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1735 N. Brown Rd. Ste. 140
Lawrenceville, GA 30043-8153
Phone: 770/263-5262
FAX: 770/236-8023
e-mail: info@jhconline.com
www.jhconline.com

PUBLISHER
John Pritchard
jpritchard@sharemovingmedia.com

EVENT COORDINATOR AND ANAE PRODUCT MANAGER
Anna McCormick
amccormick@sharemovingmedia.com

EDITOR
Graham Garrison
ggarrison@sharemovingmedia.com

ART DIRECTOR
Brent Cashman
bcashman@sharemovingmedia.com

CIRCULATION
Laura Gantert
lgantert@sharemovingmedia.com

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BY TYLER LOEB

Compare and Contrast

How healthcare sourcing compares to industry



This past November marked my five-year work anniversary at Jefferson Health, all within the supply chain group. I have now been in the workforce for 10 years, in somewhat varied roles, but all with a focus on contracting and sourcing. The time has been split evenly in and out of healthcare, with the five non-healthcare years spent sourcing restaurant supplies and on-board airline products. Ten years seems like a good time to reflect and think about some of the similarities and differences of the two. Here are five observations of mine based on the five years I have spent in healthcare.

No. 1: Everybody in healthcare really cares about patients

Physicians, nurses, and clinicians are known for their hearts. Empathy for patients is what connects healthcare workers across disciplines. (Moudatsou et al.) What I found surprising when I

transitioned into healthcare, and what I continue to see today, is the level of concern that everyone has for patients, not just those in patient-facing roles. Across all departments, patients come first.

Connecting the dots from supply chain to patients is straight-forward. The

devices we source and procure are used by clinicians directly for patient care. Every dollar we save through RFPs can be invested elsewhere to ensure high quality patient care. The devices we cut purchase orders for, receive into the storeroom, and pay bills on are used to better the lives of our patients.

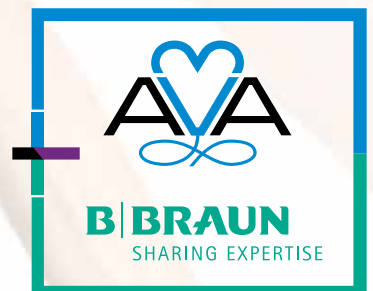
Nowhere is healthcare empathy more on display than now, during the COVID pandemic. Health systems across the country have come together to solve problems and treat patients in an unbelievably challenging environment. Frontline healthcare workers are rightly regarded as heroes. They are finally



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getting the recognition they deserve for the risks they have taken and hardships they have endured. But they are not the only staff putting in Herculean efforts. Countless supply chain staff have been fully immersed in the COVID fight, putting in long hours to ensure the healthcare heroes have the supplies they need. The empathy for patients shines bright in their efforts as well.

are not repeatable and the skills that are rewarded within organizations are those that connect concepts together. Things are changing so fast that it is almost impossible to find yourself in a “steady state” at any given time. Employees with range connect issues together and come up with creative solutions. More and more, technology is doing the technical and tedious work for us and it is up to the

all sorts of activities of a firm. We are involved in, and need skills for, contract negotiations, supplier relations, finance, operations, stakeholder management, distribution and warehousing, specific device knowledge (backorders!), and project management. No wonder Supply Chain Dive recently discussed how supply chain is an area with over-arching views of the enterprise that provide the right training for the C-Suite. (Mansoor)

The needs of our clinician stakeholders evolve. The vendor marketplace is constantly changing with new devices and companies. All these changes pose both challenges and opportunities for those in the healthcare supply chain.

It is nice to come to work in pursuit of such a noble purpose. Undertaking sourcing initiatives to improve the in-flight experience or to bring innovative kitchen equipment to market just does not provide the same internal motivation for me. The scholarly research is clear that when work is connected to a larger purpose, employees are more motivated. (Zhang) As much as possible, we should link the patient factor to what we do in as a strategic sourcing/supply chain function.

No. 2: Supply chain and strategic sourcing require “range”

The book *Range* by David Epstein was published in 2019. It describes the concept of a “wicked world” where problems

humans to be creative and draw connections between disciplines. (Epstein)

The wicked world certainly applies to the healthcare industry. In the past four years Jefferson has grown from three hospitals to 14. Our supply chain teams have come together into one department. The needs of our clinician stakeholders evolve. The vendor marketplace is constantly changing with new devices and companies. All these changes pose both challenges and opportunities for those in the healthcare supply chain. It is helpful to have wide experiences to draw from to put issues in context and to solve them.

Supply chain and strategic sourcing departments, both in and out of healthcare, naturally demand range from their employees. They sit in the center of

No. 3: Value analysis is valuable

While Strategic Sourcing can drive incredible change on its own, it is most effective when it is able to leverage a formal, multi-disciplinary product review and decision-making committee that has the authority to approve or deny requests known as ‘Value Analysis’. The overall goal of Value Analysis professionals, according to the national Value Analysis organization AHVAP, is to serve as the primary investigators and facilitators of major product and practice changes. (AHVAP) This is an important function, and the relationships built through the VAC process support Strategic Sourcing role in driving standardization and managing cost

The process brings together stakeholders of the many varied departments that keep a hospital running. They all want the hospital to succeed, but sometimes have different views on how that should be done. Their focus and point of view are necessarily different. The VAC is where they come together, talk things over, and come to a decision- often serving as the “room where it happens.”

In my previous positions, the decision-making process was done by a group in name only. We had one or two people that needed to be convinced, and what they

wanted was what happened. Well run value analysis committees follow a process that builds consensus. Concern for patients is the over-riding theme that guides the attempts to balance both the clinical and financial aspects of each decision.

The VA process supports network building, sometimes in simple ways, and the relationships and trust built through regular engagement with key clinicians pay off in the long run. I had an instance where I showed a physician how to submit a request to VAC. It did not take much time, but showing them how to submit requests on their own empowered them to proactively make additional requests. The physician was then prepared to show others in the department and support them. This interaction paid off on a future Strategic Sourcing effort where we were looking to standardize devices as part of an RFP. Because we had built a relationship over the VAC submission process, we trusted each other during the sourcing project and eventually had a successful outcome.

Apple has what they call a “functional organization”, where each function of the business reports directly to CEO Tim Cook, rather than separate business units divided by product or geography. The Apple method is described as “experts leading experts.” Each function has control over what occurs in their function, and the groups work collaboratively to make decisions. Leaders require deep expertise, immersion in the details, and a willingness to collaboratively debate. (Podolny and Hansen) This model seems to fit what Value Analysis Committees are trying to do. The members of the VAC represent wide and varied professions, each dedicated to the process, collaborating to make decisions. When the process

is done well it can pay off in a big way for health care systems.

No. 4: Project management is communication

My previous roles did not include much project management. When we decided to sell a new cookware product, we set par levels for each of our warehouses and stores, determined the price points, and placed orders. Implementing a new product for the airline industry mainly consisted of working with the manufacturer to make sure they had enough production capacity and lead time to meet the demand needs. Healthcare is much different, with strategic

overlooked or bypassed. Evidence is paramount for all healthcare decisions, and that carries over into the product implementation process. Stakeholders need to know how, when, and why something will be changing. Any changes need to be signaled well ahead of time and articulated in a way that makes everyone comfortable with the change.

Chip and Dan Heath are psychologists that have studied how to get people to change. Specific directives, including finding the bright spots of what is working, scripting the critical moves, and pointing to the destination play significant roles. Effective communication is at the heart of all of these. (2010)

Evidence is paramount for all healthcare decisions, and that carries over into the product implementation process. Stakeholders need to know how, when, and why something will be changing. Any changes need to be signaled well ahead of time and articulated in a way that makes everyone comfortable with the change.

sourcing and supply chain in the lead on most implementation projects. Coordination with internal logistics teams, distributors, manufacturers, clinical education, infection control, sterile processing, and the clinicians themselves puts supply chain in the middle of the action.

For the sake of our patients, no step in the implementation process can be

A useful process and tool that we developed to build trust, engage stakeholders, and ensure strategic alignment for sourcing initiatives is a pre-RFP category review. These are quick presentations that communicate the important information needed to get a sourcing event started the right way. We bring all the necessary information together in one place so that

we can have fruitful discussions and avoid misunderstandings among stakeholders. A typical presentation will include a current market-share breakdown, clinical and value analysis information, contract status, and benchmark pricing. After this information is communicated, the conversation undoubtedly turns toward RFP strategy and tactics, allowing stakeholders a chance to engage and take ownership for successful projects.

procedures. They have intimate knowledge of their devices and assist clinicians in times of need. Clinicians have a willing ear if they happen to mention a new or upgraded device. Additionally, many times, the reps have more knowledge of hospital administrative processes than clinicians, giving them an outsized influence on the decision-making process.

At the restaurant supply company, I made recommendations for which

smaller, lasted longer, and was easier to deploy – wins for both the patient and the clinician. As a sales tactic, company reps fanned out across our hospitals and showed the new device to our physicians without first talking to sourcing. Excitement for the new device put us in the awkward position of explaining to the physicians why the devices were not already approved, and how to gain approval. The reps pitted VAC and sourcing against the physicians, causing headaches for everyone involved.

With clear expectations and open communication, however, sales reps are a big help. During the implementation phase of a recent project, the reps were instrumental in educating staff and answering clinical questions, comforting those making the change. We lean on the reps to act as an extension of the sourcing team whenever we need to make a change. Collaboration benefits all.

For the most part, sourcing is sourcing – what changes are the products you are looking at. Stakeholder engagement, project management, negotiation skills, financial acumen, and supplier relationship management come into play in any industry. Healthcare is unique though, with nuances not seen in other industries. Taking time to reflect on the similarities and differences is a good way to remind myself why I chose healthcare and how I can look to improve. ■

We lean on the reps to act as an extension of the sourcing team whenever we need to make a change. Collaboration benefits all.

No. 5: Sales rep relationships are important

Dealing with manufacturer representatives are a fact of life for all sourcing managers. Healthcare seems to be a unique beast, however. The Institute for Supply Management certainly discusses good supplier relationship management techniques, (ISM) but those relationships are amplified in healthcare.

The differentiating factor for healthcare is that many reps are needed for

products to purchase, and the ultimate decision was made by the president of the company. At the airline company, sales reps could lobby the on-board experience decision-makers, but since everything was customized per airline, it was difficult to have a plug-and-play product. Both scenarios make it harder for reps to influence the process.

We recently ran into a situation where a device company came out with a new, upgraded device. The device was

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Mike Alkire



Q&A with Premier's Mike Alkire

Incoming Premier CEO Mike Alkire shares how the GPO has evolved during his career, plus how the past 12 months have changed the medical supply chain.

Premier (Charlotte, NC) announced in February that President Mike Alkire

will succeed Susan DeVore as CEO and continue to serve as president and a member of the board, effective May 1.

Alkire participated in a Q&A with *The Journal of Healthcare Contracting (JHC)*, covering his 18 years at Premier and the past 12 months of the pandemic. Alkire also answered questions about transitioning to the CEO role and Premier's trajectory for 2021.

***The Journal of Healthcare Contracting (JHC):* How have GPOs changed during your 18 years at Premier?**

Mike Alkire: The way that Premier has evolved is three-fold: Driving higher-committed contracting strategies

that result in best-in-industry pricing; technology-enabling supply chain to drive greater transparency and capture all non-labor spend of a health system; and creating strategies that vertically integrate the supply chain to drive opportunities for domestic manufacturing and reduce our health systems' dependence on China and other countries controlling certain markets.

Our members are now looking for Premier to aid them in evolving the supply chain away from an isolated, transactional purchasing activity and toward

a strategic and technology-enabled, enterprise-wide function capable of helping providers deliver better care, improve outcomes, enable population health strategies and lower costs.

Using robust data analytics, it's clear that we can increase cost transparency for providers to identify savings and efficiency opportunities. But the most effective partners are those that are providing innovative solutions that set health systems apart in their local markets and enable them to be successful and sustainable into the future. In addition, it's now crucial that we stay on top of policy and regulatory developments and marketplace dynamics to help resolve drug shortages, mitigate supply disruptions and optimize purchased services spend, among other activities.

As one example, Premier's generic drug sourcing program ProvideGx gives members access to more than 150 drugs that are or have been recently designated as shortage drugs – and has successfully protected supply even as demand surged more than 150% during COVID-19. A unique model in the market, ProvideGx aggregates demand from U.S. hospitals and engages manufacturers in long-term committed buying contracts, providing the surety they need to increase production or move into new markets. We also continue to focus on meeting our members' personalized needs, including the development of purchased services, oncology and pediatric-specific GPOs.

The pandemic exposed other significant supply chain gaps, such as availability of supplies for the non-acute space. In June 2020, 83% of alternate site providers reported not having their PPE needs met by traditional med-surg distributors due to allocations.

Further, we are leading the value-based transition from the population health space into supply chain. As the market continues to incent healthcare providers to improve outcomes, suppliers are raising their hands to go at risk with hospitals and guarantee their products' performance. And hospitals, for their part, are looking for more value-based

contracting opportunities – 95% of integrated delivery networks are interested in and/or ready for these types of contracts, according to a November 2020 Premier survey. We actively work with our members to develop and deploy a data-driven value-based contracting approach that aligns with their priority needs and organizational goals.

Hospitals and health systems across the nation are also leveraging supply chain and performance improvement technology to drive organizational decision-making, standardize care and eliminate variation. For example, one prominent health system identified \$80 million in savings per year over the next five years

by minimizing care variability using Premier's platforms. This technology is propelling supply chain automation as well, from vendor sourcing and contract management to e-payable capabilities, which are poised to create significant efficiencies and save providers millions.

Alongside the continued evolution of health care, Premier has grown into a

service-oriented partner and health care technology and improvement company with our industry-leading portfolio, advanced technology and data platforms, best-in-KLAS consulting team and member-driven collaboratives – delivering cutting-edge solutions for our members and enabling the transformation that drives the industry forward.

JHC: How have the past 12 months changed the trajectory of GPO priorities going forward?

Alkire: I, personally, never want to see another scenario where health care providers can't get access to the vital PPE and supplies needed to protect their frontline workers and care for patients. A primary focus for us has, and will continue to be, ensuring that we have a much more resilient supply chain. That requires innovative strategies and creative partnerships that lower barriers to entry and drive stable supply. A resilient supply chain would reduce our dependence on China and other countries that have controlled the market in certain categories.

We are leveraging the power of data and ongoing dialogue with our members to drive greater supply diversity and capacity – increasing the production of masks, gloves and other PPE both globally and here at home. For example, when PPE demand surged in the spring of 2020, we identified seven global suppliers to secure 36 million masks and respirators and 16 million gowns from March to May 2020. Data also informs our approach to domestic manufacturing investments, including those with Prestige Ameritech and DeRoyal Industries Inc., leveraging insights that show supplies most at-risk and where we can scale up to meet member needs. The result was our members



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managed through the supply shortfalls far better than other hospitals.

The pandemic exposed other significant supply chain gaps, such as availability of supplies for the non-acute space. In June 2020, 83% of alternate site providers reported not having their PPE needs met by traditional med-surg distributors due to allocations. As a result, we are now thinking more critically about how we ensure product access across the broader health care spectrum – and trusted e-Commerce platforms are serving as a critical channel for providers that cannot consistently order from distributors. Premier's online health care marketplace stockd® has helped meet the need, offering an easy-to-use, accessible platform for providers and other industries to find vetted and reputable products.

Enhancing our AI and predictive technology capabilities is another key focus area. For example, early in the pandemic, we upgraded our technology to overlay predictive modeling with clinical surveillance and supply chain data. This enabled providers to predict caseload surge and model the supplies they would need to handle them. We're only scratching the surface, and technology and predictive analytics will be even more critical to supply chain operations moving forward.

Greater public-private collaboration is also vital, and Premier will continue to work closely with government stakeholders at the federal, state and local levels to build supply chain resilience. Specifically, we are engaged with the FDA to ensure supply chain transparency, from basic raw materials to finished goods. We are working with federal and state agencies to dynamically allocate products based on inventory levels and predictive usage patterns to

stabilize the need for stockpiling. For U.S. Infrastructure 2.0, we are working with Congress to bring additional domestic manufacturing of PPE and generic drugs to the U.S. where it makes long-term sense. And we will continue to build out our syndromic surveillance capabilities using clinical data sets and natural language processing to interpret unstructured EMR data, flagging certain conditions or disease based on this data.

We are working with federal and state agencies to dynamically allocate products based on inventory levels and predictive usage patterns to stabilize the need for stockpiling.

Our members need high-quality supplies, sourcing and expert supply chain management. They also need to efficiently manage costs, while simultaneously delivering safe and effective patient care or other services. Across the Premier organization, we are continuously innovating and partnering with our members to meet these goals.

JHC: How does your role as President define your role as incoming CEO?

Alkire: I am so honored and humbled to succeed Susan and look forward to leading Premier and its talented employees during such an important time for the health care industry. Susan's many accomplishments in her 18 years with

Premier have left an indelible mark on health care – and I know we'll continue her legacy of strategic evolution and innovation with a member-focused mindset. I started with Premier back in 2003 and served as chief operating officer before assuming the role of president in 2019. We've been innovating and evolving our Performance Services business, and adding machine learning and AI into our analytics to embed insights into

the EMR at the point of care. Additionally, we've launched our direct sourcing subsidiary as well as developed strategies around our Applied Sciences partnerships to target appropriate usage of innovation in both the pharmaceutical and medical device markets. We've created collaboratives that have helped our health systems outperform their peers. This on-the-ground work and collaboration with the Premier team and our members has given me the experience, passion and vision to lead and execute on the future.

As President and now incoming CEO, my dedication remains to propel our pioneering strategies and innovations to drive down pharmaceutical, medical device and

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supply pricing; technology-enabling and vertically integrating the supply chain; and enabling better patient care and outcomes. As I told the Premier employees when the CEO transition was announced, our vision, mission and values are strong. What we need to do now is execute and continue to innovate – and that’s where my focus lies.

In today’s health care environment, AI and machine learning are increasingly deployed to automate vital business functions and support complex clinical decision-making. Premier offers predictive analytics and clinical decision support in real time to serve member needs, ranging from clinical interventions to improving supply chains.

At this point, I plan to accelerate value delivery to our members and partners. And I intend to do so in three principal ways, largely relying on technology enablement: I want to remove all the waste out of health care (up to 30% of today’s costs). Evidence-based, AI-enabled guidance in workflows will ensure care is appropriate and that clinical, administrative and supply waste is removed.

Modernize and tech-enable the supply chain so that we have efficient automation of manual tasks, as well as visibility, transparency and resiliency baked into the system. Providing the technologies and expertise necessary to succeed in

value-based care, including clinical decision support to ensure the highest quality outcomes demanded by payers, employers and patients alike.

JHC: What initiatives are you energized about for this upcoming year?

Alkire: I’m excited that we have opportunities to leverage our unique data sets,

technology and infrastructure to drive down prices of supplies for our members. And I’m particularly excited about, and focused on, our multifaceted technology investments that help our members deliver better care, lower costs and improve patient outcomes.

In today’s health care environment, AI and machine learning are increasingly deployed to automate vital business functions and support complex clinical decision-making. Premier offers predictive analytics and clinical decision support in real time to serve member needs, ranging from clinical interventions to improving supply chains.

During COVID-19, for instance, we rolled out syndromic surveillance technology that leverages AI and machine learning to track disease symptoms and enable communities to predict hospital utilization, geographic surges and associated resources. We are working with coalitions of providers in various states to deploy this technology, which will be critical to both our continued management of COVID-19 disease spread as well as streamlining the prior authorization process and improving health system performance overall.

We are also leveraging technology to better align health systems with employers and their health plans. Our subsidiary Contigo Health is focused on increasing engagement with employer health and wellness programs and delivering insights to clinicians through intelligent clinical workflow technology – guiding informed care choices with the latest evidence-based practices. There is significant opportunity looking ahead for health systems and employers to innovate together in harmony with their health plans.

Lastly, there is more work to be done on shoring up the supply chain and access to PPE and health care supplies. Together with our members, we currently have the two joint ventures under our belts for face masks and isolation gowns to help ensure that critical health care products are insulated from shortages. Moving forward, we’re planning to address critical supply needs through similar partnerships with members in other product categories. Overall, this direct-to-manufacturer investment approach is primed for advancement as it supports the delivery of difficult-to-source, high-quality products while improving supply chain efficiencies and transparency.

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Susan DeVore: A Legacy of Innovation



After nearly 18 years of service and 12 years as CEO, Susan DeVore is retiring from Premier and its board of directors, effective May 1. DeVore will remain with Premier through June 30 and continue as an advisor to the company for two years afterward. Premier President Michael Allkire will succeed DeVore and serve as president, CEO and a member of the board.

Under DeVore, Premier has been named as one of the “World’s Most Ethical Companies” for the past 11 years, received the Malcolm Baldrige National Quality Award and earned the “Best in KLAS” title for Overall Healthcare Management Consulting.

DeVore participated in a Q&A with *The Journal of Healthcare Contracting (JHC)*, reflecting on her successful tenure at

Premier as well as how the company is positioned for 2021 and beyond.

***The Journal of Healthcare Contracting (JHC):* What one thing makes you most proud of your organization based on the past year?**

Susan DeVore: I am most proud of the ways our members have partnered with

us to find truly innovative solutions to the biggest problems facing healthcare and our nation during the COVID-19 pandemic.

Shortly after the pandemic hit, Premier worked with our members to develop and roll out a COVID-19 early detection app. The app leverages electronic health records (EHRs) from 200,000 U.S. healthcare providers across more than 400 hospitals to provide early warning capability, forecast surges and help providers plan strategic, coordinated responses. Our quick deployment of this technology enabled our members to predict case surge, prioritize supply and adjust therapies for COVID-19 patients.

Another critical goal at the onset of COVID-19 was to source vital PPE and other much-needed supplies – and quickly – for our members, their frontline workers and patients. Our direct sourcing team works directly with suppliers to increase global PPE manufacturing and has continued to supply products for members at or above 100% allocation levels – securing sourcing for 130 million masks and 50 million gowns in 2020 alone.

We have fast-tracked supplier contracting for categories experiencing product allocation or shortage, brought on 100 new suppliers since the pandemic hit, and leveraged this expedited sourcing process to safely vet gray market solicitations on behalf of our members.

Our members are also partnering with us to pursue targeted investment opportunities in categories that lack adequate

competition, geographic diversity or stable sources of contingency supply. Our syndicated model, backed by long-term purchasing volume, promotes market competition and offers domestic product options for providers where they did not exist previously.

For example, we and several our members acquired a minority stake in Prestige Ameritech, the nation's largest domestic producer of face masks. As of December 2020, the company is making 5 million masks per month and 52 million other PPE products annually. To expand domestic production of isolation gowns, we created a joint venture with our members and DeRoyal Industries Inc., and we expect this partnership to produce over 40 million U.S.-manufactured gowns annually. Through long-term committed buying contracts, our generic drug sourcing program ProvideGx is ensuring access to vital medications for our members, maintaining historic 100% fill rates for 10 critical pandemic drugs, despite 150% surge demand in some cases. We rely on a differentiated, data-driven approach to these investments, prioritizing those that will quickly satisfy the greatest needs, at scale.

I am tremendously proud of our nation's healthcare providers who have persevered through hardships over the past year, putting the personal safety of themselves (and often their family and loved ones) at risk to deliver on the mission of caring for our communities. And I am proud of Premier's partnerships with our members – providing them access to insights that help them avoid surprises, get needed supplies and develop long-term solutions to supply shortfalls that protect communities across the nation.

JHC: Looking back, what have been the biggest changes to healthcare during your tenure?

DeVore: Data and technology have experienced the biggest changes. When I began my tenure as CEO 12 years ago, data and technology were in use, but providers were still learning how to mine it for opportunities. Now, with the proliferation of healthcare data available and technology optimized with artificial intelligence (AI) and machine learning, the healthcare landscape is changing significantly. For example, today, Premier members have access to data on more than 1 billion inpatient and outpatient encounters from over 1,000 hospitals and health systems as well as clinical decision support and real-time clinical surveillance at the point of care – all of which are enabling lower costs, enhanced quality and improved outcomes. These advancements will continue to shape healthcare well into the future.

strategies and using it to expand access, including into rural or underserved areas. It has been rewarding to watch this technology that has been long-talked-about, and slowly tapped, suddenly proliferate. And it shows that healthcare does have the ability to move and adapt quickly.

The growth in value-based care over the last decade has been exciting to watch and expand, and it is an area in which I also anticipate acceleration; COVID-19 has clearly yielded a greater propensity for providers toward risk-based models. During the pandemic, Premier found that participants in alternative payment models (APMs) heavily relied on population health capabilities to manage the pandemic, leveraging partnerships across the care continuum, as well as claims data, to coordinate patient care more rapidly than their counterparts.

Similarly, direct-to-employer contracting is a model the industry has been

It is shocking in an era of credit cards, wire transfers and Venmo, that well north of 80% of all healthcare purchasing is done manually, using paper checks.

COVID-19 has also served as a catalyst for positive and broad transformation in the U.S. health system. For example, telehealth was long described as a gamechanger in the delivery of care, yet its adoption remained underutilized in most markets due primarily to payment and policy restrictions – until last year, of course. Now, we are partnering with our members to broaden their telehealth

working toward over the last decade and is now on the rise. As health systems assume accountability for the health of their communities, a market has been born that is ripe for new partnerships between local health systems and national employers in their community to resourcefully and effectively manage wellness and overall healthcare costs. Together, they are bypassing traditional

third-party payers to pursue a new type of healthcare financing and delivery model.

And given the prevailing discussion about reforming the healthcare supply chain, a new change on the horizon in 2021 will be policy that incentivizes domestic manufacturing as well as efforts to gain upstream and downstream visibility into the supply chain.

JHC: What has remained the same?

DeVore: As much as I have seen the healthcare system evolve, it is still plagued with manual, burdensome and expensive processes that lead to inefficiencies, higher costs and delayed care or patient harm. About a quarter of total healthcare spending in the U.S. is waste, according to studies, with failure of care delivery and care coordination accounting for up to \$240 billion. The key to eradicating low-value healthcare is knowing exactly which interventions should be undertaken and those that should not.

Take, for example, prior authorizations (PAs). In today's tech-driven world, the PA process is still largely a manual one for payers, providers and patients alike. There are solutions that can solve for this, such as electronic PA, that streamline the approval process for imaging, reduce waste and improve patient access to care – and slowly, these technologies are beginning to spread.

As another example, research shows that automated invoicing and automated payments can improve transaction compliance and speed up how quickly providers are paid by their vendors. It is shocking in an era of credit cards, wire transfers and Venmo, that well north of 80% of all healthcare purchasing is done manually, using paper checks. And each one of those checks is expensive to

process – \$7 or more. Automating that process alone could save providers millions of dollars. As providers and payers look to gain efficiencies, I expect to see more technology-enablement across the healthcare setting.

About a quarter of total healthcare spending in the U.S. is waste, according to studies, with failure of care delivery and care coordination accounting for up to \$240 billion.

JHC: How do you think Premier is positioned to help members in 2021 and beyond?

DeVore: Uniting an alliance of more than 4,100 U.S. hospitals and health systems and approximately 200,000 other providers and organizations, Premier and our members are transforming healthcare.

From supply chain solutions, integrated data and analytics, collaboratives, consulting and more, we have built a successful, mission-driven healthcare company that is focused on delivering innovative solutions to our members

that help them deliver better care, improved outcomes and lower costs. Premier has a strong foundation, and the company is well positioned to advance these strategic objectives.

We have continuously proven our ability to innovate, evolve and move the ball forward to meet our members' needs and drive industry transformation. With research demonstrating the struggles with U.S. maternal health outcomes, we are partnering with the U.S. Department of Health and Human Services (HHS) Office of Women's Health to leverage our technology and data to analyze risk factors and develop plans to address. As the nation saw COVID-19 cases surge last spring, we rolled out a syndromic surveillance app that is now helping health systems more quickly identify community cases and spread. And as providers continue to struggle in accessing PPE, together with our members, we are making vital investments to bring more manufacturing back to America and meet the needs of hospitals, front-line workers and patients.

As President and now incoming CEO, Mike Alkire will continue to oversee Premier's ongoing strategic evolution with a member-focused mindset. Over his nearly 17 years with Premier, Mike has been instrumental in developing, building and executing Premier's strategy, and he has played a key role in driving the company's growth and success.

For me personally, it has been an honor and privilege to be a member of the Premier family. I am proud of all that we have accomplished, and I thank Premier's employees for their dedication, passion and focus on serving our members and other customers to improve the health of our communities. ■



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Temperature Checks

Demand for thermometry products spiked amid the pandemic.

How the nation's leader worked to balance critical orders with traditional supply.



The thermometry business has long been a staple of a healthcare provider's product needs, whether it be hospital departments or alternate site offices. Hillrom, the market leader in the United States, has built up a solid customer base fulfilling product orders – replacements for older thermometers, orders for a new office or hospital wing, etc. Traditionally, the demand has been predictable and easy to forecast.

However, COVID-19 turned all that upside down. Within a short period of time, calls came in for rush orders, preparedness orders, and requests from regular customers who wanted an unprecedented amount of product. “In some of our categories, we ended up getting 10 years’ worth of orders in a matter of a couple weeks,” said Sean Karla, director, Marketing – Physical Exams and Diagnostics, Hillrom.

Hillrom was determined to get all available product to healthcare providers as quickly as possible. The challenge was determining which orders coming in were critical, and which were simply for preparedness.

First, the manufacturer relied on its field sales force to gauge the needs of its customer base through proactive outreach. Next, instead of its automated process, Hillrom went to manual allocation, making tough choices of how the product and supply would be divided among a global customer base. There was also increased communication with distributors so each part of the supply chain could have better visibility into the needs of end users.

For existing customers, Hillrom used historical run-rates to fulfill orders. The manufacturer also wanted to be agile enough to expedite requests from hotspots, such as New York, Arizona and California. Each week – practically

each day – was different. Its operations and sourcing teams worked around the clock to fill all types of requests, including an unprecedented number of drop-ship orders coming via distributors. “More often than not, we were able to put out fires and help customers when they were in really critical situations,” Karla said.

Indeed, the pandemic really pressure-tested Hillrom’s supply chain. As a result, the company now has more duplicate sourcing options for certain product components, and a better forecast for demand overall. The company also developed and refined new systems and internal tools to safeguard against situations similar to what the healthcare industry went through in 2020.

“Our supply chain is more robust than it’s ever been,” Karla said.

It will need to be, as the market for thermometry products has expanded. While the company’s focus in the early days of the pandemic was on its traditional healthcare customers, non-healthcare customers from businesses such as hospitality and restaurants have been inquiring about thermometry products and supplies. Facilities, schools, airports, warehouses, factories – the list of settings that will now need temperature checks is nearly limitless.

“That’s a good thing for community public health purposes,” said Karla, “and it poses an opportunity for us to make future-focused changes within our business to make sure we’re able to help those customers, while meeting the needs of our traditional healthcare partners.” ■



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Two Things People Get Wrong About Purpose



All the cool kids have purpose. Or so it seems. As more organizations begin to adopt corporate purpose statements, we see announcements on social media, a push for purpose-driven hiring, and CEOs deliver inspirational townhalls.

Yet for many front-line leaders, keeping an aspirational purpose alive in the cadence of daily business is challenging. Much like keeping your fitness goals or parenting aspirations front and center during a pandemic, an aspirational purpose sounds great on your best day, but in

the face of stress and uncertainty, it often falls by the wayside.

The economics of pointing an organization towards a higher purpose have been well documented. Aligning your team around a noble purpose bigger than money drives greater employee

engagement, better customer retention, and improved competitive differentiation, all of which translate into better financial performance.

After working in the purpose space for over decade, helping more than 200 firms and authoring the two seminal books about Noble Purpose in business, I've observed two common misperceptions that keep organizations from reaping financial and emotional rewards of purpose.

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References: 1. Nelson R, Samore M, Smith K, et al. Cost-effectiveness of adding decolonization to a surveillance strategy of screening and isolation for methicillin-resistant *Staphylococcus aureus* carriers. *Clin Microbiol Infect.* 2010;16(12):1740-1746. 2. PDI *in vivo* Study 0113-CTEVO.
*Healthcare-associated infections



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1 Purpose is purely about philanthropy

Yes, you can and should use your purpose to make the world a better place. Yet, if your team thinks your purpose is about charity or simply doing good in your community, it will get sidelined. Fast. To ensure that your purpose drives your organization, it must sit at the center of your commercial model.

This ensures that everyone in the organization understands their role in delivering the purpose. Our counsel to clients is activate your purpose with your customers and employees before zooming in on philanthropy. You want to ensure you have concrete methods for delivering on your purpose inside your business model.

Activate your purpose with your customers and employees before zooming in on philanthropy. You want to ensure you have concrete methods for delivering on your purpose inside your business model.

For example, when a banking client of ours landed on the purpose “We improve financial health,” one of their first actions was to create tools to help their customers assess their baseline financial health and harness their analytics to help their customers anticipate roadblocks that may hinder their financial health. This tells the team and their customers: Our purpose, the impact we have on customers, is the foundation of every action we take.

We trained their sales team to focus on the customer’s financial health during sales calls, and managers, even if they never interacted with customers directly, were trained to identify the impact their team had on the customer’s financial health.

ACTION: Train your sales team and front-line employees to activate your purpose with customers.

2 Purpose can’t be measured

Revenue and profit are front and center metrics, but they’re actually lagging indicators. They’re the results of the beliefs, behaviors, and words many months ago. To assess a more qualitative pillar like purpose, organizations must look towards leading indicators. You want to add metrics that help you predict the future, not just measure the past.

You can measure progress against your strategic purpose by assessing your impact on customers and employees. The

World Economic Forum recently released a comprehensive set of 21 Stakeholder Capitalism Metrics firms can incorporate into their scorecard.

In our experience with clients, we find that layering on even a single metric for purpose can shift your strategic north. One of our clients is an IT firm whose purpose is simply, “We help make small businesses more successful.” When they began measuring how much time they were saving their clients, team performance soared. Instead of focusing internally on their own results, the team focused outwards on how they made a difference to clients. The leading indicator – time we saved clients – helped them both predict and influence the lagging indicators, like productivity, and ultimately revenue.

ACTION: Choose one simple metric to assess progress against your purpose, even if it’s imperfect and anecdotal.

The world is changing. Brian Stafford, host of the recent World Economic Forum: Measuring Stakeholder Capitalism and CEO of Diligent says, “There’s an evolution towards stakeholder capitalism, when the business round table shifted and made that part of their stated purpose, it allowed CEOs and boards to put a different framing from around what the goals are.”

The way we measured success in the past will not be how we measure success in the future. If you want to reap the reward of purpose, make it the center of your business and measure your progress. ■

Lisa Earle McLeod is a leading authority on sales leadership and the author of four provocative books including the bestseller, *Selling with Noble Purpose*. Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales organization. Her NSP is to help leaders drive revenue and do work that makes them proud.

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Health news and notes

Butter or margarine?

And if margarine, stick or tub?

Margarine is made from vegetable oils, so it contains unsaturated “good” fats – polyunsaturated and monounsaturated fats, according to Mayo Clinic. These types of fats help reduce low-density lipoprotein (LDL), or “bad,” cholesterol when substituted for saturated fat. Butter, on the other hand, is made from animal fat, so it contains more saturated fat. But not all margarines are created equal. Some margarines contain

trans fat, which, like saturated fat, increases blood cholesterol levels and the risk of heart disease. In general, the more solid the margarine, the more trans fat it contains. So stick margarines usually have more trans fat than tub margarines.

Better you know

Up to 1.6 million (or about 1 in every 100) women and girls in the United States have a bleeding disorder, many

undiagnosed. Bleeding disorders, such as hemophilia (and von Willebrand disease, or VWD) are conditions in which specific proteins in the blood are missing or do not work properly, making it hard for the blood to clot. The National Hemophilia Foundation in partnership with the Centers for Disease Control and Prevention have launched “Better You Know,” a campaign to raise awareness of bleeding disorders among women and girls.



Obesity outmaneuvers cancer

Obesity has been linked to increased risk for over a dozen different types of cancer, as well as worse prognosis and survival, according to Harvard Medical School. Over the years, scientists have identified obesity-related processes that drive tumor growth, such as metabolic changes and chronic inflammation, but a detailed understanding of the interplay between obesity and cancer has remained elusive. In a new study in mice, Harvard Medical School researchers have uncovered a new piece of the puzzle, with implications for cancer immunotherapy: Obesity allows cancer

cells to outcompete tumor-killing immune cells in a battle for fuel. The findings, published in the journal *Cell* on Dec. 9, reveal that a high-fat diet reduces the numbers and antitumor activity of CD8+T cells – a critical type of immune cell – inside tumors.

Stress and heart health among women

How a woman feels about her roles at home and at work during midlife can affect several factors that influence her heart health. A study, published Dec. 11 in the *Journal of the American Heart*

Association, found that women who felt more stressed at their jobs or in their roles as caregivers, mothers and spouses had greater odds of having high blood pressure, being overweight and not eating a healthy diet. Conversely, those who felt their roles were more rewarding were substantially more likely to be physically active and to not smoke. And that can potentially help their heart health, said lead author Andrea Leigh Stewart. Still to be answered: Do the stress and rewards influence a woman's heart-healthy behaviors, or do those behaviors affect her feelings about her roles?

Smile (even with a mask), and your baby smiles with you

In the neonatal intensive care unit at Oregon Health & Science University's Doernbecher Children's Hospital, COVID-19-related restrictions meant that everybody visiting infant patients had to wear a mask, according to a report in *Portland Monthly*. Registered nurse Mollie Poor noticed the toll it was taking. She recalls one baby who had been born prepandemic but was still being treated when the restrictions came into place. “[The baby] had been smiling, and after a lot of prolonged mask use [by parents and the care team] she stopped smiling as much because she never saw anyone smiling back.” The NICU implemented clear masks, which have a foam rim sealing the nose and chin, but which give parents the ability to connect and smile with their babies. “[For] a lot of moms holding their babies for the first time, or breastfeeding, being able to smile down at their babies has been pretty impactful on them,” she says. ■

Intermountain Healthcare Laboratories Process More than 1 Million COVID-19 Tests

In early February, Intermountain Healthcare announced it has reached a unique COVID-related medical milestone: the health system just surpassed more than 1 million COVID-19 test results processed – a milestone reached nearly a year after the virus was identified in the United States.

“This milestone highlights the important role laboratories have played in combating COVID-19 and keeping the public safe,” said Karen Brownell, assistant vice president of laboratory services at Intermountain Healthcare.

“I’m so proud of what our caregivers have accomplished,” said Brownell. “From our curbside caregivers who collected samples in triple digit heat and the freezing cold, to our lab caregivers and scientists across the Intermountain Healthcare system who process samples 24 hours a day, we’ve met the challenge head on to serve the community.”

COVID-19 tests are processed at Intermountain’s Central Laboratory on the campus of Intermountain Medical Center in

Murray and at Intermountain hospital laboratories throughout the state.

Intermountain Laboratory Services completed the one-millionth COVID test result on Jan. 28.

Currently, the Intermountain Central Lab can perform more than 7,000 tests per day, and more than 90 percent have results within 24 hours. It was a different story back on March 13, 2020, when the lab began processing the first COVID-19 tests that arrived to be completed.

On that first day, the laboratory team performed 14 tests. By mid-week, they were up to 204 tests a day. Initially, a lack of available testing supplies and equipment made it difficult to expand the lab’s capacity. Every time different supplies or new tests were introduced, laboratory clinicians had to develop new rigorous processes to ensure accuracy before it could be used.

Bert Lopansri, MD, associate medical director for infectious diseases and medical director for microbiology for Intermountain Healthcare, says that in his many years of medicine he’s never seen such a stress on supply chains across the globe as the COVID-19 pandemic created in 2020.

“The demand for supplies worldwide was unprecedented and it hindered our ability to ramp up testing,” said Dr. Lopansri. “Thanks to our partnerships with the state lab and ARUP Laboratories we worked together to share supplies and ensure we could process samples to meet the needs of the community.”

Read more at: <https://intermountainhealthcare.org/news/2021/02/intermountain-healthcare-laboratories-process-more-than-one-million-covid19-tests-results>.





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