

# *The Journal of* Healthcare

Providing Insight, Understanding and Community

C O N T R A C T I N G

December 2021 • Vol.17 • No.6

## Women Leaders in Supply Chain

Annual celebration of  
women leadership from  
many backgrounds,  
with many different  
experiences and mentors.

Allison P. Corry, Assistant Vice President,  
Procurement, Supply Chain Organization,  
Intermountain Healthcare, Salt Lake City, Utah



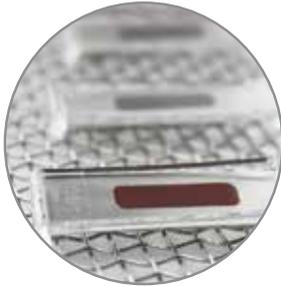
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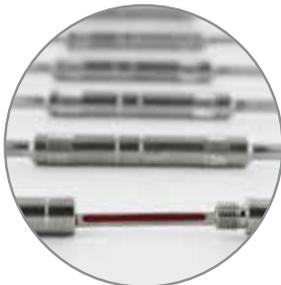
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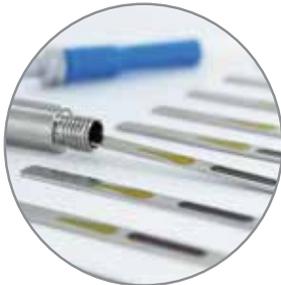
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*The Journal of*  
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*The Journal of Healthcare Contracting*  
 is published bi-monthly

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*The Journal of Healthcare Contracting*  
 (ISSN 1548-4165) is published monthly by  
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# Continuing to Grind



**Over the last few months, the global supply chain has been front and center again in the news.** This time for supply chain disruptions affecting all facets of the economy. Here at *The Journal of Healthcare Contracting*, our Daile-News has been full of stories about the disruption shortages. For instance, our Daile News Editor Alan Cherry reported:

- › In mid-September, the port of Long Beach, California moved to 24/7 operations in order to clear the growing shipping logjam. By the end of the month, medical supply shortages began to crop up all over the country for a host of critical items needed at medical facilities – from exam tables and heart defibrillators to crutches and IV poles, and more. Unlike earlier in the pandemic, the new shortages were generally for supplies that had nothing to do with treating COVID.
- › In October, hospital supply chain teams had been on “high alert” for shortages of thousands of items containing semiconductors for six months. By October, medical device makers were also feeling the crunch. In a Deloitte survey of medical technology companies, every single respondent reported supply issues. Hospitals were also experiencing long order delays because of the semiconductor shortage for new CT scanners, defibrillators, ultrasound machines, and telemetry monitors.
- › By the beginning of November, a growing shortage of aluminum had providers around the country asking their local communities to donate crutches and other “gently medical supplies.” The aluminum shortage could become a much bigger problem in the near future, since the end of the year is typically the busiest time for orthopedic surgeries as people squeeze in the surgeries prior the end of the year.

In late November, the *Wall Street Journal* reported that while global supply-chain experts said the woes were beginning to recede, shipping, manufacturing and retail executives didn't expect a return to more-normal operations until next year, and that cargo will continue to be delayed if COVID-19 outbreaks disrupt key distribution hubs.

Indeed, this is the reality that today's supply chain leaders must navigate. There may never be a true return to normal, if by normal we mean how the supply chain used to operate. Fortunately, most supply chain leaders I've spoken to have embraced the uncertainty with more resiliency and industry collaboration, whether it's IDN to IDN or health system to vendor. My hope for 2022 is that we'll have a chance to see some of this hard work really come to fruition with new initiatives and solutions.



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# Third-party purchased services heavily influenced by rising cost of labor

Multiple categories experiencing cost increases hit hard in past 12 months

**Conductiv CEO Chris Gormley recently spoke with *The Journal of Healthcare Contracting (JHC)*** about third-party purchased services expenses, the use of labor in the healthcare marketplace during and after the pandemic, and key strategies for providers to tap into for purchased services. Conductiv is a consolidated subsidiary of Premier Inc. and was founded in 2004 to help organizations negotiate contracts for regionally sourced services.



**JHC: What are hospitals and health systems conveying about expenses such as third-party purchased services? Are those expenses on the rise? If so, how is that affecting providers?**

**Gormley:** When comparing third-party purchased services to products, the total cost of the service is heavily influenced by the cost of labor. Due to this, the services market has been hit particularly hard during the past 12 months.

Right now, it's a very competitive market for all labor types. Workers across the country have left their jobs in waves as they reevaluate new options that didn't exist in a pre-pandemic environment. Hospitals are feeling this everywhere from small services like pest control to larger spend areas, such as construction and nurse staffing.

The U.S. Bureau of Labor Statistics recently released its quarterly Employment

Compensation Index report, which measures how salaries, wages and benefits are changing over time – and total compensation spiked 1.3% spike in the third quarter of 2021 alone. Year-over-year, compensation rose 3.7%, the fastest annual growth rate since 2004. This means that suppliers are having to factor in higher wages to help attract and retain talent on top of higher prices for their business, such as fuel costs.

Based on these factors, some categories experiencing cost increases, include:

- › Staffing
- › Blood Products
- › Courier Services
- › Waste Management
- › New Construction

These categories have been heavily affected by a rise in fuel costs, the labor market and supply chain issues.

One mitigating factor is contracts that prevent or limit price increases over time – and for those systems heading into an upcoming contract renegotiation/bid effort, it's important to exercise great care.

With deep subject matter expertise, a broad view across categories, and innovative technology that gives providers powerful insights to analyze, benchmark and source competitive contracts, both

Premier and Conductiv are helping our members navigate through this complex environment. A central technology platform capable of managing and tracking end-to-end supply chain costs, performance and contract details can allow providers a leg up in the contracting processes, stakeholder and supplier relationships, and can support the financial health of the organization overall.

**JHC: How are hospital and health systems rethinking staffing both short-term and long-term? How are Premier and Conductiv working with them to get ahead of the workforce strain?**

**Gormley:** Across every industry, the pandemic has had a dramatic impact on the world's workforce – and perhaps none more than healthcare. PINC AI data spotlights these challenges:

- › Overtime hours are up 52% as of September when compared to a pre-pandemic baseline.
- › Use of agency and temporary labor is up 132% for full-time and 131% for part-time workers.
- › Clinical staff turnover is reaching record highs in key departments like Emergency, ICU and Nursing, with the annual rate of turnover across these departments increasing from 18% to 30% since the start of the pandemic.

Hospitals and health systems across the country are paying \$24 billion more per year for qualified clinical labor than they did pre-pandemic. In this environment, hospitals and health systems are testing creative solutions to address workforce challenges, including broader recruiting efforts, new performance incentive structures, flexible work options and

remote work for non-clinical positions, and the use of data to pinpoint opportunities for operational efficiencies.

For our part, both Premier and Conductiv are committed to helping providers get ahead of the workforce strain curve through:

**Benchmarking for optimal staff performance.** PINC AI can provide health systems with productivity benchmarks to pinpoint areas or departments where leaders may need to adjust staffing levels based on skill mix, staff configuration and shift configuration to manage patient care demands.

**Work redesign.** Our advisors are available to work with health system leaders experiencing current and future challenges to assess opportunities and implement smart solutions that work.

**Manage agency costs.** Premier has national contracts complemented by Conductiv's regional, local and custom third-party services contracts to help control the costs of FTE and/or contingent staff for both clinical and non-clinical assignments. With vast healthcare staffing industry insights and end-to-end talent solutions, our strategic suppliers guarantee ROI – evidenced by the fact that Premier has been able to achieve discounts of 10% or more on talent solutions throughout the pandemic.

**JHC: Walk us through three key strategies for providers to tap into purchased services.**

**Gormley: Accelerate speed to insight with data.** Although no one-size-fits-all strategy exists, it all starts with the data. Powered by artificial intelligence (AI) and

machine learning, a comprehensive purchased services platform equips providers with a real-time view into usage and spend – and can be indexed by supplier, category, service-level terms or contract renewal date. This technology can also set and manage specific savings targets and oversee contract compliance once new agreements take effect.

**Analyze contract performance and engage suppliers.** A technology-enabled means to monitor spend and utilization gives hospitals immediate visibility to ensure the services they receive match the contracted terms, which includes the quality of services and price. Providers leveraging Conductiv's optimization technology can also easily identify and engage diverse and local suppliers. Supporting these suppliers builds a stronger workforce, can generate savings and opens opportunities for community-based collaboration on future contracts.

**Leverage the power of GPO contracts.** With hospitals and supply chain teams asked to do more with less, leveraging aggregate purchasing power can lead to significant cost savings and contract risk reduction. Alongside the power of Premier's national GPO contracts, Conductiv's third-party optimization solution combines a powerful technology platform, GPO specifically for service contracts, and strategic sourcing services to improve third-party spend and supplier relationships.

Even amid a pandemic, hospitals and health systems partnering with Conductiv have saved as much as 31% (weighted average) across categories through a combination of GPO/local contracts. ■

# Managing Global Supply Chain Disruptions

What healthcare supply chain leaders need and how distributors and manufacturers are responding

**Disruptions up and down the global supply chain are everywhere in the news today: Manufacturing sites in Asia are shutting down because of COVID-19 Delta Variant outbreaks, container ships piling up in U.S. ports** due to lack of workers and equipment to offload them, products sitting in warehouses as the nation faces a growing truck driver labor shortage.



The impact on healthcare has been devastating. The computer chip shortage has left hospitals waiting months for CT scanners, telemetry monitors, defibrillators and other life sustaining and saving products.<sup>1</sup> The rising costs of materials used for medical supplies – 60% price increase in steel for wheelchairs and hospital beds, and 100% for polycarbonate plastics used for oxygen tubing, nebulizers, canisters and oxygen masks – add significant financial pressures to the equation.<sup>2</sup>

These problems are not going away anytime soon. Experts say supply chain congestion and elevated costs in the shipping sector are predicted to last into 2023.<sup>3</sup>

All healthcare supply chain stakeholders – manufacturers, distributors, group purchasing organizations (GPO) and healthcare organizations – are struggling with these ongoing challenges. The Healthcare Industry Distributors Association (HIDA) stresses the need for greater transparency, collaborative information sharing and ongoing communication among these parties.<sup>4</sup>

During a Health Connect Partners October 2021 virtual roundtable facilitated by McKesson Medical-Surgical, U.S. healthcare supply chain leaders expressed what they need from distributors and manufacturers to successfully navigate the crisis, and McKesson responded with how it is addressing those needs both through its own resources and in conjunction with supply manufacturers.

## Moving Products: The Need for Internalized Logistics

Supply chain leaders want to know how products get from manufacturing sites to their facilities and what distributors and manufacturers are doing to overcome logistical challenges that lead to product shortages.

“We look at the news and see ports that are backed up weeks in the water with ships sitting still, and then we have daily calls with supply manufacturers to ask when we are getting products,” said a regional supply chain director servicing communities in the northeast.

“Transportation bottlenecks are a real issue that goes beyond our industry

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and likely won't settle down until late 2022-2023, but there are several things we are doing to mitigate the disruptions as fast as possible," commented Will Benton, head of manufacturer solutions, McKesson Medical-Surgical.

McKesson has internalized many global and domestic logistics within its team, rather than outsourcing them to third parties. This includes the processes of product brokerage, customs clearance, ocean partner negotiations and freight vessel booking.

Other steps McKesson is taking to speed up the flow of supplies is routing shipping containers to less congested U.S. ports, then leveraging its ground fleet to transport products to its regional distribution centers and onto healthcare facilities more quickly.

### Sourcing Products: The Need for Greater Visibility

The COVID-19 crisis has taught a valuable lesson on product sourcing – the importance of not only knowing product suppliers, but the suppliers' suppliers of raw materials that go into the manufacturing of items.

"When we talk about transparency, I look at other industries and it seems healthcare supply chain has so much catching-up to do around understanding the global supply chain," said Sean Poelnitz, vice president of supply chain for Mosaic Life Care. "From a raw materials base, can we understand what is happening in that market over the next five years that could impact us?"

For example, the impact of global chip shortages continues to impact industries around the world. How will these shortages affect the healthcare supply chain and what can distributors and suppliers do to adjust and evaluate their product portfolios in response?

McKesson is taking a much more calculated, categorical view across its product portfolio. The company is tightly monitoring 41,000 products critical to care delivery, considering country-of-origin, the suppliers of raw materials, lead times and availability to determine whether to expand its supplier base in a specific product category.

**McKesson has internalized many global and domestic logistics within its team, rather than outsourcing them to third parties. This includes the processes of product brokerage, customs clearance, ocean partner negotiations and freight vessel booking.**

### Selecting Suppliers: The Need for Diversification and Domestic Production

The move toward sole-source contracts to lower costs backfired when the pandemic hit. Those organizations that had standardized on one supplier for critical items were left scrambling to find alternatives if their sole supply source was disrupted. Health systems were desperate for supplies and some alternate manufacturers took advantage of the situation, pushing low-quality products into the U.S. under the Emergency Use Authorization (EUA).

Across the board McKesson has been diversifying its supplier base so that it has multiple sources for as many product categories as possible, setting a high bar to ensure that it is providing legitimate, quality medical-grade products to its customers.

There has been industry-wide support around efforts to source more medical supplies from companies that manu-

facturer them near shore (e.g., Mexico, Canada, South America) or onshore in the U.S. The challenge is reestablishing a manufacturing base that was long ago pushed overseas by the desire for lower costs, and whether healthcare organizations will pay more for products that are more easily accessible and at less risk for supply chain disruption.

"We have been asking our GPO and other partners in the marketplace whether they are looking at domestic suppliers as opposed to international ones," said one supply chain executive, "While we know we will pay a little more at the pump, it may cut out some of red tape and sequestering of inventories from other countries."

McKesson is closely partnering with manufacturers that are aggressively making investments to expand their manufacturing footprint. This is another strategic push across the company's product portfolio to help ensure customers have access to suppliers with broad capacity moving forward.

"We are fully engaged with all the credible manufacturers on discussions to source domestically, but it is a real balancing act where they want us to commit to volume while we are still trying to gauge volume," said Benton. "We are having conversations with our customers to gauge the importance of having a certain

share of our portfolio with domestic suppliers, which will be very doable moving forward, but comes with a price disparity.”

### Empowering Health Systems: The Need for Data and Analytics

An executive director of supply chain in California, asked whether McKesson had thoughts on leveraging technology for early signaling that could provide healthcare organizations with leading-edge insight into potential disruptions for proactive decision making.

McKesson recently implemented technology that allows it to understand how future shortages would impact product availability throughout its network to mitigate the amplitude of those issues as they arise. By applying artificial intelligence (AI) and machine learning (ML) to historic data, McKesson is also performing predictive analytics to gauge future risks.

“We have been receiving increased requests from customers for new types of data around country-of-origin and geographic sourcing, which we are working to address,” said Greg Colizzi, vice president of health systems marketing, McKesson, who led the roundtable. “This work is helping us be nimbler in how we manage our overall supply chain.”

Most recently, McKesson added a new product concentration by country-of-origin enhancement to its McKesson Business Analytics tool that helps health systems gain a global view of where they

are purchasing products by geographic area.

“We are developing predictive analytics, and risk measurement, around the products customers are purchasing so when shortages happen and they incur cost increases based on country-of-origin, they can direct those higher cost supplies to essential facilities,” said Tracy Crowley, product manager, McKesson Business Analytics.

When asked what type of metrics were of interest, a senior vice president of supply chain management services in a Texas based health system, said from a country-of-origin perspective, he is interested in mapping out fill rates, stating:

“I believe some folks would be willing to pay a little bit higher cost if products were coming domestically because of more predictable fill rates and the ability to carry lower inventory levels due to greater reliability.”

“Internally I am tracking fill rate out to our providers, but I am looking for fill rates out from McKesson or suppliers to us,” commented another supply chain director servicing a non-profit health system in Seattle, Washington.

Crowley also described other reporting and analytics available to McKesson customers, including GPO compliance, Rx growth, formulary compliance, spend by site (e.g., surgery center, medical practice or post-acute) and efficiency measures, such as frequency of orders, size of orders and frequency of small orders. Healthcare organizations can not only access their own measurements, but

also benchmark against others similar in size and scope.

### Conclusion

While nearly every market sector is currently being impacted by global supply chain issues, from retail to construction, the challenges to the healthcare industry present the greatest risks as they impact patient lives.

Manufacturers, distributors, GPOs and healthcare organizations all play a critical role in delivering supplies to the point of care (POC); therefore, they must all be involved in efforts to address the bottlenecks and delays of the current crisis and prepare for future disruptions as they arise.

In closing the virtual roundtable, Colizzi stated:

“Healthcare wouldn’t function without the supply chain and the important work the participants of this roundtable do. We truly appreciate what you have been through in the past year and a half. We urge you to continue sharing your perspectives on the situation and what you need from us to better serve your clinicians and patients. In turn, as we leverage technology and manufacturer relationships to better understand the impact of current challenges and gauge future risks to product availability, we will continue sharing this information with you. Together as an industry, we can pave a stronger path forward but it requires all of us to work closely together.” ■

<sup>1</sup> Medical device makers plead for computer chips in global shortage: 6 things to know, Becker’s Hospital Review, October 6, 2021, <https://www.beckershospitalreview.com/healthcare-information-technology/medical-devicemakers-plea-for-computer-chips-in-global-shortage-6-things-to-know.html>

<sup>2</sup> Supply Disruptions Are Hitting Home-Based Medical Care, InsideSources, October 6, 2021, <https://insidesources.com/supply-disruptions-are-hitting-home-based-medical-care/>

<sup>3</sup> How supply chain chaos and sky-high costs could last until 2023, FreightWaves, October 4, 2021, <https://www.freightwaves.com/news/how-supply-chain-chaos-and-sky-high-costs-could-last-until-2023>

<sup>4</sup> Allocations: Best Practices For Conserving Medical Supplies During Shortages, HIDA, October 5, 2021, <https://www.hida.org/distribution/news/press-releases/Healthcare-Supply-Chain-Stakeholders-Develop-Allocation-Best-Practices.aspx>

# ACOs: Still Standing

Reducing ‘unnecessary care’ is key to their success

**Experts are convinced that to preserve our healthcare system, the U.S. must** move away from fee-for-service to a managed care model. They argue that doing things the old way – that is, rewarding healthcare providers for performing more procedures and shielding consumers from the full financial impact through insurance – leads to a bigger national healthcare bill. And they point to statistics indicating that despite all the money spent on healthcare, Americans aren’t all that much healthier – and in many cases, are less healthy – than people in countries that spend less.

Their solution is better care management, with an emphasis on wellness, prevention, coordination of services, and management/monitoring of people with chronic illnesses. And right now, accountable care organizations, or ACOs, are the leading model.

ACOs are part of the Medicare Shared Savings Program, which was established by the Affordable Care Act of 2010. ACOs are groups of doctors, hospitals and other healthcare providers who voluntarily join to give coordinated, high-quality care to Medicare beneficiaries and ensure that people

receive the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

In an ACO, physicians and hospitals assume responsibility for the total cost of care for a given patient population. When an ACO succeeds in delivering high-quality care and spending healthcare dollars more wisely, its participants can share in the savings achieved on behalf of the Medicare program. Increasingly, ACOs are required to pay back some Medicare dollars if they fail to meet certain quality goals or financial benchmarks.

## Program is tweaked

The first ACO program – the Pioneer ACO – was launched by the Centers for Medicare & Medicaid Services Innovation (CMMI) Center in 2012. The ACO model has since been adopted by Medicaid and even commercial payers. In fact, McKinsey & Company reports that of the roughly 33 million lives covered by ACOs in 2018, more than 50% were commercially insured and approximately 10 percent were Medicaid lives. CMS has been tweaking the ACO program ever since the Pioneer days by resetting benchmarks, quality goals and risk arrangements.

In January 2016, CMMI launched the Next Generation Accountable Care Organization (NGACO), designed to test whether stronger financial incentives, paired with tools to support patient engagement and care management, could improve health outcomes and lower expenditures for Medicare fee-for-service beneficiaries, according to McKinsey. A key attribute of the NGACO model was a higher level of shared financial risk and reward than what was available under other Medicare ACO models.

In 2018, ACO participation dipped when the Trump Administration launched “Pathways to Success,” whose intention was to push ACO participants to take on downside risk after just two years in the program. (When the Medicare Shared Savings Program began in 2012, ACOs had six years of one-sided risk – that is, the potential to share savings without



risking a loss for failure to meet certain goals.) Even three years later, at the start of 2021, only 477 ACOs participated in the Medicare Shared Savings Program, down from a high of 561 in 2018 and the lowest since 480 in 2017.

Despite the downturn in numbers, however, over 12.1 million Medicare fee-for-service beneficiaries receive care from a healthcare provider participating in a Medicare ACO. What's more, 41% of ACOs are taking on two-sided risk, more than double the 17% doing so in 2018.

### Up next: Direct Contracting

CMS launched the Direct Contracting ACO model, set to replace the Next Generation ACO program, in April 2021. At the time, CMS said the program's risk-sharing options "will appeal to a broad range of physician practices and other organizations because they are expected to reduce burden, support a focus on beneficiaries with complex, chronic conditions, and encourage participation from organizations that have not typically participated in Medicare FFS or CMS Innovation Center models." These healthcare organizations may offer optional incentives and benefit enhancements to Medicare beneficiaries, who will retain all their benefits and who may continue to see any healthcare provider they choose.

CMS has called the Direct Contracting Model "the next evolution of risk-sharing arrangements to produce value and high-quality healthcare." While Direct Contracting does provide a high-risk option for more advanced ACOs, David Pittman, senior policy advisor of the National Association of ACOs, says the association's take is more nuanced.

"Our biggest concern is that the model is overly friendly to new organizations, but not so favorable to organizations that have historically participated as ACOs in the Shared Savings Program," he says. "The previous administration was not shy in saying they wanted new players in alternative payment models, so the rules are a little more favorable to attract them."

NAACOS believes Direct Contracting's full-risk option is "the opposite of what's needed to get people into the ACO program," adds Pittman. "Without an 'on ramp,' it's highly unlikely providers will go from not participating at all, to forming a Direct Contracting Entity." NAACOS will continue to press CMS to establish a more level playing field, he says.

### Do they work?

There are many ways to define "savings" and "improvements" in the ACO program. Some studies compare the performance of participants in one ACO model to that of its CMS-defined benchmark or spending target. NAACOS believes a truer measure would compare the performance of ACO providers and beneficiaries to providers and beneficiaries in traditional fee-for-service programs.

CMS's statistics indicate the agency believes ACOs are getting the job done. In 2020, ACOs earned performance payments (shared savings) totaling nearly \$2.3 billion while saving Medicare approximately \$1.9 billion, marking the fourth consecutive year of net savings for Medicare, according to CMS.

Sixty-seven percent of ACOs shared savings with CMS in Participation Year 2020. Eighty-eight percent of two-sided

model (i.e., those with the potential for shared savings or losses) ACOs earned shared savings payments, and 55% of one-sided model (potential for shared savings only) ACOs earned shared savings payments.

### Reduce unnecessary care

"A core lever of success [of ACOs] involves reducing use of unnecessary care," according to McKinsey. Care management costs for an ACO range from 0.5% to 2% of total cost of care for a given ACO population, the firm points out. These care management costs include ensuring patients with chronic conditions are continuously managing those conditions and coordinating with physician teams to improve efficacy and efficiency of care. ACOs at the lower end of that spending spectrum may struggle to expand care coordination for their patients. But those that can do so will realize a return on their investment.

The transition to value-based payment is expected to take years, and it's critical that there be careful evaluations on the effect of ACOs and other value-based payment programs on health outcomes, quality, utilization, cost, and overall savings/losses to the Medicare program, says NAACOS in its *Overview of Research on ACO Performance*. However, there remain many unanswered questions, such as how to appropriately account for the significant investments ACOs make up front, and understanding the tension between short-term spending (to invest in things like quality and care coordination) and long-term savings. Further research is expected to help shed light on the impact of ACOs on Medicare, beneficiaries, and the healthcare industry. ■

# What being a future ready organization means for Ansell

Ansell opens four new surgical dipping lines in three plants in Sri Lanka and Malaysia

**Nearly two years since the early disruptions of the COVID-19 pandemic, the healthcare supply chain still struggles to source the critical personal protective equipment (PPE) and medical supplies that healthcare workers need to provide patient care as well as protect themselves.** The pandemic severely impacted the supply chain ecosystem, exploiting the need for stronger supplier resiliency and solid continuity plans.



While some manufacturers were severely impacted by COVID-related constraints and have communicated their inability to supply at their historical levels, Ansell – a manufacturer of more than 10 billion gloves per year – will have commenced production on four new surgical glove dipping lines by the end of 2021. Three lines are operational and the fourth line will

begin producing by November 2022. These new lines are spread across three Ansell-owned plants in Sri Lanka and Malaysia, minimizing the production risk should one of the countries impose lockdown measures. The new capacity is part of the ongoing expansion that Ansell has undertaken during the past five years, significantly increasing their production output.

## Being “Future Ready”

“As a forward-thinking organization, Ansell spends a great amount of effort to understand market dynamics and challenges facing healthcare facilities,” said Andrew Hurdle, Senior Marketing Manager, Acute Care – NA Medical for Ansell. “Market demand is projected to grow globally, and supply chain leaders are seeking dependable suppliers for surgical gloves and other safety solutions. Ansell is committed to being that supplier and partner that health systems can rely on now and in the future.”

A typical surgical glove line takes approximately 18 months from construction to full commission. Onboarding depends on various regulatory factors. New products have lengthier approval processes, but if the same product is manufactured in the same factory in an equivalent line it’s an easier process.

A “future ready” organization like Ansell is addressing future needs in healthcare and the logistical challenges to meet them, such as getting the right products in the doors of health systems. “The status quo is no longer acceptable,” Hurdle emphasized. “The need for safety solutions remains at peak levels for health systems and the pandemic continues to be uncertain.”

Many healthcare organizations understand the importance of safety stock practices for critical supplies, along with a

blend of just-in-time stock practices. And some governments are mandating the amount of healthcare supplies that must be on the shelves of health systems.

“The inability for health systems to secure critical supplies like surgical gloves can lead to cancellations of surgeries,” Hurdle said. “That can cause significant financial ramifications and impact a healthcare facility’s future.”

Ansell implements dedicated demand planning safeguards that ensure continuous supply delivery to its global customer base. All raw materials used to construct Ansell’s gloves, like natural rubber latex, neoprene and polyisoprene, are validated from at least two different sources, allowing Ansell to maintain supply and minimize cost increases. Additionally, biomass burners are used

to minimize total carbon emissions and supplement local utilities. Water retention tanks are now on site to prevent operational disruptions in the event of a drought.

### What Suppliers of PPE are Facing

The reliance upon outsourcing for production and sterilization prevented some suppliers from controlling their product delivery to their customers. At the peak of the COVID-19 surge, the demand for Nitrile exam gloves skyrocketed to an all-time high. Manufacturers of both surgical and exam gloves deprioritized surgical glove production, leaving those outsourced suppliers at a loss in glove manufacturing capacity and unable to deliver supplies. Ansell has dedicated lines for surgical and exam products, which ensured production of both were secure and protected customer supply.

“More than ever, higher emphasis must be placed on suppliers that are stable and have a proven track record. In addition, establishing quality protocols that meet or exceed industry standards should play a greater role in decision making,” Hurdle said. ■



# Women Leaders in Supply Chain





**Editor's note:** Welcome to our annual celebration of women leadership in the supply chain. You'll find these leaders come from many backgrounds, with many different experiences and mentors. But they share a few things in common: Resiliency. Collaboration. Intentionality. Enjoy their stories.

**Katie Arnett**

Vice President and Chief Patient Experience Officer, King's Daughters Medical Center, Ashland, Kentucky

**Allison P. Corry**

Assistant Vice President, Procurement, Supply Chain Organization, Intermountain Healthcare, Salt Lake City, Utah

**Rosa Costanzo,**

**CMRP, CPPB, CPSM,** Senior Vice President of Strategic Sourcing & Supply Chain Management/Chief Procurement Officer, Jackson Health System, Miami, Florida

**Haley Addis**

Pharm.D, Vice President, Clinical Resource & Account Management at HealthTrust

**Jessica Daley**

Chief Pharmacy Officer and Group Vice President of Supply Chain at Premier Inc.

**Pam Esper**

Executive Director Strategic Sourcing & Contracting, Supply Chain Management, Piedmont Healthcare, Atlanta, Georgia

**Nattie Leger**

Vice President of Supply Chain Value and Clinical Performance, Ochsner Health, New Orleans, Louisiana

**Shaleta Dunn Vick**

Associate Vice President, Member Diversity and Community, Vizient, Inc.



## **Katie Arnett**

Vice President and Chief Patient Experience Officer, King's Daughters Medical Center, Ashland, Kentucky

***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Arnett:** I think if the pandemic has taught us anything, the need for supply chain leaders to be agile, resourceful and servant leaders is key for navigating the many challenges our industry has been through. Although challenging at times, the opportunity to provide support and guidance to the team is very rewarding, creates a strong synergy and cohesive dynamic within the organizational supply chain.

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Arnett:** We've made strides with engaging internal subject matter experts in supply contracting to maximize contract value and aide in decision support for our many strategic initiatives around cost containment and variation while working together collaboratively to bring innovative quality care to our community. I look

**As a new supply chain leader, I really found strength and comfort in the approach our CFO took.**

forward to our continued commitment to our local economy to buy local and engage our patient/family advisory panels in our design, selection and value their feedback for continuous improvement.

***JHC:* What is the best piece of wisdom/advice you've received in your career?**

**Arnett:** I've had many great mentors throughout my career but remember several pieces of key advice that I've shared with others and do my best to practice as I continue to grow as an executive leader. As a new supply chain leader, I really found strength and comfort in the approach our CFO took. She simply said, you are going to make mistakes and

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**Always be learning, listening and serving others. Supply chain is broad and ever changing, so you must adapt and never give up. Build a team with bench strength that will build strength where your opportunity to grow is as you assess, with your team, the need to deliver the desired mission of the supply chain enterprise they help build and grow.**

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that's OK. Simple but profound for me. I always felt like I could work through anything with her and always found myself leaving her office or phone call feeling like we were in it together and would find a way to learn and improve through any circumstance.

The second piece of wisdom was to listen more than speak. As I practiced this, I found that my role many times is to learn and see what I can do to help ultimately fulfill the organization's mission and take care of our patients, team and communities we serve – To Care. To Serve. To Heal. By doing this, I'm able to engage team members, leaders, providers, patients, families and external partners in the solution and work hard to help, improve, learn from and better serve them because we all have the same desire and intent. Healthcare is dynamic and complex, it often takes examining any process or impending decision from multiple angles.

**JHC: What advice would you give to other women who are pursuing careers in supply chain?**

**Arnett:** Always be learning, listening and serving others. Supply chain is broad and ever changing, so you must adapt and never give up. Build a team with bench strength that will build strength where your opportunity to grow is as you assess, with your team, the need to deliver the desired mission of the supply chain enterprise they help build and grow.

**JHC: What one thing makes you proud?**

**Arnett:** My family. I grew up in this community and organization my whole life. I couldn't be more proud to serve them and I work hard to make them proud every day. My mother has been a nurse in our community over 40 years and I've grown up seeing the dedication and pride she has for her profession. I want my 7-year-old to see the same commitment and desire giving back to our community as they have given to us.

**JHC: Who do you look up to for inspiration and mentorship?**

**Arnett:** I look to many. Our hard-working heroes on the front line, providers and support team. Every role is important, valued and I'm inspired by each of them. Our patients who trust and choose us to receive care. We work hard to earn that trust. My husband who is the most patient man alive and my constant support system. My parents who embody every lesson they taught me by their daily example. My 7-year-old Lila who teaches me who I want to be every day and makes me strive to be better. She believes she can change the world. I believe she already has.



## **Allison P. Corry**

Assistant Vice President,  
Procurement, Supply Chain Organization,  
Intermountain Healthcare, Salt Lake City, Utah

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***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Allison Corry:** I think there are three major characteristics of a successful supply chain leader today.

**Be Bold.** A great coach and mentor of mine talks a lot about the ability to be bold. This results in bold leadership, ideas, fearlessness, and energy. With all the challenges facing industry, we have to be bold.

**Have Resiliency.** If we have learned anything from the pandemic, it is that of greater importance to preparedness and flexibility is resiliency. While we all do our best to be proactive and adjust on the fly, there will be challenges that require correction. Our personal and team's ability to be undiscouraged and quickly resilient is a key attribute of success.

**I've found the leaders and team to be proud, highly capable, and entrepreneurial in spirit in a way that has driven results.**

**Live your Mission/Vision/Values.**

Try and remember the “so what” of what motivates you, your teams, your organizations when you're in a rut. By getting to the most foundational mission of what your work contributes to or enables, you can find the spark needed for reinvigoration.

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Corry:** Recently we've been working on a Procurement team transformation which has really been fulfilling. The main objectives of the assessment and



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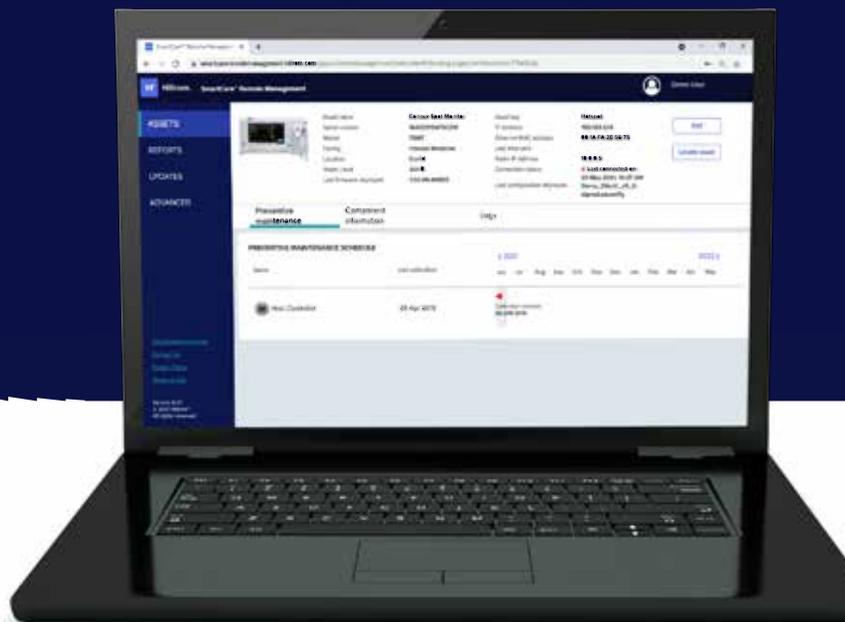


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design work involved a comprehensive look at our current maturity as a function, comparing our organizational structure to non-healthcare procurement models, and identifying some foundational gaps that needed attention before we were prepared to scale and support organizational growth. We've been clarifying roles and accountabilities, re-evaluating what we do well and what we need to do well, identifying how to encourage development and growth from our teams, and identifying where we need automation support in our Procurement processes. This multi-year transformation is the result of significant thoughtful design, heavy communications of the vision to garner team buy-in, and now, deliberate systematic implementation. Hopefully we can return to AHRMM in 2022 and give an update on our journey with some meaningful metrics to show the value of our efforts!

### **JHC: What is the best piece of wisdom/advice you've received in your career?**

**Corry:** One of the best nuggets I received goes something like this quote from Kristi Hedges, Leadership Coach, "In chaos, there is opportunity. Most major career accelerations happen when someone steps into a mess and makes a difference."

I find this to be really true. If you can walk into any situation and make it clearer, more organized, less stressful, etc., you don't need a title or an award to be noticed or recognized. Seize the opportunity to make something/anything incrementally better because you can.

### **JHC: What advice would you give to other women who are pursuing careers in supply chain?**

**Corry:** We (women in supply chain) are becoming less rare and that's exciting! If you need inspiration, look to other industries where there are quickly growing numbers of women leading global supply chains for Fortune 500 organizations. Leverage the professional networks available through your organization or via industry groups and remember that not all of these need to be specifically aligned to your work. For example, through my career I've engaged with academic alumni boards, healthcare or supply chain related industry groups, women in leadership associations, etc. They all help provide a support network so you don't forget the most important piece; just keep going!

**If you can walk into any situation and make it clearer, more organized, less stressful, etc., you don't need a title or an award to be noticed or recognized.**

### **JHC: What are your current professional goals?**

**Corry:** Currently I'm focused on leading the team through the major transitions we are juggling while staying focused on our core function in supply chain. In addition to pandemic-related ongoing impacts, Intermountain has a vacant CSCO leader (among others) position, is actively ramping up the Vizient partnership, is preparing for operational integration of the team and volume of M&A acquisitions, and implementing a very thoughtful, function-specific 3-5 year roadmap of improvement for each of our areas. My current goals are to in/formally lead the teams through these changes in a way that motivates and fulfills the team so we continue to bring the greatest value to our organization and indirectly to the communities we serve. If we can get through this magnitude of change together, I'm confident we can lead together through anything!

### **JHC: What one thing makes you most proud?**

**Corry:** I couldn't be prouder of the team and the growth and tenacity they've shown over the 2.5 years I've been at Intermountain. I've found the leaders and team to be proud, highly capable, and entrepreneurial in spirit in a way that has driven results. The team has been tremendous at recognizing that there can be better and easier ways to do things if we step back and re-assess what we should be doing as a function. In short, the team was highly successful before my arrival and has taken our new charted direction in stride and shown tremendous growth as we work to have an industry-leading procurement function.



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## **Rosa Costanzo**

CMRP, CPPB, CPSM, Senior Vice President of Strategic Sourcing & Supply Chain Management/Chief Procurement Officer, Jackson Health System, Miami, Florida

***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Rosa Costanzo:** Today's marketplace requires a successful supply chain leader to maneuver uncertainty quickly and effectively. With COVID-19, we have to constantly improve our supply chain resilience. We have to think differently, optimize and utilize vendor and supplier relationships, act swiftly, exhaust all our change management skills and flex our procurement muscle. Today's supply chain leader must have all hands on deck to improve resources, availability of equipment, PPE, patient care supplies, cleaning supplies and medications.

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Costanzo:** The COVID-19 pandemic has been the most challenging project. The impact is not over yet and we continue to evaluate lessons learned and strategically plan for the next surge, pandemic or crisis. The impact on the global supply chain has been tremendous and continues with many of the commodity medical surgical supplies back-ordered due to port congestion, transportation delays, truck and factory labor shortages, demand increases and original equipment manufacturer process challenges. Supply demand continues to outpace historical usage, and medical device manufacturers were not prepared to mitigate the risks of severe product shortages for the healthcare market. I look forward to full adoption of global unique identification standards for products. This will support and help address product transparency and data-driven planning and forecasting for healthcare in the future.

***JHC:* What advice would you give to other women who are pursuing careers in supply chain?**

**Costanzo:** Pursue and invest in your own professional development. Specialization and global supply chain certifications will go a long way to give you an equal standing in any group discussion. This is important since supply chain historically has been a male-dominated industry. Be a role model and present yourself in a manner that demonstrates consistent professionalism.

***JHC:* How do you continue to grow and develop as a leader?**

**Costanzo:** I believe very strongly in personal professional development. This can be participating in conferences, seminars, joining peers on panels, reading on leadership, self-improvement books, as well as listening carefully to what others share as opportunities. I try to constantly update my skills and look for areas that I can improve. I try to learn all I can and keep learning every day. My goal is to be the best role model I can for all and help others grow and accomplish their goals. Integrity and self-discipline are very important for me.

I am committed to helping others develop and get to their goals. I feel the best when I see an individual I have worked with closely become a great leader and be recognized for their success and commitment. My goal has never been to advance myself, it has been to do the best I can while helping others advance and move up as high as they can. I constantly share my leadership experiences and key incidents in my career with my direct reports to help them reach their effectiveness and leadership potential.

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## **Haley Addis**

Pharm.D, Vice President, Clinical Resource & Account Management at HealthTrust

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***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Haley Addis:** In today's marketplace, supply chain leaders must be flexible, adaptable, innovative, focused, persistent and resilient. Market dynamics including supply and raw material shortages, price inflation, logistics issues and labor shortages will continue to challenge supply chain leaders. The characteristics noted above are essential to future success as we look to mitigate supply disruption and control costs.

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Dr. Addis:** COVID-19 created challenges unlike any I have experienced in my career. I had the opportunity to lead a team responsible for sourcing of PPE and critical supplies for a large healthcare organization. Members of my team were repurposed to focus on responsibilities where they had no previous experience. It was rewarding to see how willingly team members accepted new responsibility and stepped up to the challenge and how effectively we worked together to support our customer, providers and patients.

***JHC:* What is the best piece of wisdom/advice you've received in your career?**

**Dr. Addis:** I had a colleague who was trying to decide whether he wanted to apply for an open position as a department director. This was after the department had been through multiple leadership changes. He concluded that he would rather take the lead than work for a bad leader. He ended up being one of the best leaders I have had the privilege to work with.

I have frequently reflected on this. I have had the pleasure of working for many great leaders. I have also experienced first-hand the negative impact of a bad leader to organizational culture, employee morale, productivity and results. The wisdom I gleaned is to be courageous, be willing to take risks, step outside of your comfort zone, and always strive to be great and do what's right for your team.

***JHC:* What advice would you give to other women who are pursuing careers in supply chain?**

**Dr. Addis:** Build relationships and surround yourself with great women – and great people – who inspire you. I have experienced the gift of having women mentors that have helped me grow not only professionally but also personally. I would also encourage women who are pursuing careers in supply chain to pay this forward by mentoring other women. I have two daughters and this is the advice that I share with them.

***JHC:* How do you stay motivated despite conflicts and obstacles?**

**Dr. Addis:** The mission of our organization is, "Above all else we are committed to the care and improvement of human life." While I may not be directly working with patients in my current position, I understand how the work we do impacts patients and those caring for them. If you keep the patient front and center and stay focused on always doing what is right for the patient, you will find the motivation to overcome any conflict or obstacle.



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## **Jessica Daley**

Chief Pharmacy Officer and Group Vice President of Supply Chain at Premier Inc.

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### ***The Journal of Healthcare Contracting:* What's the most challenging or rewarding project that you've worked on in the last 12 to 18 months?**

**Jessica Daley:** It goes without saying that the most significant challenge over the last 12 to 18 months has been navigating and managing the ongoing COVID-19 pandemic – ensuring that our members, patients and the broader U.S. healthcare market have access to critical medications and factual information to support operations.

The pandemic demonstrated in no uncertain terms that building healthier communities and achieving meaningful, sustainable change in pharmacy (and across healthcare) requires a focus on long-term resilience, unique partnerships, strategies to scale quickly and efficiently, and data and evidence.

I'm proud to say that Premier and our members are leading the way to both address the challenges brought on by COVID-19 and drive innovation for the future. Together, we'll continue to co-develop solutions that enable healthcare providers to deliver on their mission of providing the highest-quality care at a better cost.

### ***JHC:* What project or initiative are you looking forward to working on?**

**Daley:** Drug shortages have been pervasive for more than a decade – well before COVID-19's onset. For our part, Premier has been a leader in stabilizing the generic drug supply chain through innovative programs like ProvideGx and our newest domestic manufacturing collaboration with our members and Exela Pharmaceuticals.

Through these initiatives, Premier members are leveraging aggregated demand via a “buyers' club” strategy – giving drug manufacturers proper demand signaling, predictable revenue and the surety needed to ramp up production or enter new markets.

The value of this model is on full display amid a pandemic or other crisis. Premier members have weathered demand spikes of 150 percent or more since March 2020 – with limited interruptions in supply. And the ProvideGx program is having a long-lasting impact on the industry overall, as 15 products added to the program have subsequently been delisted from the U.S. Food and Drug Administration (FDA) drug shortage list.

I am looking forward to continuing to grow these exciting opportunities for Premier members to gain better control over their pharmaceutical supply chains while also pursuing new innovative partnerships and programs in the near future. No other GPO does as much as Premier to protect patients from devastating drug shortages, and it is an honor to help lead the market alongside our members.

### ***JHC:* What changes brought about by the pandemic are here to stay with respect to the supply chain?**

**Daley:** Healthcare is often slow to change – when other industries advance, it often takes healthcare time to catch up.

The pandemic drove accelerated digital transformation in healthcare – telemedicine, remote work, home-based patient care – these are all trends that are here to stay and are not only patient satisfiers, but employee satisfiers. For the supply chain specifically, COVID-19 was the wake-up call that real change is necessary across the supply chain information technology (IT) ecosystem, beginning with access to robust and timely data.

Early in the pandemic, Premier created a near real-time technology system to gain visibility into hospital inventory down to the SKU level, including stockpiles. Overlaying clinical and supply chain data has enabled both our members and the public sector to see where supplies are stocked as well as gaps in resources. Beyond supply chain management, PINC AI technology is giving pharmacy leaders a leg up to thrive in today's healthcare environment – with tools for utilization support, clinical decision making, budgeting and cost savings.

As one example, and with data on COVID-19 treatments still emerging, Premier members are leveraging clinical decision intelligence to help determine drugs' appropriate use and make evidence-based care decisions that best serve patients. These tools are particularly useful in a pandemic, where clinical management of a disease continues to evolve and can outpace the initiation of new clinical trials. Influencing clinical practice change with data, Premier members are generating savings by service line while maintaining or improving quality.

**JHC: What are the most important attributes of successful leaders today?**

**Daley:** Flexibility. The environment that we work and live in has presented

leaders with constant challenges, and leaders are expected to take on more responsibility for the success of increasingly complex organizations.

From strategic to tactical to transactional to analytic to sales to customer service, internal to external-facing, professional to casual – leaders must be comfortable making quick decisions and changes to effectively manage their scope of influence and responsibility.

With remote work and virtual meetings, there is fewer down-time to prepare for these quick changes. Not even a walk between meeting rooms gives a leader the time they need to prepare for their next task – today's successful leaders have to be ready to think on their feet and pivot at a moment's notice.

**JHC: What one thing makes you most proud?**

**Daley:** I am most proud of my team and my relationships with my employees and colleagues. I am passionate about coaching and mentoring employees by truly focusing on their skills and harnessing their passion – working to collectively create a vision for the future.

Focusing on a clear and honest review of employee needs, goals and skills, helps employees find purpose and joy in their work and provides a sounding board for big ideas and big challenges. That is what creates a high performing team with high performing employees. It is hard for anyone to find time in our busy work lives to really listen and provide real coaching, but the rewards of a more engaged and successful team are more than worth it – and something to be very proud of.

**JHC: What's the most important risk you took and why?**

**Daley:** I don't like to categorize actions as risks, but strategic opportunities. Throughout my career I have taken advantage of strategic opportunities that have brought me to where I am today. For instance, investing time and money in a pharmacy education when I already had a well-established career in commercial pharmaceuticals, or leaving my career in the pharmaceutical industry to pursue a new opportunity in supply chain at a health system, or taking on a leadership role at a GPO during a global pandemic.

These were all important strategic opportunities that took me outside of my comfort zone and challenged me to grow and stretch my career. The real risk isn't in accepting the unknowns, but in never knowing what important lessons or skills you missed out on by not taking the "risk."

**Throughout my career I have taken advantage of strategic opportunities that have brought me to where I am today.**



## **Pam Esper**

Executive Director Strategic Sourcing & Contracting, Supply Chain Management, Piedmont Healthcare, Atlanta, Georgia

***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Pam Esper:** Our leadership philosophies often come from those we've worked with or for, incorporating the good and avoiding the bad. What I've woven into my leadership values are a core few. Hire good people, it's central to success. Share what you know and have learned over the years, they'll listen. Give your people room to grow, listen to their ideas, let them fix problems. Lastly, say "thank you" – as much as people want a paycheck, they want to be appreciated.

Using these guidelines, I've watched my teams crush goals, meet crazy deadlines and move on to lead their own teams.

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Esper:** COVID hit everyone in healthcare for a loop with the initial outbreak in March 2020. As a result, finances took

**Be resilient. Nobody goes through life without challenges, setbacks or unplanned events that introduce stressors into our lives.**

a hit, revenue from procedures was off, cost of goods and supplies were rising, along with unplanned expenses like setting up testing sites and expanded treatments areas.

After the initial surge in May 2020, leadership at Piedmont asked that all areas start looking at cost reduction opportunities. Supply Chain stepped up with what we call "Back to Budget." Working with my team and collaborating with Vizient, our GPO, we created a pipeline of opportunities, identifying a savings goal of \$47 million in operational savings, which we split into three phases. The ask was that these savings start during fiscal year 2021 in order to impact that year's budget.

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**I get to come into work every day and know I make a difference in people's lives. No, I'm not in direct patient care, but I know I'm doing my part to support those caring for our patients and their families.**

We took the 50-plus initiatives, dug into the data, worked with our Clinical Governance Councils to set strategies, and then started reaching out to the vendor community. Along the way to achieving this goal, the distractions of COVID continued; securing PPE, managing the random supply disruptions that continue to surface and support for employee/patient vaccine clinics, just to name a few.

By the fourth quarter we had hit about 93% of the \$47 million. While it might seem like we missed the goal, it was very ambitious. Normally the goal would be \$35 million over two years. I'd say it was interesting and challenging, and we achieved the remaining in early FY22.

**JHC: What is the best piece of wisdom/advice you've received in your career?**

**Esper:** Be resilient. Nobody goes through life without challenges, setbacks or unplanned events that introduce stressors into our lives. There

is a quote – “Life isn't about waiting for the storm to pass, it's about learning to dance in the rain.” I was able to witness my friend and mentor Steve Roberts live this through his approach to some serious health issues he faced, he kept his sense of humor and used his experience to help others. Steve would remind me that challenges are opportunities just waiting for us, but you have to be ready to recognize them. He was right; twice in my career I've faced a pivot, and each one provided the chance to grow.

**JHC: What advice would you give to other women who are pursuing careers in supply chain?**

**Esper:** Be prepared. Seek out individuals who can help you learn about the company or industry. The principles of Supply Chain are the same but are applied based in regulatory requirements, industry risk and supply base. Be the most knowledgeable person in the room.

**JHC: How do you stay motivated despite conflicts and obstacles?**

**Esper:** I get to come into work every day and know I make a difference in people's lives. No, I'm not in direct patient care, but I know I'm doing my part to support those caring for our patients and their families. I've been given the opportunity to use my gifts to serve others, and that keeps me showing up every day.

**JHC: What one thing makes you most proud?**

**Esper:** How the entire Piedmont Supply Chain Team, Sourcing, Value Analysis, Operations and BioMed stepped up to the challenge that COVID has presented to us these last 20 months. The collaboration and coordination to get supplies in and delivered to where they were needed at times felt herculean. We did and continue to do so, delivering on our mission to support our clinicians and patients.



## **Shaleta Dunn Vick**

Associate Vice President, Member Diversity and Community, Vizient, Inc.

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***The Journal of Healthcare Contracting:* What are the characteristics of a successful supply chain leader in today's marketplace?**

**Shaleta Dunn Vick:**

- › Continual, intentional learners
- › Advocates for innovation and creativity to cultivate greatness in their operations and employees
- › Conscious of their responsibility, casting as wide a net as possible in sourcing activities
- › Unafraid to fail, providing grace for others to do the same, to learn critical lessons
- › Vulnerable enough to share and seek feedback
- › Awareness, including personal, organizational and industry-specific
- › Unafraid to challenge the status quo with consistency and insight
- › Collaborator
- › Change management skills
- › Influence without authority

***JHC:* What is the most interesting/challenging project you've worked on recently, or an initiative you look forward to working on?**

**Dunn Vick:** I had the opportunity to launch and pilot Vizient's Community Contracting Program (CCP) and to now lead the expansion and implementation of

the program nationally. CCP enables member health systems to leverage their economic power to address social disadvantage by shifting supply chain purchases to support local businesses, particularly those owned by minorities, women, LGBT, veterans, and disabled individuals. To support Vizient members in achieving their diversity and inclusivity supply chain goals, Vizient had to first develop, shift, and implement a transformation within our own sourcing and field operations that took a great collaborative effort across the entire organization. In the end, CCP will positively impact member patient populations, locally based diverse suppliers, supply resiliency, and the communities we live in and serve.

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**JHC: What is the best piece of wisdom/ advice you've received in your career?**

**Dunn Vick:** Always assume the best intentions in others and learn how to thrive amid adversity and challenges.

**JHC: What advice would you give to other women who are pursuing careers in supply chain?**

**Dunn Vick:** I spent a lot of time with my grandparents while growing up. On Saturdays, my grandfather and I would head to Maxwell Street in Chicago where vendors congregated to sell their products. Maxwell Street vendors were relatively diverse because the street itself connected to so many different immigrant communities and one could purchase everything from tires to blue jeans to fresh fruits and more. My grandfather knew every one of the vendors well and developed friendly relationships with all of them. Oftentimes, the vendors accessed products that were shared only with specific customers, my grandfather included. They would present their case for the product, share its value and how it was “specially” sourced based on past discussions or something similar. From there a conversation on pricing would take place and a continued back-and-forth until they came to an agreement, whether it was to purchase, delay, or to decline. Each time, however, we left the vendor on a positive note and each time the interaction ended with, “Until next time, my friend, my brother.” As a young girl at my grandfather’s knees, I learned several important factors that supported me in my pursuit of a career in supply chain:

- › Respect your vendors and suppliers
- › Find mentors in everyone
- › Be known for your integrity and then create a culture of integrity in your teams

- › Learn all aspects of the business because your choices, especially in supply partners, ultimately affect the business
- › Bring others along, especially other women AND especially other women who don’t look like you
- › Ask questions and be a clear communicator
- › Deliver on your promises
- › Be THE disruptor
- › Identify your WHY and how it connects to your passion because there will be days ahead that you’ll need to rely heavily on it
- › Be entrepreneurial and develop a business plan with each supply partner
- › Surrender your ego

**JHC: What is one decision you wish you didn't make?**

**Dunn Vick:** I attended an event for women-owned businesses in Chicago where Oprah Winfrey was the featured speaker. I was beyond excited. I wanted to tell Ms. Winfrey about the successful impact young women of color were having on our communities and that having her to look up to as an example made our work accomplishable. Ms. Winfrey was incredible – insightful, vulnerable and inspiring. When she opened up the engagement for questions, I thought, “This is my opportunity!” Unfortunately, my feet didn’t get the message. Person after person approached the microphone in the audience and asked a question, but my feet decided at that moment to be stubborn, and the rest of my body agreed with them.

The event ended and I missed my opportunity to meet Ms. Winfrey. It’s a disappointment that I think of whenever nerves or doubts bubble up inside me. Over the years, I’ve been able to turn that moment of failure into a positive, a way to inspire myself to accomplish goals. I now use that memory to recognize fear that might be holding me or a colleague back, and to also inspire young women who I mentor.

**JHC: How do you generate great ideas in your organization?**

**Dunn Vick:** One of my favorite books is *Blue Ocean Strategy*, by W. Chan Kim and Renee Mauborgne. When I am introducing new ideas in my organization, I use the book’s strategy tools as a guide. They include creating and capturing new demand, creating uncontested market space, and breaking the value-cost trade-off, among others. These tools are integral to generating new ideas, but to use them effectively, an organization’s culture must be prepared to receive them. A culture of inclusivity or being “invited to the party” plays a critical role for great ideas to develop and thrive. We know this is true because being inclusive is one of Vizient’s core values, and as such, Vizient has done the work to live this truth. The next steps I use include:

- › Listening to understand and then to identify options to provide a creative solution
- › Strategizing to communicate, internally and externally
- › Planning for collaboration
- › Planning to deliver

I usually develop a high-level one pager that provides insight to an idea so that I can socialize it with stakeholders, mentors and trusted advisors. This allows me to gain information and to identify questions that I may have not thought of.



## **Nattie Leger**

Vice President of Supply Chain Value and Clinical Performance, Ochsner Health, New Orleans, Louisiana

**The Journal of Healthcare Contracting (JHC):** You've had extensive clinical and nursing experience prior to your time in supply chain. Can you talk about the benefits of having that experience?

**Nattie Leger:** My responsibility at Ochsner is to lead clinical supply chain or the clinical integration of supply chain. I believe it's critical to have a clinical and nursing background because it provides me with the ability to evaluate situations through a different lens. Seeing through a clinical lens allows me to see how our Supply Chain decisions will impact our clinicians and patients. For example, when I'm partnering with our sourcing team on executing a contract, I can add clinical content that could have impact downstream with our clinicians or the patients that we serve.

In addition, my clinical experience enhances my ability to collaborate with clinicians in the pursuit of triple aim initiatives, focusing on quality, patient safety, clinical outcomes, while being financially responsible and good stewards of our resources.

**I believe whether you're in supply chain or another division, you must be a servant leader and be humble.**

**JHC:** Moving forward, what project or initiative are you looking forward to working on?

**Leger:** The past year and a half has been the most challenging period that I've experienced in my career. In 2005, I went through Hurricane Katrina, but with a global pandemic topped with Hurricane Ida this year, now this was a huge curve ball. As we move on from a reactionary response to the pandemic and hurricane we are shifting and working on several key initiatives.

We're integrating with other health systems to become stronger and able to provide services to a larger number of communities. We recently merged with a health system in Southwest Louisiana. Our vision at Ochsner is to be able to



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**If you failed to secure PPE that was needed, not only were you failing your clinicians in their job, but you were also putting them at risk for injury or death due to their exposure to COVID. Our ultimate responsibility in healthcare is to our patients. But with COVID, it gave you an even greater challenge of responsibility to your clinicians. And failure was not an option.**

provide healthcare to all of Louisiana and reaching out to the Gulf Coast. Our mantra as we go forward with Ochsner Health is not only focusing on acute care, but how do we increase optimal health in our community?

If you look at the health statistics, Louisiana usually ranks as the 49th or 50th state because we have a large percentage of low-income citizens with health issues and an inability to access health care. So, our population health isn't the best. Ochsner has taken on the challenge "40 by 30." By 2030, the goal is to move Louisiana from 49th or 50th to at least the 40th state in the rankings. And how does our healthcare supply chain impact that?

Supply Chain is partnering in this initiative, by reaching out into our community and working with local and diverse companies to become Ochsner vendors which in turn improves our community. In addition, Supply Chain supports the local community-based facilities that are providing high-quality care to our at-risk populations.

**JHC: What characteristics are key for supply chain leaders to see success for themselves and their departments?**

**Leger:** I believe whether you're in supply chain or another division, you must be a servant leader and be humble. You must be resilient, stay positive, be a good listener, communicator, and a visionary. And you cannot shy away from difficult situations.

Those are some key characteristics you must have, whether you're dealing with a pandemic or the global disruption supply chain, which is just as traumatic right now. Embodying these characteristics will set you up for success.

**JHC: How do you continue to grow and develop as a leader?**

**Leger:** There are always opportunities to grow, but you must seek and embrace the opportunities. Some examples are being well-read and seeking the advice from people in other leadership positions, inside and outside of healthcare. Then I incorporate these new strengths into my leadership style and development.

Years ago, as a clinical leader, I learned an important fact about appropriate communication skills from the airline industry. For example, how often do you want planes to take off and land safely? Is 80% of the time OK? Is 90% of the time OK? Or are you looking for that 100% of the time?

To avoid miscommunications, the airline industry identified that the pilot and tower had to be sending and receiving the same communications with each other to avoid crashes. So, when I am communicating with individuals, I want to ensure I am receiving and sending correct information to avoid any miscommunications, because my miscommunications could put patients at risk.

**JHC: How have you managed to stay motivated despite all the disruptions and challenges?**

**Leger:** It's been extremely challenging time. In addition to all the disruptions, there was an added stress of not wanting to fail your clinicians during the pandemic. If you failed to secure PPE that was needed, not only were you failing your clinicians in their job, but you were also putting them at risk for injury or death due to their exposure to COVID. Our ultimate responsibility in healthcare is to our patients. But with COVID, it gave you an even greater challenge of responsibility to your clinicians. And failure was not an option.

So, during these extreme times, you must stay strong and focused to be able to lead your team. First, you must take care of yourself before you can take care of others. Stay positive, identify the small wins, and know your lines of support. It takes a village to accomplish great things. ■



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# Note to Women Trailblazers: Embrace Servant Leadership for Personal, Corporate Success

**Looking back on my 17 years at Encompass Group and how my tenure here has led to a leadership position in the company, I often think of two people who inspired my leadership style.** Author and motivational speaker Zig Ziglar said, “Positive thinking will let you do everything better than negative thinking will.” While Holocaust survivor and writer Corrie Ten Boom pointed out, “Happiness isn’t something that depends on our surroundings ... It’s something we make inside ourselves.” These individuals overcame incredible odds, going on to serve and encourage others. I realized if they could achieve so much despite tremendous adversity, their fundamental beliefs would be valuable in shaping my path to leadership.

## Female Leaders are a Different Breed

Much has been written about the differences in leadership styles of women and men. I believe women leaders have some distinct advantages; we’re more adaptable to changing needs and demands. Also, we tend to gravitate towards servant leadership naturally. To me, that means focusing on achieving organizational goals while prioritizing individuals and the culture in which they work.

There are disadvantages to being a woman leader, too. Although responsible for many medical innovations, women still face misperceptions and inaccurate stereotypes. In some companies, there are tribal relationships that limit new members,

leaving women leaders always on the outside looking in. The Lown Institute says 75 to 80 percent of healthcare workers are women, yet only 13 percent of healthcare executives are female.<sup>1</sup> Some of our challenges are self-imposed: we try to be “everything to everyone” in our workplace, home and community, or we don’t support other women in their workplace advancements.

## Your Style as a Woman Leader Will Evolve

Knowing Encompass Group from many angles has been invaluable to my growth as a leader; I’ve worked in every department except accounting, inventory and distribution. I found you earn respect, rapport and camaraderie with people when you understand what they do, and a natural collaboration emerges. When you serve people first, empower them to do something well, they’re much more likely to serve you in return.

What’s changed? I delegate more than I did earlier in my career. A female mentor once told me, “You can do all things but not at all times.” That certainly rings true as you advance through your career. Being delegative enables you to better support individual growth for others as well as yourself.

## Advice for Women on the Healthcare Leadership Track

You’ve heard the saying, “Your candle doesn’t burn brighter by blowing out someone else’s.” Female (and male) employees

should remember this as they move up the leadership ladder. Work together, uplift and encourage others, and listen more than you speak. Look upon your journey as a series of opportunities, not competitions.

Also, keep your roles in perspective. Yes, you’re a leader at work, but you are probably a leader at home and in your community. There are no awards for trying to do everything well and feeling you never measure up. On the day you retire, you’re back to being “only” a friend, volunteer, caregiver, wife, mom, sister, aunt, grandmother. Make room for fulfillment to occur in all parts of your life.

## Seek Employers Who Share Your Leadership Characteristics

I’m thrilled to have found a corporate home that exemplifies the leadership qualities I embrace. As a flagbearer in professional apparel, therapeutic support surfaces, healthcare textiles and medical products, Encompass Group has emerged as a leader due to four primary characteristics:

- › People-focused, not transactional
- › Innovation-minded
- › Reliability
- › Integrity

The Encompass Group culture has taught me so much about being a better leader. For women leaders in healthcare and other industries, I hope you find an environment that nurtures your skills and makes you feel proud to contribute to its growth. ■

Michelle Daniels is Vice-President, Product Strategy, Development and Administration for Encompass Group.

<sup>1</sup> <https://lowninstitute.org/why-the-time-is-now-for-more-women-leaders-in-health-care>



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# How Can Product Design Improve Patient Experience and Healthcare Efficiency?

**There are more than 6,000 hospitals currently operating in the U.S. Within** these facilities, millions of nurses, infection preventionists, environmental services team members, and more strive to deliver quality care while preventing healthcare-associated infections (HAIs).

Disinfection needs continue to evolve, and healthcare facilities have initiatives ranging from improving efficiencies in day-to-day operations to reducing waste and optimizing storage spaces. Some of the latest innovations help address these challenges, and can remove barriers, lower costs, and encourage compliance amongst medical professionals and patients.

## Streamlining disinfection

The introduction of single-use disinfection wipes was a game-changer for efficiency, safety, and compliance. When nurses needed to quickly wipe down a machine or disinfect a surface, they no longer had to grab a bottle of spray and a cloth or dilute chemicals. Over time, challenges began to emerge. Surfaces and



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<sup>1</sup>Continuously Active Disinfection against the following organisms: *Acinetobacter baumannii* MDR (Multi-drug resistant), *Enterobacter aerogenes*, *Enterobacter aerogenes* MDR (Multi-drug Resistant), *Enterococcus faecalis* VRE (Vancomycin resistant enterococcus), *Enterococcus faecium* MDR (Multidrug Resistant), New Delhi metallo-beta-lactamase-1 (NDM-1) producing *Klebsiella pneumoniae* (CRE - Carbapenem resistant Enterobacteriaceae), *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Staphylococcus aureus* (Methicillin Resistant) (MRSA)

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equipment can be different sizes, requiring more or less wipes. Additionally, the canister lids could be difficult to efficiently operate, with common challenges including dispensing through the narrow opening or the lid not closing properly. This can cause the wipes to dry out and with less liquid, they may not adequately disinfect.

As a response, manufacturers started to address the need for an easier to use and more efficient package design for disinfection products. For instance, certain lids of disinfecting wipe canisters are designed with the flexibility for users to pull the appropriate number of wipes for the job. They can dispense one wipe for small surfaces or multiple wipes for larger surfaces. Flip caps designed with “Snap & Close” technology can snap securely in place with just one tap, preserving the moisture of the remaining wipes.

**Reducing waste and saving space**

A growing trend that is likely to continue is the inclusion of waste reduction initiatives for hospitals and health systems

**Infection prevention remains top-of-mind and, literally, within reach. These point-of-care accessories are readily available, with advice on where and how to best implement them in a healthcare setting.**

across the U.S. While waste associated with single-use disinfection products is inevitable, there have been recent innovations which reduce the overall plastic used in the packaging. Most notably, soft pack format options can offer 80% less plastic over similar canister options helping to reduce the overall waste footprint. Additionally, this type of packaging occupies 52% less space compared to a large canister. This provides two benefits – a facility can store more product especially during a time of need, like the COVID-19 pandemic, and one truckload of soft pack packaging materials equals more than five truckloads of large canister packaging materials.

**Encouraging compliance through ease-of-use**

Even the most rigorous infection prevention protocols come unraveled if compliance isn’t maintained. For busy nurses, remembering when and how to disinfect is just one of many competing tasks in an extremely busy day. Signage and placement tools can be used to put products where they are needed. Simple innovations, such as countertop caddies and wall brackets for disinfecting wipes provide visual cues to busy nurses. Infection prevention remains top-of-mind and, literally, within reach. These point-of-care accessories are readily available, with advice on where and how to best implement them in a healthcare setting.



**Looking ahead**

Today’s healthcare facilities operate far differently than they did 20 years ago. However, the push to enhance ease of use and lower the HAI rate continues. Infection prevention companies are constantly meeting with and learning from healthcare professionals to understand their pain points. Practical issues are often raised, like how to make sure a surface stays wet for the prescribed contact time or what disinfectants can be used on more porous surfaces. This feedback will continue to fuel company’s future R&D efforts. ■

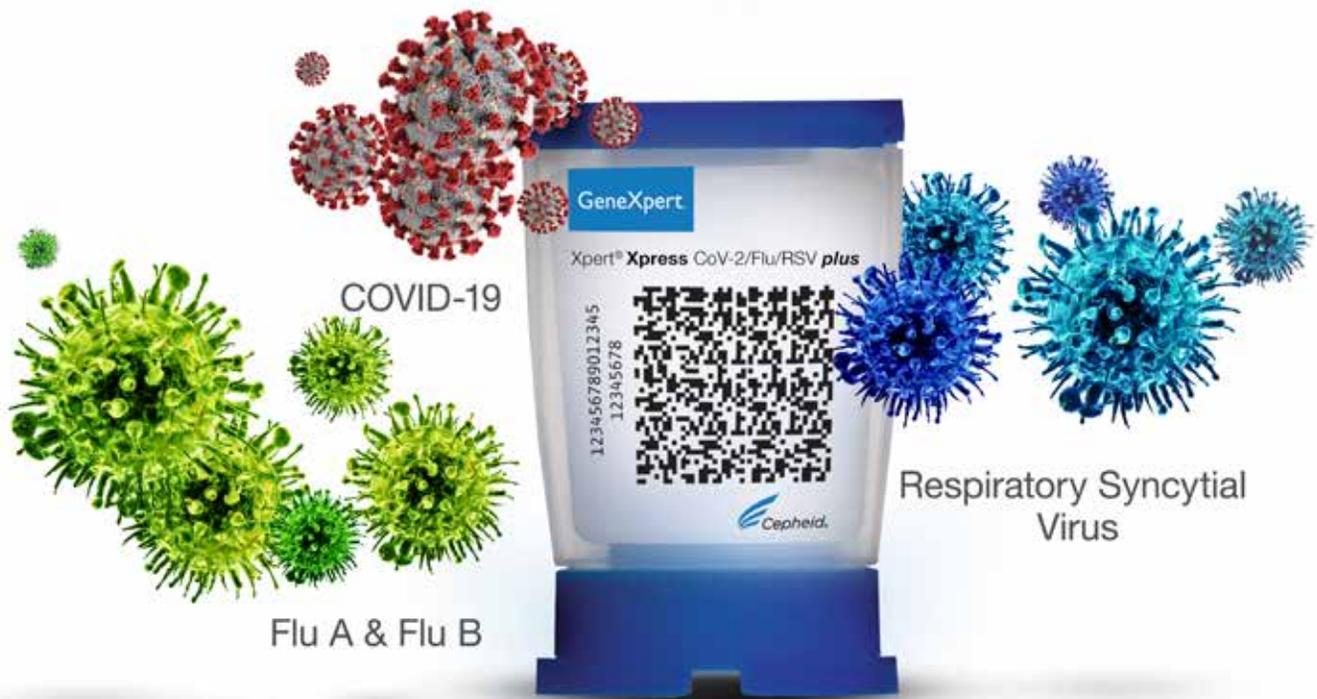
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# Cepheid's 4-plex plus test delivers fast, accurate results during a heightened respiratory season

Why it's crucial to differentiate between COVID-19, flu, and RSV

**Due to the ongoing pandemic, there is significant emphasis on diagnostic testing in laboratory medicine for flu, RSV, and COVID-19.** “While many of the signs and symptoms of infections caused by these viruses are similar, the treatments and patient interventions for infections caused by SARS-CoV-2, influenza virus, and RSV are different,” said Michael Loeffelholz, Ph.D., Senior Director, Medical Affairs for Sunnyvale, Calif.-based Cepheid, a molecular diagnostics company. “Infected, hospitalized patients are often cohorted, and even in the urgent care and physician office settings, antiviral agents are often prescribed for influenza infections, making accurate diagnosis important,” Dr. Loeffelholz said.

Cepheid has responded to the COVID-19 pandemic by developing fast and accurate tests for SARS-CoV-2, including the Xpert® Xpress CoV-2/Flu/RSV *plus* (4-plex *plus*) test that detects SARS-CoV-2, Influenza A, Influenza B, and Respiratory syncytial virus (RSV) all in a single test. Studies have shown Cepheid's SARS-CoV-2 tests to be among the most accurate available.<sup>1,2</sup> Cepheid's test systems are scalable from the point of care to the high volume core laboratory. Importantly, the same Cepheid SARS-CoV-2 test can be used at both point of care and in the core laboratory, providing near-patient testing accuracy equivalent to that of large batch-based platforms.<sup>3</sup>

### Accuracy and efficiency

Cepheid's 4-plex test has been shown to provide high accuracy, equivalent to that of Cepheid tests that separately detect SARS-CoV-2, Flu and RSV.<sup>4,5</sup> Cepheid's 4-plex *plus* test is the latest generation and exemplifies Cepheid's proactive approach to address increasing genetic diversity of SARS-CoV-2.

"The 4-plex *plus* will improve operational efficiencies by combining four important viral targets in a single test," Dr. Loeffelholz said. "This means fewer patient specimens to collect and laboratory tests to perform, compared to separate tests for these viruses."

SARS-CoV-2, influenza viruses, and RSV cause upper and lower respiratory

tract diseases that have many overlapping signs and symptoms.<sup>6</sup> Additionally, surges of COVID-19 have occurred during the winter months, when influenza and RSV incidence are usually at their highest.

These viruses each have unique treatment or patient management pathways. These factors demonstrate the value of multiplexing SARS-CoV-2, influenza A, influenza B, and RSV in a single test.

**"The 4-plex *plus* will improve operational efficiencies by combining four important viral targets in a single test. This means fewer patient specimens to collect and laboratory tests to perform, compared to separate tests for these viruses."**

**– Michael Loeffelholz, Ph.D., Senior Director, Medical Affairs for Sunnyvale, Calif.-based Cepheid**

Among other enhancements, Cepheid's 4-plex *plus* test adds a third genetic target for SARS-CoV-2. Detection of any of the nucleocapsid, envelope, or RNA-dependent RNA polymerase gene targets will produce a positive result for SARS-CoV-2. Cepheid's 4-plex *plus* test includes three genetic targets for SARS-CoV-2 for broad coverage of lineages and variants, including the Delta Variant of Concern, and to mitigate future genetic drift. Additionally, the test incorporates multiple genetic targets for influenza

viruses. As such, the 4-plex *plus* test is well positioned to detect both current and future emerging strains of SARS-CoV-2 and influenza viruses.

Indeed, Cepheid's 4-plex *plus* test is fast, accurate, and scalable from the point of care to the high-volume core laboratory. The point-of-care and laboratory test systems use the same reagents, providing point-of-care test performance equivalent

to that observed in the reference laboratory. Incorporation of multiple genetic targets for SARS-CoV-2 and influenza allows broad strain, variant, and subtype coverage, and make Cepheid's 4-plex *plus* an excellent long-term solution for detection of these important respiratory viruses. SARS-CoV-2, influenza viruses, and RSV may co-circulate in the community. Additionally, signs and symptoms of infections caused by these viruses can be similar, making accurate laboratory diagnosis important. ■

<sup>1</sup> Zhen W, Smith E, Manji R, Schron D, Berry GJ. Clinical Evaluation of Three Sample-to-Answer Platforms for Detection of SARS-CoV-2. J Clin Microbiol. 2020 Jul 23;58(8).

<sup>2</sup> Wolters F, van de Bovenkamp J, van den Bosch B, van den Brink S, Broeders M, Chung NH, et al. Multi-center evaluation of cepheid xpert® xpress SARS-CoV-2 point-of-care test during the SARS-CoV-2 pandemic. J Clin Virol. 2020 Jul;128:104426.

<sup>3</sup> Stevens B, Hogan CA, Sahoo MK, Huang C, Garamani N, Zehnder J, et al. Comparison of a Point-of-Care Assay and a High-Complexity Assay for Detection of SARS-CoV-2 RNA. J Appl Lab Med. 2020 Nov 1;5(6):1307–1312.

<sup>4</sup> Leung EC-M, Chow VC-Y, Lee MK-P, Tang KP-S, Li DK-C, Lai RW-M. Evaluation of the Xpert Xpress SARS-CoV-2/Flu/RSV Assay for Simultaneous Detection of SARS-CoV-2, Influenza A and B Viruses, and Respiratory Syncytial Virus in Nasopharyngeal Specimens. J Clin Microbiol. 2021 Mar 19;59(4).

<sup>5</sup> Mostafa HH, Carroll KC, Hicken R, Berry GJ, Manji R, Smith E, et al. Multicenter Evaluation of the Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV Test. J Clin Microbiol. 2021 Feb 18;59(3).

<sup>6</sup> <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm?web=1&wdLOR=c5625922F-B970-4971-8702-F16D97311251>

# New Allocation Best Practices Work Toward Harmonizing The Supply Chain

Care providers, distributors, manufacturers, and GPOs contributed to resource recommendations



**When pandemic-related demand for personal protective equipment exploded in March 2020, medical supply distributors responded by doing what they do best – working alongside their healthcare provider customers as trusted partners. They tapped into their logistics and planning expertise to rely on a tool used in times of short supply – allocation.**

The pandemic underscored the usefulness of allocation. It preserves inventory for customers as long as possible during a shortage, ensure that customers receive some portion of a limited supply at previously agreed upon prices, and prevents hoarding. It also makes it more difficult for opportunistic brokers to buy up limited supplies and resell them to the highest bidder – a familiar scenario at the onset of COVID-19.

Understanding that strong alignment and communication between healthcare trading partners is more important than ever, HIDA last year convened an expert workgroup to develop specific, best practice recommendations for medical supply allocations. The initiative lies at the heart of HIDA's Healthcare Supply Chain

Collaborative, whose mission is to transform the healthcare supply chain through best practices for processes and data.

The workgroup's result: a white paper with steps specific to distributors, manufacturers, care providers, and group purchasing organizations, along with a set of standard definitions. The new resource, "Allocations: Best Practices For Conserving Medical Supplies During Shortages," is available to download at no charge from [HIDA.org/Distribution/Resources/White-Papers](https://HIDA.org/Distribution/Resources/White-Papers). It addresses transparency, information sharing, calculations and processes, and specific challenges.

Among the recommendations:

- › Manufacturers should set allocations to their distributors, and allow their distributors to set customer allocations, to prevent customers from receiving conflicting information.
- › The baseline period for allocation calculations should be the same quarter from the prior year.
- › When communicating allocation amounts to trading partners, the supplier should provide units not just percentages.

Allocation has always been an important tool for conserving supplies during a shortage, but each organization throughout the medical products supply chain seemed to take a different approach. We believe these new recommendations are an important step in aligning the processes. ■



**Elizabeth Hilla**

For more information about the Health Industry Distributors Association, the Healthcare Supply Chain Collaborative and related resources and events, visit [HIDA.org](https://HIDA.org).

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# Non-acute supply chain teams have a critical role in building efficiencies on the front lines of health care

**The COVID-19 pandemic forced a sudden and significant** leap in responsibility for non-acute care (clinics, physician offices, long-term care facilities), as non-acute facilities found themselves on the front lines of the pandemic. Resiliency is key. Karla Butts, executive director, client executive team, The Resource, Engineering, and Hospitality Group, Providence Health, Renton, Washington, understands that to have a resilient supply chain, you need a team to support those processes.

Butts recently joined *The Journal of Healthcare Contracting* podcast to discuss her role at Providence and how her team benefits the healthcare system overall. Providence Health consists of 52 hospitals across seven states and over 1,300 ambulatory locations.



Karla Butts

## Five priorities of the client executive team

Butts' team focuses on five priorities by partnering with regional executives, ministry executives, and business owners to strengthen the group's relationships. Regarding her role at Providence, Butts said, "We're recognizing that we are moving into the communities to deliver care right at the entry point. So that means expanding those clinic settings and specialty settings, urgent cares, express cares, rather than having our communities filter into an acute facility that might not be easy for them to access."

Butts described the five priorities of her team, saying:

1. "We focus on service performance and value of supply expense to budget the rhythm of business."
2. "We look at how we can eliminate uncontrolled variation and increase our compliance across our network."
3. "We have what's called a relationship index. We measure how our relationships with our business partners in the ministries and campuses is based on our cadence and the information, and we measure our own performance on delivering on their requests."

4. "We work towards collaboration and transparency. We have what's called a radar where we really outline what's in the world of REH and how it might impact the individual business owners."
5. "We focus on month-to-month communications and helping with system rollouts of our new initiatives and programs."

## Benefits of a non-acute supply chain team

The first step to having a successful non-acute supply chain team is to understand the business and the opportunities that are out there. "I think having this team in place has allowed us to know what our current state is, but also really drive strategy for how we expand our footprint. I think that it's key to know that there are differences in how we expand our footprint, and how we manage supplies in a non-acute ambulatory setting versus acute."

One of the important things to understand about the non-acute supply chain team is that there are nuances in contracting and agreements with specific vendors on the type of business model. "I think having a more focused lens in this clearly growing business line for all health systems, it'll prove essential, not only for financial opportunities but also operationally," Butts said. "We're seeing that we have a real opportunity and a hand in building efficiencies on the front line." ■

**I think that it's key to know that there are differences in how we expand our footprint, and how we manage supplies in a non-acute ambulatory setting versus acute.**

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A professional headshot of Mike Schiller, a middle-aged man with short, graying hair, smiling warmly. He is wearing a dark blue suit jacket, a light blue dress shirt, and a patterned tie with geometric shapes in blue, red, and yellow. The background is a soft, out-of-focus indoor setting.

# Sustaining Outstanding Patient Care

How AHRMM's Mike Schiller was able to engage more deeply and collaborate more effectively with his peers and colleagues as they collectively navigated the COVID pandemic.

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**Mike Schiller, senior director of supply chain at the Association for Health Care Resource & Materials Management**

(AHRMM), said it's been interesting to watch the evolution of the supply chain during the course of this pandemic.

“Our initial focus was sourcing and maintaining on-hand inventories of PPE supplies,” he said. “Fast forward 19 months later and we are faced with myriad global disruptions of raw and finished goods, surging consumer demand and logistic channel constraints. Raw material shortages in other business sectors may now impact the health care supply chain including semiconductors, resins and top of list concerns regarding the current labor shortages. These are outside the bounds of the traditional materials manager whose primary focus was inventory management, replenishment and reorder activities.”

Schiller himself has had to work outside the bounds in launching life-saving programs and fostering an unprecedented amount of collaboration among hospitals and health systems. For this work and more, AHRMM named Schiller as the 2021 recipient of the George R. Gossett Leadership Award at its annual conference in Nashville, Tenn.

The Leadership Award is the highest honor awarded by AHRMM and is given to an individual who has demonstrated an extraordinary level of leadership and professionalism in the field, made significant contributions to AHRMM and advanced the health care supply chain. The award is presented in memory of George R. Gossett, an early president of AHRMM. Gossett envisioned the prominence of resource and materials management in the health care field and championed the educational and professional development of the health care supply chain discipline.

“Michael demonstrates leadership and professionalism in the field of health care supply chain management. His passion and dedication for the field have made him a pivotal player in helping the American Hospital Association (AHA) and its members respond to the COVID-19 pandemic,” said Steve Kiewiet, chief operating officer of CCS Medical and AHRMM's advisory board chair.

Schiller has a background with hands-on experience in the health care supply field in children's hospitals. His firsthand experience allowed him to lead the effort to develop and implement the AHRMM Learning UDI Community (LUC), a health care collaborative effort, in collaboration with the U.S. Food and Drug Administration's Center for Devices and Radiological Health, to address issues impacting the adoption and implementation of the Unique Device Identifier by developing a common understanding and approach within the health care setting. As senior director at AHRMM, he champions the educational and professional development of the supply chain and resource and materials management discipline.

### **Navigating COVID's challenges together**

Schiller's performance during the COVID-19 pandemic and work with the AHA saved lives, fostered the networking of hospitals across the country and provided resources for the field to reply upon during a crisis, AHRMM said in a release. For instance, Schiller played a key role in

the launch and implementation of the Dynamic Ventilator Reserve Program as well as developing a repository of vetted non-traditional suppliers offering personal protective equipment (PPE) and other supplies and services.

Schiller said possessing a first-hand knowledge of the complexities that comprise the health care supply chain, and the supply continuum (raw materials to manufacture to point of consumption), allowed him to engage more deeply and collaborate more effectively with his peers and colleagues as they collectively navigated myriad issues the COVID pandemic presented.

“I am extremely proud of the work the AHA, AHRMM, our members and participation organizations were able to accomplish over the course of the pandemic,” he said.

In March 2020, AHRMM immediately convened the supply chain community through a series of learning community webinars from March through May 2020. The webinars covered pandemic and supply strategies, provider panel presentations, supplier/provider PPE success stories and the exploration of a re-engineered health care supply chain.

When the FDA began issuing Emergency Use Authorizations (EUA) opening the door to non-traditional PPE suppliers, AHRMM partnered with a third-party vendor vetting company and conducted a first pass review of these non-traditional vendors. Approved vendors were listed and hosted on AHRMM's Vetted Non-Traditional Suppliers webpage. “Over the course of a year, we vetted over 1,000

vendors and approved a little more the 400 or roughly 40% of the vendors we reviewed,” Schiller said. “At this time, we were also meeting weekly with the National Governors Association which brought together multiple organizations all engaged in similar vendor review efforts. The result was the creation and development of an industry-wide PPE repository for use by both health care and business leaders.”

## Raw material shortages in other business sectors may now impact the health care supply chain including semiconductors, resins and top of list concerns regarding the current labor shortages. These are outside the bounds of the traditional materials manager whose primary focus was inventory management, replenishment and reorder activities.

In the spring of 2020, the AHA joined hospital and health system leaders at the White House to announce the Dynamic Ventilator Reserve (DVR), a public-private online initiative to track and help distribute available ventilators and associated supplies to areas of the country with high COVID-19 infection rates and hospitalizations. Within weeks of the announcement, the DVR had intake calls with 23 health systems, eventually growing to an inventory of nearly 3,000 ventilators across the U.S. The first request to borrow ventilators was made July 14, and since that time, the DVR has facilitated the successful loan of more than 100 ventilators transported across hundreds of thousands of miles.

The 100 Million Mask Challenge, launched by Providence and expanded by AHA, called on manufacturers, the business community and individuals to facilitate new relationships with hospitals and health systems to produce much needed PPE on a large scale.

Over the course of the pandemic, AHRMM has launched surveys, reached out to its membership and convened key stakeholders through Health Care Learning

Communities in an effort to more closely follow the changing PPE landscape, understand conservation, inventory management and stockpile reserve strategies, plus shed light on supply cost/non-labor cost savings opportunities and sharing this information with the health care field.

Schiller said AHRMM continues to be engaged in a number of public-private task forces and acts as a conduit for information sharing between members and various federal agencies and organizations including HHS, FEMA, ASPR and GPOs as to collectively reimagine a more resilient health care supply chain.

Since the pandemic, the importance of supply chain leaders and their teams has only risen in the eyes of C-suite

executives at health systems. “AHRMM has and will continue to strongly advocate for the supply chain professional and the role they play in today’s value-based care environment,” Schiller said. “AHRMM’s Cost, Quality and Outcomes Movement emphasizes their unique and strategic role.”

### Remaining nimble

Schiller said throughout the pandemic, supply chain professionals did what they always do – “we ensured our organizations and clinicians had the necessary PPE and other supplies needed to sustain outstanding patient care.” Nimble, action-oriented and outside-the-box thinking led to organizations leveraging existing business relationships outside of health care and new sourcing channels. There was collaboration with local and state officials in developing temporary supply distribution and inventory reserve models.

Moving forward, successful supply chain professionals will need to possess a global acumen, understanding how disruptions like raw material shortages, labor, political unrest and more may impact their supply chain. They must remain strategic, reducing or eliminating risk from their supply chains through deeper collaboration with existing suppliers while building relationships with local and community businesses, Schiller said. And they must effectively use technology to augment clinical and supply operations, transforming the surplus data they possess and turning that into actionable data.

“A role for the supply chain leader at the executive level ensures their health care organization is able to successfully navigate the dynamic, patient-centered and globally dependent supply environment that lies ahead of them.” ■

# Understanding the Journey

Ken Murawski, this year's National Account Executive Lifetime Achievement Award, is driven to produce positive results for suppliers and providers.

## Ken Murawski, president and

founder of HealthCare Links, has spent his career dedicated to facilitating connections and fostering relationships. Or, as some would simplify it, "in sales."

"I love the art of selling and the professionalism in medical sales," Murawski said. While sales jobs often are surrounded by negative stigmas, Murawski said he sees things differently.

"I've told my children that I never sold something that someone didn't need. That puts a different lens on a career in sales."

In 1975, Murawski took a job at Kendall Healthcare (a predecessor to TYCO, and Covidien). Over the next 16 years at Kendall that "job" became a career as he moved from sales, to sales management and eventually to national accounts. As director of national accounts for his last three years at Kendall, he had profit and sales responsibility for over 25 national and regional buying groups and \$300 million in group sales.

In 1993, he left Kendall to found HealthCare Links, with the goal of creating a sales/marketing resource focused on corporate accounts.

"The key was having the relationships. I knew there was a role to play in helping good companies compete against market share leaders," said Murawski. "When I started HealthCare Links, our goal was to provide value to the suppliers we worked with and, more importantly, to the providers at the GPO and IDN level." Murawski's goal for his new company was

to help clients understand the journey and to use HealthCare Links' relationships to benefit both sides.

In the nearly 30 years since then, HealthCare Links has worked with more than 200 companies across the globe, from small tech companies to multi-billion dollar organizations.



Ken Murawski

Murawski was recently awarded the National Account Executive Lifetime Achievement Award, given to the person who best demonstrates excellence in his or her dedication to advancing and promoting National Accounts and a never-ending pursuit of advancing healthcare.

"What has been the most fulfilling thing has been helping others succeed –

not only the HealthCare Links team but also making heroes out of supply chain and nursing leaders," said Murawski. "I've been honored to work with a great team of people who have the same values: a willingness to work for the underdog, to lower costs for healthcare, and to introduce disruptive technology to providers at the GPO and IDN level. Indirectly, we've helped the salespeople within our client companies succeed by reducing the hurdles they face from competition with GPO contracts."

Despite the huge progress the industry has made during his career, Murawski still sees room for improvement. And it all comes back to improving relationships and having mutual respect for the other links in the supply chain.

"When you meet someone and are empathetic to their role, you begin to develop a relationship that could last a long time. Relationships matter. That's been the key to our success," Murawski said. "I would encourage providers to be up front with suppliers. Tell them you're not interested or when to follow up. Conversely, suppliers need to respect that answer and move on (unless you've done enough homework to know you can make them a hero by understanding your value proposition).

"Ultimately, we are in this together and all want to do our part in helping improve the healthcare system, whatever role you play." ■

## Cleveland Clinic names new chief supply chain officer

Cleveland Clinic has named Steve Downey as the health system's chief supply chain and patient support services officer.

In this role, Downey will be responsible for planning, leading and directing all strategic and operational aspects of Cleveland Clinic's global supply chain and support

services. He will also provide strategic vision and oversight for creating key partnerships and joint ventures, providing direction on key sourcing decisions.

Downey joins Cleveland Clinic having spent the last four years as the group SVP of Supply Chain Operations at Vizient, Inc. (Irving, TX). He was responsible for Vizient's supply chain operations business, as well as providing supply chain leadership and guidance for over 35 acute and 200 non-acute facilities across the U.S. He led internal and external data management initiatives, including the



Steve Downey

implementation of machine learning and AI, as well as acute and non-acute supply chain technologies.

Downey's experience spans more than 30 years in a variety of supply chain settings, including supply chain management, operations, marketing, business development, sales, account management and product management. He also brings experience in healthcare experience working with medical devices, healthcare providers, group purchasing organizations (GPO), pharmaceuticals and distributors.

"Today's healthcare supply chains are under immense pressure to deliver," Downey said. "I am excited to join Cleveland Clinic at this pivotal moment and help us emerge stronger, serving our patients and caregivers with all I can bring."

## Industry associations work with ports to expedite medical supplies

Several industry groups have announced they are collaborating with port leaders to test tools and processes for prioritizing medical supply containers, in order to find new ways to get medical supplies and equipment into the hands of healthcare

providers and frontline workers more quickly and efficiently.

The proactive leadership of the Los Angeles and Long Beach ports, terminal operator SSA Marine and its technology partner eModal are working with The Health Industry Distributors Association (HIDA) (Alexandria, VA), Advanced Medical Technology Association (AdvaMed), and International Safety Equipment Association (ISEA).

In a press release, HIDA also thanked the group's federal partners at the Federal Maritime Commission and White House Supply Chain Disruption Task Force.

"We will continue to engage with ports and other transport system stakeholders to identify impactful ways to expedite medical supplies and equipment," HIDA said. "Hospitals and other care settings depend on a reliable U.S. transportation system to receive critical medical supplies and equipment. An unpredictable system negatively impacts patient care and public health.

"Essential medical supplies and equipment need a "fast pass" through the transportation system to support COVID-19 response, flu season, and necessary surgeries and treatments that were delayed due to the pandemic." ■

## CALENDAR

Due to COVID-19 restrictions at press time some dates and locations may change.

### Federation of American Hospitals

#### 2022 FAH Conference and Business Exposition

March 6-8, 2022

Washington Hilton Hotel

Washington, DC

### GHX

#### GHX Summit 22

May 9-12, 2022

The Diplomat

Hollywood, Fla.

### Health Connect Partners

#### Spring 22 Hospital Supply Chain Conference

May 18-20, 2022

New Orleans, La.

#### Summer 22 Hospital Supply Chain Conference

June 20 – July 1, 2022 (Virtual)

### IDN Summit

#### Spring IDN Summit & Reverse Expo

April 11-13, 2022

Omni Orlando Resort at ChampionsGate

Orlando, Fla.

### Fall IDN Summit & Reverse Expo

August 29-31, 2022

JW Marriott Desert Ridge Resort and Space

Phoenix, Ariz.

### Share Moving Media

#### National Accounts Summit

Dec. 1-2, 2022

Fort Worth, Texas

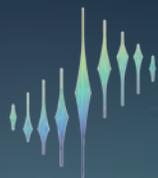
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