

A photograph of two surgeons in an operating room. They are wearing green scrubs, white masks, and green surgical caps. The surgeon in the foreground is wearing AR glasses with the brand name 'Clarivate' on the side. Both surgeons are holding black handheld controllers. The scene is lit with a blue and green hue, typical of an operating room.

Clarivate

Medtech Trends to Watch in 2026

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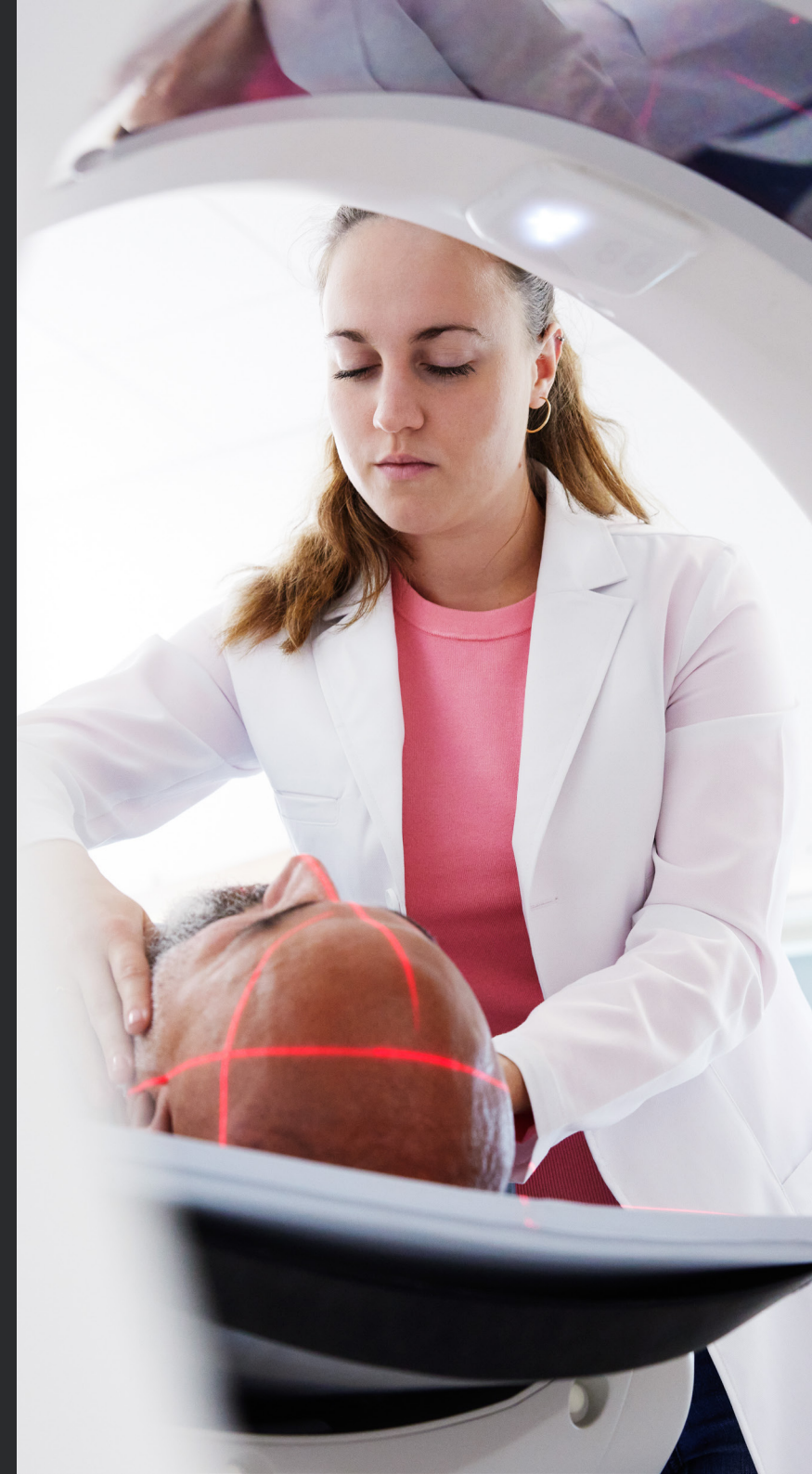
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Introduction

The medtech landscape is entering a period of accelerated change, shaped by powerful forces that are redefining where care is delivered, how technologies compete, and how global markets evolve.

From Mainland China's expanding volume based procurement (VBP) program and continued migration of procedures into outpatient and ambulatory surgery center (ASC) settings, to shifting global trade dynamics and the far reaching effects of glucagon-like peptide-1 (GLP-1) weight loss therapies, stakeholders face complex pressures that influence pricing, clinical demand, and commercial strategy.

At the same time, enabling technologies are driving a shift toward platform based ecosystems that reshape competitive differentiation. Together, these trends offer a clearer view of the structural changes that will shape medtech innovation, investment, and growth in the years ahead. In this e-book, we take a closer look at several of these trends, the overarching dynamics at play, and their impact across the industry.



Mainland China's expansion of VBP is reshaping global medtech economics

Mainland China's sixth round of national Volume Based Procurement (VBP) marks one of the most consequential shifts in global medtech pricing and competitive dynamics. Originally introduced to curb high medical device prices and broaden patient access, VBP has evolved into a powerful market shaping mechanism, one that lowers costs, accelerates domestic product adoption, and reshuffles competitive hierarchies across medtech.

A system designed for cost compression at scale

Under VBP, manufacturers secure large volume purchasing commitments in exchange for steep price concessions. The model's impact is dramatic: during the first stent VBP cycle (2021–2023), prices decreased from around 16,000 yuan to 700–800 yuan, enabling more than 3.7m patients to receive discounted coronary stents and driving greater than 95% VBP product penetration nationwide. In its newest round, VBP continues targeting categories with high economic and clinical significance, notably drug coated balloons (DCBs) for coronary and peripheral interventions and urological devices.

The sixth batch: new rules, deeper discounts, higher stakes

The sixth VBP round introduces a formal anchor price mechanism, which replaces fixed threshold bidding with a dynamic reference price based on the average range of bids submitted during competitive sessions. Rather than simply capping prices, this benchmark significantly shapes competitive strategy by instead rewarding suppliers that balance aggressive pricing with broad supply capability.

The price impact under this framework remains severe:

- **Coronary Drug-Coated Balloons (DCBs):** cut from 6,000–8,000 yuan to an estimated average of ~2,500 yuan (~65% decrease)
- **Peripheral DCBs:** cut from 15,000-28,000 yuan to an estimated average of ~3,400 yuan (~84% decrease)

Source: [Office of the National Joint Procurement of High-Value Medical Consumables](#) and [Clarivate Medtech360](#)

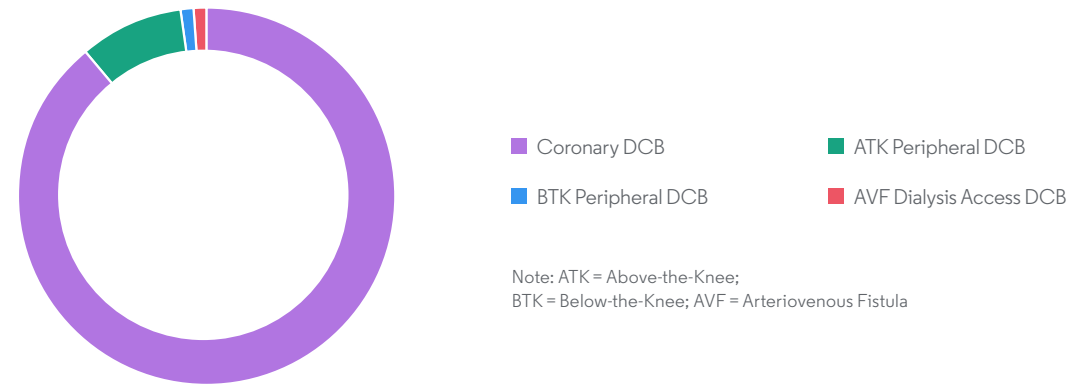


Another defining feature of the process is hospital demand submission. Ahead of bid evaluation, hospitals register expected device usage for the year by product and manufacturer. While this submitted demand does not determine winners, it establishes the volume pool from which allocations are later drawn.

Together, these charts visualize how demand submission skews toward domestic competitors, reflecting entrenched clinical usage patterns even before final VBP pricing and allocation. This preference amplifies the structural advantage local players have captured: they not only outbid on price but are already positioned with higher expressed demand, meaning winners from these groups gain allocation priority. Multinationals, in contrast, often face comparatively lower submitted volumes and thus smaller guaranteed allocations despite participating in bids.

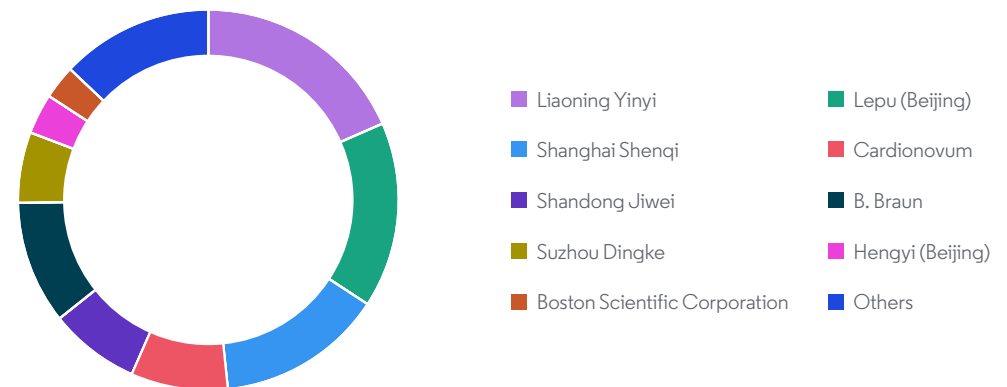
Demand does not determine winners, but it does establish the overall volume pool.

Figure 1: Demand for DCBs across indications in Mainland China



Source: [Office of the National Joint Procurement of High-Value Medical Consumables](#)

Figure 2: Demand for coronary DCB companies in latest VBP round



Source: [Office of the National Joint Procurement of High-Value Medical Consumables](#)

"Mainland China's sixth VBP cycle is continuing to shift demand and competitive advantage toward domestic manufacturers while serving as a blueprint to other governments for achieving lower healthcare costs through collective negotiation."

Sean Messenger

Director & Product Manager, Medtech

In the latest round allocation among winning bidders follows three pricing-based rules. Rule 1 grants priority access to the lowest-priced bids near or below the anchor price, capturing the majority of submitted hospital volumes. Rule 2 applies to moderately priced bids, providing partial access to volumes. Rule 3 includes technically qualified but higher-priced bidders who retain winner status but receive minimal or residual allocations. In practice, only Rule 1 and select Rule 2 winners achieve meaningful scale.

By formalizing anchor pricing and layering hospital-submitted demand with tiered winner allocation, the sixth round further entrenches Mainland China's domestic manufacturers and reshapes competitive expectations.

For global players, winning alone no longer ensures access to the highest share of volumes unless underlying demand already favors them, which is a signal of how deeply VBP is influencing clinical preference and market economics.

A rapid power shift

The current market environment reinforces a clear multi-year trend: VBP is structurally shifting market share toward Chinese manufacturers. By enforcing aggressive price floors, the policy effectively neutralizes traditional premium device advantages such as brand equity, incremental performance differentiation, and bundled portfolio offerings.

For global players, winning alone no longer ensures access to the highest share of volumes unless underlying demand already favors them, which is a signal of how deeply VBP is influencing clinical preference and market economics.



Market consequences: A new competitive paradigm

1. Global pricing pressure

With lower VBP prices in Mainland China, maintaining higher price levels in other regions could become more challenging. Multinational companies are also experiencing increased attention from payors, particularly in emerging markets where governments view Mainland China's approach as an example of what may be achievable through collective negotiation.

For instance, the recent 31 province [Super Alliance rollout](#) for structural heart occluders demonstrated severe price compression, with average cuts of 27–38% and some categories exceeding 60%. This dynamic closely parallels the latest VBP round for DCBs. These developments highlight how VBP mechanisms structurally compress pricing, erode premium positioning, and reshape demand allocation. For global suppliers, participation alone no longer ensures scale or profitability — sustained success now requires structural cost discipline and strategic alignment with Mainland China's centralized procurement model.

2. Accelerated domestic innovation

VBP ensures domestic volume commitments, creating predictable revenue bases that fund Chinese R&D. Local manufacturers are now improving technology faster, reducing the historic quality gap with global players.

In specialized segments such as structural heart occluders, guaranteed multi-year demand and strict procurement rules have reshaped a highly technical market. Domestic companies have accelerated product development, while faster access for newly approved devices and enforced quality standards drive continuous improvement. As a result, even in complex structural heart interventions, domestic manufacturers are rapidly narrowing the technology gap with global competitors.

3. Portfolio and market entry reassessment

Companies will need to rethink Mainland China strategies from top to bottom: Can imported products remain viable under VBP margins? Should companies pivot toward mid tier products, localized manufacturing, or joint ventures? Are certain categories no longer strategically profitable in Mainland China?

4. Implications for upstream global supply chains

As procurement pushes device prices toward commodity levels, suppliers experience compression that may trigger consolidation of manufacturing, greater emphasis on cost optimized design, and expansion of Mainland China based sourcing to remain cost competitive globally.

Local manufacturers are now improving technology faster, reducing the historic quality gap with global players.



Why this trend matters

Mainland China's VBP expansion signals a significant restructuring of medtech economics, not a temporary policy cycle. As more device categories enter national procurement, Mainland China will increasingly operate under a low margin, high volume model where domestic companies are well positioned to win.

For multinational medtech companies, the implications are profound. While Mainland China

remains one of the world's largest medtech markets, it is becoming increasingly difficult for MNCs to compete as VBP structurally compresses pricing and steers hospital demand toward domestic suppliers. Sustained participation in Mainland China will require fundamentally reworked business models, including localized cost structures, simplified and VBP-aligned portfolios, and value propositions that extend beyond product price alone.

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Continued expansion of opportunities in outpatient and ASC settings

The Centers for Medicare & Medicaid Services (CMS) has finalized its 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgery Center (ASC) Payment System Rule, introducing updates that expand outpatient care options and are set to reshape procedure dynamics across therapy areas.

- Phase-out of the inpatient-only (IPO) list
- Large expansion of the ASC Covered Procedure List (CPL), including newly added cardiovascular procedures with high market growth such as cardiac ablation
- Continued volume migration of major procedures such as total knee and hip arthroplasty into ASCs

Overall, CMS is signaling strong support for greater clinical flexibility, lower costs, and more outpatient care across multiple therapy areas.

IPO list phase-out and expanded ASC covered procedure list

A major element of the rule is the three-year phase-out of the IPO list, beginning in 2026. This transition allows more procedures to be performed in outpatient settings when clinically appropriate, reflecting CMS' ongoing effort to improve flexibility and reduce costs.

The CMS has also added 560 procedures to the ASC Covered Procedure List (CPL):

- 289 new procedures
- 271 procedures shifted from the IPO list

This expansion enables physicians to perform more surgeries in cost-effective outpatient settings, improving patient convenience and overall system efficiency, while also helping the CMS achieve its goal of reducing Medicare spending and hospital length of stay, ultimately enhancing outcomes for patients and easing financial pressures on the healthcare system.

289

new procedures

271

procedures shifted from the IPO list

Building on established outpatient shifts and expanding into new areas

The recent updates build on a decade-long trend toward outpatient care in areas like orthopedics and general surgery. For instance, U.S. large-joint reconstructive implant procedure volumes have grown significantly in nonhospital settings in recent years, with the addition of total knee arthroplasty to the ASC CPL in 2020 and total hip arthroplasty in 2021, accelerating this shift.

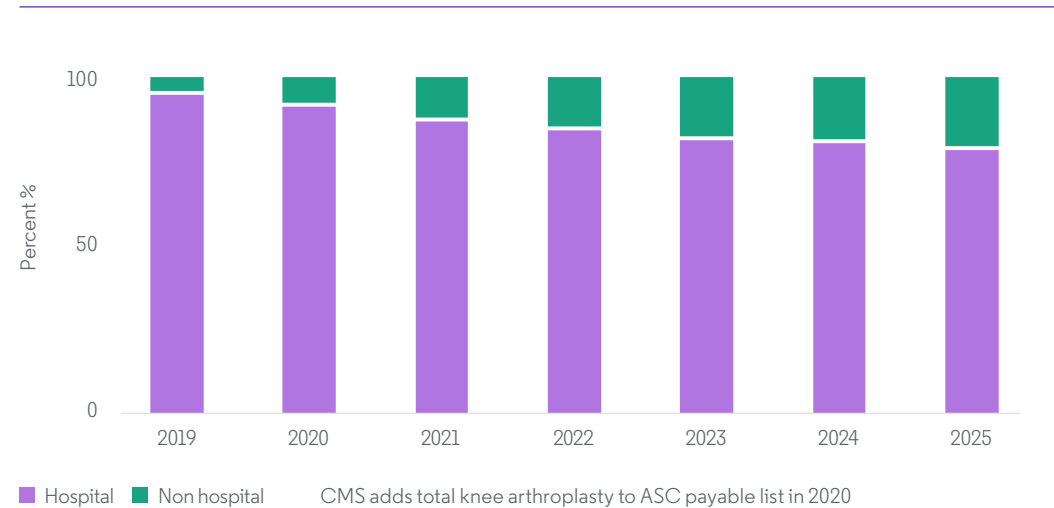
The recent inclusion of key vascular procedures signals further growth potential across high-acuity specialties. Of note is the inclusion of cardiac ablation for atrial fibrillation treatment on the ASC CPL, which creates new opportunities for device manufacturers, including pulsed field ablation (PFA) competitors, and providers in the cardiovascular space. Most of the expected shift in cardiac ablation procedures to ASCs is anticipated in states without Certificate of Need (CON) requirements — such as Florida and Texas, large and high volume markets that do not require a CON for ASC development — positioning them to see earlier adoption of ASC based cardiac ablation.

Balancing reimbursement realities and therapy-specific considerations

While ASC reimbursement rates remain lower than hospital rates, which has historically been based on CMS assumptions of reduced overhead and supply costs, capital requirements and procedural complexity are often similar across settings. This creates operational challenges for providers and underscores the need for careful financial planning.

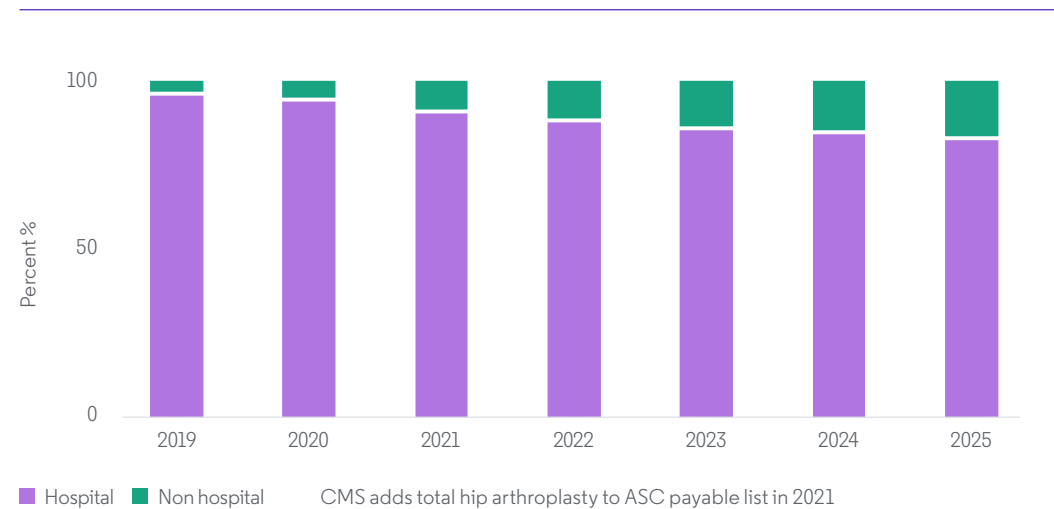
Adoption patterns will also vary considerably by therapy area, influencing device utilization and prioritization of procedures within ASCs. Understanding these nuances will be critical for stakeholders navigating this evolving landscape.

Figure 3: Reconstructive knee implant procedures, by site of service, U.S., 2019–2025



Source: [Clarivate Medtech360](#) and [Clarivate DRG Commercial Analytics 360](#)

Figure 4: Reconstructive hip implant procedures, by site of service, U.S., 2019–2025



Source: [Clarivate Medtech360](#) and [Clarivate DRG Commercial Analytics 360](#)

"The phaseout of the IPO list and expansion of the ASC-eligible procedures reinforce the longstanding migration of surgical care toward outpatient settings."

April Chan-Tsui

Director, Product Operations, DRG Medtech Solutions



Why this trend matters

Ongoing changes like the CMS' 2026 OPSS & ASC rule accelerate the long-standing migration of surgical care toward lower-cost outpatient and ASC settings, reshaping where procedures are performed and how markets evolve. The phase-out of the IPO list and the addition of ASC-eligible procedures, including higher-acuity interventions such as cardiac ablation, expand patient access and support the CMS' goal of reducing Medicare spending. At the same time, it heightens financial pressure on hospitals and requires ASCs to manage lower reimbursement despite the capital, supply, and staffing demands of higher-complexity cases. Ultimately, these shifts require medtech companies and care providers to rethink their go-to-market strategies,

investment priorities, and customer engagement models to stay competitive in an increasingly outpatient-centric landscape.

As these dynamics continue, stakeholders should also be mindful of how evolving federal policy under the current U.S. administration may influence future CMS payment structures and regulatory priorities. Recent federal actions reflect a broader re-evaluation of CMS payment systems and healthcare spending direction, including administrative restructuring efforts and large budget-driven legislation. While the 2026 OPSS & ASC rule is already finalized, upcoming rulemaking cycles may incorporate these changing priorities, potentially affecting reimbursement adequacy, site-of-service policy, and the pace of outpatient migration.

These shifts require medtech companies and care providers to rethink their go-to-market strategies, investment priorities, and customer engagement models to stay competitive.

Evolving global trade dynamics and their impact on Medtech strategy

Global economic uncertainty, shifting trade policies, and supply chain challenges have emerged as defining challenges for medtech heading into 2026. Although U.S. tariffs remain a significant source of volatility, they are now part of a broader, more complex landscape of geopolitical tension, material cost instability, and regional manufacturing realignment. Collectively, these forces are prompting medtech to rethink production footprints, procurement strategies, and long-term resilience planning.

Supply chain disruption and macroeconomic instability have been persistent challenges for device manufacturers in recent years. This uncertainty continues to influence how companies plan for cost, reliability, and geographic concentration of manufacturing.

Tariff dynamics in medtech manufacturing strategy

Tariffs remain an important consideration for medtech manufacturers. Tariffs on critical inputs such as electronics and precision components are likely to increase costs not only for manufacturers but also for hospitals and end-users. The impact of tariffs is not limited to the import of complete medical devices, and it can also be on raw materials used to manufacture finished products in the U.S., which would have a greater impact on the industry.

Tariffs remain an important consideration for medtech manufacturers.



Materials frequently used in medical device manufacturing

Table 1: Examples of materials used in orthopedic device manufacturing

Material	Usage examples	Key exporters
Titanium	Joint reconstruction implants, spinal implants, trauma fixation devices	Mainland China, Europe, Japan, Switzerland
Stainless steel	Trauma fixation devices, joint reconstruction implants	Mainland China, Europe (Germany, Sweden), Japan, Switzerland
Cobalt-chromium	Joint reconstruction implants, spinal implants	Europe (Germany, Sweden), Switzerland
Polyetheretherketone (PEEK)	Joint reconstruction implants, spinal implants	E.U. (Germany), U.K., Switzerland
Ceramics	Joint reconstruction implant bearing surfaces, bioabsorbable joint reconstruction implants	E.U. (Germany), Japan, Switzerland

Source: [Clarivate Medtech360](#)



Table 2: Examples of materials used in cardiovascular device manufacturing

Material	Usage examples	Key exporters
Titanium	Casings for pacemakers	Mainland China, Russia, U.K. (processed titanium) Australia, Mozambique, South Africa (titanium ores)
Ceramics (alumina and zirconia)	Used in pacemakers and implantable cardioverter defibrillators (ICDs) for hermetic sealing and electrical insulation, as well as in catheter tips and sensor	Mainland China, Guyana, Jamaica, (aluminium ores) Australia, Senegal, South Africa (zirconium ores)
Stainless steel	Used in stents, pulse generator components, heart valve frames, sternal closure systems, ventricular assist devices (VADs), and inferior vena cava filters (IVCFs)	E.U. (Italy, Sweden), U.K.

Source: [Clarivate Medtech360](#)



Table 3: Examples of materials used in endoscopy and open surgery device manufacturing

Material	Usage examples	Key exporters
Stainless steel	Endoscopes (outer sheath, insertion tubes), laparoscopic trocars	Mainland China, E.U. (Germany), Japan, Switzerland
Titanium	Fixation devices, surgical tacks, surgical clips	Mainland China, E.U. (Germany, Sweden), Japan, Switzerland
Polypropylene	Hernia meshes, surgical sutures	Canada, South Korea, E.U. (Germany, Belgium), Japan
Fiber Optics	Endoscopes, laparoscopes, and bronchoscopes for illumination and imaging	Mexico, India, Mainland China, South Korea, Japan
Semiconductors	CMOS or CCD image sensors in endoscope cameras	Malaysia, Taiwan, Mainland China, South Korea, Vietnam

Source: [Clarivate Medtech360](#)



Ongoing global supply chain instability

Even beyond tariffs, manufacturers continue to face pressure from fluctuating material prices, logistics unpredictability, labor constraints, and geopolitical tensions. Global supply chain challenges are forcing manufacturers to reassess long standing assumptions around cost structures and supply continuity. This has accelerated interest in reshoring or regionalizing production, though economic and workforce realities limit the feasibility of a complete return to domestic manufacturing. For many medtech companies, especially those reliant on specialty materials or precision components, this means adopting more flexible, multi region strategies that balance cost with resilience.

Consolidation and reinvestment to manage risk

Economic uncertainty is also likely a factor contributing to continued industry consolidation. Larger manufacturers are using scale to manage volatility, helping them to expand capacity, secure more bargaining power with suppliers, and reinvest in enabling technologies that create long-term differentiation. Smaller companies, meanwhile, face higher barriers related to cost, sourcing stability, and compliance, prompting either acquisition or strategic partnerships to survive the current environment.

Strategic shifts in manufacturing and sourcing

In response to global uncertainty, medtech companies are increasingly adopting strategies such as:

- **Regional diversification of suppliers** to reduce exposure to single-country dependencies.
- **Selective reshoring**, especially for high-risk or high value components, even when domestic production introduces higher labor and capital costs.
- **Portfolio realignment**, shifting investment toward categories and technologies less sensitive to raw material volatility or geopolitical constraints.
- **Building operational redundancy**, including dual sourcing, inventory buffering, and increased automation to offset workforce shortages.



"Tariff pressures, material cost volatility and geopolitical uncertainty are prompting leading medtech companies to rethink sourcing strategies and diversify production footprints."

Chandni Park
Head, Commercial, Medtech



Why this trend matters

Global trade dynamics and broader economic uncertainty continue to shape medtech operations and investment decisions. While U.S. tariffs contribute to cost pressures, they are part of a wider set of factors influencing sourcing, logistics, and portfolio planning. For medtech companies, these shifts reinforce

the need for supply chains that balance resilience with cost efficiency. Companies that respond through targeted diversification, careful capital deployment, and proactive portfolio adjustments will be better positioned to navigate ongoing variability in the global environment.

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The GLP-1 Effect: How weight-loss drugs are reshaping care pathways

Glucagon-like peptide-1 (GLP-1) agonists have transformed obesity management, rapidly shifting patient behavior, clinical decision-making, and procedural demand across multiple medtech markets. Following their approvals for weight loss, combined with strong clinical efficacy and massive cultural visibility, prescriptions for anti-obesity drugs have soared. In the U.S., drug uptake has accelerated far faster than bariatric surgery, widening the gap annually as GLP-1 use climbs into the millions, while surgery volumes have stagnated or declined.

Impact on bariatric surgery volumes

Although bariatric surgery still delivers the greatest total weight loss efficacy (~30–33% vs. GLP-1 RA's 15–20%), many patients now choose GLP-1 medications as a first line option. Physician interviews indicate declines of 10–30% in bariatric procedure volumes since 2023, with the sharpest drops in Class I–II obesity, where switching to drug therapy is most common. Class III patients remain more likely to undergo surgical intervention, but the pool of potential candidates has narrowed.

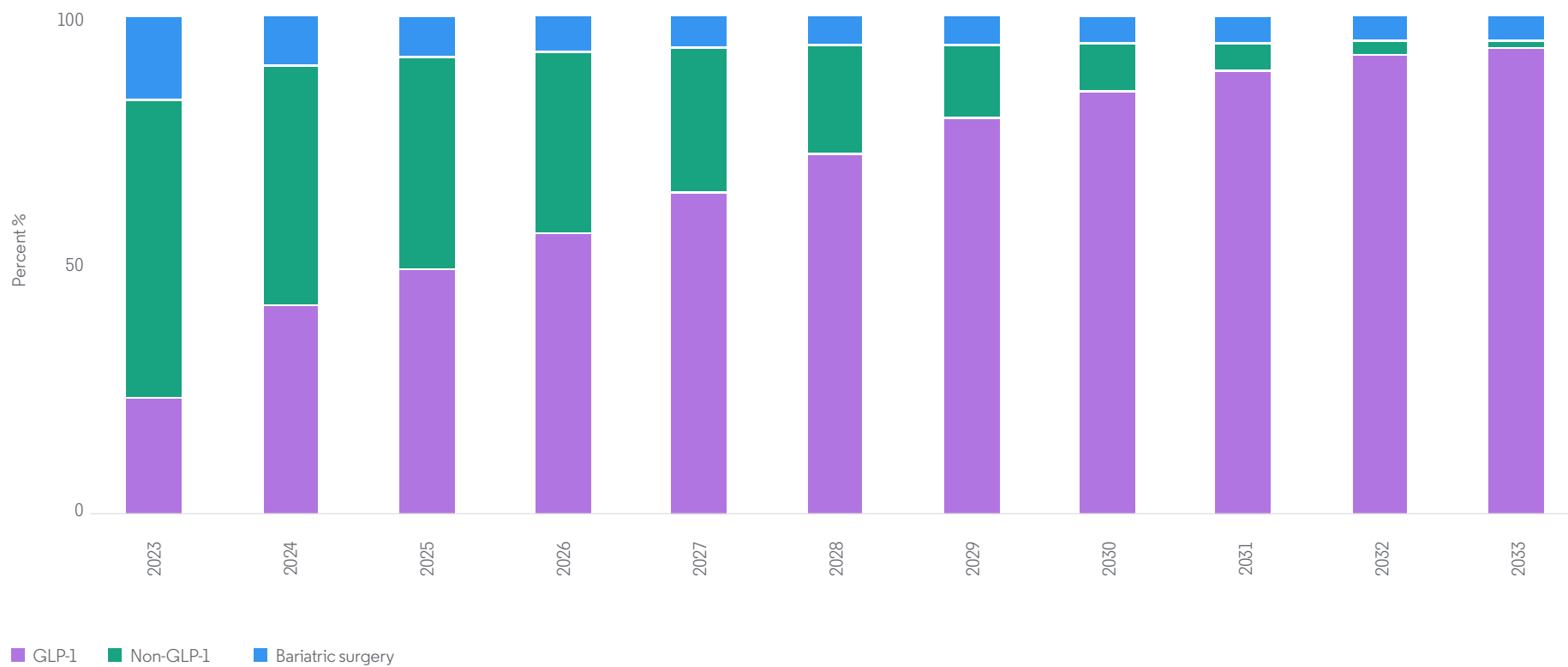
The growing use of GLP-1 therapies is reshaping bariatric procedure volumes based on distinct procedure types. Data from Clarivate's DRG Commercial Analytics 360 indicated that sleeve gastrectomy (SG), long considered a simpler and often a first-line surgical option for severe obesity, has experienced a steady decline in volume, with projections indicating continued

downward pressure as adoption of GLP-1s expands. In contrast, single anastomosis duodeno-ileal bypass (SADI) has experienced consistent growth, which is expected to continue through 2026. Notably, SADI is one of the newer procedures endorsed by the American Society for Metabolic and Bariatric Surgery (ASMBS) and is typically recommended for patients with class III obesity or for patients with chronic co-morbidities such as type 2 diabetes.

While overall bariatric procedures continue to face headwinds amid expanding adoption of GLP-1 RAs, DRG Commercial Analytics 360 data reveals differentiated impact across procedure types. These diverging bariatric surgery trends suggest that GLP-1 RAs are not uniformly suppressing bariatric surgical demand but are instead contributing to a redistribution of case-mix.



Figure 5: Percentage of anti-obesity drug prescriptions vs. bariatric surgeries in the U.S.



Source: Clarivate Obesity/Overweight Disease Landscape & Forecast and Obesity Interventions and Clarivate [Medtech360](#)

How clinical practice is shifting

Despite the initial disruption, clinicians do not view GLP-1 RAs as a replacement for surgery but as a complementary pathway:

- Dual-therapy models are emerging, where patients use GLP-1s pre-surgery to reduce risk or post-surgery to sustain results.
- GLP-1s are especially valuable for patients with comorbidities such as diabetes, cardiovascular disease, obstructive sleep apnea (OSA), and hypertension, accelerating adoption beyond weight loss alone.
- Pipeline innovations matter: multi-receptor drugs (dual/triple agonists) and oral GLP-1s are expected to expand the market even further.

Market outlook and cross-sector implications

The bariatric market is expected to stabilize after the near-term decline, with long-term recovery driven by revisional procedures and integrated GLP-1/surgery care plans. Meanwhile, GLP-1s will influence adjacent medtech segments:

- **Diabetes:** reduced need for insulin; potential rise in continuous glucose monitors (CGMs) for broader metabolic monitoring.
- **Sleep apnea:** lower reliance on continuous positive airway pressure (CPAP) machines due to weight-loss-induced symptom improvement.
- **Aesthetics & orthopedics:** shifting demand patterns as weight loss affects eligibility and consumer preferences.
- **Cardiovascular health:** ongoing trials may further expand indications and downstream market effects.

Clinicians do not view GLP-1 RAs as a replacement for surgery but as a complementary pathway.

Why this trend matters

The impact of GLP-1s has been significant, but the long-term effect remains uncertain. It has the potential to reshape how obesity is treated, how patients navigate care, and how related medtech markets evolve, creating both immediate volatility and long-term opportunity for companies positioned to complement, rather than compete with, this shift.



"The rapid adoption of GLP-1 therapies is widening the gap between drug uptake and surgical intervention, with significant implications for patient decisions, clinical pathways and downstream medtech markets."

Michael Ward

Global Head of Thought Leadership, Life Sciences and Healthcare

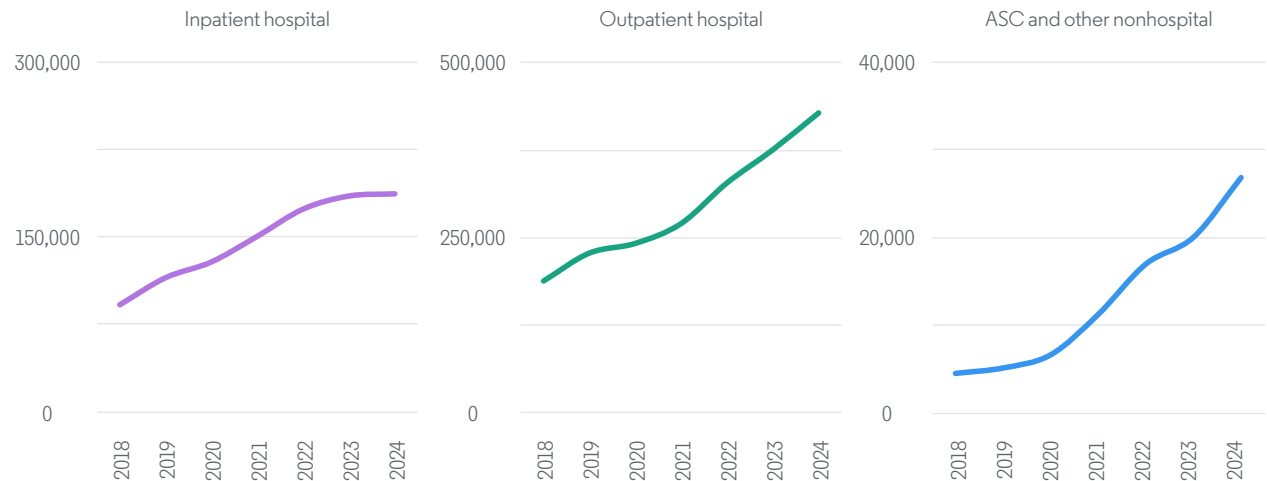
Enabling technologies are driving platform-based competition across medtech

Across medtech, enabling technologies such as robotics, advanced imaging, surgical navigation, and digital workflow software have shifted from being adjacent tools to representing central pillars of commercial strategy. Rather than competing on standalone devices, medtech companies are building integrated procedural ecosystems designed to lock in customer loyalty, streamline clinical workflows, and create value propositions that extend well beyond hardware.

Robotics as the anchor for procedure ecosystems

Robotic platforms, once a premium differentiator, now function as strategic anchors that surround procedures. Leading companies have expanded these systems with navigation, planning software, data capture, and postoperative monitoring, transforming robotics into a gateway for ongoing engagement and revenue. Even companies without a history of being in robotics are now investing in or partnering to build platform capabilities, recognizing that procedure-centered ecosystems increasingly dictate hospital purchasing behavior and patient engagement.

Figure 6: Robotic-assisted procedures in the U.S.



Note: Based on S2900 HCPCS code and ICD-10-PCS robotic codes
Source: Clarivate [DRG Commercial Analytics 360](#)

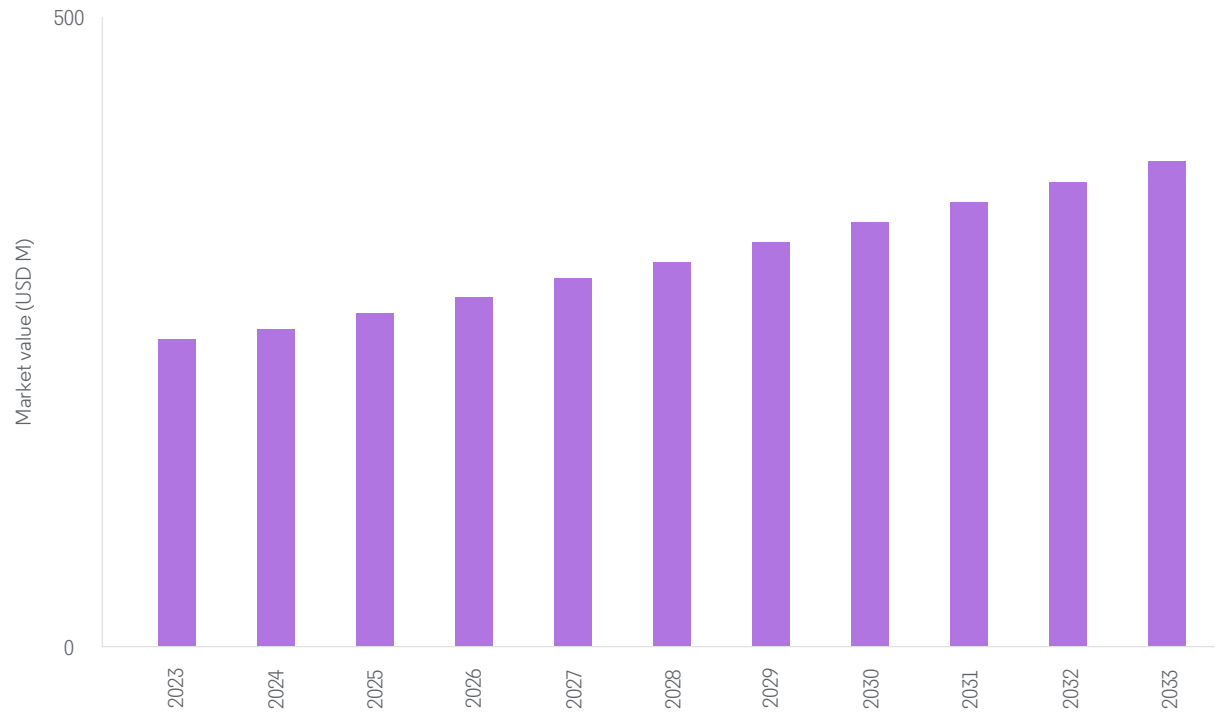
Integration of imaging, navigation, and intraoperative intelligence

Realtime imaging, augmented navigation, and AI-enhanced decision support have become part of the expected technology stack for many complex procedures. These tools reduce variability, drive precision, and allow providers to perform advanced interventions across more care settings without compromising safety.

This integration is particularly important given that accuracy and reproducibility directly influence procedure outcomes and reimbursement.

These tools reduce variability, drive precision, and allow providers to perform advanced interventions across more care settings without compromising safety.

Figure 7: U.S. surgical navigation system market value



Source: [Clarivate Medtech360](#)

End-to-end digital workflows are becoming a competitive necessity

Hospitals and ASC operators increasingly prefer vendors that provide full procedural pathways, from preoperative planning to intraoperative guidance to postoperative care coordination.

Companies are responding by bundling:

- planning and templating software
- imaging and navigation systems
- robotics and instrumentation
- analytics dashboards
- remote or automated follow-up tools
- implants and instruments with embedded sensors that can capture real-time data on positioning, load, healing progression, and device performance

While uptake of some of these technologies has been slow due to cost, workflow integration, and limited reimbursement, these technologies are steadily maturing. As these technologies become

more affordable and easier to integrate into existing care pathways, they have the potential to generate valuable longitudinal data that could support more personalized postoperative care and, over time, help train more capable AI-enabled clinical decision tools.

These ecosystem approaches support clinical efficiency, reduce training burden, and strengthen vendor relationships across entire service lines rather than single product categories.

Expanding value through service, data, and long-term engagement

Platform-based strategies also extend into service and commercial models. Subscription offerings, capital-light robotics, flexible service contracts, consumables-linked business models, and data-driven performance reporting all enhance customer stickiness. This shift helps stabilize revenue in a market facing pricing pressure, supply chain volatility, and increased reimbursement scrutiny, allowing companies to differentiate on workflow value, not just device pricing.



"Robotics, imaging, navigation and digital workflow tools are evolving into integrated ecosystems that are having a profound impact on purchasing behavior and long term provider engagement."

Andrew Lee
General Manager, Medtech



Why this trend matters

The rise of enabling technology ecosystems represents a fundamental evolution in how medtech companies compete. As robotics, navigation, imaging, and workflow capabilities come together, medtech companies are moving past competing based on devices solely and instead creating integrated ecosystems that deliver value across the entire procedure.

Increasingly, this also includes open-platform robotic systems that are designed to accommodate implants or procedure components from multiple manufacturers, an approach seen in emerging systems.

These platforms introduce more flexibility, where different implant choices or procedural components can be used within the same technology environment.

This broader ecosystem approach can influence how companies compete, shaping customer relationships and supporting more stable commercial models. Organizations that bring enabling technologies together into cohesive, data-informed ecosystems may be better positioned to support providers across a range of procedures and care settings as expectations around efficiency, interoperability, and workflow integration expand.

The rise of enabling technology ecosystems represents a fundamental evolution in how medtech companies compete.

Key takeaways for the road ahead

Across markets, care settings, and technology categories, the forces shaping medtech today are creating both pressure and possibility. The trends highlighted in this piece — ranging from pricing reform and outpatient migration to global trade uncertainty, shifting care pathways, and the growing influence of enabling technologies — underscore how quickly the landscape is shifting for manufacturers, providers, and policymakers. While each trend follows its own trajectory, collectively they highlight broader shifts that are redefining competitive strategy, customer engagement, and expectations around value.

As organizations navigate this environment, understanding the implications of these shifts will be essential, not only to respond to near term challenges, but to make informed decisions that shape the long term. The companies best positioned for the future will be those that can translate these shifts into thoughtful strategy, smarter investment, and stronger partnerships across the medtech landscape.

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