respective parties identified in question 7, please describe the best mode of information dissemination (e.g. face-to-face briefings, emails, patient information leaflets) and how ACE can facilitate such communications.  Please provide us with the name and contact details of a personnel from your institution, whom we can liaise with to initiate our engagements. |  |
| **Implementation Outcomes and Evaluation**  Rationale: Qualitative and quantitative feedback is important to identify areas for improvement and tracking changes over time. By asking you to state your preferred implementation outcomes, data capture becomes relevant for quality improvement specific to your institution. | | |
| 9 | Please describe measurable patient centric implementation outcomes and targets that indicate smooth implementation of subsidy that your institution would be agreeable to track. | |  |  | | --- | --- | | **Implementation outcome** | **Target** | | *E.g. Percentage of patients per year who fulfil subsidy criteria for this technology and are accorded subsidy correctly* | *100%* | | *E.g. Percentage of subsidised patients per year who will be switched from other comparator technology to this technology under evaluation* | *90%* | |

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