



Development Environment for Medical Devices  
in Japan and the US: ***Impact on Current  
Activities and the Roles of Clinical Engineering***  
Sunday, June 11, 8:00 a.m. - 9:00 a.m.

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# Objectives

- Review the practice of clinical engineering profession in the US
- Medical device market global overview and roles of Clinical Engineers in manufacturing and associated technologies
- Opportunities for clinical engineers in the current innovative and fast-developing technology
- Closing Comments

# US Clinical Engineers

- **Profession by the title of Clinical Engineer (CE)**
  - Coined in mid 1960s by Cesar Caceres, MD, later AAMI Board member
- **American College of Clinical Engineering began in 1990**
  - *"A Clinical Engineer is a professional who supports and advances patient care by applying engineering managerial skills to healthcare technology."* - ACCE Definition, 1992, see <http://accenet.org/>
- **Education**
  - Typically has at least a baccalaureate (4-year) degree in engineering or engineering technology from an accredited college or university
  - Of ACCE Individual members\*, 60% have masters or doctoral degrees
- **Certification & Licensing**
  - CE Certification desirable after 3 years of experience; 31%\* have CCE
  - Licensing as a professional engineer (PE) not required

# US Clinical Engineers



## Number\*

- USA CEs est. 20,000
- ACCE members ~800

## Work Place\*\*

- Hospitals 70%
- Consultant 15%
- Industry 10%
- Academia 5%

\*Sources: [PayScale.com](https://www.payscale.com), Bureau of Labor Statistics, and CNNMoney research, 2012

\*\*ACCE Body of Knowledge (BOK) 2015 Survey re Health Technology (HT) Definitions & Practices

# US CEs: *Activities & Knowledge Base*

## Categories of CE Work

1.HTM	30
2.Service Delivery Management	20
3.General Management	15
4.Risk Management / Safety	10
5.CE-IT (Information Technology)	8
6. Education of Others	7
7. Facilities Management	6
8. Testing, Evaluation, Modification	4

## % Time

## CE Knowledge Category

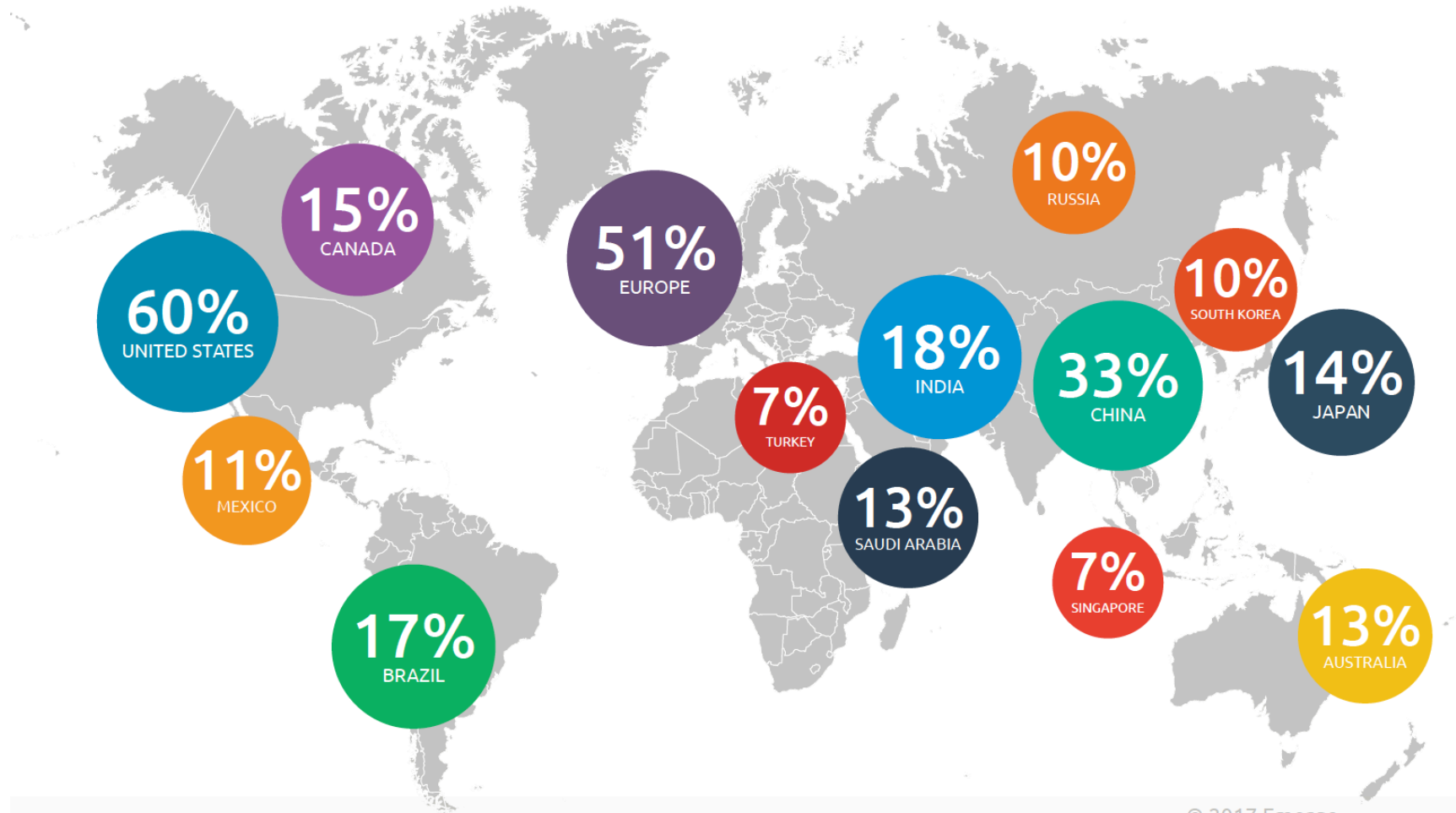
1.Regulatory Standards/Codes
2.Physiological Monitoring
3.General Med./Nursing Equipment
4.Surgical Equipment
5.Medical Device Integration (CE-IT)
6.Anesthesia
7.Presentation Skills
8.Respiratory Therapy
9.Computers, Networking, Information Tech. (CE-IT)
10.Medical Imaging

Source: ACCE Body of Knowledge (BOK) 2015 Survey

# Global Overview: *Medical Device Market 2017*

- **US** -- Companies are trying to figure out what will replace the soon-to-be-dismantled Affordable Care Act and what this means for their long term sales prospects in the world's largest healthcare market (world market \$398B  
(Visiongain, London) )
- **Europe** -- The introduction of strenuous new medical device regulations and ongoing currency exchange differential has some smaller American device companies pulling out of the market
- **Brazil** -- Stagnating economy continues to take some shine off what used to be the brightest market in the western hemisphere
- **China** -- Regulations seem to appear out of nowhere with immediate effect, leaving many scratching their heads  
~~about how to comply with the Chinese FDA (CFDA)~~

# Estimated Growth in Medical Device Market



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# Clinical Engineers' Roles

- Health Care Delivery
- Health Care Administration
- Academia
- Health Care Commerce
- Health Care Manufacturing – Medical Devices
- Health Care innovation –Start ups



# US Clinical Engineers in Different Roles



**Jenniffer Jackson**

Director of Clinical Engineering  
& Device Integration at Cedars-  
Sinai Medical Center,  
Los Angeles, CA



**Carla Gallegos**

Vice President of Healthcare  
Solutions Sales, at Enlighted Inc.  
Advanced Technologies,  
Innovation, and Transformation,  
San Francisco Bay Area



**Payman Roshan**

Senior Vice President at Kaiser  
Foundation Hospital/Health Plan  
Kaiser Permanente  
Panorama City, California



**James Welch**

Executive Vice President  
Product Development, Quality  
Systems and Regulatory Affairs  
at Sotera Wireless, Inc.  
Orange County, California Area



**Frank R. Painter**

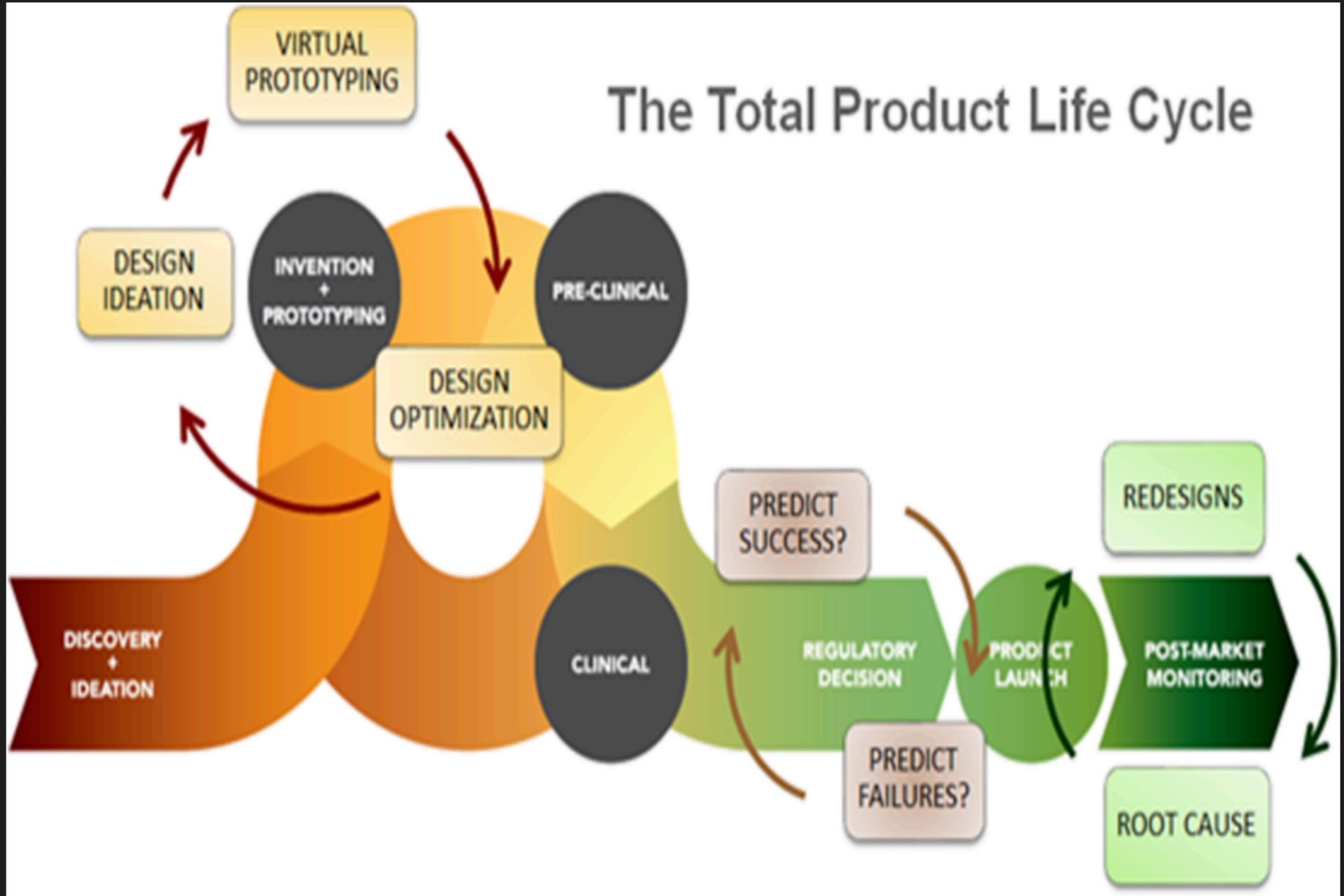
Healthcare Technology Consultant  
and UCONN Professor  
University of Connecticut - Clinical  
Engineering Program  
University at Buffalo,  
Greater New York City Area



**Tracy Rausch**

Founder, CEO of DocBox Inc.  
Innovative platform that  
integrates medical device and  
Health IT,  
Greater Boston Area

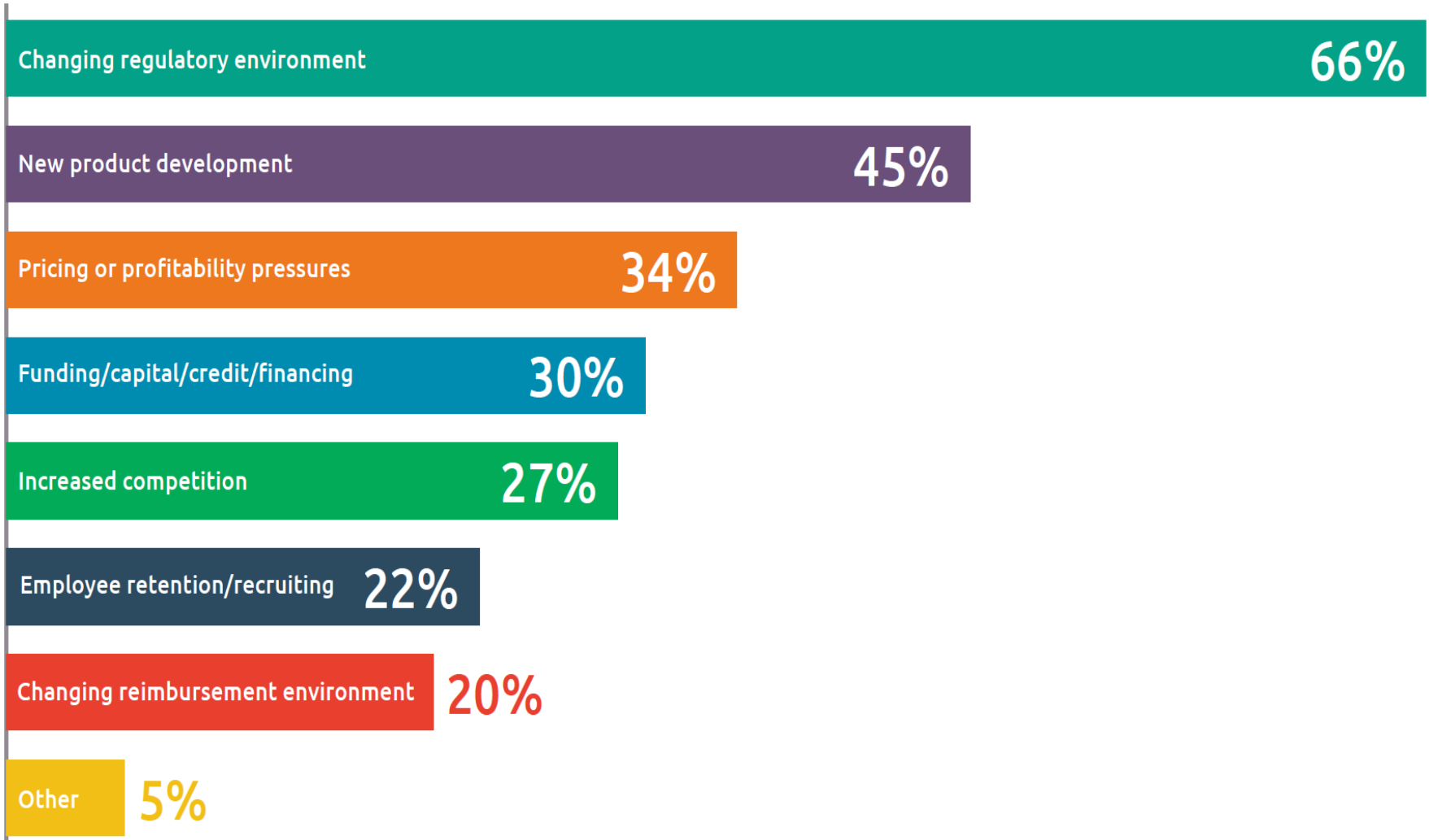
# The Total Product Life Cycle



# Role of Clinical Engineers in Manufacturing

- Point of care consultants and advisors – Individual, Focus Groups, Survey Participants.
- Value added point of care – build upon deployed technology. Integration, formal evaluation/assessment, purchasing process
- Part of medical device life cycle teams – Design, production, market, product improvement.
- Entrepreneurs, Innovators, Company  
founders / owners

# Biggest Challenges for Medical Device Manufacturers 2017



# Traditional Role of Clinical Engineering

## Sustaining Innovation

- Technology acquisition and installation
- End user education
- Technical support
- Life cycle management

## Disruptive Innovation

- Same sustaining elements of support
- New clinical application support
- Performance feedback to developers

# US CE Case Study 1: *Infusion Pump Systems*

Emerging Role for assisting Disruptive  
Innovation CE-IT related devices

## Delivery System CE Roles: Design Challenges

- Several FDA alerts re design, software-SW/firmware, cleaning/infection control, equipment PM, & other issues
- Over-infusion Incidents supplier follow-up
- Warranty & Post-warranty support concerns
- Add additional alarms, eg ,tubing setup
- Artifact interference in certain clinical settings



## CE-IT Requirements Challenges

- Wireless challenges for CQI downloads and SW change management ; took 2 years to re-design and correct wireless card
- Eventually hit limit and need to exceed 2500 programmable drugs for all use cases
- Security protocols for all device use cases



# US CE Case Study 2:

## *Alarm Management Systems (AMS)*

More Disruptive Innovation

### Delivery System CE Roles: Design Challenges

- Scalable solutions not fully developed so initially server overloads & intermittent system shutdowns; supplier purchased smaller company but had not fully assessed current product and capabilities
- Reduction of monitoring techs by Customer before Alarm response protocols worked out became a patient safety issue
- Different subsystems gaining significant national scrutiny as The Joint Commission (hospital accreditation) national patient safety goal emerged



### CE-IT Requirements Challenges

- A secondary alarm notification tool; not optimized for primary notification
- KP has conducted end-to-end testing and invested significantly to build up IT infrastructure to support enterprise-wide approach
- More readily monitor and adjust individual device AMS configurations

# US CE Case Study 3:

## *Digital (Integrated) OR Systems (DOR)*

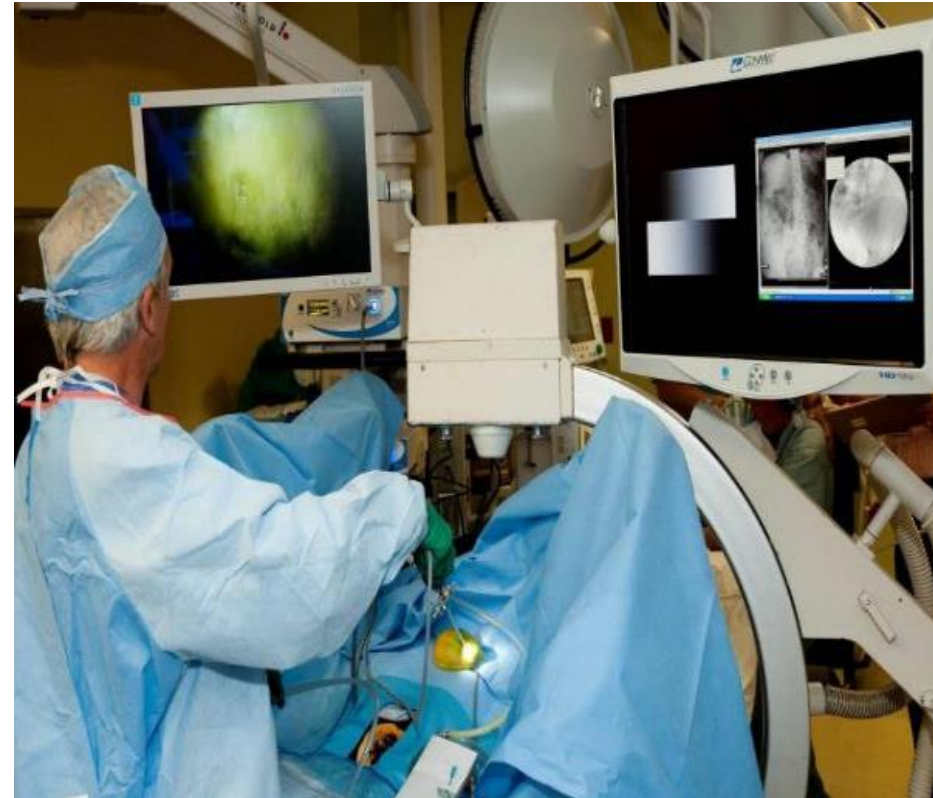
### Delivery System CE Role: Design Challenges

- Device interoperability ensuring image quality when using different DOR and Rigid Endoscopy suppliers
- Storage and retrieval of surgical images with appropriate privacy and security compliance
- Reliability, reprocessing, and durability of surgical video Endoscopy

### CE-IT Requirements Challenges

- Different image capture / management strategies for different surgical sub-specialties
- Sending images to mHealth platforms - SmartPhones, Tablets - while still meeting needed privacy and security
- Wireless image transfer and fidelity
- Ongoing testing of image quality

### More Disruptive Innovation

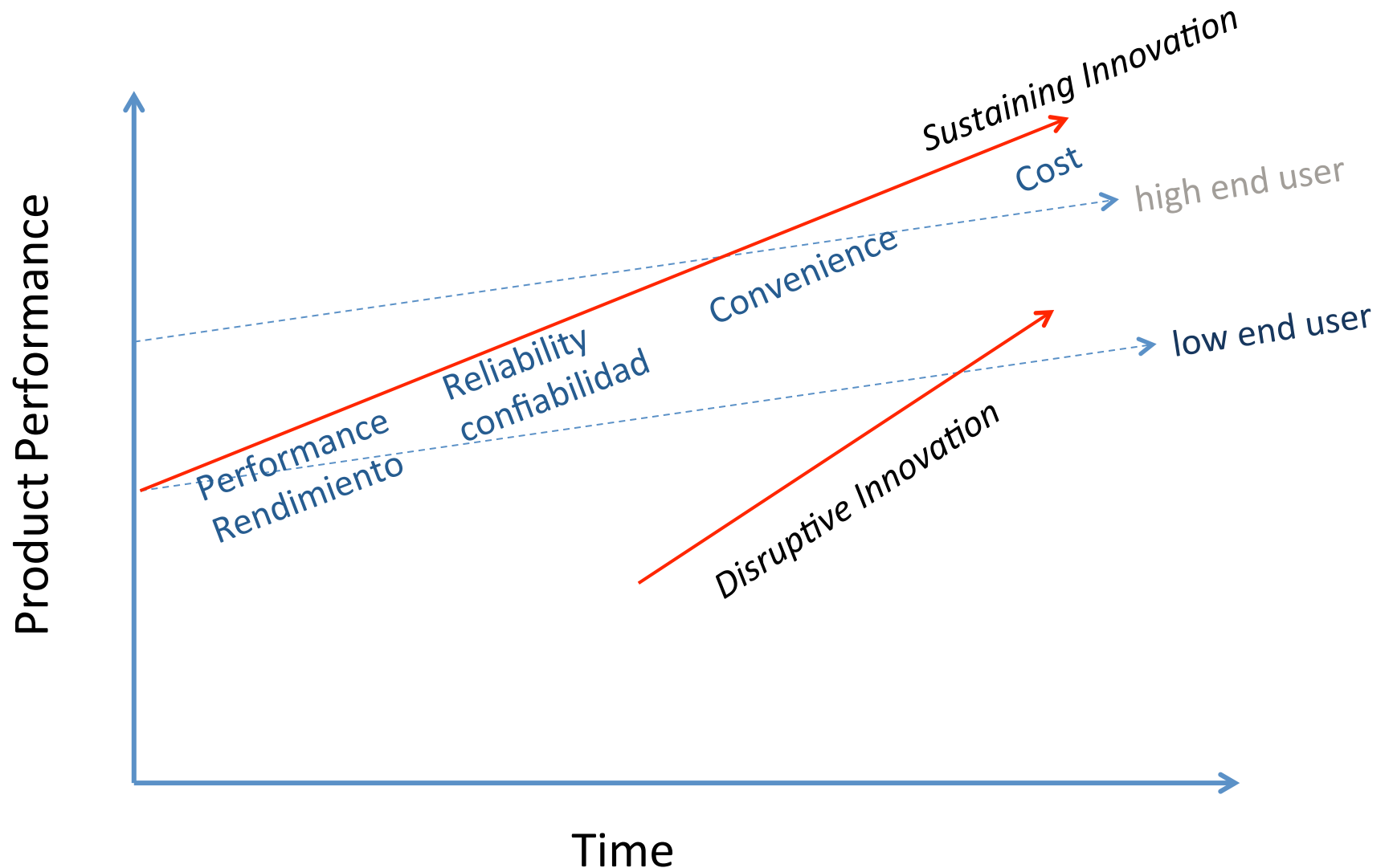




# US CE Case Study 4: *Tracy Rausch, CCE*

- Early CE-IT leader in her delivery system
  - Started own small company 10 years ago
- Now has implemented a very innovative device for intensive care ...
  - Being used in India integrating clinical and CE-HTM information in a world-class fashion; presented at WHO's recent Forum, approved in USA by FDA as well
  - This system is changing how clinical practice and CE-HTM combine together to improve quality & efficiency
  - Tracy is speaking in the 2<sup>nd</sup> hour for JSMI-JACE this morning.

# What is Innovation...?



# Innovation

## Sustaining Innovation

- Adds new capabilities to **existing users**
- Driven by most demanding customers
- Dominated by existing market leaders

## Disruptive Innovation

- Provides solutions for **new users**
- Developed by new entrepreneurial companies
- Adds capability over time
- Creates new business ecosystem

*The innovators dilemma*

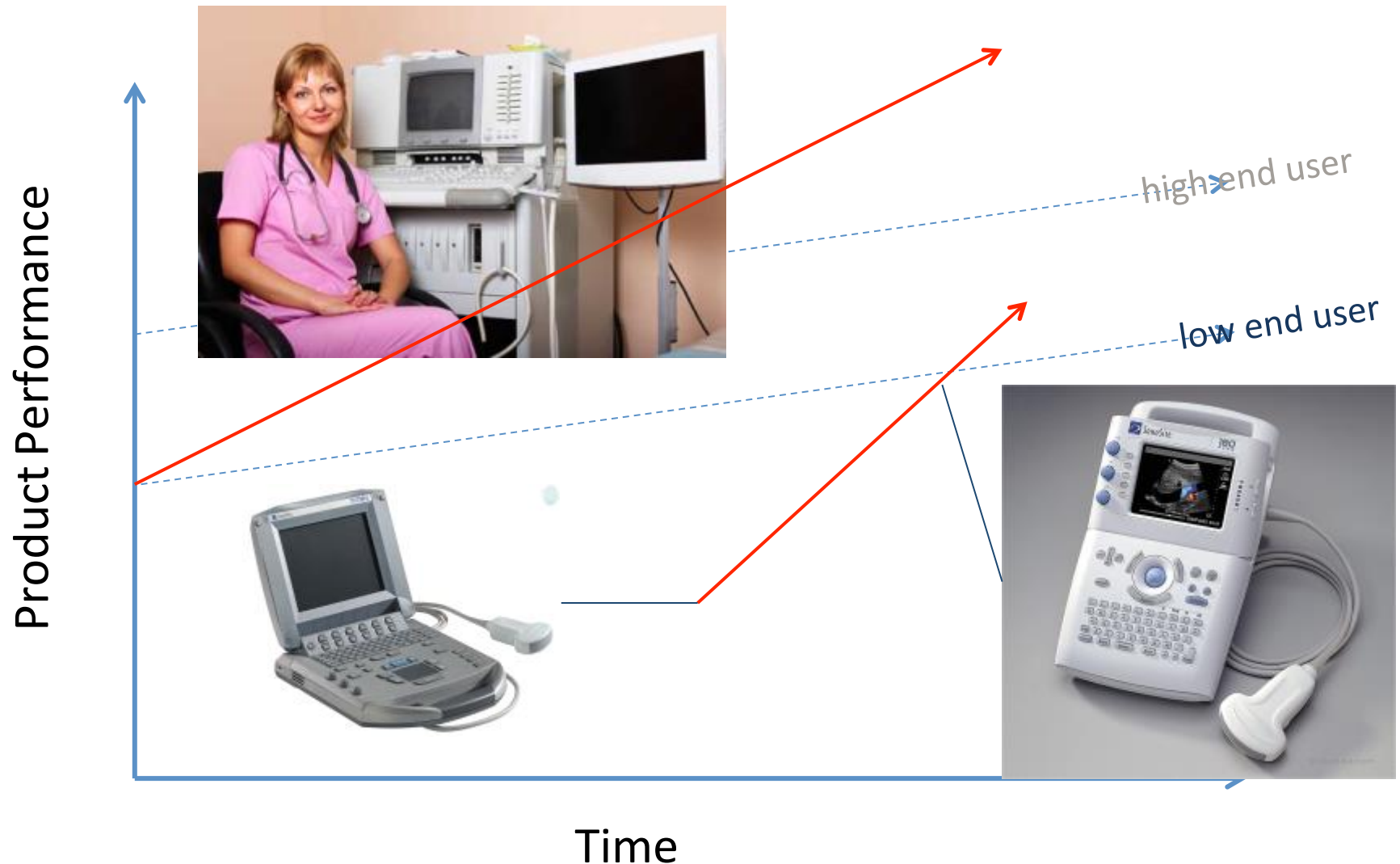


# Disruptive Technology Introduction Challenges

*Disruptive technologies address the needs of new users  
(non-consumers)*

- Traditional device in-service (how to use) may not be sufficient
- Are new user policies or practices required?
- What new risks are introduced into the system (unintended consequences)?
- What role does the clinical/biomedical engineer play?

# Ultrasound Imaging



# Opportunities for Clinical Engineers in Manufacturing

- Specialization In Regulatory affairs
- Professional Association participation
- Embrace innovation as part of Body of Practice
- Participate in incubators for innovative technology and new product development
- Embrace “leading from where you practice”

# Remaining part of the Future

- Innovation in healthcare is unavoidable. If we are not prepared we may find ourselves obsolete.
- IT enterprise with medical devices is a fact
  - Ubiquitous wireless connectivity rapidly becoming reality
  - New standards will follow innovation, not lead it.
- The creative destruction of the current healthcare model will be replaced by the merging of wellness devices with medical devices.
- CEs can embrace the creation, production, and application of the medical devices of the future.