MRI Machine
Buyer Persona Example

Buyer Persona Institute
Division of KS&R

A **Buyer Persona** ....

Takes all the guesswork out of marketing and sales

(or at least most of it!)

A Buyer Persona…

Reveals everything a prospective buyer wants to **know** and **experience** as they search for a solution to their needs, winnow down their options, and make a buying decision.

It tells you **what** to say, **who** to say it to, **how** to say it, and **when**.

"We didn't even know what the buying triggers were. Now, ***it's like getting the answers before the test!*** *Because we're using the language of customers and focusing on their priorities, we've* ***engaged 8,100 new buyers this year, nearly doubling the 4,400 from all of last year****."*

CHIEF MARKETING OFFICER

A Buyer Persona is NOT just a fictional avatar of your ideal customer

These buyer profiles have **limited value** because they **reveal nothing about the buying decision you're trying to influence.**

"I'm 6-feet-8-inches tall. My shoe size is 16. My wife and I have sent all our children off to college. I live in a suburb of Boston and drive a Honda minivan to work. I have a lot of other characteristics and attributes. But these characteristics have not yet caused me to go out and buy The New York Times today.

There might be a correlation between some of these characteristics and the propensity of customers to purchase the Times. But those attributes don't cause me to buy that paper—or any product."

CLAYTON CHRISTENSEN

Academic, consultant, author
of *The Innovator's Dilemma*

A Buyer Persona is based on the *5 Rings of Buying Insight™*

Insights About the Buying Decision

PRIORITY INITIATIVES
Pain points that trigger a buyer to look for your solution NOW

SUCCESS FACTORS
Outcomes buyers need from their investment

PERCEIVED BARRIERS
Concerns about making the investment, or making it with you

DECISION CRITERIA
Questions a buyer has about your solution and capabilities

BUYER'S JOURNEY
Steps taken; resources trusted; people involved in the decision

Buyer Personas are developed by interviewing recent buyers

A Recent Buyer:

- Made same buying decision you're trying to influence in the past year
- Had significant involvement in that decision
- Includes those that:

  1. Did not consider you
  2. Considered you; chose competitor
  3. Considered you; picked you

The following is complete and authentic Buyer Persona developed for a closed MRI Machine buying decision

All of the persona insights and buyer quotes are based on **interviews with Radiologists, Radiology Heads, Image Technicians, and IT professionals** who work in large U.S. hospitals and were recently involved in an MRI Machine buying decision.

- The **buying insights** are based on an analysis across all the interviews to identify key themes.
- The **buyer quotes** are the actual words used by these decision makers to understand their mindset and language used in the context of the buying decision.

Buyer Persona Profile Summary

NAME	Jared	**MARKET SEGMENT**	Large U.S. Hospitals (100+/300+ beds) Mix of for-profit, non-profit, academic
ROLES	Radiologist | Radiology Dept. Head Radiology / MRI Technologist | Director of IT | Program Manager	**REPORTS TO**	Head of MRI Tech. | MR Team Leader | Dir., Dept. Head / Chair, VP, Imaging Services | VP of IT | CEO
EDUCATION	BS Radiologic Technology/Science | BA Medical Diagnostic Imaging | MPH | MBA | MD | PhD	**SOLUTION**	Closed MRI Machine

Responsibilities for Decision

I focus on streamlining our department's operations, emphasizing scheduling, scan result analysis, and staying current with MRI technology. Our previous MRI machine caused issues such as downtime, low-quality images, and patient discomfort. Upgrading our technology will enhance the patient experience, shorten scan times, boost productivity and revenue.

We partner with top MRI manufacturers for seamless integration, considering total cost of ownership. Our aim is to acquire the latest technology for exceptional image quality, patient comfort, and efficient scans.

My Top Priorities This Year

- Reading scans/diagnostics
- Treating patients/patient satisfaction
- Technical innovation and research
- Manage department/educating staff/scheduling
- Optimize workflow, efficiency, & productivity
- Grow volume/revenue
- Administration/paperwork
- Research
- Quality assurance

Resources I Trust

- **Internet:** Manufacturer websites, physician websites, radiology forums, SCRMO, Facebook groups
- **Industry:** White papers, events/conferences (RSNA), Publications (Physicians manuals, ITN, ICE - Advancing Imaging Professional)
- **Peers/Word of mouth:** Industry peers internal co-workers, customer references, University organizations
- **Internal:** C-Suite, Radiologists, other physicians, IT, MRI Techs, Purchasing/Supply Chain, Operations, Compliance, Legal, Administrative, Finance

PRIORITY INITIATIVES

MRI Machine

Priority Initiatives are the most compelling reason(s) that buyers decide to invest in an **MRI machine**, and why others are content with the status quo.

Use this insight to develop interactions, experiences, and messaging that connects with buyers early on in their search for a solution to their needs.

Priority Initiatives Buying Insights:

1. We are having trouble diagnosing patients because of poor image quality in our current machine
2. Our current machine is archaic and too slow
3. Our current machine breaks down too much, leading to costly repairs and a burden to our patients
4. Patients are complaining that they are claustrophobic or uncomfortable in our current machine
5. We're losing revenue because of bad patient reviews, limited machine availability, and long wait times
6. Our facility is expanding, and we need a new machine to accommodate that growth

We are having trouble diagnosing patients because of poor image quality in our current machine

"The older machines are subpar, particularly the Company A ones. Our exams were limited, which basically tells the doctor that we cannot be 100% sure whether this is one thing over another. They aren't performing the diffusion weighted imaging that we needed, the quality of those scans was horrendous, non-diagnostic and impaired our ability to do things. Company A is known for not having good restrict diffusion weighted imaging, particularly in the abdomen. Most of the scans we were doing weren't diagnostic because of that motion, which makes them completely useless."

"The image quality on our machines wasn't sufficient enough for the research we were looking to do. The software package wasn't up to par because of the poor gradient strength. When we did higher-functioning imaging, like perfusion and DTI, we didn't have the image quality and capability that we needed."

"With our old Company A scanner, the pictures look blurry. You couldn't see bowels, wall to wall. It was like a snapshot where you're almost taking a picture of somebody moving and that's not a good image."

"The quality of the images on our older machine was a problem. Doctors are always interested in the quality of the reads and wanting to make improvements to them. That's how we decided to start looking for something new."

"Image quality was an issue. We were hoping to go from 1.5 to 3T. That's a big factor for some of those small neuro scans and small joints. There are things missing from an image quality perspective with a 1.5. You really can't see those little details on smaller anatomy."

"With our older machine, the coils were so old and outdated that we were not able to do any scans with contrast. It was older software and not able to connect to any type of injector."

Our current machine is archaic and too slow

"Our current scanner is pushing 13 years old. As the engineers say, the technology is becoming archaic. Things are slowing down and we're having more complications. We felt strongly that we needed to take the step to modernize what we currently offer."

"Our older machine was just too slow. Time was being wasted when patients have to sit in a machine for an extra 15 minutes with a sequence that is not diagnostic. I don't like having to make patients sit in an MRI machine for no reason."

"The machine that we had was older and slow and we were having trouble with the speed of scheduling patients. Everybody in our system looks at how many scans we can do in a day, how much revenue it's going to generate, and that was the big thing. Not only were we looking at the speed, but we weren't able to accommodate stat patients from the hospital. People are coming in to get scans at the hospital, but you also have those urgent stat patients coming from other floors. We weren't doing a good job handling those priority patients over somebody that is scheduled in advance."

Our current machine breaks down too much, leading to costly repairs and a burden to our patients

"The biggest issue is that we were seeing major maintenance issues resulting in machines breaking down. That downtime creates a big burden on our patients over time. If a machine isn't up at a particular time, patients can't be scanned. Recently, there were times where our staff couldn't even scan anyone. The maintenance and repair costs, as well as the cost of downtime, is unacceptable and it didn't make sense to keep the machine beyond end of life."

"The most recent need was because of downtime due to a quenched magnet that came from a leak in a facility right above us. We had to replace it. We have a busy practice, and our magnets are literally utilized 24/7. The down magnet was adjacent to our emergency department and that's where most of our ED workload occurs. We can't have magnets down in our ED. That's unacceptable."

"Our old magnets would break easily, so we would go down for a couple hours on a regular basis. The engineer would come and fix it, but it was an overall need to change out that scanner. When we have downtime like that, the workflow is affected because we have to reschedule everybody. That trickles down to patients missing appointments and it's ultimately going to delay their care, which we obviously don't want to do."

"It's getting hard to find replacement parts, which results in downtime. We had three or four days of downtime last month because we were trying to obtain parts. Because these parts are sitting in storage units, they degrade while they sit there. We had to have the same part replaced two or three times before we finally found one that would keep us on our feet."

"Any downtime is a major problem. Every two or three months, we'd have some sort of minor repair, and we would go down for a day or two."

Patients are complaining that they are claustrophobic or uncomfortable in our current machine

"We already had an older Company A 3T. Some of the lead techs wanted something that was more comfortable for our patients. There's a significant number of patients that were terminating scans because of claustrophobia due to the size of the bore of our scanner. MRI techs were pushing to find machines with larger bores."

"We've been having an issue due to the increase in size of our patients. The bore on the older machine isn't really wide. We aren't able to see every single patient in there. The main reason we decided we needed a new machine is to accommodate every patient, because it's uncomfortable to fit a larger patient because they are too big for our machine."

"We had a 1.5 Tesla scanner and the challenge with 1.5 Tesla scanners is that you have to use an endorectal coil. It wasn't comfortable for patients at all. We had to find a way to perform the study in a more comfortable environment without the use of that endorectal coil."

"We are having complications of getting patients into the scanner due to body size. We were having to complete scans on patients that couldn't fit into the 60-centimeter bore."

"A big part of this was to address patient claustrophobia. Americans aren't getting any smaller, everybody is getting bigger. We are in an obesity epidemic, which means we need the biggest bore possible."

We're losing revenue because of bad patient reviews, limited machine availability, and long wait times

"We were missing patients because we were having to refer them elsewhere. I did a time study and over the course of a year, we were losing $250,000-$300,000 worth of revenue."

"We were seeing a negative impact on our facility. Assume that I'm a patient that needs an MRI. I'm looking for facilities that do MRIs around town. If I see a bad review stating that the machine in our facility generates a negative experience, whether the machine is too small or takes too long, I won't go there. I'd rather drive a little further and go somewhere else. We were losing business right there. Patient reviews were bad because of all the rescheduling. We use the Press Ganey survey and because we are in a small town, those reviews of customers being frustrated had an impact on us."

"It's a problem when we can't accommodate patient's schedules. We were seeing an issue with customer satisfaction. If we can't accommodate them, they're going to go elsewhere and that's exactly what was happening."

"We noticed that more patients were leaking out of our local community into neighboring communities due to our limited availability of the MR machine. We saw that leakage, which was about 10-15% of our total volume in the community."

"When a patient tries to make an appointment and the wait is too long, they end up not making an appointment at all. That's been happening."

Our facility is expanding, and we need a new machine to accommodate that growth

"We had to accommodate our expansion. We bought an additional physician practice, so we had to address that increasing volume."

"We recently purchased a hospital system. After the purchase was complete, we found a serious need for an MRI machine on the coast of North Carolina. They didn't have one there."

"I work at a large, urban pediatric hospital system. We are expanding on the clinical side, so the decision was made that we wanted something brand new."

"We are at capacity on our two current magnets, and our volumes are demanding a third magnet. That's what triggered our need. Schedules were tight and we needed a way to accommodate more appointments."

"We needed extra machines because our volume was expanding."

SUCCESS FACTORS

MRI Machine

Success Factors are the results that buyers expect from purchasing an **MRI machine**.

Use this insight to develop content, messaging, and case studies that give buyers confidence that you can deliver on the outcomes they care about the most.

Success Factors Buying Insights:

1. Better image quality will give us more confidence in our diagnoses
2. We'll better retain existing patients and acquire new ones
3. Faster scans will improve productivity and increase patient satisfaction (less wait time, quicker appointments)
4. Faster scans will drive additional revenue because we can handle more patients and appointments
5. Our patients will be more comfortable in a quieter and roomier machine
6. We'll expand our operations to perform additional procedures and address different types of needs
7. We'll reduce expenses

Better image quality will give us more confidence in our diagnoses

"The newer scanners will obtain that improved image quality. These new technologies allow providers to see more in-depth on the anatomy and will likely improve our diagnoses."

"This will give us more definite and confident reporting for the radiologists. Nobody has to hedge and say, "Possibly this," or "Possibly that." We would like to be able to say, "We don't see it in diffusion, and this is supported by other imaging, hence there is nothing there." We will definitely have more confidence in these images."

"The 3 Tesla scanner allows us better image quality when it comes to musculoskeletal. It provides the orthopedic surgeons better detail. When they were getting ready to perform surgery, the radiologists felt more confident in their reads with this new system."

"Additional sensitivity and specificity allows for better disease recognition. Being able to detect and characterize disease is what this is all about."

"We are targeting different types of drug therapies and gene therapies. We monitor the progress and go from the non-clinical aspect to clinical trials. With these new scanners, we are able to bring these drugs and therapies to the pediatric side and treat children who are dealing with these issues. It's improving not only the image quality, but the diagnoses as well."

We'll better retain existing patients and acquire new ones

"I get to retain patients rather than refer them out because they don't safely fit into the scanner, which is huge. We live in a rural area. The closest MRI scanner is an hour drive. This new scanner will keep our care closer to home for our patients without the need to travel. They get to go to our specialty clinic, see an orthopedist, and walk down the hallway for their MRI. Then, they can see their provider and have surgery at one place without having to leave town. That's the goal."

"We will eliminate the need to refer patients to our competitor and be able to keep those patients in our hospital system. Those were both important parts of why we purchased that machine. We will stop losing patients and hopefully gain some patients too. It will help us with primary care, specialized care, and skilled nursing facilities. All these things coming together will keep the patient in our system and get them well quickly."

"There's a certain percentage of patients that may go elsewhere if the wait time is too long. We're not a captive system, like Kaiser, where everything stays within one facility. Patients can go elsewhere for their scans, which we obviously want to prevent."

"Once we make schedule adjustments and opened our hours later, we will be able to recapture 20% of our volume. We have to allow for more patients to stay local instead of having them go to other cities."

"The main thing with this new scanner is that it allows the user to target certain metabolites in the body. Instead of just targeting hydrogen, which is what we typically do during an MRI. It can also pinpoint other ones like phosphate and chlorate. It gives the research staff the ability to bring in more options and market our facility by telling those patients that we have these additional capabilities, ultimately winning us more patients."

Faster scans will improve productivity and increase patient satisfaction (less wait time, quicker appointments)

"This technology will provide faster scans, which increases productivity within our department. That quicker turnaround is overall better for our patients."

"Our main goal is efficiency. We will be able to do things with faster speed and shorten our appointment times. If we are able to complete the study with 10-20% improvement in speed, then we might be able to scan one or two extra patients every day. Improving our scan speed will allow us to fit more patients in and improve our waiting times. Basically, our patients can get in sooner."

"The goal is to get a machine that's faster—get them in, get them out. Being able to have somebody that's scheduled to get in and out on time is important. We will be able to better handle our patients and that's the goal."

"The objective is to have all MRIs done in 30 minutes, from beginning to end. To do that, you need efficient imaging. This will create a more seamless operation, so we have less wait times."

"We will be able to scan our patients in 40% less time. That's the goal."

Faster scans will drive additional revenue because we can handle more patients and appointments

"The number of scans per day and the time per scan literally translates into monies gained. We're always counting everything and evaluating new purchases with metrics, like increased volume and decreased scan times."

"The main goal is revenue, that's the key. Revenue and patient traffic go together, so if we can claim that we are the first to have this in the area, it will impact our bottom line."

"We will increase throughput with more patients and appointments. We will expand with multiple different machines within the same institution. That will help us increase our volume and ultimately our revenue."

"If we can increase the amount of patients seen on a daily basis, because the scanner is going faster, it will increase the amount of revenue that we will end up with at the end of the day."

"It certainly translates into an impact on the bottom line, because we will be able to do more scans."

Our patients will be more comfortable in a quieter and roomier machine

"The industry standard now is a 70-centimeter bore because it is more comfortable and accommodating to the patient. Those little one-off things that are included will add to the comfort level of the patient. Things like ambient experience where they can watch different colors, make it more relaxing, as opposed to the sterile, anxiety-ridden room. Also, we wanted to move to silent technology, which will make things better for the veterans that find the sound triggering. Patients say it sounds like rapid gunfire, so we hope that silent technology will make things less scary. This will make things more patient-friendly."

"We're trying to accommodate larger patients. America's getting bigger and bigger. Now we can accommodate bigger patients without having to tell them they don't fit, or this machine is too small."

"If patients don't have to be in the machine as long, this will improve patient comfort. If a patient is claustrophobic, then a 15-minute scan would be more preferable than a 30-minute scan. The goal is improved patient comfort."

"Patient comfort is higher with a larger bore. The larger bore allows for less claustrophobia and allows us to do pediatric patients."

"We will have a better experience for our patients with this new machine. We will probably have less of a need for follow up scans, which makes things easier on our patients."

We'll expand our operations to perform additional procedures and address different types of needs

"We want everyone to be on the same page with the machine. We will have more options and solutions available to each division. Rather than having some MRIs that only work on extremities, we will have a closed MRI that was good for everything—brain, extremity, abdomen. Compatibility with multiple different sequences is going to be very helpful."

"We are in an academic center, and we want the newest sequences. We want to do specialized exams, like tractography, which we weren't able to do at the time. We want the newest system so we can access the newest sequences and appeal to all different needs."

"This upgrade allowed me to do in-bore biopsies and ablations of the prostate, which couldn't be done previously."

"We want to do different types of scans. Right now, they're not doing any specific pelvic scans, just general pelvis. With the new machine, they will be able to focus on the prostate or the vaginal canal. We will focus on those types of procedures more than just general pelvis, which expands our ability to different types of scans. We will also be able to accommodate scans with and without contrast."

"We will better satisfy the sub-specialists. Our customers are the ENTs, orthopedics, and neurosurgeons, and we want to make sure they are a loyal customer base and can meet their needs, in addition to the family doctors and internists."

We'll reduce expenses

"We are hoping to curb the amount of repair costs. The new machine will have a service contract, so there's a decreased likelihood of machine downtime and repair costs. Lowering expenses is an important role in this decision."

"We're going helium-free. Helium is a noble gas. Once it's gone, it's gone. The cost of helium has gone up substantially, like 300-400%. Being able to go helium-free will be a huge cost-savings."

"This will help with lowering the costs for us and the patients. The billing is a lot higher for inpatient because of our footprint. Everything that occurs on a hospital campus is more expensive. We want to reduce those costs for us and for our community."

PERCEIVED BARRIERS

MRI Machine

Perceived Barriers are the things that prevent buyers from considering your **MRI machine**. These are factors that **eliminate providers** from consideration as buyers narrow down their options.

Use this insight to differentiate yourself by alleviating buyer concerns that eliminate other providers and solutions from contention.

bpi

Perceived Barriers Buying Insights:

1. We're hesitant to try a manufacturer that none of us have worked or had a good experience with
2. We only consider providers regarded as a leader in the MRI industry
3. We can't work with manufacturers that don't provide technical support and parts that are in proximity to us
4. Certain contractual terms eliminate our ability to work with certain providers (upgrades, ongoing maintenance / support, etc.)

We're hesitant to try a manufacturer that none of us have worked or had a good experience with

"There were personal preferences for some of our radiologists. For instance, my MSK radiologist has done a lot of work with Company A. He loves Company A so he was pushing for that. Everybody had something to say based on prior experiences. Company C was out fairly early because folks didn't have experience with those systems, therefore there wasn't much confidence in that brand. We are primarily a Company D shop. If you have a history with a vendor, that's important. I know who to call and how to get a quick answer with them. That's crucial."

"I've been with my hospital system for almost 14 years. We primarily deal with Company B. About 8 years ago, they considered getting a Company A MRI. Radiologists always had issues with it. My previous hospital had Company A and there were all kinds of issues. The doctors hated it, so when it came time to switch, they convinced the staff to get rid of it and purchase a Company B magnet."

"Our list was Company D, Company B, and Company A. We incorporated input based on vendors we have previously worked with, like Company B and Company A. I'm the Operations Manager and the MRI Safety Officer and have numerous years of experience. I have good knowledge of what would and wouldn't. work"

"We look at contacts and relationships. People have practiced and trained with certain equipment. In a big network with multiple offices, there's tremendous inertia about changing providers. When you switch, you have to train everybody on a different platform. Why switch if it's not broken? The likelihood to change companies goes down the more machines and locations you have. It's a big deal to change and start integrating different manufacturers. We didn't want to switch, so we weren't going outside of Company A or Company B."

"We have relationships with Company A and Company D, so those were the primary ones that we evaluated. We've had a symbiotic relationship for a long time with Company A. People trust them. Until they have a bad product and break down in the middle of ski season, we will stick with what works."

"We've worked with both Company A and Company B before, and we have a lot of experience with them. To bring in a vendor we didn't have that experience with would create a larger expectation on training, which could delay the startup."

We only consider providers regarded as a leader in the MRI industry

"We only considered Company B because they are the leader, kind of like the Apple to the rest of the smartphones. We considered Company A and Company B, because they are the two that immediately come to mind. We didn't go beyond those two vendors."

"We only evaluated the big three names in the arena. Company D has other equipment in our hospital, as well as Company A and Company B."

"There is no reason for a major academic center to go with anything other than Company B, Company D, or Company A. We only looked at the leaders in the industry."

"I feel that from doing my research, like reading certain articles and studies, I see who the big names are and how we should make a list. More times than not, these bigger facilities gravitate towards a Company B magnet."

"There's not that many players. It's Company A and Company B. Those are the big ones."

We can't work with manufacturers that don't provide technical support and parts that are in proximity to us

"We looked at who would have a service engineer a reasonable distance from us, just in case we went down. Being in a rural area, we need to make sure we are going to be well cared for and not down for three days until a tech or engineer could get on-site. I considered where their parts were stored. Did they have warehouses in the Midwest? Is the service engineer nearby? We let Samsung go because they didn't have an engineer within a three-hour radius of us."

"One vendor has a large availability of service contract employees that already come to our hospital for other things and are in the region. If Company D doesn't have a trained engineer, they may have to outsource an engineer that can serve our region. It's important that we find someone that can service our region."

"Some of this decision is regionally based. We're in south central Pennsylvania. That helped us take some names off the list. For example, Company B tends to be more towards Philadelphia and not in south central Pennsylvania."

"We narrowed it down to two based on how easy it was to find a part. One company was near our town, so if a machine needs any service, the time it takes to come and do the work is faster. We used to have a Company C in Florida, and it was really hard to find an engineer that works for Company C in that area. Then, once you find one, it's hard to find the parts because they aren't nearby."

Certain contractual terms eliminate our ability to work with certain providers (upgrades, ongoing maintenance / support, etc.)

"We looked at Company A, with respect to what it has to offer with regards to monthly maintenance upgrades. Some providers' terms include the upgrade for free with your monthly or annual maintenance contracts, while other providers charge extra for that."

"Company B got eliminated because their service contract and terms were running much higher than we could consider. Those terms make a difference."

"We are handcuffed in our organization based on contracts. Our leadership team only allowed us to look at two different vendors based on contractual terms. They dictated that we had to weigh the pros and cons of the offerings based on what would meet our needs, but also be within the contractual terms that our hospital operates within."

"There are so many little add-ons and features in the contract. We look at the maintenance agreement and all the software packages and upgrades that are offered. It's endless, but eventually we got the service contract down 20%."

DECISION CRITERIA

MRI Machine

Decision Criteria are the *specific* questions buyers ask as they figure out which **MRI machines** and providers they're going to consider, winnow down their options, and make a final decision.

Use these insights to develop strategies and messaging that emphasize the product features and proof points buyers care about the most.

Decision Criteria Buying Insights (1 of 2):

1. How sharp, clear and detailed is the imaging quality?
2. Do you have the bore size and magnet strength we want?
3. How quickly can we complete individual scan sequences?
4. Are quality coil options available and adjustable to make patients with different needs comfortable
5. Is the UI and scanning workflow simple and efficient?
6. Do you have value-add features we want (ambient noise, mood lighting, video, simultaneous sequences)?
7. How quickly and reliably can the machine be installed?

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Decision Criteria Buying Insights (2 of 2):

8. How responsive and effective is your after-sales, technical support when we need it?
9. What types of training do you offer to get us up-to-speed quickly and effectively?
10. What is your product roadmap, and will you innovate to help us stay ahead of the industry?
11. What is the estimated TCO and ROI (incl. set-up and maintenance costs, operational exp., lifespan, etc.)

How sharp, clear and detailed is the imaging quality?

"We pay close attention to the sharpness of images. I'm concerned about the MRIs of the brain, spine, and joints because that's my focus. Company B looks better than Company A, the image is sharper, and contrast is little better. There are also differences in sensitivities in terms of sequences. We wanted a machine that showed us images, like gradient echo sequences, which allows us to look for blood in the brain. Company B has their proprietary sequence that is more sensitive to detection of prior micro hemorrhages from concussions."

"Our radiologists came out with a list that said which exams couldn't be done on certain magnets because they didn't like the way the images looked. There were issues with artifacts and shading issues. If you're looking at a brain image and the center of the brain looks darker than it should compared to how it looks on the other system, that's a problem. I've had challenges with Company A. You don't have as much freedom to reconstruct the 3D imaging from one plane to another. It didn't have the higher functioning imaging platform that they wanted or needed. Company B allows for higher-functioning imaging when you're trying to push the gradients to the limit, the quality is better. I've heard that the imaging on a Company B machine is superior."

"Our radiologists and administrative team didn't feel that Company D was a good vendor because the image quality wasn't as high as the other two. Our radiologist has looked at a lot of images that have been submitted for accreditation. His input on image quality is well-respected, so we took that into account. Based on his practice and protocols, he felt that the sequences and image quality of the Company A was better than Company B."

"We are looking to focus and magnify images. We want the little magnifying glass, the wheel on the mouse that helps us zoom in. The top two were Company A and Company D. They impressed our team with their ability to magnify images."

"We paid close attention to clarity and image quality of each one. We looked at sample images from each machine of brain MRIs to view the differentiation between them. There may be some graininess in terms of image quality from one manufacturer to another. Company B and Company D were both excellent in terms of the quality of the image. We could see distinct differences."

Do you have the bore size and magnet strength we want?

"We looked at the table size and the bore size. Company D had a nice big bore and a large table limit, which felt less claustrophobic than some of the others. There's a specific metric in terms of the bore size, depending on the amount of centimeters. The bigger the hole you go through, the less claustrophobia experienced by the patient. Most machines are broken down into small bore and large bore, so we looked at that."

"We wanted to upgrade. We have a 1.5 right now, but we wanted something stronger. Ideally, we wanted to double the strength of our magnet and we ended up going with a 3.0."

"First and foremost, do you want a 1.5 Tesla, a 3 Tesla, or an open magnet? We already had an open magnet and we wanted to move towards a closed magnet. But more importantly, what was the size of the magnet and the strength of the magnet? That's the number one priority."

"There were discussions around going with another Prisma, which is a 3T and what we have now versus another type of magnet. From what I've learned, Prisma is the gold standard of research. There are higher end magnets, like 7 Teslas, but our team was only interested in purchasing 3 Teslas. We ultimately decided to go with one of the newer magnets, called the Vida, which is a shorter bore but it's wider. We needed something wider because we weren't sure what size patients and animals will be going inside the magnets. We wanted something as wide as possible, while not compromising the magnet strength."

"The bore is bigger for the Company B standard machine. That's a big part of why we decided to go with them."

How quickly can we complete individual scan sequences?

"We looked at the time for the sequences—how long it takes for each individual one. For example, for a brain MRI, Company D takes 12 minutes versus Company B who takes 14 minutes. Those small nuances and their algorithms are important. They change the timing, and it allows for different numbers of procedures to be done in a day, which plays a large role in our overall workflow."

"One of them had different scan sequences, like the smart card. It would take Company A 15-17 minutes to scan a brain, but this other provider could get it down to 12 minutes."

"When a machine can make it faster for the patient, that's important. Those scan times were pretty similar, but there were some that compress those timelines, which ultimately makes the scan go faster. As an example, a regular brain can take 12 minutes in a scanner, but if you want to make it faster, you can compress it to five minutes without compromising that image quality."

"We have to do quicker scans so we can get patients in and out faster. As we looked at the machines, we felt that Company A was better in that sense. They proved to us that they could improve our workflows and inefficiencies with this newest scanner that they offered. Their protocols allowed us to download quicker. We would have better flexibility based on radiologists' recommendations to get scans done quicker."

"Company B was better overall. We felt confident that we would be able to shorten our scan times, get more patients in, and be able to perform that MR Enterography. That way we can better see bowel scans, which requires a faster scanner. With MR Enterography, we've been able to get comparable scan times with Company A as well."

Are quality coil options available and adjustable to make patients with different needs comfortable?

"Company A's spine coil is integrated into the table, just like Company B'. The head and neck coil made great strides since the last model. We are able to adjust the head so if a patient has a humpback or are uncomfortable in the scanner, you can adjust the coil. This makes patients more comfortable in the scanner. They put a lot of effort into comfort, which is a win."

"Company A now has something called air coils. You can bend them, and they are more comfortable for a patient. If someone comes in with a broken knee, you don't have to accommodate that knee in a super tight spot. You can just wrap the knee around this coil and the patient is going to feel more comfortable. We will be able to see more patients without harming them and making them feel more comfortable."

"Company A differentiated itself with superior surface coil technology. The coils are very light and robust. Technologists love this because they're flexible. They flip on the patient easily and ultimately makes everything more comfortable for the patient."

"I look at the compatibility of the coils that are available on the market. The various coils offered are important: the neuro coil, the extremity coil, and the body coil. We wanted to make sure we had all those options available for coils so we can ensure our patients are comfortable, regardless of what type of scan they are receiving."

"There are all kinds of coils. A head coil that wraps around the head and then does its read, a breast coil, a leg and lower extremity coil, and a body coil. They all have to be compatible with the base unit and some coils are incompatible. Those coils are important."

Is the UI and scanning workflow simple and efficient?

"The user interface is more user-friendly on a Company A platform. There are things you can change and manipulate easily, but when you work on a Company B magnet, it feels like there are too many options that you can change. That played a part in our decision."

"We looked at the ease of use of the machine as well as how easy it was to get in and out of the machine."

"From the technologist standpoint, the interaction with one machine was very cumbersome compared to the Company B and the Company A. There were a lot of extra steps having to do with comfort."

"Company B' platform is more cumbersome to work with. It felt like a lot of extra clicks rather than a seamless, streamlined process. Is it possible to undock and dock the table? We really wanted an undockable table, so we didn't have to do so many patient transfers. If you're working by yourself, you don't have to get additional help transferring patients. Fixed tables don't have that option to take the table out and care for the patient outside of the scan room and then move them back in. United Imaging and Company C were cut based on that."

Do you have value-add features that we want (ambient noise, mood lighting, video, simultaneous sequences)?

"We looked at the features offered. We wanted the ability to segment images, meaning that we could break it up into certain parcels. Based on that, Company A and Company D both stood out because they had that segmenting capability. We also looked at other features, like whether the machine offered music in it. We wanted all those little bells and whistles and both Company A and Company D had those."

"We wanted the bells and whistles. Some MRI machines have mood lighting. Company D has integration of music and that played a role in our decision. All those little technical add-ons were important to us."

"Company A and Company B were the two main systems that we considered. The Company A rep talked a lot about the unique features they offered. They showed us a method of acquisition where one single acquisition can yield three or four different sequences, where traditionally it needed to be done sequentially. We thought that was a neat feature to have."

"We have one of the louder scanning bores, whereas now the industry standard is silent scanning. It has ambient noise rather than the high volumes that our current scanner ran on. The technology has changed, so we wanted that ambient noise feature."

"The Company D system has an ambient experience, with video features and additional upgrades. We liked that."

How quickly and reliably can the machine be installed?

"Implementation timing and construction costs are big things for us. We have to look at whether we would have to re-fit the entire area where the machine was going. We had to take a close look at that with regards to the construction required for a Company A machine vs. a Company D machine. We looked at the fit that was needed in the room, the size of the room, and what was necessary to create that fit, including the wiring and lighting. How quickly can they take out the old machine? How quickly can they get a new one in? We needed to get this all done within nine months. Company A could guarantee getting the machine in a lot quicker than the others could, so that was a big win for Company A."

"When Company B installs a system, I feel like the quality of the workmanship is superior. When a magnet gets installed by Company A, you have to make sure the room is sealed properly, and the magnet is level with the floor. It's a week's worth of installation making sure everything is up and running properly. I've never had a problem with Company B other than a drastic issue, like a power failure or something unavoidable. In my experience, there tends to be more service calls with the installation of a Company A machine."

"An acceptable timeline for implementation is usually within two weeks. Once the infrastructure is already there, it shouldn't take any longer than that."

"If you're running two different kinds of magnets, they all have different imaging sequences and training to get the techs up and running. It's a lot of work to revise and rewrite the pulse sequences for each type of image. If you're running two different machines, you can't just plug in a new one and it spits stuff out. There's a tremendous amount of pulse sequence input to streamline these protocols, so we looked at how easily it would be to get a new machine implemented."

"The ease of inputting protocols and integrating between the sites is important. We have a bunch of different sites, and we need standard protocols on all machines so they can communicate with other machines in our system. It's better with Company B because it's easier for the techs. If they need to pull a protocol without contacting a radiology or the chief tech, it just cuts the steps, and everything is online and shareable between the sites."

How responsive and effective is your after-sales, technical support when we need it?

"We kept Company A on our list because we've had some significant service issues with Company D. That has left a sour taste in people's mouths. Company D was having a hard time with their service and support. They had poor response times and that soured us from getting one of their magnets. Company A service is great, and I know they support our neighboring hospitals. That played a part in our decision."

"Radiologists and radiology techs tend to have a preference for Company A based on their after sales support. They are more responsive and collaborative. They understand our needs and challenges. They know if a machine goes down, they can fix it quickly. That's important to us."

"From my experience working with Company B, they have far superior maintenance for their equipment, more so than I've experienced with Company A. With Company A, there's a greater likelihood of there being an issue with the software, the machine not starting up correctly, or an issue with the liquid helium. I want to know that maintenance is up to par."

"The big thing was the service that the vendor supplies. One of them is so reactive that we put a request in and by the time I left the room, the service guy had already made arrangements to take a look at the issue."

"Company A's customer care is sufficient, but if you have a real problem, customer care doesn't help. Company B is known for better customer support."

What types of training do you offer to get us up-to-speed quickly and effectively?

"A big part of this is the training of the staff. Company A was offering on-site training and classroom training. They have a big training facility. That impressed the doctors, and we ended up sending some staff there. It's built into the price, and it really impressed us."

"When the machine comes in, they have an on-site training for the staff. They will offer a multi-day, multi-session training to accommodate everybody. Some providers will make sure that we are fully trained before they leave us on our own. They also offer virtual training. Training was an important thing that we took into account."

"Company B is going to provide better training for the techs than Company A. All the techs have to be trained, and Company A would require a whole set of unfamiliar protocols."

What is your product roadmap, and will you innovate to help us stay ahead of the industry?

"This will keep us on that competitive edge of technology that you don't see often in smaller critical access hospitals. Company A's platform hasn't changed much. If we had chose Company A, we would have been fine, but I felt like the Company D scanner took the technology to another level. We won't have to compete with industry standards, we will be leading it. In three years, the Company A machine will be obsolete, but the Company D will be leading the game at that point. Company A was making minor changes rather than leaps and bounds. Without question, Company D was the direction we wanted to go. We were ready for a big step forward in technology. It would provide a wow factor for our patients."

"We want to be state-of-the-art. We wanted the latest and greatest so we can grow and provide more services and better services to our various divisions. We were hoping to open up new services specifically for things like prostate and breast MRIs."

"We look at how they are moving forward with things, like imaging environments. Company B is always upgrading and staying a step ahead. Company A is lagging. They do upgrades, but they're always behind. It's important for us to stay on top of it. We look at things like faster upgrades for things like addressing artifacts on imaging or changing protocols to minimize those artifacts or upgrading to reduce scan times for particular."

"I'm interested in how they're using current technology, what the upgrade pathways are for the magnets, and what the life expectancy is. If I buy a magnet, how do I get to the latest platform in three to five years? We look at the technology of the surface coils, which is changing rapidly. We're looking at things like artificial intelligence, everything from patient positioning to scan modeling to rapid reconstructions and deep learning algorithms. Company A was a bit ahead of everybody else with their use of AI. We looked deeply at the product roadmaps to determine where they were going with this technology."

What is the estimated TCO and ROI (incl. set-up and maintenance costs, operational exp., lifespan, etc.)

"We looked at overall pricing, maintenance costs, setup costs, and everything else that went into the final pricing. There was a clear winner, with respect to total cost of ownership. There were differences in total costs and upfront costs of the machine itself. We looked at all of that."

"There were a number of things that helped us narrow down our search, including price. We look at the criteria compared to our budget and how we can stretch it. We look at the level of support that we will get and the ROI on the lifespan of the machine. We evaluate whether we are going to keep the machine for three years or whether we can stretch it to six. What's the value if we want to resell it? For some providers, the ROI is calculated on how stable the machine is, which factors into the decision. If it breaks down, how much will it cost to fix? Overall, Company A is more expensive than Company D, but Company D breaks down more easily and the cost of repairs is higher, which may give us more trouble in the future."

"In the end, it's always about total cost. We look at the total cost versus potential revenue gain. We also evaluated the maintenance package. We got a better deal with Company B."

"One vendor came in with a really good offer for their bottom-line price. It included all of the equipment that came with it and all the services that were available that we weren't able to do it before. We looked at all those components of cost."

"We look at the full cost of ownership. For instance, Company D has a helium-free magnet, which saves a tremendous amount of money. It's environmentally friendly and that plays a big part in the overall cost and cost of maintenance."

BUYER'S JOURNEY

MRI Machine

Buyer's Journey is the purchase steps, information resources, and people involved in the decision process for an **MRI machine**.

Use these insights to identify who to target, where to target them, and how.

Buyer's Journey Buying Insights (1 of 2):

1. We build a business case to justify the need for a new machine
2. We form a buying committee with a diverse group of stakeholders (radiology heads, radiologists, techs., finance, compliance, legal, purchasing, CMOs, CNOs, etc.)
3. We search online to establish a list of potential vendors (provider websites, Facebook, industry forums)
4. We collect opinions from colleagues and peers outside of our organization
5. We lean on industry resources to learn more about the different providers (periodicals, white papers, journals, physician manuals, and conferences)
6. We set up initial vendor meetings to learn about their capabilities and ask questions

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Buyer's Journey Buying Insights (2 of 2):

7. We arrange site visits at other institutions to see the machines and get feedback from actual users
8. We contact references to collect more feedback on the providers and machines we're considering
9. We conduct a thorough analysis of each provider (quantitative assessments, pros vs. cons, ability to meet key requirements from clinicians and techs)
10. By the end of the process, coming to a consensus on the decision is relatively easy
11. Senior management signs off on the buying committee's recommendation (e.g., CEO, CFO, Dir. Radiology)

We build a business case to justify the need for a new machine

"The doctors came up with what they wanted to see and what they needed in the machines. The doctors are the ones that generate revenue, so as long as they show the amount of patients it will help and how that translates into revenue, they will prove their case. That's what we used to get approval to start getting bids."

"After a lot of market analysis and determining the ROI we would get from it within the next one to three years, we decided that we needed a machine. Various types of procedures are the main moneymaking tools for each hospital under our current value-based care system, so we start by looking at that financial impact."

"We have to apply for funding from our allocation within the greater umbrella of our medical group. That's the first step."

"The process began with establishing a proof of a need and revenue potential."

We form a buying committee with a diverse group of stakeholders (radiology heads, radiologists, techs., finance, compliance, legal, purchasing, CMOs, CNOs, etc.)

"We form a committee with multiple different radiologists that review the images for quality as well as an MRI tech. The ultimate decision was the Chairman or the Director of Radiology, who is an administrator, as well as someone in the Finance department that plays a large role too."

"A lot of the feedback comes directly from me, as the doctor. I'm also an MRI tech and I involve my lead imaging technologist, who is also an MRI tech."

"A committee comes together with the Chief Medical Officer, Chief Nursing Officer, the CFO, the purchasing people, compliance, and legal."

"We had a point man who is a partner in the group and an MD. We have the Head of Neuro, who serves as quality control for these types of things. They tend to be more technical. The MD supervisor is involved and then we have a negotiator."

"We had a steering committee that makes the final decision. We reached out to all the members and there were quite a few providers who had a lot of clinical experience. We engaged our Chief Medical Information Officer, a couple of directors of finance from different markets, our informatic lead, our Chief Radiologist, and our supply chain person."

We search online to establish a list of potential vendors (provider websites, Facebook, industry forums)

"As part of the team, we look online at what is available. We go to vendor or manufacturer websites as a starting point. We look at their stats and specs, as well as what options are available. There are multiple radiology forums available online, as well as social media sites like SCRMO. We go on Facebook groups that discuss radiology practices in terms of machines and quality. There is a Facebook group called American Radiologists where people discuss their equipment and the benefits and drawbacks associated with each one."

"We go to the physician websites and company websites. We researched online about Company B, Company D, and Hitachi. We reviewed their websites."

"We review providers' websites."

We collect opinions from colleagues and peers outside of our organization

"We reach out to our doctors. They have input, they have certain vendors that they like. They talk to their counterparts and staff at competing hospitals. We hear things like, "We always buy Company B,'" and "I'm a Company A guy," so we gather all of that input."

"We talked to the technologist to make sure we understand how they feel about a new magnet and if they have any input on a specific brand of software."

"We are in touch with some collaborative organizations in state and out of state. Some are university based and some are not. We reach out to our peers and get more information to better understand the companies and the models available. All of this information gets reviewed."

"I talked to peers in the area to understand who offers what."

"I've been doing this for 30 years, so I ask around and know who the main players tend to be in this arena."

We lean on industry resources to learn more about the different providers (periodicals, white papers, journals, physician manuals, and conferences)

"I did a lot of periodical research. There are some radiology magazines that have comparison charts showing what company provides what. ITN is one of the publications, the other one is ICE—Advancing Imaging Professionals."

"A lot of our information was aggregated or obtained at the national conference, RSNA, the Radiology Society of North America. It's the biggest radiology meeting in the world. They meet once a year in Chicago in November and they have a football size arena for manufacturers to display their wares and discuss the quality of their products. We also looked at white papers from a variety of different journals."

"We read the papers to see who is number one, number two, and so forth. We read physicians manuals and go to radiology conferences."

"We read white papers and publications on the clinical side from Hitachi, Company A, Company D, and Company C. We look at various radiology journals and articles."

"We see the companies at conferences. They show exhibits at all the big conferences, like RSN in Chicago every year. We talk to them there and they show us what they can do."

We set up initial vendor meetings to learn about their capabilities and ask questions

"We spoke with the representatives from each of the vendors. We met with Company A in person, and they brought us pamphlets."

"We have the major vendors come in and do presentations in front of a team of people, including the neuroradiologist, body radiologist, musculoskeletal radiologist, and the chief tech in MRI."

"We meet with them in person. We collected samples of sequences and watched their presentations. We asked questions. If they don't know the answers, they get back to you. That's how we gather information."

"We set up meetings with vendors, some of them are in person and others are virtual."

We arrange site visits at other institutions to see the machines and get feedback from actual users

"Site visits are critical. My opinion is that the dog and pony show from these companies is very sophisticated. I like site visits because I get to look at images as they're generated. Most importantly, I get to talk to physicians and technologists once the reps leave. I always ask for private time to get the real truth. Company D did a dog and pony show and took us to sites that weren't happy with the product, which was interesting. Company A did a better job at bringing us to sites where the presentations were more positive. You learn a lot by going to these sites and seeing how they do it and how pleased they are with the product. The two questions I ask are, "How happy are they with the support and their decision overall?" Those are the most impactful things I can ask. I want to know what the physicians think about the images."

"We sent our Chief Medical Office and myself to other hospitals. We did two site visits and met with staff there. We never want the vendor involved in this; we don't want to be guided through. We went as the guests of the hospital, met with them, and heard good things and bad things. That played a big part in our decision."

"We actually went and looked at all three scanners in action at their sites to see them in play and witness what they could do. I went to Miami, Columbus, and Texas to see various options. We spent a good portion of the day messing with the scanner, working with protocols, figuring out the technology, and watching their workflows. It was helpful to see what worked and what didn't, and how we might adapt it to our facility."

"We learned from site visits that your equipment is only as good as the people who develop and make it. Talking to the clinical applications team, they were super excited about their equipment. When you see and hear that excitement, you know they are working with a product that can provide services that will really help patients. That's a win."

"We arrange a site visit to review and see what it actually looks like and how it works at their institution."

We contact references to collect more feedback on the providers and machines we're considering

"We always ask for references that we can call. The most important thing is me talking to the chairman of another department that just installed a Company A magnet and asking them about how it's working. "Are your radiologists pleased with it? How's the speed? Is it bulletproof," so to speak."

"We do reference checks. We reach out to clinical managers or operational managers that have past experience with both Company A and Company D. We get good information from those references.. As you know, healthcare organizations are all islands, and we don't talk to each other because of HIPAA and GDPR. We try to talk to our competitors about what types of machines they have in a neighboring state or city. They are often willing to help and provide us feedback with the pluses and minuses. These reference checks really help. We want to hear the good, the bad, and everything in between in addition to any ancillary expenses that may occur that we may not have heard about from the vendor."

"We ask for references and referrals."

PRIORITY INITIATIVES

SUCCESS FACTORS

PERCEIVED BARRIERS

DECISION CRITERIA

BUYER'S JOURNEY

We conduct a thorough analysis of each provider (quantitative assessments, pros vs. cons, ability to meet key requirements from clinicians and techs)

"We talked through the different criteria. The quantitative aspect mostly dealt with costs. We did an analysis in terms of time saved and average scan time, which compared a routine brain scan on one scanner vs. another. We determined how that factored into our appointment schedule and how many studies we could fit in with each machine, along with a cost analysis. All those criteria went into the evaluation."

"Once we gather all the data, we prioritize them based on two things. We prioritize them on pros and cons and based on what the clinicians are suggesting. Then, we evaluate how that matches up from a monetary perspective. We analyze all of that and create a map that shows pros and cons and make a proposal from there."

"We put the pros and cons in two columns. You've got two scanners. Can it do this? Can it do that? What works? What doesn't work? What would it cost? What is the staff comfort level with the scanner? Will it require extra training? What's the support like?"

"We started the process with a series of questions guided by the technologist, the interventional radiologist, or a neuroradiologist. After that, we go back and grade the vendors on how they fulfilled our wish list. At the end of the day, we are going to pick a vendor that fulfills all our expectations."

"We went through the criteria, including the quantitative stuff. We chat about how one would be better for us than another."

By the end of the process, coming to a consensus on the decision is relatively easy

"It was very easy to get to a consensus. After going to the site visits and interacting with those machines, it was simple to get to a decision."

"After I saw all three scanners in action, we narrowed it down to the Company D and the Company A. My lead imaging tech and I know the workflow and we understand all those little caveats to look for and we came together and agreed."

"It was relatively easy to get a consensus because everyone was fed up with the quality on Company A."

"It was pretty easy to get to a consensus as to who to go with by the end of the process."

"There was significant opposition that came from a couple radiologists. They thought their idea was better than the rest, and we just have to show them the clinical data that was provided to us. We showed them the financial data and all the pluses and minuses. A couple of them were stuck on a particular machine, but those options were out of our budget, so it forced us to make another decision."

PRIORITY INITIATIVES

SUCCESS FACTORS

PERCEIVED BARRIERS

DECISION CRITERIA

BUYER'S JOURNEY

Senior management signs off on the buying committee's recommendation (e.g., CEO, CFO, Dir. Radiology)

"The final sign-off will be the CFO and the CEO. Any large capital items are also presented to the board. Doctors often sit on the hospital board, so it usually goes through without a problem."

"The Finance person signs off and then it goes to the leadership of the hospital for final approval."

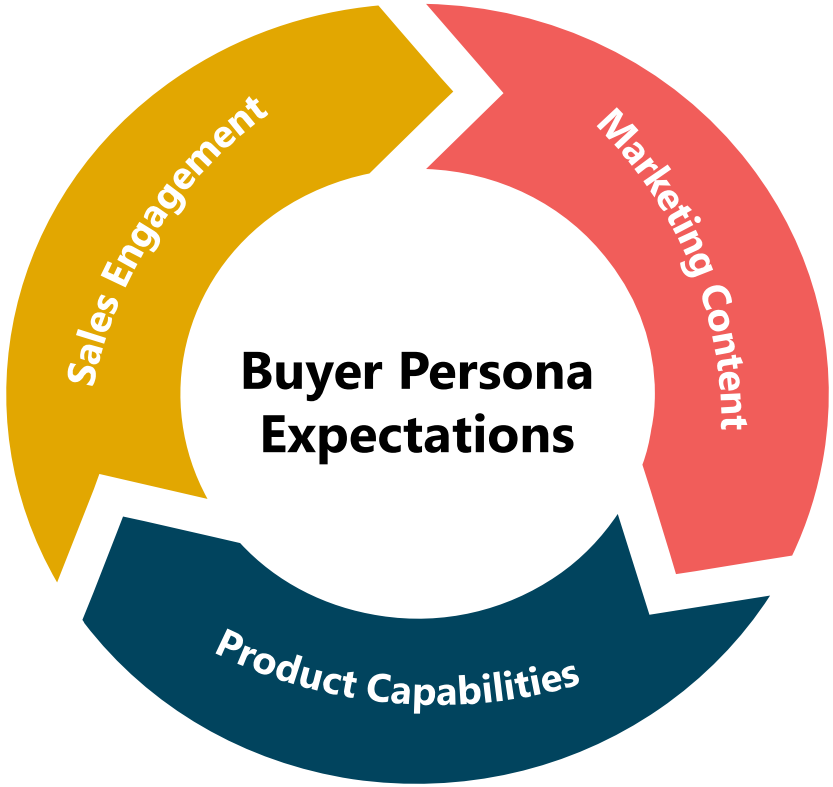
"In the end, it was the finance manager and the building cost manager that had the final say."

"The CEO of the hospital and the Director of Radiology make the final choice."

"The final sign-off goes to our CEO."

Next Steps:

Adjust strategies to deliver the knowledge and experiences customers need before they buy



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