

# The Agile Transition of Roche Diabetes Care

Brad Markisohn and Michael Schoemaker, Roche Diabetes Care



**The Agile Transition**

Copyright © 2019 by (Roche Diabetes Care).  
Permission granted to INCOSE to publish and use.



# Agile Transition of Roche Diabetes Care

## *The Authors*



- Dr. Michael Schoemaker

System Project Leader, Roche Diabetes Care Mannheim, DE

Michael.schoemaker@roche.com

- Mr. Brad Markisohn

System Project Leader, Roche Diabetes Care, Indianapolis, USA

brad.Markisohn@roche.com

# Agile Transition of Roche Diabetes Care

## *Agenda*



- Overview
- **Why** change
- **What** was the cause
- **How** we are transitioning
- **Where** we are in our transition
- Wrap up

# Agile Transition of Roche Diabetes Care

## Overview



Due to the high levels volatility in our environment, Roche Diabetes Care is taking the initiative to move from a traditional development model to Agile

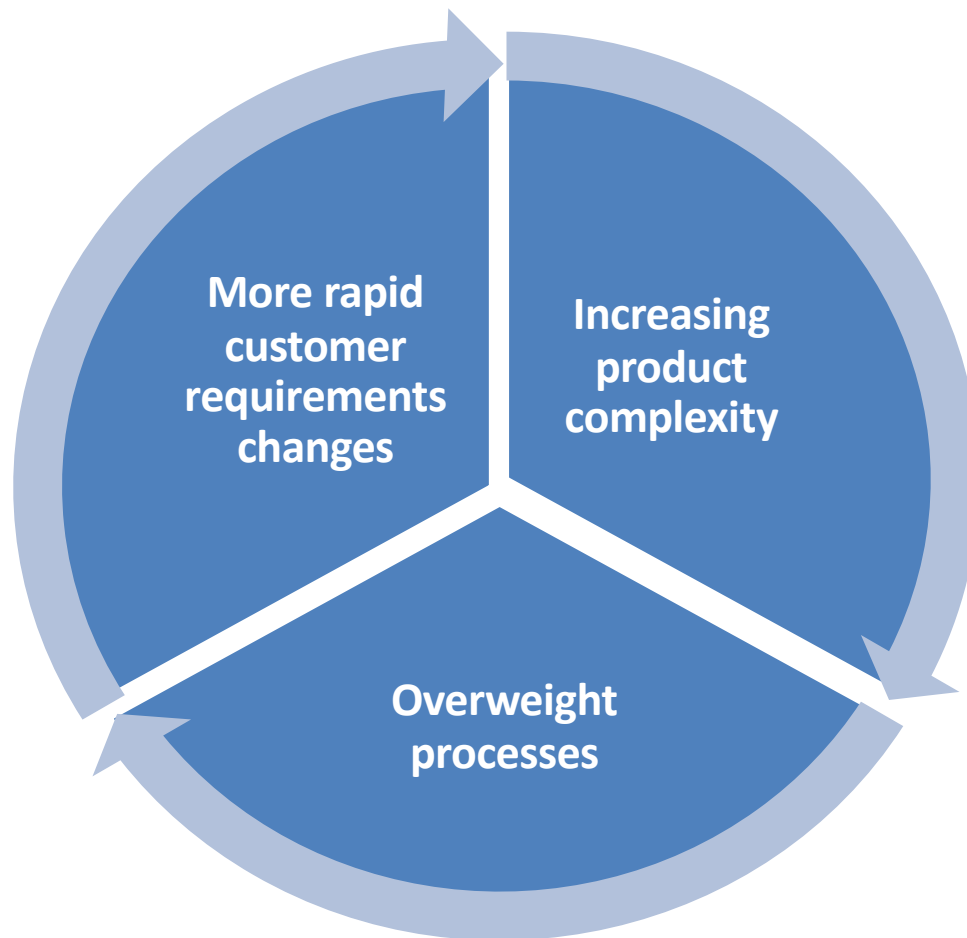
While the initial focus is on R&D, changes are happening across the organization with many areas outside of R&D looking for ways to participate in agility

Focus on

- Factors driving change
- Our path towards agility
- Challenges and successes

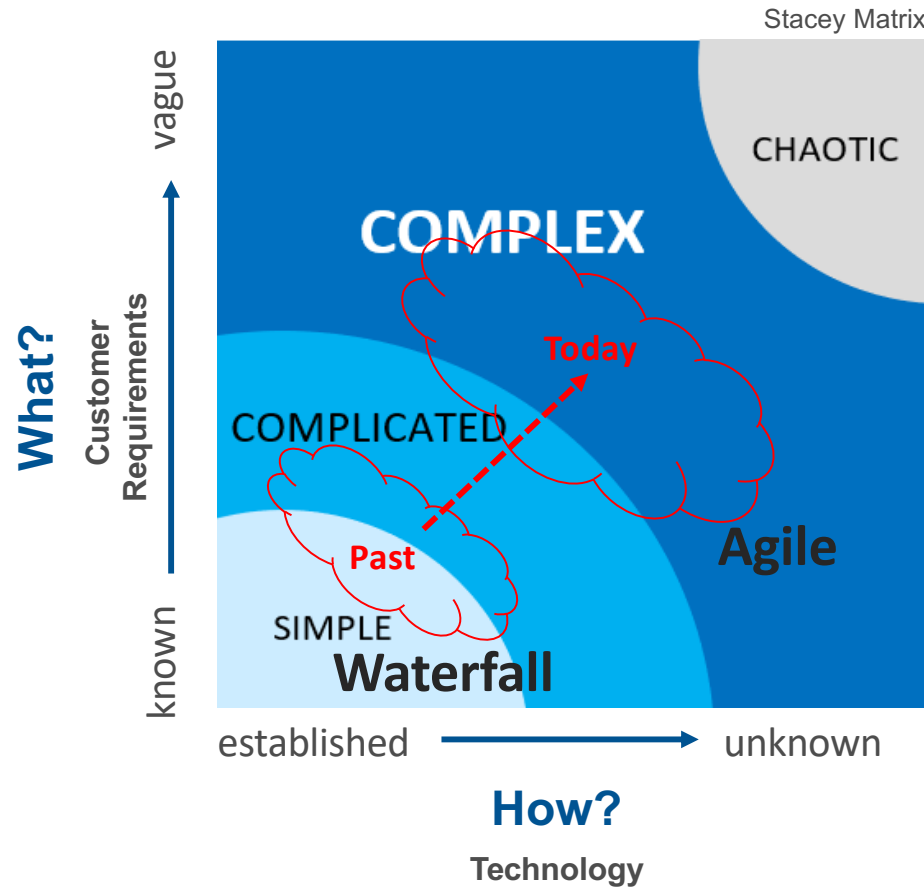
# Why Agile Transition of Roche Diabetes Care?

*Our world is getting more and more complex*



Speed of changes and complexity increase, unscheduled changes become more prevalent, companies slow to react

# Why Agile Transition of Roche Diabetes Care? *Our world is getting more and more complex*



# Why Agile Transition of Roche Diabetes Care?

*Waterfall or Agile? - It depends...*



## Scope Uncertainty & Effort Uncertainty



**Uncertainty**

### Predictive

#### Waterfall

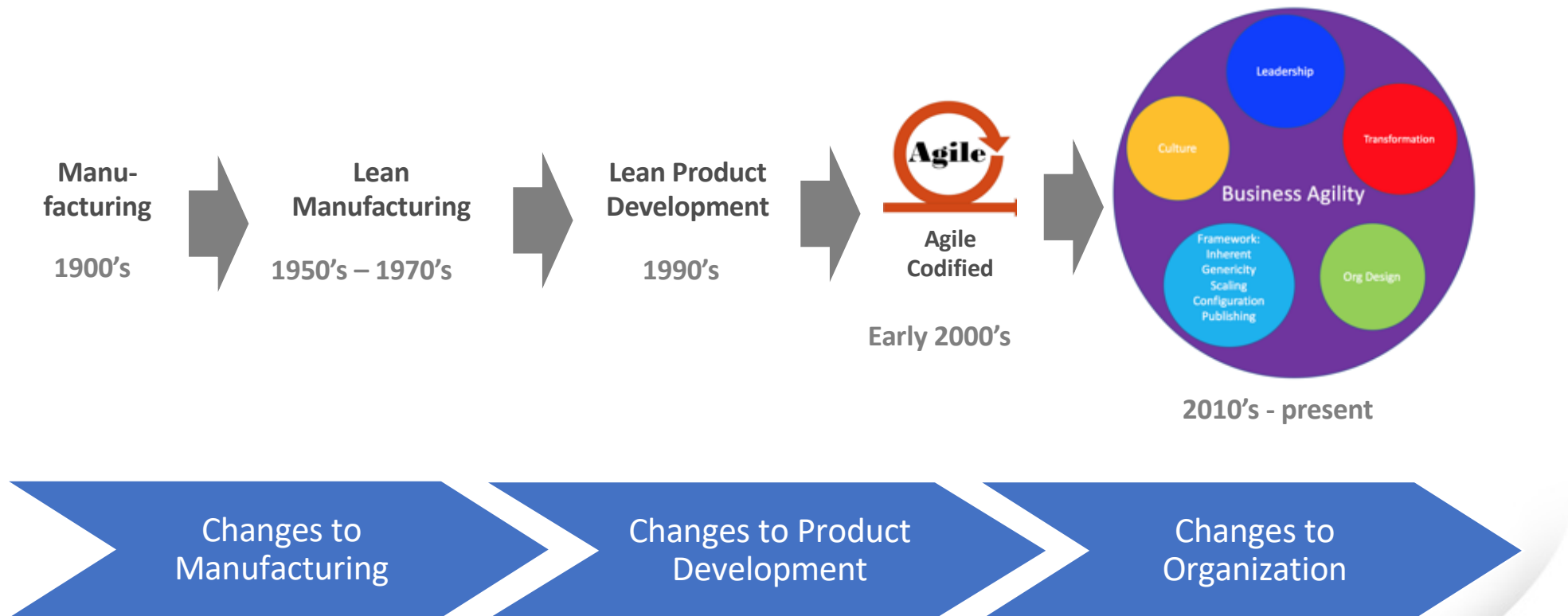
- 😊 Emphasizes efficiency (minimum cost, duration)
- 😊 Performs well when work is well understood
- 😞 Performs poorly when uncertainty is high

### Adaptive

#### Agile

- 😊 Emphasizes adaptability to rapid change
- 😊 Enables detailed short-term planning
- 😊 Evolves longer-term spec's, plans over time
- 😞 Overhead of enabling change is costly for predictable work

# Historical Evolution of Agile





# Digitalization ...

*...is changing our World*



**Customer needs**

**Technologies**

**Competition**

**Business models**

Frequent and unpredictable  
changes

**V**    **volatility**

**U**    **uncertainty**

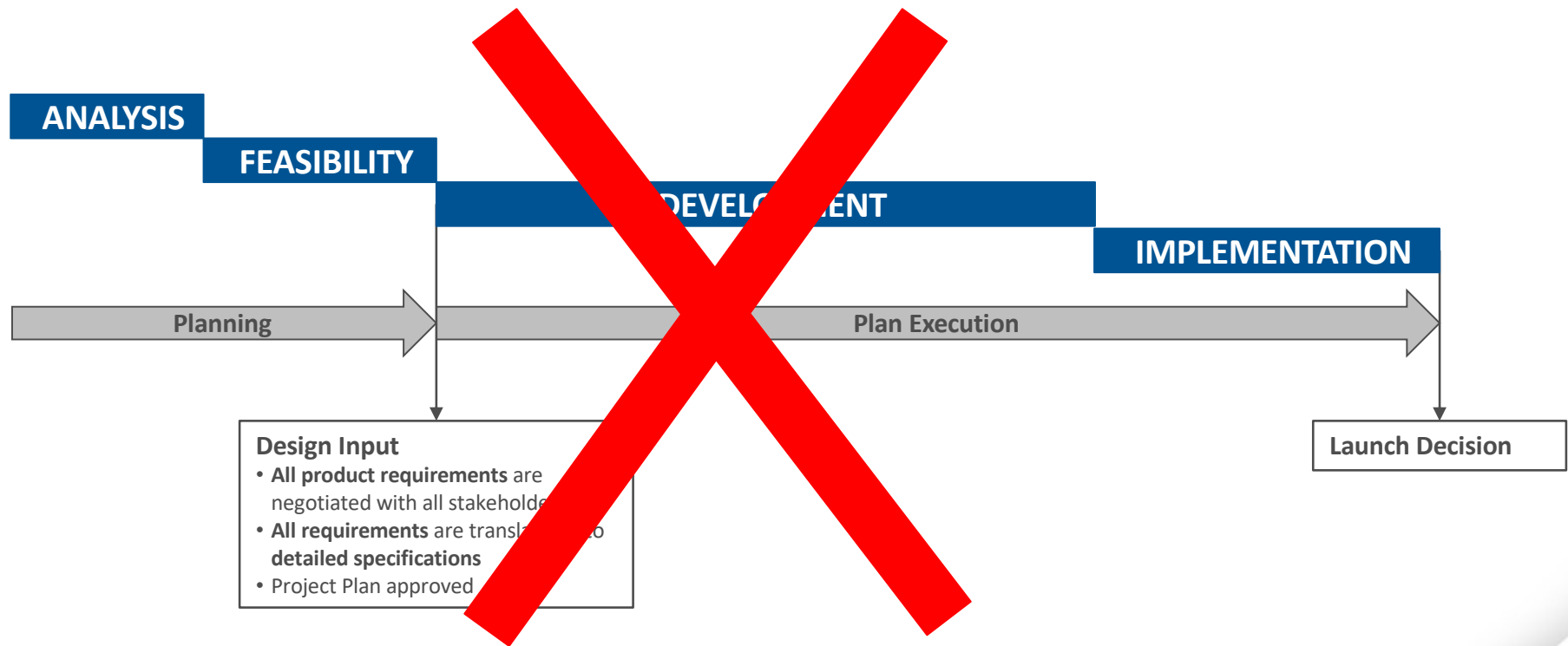
**C**    **complexity**

**A**    **ambiguity**

## ...but what does VUCA mean for Development?

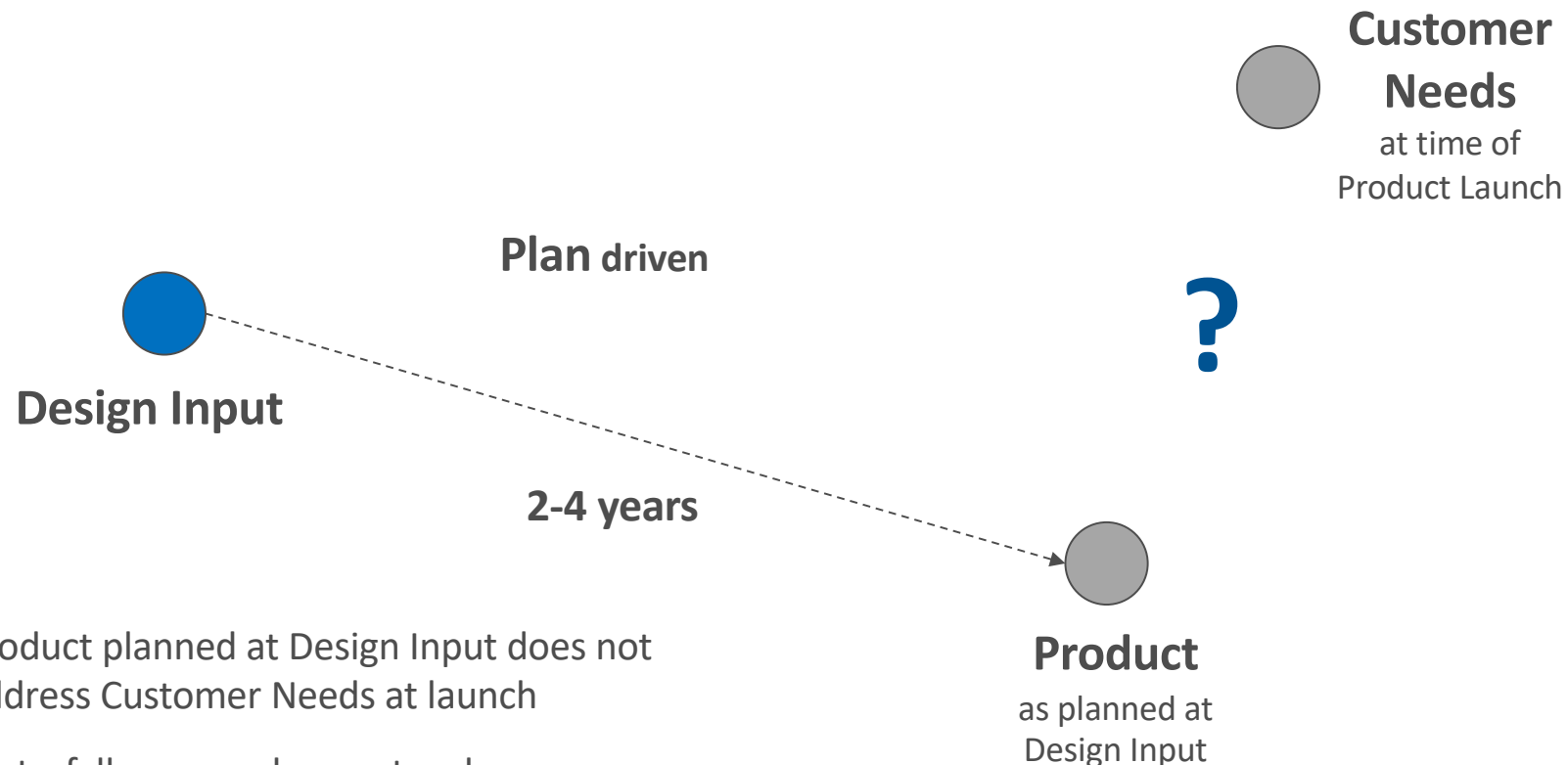


### The traditional Waterfall Development Process



## ...but what does VUCA mean for Development?

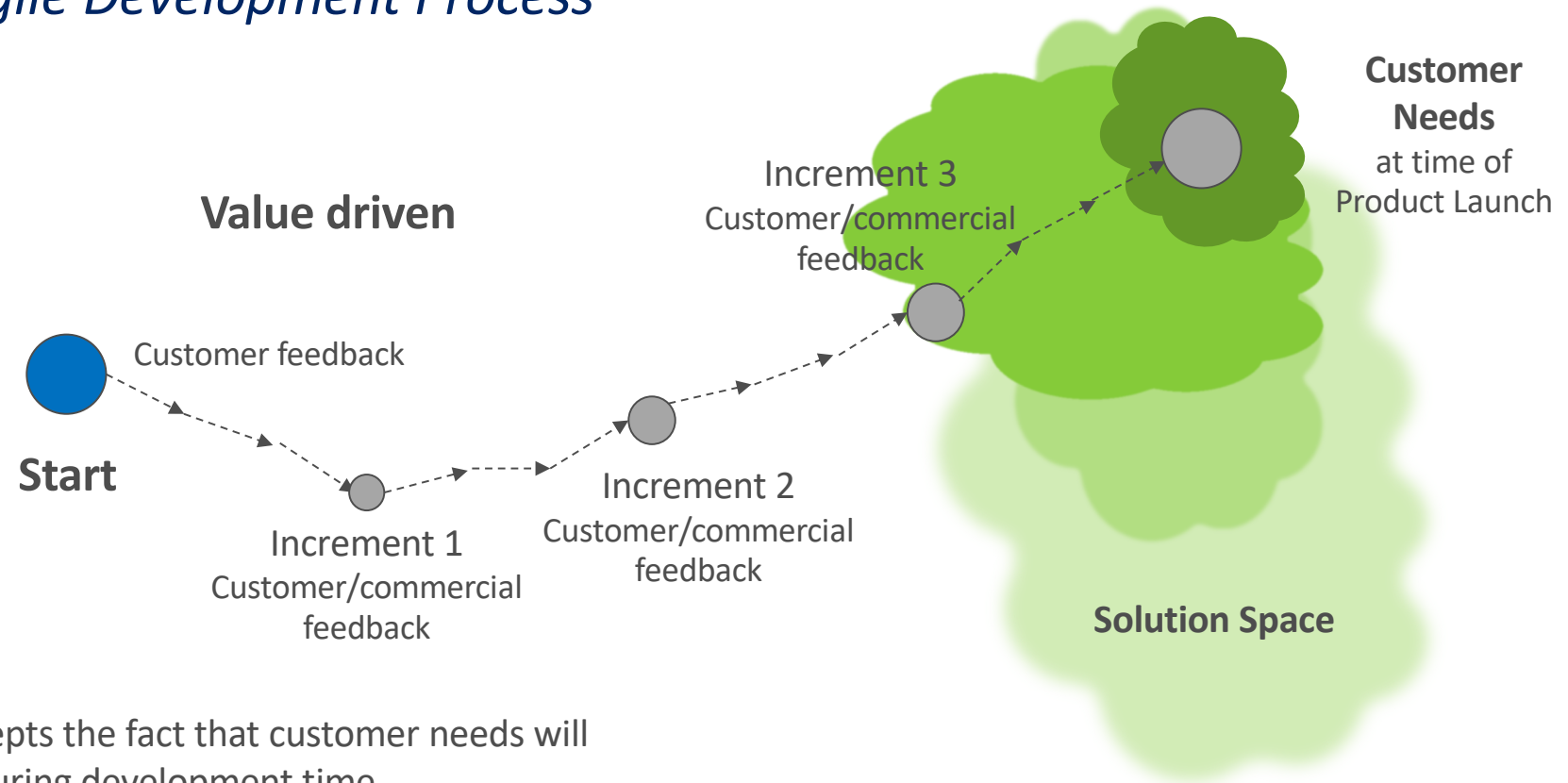
*The linear Waterfall Process does not work*



- Product planned at Design Input does not address Customer Needs at launch
- Waterfall process does not welcome change

## ...but what does VUCA mean for Development?

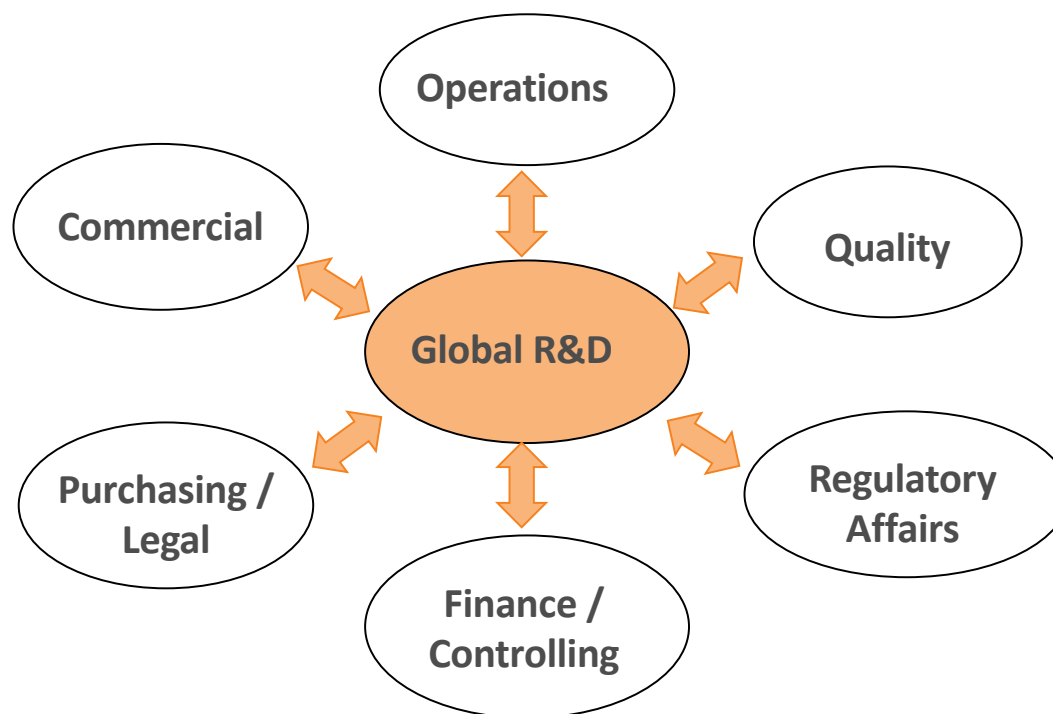
### *The Agile Development Process*



- Agile accepts the fact that customer needs will change during development time
- Changes are normal. Agile harnesses change to achieve competitive advantage
- Requires discipline and fast decision making

# The Agile Transition of Roche Diabetes Care

## *Our Mission*



# The Agile Transition of Roche Diabetes Care

## *Our Mission*



Implementation of Agile methods (Scrum/Scaled Model) into Diabetes Care R&D in order to enable the successful development of complex products.

### Definition of Done:

- Design Control Processes and interfacing processes to other areas are adopted to support Agile *and* Waterfall methods
- Scaling Model is aligned for all sites
- Agile roles are identified and trained and complex projects are running Agile
- Agile mindset has become part of the DC RD&D culture

# The Agile Transition of Roche Diabetes Care

*Challenges Lead the Way*



## We have many challenges

- Culture Change
- Continued upper management support
- Different development sites in EU and US, cultures and languages
- Development of complex products, not only SW
- Development of regulated products (IVD and MDD)
- Baggage from previous agile effort – limited to SW and FW

# The Agile Transition of Roche Diabetes Care



## *Challenges Lead the Way*

### First Agile Attempt

- FW and SW implemented pseudo- Agile
- Software created Agile SOP allowing iterative Agile-like development
- Firmware had SOP in progress, but never completed

### Outcome

- No mindset change
- 80%-90% requirements completed prior to start of FW development
- Limited to Firmware/Software other disciplines followed linear approach
- Developed and tested (informal), but *formal* testing at the end
- Implemented ceremonies, but with no change in the way we did work



# The Agile Transition of Roche Diabetes Care

*Consultant network instead of “One Serves All”*

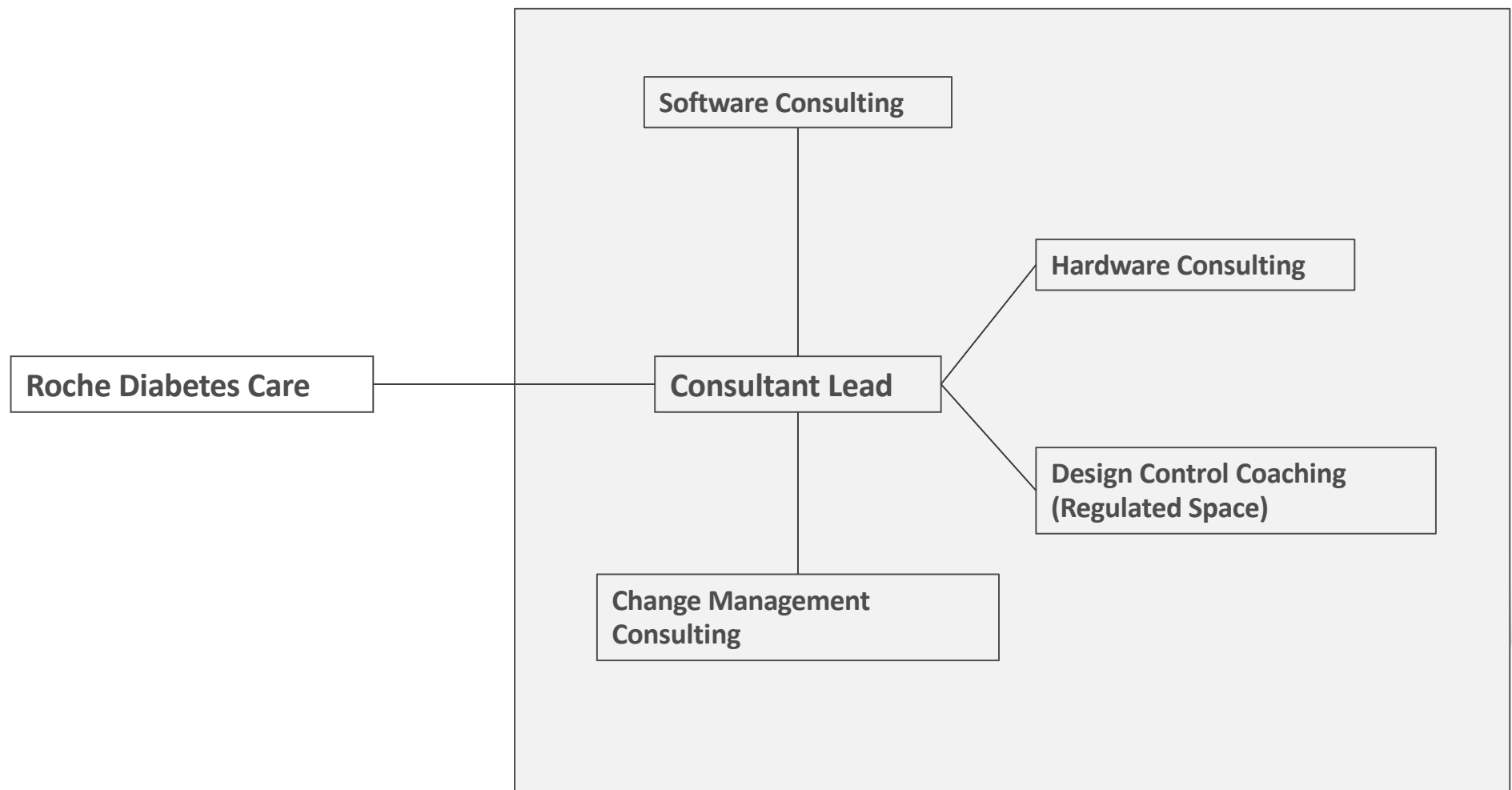


## We learned and adapted – built a consultant network

- Each consultant is an expert in a special area
  - Software
  - Hardware
  - Regulated Dev and QMS
  - Change Management
- Native speakers used to alleviate language and cultural differences
- Consistent training provided across the organization

# The Agile Transition of Roche Diabetes Care

## *Structure of consultant network*



# The Agile Transition of Roche Diabetes Care

## *Successes to Date*



### SCRUM Pilot Projects

- Single Team projects, start simple and learn SCRUM first
- 6 Pilot Projects started
- Basic Agile/SCRUM training
- 2-3 Workshops
- Intensive coaching for the first 3 months

### Design Control Processes

- Harmonization and “Agilization” of Design Control Processes
- Expert consulting: Agile practices in the development of medical devices

# The Agile Transition of Roche Diabetes Care

## *Organizational Preparedness*



### Change Management and Mobilization

- Stakeholder Analysis and Management
- Change Story
- Change Architecture
- Change Agents – active across the entire organization
- Mobilization Events
  - Fishbowl Events
  - Information events for the entire Diabetes Care organization (>500 participants)
  - Lunch & Learn events
  - Innovation Impulse Forum
- Intranet homepage “The Agile Transition”
- Yammer group “The Agile Transition”

# The Agile Transition of Roche Diabetes Care

## *Organizational Preparedness*

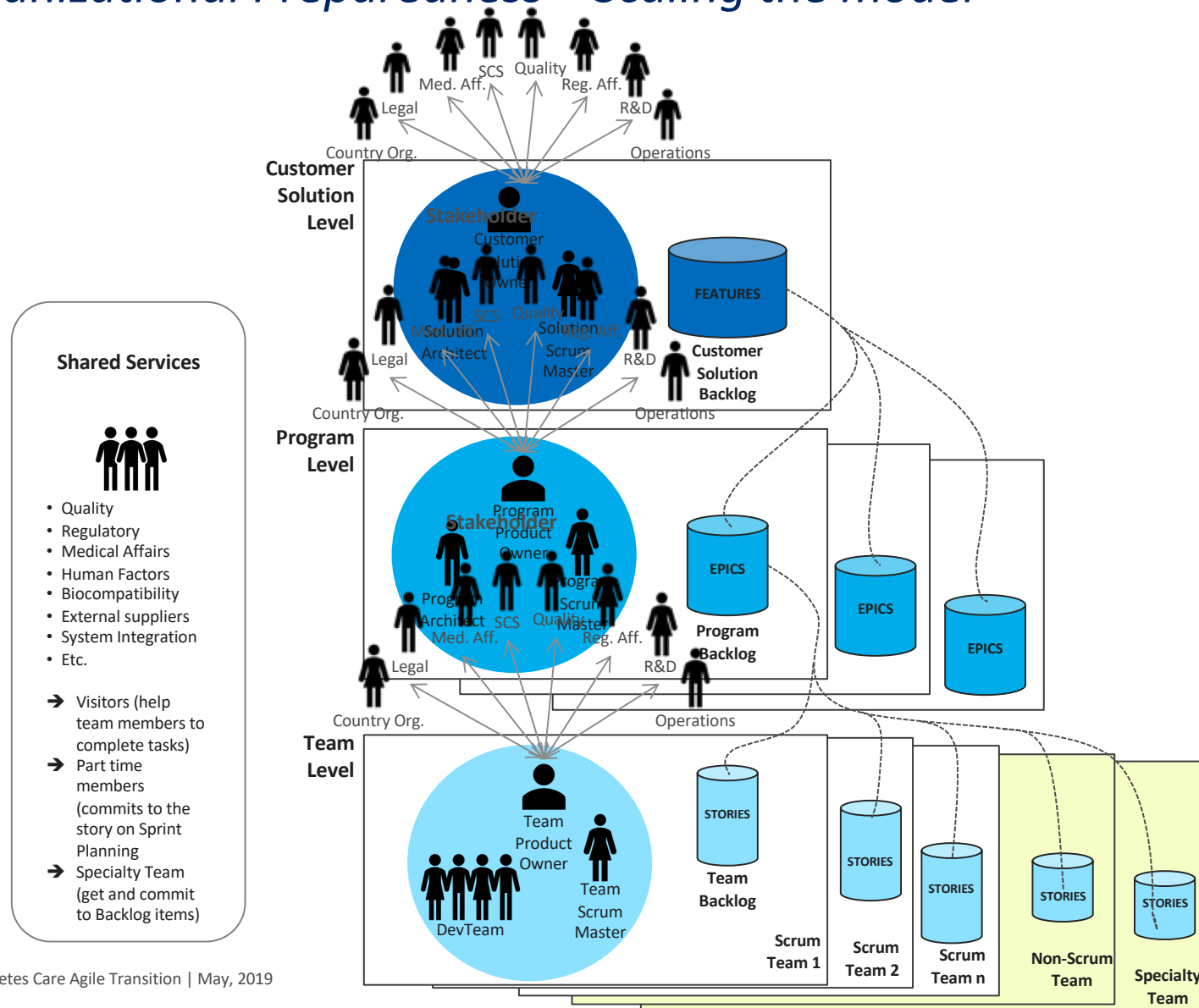


### Broad Spectrum Trainings

- Basic Agile/SCRUM trainings
  - R&D Leadership Team
  - R&D functional managers
  - Quality Leadership Teams
  - Procurement Leadership Team
- Use of Agile methods in the development of MD
  - Process Owners
  - Quality functions
  - Pilot Teams
- Agile workshops with R&D and Quality departments
- SAFe Training

# The Agile Transition of Roche Diabetes Care

## Organizational Preparedness – Scaling the model



# The Agile Transition of Roche Diabetes Care

## *Organizational Preparedness*



### Role of Program Architect (System Engineer)

- Plans and develops Architectural Runway for new Features and Epics
- Establishes critical Nonfunctional Requirements (with the PO's)
- Collaborates with business stakeholders in defining the technology infrastructure
- Defines subsystems and their interfaces, allocates responsibilities to subsystems
- Defines, explores, and supports the implementation of solution Enablers
- Support PO's in the decomposition and allocation of the Program Backlog
- Provides architectural guidance and oversight to the Teams

# The Agile Transition of Roche Diabetes Care

*Where are we in our journey*



**No transformation of this magnitude happens overnight**

- Internal team was established Q4 2017 and gained traction Q1 2018
  - Supporting consultant network established early Q1 2018
  - Process changes initiated Q1 2018
- Change Management has dedicated team as part of the overall transition team
- Expectation set with management was 2- 3 years to affect a change
- Responsibilities transition fully to internal resources
  - Coaching
  - Training

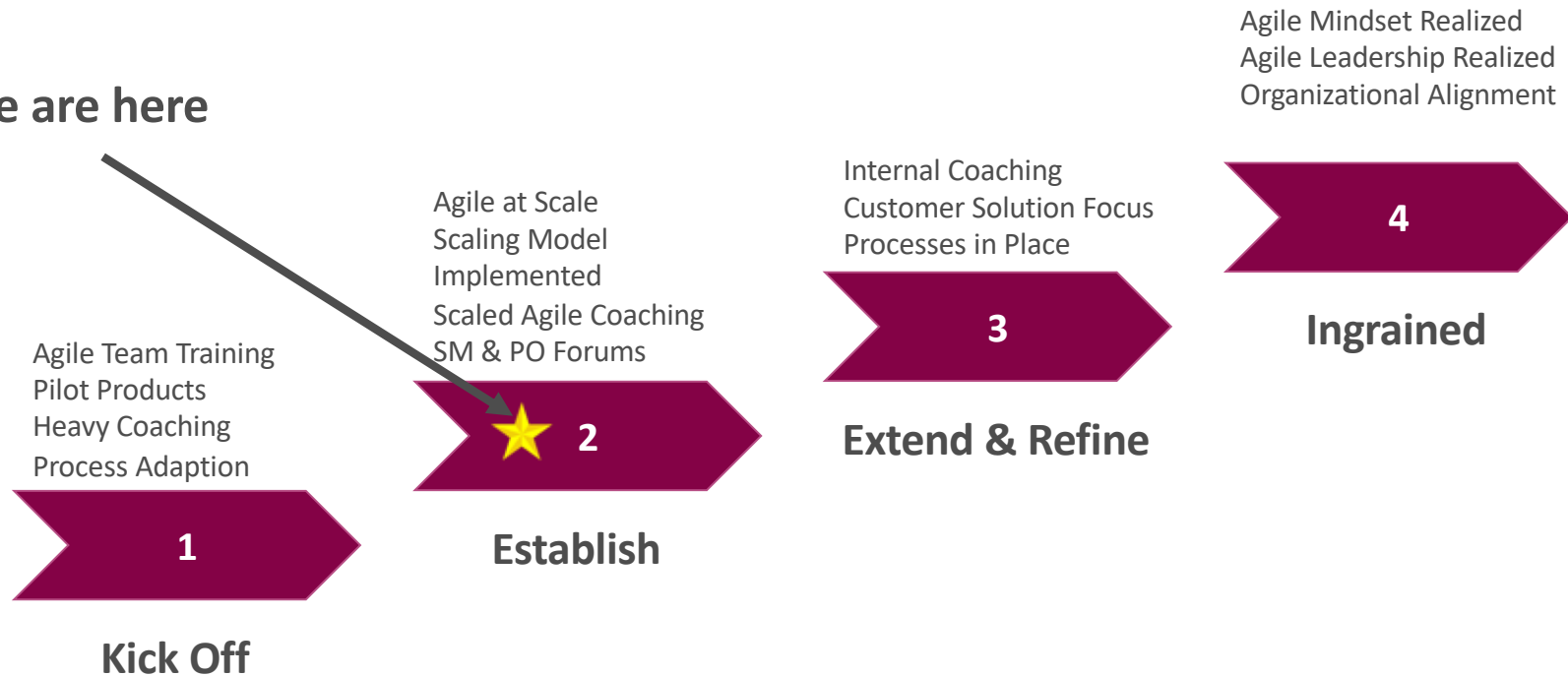


# Agile State of Mind

*Where are we in our journey*



**We are here**



## Agile Mindset Growth



# The Agile Transition of Roche Diabetes Care

## *Challenges so far...*



Product Owner not fully empowered as the single point of responsibility

Lack of dedicated Development Team members – still *multi-tasking*

Minimal Viable Product concept not fully accepted

Pilot projects working within the existing QMS

- In addition to being an Agile Pilot Project, teams have to work within existing Design Control Process that does not yet fully support Agile

# The Agile Transition of Roche Diabetes Care

## *Next Steps*



### Continue with ongoing activities

- Training and coaching Pilot Teams (existing and new)
- Additional trainings
- Mobilization events

### New activities

- Implementing and refining Scaled Agile Framework
- Broaden the scope of our activities from R&D to other business areas (Commercial, Operations, Quality, Procurement, etc.)
- Agile leadership workshops
- Process and decision criteria for Waterfall vs. Scrum
- Initiate & support broad usage of Agile methods beyond Scrum within projects and R&D organization

# The Agile Transition

## *Key Take-Aways*



**Difficult – culture change...**

**Upper Management support**

**Expert level guidance – do not try this at home**

**It's hard to change a culture which had success in the past**

# Thank you for attending!

## Share your experiences at #HWGSEC

