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Patient Volumes and Preparedness

Where does the U.S. healthcare supply chain stand post pandemic?



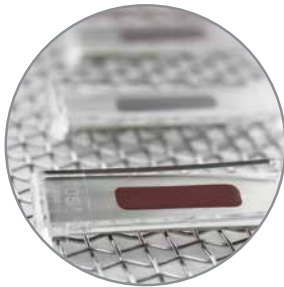
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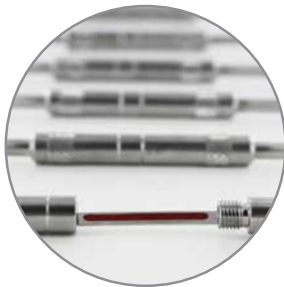
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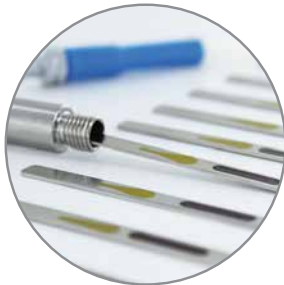
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Pain Points

Recent survey reveals how healthcare providers believe supply chain disruptions are affecting clinical outcomes.

Shortages within the healthcare industry have had deep impacts to the delivery of patient care, according to a recent survey of healthcare providers.

Through a survey titled “Medication, Supply, Equipment Shortages are Harming Patients,” completed in July 2023 by The Emergency Care Research Institute (ECRI), and its affiliate, The Institute of Safe Medication Practices (ISMP), found that many providers believe ongoing national medication, medical supply, and medical equipment shortages have been harming patients.



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Survey respondents included pharmacists, pharmacy technicians, procurement specialists, physicians, and nurses working in community, teaching, pediatric, cancer care, and other healthcare professions. Over 60% of respondents reported shortages of certain medications, supplies, and medical devices, according to ECRI. Many physicians stated that care quality has been widely and overwhelmingly impacted by the shortages.

“Many of the shortages are a direct result of supply chain disruptions. Supply chains have been disrupted due to raw material shortages, labor shortages, geopolitical issues, environmental factors, shipping and transport delays, and increased demand,” said Tim Browne, Vice President of Global Supply Chain Solutions at ECRI.

Patient care impact

A significant number of survey respondents reported that supply and equipment

shortages have impacted their ability to provide the best patient care. More than half said that shortages have delayed treatments, and one-third reported that they were unable to provide patients with optimally recommended drugs or treatments. A quarter responded that they were aware of at least one error related to a drug or supply shortage, ECRI noted.

“Survey results showed that shortages of drugs, single-use supplies, and durable medical equipment have greatly impacted the following care areas: surgery/anesthesia, emergency care, pain management, cardiology, hematology/oncology, infectious disease, and obstetrics/gynecology,” said Browne.

According to survey results, 74% of respondents said that surgery and anesthetics, emergency care (64%), pain management (52%), cardiology (45%), infectious diseases (39%), and more primary and specialty care categories have been impacted by the ongoing shortages.

“Practitioners may be unable to provide patients with the recommended drug or treatment for their condition due to shortages, which can lead to delays in care or patients receiving a less effective drug,” said Browne. “Healthcare organizations have reported interrupted, modified, or delayed chemotherapy regimens, and needing to reschedule, postpone, or cancel surgical cases due to lack of supplies needed for procedures. Shortages have also contributed to medical and medication errors.”

Physicians stated that specific examples of the impact of shortages included an interruption or delays in chemotherapy, administration of more opioid analgesia due to lidocaine shortages, dissemination of incorrect medication dosage instructions to patients, cancellation and postponement of surgeries, and more.

Physicians and hospital systems often triage supplies in the face of shortages short-term, but it is necessary to have long-term and nationally coordinated solutions in place in order to solve the persistent shortages that physicians have been experiencing, according to ECRI.

“Preparation, standardization, communication, and monitoring are critical to safely managing drug, supply, and equipment shortages,” said Browne. “This involves updating systems, educating staff, and fielding questions on how to prescribe, prepare, administer unfamiliar alternative products and keeping meticulous count of inventory. Hospitals and healthcare organizations are spending a substantial amount of effort planning for and managing shortages.” ■



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How your distribution strategy impacts respiratory season stocking



During respiratory season, unsteady demand and the erratic nature of seasonal viruses and illnesses makes demand planning and inventory management of critical products such as diagnostic tests a major challenge.

With high demand and limited supply of these products, many providers need the same products at the same time, and issues like supply constraints, backorders and product allocations can run rampant. Secondary issues like lot number tracking and product dating can also be a risk, as organizations that bring in extra inventory during respiratory season face the possibility of having to throw away expired product.

According to Paul Farnin, Director of Customer Solutions Team at Cardinal Health, unpredictable seasonal planning takes collaboration between providers, labs, supply chain, and distributors using historical data to identify potential patient volumes and formulary needs for the season.

“In this age of data, a major component to respiratory season is both access to data and ability to convert that data into information. Hospitals are investing money into technology and automation, and on the other side of the equation, customers are getting more savvy in understanding data usage,” said Farnin.

“There is an art that goes with the science when it comes to anticipating needs.”

Some hospitals and health systems have made the decision to self-distribute in the pursuit of greater control and resiliency. Self-distribution, which encompasses anything from buying select products directly from manufacturers to the use of consolidated service centers (CSC) and even sophisticated distribution facilities, is an established trend that gained heightened visibility during the pandemic, as many organizations assumed distribution responsibilities and the related costs to ensure critical supply of products like personal protective equipment (PPE).

Benefits of self-distribution include consolidation of supply chains, quick

vetting of new suppliers, space savings, and reduction in transport costs. However, with the advantages of centralized supply come the risk of the CSC being a single point of failure, as well as the many challenges that come from managing your own distribution. Disadvantages of self-distribution include the initial capital needed, lack of in-house supply chain talent, and the time and complexity required for implementation.

According to the Health Industry Distributors Association (HIDA)¹, organizations considering self-distribution strategies should ask questions including: Will self-distribution add to or detract from patient care? What savings are possible, and does the return offset the cost and risk of such a major initiative? How much risk is the organization willing to assume? And can your organization commit the needed resources for 5-10 years?

Farnin stated, “Since bringing distribution in house, some health systems have discovered that distribution is



a thankless business, not cheap, and requires investment over time including the startup costs of building a warehouse and investing in labor, technology, and transportation that can quickly grow and become more expensive.”

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¹ Evaluating Self-Distribution: A Guide for Healthcare Executives | White Paper. www.hida.org. Accessed November 8, 2023. www.hida.org/distribution/resources/white-papers/Evaluating_Self-Distribution.aspx





Patient Volumes and Preparedness

Where does the U.S. healthcare supply chain stand post pandemic?

The U.S. healthcare supply chain is better off than it was March 2020. But it's not exactly an apples-to-apples comparison, according to several supply chain leaders.

“We’re better than we used to be, but the issues aren’t the same as pre-pandemic,” said Bob Taylor, Senior Vice President, Supply Chain, RWJBarnabas Health (New Jersey). Before, the issues were huge, but concentrated in a narrow space. During Covid, it was PPE.

Right now, it’s something every day or several things, Taylor said. “The best laid plans are generally built upon the things you’ve experienced. But what’s getting put in front of us is new. It’s not as big as N95s, but it’s still significant. It’s more niche products but those still impact patient care.”

There’s a huge risk for global geopolitical issues, which would dwarf what the U.S. supply chain experienced during Covid. “That could be an instant shut off of a supply pipeline.”

In a webinar sponsored by Premier, several supply chain leaders shared where patient volumes are compared to previous years. They also discussed trends such as inflation, workforce shortages and how prepared the industry is for the next pandemic. Participating in the discussion were:

- ▶ Richard Bagley, Vice President, Supply Chain, UC Health (Colorado):
- ▶ Bob Taylor, Senior Vice President, Supply Chain, RWJBarnabas Health (New Jersey):
- ▶ Pamela Bryant, Chief Supply Chain Officer, Parkland Health (Texas):
- ▶ Kyle MacKinnon, Senior Director, Operational Excellence, Premier Inc.:

Patient volumes

Patient volume is back to normal, at least in the state of Colorado, said Bagley. “It’s a little seasonal based on the flu season, but demand is crazy and it’s high.” The state’s growing at near double digits. “We have a \$2 billion construction pipeline to address it, but we can’t build it fast enough. We can’t get physicians fast enough. The challenge is how do we manage growth in a compressed environment. In the old days, it translated into revenue. I don’t know if it will translate into revenue or an obligation. How can we scale out in a way to be sustainable with the demand there and in a state that’s growing?”

Taylor said it’s similar for New Jersey-based RWJBarnabas Health. The patient volumes are back. “Maybe not to 100% pre-pandemic, but certainly up there. With all the other challenges with cost and labor, that’s just another challenge. We’re starting to see the volume come back, which is helpful. Volume covers a lot of sins because it restores the profitability of most organizations.”

Texas-based Parkland Health is back to pre-COVID numbers and probably beyond. “Volume is an issue, but volume is something we’re going to have to figure out,” Bryant said. “We have capital projects going that are converting shell space to address. As you continue to have that kind of volume, you still have to have labor to take care of it. That’s usually where we get into the crunch.”

Premier is looking at the financial pressures on profitability margins and the challenges of a closure in a community and how that pivots volumes to existing infrastructures. Unpredictable volumes can create unpredictable demand and a subsequent challenge around product



availability or pricing. Volatility makes it difficult to effectively manage inventory usage in a healthcare setting.

“It’s good to see volumes stabilize,” MacKinnon said. “That alleviates some of that bullwhip effect that was magnified globally with COVID and challenges across multiple markets when suppliers were trying to predict demand across the U.S., Asia, Africa and Europe. Premier is leveraging the power of a GPO and an alliance that can leverage committed programs and provide aggregated demand signals and greater supplier assuredness. We’re happy where we are now.”

Preparedness

Overall, the industry is in a better position than it was March 2020, said MacKinnon. There’s greater communication and collaboration between providers and suppliers and other stakeholders. “Over these last 36 months, we probably have a playbook for any sort of disruption. We need to leverage what we’ve learned. There’s more progress being made in the domestic and diverse space, but there’s still an opportunity to implement programs like that. And there’s improvement in policy reform.”

The biggest challenge is a lack of data and transparency around supply availability and visibility across the supply chain, MacKinnon said. “We need to understand product availability and risk of that product. That stems from the raw materials to the production and where it’s made and coming from. That’s not a short-term build.”

Pre-pandemic, the U.S. healthcare supply chain was under the just-in-time model and sole sourced contracts. “During the pandemic, we realized we needed relationships with a lot of people,” Bryant said. “There’s still work to do with transparency with vendors and providers sharing data. I worry about something happening outside of the country because we don’t have the domestic manufacturing. So, how do we alleviate that and make some of it better? Cost is always a driver.

Bagley agreed with the other panelists that ultimately, we’re in a better place. “I’ve seen major movements in distribution and in manufacturing to build that domestic supply,” Bagley said. “I like what I’m seeing from organizations like SMI, HIDA and others to get transparency and standards which we’ve never had. But all this compression with inflation is now being pushed to suppliers and we’re seeing a lot of suppliers consolidate and lay off staff or readjust. A significant portion of our account executives that we’ve built relationships with have moved around the table. So, there’s a lot of market shakeout that will continue because of the financial pressure. We must stay in communication and work through these headwinds. I’m optimistic about supply chain and we make a difference every day.”

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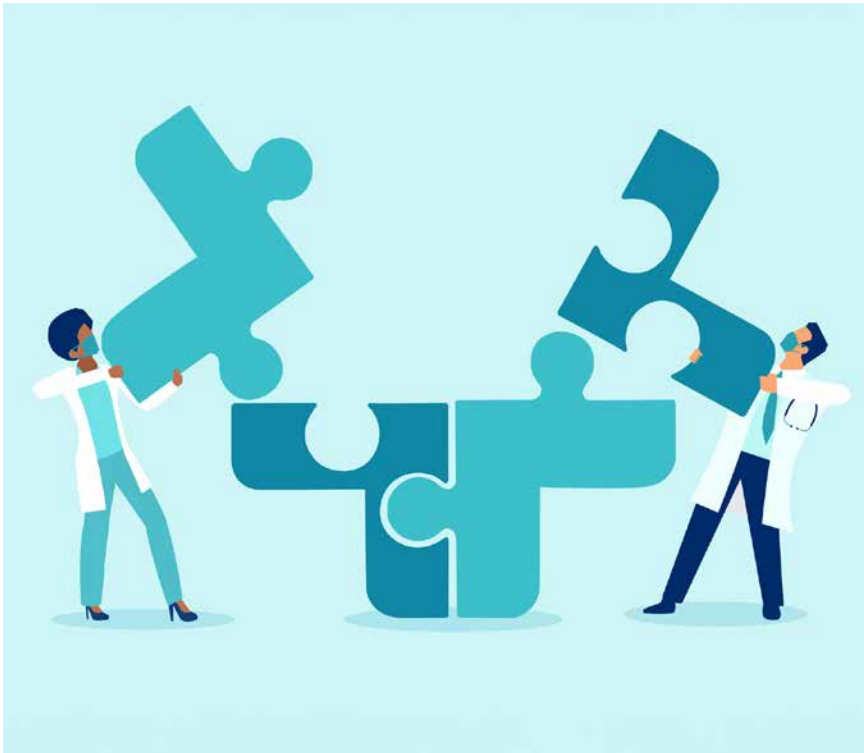
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Banding Together

How a recently formed hospital alliance aims to expand access and improve outcomes – while reducing costs – in a rural setting.

Value-based care is a highly sought after goal – yet often an elusive one – for healthcare providers of all shapes and sizes. No where is this more evident than the rural setting, where large geographic distances, reduced access to services, rising costs and lack of scale all come into play for providers.

To tackle those challenges, an alliance of 23 rural hospitals in North Dakota recently announced the formation of the Rough Rider High-Value Network.

The network, based in Cando, N.D., was formed to strengthen rural healthcare for providers and patients throughout the state. The network announced its formation at the end of 2023 as a collaboration

between individual and independent critical access hospitals that all collaborate to address rural health challenges and enhance community health.

The hospitals work together on clinical and operational initiatives to strengthen the availability, affordability, and quality of care in communities across the state of North Dakota.

“The Rough Rider Network consists of 23 hospitals that came together to capitalize on the economies of scale that they all represent in unison. The goal is a triple aim of improving access to care, quality of care, and reducing the cost of health-care,” said Alfred Sams, president, Rough Rider High-Value Network. “Those goals rely on being able to tackle all of the barriers in being an independent hospital, but also coming together and being able to pool resources with other hospitals while maintaining independence.”

The Rough Rider Network is committed to enhancing the sustainability of rural healthcare throughout North Dakota. Uniting a network of critical access hospitals and clinics, the alliance aims to combine resources while remaining independent.

“Independence is an important aspect for all of our members,” said Nathan White, CEO, Rough Rider High-Value Network. “Members, however, also must focus on surviving in their current environment, both clinically and financially. The alliance offers two benefits to members, investment in services, and then, on the clinical integration side of things, each individual hospital being able to take advantage of the pooling of their resources. The ability to dive into value-based healthcare and reduce the risks from a collective perspective is critical.”

The rural setting

For hospitals and health systems in rural areas, focusing foremost on local cases and community health is critical. An alliance allows rural hospitals to broaden their resource availability and more effectively deliver healthcare to communities by investing in medical advances, controlling the rising



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costs of providing care, and enhancing care coordination, according to the network.

“The geographic isolation in the North Dakota area presents challenges for hospitals, especially during inclement weather,” said Sams. “It is often frozen here for five months with ice and snow, and so we have a geographic boundary that isolates some of our facilities. We also have hurdles in attracting and maintaining our work staff such as doctors, specialists, and nurses.”

White adds: “Access inequities can present a tremendous challenge for independent rural hospitals. Older populations have disparities in health outcomes, and independent hospitals lack scale and suffer from price disadvantages and service disadvantages.”

Expanded healthcare capabilities are necessary for rural and independent providers, such as systems for controlling the rising costs of healthcare and enhancing care coordination. These goals are often difficult to achieve as an independent provider alone.

“Interdependence drives independence,” said Ben Bucher, CEO of Towner County Medical Center in Cando, N.D., and chair of the Rough Rider HVN board. “The Rough Rider High-Value Network is built on the principle that independent rural hospitals can come together to meet these challenges and emerge stronger while remaining independent.”

Benefits of a health alliance

Through the Rough Rider Network’s clinically integrated network (CIN), member hospitals will collaborate to support new specialty programs including surgery, ophthalmology, obstetrics, and mental health, which would be difficult for individual hospitals to support on their own.

The CIN also aims to reduce administrative burdens and streamline measuring quality, according to The Rough Rider High-Value Network.

Additionally, the Clinical Integration Committee (CIC), with a medical provider on the committee from each member hospital, will oversee clinical and quality initiatives within the alliance. The Rough Rider CIN will collaborate with payers on value-based insurance products that will enable patients, providers, and payers to succeed by enhancing the patient and provider experience.

“Managed IT solutions, aggregated accounting solutions, mobile radiology, imaging reads, and more, are all services that can be integrated through the alliance that enhance ability to focus on patients and provide better care,” according to Sams.

Expanded healthcare capabilities are necessary for rural and independent providers, such as systems for controlling the rising costs of healthcare and enhancing care coordination.

The Business Integration Committee, with operations leaders from each of the joined hospitals, will oversee the development and operation of shared service offerings. The committee also provides a forum for leaders to discuss business challenges and develop solutions.

“Within our network, every facility has a clinical representative on the clinical integration committee. Each hospital puts forth a member and they come together and discuss pertinent topics, quality measures, best practices, and help the system take on a unified approach to patient care and best practices,” according to Sams.

Future

The Rough Rider Network received state funding of \$3.5 million to assist with facilitating its goals, and to support North Dakota patients and hospitals in the value-based care transition, according to The Rough Rider High-Value Network.

“We tackle the challenges that are the hospital’s most demonstrated needs,” White said. “If the majority of our members are interested in a particular shared service, we will try to negotiate that for our members. If 70% of the members are interested in a different solution, we will move forward with that change.”

The Rough Rider High-Value Network plans to integrate a menu of shared services between hospitals that will promote more efficient operations going forward. These shared services would include pharmacy, laboratory, telehealth, information

technology, health information exchange, clinical staffing, supply chain, and more.

“The reality is that many payers are moving their financial incentives toward value-based care arrangements. That is happening with Medicaid expansion in North Dakota, too. So, we knew at Rough Rider that there was a lot of financial and clinical gain from moving towards value-based care models,” said White. “By coming together, hospitals are aggregating the base of their covered lives while also investing in shared solutions to manage challenges and improve population health.” ■

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Reference: 1. Data on file, Allergan Aesthetics, August 2022; Allergan Corporate Healthcare PRM Value Deck.

Advancing Women Leaders

SMI completes first cohort of advancing women leaders program and celebrates 9 executive leaders.



SMI, a non-profit, community of healthcare supply chain organizations, congratulated its first cohort of Mentees for completing their ground-breaking leadership program called Advancing Women Leaders (AWL). This 12-month program brings together a Mentor, Sponsor, and Mentee pairing from SMI member organizations for the advancement of women into senior level executive roles. SMI celebrated the first cohort of 9 Mentees at the SMI Fall 2023 Forum in Nashville. [See the list of mentees](#) and [learn more about this program here](#).

SMI's Advancing Women Leaders (AWL) program intends to close the gender gap in Senior Executive Positions by guiding aspiring women to leverage their networks, work alongside a Sponsor and Mentor in unison, thus creating a more diverse healthcare supply chain. SMI members nominate a mentee, an emerging leader from their organization, and as their Sponsor, advocate for the Mentee within their organization.

Mentees are paired with a Mentor – a senior healthcare supply chain leader from SMI's membership – who provides guidance for career advancement.

SMI has partnered with the McGuckin Group, a talent-innovation firm, to develop this first of its kind program, which includes one-on-one mentoring, networking, peer-to-peer learning, workshops, and self-assessment tools.

SMI launched Cohort 2 for the Advancing Women Leaders program in October. Sixteen mentees were announced at the SMI Fall Forum and will now embark on this 12-month program along with their Mentor and Sponsor. [See the list of Cohort 2 Mentees](#).

To learn more about SMI, its programs, and its community of members, visit: www.smisupplychain.com. ■

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The Common Health Coalition

Leading healthcare partners announce system to improve public health.

The collective approach toward public health efforts significantly changed as a result of the COVID-19 pandemic. The impacts of the pandemic saw new and unconventional partnerships form between health systems and public health organizations, with the organizations working together toward improved health outcomes during the pandemic, according to The Common Health Coalition.

The Common Health Coalition: Together for Public Health, was formed in March of 2023 and announced on November 9, 2023 as a joint commitment to public health by five founding member organizations including the American Hospital Association, America's Health Insurance Plans (AHIP), the Alliance of Community Health Plans, the American Medical Association, and Kaiser Permanente.

The Coalition aims to translate the lessons and successes of the COVID-19 pandemic into strategies that will strengthen partnerships with public health systems.

To outline actionable strategies to further public health, The Coalition will publish four recommendations in early 2024 that focus on spearheading greater coordination between public health and healthcare systems, building shared emergency preparedness plans, establishing national standards for healthcare data that help identify health disparities, and modernizing infectious disease detection, according to The Common Health Coalition.

Structure of The Coalition

The Coalition's recommendations are informed by technical advisory groups of

subject matter experts and public health leaders. Dr. Dave A. Chokshi, Former New York City Commissioner of Health, is the head chair of the Common Health Coalition. Dr. Chokshi is a practicing physician at Bellevue Hospital and most recently served as the 43rd Health Commissioner of New York City.



Additionally, Chelsea Cipriano, the Coalition's managing director, most recently held leadership roles at the NYC Department of Health and Mental Hygiene and the NYC Mayor's Office, and previously served within the federal government at the US Centers for Disease Control and Prevention and the US Department of Health and Human Services.

Public health leader chairs also include Dr. Georges C. Benjamin, Executive Director of the American Public Health Association, and Dr. J. Nadine Gracia, President and CEO of Trust for America's Health.

Public health recommendations

The Coalition and its' partners are committed to "making healthcare accessible and affordable for everyone," according to AHIP, and, according to the Alliance of Community Health Plans, "we understand we are all stronger when we collaborate and work together."

The Coalition's approach to accomplishing its goals include being transparent in regard to its clearly delineated goals, roles, responsibilities, and deliverables; and among partners and public health agencies, maintaining a reliable infrastructure during crisis, addressing health disparities, and interoperability across healthcare sectors.

ChangeLab Solutions, a nonprofit advancing health equity through law and policy, serves as the host of The Coalition and facilitates the development of recommendations. ■

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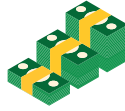
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Premier® and its members work together to identify and prioritize critical at-risk drugs. Together, we are incentivizing manufacturers to increase supply, invest in redundancies, enter, or re-enter markets and explore new therapeutic categories for innovation.

Since 2020:



Premier programs have successfully resolved **15 drug shortages**, resulting in their official delisting from the U.S. Food and Drug Administration (FDA) shortage list.

We've been able to ensure uninterrupted supply of many shortage drugs despite demand spikes of **more than 150 percent²** during the pandemic.

We continue to bring resiliency to the market by incenting the domestic manufacture of vital drugs through our investments in VGYAAN³ and Exela Pharma Sciences⁴, which combined are working to bring new, domestic sources of competition for **20 different shortage drugs and counting**.

Today, **over 1,000 health system facilities participate in Premier's ProvideGx® drug shortage program** with member drug commitments rising over 110% in just the last year and counting.

Premier and ProvideGx are taking bold steps to eliminate costly drug shortages. We're working closely with manufacturers to ensure the drugs your patients need will always be there.

10

Key Suppliers Partnering
with Premier and its Members.

85

Protecting 85
Cyclical Drug Presentations

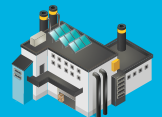
2023

Focusing on Expanding
Essential Medicines

\$0

Zero Out-of-Pocket
Investment for Premier Members

Continuously expanding the generic supplier base by encouraging manufacturers to expand capacity to deliver medicines most needed. New products added in 2023 include Zinc Chloride, Diazepam Syringes, Bumetanide and Oxytocin.



Driving Healthcare Innovation with Pharmacy:

A critical component of the healthcare ecosystem, pharmacy has undergone a significant transformation in recent years – with pharmacists' elevated role in driving improvement and value for healthcare providers and patients.

Through enhanced clinical services, technological advancements, supporting supply chain and financial resiliency, and a relentless focus on safety, pharmacy leaders are shaping the future of healthcare.

To learn more about Pharmacy's industry impact and the Premier commitment to innovating healthcare, contact providegxinfo@premierinc.com

Here's where
we got that.

- <https://www.ashp.org/drug-shortages/shortage-resources/drug-shortages-statistics?loginreturnUrl=SS0CheckOnly>
- <https://premierinc.com/newsroom/blog/why-almost-every-u-s-hospital-is-building-safety-stock-of-critical-pandemic-medications>
- <https://premierinc.com/newsroom/blog/premier-joint-venture-with-vgyaan-pharmaceuticals-launches-first-product>
- <https://premierinc.com/newsroom/press-releases/premier-inc-and-11-leading-health-systems-invest-in-exela-pharma-sciences-to-secure-and-support-u-s-based-drug-supply-and-manufacturing>

Premier Inc. (NASDAQ: PINC) is a leading healthcare improvement company, uniting an alliance of more than 4,400 U.S. hospitals and health systems and approximately 250,000 other providers and organizations to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, and consulting and other services, Premier enables better care and outcomes at a lower cost. Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, NC, Premier is passionate about transforming American healthcare. Please visit Premier's news and investor sites on www.premierinc.com; as well as Twitter, Facebook, LinkedIn, YouTube, Instagram and Premier's blog for more information about the company.

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