THE SOURCE®

ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION Q2 2023 | V 17 NO. 2 | HEALTHTRUST

CREATING MORE VALUE

HealthTrust helps Trinity Health & Ardent Health Services find savings & incentives in payment solutions

HARNESS THE POWER

Optimize value in purchased services with Valify

ARE PHYSICIANS ON YOUR VA TEAM?

Their involvement in value analysis is critical

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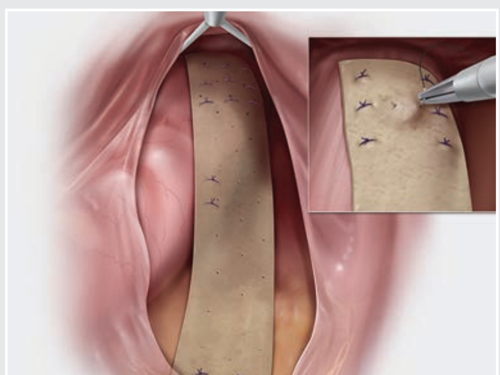

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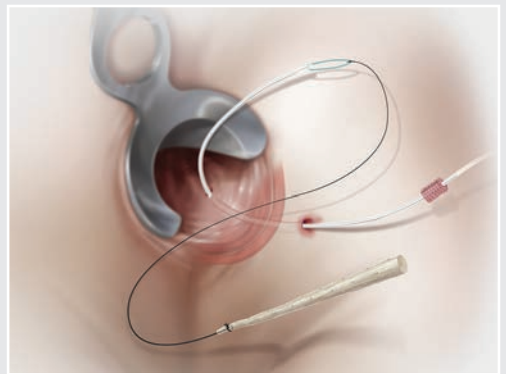
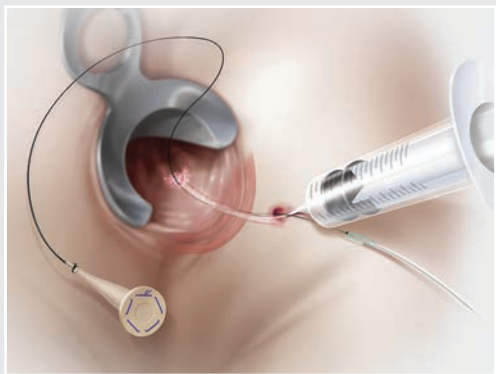


Biodesign Anal Fistula Plug Set



Biodesign Fistula Plug Set

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Illustrations by Lisa Clark

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EDITORIAL CONTRIBUTIONS:
Clinicians and staff within HealthTrust member facilities are invited to share their expertise as part of upcoming stories. Readers are also invited to suggest other experts for interviews or article ideas for publication consideration. Preference is given to topics that represent:
* Supply chain or clinical initiatives that exemplify industry best practices
* Innovation, new technology, insights from data and analytics
* Positive impacts to cost, quality, outcomes and/or the patient experience
* Physician Advisor expertise

Contact Faye Porter at **faye.porter@healthtrustpg.com** with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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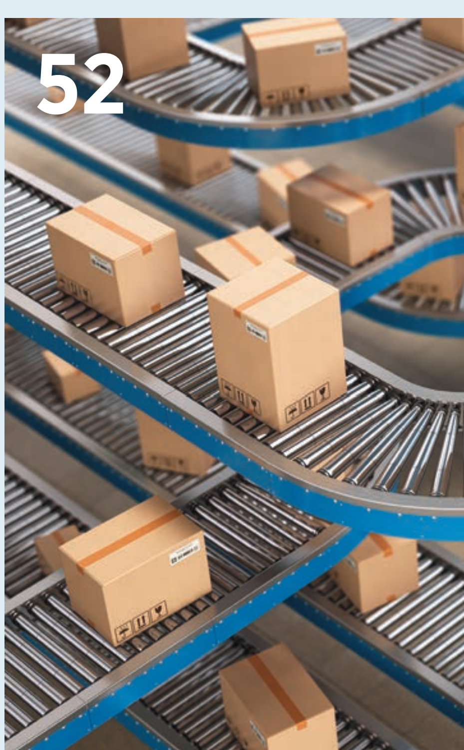

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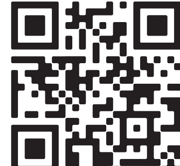

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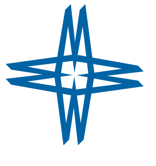

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CEO perspective

Market response & recognition

The shift of care to ASCs continues, with increasingly more services and procedures moving to outpatient settings. To be responsive to the needs of the non-acute segment of our membership, HealthTrust recently signed a letter of intent to acquire Expansion, LLC, and its Purchase Clinic™ online marketplace.

Expansion has been a valued channel partner of AdvantageTrust since 2016 and has contributed significantly to the growth of our non-acute membership—now exceeding 65,000 sites of care. ASCs, independent physician offices and office-based laboratories utilize Purchase Clinic's platform to access the national HealthTrust contract portfolio, with best-in-class pricing for medical supplies, non-medical supplies and purchased services.

With this acquisition, we are acquiring seasoned leadership and adding dedicated resources to our business development and account management functions. With a shared culture of innovation, teamwork and colleague development, we are creating an even better, best-in-breed organization to serve the alternate care market.

In addition to our new colleagues, we will also gain the Purchase Clinic technology platform, allowing us to drive better engagement with prospects, members, distributors and suppliers. This will enable members to achieve immediate value while ensuring ongoing contract penetration and utilization to realize maximum savings. Expansion principal, **Zachary Sikes**, has been named the SVP of AdvantageTrust.

AND THE AWARD GOES TO…

In early March, HealthTrust was honored to have one of our colleagues recognized with the 2023 Corris Boyd Diversity in Healthcare Leadership Award from The Federation of American Hospitals. Congratulations to **Janet McCain**, Senior Director of Business Diversity, on this well-deserved recognition of her accomplishments in leading and encouraging inclusive opportunities for others in the healthcare industry. *The Source* team will share more about Janet and her work in the Q3 edition of the magazine.

Throughout my 40 years in healthcare, I have been privileged to work alongside a number of influential leaders. The following HealthTrust member organizations have executives who were recently recognized by Modern Healthcare as "The Most Influential Over the Years," having appeared on the list of the 100 Most Influential People* at least a dozen times over the publication's history.

- **Wayne Smith**, Executive Chairman of the Board – Community Health Systems
- **Trevor Fetter**, Former Chair & CEO – Tenet Healthcare
- **Sister Carol Keehan**, Retired President & CEO – Catholic Health Association of the United States
- **Joseph Swedish**, Former President & CEO – Trinity Health

I am also honored to acknowledge the HealthTrust members who were recognized among the Top 25 Diversity Leaders by Modern Healthcare:

- **LaRonda Chastang**, SVP of DEI – Trinity Health
- **Terika Richardson**, COO – Ardent Health Services

And last, but certainly not least, Becker's Healthcare recently named HealthTrust to its "150 Top Places to Work in Healthcare," list for 2023, which highlights hospitals, health systems and healthcare companies that promote diversity within the workforce, employee engagement and professional growth. **HT**

*Six individuals from the 2022 list were HealthTrust members and acknowledged in the Q1 edition of *The Source*.

Ed Jones
President/CEO, HealthTrust
Publisher, *The Source* magazine

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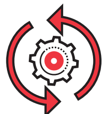

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CMO perspective

Rapport & relationships

In surveying members as to where they could use assistance, value analysis continues to be one of those areas. A highly functioning Value Analysis Team (VAT)—or VA Committee in other health systems—involves clinicians and facility leadership in following a formal process for evaluating products, new technology and services that will provide safe and effective patient care. And, because it often includes products that require physician expertise and guidance, physicians are a natural fit for being part of a facility's VAT or committee.

If you are asking, "How do we best communicate with physicians, and how do we get them engaged in the process?" you've come to the right place! This edition features part two of our yearlong exploration of the *Value Analysis Survival Guide*, beginning on page 18. Here, we address both of those process components: effective communications and physician engagement. Hear from HealthTrust subject matter experts **Kimberly Kelly**, MSN, RN – AVP of Clinical Services, and **Domini Pelkey**, BSN, MBA, RN – AVP of Clinical Resource Management, on why building rapport and relationships with physicians is the key to gaining their active involvement.

HEALTHTRUST PHYSICIAN ADVISORS WEIGH IN

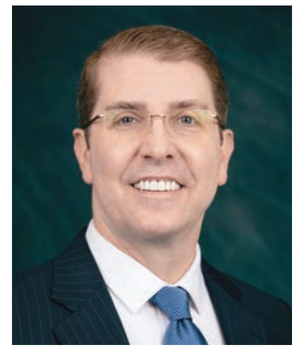
Physicians offer a unique viewpoint into the process of value analysis because of their "hands-on" use of the materials, instruments and devices needed to treat and heal patients. We have covered various aspects of value analysis in *The Source* magazine over the last few years, and it has typically been from a supply chain or a clinician's perspective.

We decided to turn the tables for this edition by asking three HealthTrust Physician Advisors for suggestions on how best to engage them and their peers in the value analysis process. Participating in this feature, beginning on page 42, are **Ashley Mays**, M.D., FACS; **Valerie Norton**, M.D., FACEP; and **Aron Wahrman**, M.D., MBA.

VALUE ANALYSIS TRACK AT HTU

For those interested in improving their approach to value analysis, HealthTrust University Conference in July will again feature a track with six sessions dedicated to all aspects of the process. For members attending the live event, registration opened in late April. When you register for the education sessions, check out those marked as part of the VA Track.

My team is available to assist with your organization's needs for value analysis, clinical integration and performance improvement in a number of areas. Let us know how we can help. In the meantime, stay well. **HT**



John

John Young, M.D., MBA, FACHE
Chief Medical Officer, HealthTrust
Executive Publisher & Editor-at-large, *The Source* magazine

EXPLORE HOW HEALTHTRUST can help you with value analysis or performance improvement by emailing solutions@healthtrustpg.com. For questions related to clinical guidance, requests or integration, email clinical.services@healthtrustpg.com

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NDC #	Bar Code	Total Amount	Fill Volume	Container Type	Concentration	Pack Size	WHOLESALER ITEM NUMBERS			
							Amerisource Bergen	Cardinal	McKesson	Morris & Dickson
44567-610-10	3 44567 61010 5	50 mg	50 mL	100 mL Premix Bag	1 mg / mL	10	10260033	5738059	2347490	104992
44567-611-10	3 44567 61110 2	100 mg	100 mL	100 mL Premix Bag	1 mg / mL	10	10260032	5738067	2347508	105049

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use MIDAZOLAM IN SODIUM CHLORIDE INJECTION safely and effectively. See full prescribing information for MIDAZOLAM IN SODIUM CHLORIDE INJECTION.

MIDAZOLAM IN SODIUM CHLORIDE injection, for intravenous use, CIV
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WARNING: PERSONNEL AND EQUIPMENT FOR MONITORING AND RESUSCITATION, AND RISKS FROM CONCOMITANT USE WITH OPIOID ANALGESICS AND OTHER SEDATIVE-HYPNOTICS

See full prescribing information for complete boxed warning

- **Only personnel trained in the administration of procedural sedation, and not involved in the conduct of the diagnostic or therapeutic procedure, should administer Midazolam Injection.**
- **Administering personnel must be trained in the detection and management of airway obstruction, hypoventilation, and apnea, including the maintenance of a patent airway, supportive ventilation, and cardiovascular resuscitation.**
- **Resuscitative drugs, and age- and size-appropriate equipment for bag/valve/mask assisted ventilation must be immediately available during administration of Midazolam Injection.**
- **Continuously monitor vital signs during sedation and through the recovery period.**
- **Concomitant use of benzodiazepines with opioid analgesics may result in profound sedation, respiratory depression, coma, and death. Continuously monitor patients for respiratory depression and depth of sedation.**

---------- INDICATIONS AND USAGE -----------

Midazolam in Sodium Chloride Injection is a benzodiazepine indicated for:

- continuous intravenous infusion for sedation of intubated and mechanically ventilated adult, pediatric, and neonatal patients as a component of anesthesia or during treatment in a critical care setting.

-----------DOSAGE AND ADMINISTRATION --------

- For intravenous injection only. Avoid intra-arterial injection or extravasation.
- Individualize dosing and titrate to desired clinical response, taking into account patient age, clinical status, and concomitant use of other CNS depressants.
- See Full Prescribing Information for complete dosage and administration information.

--------- DOSAGE FORMS AND STRENGTHS ---------

Injection: 50 mg per 50 mL (1mg/mL) and 100 mg per 100 mL (1 mg/mL) in single-dose bags.

------------- CONTRAINDICATIONS -------------

Midazolam in Sodium Chloride Injection is contraindicated in patients with:

- known hypersensitivity to midazolam.
- acute narrow-angle glaucoma.

---------- WARNINGS AND PRECAUTIONS ---------

Cardiorespiratory Adverse Reactions: Serious cardiorespiratory adverse reactions have occurred, sometimes resulting in death or permanent neurologic injury.

Paradoxical Behavior: Agitation, involuntary movements (including tonic/clonic movements and muscle tremor), hyperactivity and combativeness have been reported in both adult and pediatric patients.

Dependence and Withdrawal with Long-Term Use: Use for several days to weeks may lead to physical dependance to midazolam. Do not abruptly discontinue midazolam. Gradually taper the dosage using a tapering schedule that is individualized to the patient.

Debilitation and Comorbid Considerations: Higher risk adult and pediatric surgical patients, elderly patients and debilitated adult and pediatric patients.

Risk of Intra-Arterial Injection: There have been limited reports of intra-arterial injection of midazolam. Adverse events have included local reactions, as well as isolated reports of seizure activity in which no clear causal relationship was established.

Impaired Cognitive Function: Because of partial or complete impairment of recall, patients should not operate hazardous machinery or a motor vehicle until drug effects have subsided.

Hypotension and Seizure in Preterm Infants and Neonates: Avoid rapid injection in the neonatal population.

Neonatal Sedation in Later Stages of Pregnancy: Benzodiazepine use during later stages of pregnancy can result in neonatal sedation. Observe newborns for signs of sedation and manage accordingly

Pediatric Neurotoxicity: In developing animals, exposures greater than 3 hours cause neurotoxicity. Weigh benefits against potential risks when considering elective procedures in children under 3 years old.

---------- ADVERSE REACTIONS ----------

The most common adverse reactions (≥15%) were decreased tidal volume, decreased respiratory rate, and apnea.

To report SUSPECTED ADVERSE REACTIONS, contact WG Critical Care, LLC at 1-866-562-4708 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------- DRUG INTERACTIONS -------------

Opioid Analgesics and Other Sedative Hypnotics: Risk of respiratory depression is increased

Cytochrome P450-3A4 Inhibitors: May result in prolonged sedation due to decreased plasma clearance of midazolam.

---------USE IN SPECIFIC POPULATIONS ---------

Lactation: A lactating woman may pump and discard breast milk for 4 to 8 hours after treatment with midazolam.

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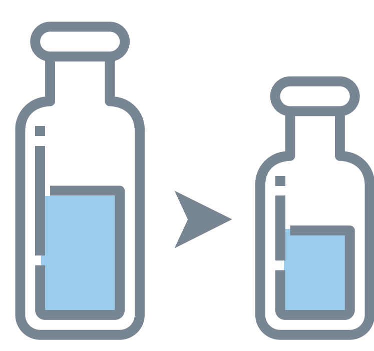
Tackling pharmaceutical waste



HealthTrust-led research points to substantial reduction in drug waste

New rules from the Centers for Medicare & Medicaid Services (CMS) require drug manufacturers to refund CMS if certain medications are discarded in significant amounts. This has prompted innovative research by Pharmacy Services team members at HealthTrust that could stem this waste and reduce spend by millions of dollars.

Under the new provision, which went into effect on Jan. 1, 2023, manufacturers will need to refund CMS when 10% or more of an outpatient Part B single-dose medication is discarded. The amount of waste is determined using a JW modifier, a billing code that reports how much of a drug is not administered to the patient. On July 1, a second billing code, a JZ modifier, will require physicians to report if no drug portion is wasted.

CMS estimates the new rule would garner about $141 million in refunds from manufacturers.

A pair of HealthTrust subject matter experts—with prior experience researching this topic—viewed the CMS rule as an opportunity to tackle the problem of drug waste on a broader scale. **Matthew Sherman**, PharmD, MBA, Clinical Management Fellow in Drug Information, teamed with **Grant Teague**, PharmD, MBA, Senior Manager of Pharmacy Strategic Market Access and Reimbursement, to undertake research that identified strategies that would reduce waste by up to 67%.

"Upon review of JW billing code data, Medicare recognized that it had been reimbursing for entire vials of a single-dose medication when only a portion was administered to the patient," Sherman says.

"CMS decided to enact legislation that would create consequences for vials with excess medication," adds Teague.

PROBLEM-SOLVING TACTICS

Assuming that pharmaceutical manufacturers, in response to the new rule, might modify drug vial sizes to minimize waste, Teague and Sherman set out to identify optimal package sizes of medications that are frequently billed for waste. The effort would point to savings Medicare would garner as a result of optimized package sizes.

To accomplish this, the duo compiled data from published literature that included Medicare claims data, noting which outpatient single-dose injectable drugs were wasted in amounts of 10% or more and had $2 million or more in JW modifier claims. They determined common dosing ranges for the drugs using recommended dosages on package inserts and major drug compendia.

The information helped them determine optimal vial sizes for each selected medication. By using optimal vial sizes, Sherman and Teague calculated that an average of $2,826 per dose could be saved.

"To avoid having to pay CMS large refunds, we anticipate some manufacturers will introduce new vial sizes to the market," Sherman says.

"Our goal was to find package sizes that aligned better with the most commonly administered doses," Teague adds.

A DEPTH OF UNDERSTANDING

As pharmaceutical manufacturers undertake changes to drug vial sizes to minimize waste, they will likely reach out to physicians and healthcare systems, Teague explains. "We hope this research raises awareness of this CMS legislation. We want HealthTrust members to be more informed and prepared to help manufacturers consider the operational and clinical impacts new vial sizes would have on the hospital or physician office space," he adds.

"One of the advantages of our role at HealthTrust is that we have relationships with both the integrated delivery networks and the manufacturers," Sherman says. "We can accurately represent our members' perspectives to manufacturers—everything from the operations and payor side to the patient safety level. We can be that conduit of information and strategy." **HT**

FOR MORE INFORMATION on how new CMS legislation could impact your pharmacy operations, email HPGSvC@healthtrustpg.com, with the subject "CMS Drug Waste Reduction".

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STRATEGY

HEALTHTRUST'S MEDICAL DEVICE MANAGEMENT (MDM) TEAM OFFERS CONSULTING, ANALYTICS AND CUSTOM CONTRACTING TO ASSIST DATA-DRIVEN DECISION-MAKING, RESULTING IN OPTIMAL OUTCOMES AND COST SAVINGS. The team continuously reviews technologies, clinical evidence and market trends to negotiate the best contracts and navigate issues while engaging physicians in decision-making.

MDM looks at the big picture for PPI. "For high-value implants, we are looking at all the factors—physician alignment, market share, total spend, regional considerations—and creating a custom strategy to improve supply costs, maximize and maintain savings, and reduce unnecessary variation," says **Jimmy Yancey**, AVP, Medical Device Management for HealthTrust. The team then works with a health system to develop a personalized strategy.

Community Hospital Corporation (CHC), benefited greatly from its relationship with the MDM team. A not-for-profit organization based in Texas, CHC has owned, managed and consulted with hospitals for more than 25 years. With the goal of guiding and enhancing the mission of community and rural hospitals, CHC supports 130 hospitals ranging in size from 25 to 500 beds.

In terms of purchasing power and staffing, rural hospitals face challenges that their urban counterparts—even those of equal service volume—may not. Such hospitals may rely heavily on the support of local supplier representatives, says **Ann LaFemina**, Senior Director, Medical Device Management for HealthTrust. Access to supplier reps who live close by to assist in procedures and provide device checks may be of greater importance for smaller, rural hospitals than it is for a large metropolitan hospital with a variety of suppliers close at hand. CHC provides the support and attention that smaller hospitals require, and the MDM team adds its contracting expertise, subject matter experts and reach.

LaFemina, who worked with CHC closely, having led the initiatives for their cardiovascular products, shares, "We are able to set ourselves apart from our competitors with speed to market, based on business intelligence as well as our vendor relationships at the national level."

A HELPFUL PARTNERSHIP

CHC sees its primary mission as ensuring that smaller hospitals remain viable. "We do that by improving cost savings through the HealthTrust portfolio, optimizing those contracts and then trying to drive any other efficiencies we can for those hospitals," says **Jon Pruitt**, SVP, CHC Supply Trust.

CHC completed a cost-savings engagement with the HealthTrust MDM team to secure new contracts with medical suppliers in the cardiology space, including Boston Scientific, Medtronic, Abbott and Biotronic, for a host of products such as stents, balloons, guide wires and cardiac rhythm management devices. "HealthTrust has been able to provide significant savings for our hospitals through those contracts," says Pruitt.

The hardships of the pandemic hit the entire healthcare industry heavily. And rural hospitals, which don't always have the purchasing power of their larger metropolitan peers, despite providing about 20% of the medical care in the country, got hit especially hard.

The impact of a rural hospital struggling or closing is also different from the impact of a hospital struggling in a large city. While a closed hospital in either setting means added difficulty accessing care, for those in low-population areas, closures can mean that necessary healthcare is hours away. Additionally, hospitals closed mean jobs lost, and this impact can strike a small town deeply. As the American Hospital Association (AHA) reports, "With each closure, Americans lose access to essential services, and communities lose a central component of their local economies. The consequences of closures are significant."

A recent study by researchers at the University of Washington found that rural hospital closures are associated with higher mortality rates, and previous research has suggested that such closures negatively affect economic measures, including per capita income and unemployment. As the AHA states, "Although there is no single policy change that can eliminate the challenges of providing healthcare in rural America, we believe that progress can be made by updating policies and investing in these communities."

SAVING A STRUGGLING HOSPITAL

Case in point: Gainesville Hospital District's North Texas Medical Center (NTMC) faced bankruptcy, with $40 million in debt, but it bounced back through its partnership with CHC. NTMC, on the Texas/Oklahoma border, is a 60-bed acute care facility offering a variety of services, including pediatrics, radiology and a women's health center.

NTMC opened in 2004 but had nearly collapsed under the weight of its debt after a little more than 10 years in service. After one attempt to partner with a regional healthcare provider proved unsuccessful, NTMC turned to CHC, which created a multipart plan—including updated supply and inventory practices—to restore the hospital to stability. For several years since, the hospital has hired new doctors, spent several million dollars in equipment upgrades and created positive financial growth. The hospital employs about 350 people, and as with any community hospital, numerous local businesses nearby rely on the facility. Were such a hospital to close, the effects on the community in terms of service and economic impact would be significant.

CHC responds to the needs of hospitals such as NTMC with HealthTrust's help. "Our team stepped up and supported our hospitals in terms of supplies," says Pruitt. "We were able to change what we do on a daily basis to more of a sourcing and distribution option for these hospitals. They didn't have other people looking out for them."

"It has been a great collaboration," says LaFemina. "They achieved significant savings because we worked closely together. We supported CHC in implementing strategies and identified multiple options in order to maximize savings with minimal behavior changes for CHC facilities. We'll continue to support and maintain these agreements throughout the life of the term." As a result of their efforts and partnership with HealthTrust, CHC has brought on an average of 15 new hospitals per year and has onboarded seven CHC hospitals since the start of the fiscal year in July.

Nick Burgess, VP, Strategic Accounts and Vendor Management at CHC, adds, "I think we're not only saving hospitals; we're saving communities as well." **HT**

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References: 1. Data on file, Allergan, Allergan Corporate Healthcare PRM Value Deck. August 2022.
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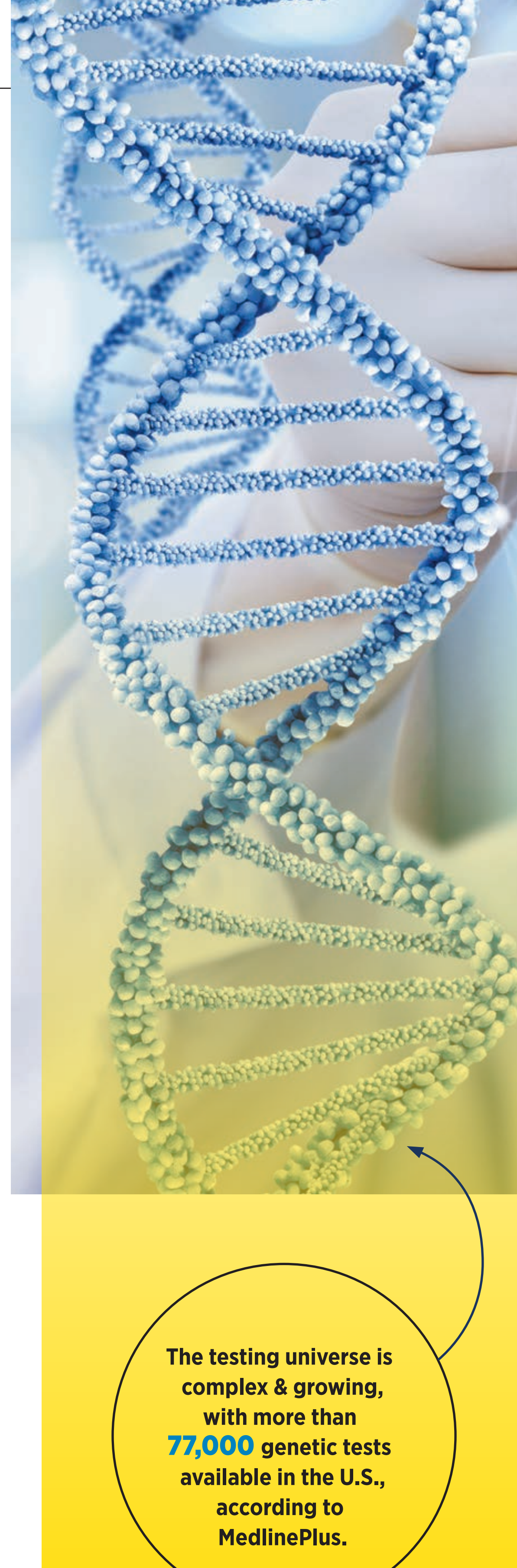

Improving genetic testing through lab stewardship

PROVIDER-ORDERED GENETIC TESTING CAN SUPPLY LIFESAVING INFORMATION TO PATIENTS AND THEIR FAMILIES. It can detect the presence of mutations that leave individuals vulnerable to breast cancer, for example, or spot if potential parents could pass on rare, harmful conditions to their children. Yet providers and healthcare systems are often not positioned to deploy genetic tests efficiently and effectively.

"Providers may not have timely access to systems that help them determine whether a test is warranted or know which tests are available at a reasonable cost to both patients and healthcare systems," says **Becky O'Neal**, Director of Lab Solutions at HealthTrust. "There are better ways to manage genetic testing. Implementing a lab stewardship program that encompasses the rapidly expanding genetic testing field can provide clarity for providers, improved care for patients and savings for hospitals."

The testing universe is complex & growing, with more than 77,000 genetic tests available in the U.S., according to MedlinePlus.

WHAT DOES GENETIC TESTING DO?

Thanks to direct-to-consumer genetic tests available through companies such as 23andMe and Ancestry, patients are increasingly aware of the availability, and power, of genetic testing, which can assist in prevention, diagnosis and treatment.

CHALLENGES SURROUNDING GENETIC TESTING

"The top challenges related to genetic testing include inappropriate test selection and lack of formulary indicating preferred genetic reference labs for the health system," O'Neal adds.

Provider selection of incorrect tests is driven in part by the quantity, with tests available for more than 22,000 conditions, according to the National Library of Medicine's Genetic Testing Registry. The vast number of tests makes deciding on the right one for each patient very challenging. Some estimates have found that 30% of genetic test orders are inappropriate and 5% of genetic test orders are straightforward medical errors. These errors can be costly, both for patients and for hospitals.

In addition, there are many different reference labs offering genetic tests varying in price and coverage. Some payors do not cover genetic testing and others restrict reimbursement. Depending on the nature and complexity of the test, genetic testing costs can range from under $100 to more than $2,000. "Taken together," O'Neal says, "these challenges serve as a call to action for administrators to seek out opportunities to make changes, namely by instituting a lab stewardship program."

There are multiple types of genetic tests. Major categories include:

- Molecular tests that check for certain genes, proteins or other molecules that may be a sign of a disease or condition
- Biochemical tests that analyze the activity level or number of enzymes or proteins produced from genes
- Gene expression tests that measure which genes are turned on or off in different cells
- Chromosomal tests that examine long lengths of DNA and chromosomes to identify large-scale changes

These tests all analyze genes, chromosomes and proteins differently and are chosen by a healthcare provider based on what condition or conditions are suspected.

THREE REASONS TO CONSIDER LAB STEWARDSHIP

A lab stewardship program can help ordering providers choose the correct test and eliminate ordering errors. Here are three benefits to consider when determining if lab stewardship could help your organization:

1. Healthcare systems can ensure providers receive evidence-based guidance on choosing genetic tests by creating a test and reference lab formulary.
2. Electronic health record (EHR) rules and clinical decision support can minimize human error by optimizing test names, identifying appropriate circumstances to use tests and ensuring system search functions are programmed to display the most appropriate tests first.
3. Test orders over a pre-determined cap can require a second level of approval, and EHR prompts can notify clinicians when ordering expensive or unreimbursed tests.

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Some mistakes in test selection will always remain, but to drive errors down as low as possible, hospitals can choose to contract with a select group of reference labs that have been carefully vetted for quality and accuracy. Utilizing a large number of reference labs creates numerous complexities with ordering, tracking results and financial reporting. It also prevents contracting for lower rates. "By establishing a reference laboratory formulary through the work of a lab stewardship program, healthcare systems can reduce the number of reference labs used while maintaining the quality that clinicians and patients depend on," says O'Neal.

ENSURING THE BEST CARE THROUGH OPTIMIZED GENETIC TESTING

Numerous health systems have successfully implemented these strategies, reporting that their genetic testing programs are now more beneficial for patients, user-friendly for clinicians and cost-effective overall. Additionally, if implementing a lab stewardship program seems daunting, resources are available to manage and execute these improvements. Launching a lab stewardship program is the first step to improving the use and efficacy of genetic testing. **HT**

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The importance of LISTENING

VALUE ANALYSIS Part 2 in a series

Communication with doctors is crucial to successful value analysis

IN PART TWO OF THE SOURCE'S YEARLONG EXPLORATION OF THE VALUE ANALYSIS SURVIVAL GUIDE, WE LOOK AT WHAT IS AT THE HEART OF THE VA PROCESS—EFFECTIVE COMMUNICATION AND ENGAGEMENT WITH PHYSICIANS.

Continued on page 20

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Continued from page 18

Physicians are key to the clinical value analysis process because it primarily includes products that require physician expertise and guidance, says HealthTrust's AVP, Clinical Resource Management, **Domini Pelkey**, BSN, MBA, RN.

"The heart of it is to make sure that we are making the best decisions for our patients. Products are reviewed from a quality and clinical-evidence standpoint first. The cost impact is also reviewed to make sure that we're also being good stewards of healthcare," she explains. "It takes our physicians' partnership to make sure that we're making decisions that are in the best interest of patient care."

Physicians are going to be the first people to know and understand whether the benefits of a new product outweigh its cost, if there are alternative options or whether the product already in place is doing the job for patients, she says.

"You need to include physicians from the start—both in the planning and in the conversations to understand if they have concerns related to any given product or equipment," adds **Kimberly Kelly**, MSN, RN, AVP, Clinical Services. "Otherwise, if they are excluded, your chances of having a successful program and being able to effectively make change at the facility level are very limited."

FOUR KEYS TO EFFECTIVE COMMUNICATION

Kelly explains that communicating with physicians is different from communicating with someone in supply chain or even with other providers such as nurses. "When you're communicating with physicians, there are a lot of other considerations around time management and competing priorities. You have to be very sensitive to all of the internal and external forces they are dealing with," she adds. Kelly and Pelkey offer the following four tips:

- **Know your audience.** Which channel of communication do they prefer? Do they want you to talk to them face to face in the physicians' lounge? Or do they prefer email, texting or a phone call?
- **Be prepared.** Complete your research ahead of time, including data on how a product is already used in the organization and what the trends are both across the country and internationally. Make sure that your information is not based solely on supply chain data, but that it's also clinical. It should touch the clinical measures that a physician would want to see in a product discussion.
- **Remember, your role is to listen.** Be clear and concise, ask open-ended questions and, most of all, let them do the majority of the talking. They are the ones providing direct care or performing a procedure. You are there to support.
- **Make sure they know who you are before you enter into a conversation with them.** They have to have some trust and respect for whom they're dealing with and what the process is. Build relationships with your physicians before you start asking them for their input.

RELATIONSHIPS MATTER

If the first time you reach out to a physician is to say that you're looking at, for example, some new implants, and you want their feedback, that's "not the right way to start the conversation," Kelly points out. "Begin the discussion ahead of time by finding ways to align around common goals and build a relationship. Discover how to stay engaged with key leaders and develop those relationships prior to suggesting a change. A great place to begin engaging with physicians is to work collaboratively on interdisciplinary teams that operate to improve patient outcomes."

If you don't make the effort to get to know and understand what drives them, Kelly says, you may find yourself struggling to build a rapport. Not fostering relationships with your physicians makes it harder to overcome objections and can cause them to become defensive. "They don't understand who you are, what goals you're working toward, whether or not you're looking at things from the physician and patient perspective," Kelly explains. "They can often think, 'Well, this is just all about money, and you don't really care about what I'm trying to do with my patients.' "

But if you do make the effort to establish and maintain respectful relationships, says Pelkey, not only will you have greater insight into your supply chain, but you will also be able to enhance the quality of care and drive down the cost of healthcare. "Each conversation with a physician should be made with a goal to continue building that relationship and working together to optimize patient care because that's the ultimate goal," she says. "You're optimizing the quality and the future state of providing all the services that your facility or healthcare network provide." **HT**

FOR SPECIFIC STEPS to engage and effectively communicate with physicians, see chapters 3 and 4 of the Value Analysis Survival Guide, contact your HealthTrust Account Manager or the Clinical Services team (clinical.services@healthtrustpg.com) to request value analysis resources, or sign up for the VA track at this summer's HealthTrust University Conference.

Making the case for FORMULARIES

HealthTrust spearheads the effort to deliver additional value for members

TO MITIGATE POTENTIAL RISKS TO THE HEALTHCARE SUPPLY CHAIN, HEALTHTRUST CREATED A SUPPLY DISRUPTION TASK FORCE IN THE MONTHS FOLLOWING THE HEIGHT OF THE PANDEMIC. As the organization continues its supply chain resiliency efforts, HealthTrust has created a member-led formulary process and item rationalization effort to standardize supplies and reduce waste, creating additional value for HealthTrust members and suppliers.

The new initiative mirrors drug formularies, which HealthTrust implemented several years ago. Now, however, product formularies could encompass all types of supplies used within healthcare facilities—from alcohol wipes and surgical gowns to everything in between. From an operational perspective, formularies are a clear win for both providers and suppliers.

"This is a member-led process where members determine a product formulary that will meet their clinical and operational needs, and they are doing so collectively across the member groups involved," says **Stephanie Thompson**, PharmD, MBA, VP of Clinical Services at HealthTrust. "Many members have formularies within their individual health systems, but we believe having a GPO formulary will provide additional positive outcomes for members and suppliers."

"HealthTrust's model is focused on aligned scale and commitment. This effort is yet another way in which HealthTrust, HCA Healthcare and other members are coming together to identify and promote operational efficiencies that will benefit everyone," says **Missy Pennington**, RN, AVP of Clinical Resource Analysis for HCA Healthcare Supply Chain at HealthTrust.

POWER IN NUMBERS

Pennington's team has created formularies for HCA Healthcare for more than seven years, clinically vetting products that show the best value and effectiveness. The HealthTrust team will work with HCA Healthcare and other members to develop formulary recommendations for the benefit of the entire membership.

"HCA Healthcare represents significant purchasing volume, but we know that if the GPO (HealthTrust) has support from other member providers to increase that volume, it will enable all of us to achieve more value," Pennington explains. "There's power in numbers."

One potential challenge to a product formulary process is reticence from clinicians who might be concerned that standardizing product lines will narrow their choices. Pennington shares that standardization reaps clinical, operational and financial benefits—including improving patient safety and outcomes, facilitating disaster stockpiles that contain the same products for all facilities and reducing product waste, among others.

"A product formulary makes it easier to manage inventory, as well as educate and train staff members in a difficult labor market," explains **Jocelyn Bradshaw**, SVP of Strategic Sourcing for HealthTrust. "And suppliers will benefit by streamlining their manufacturing operations."

"In the past, 'formulary' may have evoked a negative reaction from some

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clinicians who thought of it as receiving the cheapest product. However, that shouldn't be the case," Pennington says. "We should be able to drive the best value on products that have good clinical efficacy. It's not always the cheapest product—it's what has been clinically vetted to meet the patient care need. There's value to clinicians in being able to use the same products no matter which hospital or unit they're working in."

Thompson hopes HealthTrust members understand that creating product formularies isn't limiting, but freeing. "This effort is less about restriction and more about value optimization in challenging times," she explains. "Partnering across-the-board provides a benefit to our membership, assists suppliers and manufacturers in better forecasting to ensure supply, and brings value and consistency to the clinicians caring for patients." **HT**

Creating product formularies isn't limiting, but freeing. It's less about restriction & more about value optimization.

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Looking for a product formulary in a particular category, or do you have one to share? Post it in the HealthTrust Huddle or email clinical.services@healthtrustpg.com

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Understanding the BOTTOM LINE

Orthopedic dashboards address total performance & procedural costs

CONTINUOUSLY MONITORING THE MARKET FOR NEW TECHNOLOGY AND TRENDS IS A HALLMARK DIFFERENTIATOR OF THE MEDICAL DEVICE MANAGEMENT (MDM) OFFERING AT HEALTHTRUST, shares **Chris J. Stewart**, the organization's new VP of MDM. This enables the team to innovate beyond sourcing activities to assist members in addressing market realities.

Recently, the team has seen an accelerated shift in the adoption of enabling technologies such as orthopedic robotics used in hip, knee and spine surgeries. "While this shift is exciting," Stewart says, "We are actively capturing and evaluating cost intelligence to mitigate any unforeseen financial disruption for our members."

Scott Driskell, HealthTrust's Clinical Director, MDM, agrees. "This is a rapidly

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growing space. I think you're going to find that robotics will be the standard as opposed to the exception in the future. However, hospitals do have some uncertainty regarding costs and utilization."

MORE THAN THE IMPLANT COST

HealthTrust has a long history of negotiating the best price for physician preference items for its members. "The MDM team is in a unique position to take that support to the next level by offering data intelligence beyond the price of acquiring the implants," Stewart explains.

Members taking advantage of HealthTrust's orthopedic dashboards now have a new resource to assist with accessing the total cost of a procedure. Tools within the dashboard will enable members to extract valuable informatics regarding the cost and utilization of robotics in orthopedic surgery.

"It's often difficult for buyers to figure out what the actual cost per case is," says **Jimmy Yancey**, HealthTrust's AVP, Medical Device Management. The new functionality within the orthopedics dashboard will help members gain clarity they've not had before.

UNDERSTANDING THE COST PER CASE

"With robotics, it's rarely a situation where you're only paying capital costs," explains Yancey. Buyers believe they are contracting for a specific expense—a $3,600 knee, for example. In the end, it becomes a $4,600 knee because there are procedural costs that were not accounted for.

"With robotics, additional costs may come in the form of disposables, navigational software or premium implants," he shares. You could go from using what you consider a

Continued on page 26

surgical markers for every clinical need

maximize HealthTrust Contract #51419 | decrease supply chain management

Continued from page 25

With the dashboard, members can take the cost per case data & couple that with adoption rates.

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standard knee or a low-demand knee to a high-demand knee, and the high-demand knee, comes at a higher cost. Not only are you now paying for the disposables on a cost per case basis, you now also have an increase in the implants being used."

The change from standard to premium knees may happen because surgeons want to offer their patients the better outcomes promised by the premium devices, but you may have yet to budget for those choices.

HealthTrust's new orthopedic dashboard tools allow members to track utilization by specific technology, says Driskell. "We can track increased costs across the dashboard, so it illustrates how a robot could potentially drive costs outside of just the capital purchase and the disposables."

MITIGATING SURPRISES

Costs can also escalate if surgeons are not performing the number of robotics surgeries contracted. Typically, if a hospital doesn't meet the number of robotics surgeries agreed to in the contract—for example, 20 cases a month with the robot—shortfall penalties can be imposed.

The HealthTrust orthopedics dashboard allows tracking of the types of surgeries your surgeons are performing. That data can help you avoid the failure to meet contractual obligations and taking a potentially significant financial hit or, alternately, prepare you for the expense.

Being able to monitor adoption rates of robotics through the dashboard enables more informed choices about whether a member needs to upgrade what they currently have or add more robotics to their portfolio, Yancey explains.

With the dashboard, members can take the cost per case data and couple that with adoption rates. "This offers more insight into what you're buying and what your trends are going to look like moving forward," he shares.

Not only is such information important when judging whether to move to newer technology is the right choice, but it also helps determine if you should lease equipment or if it would be more advantageous to purchase, Yancey adds.

The dashboard tools enable large hospital system members to understand how robots are used across different facilities, Driskell says. Members can track the costs of different

Continued on page 28

ADVERTISEMENT

In Planning for Brain Metastases Treatment, Imaging may be the Missing Link in Cost Containment[1]

When faced with a patient presenting with metastatic brain cancer, determining whether to use up-front stereotactic radiosurgery (SRS) vs. first treating with whole brain radiotherapy (WBRT) is a significant clinical decision.

WBRT: The whole story on cognitive impairment

While whole brain radiotherapy (WBRT) has been the main treatment option for many years, experts agree that it often results in cognitive deterioration and a negative impact on quality of life. This mental decline has a devastating impact on patients and their families and adds ongoing costs for the healthcare systems managing these symptoms.

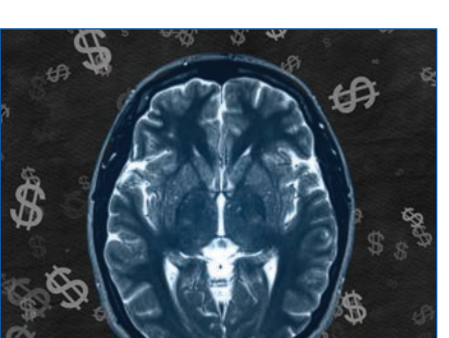
Using WBRT instead of SRS in some patients is estimated to decrease the total costs of brain metastasis management, though with increased toxicity.

SRS: Fewer side effects but greater risk of missed tumors

The cost of upfront SRS is the greatest contributor to cost of brain metastasis management.[1] SRS is often more expensive than WBRT. What's more, multiple applications of SRS can increase the cost of treatment greatly.

Stereotactic radiosurgery (SRS) has far fewer side effects, but upfront use of SRS is expensive and can carry the risk of missed tumors, requiring repeat procedures such as salvage SRS.[1]

Number of lesions and lesion size are key factors to be considered when determining the treatment plan for these patients. It follows that increased diagnostic information and accuracy could be beneficial in directing the proper therapy and improving overall long-term patient outcomes and containing costs. Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly, and high cost/high stakes procedures such as SRS need precise surgical planning.



Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly.

What does optimal visualization mean for outcomes and cost?

For surgical planning with SRS, radiologists need the best visualization achievable to accurately count the number and size of the lesions. These metrics are the key predictors of the need for SRS,[1] WBRT, or a combination of both.

By selecting the ideal contrast agent and equipment protocols, neuroradiologists can identify the proximate numbers of metastases for upfront treatment and reduced salvage treatment occurrences.

The role of radiology

As medical care for oncology patients continues to evolve, it will be increasingly important to assess the cost of various interventions given the often-limited life expectancy of cancer patients, the rising costs of cancer therapy, and the increasing prevalence of cancer in an aging population.

Through seeing all the tumors and tumor borders as clearly as technology allows, radiology can play a part in ensuring that proper treatment can begin quickly, while containing costs through optimized patient care. Efforts to carefully manage treatment approaches require improvements in protocol design, contrast administration in imaging, and utilizing multimodal imaging approaches.

In this era of precision medicine, radiology departments' contribution to this improved standard of care will have significant short and long-term implications by reducing cost of care, providing a more proximate diagnosis, and ensuring optimal patient outcomes. ■

Reference: 1. Shenker, R. F., McTyre, E. R., Taksler, D et al. Analysis of the drivers of cost of management when patients with brain metastases are treated with upfront radiosurgery. *Clin Neurol Neurosurg.* 2019 Jan;176:10-14.

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Continued from page 26

robots in various facilities, and tracking utilization may provide an indication that a particular robot is not giving your surgeons the experience you were promised or expected.

In addition to helping members understand the utilization and costs of their robotics, the features of the orthopedics dashboard also track patient lengths of stay when a surgery is performed with a robot versus when it's not, says Driskell. This enables members to answer the question: "Is this premium technology with a robot resulting in a shorter patient length of stay or driving down costs on inpatient stays?"

MORE THAN ROBOTICS

"These aren't just robotics dashboards. Members without robotics may also find the tools useful," Yancey explains. "These are orthopedic dashboards, and they're customizable. This is just one more way for members to be able to dig into their orthopedic spend and engage their physicians."

Stewart adds, "In theory, the innovative dashboards were developed to improve patient outcomes, while delivering cost savings, cost avoidance and unnecessary variation."

The new tools are tabs within the orthopedics dashboard, offered to Medical Device Management subscribers at no additional cost. The team indicates that more iterations will be coming in the future. **HT**

DIG INTO YOUR ORTHO SPEND by contacting the Medical Device Management team at corp.medicaldevicemgmt@healthtrustpg.com or attend the MDM business sessions during the HealthTrust University Conference in July.

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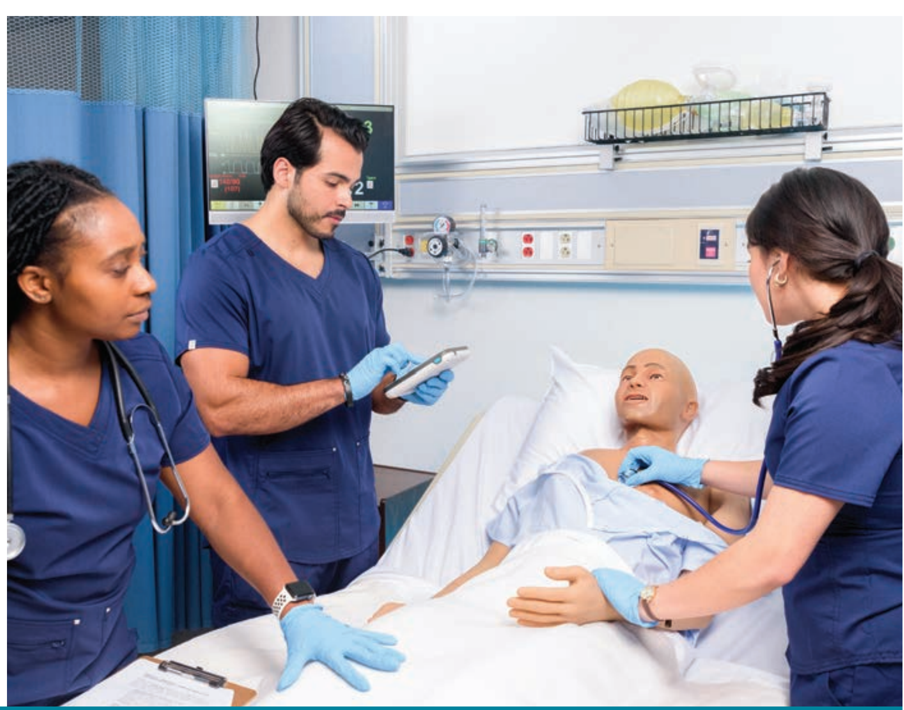

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Glynda McDaniel (L) of Ardent Health Services and Janice Walsh (R) of Trinity Health reduced payment cycle costs.

Photography: Jason Mallory

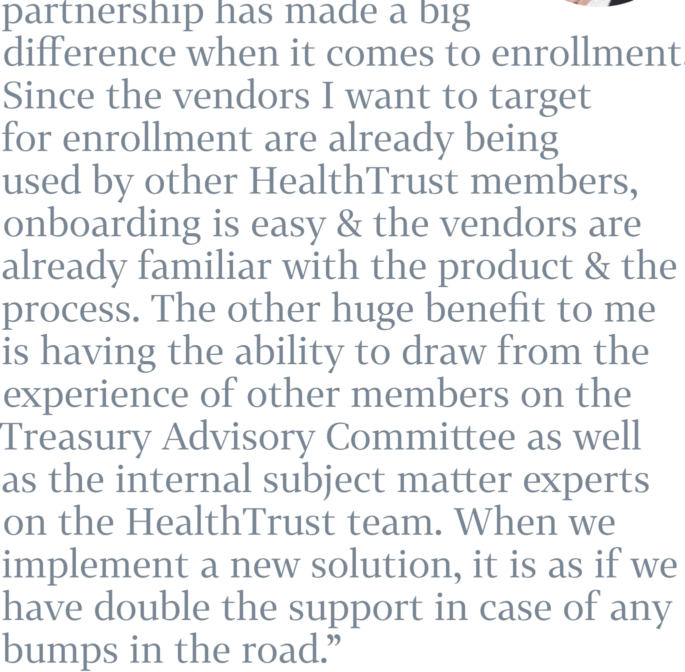
HEALTHCARE ORGANIZATIONS ACROSS THE COUNTRY HAVE BEEN CHALLENGED TO REDUCE COSTS AND INCREASE FINANCIAL RESILIENCY, AMID HIGHER LABOR EXPENSES AND LOWER PATIENT VOLUMES. HealthTrust's Treasury Solutions are designed to help members address some of their cost and efficiency challenges. By partnering with industry-leading third-party providers, participating members can reduce labor and administrative cost of the overall payment cycle. **Janice Walsh**, Finance Director at Trinity Health, and **Glynda McDaniel**, Director of Treasury Operations at Ardent Health Services, saw the advantages of partnering with HealthTrust.

HOW THE PROGRAM WORKS

"The Treasury Solutions program is a way to reduce what it costs to pay suppliers to receive their payments. As health systems have been challenged with reductions in labor and doing more with less, these solutions help support initiatives to take the workload off burdened staff and transition it over to third-party platforms," says **Kim Allen**, AVP, Strategic Sourcing Commercial Products, HealthTrust.

HealthTrust's accounts payable programs focus on eliminating payments by checks so members can automate the payment process to suppliers using credit cards and/or a third-party ACH (Automated Clearing House) platform. This reduces costs and fraud risk associated with checks, with the added bonus of receiving a financial incentive from payment providers. "By changing from a check or EFT payment that costs money, members are actually earning money when making payments through this program," explains Allen. The payment providers take on the risk and liability tied to the payments by assuming the responsibility for maintaining the supplier banking records.

The accounts receivable program offers members a single-source merchant-acquiring solution for receiving all forms of payments such as online patient payments and payments in cafeterias, gift shops, physician offices and others, with rates that are significantly below market. The merchant-acquiring service provider also works with each member to ensure all payments are payment card industry (PCI) compliant, protecting hospitals' reputations in the event of data breaches, as well as minimizing financial risk.



"Over the last few years, Lifepoint has implemented many of the HealthTrust Treasury Solutions. The partnership has made a big difference when it comes to enrollment. Since the vendors I want to target for enrollment are already being used by other HealthTrust members, onboarding is easy & the vendors are already familiar with the product & the process. The other huge benefit to me is having the ability to draw from the experience of other members on the Treasury Advisory Committee as well as the internal subject matter experts on the HealthTrust team. When we implement a new solution, it is as if we have double the support in case of any bumps in the road."

– **Amanda Anderson**, Director, Corporate Card Programs, Lifepoint Health & Member, HealthTrust's Treasury Advisory Committee

A COMPETITIVE PAYMENT SPACE

Trinity Health, one of the country's largest not-for-profit Catholic healthcare systems, has been a part of HealthTrust's accounts payable recovery program for years. Most recently, attracted to the beneficial terms made possible by HealthTrust's group buying power, it also joined HealthTrust's Expense Management and Payment Solutions Credit and ACH programs after years of managing those contracts in-house.

"The business-to-business payment space has gotten a lot more competitive, and it made sense to not stand alone but instead have the weight of comparable buyers processing similar types of payments grouped together. It's all of us banding together and providing a united front so that we can get more value for our companies," says Walsh. She also shares that the HealthTrust contracts have better rates and additional support services than the previous contracts they'd negotiated on their own.

In 2022, Ardent Health Services decided to utilize the Treasury Solutions program, moving its existing American Express contract to HealthTrust and implementing the Expense Management and Payment Solutions – ACH program for the first time. "COVID really opened our eyes to the need for electronic transactions. People were not in the office to receive their mail or their checks. There was a big ask from our vendor network for ACH transactions," says McDaniel. Delays with the U.S. Postal Service and a high increase in check fraud also influenced the decision to move to electronic payments.

ONBOARDING WITH TREASURY SOLUTIONS

Although members can pick and choose which Treasury Solutions programs to adopt, **Rob Dickey**, Senior Director of Contracts, Indirect and Treasury Solutions

HealthTrust's Treasury Advisory Committee. Front row, left to right: Janice Walsh (Trinity Health); Kim Allen (HealthTrust); Elliott Brown (Lifepoint Health); Amanda Anderson (Lifepoint Health); Joe Arcuri (HCA Healthcare). Back row, left to right: Rob Dickey (HealthTrust); Allen Wright (HealthTrust); Guy Wagner (HealthTrust); Glynda McDaniel (Ardent Health Services)

Photography: Jason Mallory

with HealthTrust, says the most successful members embrace them all: "We offer a full end-to-end solution that manages inbound and outbound payments. Let's say members want to increase efficiency in their AP department and don't want to maintain bank records. It's advantageous for them to use the HealthTrust program and transition the overhead cost and fraud risk associated with processing checks and locally managed electronic funds transfers to a third party. And, if members are looking for speed to value, our program gives them the opportunity to increase their financial incentive using pre-negotiated agreements that are an improvement over what they can get on their own local deals because of the aggregated HealthTrust volume."

Getting up and running with Treasury Solutions depends on the program, but overall, it's an easy process. For credit and ACH, it's a simple matter of executing a pre-negotiated agreement with one or all three providers. If there are existing contracts that need to be transitioned to the HealthTrust program, the HealthTrust Treasury Solution suppliers will manage the transition on behalf of the members.

"All of the work it takes to launch any of the HealthTrust Treasury Solutions is done by the third-party platforms. They work hand in hand with members on messaging and then do the heavy lifting with onboarding the suppliers and growing the program," adds Allen.

That's been Ardent's experience since it joined HealthTrust's ACH program with the Fifth Third Bank/ Paymode-X network last year. They provide Fifth Third Bank/ Paymode-X with data on vendors paid by check and those they want to prioritize, and Fifth Third Bank/Paymode-X takes it from there. "Every Friday we get an updated listing from Paymode-X of the successes for the week," says McDaniel. "We go into our AP system and update the vendor information, and then payments to that specific vendor go through Paymode-X. It's one less check we have to write."

For incoming payments, HealthTrust has an agreement with the global financial technology payments company Fiserv, which requires ending any existing agreements first. The Fiserv consulting team works with our members to create a transition plan to the HealthTrust Fiserv agreement and outlines a clear plan to achieve PCI compliance at no cost, which can be especially beneficial to members that, through mergers and acquisitions, have contracts with multiple providers. "When there are disjointed relationships with

"The Treasury Solutions program has helped us drive several initiatives, including a 20% reduction in checks issued to vendors over the last three years, & the reduction of risk from fraudulent activities. These payment programs also enable us to work with vendors to reduce their accounts receivable/days sales outstanding through expedited payments."

– **Joe Arcuri**, AVP SC Procure/Pay, Supply Chain Financial Operations, HCA Healthcare & Member, HealthTrust's Treasury Advisory Committee

multiple suppliers it is next to impossible to be PCI compliant. Consolidating with our program will ensure the healthcare organization is PCI compliant once the transition is complete," adds Dickey.

THE DRIVING FORCE

In 2018, treasury experts from HealthTrust member hospitals came together to form HealthTrust's Treasury Advisory Committee (TAC). "The committee members are representative of the HealthTrust membership and are the ones on the front lines managing this in their hospitals on a day-to-day basis. This ensures that what we work on within the committee will deliver benefits across HealthTrust's member organizations," says Dickey.

Since the TAC's first meeting in 2018, Treasury Solutions has expanded from the original program, comprising just two agreements, to a much more comprehensive offering. Allen credits committee members with this impressive progress: "The driving force behind HealthTrust's program is the Treasury Advisory Committee. These members have supported the conversations and have guided us. Each of them has played a crucial role in the development of this as an overall solution."

Walsh has been a member of the TAC since it started. It's been a rewarding experience, she shares, and she appreciates being able to discuss the challenges she's facing in her work with the Treasury team and senior HealthTrust leaders. "They've really listened to us and to our perspective." An example: HealthTrust's move to include standard electronic payment language in agreements with suppliers. "This idea emanated from one of the early meetings we had. I'm very appreciative they listened and figured out how they could address our issues by embedding related language into the contracting process," she says.

Walsh also appreciates the relationships she's built with other committee members. "When you're in this space, you have very unique conversations with suppliers. To be able to bounce ideas off of other like-minded peers who are facing some of the same challenges has been part of the value of this committee," she adds.

McDaniel, who joined the TAC in early 2023, agrees with this sentiment. She's excited to be part of the committee to communicate with her treasury peers and work together to create solutions for mutual benefit. "We all tend to have similar issues within our organizations from a payment perspective or a treasury services perspective," she says. "Together, we're looking at processes and challenges that are important to members that Kim and the team at HealthTrust can then explore and find solutions to address. This will help the treasury teams within each of our health systems to run better, creating more value for all of us." **HT**

EXPLORE how savings and incentives from payment solutions can benefit your organization by contacting kim.allen@healthtrustpg.com or your HealthTrust Account Director.

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WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE
Please see accompanying Highlights of full Prescribing Information for additional important information.

- Thrombosis may occur with immune globulin intravenous (IGIV) products, including Octagam® 10%. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
- Renal dysfunction, acute renal failure, osmotic nephropathy, and death may occur with the administration of Immune Globulin Intravenous (Human) (IGIV) products in predisposed patients. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. Octagam 10% does not contain sucrose.
- For patients at risk of thrombosis, renal dysfunction or renal failure, administer Octagam 10% at the minimum infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Important Safety Information
Octagam® 10% is contraindicated in patients who have a history of severe systemic hypersensitivity reactions, such as anaphylaxis, to human immunoglobulin. Octagam 10% contains trace amounts of IgA (average 106 µg/mL in a 10% solution). It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity. In patients with chronic ITP, the most serious drug-related adverse event reported with Octagam 10% treatment was a headache. The most common drug-related adverse reactions reported in >5% of the subjects during a clinical trial were headache, fever, and increased heart rate.

Please see accompanying Highlights of full Prescribing Information for additional important information.

*Within this shelf-life, the product may be stored up to 9 months at ≤ +25°C (77°F). After storage at ≤ +25°C (77°F) the product must be used or discarded.

HealthTrust Contract #4861

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Date of preparation: 2/2023. GAM10-0390-PAD

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Octagam 10% safely and effectively. See full prescribing information for Octagam 10%.

Octagam 10% [Immune Globulin Intravenous (Human)] liquid solution for intravenous administration

Initial U.S. Approval: 2014

WARNING

THROMBOSIS, RENAL DYSFUNCTION AND ACUTE RENAL FAILURE

See full prescribing information for complete boxed warning

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INDICATIONS AND USAGE

- Octagam 10% is an immune globulin intravenous (human) liquid preparation indicated for the treatment of chronic immune thrombocytopenic purpura (ITP) in adults; and for dermatomyositis (DM) in adults.

DOSAGE AND ADMINISTRATION

For intravenous use only.

Indication	Dose	Initial Infusion rate	Maintenance Infusion Rate (if tolerated)
Chronic ITP	1 g/kg daily for 2 consecutive days	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 12.0 mg/kg/min (Up to 0.12 mL/kg/min)
Dermato-myositis	2 g/kg divided in equal doses given over 2-5 consecutive days every 4 weeks	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 4.0 mg/kg/min (Up to 0.04 mL/kg/min)

- Patients with dermatomyositis are at increased risk for thromboembolic events; monitor carefully and do not exceed an infusion rate of 0.04 ml/kg/min.
- Ensure that patients with pre-existing renal insufficiency are not volume depleted; discontinue Octagam 10% if renal function deteriorates.
- For patients at risk of renal dysfunction or thrombotic events, administer Octagam 10% at the minimum infusion rate practicable.

DOSAGE FORMS AND STRENGTHS

Solution containing 10% IgG (100 mg/mL)

CONTRAINDICATIONS

- History of anaphylactic or severe systemic reactions to human immunoglobulin
- IgA deficient patients with antibodies against IgA and a history of hypersensitivity

WARNINGS AND PRECAUTIONS

- IgA-deficient patients with antibodies against IgA are at greater risk of developing severe hypersensitivity and anaphylactic reactions to Octagam 10%. Epinephrine should be available immediately to treat any severe acute hypersensitivity reactions.
- Monitor renal function, including blood urea nitrogen and serum creatinine, and urine output in patients at risk of developing acute renal failure.
- Falsely elevated blood glucose readings may occur during and after the infusion of Octagam 10% with testing by some glucometers and test strip systems.
- Hyperproteinemia, increased serum osmolarity and hyponatremia may occur in patients receiving Octagam 10%.
- Hemolysis that is either intravascular or due to enhanced red blood cell sequestration can develop subsequent to Octagam 10% treatments. Risk factors for hemolysis include high doses and non-O-blood group. Closely monitor patients for hemolysis and hemolytic anemia.
- Aseptic Meningitis Syndrome may occur in patients receiving Octagam 10%, especially with high doses or rapid infusion.
- Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury (TRALI)).
- Octagam 10% is made from human plasma and may contain infectious agents, e.g. viruses and, theoretically, the Creutzfeldt-Jakob disease agent.

ADVERSE REACTIONS

Chronic ITP: The most common adverse reactions reported in greater than 5% of subjects during a clinical trial were headache, fever and increased heart rate.

Dermatomyositis: The most common adverse reactions reported in greater than 5% of subjects during a clinical trial were headache, fever, nausea, vomiting, increased blood pressure, chills, musculoskeletal pain, increased heart rate, dyspnea, and infusions site reactions.

To report SUSPECTED ADVERSE REACTIONS, contact Octapharma at 1-866-766-4860 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

DRUG INTERACTIONS

The passive transfer of antibodies may:

Confound the results of serological testing.

Interfere with the immune response to live viral vaccines, such as measles, mumps, and rubella.

USE IN SPECIFIC POPULATIONS

- Pregnancy: no human or animal data. Use only if clearly needed.
- Geriatric Use: In patients over age 65 or in any person at risk of developing renal insufficiency, do not exceed the recommended dose, and infuse Octagam 10% at the minimum infusion rate practicable.

Revised: **July 2021–**

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usmedicalaffairs@octapharma.com
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Reimbursement:
usreimbursement@octapharma.com
Tel: 800-554-4440 | Fax: 800-554-6744

Drug Safety:
For all inquiries relating to drug safety, or to report adverse events, please contact our local Drug Safety Officer:
Tel: 201-604-1137 | Cell: 201-772-4546 | Fax: 201-604-1141 or contact the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Harness the POWER

Optimize value in purchased services with Valify

IN PREVIOUS YEARS, 40% TO 45% OF A HOSPITAL'S NON-LABOR OPERATING EXPENSE WAS ESTIMATED TO BE WITHIN THE CATEGORIES THAT ENCOMPASS PURCHASED SERVICES. That number is now as high as 50%, shares **Andy Motz**, AVP with Valify's Custom Contracting and Advisory Services.

Factors contributing to the rise in the percentage include the inflationary market providers have dealt with over the last 12 to 18 months. During that time, inflation caused the price of core services to rise anywhere from 9% to 34%. Managing outsourced services has become increasingly costlier due to fuel surcharges, the rising cost of energy and shortages in the labor market.

However, there is some good news. "Within some categories, we are delivering savings to our members, in spite of inflation. These opportunities for nonsalary cost reductions have risen to strategic importance," says Motz.

SANS THE SKU

A purchased service is any service outsourced or contracted for and performed by a third party rather than a hospital's in-house staff. "We define purchased services as anything that doesn't have a SKU number," says Motz. "It's whatever you need to keep a hospital running—from blood products and reference lab services to elevator maintenance and pest control."

Additional examples of purchased services include food services management, laundry and linen processing, security, medical and waste management, snow removal, vending services, reprocessing and medical cylinder gas, to name a few.

WHY THE COMPLEXITY

Outsourced services are often difficult to manage because they span multiple departments across the entire health system. This means that the decision-making and ongoing management of the contracts is likely decentralized. Adding to that challenge is the complexity of the categories and a lack of consistent operational metrics.

For providers who manage multiple facilities of varying sizes in widespread locations, contracts with local suppliers for these services can hide a lot of wasted spend from potential redundancies and regional price variations.

A LIFECYCLE APPROACH

"Working with suppliers and setting expectations for services through contracted agreements helps to control costs. Supply chain leaders must collaborate with the C-suite and department leaders to initiate and then sustain an ongoing, lifecycle approach to purchased services," suggests Motz. He offers these best practices:

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- Develop and implement processes for understanding spend and contract visibility
- Enlist the support of a categorization tool such as Valify
- Ensure benchmarks are regularly reviewed for high spend categories
- Store all contracts in a centralized location for easy access and visibility
- Prioritize supplier engagement and conversion
- Measure your success by monitoring the correct metrics

ACCELERATING VALUE

As members of HealthTrust, providers have access to a broad portfolio of existing purchased services contracts. HealthTrust can also provide custom sourcing by converting existing supplier relationships to HealthTrust contracts for additional savings and improved terms and conditions.

Valify Solutions Group (VSG), a division of HealthTrust and the first technology-driven group purchasing organization (GPO) dedicated to healthcare purchased services, helps members extract significant value when contracting with outside agencies. Valify's Advisory Services ensures members get the best rates and realize optimal savings by utilizing two important tools—benchmarking technology and expert-level knowledge of national and regional markets.

"VSG offers members the ability to create a localized contract with a national GPO supplier. It supports members in identifying which supplier works best for them and then negotiates local pricing and individualized terms and service-level requirements," Motz explains.

Valify's Advisory Services assists members by:

- Customizing GPO agreements specific to a facility's needs
- Enhancing the quality of services members receive from outsourced suppliers
- Sharing best practices to ensure members are utilizing services appropriately and in the most cost-effective manner.

Valify has several tools designed to help facilities streamline their purchased services. The spend analysis technology automates spend categorization visibility, while its purchased services assessment (PSA) tool helps facilities comb through their data to find ways to save. Valify receives data updates monthly, which offers facilities the ability to mine for opportunities instead of simply waiting for contracts to expire.

"The PSA enables members to take a proactive approach to managing these categories instead of just reacting to pain points," says Motz. "There's never been a better time to analyze your approach to purchased services. While it may have been an area overlooked in the past, the amount of facility spend is now undeniable. And, with significant spend comes the opportunity for savings," he adds.

VALIFY: TECHNOLOGY, GPO PORTFOLIO & ADVISORY SERVICES

Valify offers the first end-to-end purchased services program comprising spend analytics, benchmarking, contract management and advisory services

ENABLING SUPPLIER DIVERSITY

With a number of health systems prioritizing their use of diverse suppliers, Valify has technology to support those initiatives. Subscribers can use the database to enhance decision-making around diverse suppliers and spend, including where there are opportunities to convert business to a diverse supplier.

Valify's diversity reporting tool identifies suppliers with a diversity designation. Within the platform, a badge next to a diverse supplier appears along with the certification source and expiration date. The tool identifies supplier diversity according to 18 different classifications.

that support sourcing and contract negotiations. Valify helps health system operators realize significant savings on purchased services by leveraging the largest data-driven market intelligence platform of more than $460 billion in total spend, categorized through proprietary machine-learning algorithms to generate benchmarking insights for its members. HealthTrust has licensed Valify technology to support GPO operations to accelerate value to HealthTrust members.

- Subscribers realize an average of 10%–30% savings per category.
- The VSG portfolio consists of $9B in annual contracted spend.
- Five HealthTrust health systems subscribe to Valify to actively save through consolidation of suppliers.
- 1,400 unique categories across seven service lines:
  - **Facility Support Services** *255 subcategories*
  - **IT & Telecom Services** *505 subcategories*
  - **Clinical Services** *232 subcategories*
  - **Financial Services** *148 subcategories*
  - **HR Services** *138 subcategories*
  - **Insurance** *34 subcategories*
  - **Ancillary Services** *155 subcategories* **HT**

Drive value in purchased services for your organization by contacting the Valify team today at 972.963.5130 or info@getvalify.com, or by attending one of the two purchased services education sessions at our upcoming HealthTrust University Conference.

QUANTIFIABLE RESULTS

Interpretation Services | $507,000 in savings

- **Issue:** A health system with 4,000+ staffed beds had annual spend in Interpretation Services totaling more than $5.2 million. It was using eight unique suppliers and individuals, which put them in the 91st percentile for Spend per Adjusted Patient Day.
- **Solution:** Valify Advisory created and ran an RFP for Interpretation Services on behalf of the health system. Current utilization was collected by modality: over the phone, video and in person. Suppliers were asked to propose their unit cost for each modality at the current level of usage.
- **Results:** Valify Advisory negotiated new rates for each modality, and the health system was able to reduce the number of suppliers to three—resulting in $507,000 in annual savings.

Reference Lab | $500,000 in savings

- **Issue:** A health system spent more than $1.6 million among several reference lab testing services. When compared to other Valify subscribers, they were also in the 85th percentile for spend per staffed bed.
- **Solution:** Valify Advisory requested line-item details from each supplier and sent proposals to two HealthTrust contracted suppliers and another incumbent.
- **Results:** Ultimately, the hospital selected a HealthTrust supplier and implemented 35% savings, or just over $500,000.

Print Services | $13.9M in savings

- **Issue:** Establish a unified production print management approach, in tandem with support from the IDN's Marketing and Creative Services department, focused on achieving sustainable financial value and consistent results.
- **Solution:** Replace all five production print shops and 140 suppliers with an enterprisewide, sole-source print supplier. Establish a multidisciplinary governance team to provide oversight for production print management, including initiating quality standards, contract expectations and spend management.
- **Results:** Align all production print with marketing initiatives to ensure brand consistency. Enhance print management through visibility to spend data. Manage supplier to create consistent quality, standards and results. Leveraged source supplier to drive 45% savings.

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Closure	20 mm
Unit of Sale	Kit contains 1 vial of 10 mg romidepsin and 1 vial of 2.2 mL diluent for romidepsin per carton.

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Successfully engaging physicians in

Getting doctors involved is a crucial component of a value analysis team

WHILE A PHYSICIAN'S FIRST PRIORITY IS OPTIMAL PATIENT CARE, INFRASTRUCTURE BEHIND THE SCENES IS CRITICAL TO ENSURING THAT CAN OCCUR. Medical supplies and devices have an associated cost, and some provide better value than others. That's where a value analysis team (VAT) provides support. A highly functioning VAT involves clinicians and facility leadership to follow a formal process for evaluating products, new technology and services that will provide safe, effective and compassionate patient care.

The most effective VATs will include physicians as a part of the process. Physicians provide a unique viewpoint, as they use the materials and instruments to treat and heal patients. A number of times over the last few years, articles in *The Source* have covered the benefits of value analysis teams and the process—typically from a supply chain or a clinician's perspective. Resources interviewed from both disciplines have stressed the importance of physicians input into decision-making. However, with busy practices and many additional duties, getting physician participation can be difficult. We decided to turn the tables this time by asking three of HealthTrust's Physician Advisors for suggestions on how best to engage their peers in value analysis.

WHAT PHYSICIANS CAN CONTRIBUTE TO VALUE ANALYSIS DISCUSSIONS

Physicians can provide real-time anecdotal feedback on value and quality that the rest of the value analysis and procurement team may not have insight into. They also bring a unique perspective on alternative approaches to choosing the best product for a specific need, says **Ashley C. Mays**, M.D., FACS, Head and Neck Microsurgeon at the Cleveland Clinic Florida and the Quality Director for the hospital system's surgical subspecialties.

That unique perspective includes their own clinical experiences, "as well as the latest evidence found at conferences or in the literature to inform discussions around real and measurable outcomes," explains **Aron D. Wahrman**, M.D., MBA MHCDS, FACS, Plastic Surgery Section Chief at Philadelphia Veterans Administration Medical Center and Clinical Associate Professor of Surgery at the University of Pennsylvania School of Medicine. This information can also be used to determine the cost effectiveness of potential supplies.

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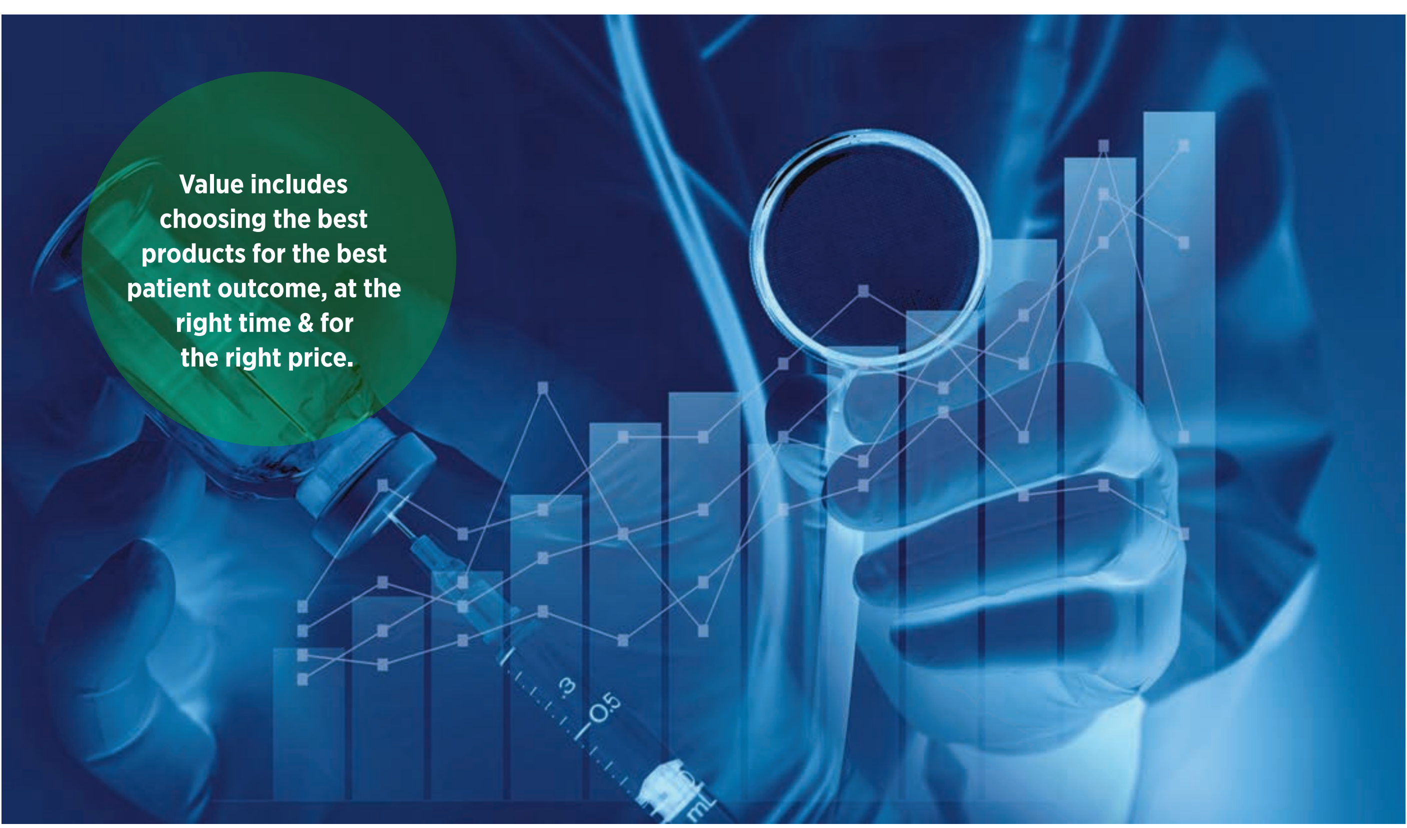
The value proposition is important because physicians are frequently the primary users of high-cost supplies and pharmaceuticals, adds **Valerie Norton**, M.D., FACEP, Chief Operations Executive Physician at Scripps Health, a Specialist in Emergency Medicine and President of Pacific Emergency Providers. "This means if you want to improve the financial stewardship of high-cost items, you'd better involve them." Sometimes a lower-cost item works fine, she says, but the higher-cost alternative may provide better results and patient outcomes. "Only the people using it can describe the nuances of what makes it better." She uses trocars as an example. "Generally, if proceduralists are given alternatives that perform equally well, they'll support moving to a lower-cost item," she explains, "but they need to be given the chance to try things out and voice their opinion and concerns."

Using the literature to support adopting or declining a new technology is valuable, adds Dr. Norton. "Being able to ground the discussion with research is a very powerful tool for executives or committees with decision-making power over purchases." A drug like sugammadex (Bridion), is a game-changer in anesthesia, and hospitals must come to terms with its cost. On the other hand, liposomal bupivacaine (Exparel) "continues to accrue negative studies that cannot find a difference compared to standard anesthetics," Dr. Norton adds. Some hospitals are taking it off the formulary based on the accumulation of evidence. "Having physicians leading decision-making bodies is key to navigating these difficult conversations."

Through value analysis, physicians can better advocate for products that help them increase job performance and improve outcomes. Dr. Wahrman uses biologics for wound care and hernia reconstruction. "I recently was able to get approval for a non-mammalian sourced product," he says, but to do so, he had to stress its uniqueness. Dr. Wahrman routinely asks the hospital for new products that have been vetted by experts in his field. "Requests for these things are presented to a committee that wants to know what differentiates this product from other items. Price only becomes an issue if you can't prove a measurable, better patient outcome."

HOW PHYSICIAN INVOLVEMENT IN VALUE ANALYSIS HAS CHANGED

Physicians are increasingly involved with value analysis, as the industry moves from fee-for-service to value-based healthcare. While fiscal issues have always been important



to healthcare institutions, they are even more vital now. Of course, lower costs are not the only motivation. Value includes choosing the best products for the best patient outcome, at the right time and for the best price.

"There is no question that value analysis has rocketed skyward in importance in the past 10 years or so," says Dr. Norton. "That has coincided with more and more physician involvement, because the value analysis teams need physician champions and thought leaders to convince their colleagues to embrace better financial stewardship."

Over time, some clinicians have taken the perspective that evidence-based medicine leads to evidence-based purchasing, using the information gleaned from research and best practices to choose the right products. When we refer to the term 'evidence-based,' adds Dr. Wahrman, "we need to remember you can only test innovation through use, so one has to acquire the evidence."

THE BEST WAYS TO ENGAGE PHYSICIANS

Not every physician wants to be engaged the same way. The key is understanding what works for each individual. "I prefer it when senior leadership specifically asks for engagement," says Dr. Mays. She has seen requests come from general surveys and other group electronic communications, but that seems impersonal.

Dr. Norton acknowledges that she enjoys a spirited committee meeting, debating the available evidence for a product. "But many physicians hate committee meetings and would much rather have a one-on-one discussion detailing differences with a trusted colleague, such as the operating room director or someone from the value analysis team," she says. "Most physicians are team players and appreciate receiving a concise email laying out the case for making a change."

VAT INVOLVEMENT LEADS TO GREATER UNDERSTANDING

Dr. Norton's first exposure to value analysis was as a neophyte service line leader, when she asked to see a list of the top 20 most expensive pieces of equipment they were using. "I discovered that our emergency departments were throwing away HoverMatts after a single use," she recalls. By developing a clean-and-reuse strategy, they saved several hundred thousand dollars the first year, plus they made a positive environmental impact. "My eyes were opened to the seemingly endless possibilities for further savings and better environmental stewardship, which was a steppingstone to a deeper understanding of the intricate balancing act that constitutes a hospital budget."

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References: 1. Nelson R, Samore M, Smith K, et al. Cost-effectiveness of adding decolonization to a surveillance strategy of screening and isolation for methicillin-resistant *Staphylococcus aureus* carriers. *Clin Microbiol Infect.* 2010;16(12):1740–1746. **2.** Moss J, Burgess DS, Schadler A et al. Cost Effectiveness of Universal Decolonization in the ICU: A pre and post intervention analysis. Poster presented at ID Week; October 3-7, 2018; San Francisco, CA. **3.** PDI in vivo Study 0113-CTEVO. **4.** Product instructions for use. **5.** Centers for Disease Control and Prevention. Strategies to Prevent Hospital-onset *Staphylococcus aureus* Bloodstream Infections in Acute Care Facilities. https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html. Published December 2019. Accessed December 10, 2020.fections in Acute Care; Facilities.

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Without the combined overview of supply cost, product availability and supply chain issues, it's hard for a physician or surgeon to understand how their product preferences can be affected. "If a surgeon requires a certain type of suture to close a patient's wounds during surgery, and there is a supply chain shortage or increased cost of using that suture, it's helpful for the surgeon to understand that a different type of suture may not be as efficient," Dr. Mays explains.

TIME COMMITMENTS WITH VALUE ANALYSIS

There are many ways to get involved in value analysis. Dr. Mays has been active in value analysis at each of the three institutions she's worked at, including during her multiyear fellowship. "I have been a quality officer with various job titles and responsibilities, including assessing product value," she says. She has dedicated administrative time for quality-related matters. "Understanding cost and operations is a mere fraction of that time," she adds.

Though Dr. Mays has a quality role in her institution, she does not feel a physician needs to have designated titles in the quality realm to be engaged in the value analysis process. Institutions often provide data to each physician regarding their own outcomes. Each doctor can use self-analysis to improve their own product utilization, and how that affects the bottom line.

Dr. Norton shares that her health system has woven value analysis into the standard work for governance at multiple levels, including departmental supervisory committees, systemwide service line meetings, systemwide pharmacy and therapeutics (P&T), and an executive-level committee which evaluates service line requests for high-cost items. "I've been involved at every level," Dr. Norton explains. "The background research completed by the value analysis and pharmacy teams is critical to the success of this work."

A section chief at two hospitals, Dr. Wahrman is responsible for vetting colleagues' requests within his specialty and trying to avoid duplication. The time involved varies. He usually spends about two to four hours per month engaged in various value analysis discussions, including pharmaceuticals, equipment and supplies. "Sometimes there's an up-front investment needed to have conversations with outliers about their usage or to set up a gatekeeper for certain items. Once that process gets going, the time required to review compliance goes way down," Dr. Wahrman shares.

FOR PHYSICIAN EXECUTIVES, VALUE ANALYSIS IS IMPERATIVE

Physician executives should expect value analysis as part of their portfolio. Dr. Norton participates in a small, systemwide committee that serves as the final adjudicator for controversial decisions on high-cost items. "We review the available evidence on medical effectiveness as well as a cost-benefit analysis for each item. We also consider appeals when new information becomes available," she says. She is also chair of her system's P&T committee, which performs the same work for high-cost pharmaceuticals.

Dr. Norton enjoys facilitating discussions regarding the available evidence leading to a product consensus that everyone can live with. "It's also important to involve medical directors to be the gatekeepers for high-cost items in their area. This allows us to have accountability for adhering to our guidelines for when these items may be used," says Dr. Norton. **HT**

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Teaming up to find workforce solutions

Shortages & turnover are serious problems for pharm techs, but solutions are available

PHARMACY LEADERS ARE GRAPPLING WITH PROFOUND CHALLENGES THAT ARE THREATENING THE FIELD'S ABILITY TO IMPROVE PATIENT HEALTH. FIRST AMONG THE CHALLENGES IS A PROBLEM THAT EXTENDS ACROSS THE HEALTHCARE SECTOR.

"The pharmacy workforce is stretched thin. More than half of pharmacists reported pausing the expansion of new services due to the workforce shortage," says **Aigner George**, PharmD, AVP of Pharmacy Solutions at HealthTrust.

Turnover rates among technicians are nearly 30%, according to a survey conducted by the American Society of Health-System Pharmacists (ASHP) in late 2021.

Pharmacy technicians report high job satisfaction, but many of them are frustrated with heavy workloads, inadequate staffing and low salaries. These are among the leading reasons for leaving a position. Inadequate salaries were exacerbated by the COVID-19 pandemic, which created a gaping need for certified technicians. Significant increases in salary or career growth opportunities continue to lag, driving consistently high turnover.

A CHANGING PROFESSION

"Thirty years ago, becoming a pharmacy technician was a reasonable career choice, marked by job stability. Since that time, salaries have eroded, but the complexity of the job has grown," George notes.

The critical opportunity to develop avenues for technicians to advance their careers has been shifted aside or missed. Pharmacy technicians are responsible for having competence in working with hazardous compounds, communicating professionally with healthcare staff and patients and prioritizing the workflow. It is very difficult to acquire and retain talent if leaders do not reward the training and professionalism required to safely navigate these tasks. Without effective professional development in place to grow and expand technicians' scope of work, they will seek alternate careers.

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SOLUTIONS AT HAND

"Our best option for addressing these pervasive, complex issues is to work together," says George. "It's counterproductive for each leader to tackle only one part of the puzzle, lacking vision of the broader forces shaping the industry or duplicating work. Instead, I'm confident that by joining together to learn from one another and develop new solutions, providers will emerge in an improved position."

A few preliminary steps can begin to improve the problems. To start, leaders can reevaluate their pay scales and should be selective when identifying comparative organizations. Hospitals, as an example, should be similar in size and have the same general labor pool characteristics. "Also, it's important to consider a broad array of factors when looking at other organizations for comparison. For example, if pay rates are low, it can be helpful to consider turnover rates, which may trend higher," George adds.

Changes are needed beyond direct pay increases to retain talented technicians. Investing in a schedule for career progression and raises, as well as sign-on and retention bonuses, are key. These costs may be undesirable or appear unnecessary, but ultimately it is more expensive to lose and replace a technician or draw on pharmacists' time to fill the technician gap. Simultaneously, leaders need to look critically at how they support technicians in advancing professionally and assisting their acquisition of specialized skills. For example, employers can provide financial support and encourage technicians to complete additional education.

"By acknowledging these challenges and working together, I am confident healthcare organizations can make positive changes," says George. **HT**

TO LEARN HOW HealthTrust Pharmacy Solutions can help navigate the workforce landscape and provide actionable steps toward workflow opportunities, contact Aigner George at aigner.george@healthtrustpg.com

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HEALTHTRUST MEMBERS HAVE ACCESS TO A COMPETITIVE, NEXT-GENERATION, ONLINE MARKETPLACE. Offering the widest selection of airline and hotel options in the industry, the marketplace has features you would expect to find with travel management companies (TMC) and provides unique integration of business and personal travel. "Members can keep their existing expense management system, load their negotiated air and hotel rates, all while still taking advantage of superior service for their business and personal travel with the largest selection for all travelers. HealthTrust has negotiated the Security Information Privacy Agreement (SIPA—no network access) and a SaaS (Software as a Service—no local software) so members can focus on implementation and speed to value," says **Traci Head**, HealthTrust's Contract Director, Commercial Products.

If you do not have an expense management system, HealthTrust Travel has robust analytics tools that are customized to the members' reporting needs, to consolidate and identify the overall cost of travel. Other unique features on the platform include personal travel, Duty of Care and guest bookings (such as for recruiting and contractors).

HealthTrust Travel works similarly to other online travel platforms most people are using, such as Travelocity and Expedia, Head shares., which makes implementation and training a much easier process for the travelers and the Travel Managers.

A ONE-STOP SHOP

The platform is set up as a full-service marketplace, she explains. "This eliminates the need to go to third-party travel sites to shop pricing because HealthTrust Travel has the ability to aggregate and pull in all available fares, as well as any negotiated rates that the member has negotiated for business and personal use," Head adds. In the unlikely event that a user does find a better deal elsewhere, the platform will match it.

When users book personal travel through the platform, clicking on the personal travel option shuts down all access to any business travel-related information, such as company credit cards used for business travel, and prevents the trip from being tracked in the Duty of Care module. Users booking personal travel can be assured that their employer cannot see details of their personal travel bookings. Travelers can also use multiple credit cards (business and personal) and store frequent traveler accounts and emergency contacts within their travel profile for later use, Head says.

Individual travelers have the option to upgrade to a travel loyalty program and can use the points to book personal travel for the family. The travel loyalty program is optional, and there is a discounted annual fee associated with the program. The loyalty program is in addition to all other frequent traveler programs. Travelers earn rewards every time they make a booking. The rewards accrued depend on the type of booking, Head explains. There are specific reward amounts for round-trip domestic and international flights, and hotel stays.

"We are really trying to make sure that we have a solution that can meet the traveler where they are; whether they're on the road or they're sitting in the office," she says. Travelers have the freedom to book in any way that is most comfortable and convenient for them (i.e., phone, text, email and/or online). Most importantly, members realize savings and services that are unprecedented in travel. **HT**

TO LEARN MORE ABOUT the financial value and services offered through HealthTrust Travel, contact your HealthTrust Account Manager or Traci Head at traci.head@healthtrustpg.com

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Delivering savings with OptiFreight & FedEx

Take control of your freight expense & gain insights into your supply chain

FOR HEALTHCARE ORGANIZATIONS TO RUN EFFICIENTLY, SUPPLY LOGISTICS MUST BE RELIABLE AND PREDICTABLE. Those using HealthTrust agreements with OptiFreight for freight management and FedEx for freight small parcel shipments are getting the most bang for their supply chain buck. OptiFreight offers integrated freight management solutions resulting in member savings on Day One. FedEx offers exclusive pricing with unique contract benefits to members that access the HealthTrust agreement for inbound and outbound shipments.

"This gives our members the flexibility to manage and customize freight solutions that work for them," says **Traci Head**, Commercial Contracts Director at HealthTrust, noting that some members utilize the FedEx agreement for their outbound shipments, and OptiFreight for everything else. "We're encouraging our members to look at these freight options to gain savings and increase efficiency."

BENEFIT FROM EXCLUSIVE RATES

HealthTrust has negotiated exclusive pricing for FedEx shipping, "direct rates that are only available to our membership," Head shares. Members also have the option to work with OptiFreight Logistics, a Cardinal Health service to manage inbound and outbound freight. Among its many benefits, OptiFreight Logistics provides users with near real-time shipment status, invoice matching to ensure the products received were the products ordered, data insight, and it handles insurance claims for damaged or late shipments. "Members also have additional backing from HealthTrust's Account Management team to make sure they are getting the attention and support they need," adds Head.

HealthTrust's agreement with FedEx can cover all small parcel needs for both domestic and international shipping. OptiFreight Logistics will assist in determining the best shipping methods, helping members save money and providing information to make the best business decisions.

Many who have never actively managed their freight costs have realized a 30% to 50% savings in shipping spend in their first year of using OptiFreight Logistics.

Since HealthTrust's contract with OptiFreight Logistics aggregates member spend on shipping, HealthTrust members receive additional value as the program grows year over year. "The more our members utilize the OptiFreight Logistics agreement, the greater the savings opportunity will be in the future," Head shares.

A SUPPORTED SWITCH

Members interested in adopting FedEx and/or OptiFreight Logistics services can work with the HealthTrust Account

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Management team for a smooth transition. "We're all hands on deck to support members that want to move over to these agreements," Head explains. "It's no secret UPS and the Teamsters will begin their labor renegotiations this spring."

Renegotiations that will impact approximately 350,000 UPS drivers, loaders, unloaders and others, is set to expire July 31. "We're encouraging our members to examine their spend to determine their potential risk for disruption in the event the Teamsters and UPS cannot reach agreement," Head says. Members considering transitioning to the HealthTrust FedEx and/or OptiFreight agreements should not delay, since the other carriers may not be able to absorb a large influx in shipping demand. "The reality is that the capacity may not be there from other carriers should there be a major service disruption this summer. And this could significantly impact our members' ability to deliver care," she says.

Current FedEx customers who transition to the HealthTrust FedEx agreement will not have any changes to their account hierarchy or their reporting dashboard, easing the transition process. With OptiFreight Logistics adoption, the HealthTrust implementation team includes a project lead, project specialist, IT specialist and account manager. The team helps the facility's point person roll out the program to its internal departments and all suppliers for inbound shipments. Additionally, OptiFreight provides essential education to optimize the program for the healthcare organization. That includes how to choose the best shipping methods based on need and cost.

HealthTrust members can improve their logistics services and lower costs through HealthTrust contracting. That means saving money while improving efficiency and, ultimately, patient care. **HT**

FOR MORE INFORMATION, visit the Cardinal OptiFreight and FedEx contract packages within the HealthTrust Member Portal, or contact your HealthTrust Account Director to get started.

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1. Tiscar-Gonzalez V, Rodriguez MJM, Rabadan Sainz C, et al. Clinical and economic impact of wound care using a polyurethane foam multi-layer dressing versus standard dressings on delayed healing ulcers. Adv Skin Wound Care. 2021;34(1):23–30

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