

The Journal of
Healthcare
C O N T R A C T I N G

Providing Insight, Understanding and Community



Dealing with Inflation

Verify the Insulation Integrity of Electrosurgical Equipment

Detect & locate defects such as pinholes, cracks and bare spots in the jacket or coating of laparoscopic and bi-polar electrosurgical instruments



Lightweight
Portable Unit



Safe To
Operate



Rechargeable
Battery



Simple
Functionality



LED Display
& Indicators



Greatly Reduce Unintended Tissue Burns During Electrosurgical Procedures

The Insulation Tester tests for flaws in protective coatings applied over conductive instrument surfaces in order to prevent inadvertent tissue burns, which may occur during electrosurgical instrument procedures.

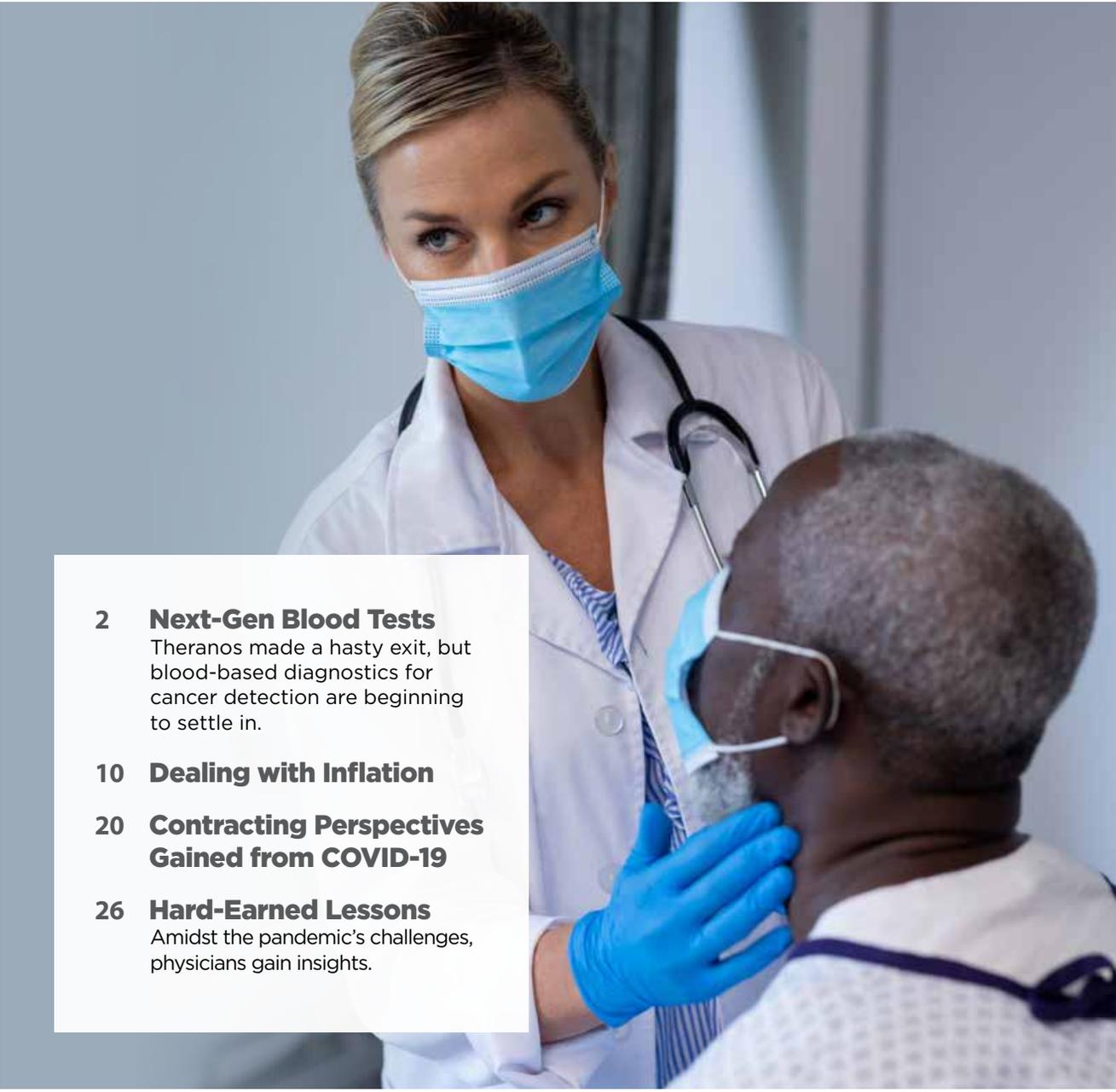


INTELLIGENT SOLUTIONS FOR
INSTRUMENT CARE & INFECTION CONTROL

HMARK.COM | 800.521.6224

For more of Healthmark's intelligent solutions for instrument care & infection control, visit

HMARK.COM

- 
- 2 Next-Gen Blood Tests**
Theranos made a hasty exit, but blood-based diagnostics for cancer detection are beginning to settle in.
- 10 Dealing with Inflation**
- 20 Contracting Perspectives Gained from COVID-19**
- 26 Hard-Earned Lessons**
Amidst the pandemic's challenges, physicians gain insights.

The Journal of Healthcare Contracting is published bi-monthly by **Share Moving Media**
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

DIRECTOR OF BUSINESS DEVELOPMENT
Anna McCormick
amccormick@sharemovingmedia.com

EDITOR
Graham Garrison
ggarrison@sharemovingmedia.com

SENIOR EDITOR
Daniel Beaird
dbeaird@sharemovingmedia.com

ART DIRECTOR
Brent Cashman
bcashman@sharemovingmedia.com

CIRCULATION
Laura Gantert
lgantert@sharemovingmedia.com

The Journal of Healthcare Contracting (ISSN 1548-4165) is published bi-monthly by Share Moving Media, 1735 N. Brown Rd. Ste. 140, Lawrenceville, GA 30043-8153. Copyright 2022 by Share Moving Media All rights reserved.

Please note: The acceptance of advertising or products mentioned by contributing authors does not constitute endorsement by the publisher. Publisher cannot accept responsibility for the correctness of an opinion expressed by contributing authors.

Next-Gen Blood Tests

Theranos made a hasty exit, but blood-based diagnostics for cancer detection are beginning to settle in.



How's this for a worthy goal: To quickly, conveniently and inexpensively conduct dozens of tests with one drop of blood! At home!

We all know the rest of the story.

Well, Theranos may have fallen victim to haste and deceit, but blood-based diagnostics for cancer detection through genomic profiling is no empty promise. Questions remain about its impact on outcomes and cost, and it's way too early to say if it will enter the physician's office, or be used for routine screening, or yield results at the point of care. But some experts believe these things may someday be possible.

Genomic profiling is a laboratory method used to learn about the genes in a person or in a specific cell type, including cancer biomarkers. (Genes are pieces of DNA that hold the codes for making proteins – the instructions that make the body run.) The genes in our cells – about 30,000 of them in total – make up the genome. Changes to genes called mutations can make a person more likely to get cancer.

Biomarkers (sometimes called tumor markers) are genes, proteins and other substances that can provide information about cancer. Each person's cancer has a unique pattern of biomarkers. The promise of genomic profiling is to spot cancer biomarkers early, target the cancer with specific therapeutics matched to those biomarkers, and gauge the progress of treatment. That is the essence of what is called precision, or personalized, medicine. For example, people with cancer that has genetic changes in the



A respirator built for healthcare



Canopy excels where it matters most.

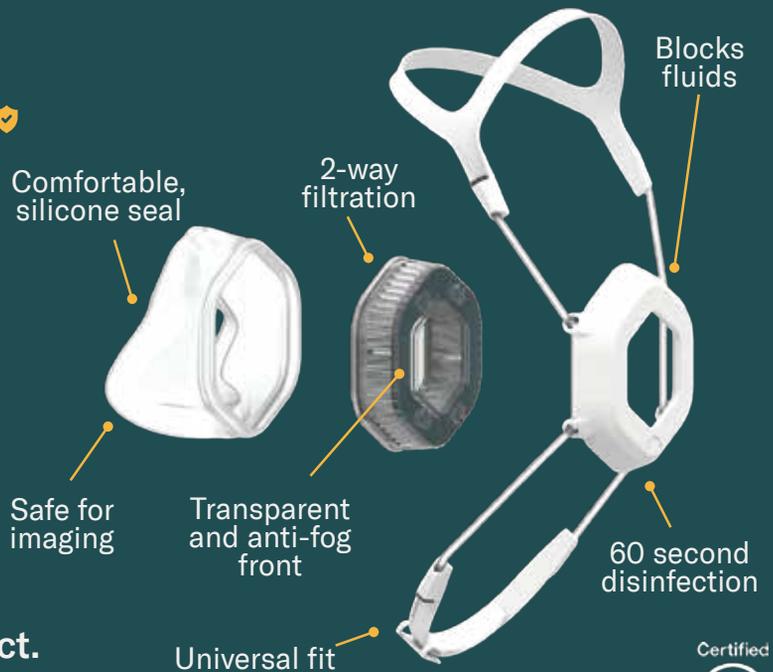
Improved safety & workforce retention

50% cost reduction

95% waste reduction

Inclusive, transparent front

90% USA manufactured



We're in the business of positive impact.

ONECANOPY.COM
CARE@ONECANOPY.COM



EGFR (epidermal growth factor receptor) gene may be treated successfully with EGFR inhibitors.

Tissue or blood biopsy?

“Next generation sequencing” of a tumor – a technology that can sequence an entire human genome within a single day – is the gold standard for molecular profiling, according to the American Society of Clinical Oncology. (To “sequence” DNA means to determine the order of the four chemical building blocks, or bases, of the DNA molecule – adenine, thymine, cytosine and guanine. The sequence tells scientists the kind of genetic information that is carried in a particular DNA segment.)

‘The pace of biomedical engineering and discovery is fast. But we’re at the ground floor. None of us know what the real performance of these tests will be.’

As applied in traditional tissue biopsies, next-generation sequencing allows the clinician to compare tumor DNA with normal tissue DNA. But not all patients can get a tissue biopsy, either because the tumor is inaccessible or lacks adequate tissue, or the patient is too sick for such a procedure. In such cases, a noninvasive approach, which can identify circulating tumor DNA, or ctDNA, in blood, is an appealing alternative. Circulating tumor DNA is extracellular DNA from cancer cells that have undergone cell death.

The Food and Drug Administration approved the first liquid biopsy test – the cobas® EGFR Mutation Test v2

(Roche Molecular Systems Inc.) – in June 2016. The test uses plasma specimens for the detection of epidermal growth factor receptor (EGFR) gene mutations in ctDNA of patients with non-small-cell lung cancer. The test identifies patients who may be candidates for treatment with erlotinib (Tarceva®A) and osimertinib (Tagrisso®), targeted therapies that attack cancer cells with EGFR mutations.

“In my opinion, tissue biopsies and liquid will be complementary,” Daniel Hayes, M.D., FASCO, FACP, Stuart B. Padnos Professor of Breast Cancer Research, University of Michigan Rogel Cancer Center, told *Repertoire*. A tissue biopsy yields more cells, which improves accuracy, he says. “But the downside is, it demands a biopsy. If it’s on your skin,

that’s one thing; but if it’s in your liver or lung, that’s a very big deal. The other problem is, you only get results of the tissue that is biopsied. We’ve known that within a breast – even within the same tissue – cancer can be heterogeneous, meaning some cells are cancerous, some are not.

“Finally it’s difficult to do serial tissue biopsies, because, by definition, there’s nothing to biopsy in a person who is free of disease. So they are not helpful for monitoring the progress of treatment.”

Liquid biopsies, on the other hand, are convenient to administer, facilitate serial monitoring, and offer a snapshot

of the patient’s entire tumor burden, he says.

Sandip Patel, M.D., associate professor, University of San Diego Moores Cancer Center, says that today, some biopsies can only be performed reliably with tissue. Liquid biopsy offers advantages in instances where detection of biomarkers isn’t feasible based on the distribution of disease, e.g., in bone or the brain. Both tissue and plasma biopsy methods continue to progress, he adds. “There’s a rising tide for both boats. I foresee complementary usage of both.”

Where do we go from here?

Since that first FDA approval in 2016, researchers continue to develop applications for liquid biopsy. FoundationOne Liquid CDx from Cambridge, Massachusetts-based Foundation Medicine is said to be capable of analyzing over 300 genes from two tubes of blood, plus MSI and blood tumor mutational burden (bTMB), both of which are genomic signatures that can help predict whether a patient might respond to immunotherapy. In addition, the company’s genomic profiling test was FDA-approved to identify prostate cancer patients likely to respond to Lynparza® (olaparib) or Rubraca® (rucaparib).

In January 2022, researchers at the University of Sussex in the United Kingdom reported identifying distinctive biomarkers in patient blood samples that may signal the presence of glioblastoma, the most common high-grade primary brain tumor in adults. The team identified biomarkers within extracellular vesicles, which are small particles secreted by all cells carrying different information, such as proteins or DNA.



Rewriting the rules on NPWT device management

The traditional NPWT rental model is full of abnormal administrative work and hidden costs which burden staff and decrease operational efficiency. Medela makes it easy with a payment model similar to your other reusable equipment.

Medela's innovative risk-share payment model provides:

- **Predictable spend:** Tailored billing based on your provided therapy days, regardless of utilization fluctuations
- **Optimized workflow:** No tracking devices, logging therapy hours, or reconciling invoices
- **Simplified inventory management:** No specialized pump reprocessing



We make NPWT easier.
Learn more at medelahealthcare.us

Meanwhile, South San Francisco, California-based Freenome and Redwood City, California-based Guardant Health are undertaking clinical studies on the effectiveness of liquid biopsies in detecting early-stage colorectal cancer.

Early cancer detection

The National Cancer Institute is supporting an initiative to advance the development and validation of liquid biopsy technologies that can detect early-stage cancers, distinguish cancer from benign conditions, and identify fast- and slow-growing cancers. Such tests could screen for early-stage cancer in high-risk individuals, such as those with hereditary cancer syndromes.

Meanwhile, The University of Texas MD Anderson Cancer Center reported in January that a blood test using a four-protein marker panel, combined with a risk model based on an individual's history, more accurately determined who is likely to benefit from lung cancer screening than current U.S. recommendations.

“We recognize that a small percentage of people who are eligible for lung cancer screening through an annual low-dose CT scan are actually getting screening,” Sam Hanash, M.D., Ph.D., leader of the McCombs Institute for the early Detection and Treatment of Cancer, was quoted as saying. “Moreover, CT screening is not readily available in most countries. So, our goal, for many years, has been to develop a simple blood test

that can be used first to determine need for screening and make screening for lung cancer that much more effective.”

In February, Menlo Park, California-based GRAIL announced an agreement with Point32Health, the combined organization of Harvard Pilgrim Health Care and Tufts Health Plan, to collaborate on a two-phased pilot of Galleri®, GRAIL's multicancer early detection blood test. GRAIL has reported that in a clinical study, the Galleri test detected more than 50 types of cancer, over 45 of which lack recommended screening tests today, with a false-positive rate of less than 1%. When cancer is detected, Galleri can determine the cancer signal origin with high accuracy, according to the company.

Monitoring cancer treatment response

Another potential application for blood-based diagnostics is monitoring progress – or lack thereof – of cancer treatment.

Because they are noninvasive and easily repeated, ctDNA-based liquid biopsies may be useful for monitoring patients' responses to therapy both during treatment and after it is completed, says NCI. Clinicians are hopeful that tracking a patient's response to treatment may allow adjustments to be made in real time. In other words, the treatment could be stopped or adjusted if the test indicates it is not working.

Imaging techniques such as CT scans are currently used to track treatment response for patients with certain cancer types, but they are not sensitive enough to detect small changes in tumor size and they tend to be costly, according to Mark Roschewski, M.D., of NCI's Center for Cancer Research.





Better Health. Better Future.

CoverSoft™ Disposable Apparel

Disposable solutions that
feel like real fabric

- Durable and extra soft material
- Provides optimal comfort and moderate coverage
- Lightweight and offers fluid protection
- Ideal for staff, patient, and visitor use



With safety at the forefront, Dukal's vast portfolio of infection control apparel is designed to provide comfort, durability, and protection. Products include a variety of personal protection solutions, including gowns, disposable scrubs and coveralls, patient exam wear, lab coats, and face masks.

Serving the healthcare community for over 30 years, the well-being of patients and all who serve them is at the heart of what we do.

**Find our full line of
products at [dukal.com](https://www.dukal.com)**

As a leader in the development and manufacturing of medical products, we partner with healthcare professionals to launch innovative solutions to unmet clinical needs.

As a potential alternative, Dr. Roschewski and colleagues have tested the ability of a liquid biopsy test to track treatment responses in patients with lymphoma. They showed that changes in ctDNA correlated with positive responses to chemotherapy. Furthermore, they were able to use ctDNA patterns to detect when some patients' disease was coming back—months before it was possible to do so via CT scan.

NCI researchers have also correlated changes in ctDNA levels with patients' responses to immunotherapy treatment – a type of therapy that uses substances to stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. They found that they could detect these changes within two weeks of the start of treatment. Having an early indicator of the treatment's efficacy could be helpful because only a small proportion of patients typically respond to immunotherapy treatment.

Last year, GRAIL announced collaborations with biopharmaceutical companies Amgen, AstraZeneca and Bristol Myers Squibb to evaluate the company's technology for the detection of minimal residual disease, or MRD (referring to cancer cells remaining after treatment that can't be detected by other scans or tests). Currently, many MRD tests for solid tumors require tissue samples and development of patient-specific assays. GRAIL says its methylation platform could enable a blood-based MRD detection assay for solid tumors that perform comparably to tissue-based assays, while reducing complexity and processing times.

Another firm, Italy-based Menarini Silicon Biosystems, reports that its

CELLSEARCH® Circulating Tumor Cell Kit provides in vitro diagnostic applications that are FDA-cleared for predicting overall and progression-free survival in metastatic breast, prostate, and colorectal cancers. Evaluation of circulating tumor cells at any time during the course of disease allows assessment of patient prognosis and predictions of progression-free survival and overall survival.

Liquid biopsies are convenient to administer, facilitate serial monitoring, and offer a snapshot of the patient's entire tumor burden.

Questions

Early-detection tests have potential, and some day may be incorporated into clinical guidelines, according to the American Society of Clinical Oncology. In fact, a bill (The Medicare Multi-Cancer Early Detection Screening Coverage Act of 2021) was introduced into the U.S. Senate in May 2021 that would provide Medicare coverage and payment for multicancer early detection screening tests that are approved by the Food and Drug Administration.

But questions remain: How often should these tests be performed? Who will pay for them? Can the cost be justified by the number of lives saved? Would such testing lead to overdiagnosis, leading to more tests and even treatment of cancers that might pose little threat to the patient?

Dr. Patel believes routine screening for cancer with blood-based diagnostics is a possibility. "Two years ago, mRNA vaccines were science fiction. Now millions of people accept it as fact. The

pace of biomedical engineering and discovery is fast. But we're at the ground floor. None of us know what the real performance of these tests will be."

As for rapid turnaround of blood-based biopsies, Dr. Hayes foresees bioengineers working on it, but he questions its clinical utility. A great deal more clinical research will be necessary to demonstrate that the benefits of screening with

so-called Multi-Cancer Early Detection (MCED) assays outweigh the harms, he says. "Screening is catching everyone's attention, and intuitively it is perceived to be good no matter what. But early detection, which has been proven to be beneficial in some cancers – breast, cervical, lung, colon, and probably prostate – is not necessarily better for all cancers, and the benefits in regard to mortality reduction need to be rigorously demonstrated. The odds of hurting people by overdiagnosing them are almost the same as helping them. So the stakes are very high."

Even more promising than screening is the progress being made to match biomarkers with drugs specifically designed to treat the patient's cancer, he says. He looks forward to cancers being treated based on their molecular profile rather than their origin (e.g., lung, prostate, breast). "We may find opportunities to treat people based on their molecular findings, which is different from what we ever imagined." ■



Promotes Patient Safety

Designed to Streamline
Workflow

Drives Environmental
Sustainability

CARESAFE™ IV Administration Set Available with AirStop

Designed for Convenient and Safe IV Therapy

77% of respondents specified experiencing a high level of stress associated with the IV set running dry.¹ CARESAFE IV Administration Sets are available with the innovative AirStop filter that is designed to only allow fluid to pass and thereby helps to prevent the line from running dry.² Nurses now have peace of mind in knowing that the line will not run dry and their patient will remain safe.² CARESAFE IV sets are not made with PVC and DEHP.

Learn more about CARESAFE IV Administration Sets at www.bbraunusa.com/caresafe

1. Key Group Consultative Market Research: New PVC/DEHP-Free IV Sets: New Product Concept & Conjoint Study. January 14 2021.
2. B. Braun data on file.





Dealing with Inflation

Inflation – no matter when it strikes – is an unwelcome guest. Still, providers are asking why now, when the American Medical Association reports that Medicare physician pay has increased 11% over the last two decades but the cost of running a medical practice increased 39% during that same time? Why now, just a few months after healthcare consulting firm Kaufman Hall projected that hospitals nationwide would lose \$54 billion in 2021 and more than a third of U.S. hospitals would maintain negative operating margins through the year's end? And why now, just as nursing homes were reported to have lost 220,000 jobs between March 2020 and October 2021 and were projected to lose \$94 billion in 2020 and 2021?

Manufacturers and distributors are asking themselves similar questions, as the cost of raw materials and transportation keep going up.

How long will it last? How bad will it be? Well, in December, the Federal Reserve Board said it was committed to achieving “maximum employment and inflation at the rate of 2% over the longer run.” Other sources aren't so optimistic. In the same month, mortgage financing firm Fannie Mae projected inflation would hit 7% in the Q1 2022 before decelerating to 3.8% by the end of 2022.

In the medical products and equipment industry, three factors will contribute the most to inflation in 2022, says Margaret Steele, senior vice president of med/surg for Vizient: rising labor costs, transportation costs and raw materials. “However, labor costs will likely have the most long-term impact as this metric doesn't typically decline unless new technology is introduced to create more efficiencies in the manual labor aspect of production.”

Labor costs

“COVID-19 had a dramatic impact on the world’s workforce and production that we’re still feeling today,” says Kim Anders, group vice president, strategic supplier engagement for Premier Inc. Healthcare has also felt the pinch as workers in high-demand groups, from nurses to pharmacists to ICU physicians, have been in short supply and subject to a more competitive recruiting landscape. Early retirement and employee burnout have also contributed to the healthcare worker shortage.”

U.S. healthcare was experiencing a workforce shortage prior to the pandemic, but it has been exacerbated by the mental and physical strain of COVID-19, says Anders. She points out that healthcare had the second-highest quit rate (6.4%) in November of all industries. Among nursing homes, employment remains far below pre-pandemic levels, and hospitals and health systems remain nearly 100,000 jobs below their pre-pandemic peak in February 2020.

In healthcare, workforce shortages mean higher costs, not lower ones. An October 2021 Premier analysis revealed that U.S. hospitals were paying \$24 billion more per year for qualified clinical labor than they did pre-pandemic, says Anders. For the average 500-bed facility, this translates to \$17 million in additional annual labor expenses.

“Many hospitals and health systems were forced to turn to staffing agencies to supply urgently needed health workers to care for the increasing number of patients,” she says. “However, the pandemic’s longevity has pushed hospitals to rely on these temporary workers more than ever – ballooning the typical costs for travel staff.”

Supply chain costs

As of mid-January, global logistics remained “an overloaded and stressed combination of port congestion, vessel shortages, equipment and container shortages,” says Anders. Not surprisingly, the cost of land, air and water transportation increased to record or near-record levels. Lead times for the manufacturing of additional cargo ships, shipping containers and freight trucks were also significant.

‘If metals are diverted from the medical side to making higher-margin goods, like washing machines, that will have an impact on the medical market.’

Although shipping container availability has improved slightly, costs remain at record levels, she says. Compared to prices in March 2019, freight rates from China to the U.S. increased 500 percent with spot rates up to about \$10,000 per container, compared with the more typical price of \$1,200. In addition, the pandemic and other restrictions have limited the availability of dockworkers and truck drivers, causing delays in cargo handling after it arrives at ports, she says. “There’s no clear consensus on how long this situation will last, with some experts assuming that these logistical challenges will remain for the foreseeable future.”

Raw materials

All that notwithstanding, a key driver for inflation in medical products lies at their very source – that is, the raw materials needed to make those products, says E.V. Clarke, CEO of Health Products Xchange,

whose HPXConnect is an electronic marketplace connecting manufacturers, distributors, providers and others. In most industries, too much money in the market leads to inflation but doesn’t necessarily lead to a greater demand for medical products, he says. Instead, it increases the cost of the raw goods, such as minerals and resins and other natural resources.

“If metals are diverted from the medical side to making higher-margin

goods, like washing machines, that will have an impact on the medical market,” says Clarke, who co-founded Health Products Xchange in 2018.

“It’s especially true for commodities, like crutches – though it also applies to things like suction canisters, OR towels and tubing,” he says. “In the case of crutches, there’s no sudden surge in demand, but the price of aluminum and logistics has increased 40% since the pandemic began. So you have a low-cost, bulky item – crutches – and the manufacturer can’t pass along all those costs, at least not immediately, given the nature of the U.S. healthcare system and the contracts between distributors, manufacturers and providers.” Consequently, manufacturers may lower their inventory of crutches and shift production to higher-margin goods. The result is a shortage of crutches, which can push up prices of that commodity.

FIRST TO MARKET 2 G VIAL

Cefazolin 2 g vial

Pharmaceutical Alternative to Ancef®¹

The DOSE
you've been
asking for!



✓ **NEW Convenient Strength**

✓ **Easy to use**

- One vial vs two
- Reduce glass waste
- Flexible product for IV push/infusions

✓ **Most Prescribed antibiotic and dose for preoperative prophylaxis***

Place your order today!

Product Description	NDC Number	Strength	Package	ABC OE#	Cardinal OE#	McKesson OE#
Cefazolin for Injection	60505-6142-05	1 g	25	10181260	5395579	3709540
Cefazolin for Injection	60505-6231-05	2 g	25	10266487	5776091	2605079
Cefazolin for Injection	60505-6143-04	10 g	10	10225072	5545686	3958717

Please see **FULL PRESCRIBING INFORMATION**

For questions, please contact
Apotex Customer Service at
1-800-706-5575

www.ApotexCorp.com
For all general inquiries ApotexInstitutional@apotexcorp.com

Every patient. Every dose. Every day.

APOTEX
Innovating for
patient affordability

¹ANCEP® is a registered trademark of GlaxoSmithKline plc. * Bratzler, D. W., Dellinger, E. P., Olsen, K. M., Peri, T. M., Auwaerter, P. G., Bolon, M. K., . . . Weinstein, R. A. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. *AJHP*, 70(3), 195-283. <https://doi.org/10.2146/ajhp120568>

Clarke expects logistics and raw materials pricing to remain inflated for the next 12 to 24 months, and that's not accounting for anomalies, such as rolling blackouts in China or domestic regulations about the sourcing of finished goods and even the raw materials used to make them. In economic storms such as the current one, alternative suppliers and brokers come out of the woodwork, he says. And that's a market opportunity for digital marketplaces such as HPXConnect.

Todd Nelson, director of professional practice and partner relationships, and chief partnership executive for the Healthcare Financial Management Association, says that partnering with national, regional and local organizations will continue to be a key to addressing inflationary pressures. "For many it will take the form of looking at non-traditional partners to assist them in having access to products and equipment they depend on, which will

require a level of creativity, building trust and relying on additional clinical and financial evidence to build that credibility with new partners."

Think it through

What should providers and their suppliers do about inflation? For starters, avoid panicking.

Vizient believes inflation will continue through much of 2022, though at a lower rate than its most recent 7% pace, says Jeff King, research and intelligence director for Vizient. "Production costs will continue to put pricing pressures on product and service producers," he says. "Vizient anticipates that raw material costs will decline, as resins already started their descent late last year. Unfortunately, the climbing labor costs won't return to previous levels, and the issues impacting transportation appear to be long-term and will strain the ability of producers to maintain current price levels."

"Everyone is facing increased costs," says Steele. "However, it's important that we look at these drivers individually. For instance, we may see some relief as it relates to ports and raw materials in the next few months, therefore those price increases should be temporary. However, labor shortages and increased labor costs are likely here to stay.

"Often, we look at all these factors collectively and accept the increased costs for the longer term," she says. "We need to stay diligent and have transparent conversations with suppliers. This should allow for appropriate, temporary adjustments to ensure supply and business continuity rather than allowing the water line to rise across the board."

'If I were still a supply chain executive in a hospital or health system, I would be more concerned about having goods available at a price that is reasonable and stop worrying about whether I'm getting the lowest price on everything.'



ClinicDx

Get Diagnostic & Safety Essentials Delivered Faster

Get the diagnostic and safety essentials you need quicker and easier by shopping the expertly curated ClinicDx product portfolio. Order and get supplies delivered directly to your facility without the requirement of a purchase order. You'll find hundreds of items in stock and ready to ship.

- CLIA-Waived Test Kits
- CLIA-Moderate Test Kits
- Rapid Test Kits
- Specimen Collection Products
- Diagnostic Equipment
- Personal Protective Equipment (PPE)
- Clinical Analyzers
- Anatomic Pathology Products

Search for the products you order most often all in one place at: fisherhealthcare.com/clinicdx



Pricing strategies

For suppliers, contracting and pricing strategies only work when the economy for a category of goods or services is balanced, says John Strong, chief consulting officer for Access Strategy Partners, a national accounts consulting firm. “If I were still a supply chain executive in a hospital or health system, I would be more concerned about having goods available at a price that is reasonable and stop worrying about whether I’m getting the lowest price on everything.”

Lowest price isn’t the only measurable factor that goes into a supply chain executive’s annual goals and objectives, he says. Supply chain professionals are more likely to get fired due to declining order fill rates and services to the people on the front line. “A balanced scorecard requires looking at service levels, real value analysis and other factors – not just price.

“I’m a big fan of bringing products back to the U.S. to manufacture and sell,” he continues. “It provides meaningful work for our own country and has the added benefits of a shorter supply chain (and less carbon footprint) as well as the possibility of rebuilding industrial deserts in our largest cities. Yes, it is going to cost more in terms of a direct price. But I must ask, What have been the indirect costs to this country of offshoring much of our manufacturing base – inside and outside healthcare?”

Nor can supply chain executives “source” or “procure” their way out of the difficulties in today’s med/surg marketplace, says Strong. “You cannot get manufacturers to make things if they can’t make a reasonable profit. Consolidation has brought us to a total of three national GPOs, and many products that can be ag-

gregated by them in a reasonable fashion already have been. Having scale, size and influence is important, but you can still reach a point in the economics of any goods or services where they cannot be provided any longer at a contracted price, [especially] in a period of short supply, inflation, supply chain/logistics issues or other factors along the supply chain.

‘Unfortunately, the climbing labor costs won’t return to previous levels, and the issues impacting transportation appear to be long-term.’

“It is similar to the so-called ‘hog cycle’ in economics,” he says. “More farmers start to raise hogs when prices are high. This leads to an overall lowering of prices because of the increase in supply. So farmers get out of hogs and into something else because the price has become too low, driving prices up again. The cycle repeats itself.”

Provider strategies

“While it may be difficult to identify what major U.S. or global events will impact the world’s economies and supply chain, Premier aims to arm our members with the information, tools and support needed to tackle cost imperatives,” says Anders. The company is accelerating the development of its MedSurg and ASCEND Inflationary Calculators so members can stay abreast of the most recent inflation estimates, she says.

In addition, through collaborations with Prestige Ameritech, DeRoyal Industries, Honeywell, Exela Pharma Sciences

and VGYAAN Pharmaceuticals, Premier is producing “millions of domestically made PPE and pharmaceutical products ... thus helping to eliminate overreliance on overseas manufacturing and port congestion,” she says.

Meanwhile, the company continues to help hospitals and health systems deal with clinical and nonclinical labor

shortages and rising labor costs. Its PINC AI analytics technology can provide health systems with productivity benchmarks to pinpoint areas in need of adjusted staffing levels, says Anders. Premier also has contracts to help health systems control the costs of FTE and/or contingent staff for both clinical and non-clinical assignments.

Buckle up

“Buckle up,” says Strong. “Many people working today don’t remember the Jimmy Carter years, when we witnessed a period of runaway inflation. I still remember being relieved to be able to get a three-year variable mortgage note on a condo at 14.5%. The average rate at the time for a fixed 30-year mortgage was somewhere around 18%.”

The demand for medical products and services won’t go away, he adds. “The question for [providers] is, What price am I going to have to pay in 2022 to see those goods arrive on my receiving dock?” ■



Supporting the Supply Chain through Collaboration

The key to a healthy and agile supply chain is collaboration. Without the ability to work with other departments and organizations, your ability to meet the needs of your customers and their patients will suffer.

The Journal of Healthcare Contracting recently spoke to Karen Ryan, a Category Project Manager with Centura Health to discuss how non-acute facilities are expanding and how the supply chain can collaborate between non-acute care, supply chain distribution, and all critical access within that continuum.

Meeting the needs of a diverse network

Centura Health has over 330 clinics across Colorado and Kansas, supported by a small, yet highly efficient, supply chain team. An organization that depends on collaboration to meet the needs of the

various clinics, Centura services patients in some of the ‘harder to reach’ areas in the country and does it well.

“The way our partnership is set up with our distributor McKesson Medical-Surgical is key to our ability to support our clinics at Centura,” Ryan said. “We have a wide range of needs, and we have a lot of clinics. We also have some challenging areas, the mountain areas. They operate uniquely in our system. They are open all year round. We have a lot of winter delays, delivery issues, winter storms – which creates some challenges.”

Ryan’s team supports Centura’s patients through direct delivery of supplies. McKesson has an on-site team at Centura, which allows the Health System to quickly and efficiently address any issues in real-time.

Without collaboration, Ryan and her team wouldn’t be able to get supplies and pharmaceuticals to the wide range of clinics through Colorado and Kansas.

A supply chain in constant transition

Centura uses a consolidated model that not only reduces the total overhead costs for clinic space, but also reduces the vendor costs. Ryan said, “Our lead driver in clinic transitions is really our patient needs. In Colorado alone, our population has increased 14.5% over the last decade, one of the highest increases in the U.S. currently. Now that we have more patients, we need more providers and clinics to handle the influx of people.”

Because of this surge in Colorado growth, Centura has had to grow as well to keep up with the increase in patient visits. In the middle of a pandemic, Centura added a staggering 35 new clinics to meet those needs.

The value of collaboration

With so many moving parts in play, all at one time, it’s critical for an organization like Centura to collaborate with their internal teams on a day-to-day basis.

“For example, if I don’t have a vendor contract set up correctly, it affects price, billing errors, accounts payable, and it will create issues with our distributor. It affects so many people, internal and external. Until you drill down to it and see what your job role does and how it affects other teams, you’re really missing something.”

Without collaboration, Ryan and her team wouldn’t be able to get supplies and pharmaceuticals to the wide range of clinics through Colorado and Kansas. “We’re always looking for ways to streamline processes, save time and money. Working with McKesson, their warehouse really helps us streamline those things. It gives us access to all our orders, so we can see back orders in real-time. We can also pull reports ourselves, improve processes, and the biggest is make changes to our formulary and make changes on the fly. We need that to be nimble.” ■



Take control of the non-acute continuum

Non-acute supply chain strategies that support better patient outcomes

From doctor's offices and surgery centers to patients' homes, McKesson can help you develop a **non-acute roadmap** to improve care across your health system.

- Operations
- Visibility
- Analytics
- Process Automation
- Supply Cost Management
- Standardization
- Laboratory
- Pharmaceuticals
- Post-Acute Care
- Leading Change



[McKesson.com/TakeControl](https://www.mckesson.com/TakeControl)

Medical-Surgical. Pharmaceutical. Lab. Equipment.

Contracting Perspectives Gained from COVID-19



BY JEREMY SAMUELSON



The past two years have been very challenging, with new obstacles presenting themselves daily. COVID-19 has put an unprecedented strain on healthcare and all parties involved; manufacturers are experiencing higher demands for products and shortages of raw materials, distributors are attempting to supply customers on limited product allocations, and understaffed hospitals are treating an elevated number of high acuity patients than we have seen in recent times. All of these factors are contributing to the ever-mounting pressures that are being applied to sourcing and contracting departments across the nation, as we try to ensure that our healthcare workers have the supplies and resources that they need to stay safe, treat patients and save lives.

Despite the widespread impact that COVID-19 has had on our healthcare infrastructure, we have once again proven to be resilient in the face of adversity. The pandemic has taken so much from so many people, but I think that we all should have gained at least one thing: Perspective.

Perspective No. 1: High Value vs. High Dollar

Managing spend is an integral part of any sourcing and contracting department, especially in today's economic climate of shortages and inflation. The bottom line is healthcare providers need to maintain a positive ratio of net patient revenue to supply expense to keep the doors open. With intentions set on value analysis and cost optimization, we tend to focus on the areas, products and suppliers associated with the highest dollar amounts (high spend = high opportunity). The problem is that high value is not always derivative of high dollar, i.e.: blood collection tubes.

Within the last year, the shortage of blood collection tubes has been escalated and highlighted at most health systems. It is just one, but perfect example of how a seemingly simple and inexpensive product has the potential to bring patient diagnosis and hospital operations to a screeching halt. It is this example, along with many



Hillrom™

INVEST IN THE RIGHT TOOLS



AHA recommends in office readings — invest in the right tools to screen your patients better.

Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMA/PCAGuideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2018; 71: e127-248. DOI: 10.1016/j.jacc.2017.11.006

ALL RIGHTS RESERVED. APR354701 Rev 1 27-APR-2022 ENG - US

[LEARN MORE](#)

PURE EP™
SEE MORE, CLEARLY

Distinctive signal information to guide key clinical decisions

Essential intracardiac signals with high
clinical value in all types of cardiac ablations



SIGNAL QUALITY



Improvement in signal quality and
confidence in signal interpretation

CLINICAL RELEVANCE



Improved confidence in interpreting
multi-component signals



Improved identification of
small fractionated potentials



The PURE EP™ system validated
the most clinically relevant source
of signal information in the EP lab ⁽¹⁾.

PURE EP™ elevates the clinical
decision-making process without
increasing cost per case.

⁽¹⁾Evaluation of a Novel Cardiac Signal Processing System for Electrophysiology Procedures:
The PURE EP 2.0 Study. Journal of Cardiovascular Electrophysiology. - DOI: 10.1111/jce.15250

Diverse Vendors, GPO Contracts Help Achieve Clinical Success

COVID-19 changed the environment for healthcare facilities. Many organizations, whether acute or long-term, can improve vendor relationships and leverage the benefits of GPO membership to help stabilize the supply chain and manage costs.

“Facilities have been streamlining operations for years, adopting just-in-time inventory practices,” said Barry Marquardt, director of medical products & services at Managed Health Care Associates, Inc. (MHA), the country’s largest alternate site GPO. “The pandemic didn’t just stretch that supply chain, it broke it in many respects.”

Caresfield has worked with MHA since 2017. The organizations recently worked together to present the Caresfield CaresTalk webinar, *How to Overcome Breaks in Your Supply Chain: How to Diversify Vendors while Leveraging Your GPO Contract.*

Provider/Supplier Bridges and Barriers

One barrier between healthcare facilities and suppliers is information transparency. Many suppliers cashed in during the pandemic with opportunistic price increases. When paired with uncertainties in the operating environment, it became difficult to manage costs.

Next is the influence clinicians have on procurement. Ideally, the supply chain supports the best outcome for patients or residents with the fewest resources spent. This can be difficult in non-acute settings, where it’s typically a single person reviewing costs and product alternatives.



Ordering items made or stored in the U.S. poses a lower risk. Suppliers should invest in research and development to optimize costs and produce quality products. Partners without backup suppliers or raw material sources run into back orders and disruption.

Quality matters, too. Suppliers with a quality management system hold products to a certain standard. There is little to no material waste which helps control the cost of raw materials and ensures dependable products.

If a supplier works with GPOs, you can save thousands of dollars annually. Typically, GPO contracts come with discounts on purchases, rebates for compliance and other value-adds like free freight.

GPOs are Diversifying Vendor Sources

GPOs are always working to provide better value to members. During the pandemic many items were suddenly in high demand. Many GPOs expanded product categories and worked with suppliers to find strong manufacturers with a high market share and healthy supply chains.

Additionally, GPOs work to understand forecasting challenges and drive

price transparency. By communicating what’s available and what sourcing needs to change, GPOs and vendors can help you keep crucial supplies stocked.

GPOs vet suppliers and conduct contract negotiations. GPOs save members significant money by negotiating value-adds like free freight, on-site support and rebates. Some GPOs even offer different revenue and value-based programs to enhance your membership.

How Suppliers Support GPOs and their Members

Suppliers and GPOs can work together to collaborate on new product opportunities. Suppliers can also share transparent information on current inventory. This includes relaying market conditions back to GPOs with quarterly and annual budgeting.

“The bottom line it comes down to communication,” Marquardt said. “As a supplier, proactively engaging with your customer base drives comfort and confidence in your operation.”

Partnering with GPOs can provide a wealth of benefits aside from contracted pricing. As a supplier or as a GPO, the goal is to give you the tools to make your operation successful with a focus on positive clinical outcomes.

If your current distribution partner, supplier or GPO doesn’t do that for you, reach out to Caresfield to see how we can help! You can call our main line and talk to a real person at 952-890-7100 or use the live chat feature on www.caresfield.com. ■

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



**The only
publication
dedicated
solely to the
healthcare
supply chain.**

The Journal of
Healthcare

C O N T R A C T I N G

**REACHING 4,400 IDN EXECUTIVES, 2,500 HOSPITAL EXECUTIVES,
600 GPO DECISION MAKERS AND 3,500 SUPPLIERS/MANUFACTURERS**



CALL US FOR MORE INFORMATION:

ANNA McCORMICK 770-263-5280

e-mail: amccormick@sharemovingmedia.com

“

**We are proud to partner with The Journal of Healthcare Contracting.
The unique educational content and market knowledge JHC provides
serves as a vital resource to the supply chain and GPO communities.
The benefit we receive has far exceeded our investment.**

— Bob Davis, AVP, Marketing & Communications, HealthTrust

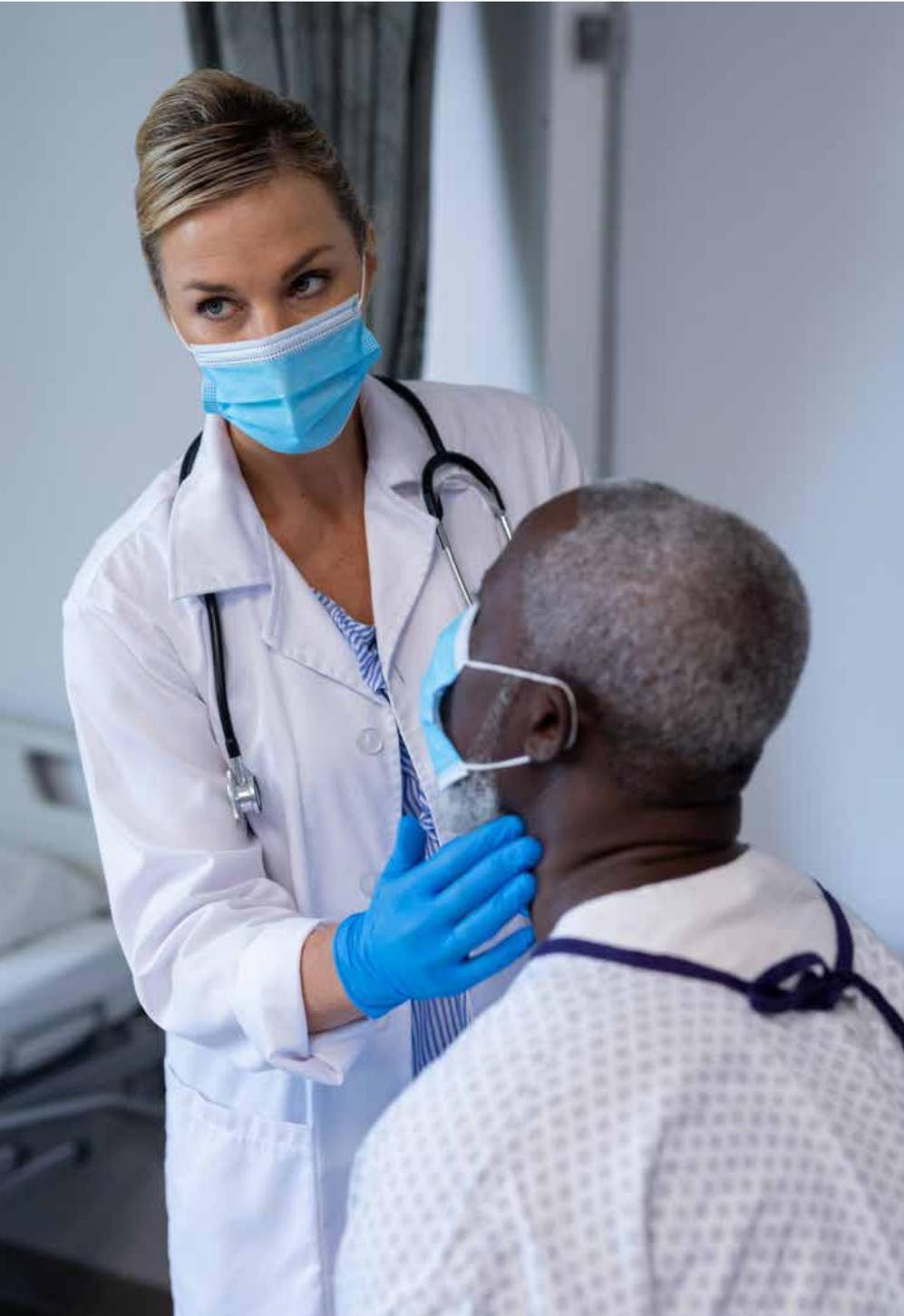
”

JHC PUBLISHES YEAR-ROUND • 6 PRINT EDITIONS • 6 DIGITAL EDITIONS

VISIT US ONLINE AT JHCONLINE.COM TO READ MORE EDITIONS OR FOR MORE INFORMATION

Hard-Earned Lessons

Amidst the pandemic's challenges, physicians gain insights.



Throughout the pandemic, health-care providers, like everyone else, have faced interpersonal, emotional and financial challenges. In the process they have gained insights and growth.

Ron Holder, senior vice president of the Medical Group Management Association, says that even as late as this February, some patients still were avoiding as much physical contact with others – including doctors – as possible. Meanwhile, others were eager to get back to see their doctor in the office, a fact that has presented its own set of challenges.

“It’s a little bit like what happened when the healthcare exchanges first started,” says Holder, who served as vice president of operations and Central Texas cardiovascular service line administrator for Baylor Scott & White Health prior to joining MGMA. “When that happened, significant patient populations who had lacked healthcare coverage for years suddenly wanted to address everything they had been unable to have addressed previously. The patients in those initial ‘suddenly covered’ visits were more complex on average than the average primary care patient.

“With some patients, that is what is happening now,” he says. Due to COVID-19, they were deferring care, some by their own choice, others by necessity (e.g., discontinuation of elective procedures by medical practices or hospitals).

Many practices find themselves in a situation where they can only do so much



THIS CHANGES EVERYTHING

NEW! PURELL® Healthcare Surface Disinfecting Wipes



Powerful Efficacy
in 2 Minutes or Less



Worry-Free Disinfection
No PPE Required



Trusted Partner
#1 Brand in Hospitals*



To learn more, visit
[GOJO.COM/JHC](https://gojo.com/jhc)
or scan here



*52 Week IRI Data ending May 2021; 2020 Internet Brand Survey MR#006-090, GOJO Industries, November 2020.
©2021 GOJO Industries, Inc. All rights reserved. | 32581 (10/2021)

during one visit, Holder says. “They are triaging for the most important issues and asking patients to schedule appointments for the additional ones.

“That means that the schedule can’t just be eight or nine one-hour appointments per day, because that would drive the appointment backlog way out into the future,” Lack of access could lead to increased urgent care or emergency room visits and present financial challenges for practices in risk-based or capitated contracts. “These impacts won’t necessarily be lasting in perpetuity. Once the backlog of care starts getting worked through, we will begin to approach pre-COVID levels of care and expectations.”

Some physicians and practice owners have found that the pandemic has given them a chance to isolate and eliminate non-productive activities and attitudes, and replace them with patient-centric and staff-centric ones.

The emotional toll

Lingering challenges have exacted an emotional toll on practices. But many of these pressures didn’t start with COVID-19.

“Learning how to do documentation in electronic health records that weren’t necessarily built for managing a patient in an outpatient setting, managing patient message/work queues, and responding to requests from insurance companies for information to approve denied or delayed claims all represent additional work,” says Holder. “Add in value-based contracts with their inherent assumption of risk to the physician’s practices, learning telehealth, and staff shortages. On top of that, pile on COVID with its anxiety and

depression, rollercoaster of uncertainty, risk of infection, fluctuating patient volumes, and the political battles around the science of medicine.”

Clinical and non-clinical support staff may be working longer or more unpredictable hours. In practices in which some people lost their jobs early in the pandemic, others fear they may be next. “That in and of itself is a stressor,” says Holder. Another challenge facing practices is a rise in disruptive patients. A recent MGMA poll showed that 71% of practices saw their levels of disruptive patients increase in 2021, he says.

And if one member of the care team is feeling stress, everyone on the team

feels it. “A burned-out physician will spread anxiety and stress to the staff and vice versa. The irony is that having a team that is supportive of each other is one of the best ways to combat burnout.”

Increased stress, tension

Internist E. Linda Villarreal opened her adult medicine practice in 1989 in Edinburg, Texas, in the southern part of the state. Dr. Villarreal, who is president of the Texas Medical Association, became employed by WellMed Medical Management in 2018.

She has “definitely” seen increased levels of stress and tension among colleagues –

not just doctors, but midlevel practitioners and ancillary personnel. Being covered from head to foot in PPE was itself a source of depression and anxiety, she says. “I didn’t realize the impact it had on me until one year later, when we were able to remove gowns and shields.”

Trained to take care of patients no matter what, physicians have traditionally put their emotions on the back burner, she says. But during the pandemic, it was difficult if not impossible to relax, reflect and recharge.

Dr. Villarreal says she saw depression among colleagues who had exhausted their savings and cashed in their 401(k)s as patient volumes dropped at the height of the pandemic. This on top of growing federal requirements in modern medicine. “Medical assistants are feeling the pressure too, because they are doing twice what they did 20 years ago,” she says.

Grey Tsunami

“Absolutely there’s burnout among staff, because more is being asked of fewer people,” says Edward Fry, M.D., FACC, chair of the Ascension Health Cardiovascular Service Line in Indianapolis and vice president of the American College of Cardiology.

At the height of the pandemic, following a day’s work, many had to catch up with children at home who had been remote learning, or tend to elderly parents, he points out. Meanwhile, nursing ratios in the hospital were stretched. Supply chain snags and the complexity of today’s patients in the outpatient and inpatient settings added to the tension.

Among physicians, the rate of retirement had been accelerating prior to COVID-19, simply because of aging

Billions of Data Points to Connect Your Supply Chain

Premier's data and technology solutions can help you not only realize savings opportunities, but also operational improvements across the continuum of care.

Get connected with Premier®.



Join Us for BREAKTHROUGHS22

Join us June 21-23, 2022 along with your colleagues and fellow healthcare experts as we explore the latest in technology, supplier innovation and more. Breakthroughs is a conference to connect, accelerate innovation and move forward together.

of the workforce, says Dr. Fry. “We’re still seeing some effects from the Great Recession of 2008, as many people who had been planning to retire were unable or unwilling to do so, but are ready now. It’s the Grey Tsunami, and it’s occurring along with the challenges of medical practice today, including the pandemic.”

Telemedicine is here to stay

One pandemic lesson learned by providers and patients has been the value of telemedicine, according to those with whom *Repertoire* spoke.

“Telemedicine is here to stay,” says Dr. Villarreal. “It’s the best thing to happen to patients, and it’s an additional tool for physicians to use.

“In the early months of the pandemic, when we were all isolated, we would call patients on the phone, and the grandkids would help grandma get on a Zoom call. We were able to find out what was going on with them, make sure they were taking their medicine. We stayed in touch with our patients. And we continue to offer that option today.” Telemedicine can be especially helpful for those who are bedridden or for whom transportation is difficult, she adds.

Donald Hoscheit, M.D., chief medical officer of Duly Health and Care, a Chicago-area multispecialty medical group with more than 900 primary care and specialty care physicians in over 150 locations, believes the pandemic has definitely influenced how patients access care.

“Our demand for telehealth visits exploded with the onset of COVID,” he says. “Last year [i.e., 2021], Duly physicians completed more than 250,000 telehealth visits – dramatically up from about

2,500 in the 18-month period prior to the pandemic. [The rapid increase] opened our eyes to the benefits of digital health. Payer reimbursement of digital visits will allow us to expand further.

“Patients’ perspectives of telehealth have changed too,” he says. “Senior patients have adapted quite well on a number of levels. It has brought them great and easy access, especially those elderly patients who don’t drive. No question these impacts will be lasting.

“Enduring a pandemic has strengthened the concept of a healthcare team, working together, selflessly and heroically in every twist and turn thrown at us, caring for our communities under every circumstance.”

Says Dr. Fry, “We have been surprised that many patients whom you would expect to be resistant or not tech-savvy have really engaged with telemedicine. Now it’s a resource to complement traditional care.”

That said, as the pandemic wanes, Fry and colleagues have found that many of their patients are eager to return to face-to-face visits. That may reflect the age of many cardiology patients, as well as the fact that many come from rural Indiana, with poor or non-existent access to broadband.

MGMA’s Holder believes that patients’ interest in telehealth won’t go away. On the upside, telehealth reduces the need for bricks and mortar in expensive areas to serve patients, he says. “But when – likely not ‘if’ – payment for telehealth services is reduced to levels lower than in-person care, practices will have to ... alter their cost structure for

those visits or end up deciding not to do it. [But] if the practice does not offer it, they will lose some business to someone who has figured out how to do telehealth more cost-effectively.”

Poorly managed, telehealth can rub patients the wrong way, he adds. Even those who love telehealth bristle when, after waiting weeks for a telehealth appointment, the provider says this is an ‘in-person visit issue’ only. “Practices have to have methods in place to make sure

that the practice is treating the patients in the best method possible, and not just best clinically. A practice that uses two appointment slots – one virtual and one in-person – to address a single problem is creating its own patient access problems as well as damaging patient satisfaction and engagement.”

Infection control

Another sure thing that will last beyond the pandemic is a heightened sense of infection prevention on the part of practices and patients, says Dr. Villarreal. “Patients will feel safe going to a practice that promotes infection prevention,” she says. But maintaining protocols will demand time and money. Curbside screening and check-in take time, and they may call for rearranging job descriptions, adding staff or lowering

LESS uncertainty



MORE confidence



MORE than results

A test can change a life. That's why we're committed to a higher level of PCR excellence. One that combines speed, accuracy, and flexibility to deliver unmatched results.

Speed, plus
Accuracy, plus
Flexibility

That's the **PCR_{plus}** advantage.
From Cepheid.

Learn More



the number of patients seen per day, she says. Solo practices or those with two or three doctors may simply be unable to afford the changes.

Says Dr. Hoscheit, “We have always been steadfast in adhering to infection control protocols. With COVID, however, more direct attention has been paid to managing non-essential visitors, that is, those care companions who are integral to the patient’s care.

“Before the pandemic, care companions often accompanied patients on their visit to the doctor. In pediatrics, it was not at all unusual for parents to have children ... along for the visit of a sibling. To stop the spread of COVID, providers everywhere implemented strict policies, including mask wearing and physical distancing, and, when peaks were at their worst, restricting visitors entirely. For example, in our ambulatory surgery centers, we have asked patients’ drivers to wait outside the facility and be reachable by phone instead of spending time in the waiting room while procedures are performed.

“We have worked tirelessly to lessen exposure for patients, family and staff by providing PPE, greater environmental spacing and symptom screening. Most challenging is not so much pivoting on new protocols as it is fostering compliance.”

Ron Holder believes the most challenging infection-prevention-related changes for small practices are those that require facility changes, such as finding new space or renovating existing space. That said, practices can “find space” without renovation or bricks and mortar by:

- › Conducting telehealth from outside the clinic, either in new but

inexpensive space, remotely, or in space owned by the practice that wasn’t in clinical use.

- › Borrowing the “We will text you when your table is ready” concept from restaurants.
- › (For larger practices with multiple locations), setting up a “COVID-positive” or “COVID-suspected” clinic and a separate “non-COVID” clinic.
- › Offering separate entrances and staging areas to keep the COVID and non-COVID populations separate.

Center where patients can reach us 24 hours a day, seven days a week with questions, concerns, requests for refills or certain test results. This helps patients address basic needs easily and efficiently and takes some of the workload off physicians. Additionally, we are developing a Care Ally program in which trained staff assist those who come for care and help navigate the visit, scheduling and testing. This makes for a more efficient visit for both the patient and our team.

“Practices should use COVID as a springboard to look for easier ways to accomplish tasks, to create a team culture that drives beyond employee engagement to employee loyalty, to right-size physical space needs, to move appropriate functions out of expensive real estate to more economical options, and engage with patients between in-person or virtual visits.”

And when this is over?

Some physicians and practice owners have found that the pandemic has given them a chance to isolate and eliminate non-productive activities and attitudes, and replace them with patient-centric and staff-centric ones.

“We have learned a lot of good things,” says Dr. Villarreal. “The underlying issue is maintaining, protecting and preserving the patient-physician relationship. We have learned that we can do that in more than one way, including telemedicine.”

The experience has indeed had a transformative effect,” says Dr. Hoscheit. “Duly has implemented a Nurse Call

“Enduring a pandemic has strengthened the concept of a healthcare team, working together, selflessly and heroically in every twist and turn thrown at us, caring for our communities under every circumstance.”

A focus on high-value care

Says Dr. Fry, the many months of pandemic-induced isolation, in which patients sought and received less care than they would have under normal circumstances, has reinvigorated the value discussion among providers, payers and patients. “We are asking ourselves, ‘What is high-value care?’” he says. “It’s

The Journal of Healthcare

C O N T R A C T I N G

SUBSCRIBE TO JHC FOR YEAR-ROUND COVERAGE

JHC PUBLISHES YEAR-ROUND 6 PRINTED • 6 DIGITAL

To ensure you are receiving every issue
please email Anna McCormick at
amccormick@sharemovingmedia.com
or visit our website at www.jhconline.com



a healthy process, because it brings us back to the importance of joint decision-making about care,” involving patients and providers.

Will these lessons last? “Early in the pandemic, there was a lot of energy around the idea of care transformation. In some ways, that was an antidote to the burnout and stress that people were feeling.” But as providers face the economic reality of surviving quarter to quarter, it’s difficult to maintain that long-term view, he says. “Still, a return to normal would be a failure. We need to take a little time to breathe, then come back and execute on the lessons we’ve learned.”

“Some practices have, can, and will use their experiences with COVID-19 to drive care transformation,” says Holder. “Practices should use COVID as a springboard to look for easier ways to accomplish tasks, to create a team culture that drives beyond employee engagement to employee loyalty, to right-size physical space needs, to move appropriate functions out of expensive real estate to more economical options, and engage with patients between in-person or virtual visits.”

Practices must also work on combating burnout, perhaps through formal training programs. “Some are investing in different staffing strategies or tech solutions to minimize ... work that doesn’t necessarily require clinical judgment. Some are looking for ways to use artificial intelligence to aid in decision-making and/or automate functions that don’t necessarily require staff time to allow all levels of staff to spend a greater percentage of the day working at the maximum of their licensure.” ■

Four opportunities for practices

Frontline healthcare workers have been pushed to the brink of exhaustion by the COVID-19 pandemic, says Donald Hoscheit, M.D., chief medical officer, Duly Health and Care, a Chicago-area multispecialty medical group with more than 900 primary care and specialty care physicians in over 150 locations. He described the practice’s multipronged response to *Repertoire*.



- › **Listen more empathetically and encourage feedback.** A comprehensive, equitable and sustainable approach requires that we listen. As we continue to identify ways to prevent and address burnout, we must work with physicians, team members and key leaders to ensure that decisions are informed by perspectives that represent everyone we serve.
- › **Provide resources to support balance.** Physicians and team members can best serve their patients when they are able to prioritize and address their own mental, emotional and physical health. Duly offers subscriptions to apps including Calm (meditation, sleep, and relaxation) and Noom (personal health and wellness) to help team members disconnect and find focus outside of work. We also have a free, confidential program that partners physicians with a mental health coach to help address a range of professional needs, work-life balance and self-care.
- › **Break from old models and build new ones.** Duly has implemented a triage line to reduce pressure on on-call physicians. It’s also important to commit to a culture where people feel valued for their dedication to patient care. Duly recently raised minimum wage to \$15 per hour for team members and are incentivizing value-based care.
- › **Put safety first.** Everyone deserves a workplace that fosters a healthy environment. Duly moved in 2021 to require COVID-19 vaccinations for all physicians and team members. Decision-making will continue to be grounded in the belief that we have a duty to take all steps to ensure that healthcare workers, patients and communities are safely cared for.

To beat burnout, we must proactively foster a culture where all healthcare workers can flourish – physically, financially and emotionally.



Better BP® is Better Care

Midmark designed the only fully integrated point of care ecosystem to help promote a more consistently accurate blood pressure measurement by targeting 3 key areas using 3 unique products.

② Accurate, Consistent BP Capture

IQvitals® Zone™ with the **SPRINT BP Protocol** introduces automation at the point of care that can help ensure a higher level of standardization, minimizing human variables while maximizing consistency and data accuracy.

Midmark 626 Barrier-Free® Examination chair with Patient Support Rails+ and IQvitals Zone shown.

1

Proper Patient
Positioning



2

Accurate, Consistent
BP Capture



3

EMR
Connectivity

= Better BP

See all 3 at [midmark.com/automatedBP](https://www.midmark.com/automatedBP)

Financial health and quality care require **supply chain excellence.**



Achieving your financial and operational goals requires a data-driven, customer service-focused and agile supply chain. Nexera has been customizing supply chain solutions for hospitals for over 19 years. Our embedded experts work hand-in-hand with your team to design solutions to address your specific challenges, and unlike other consultants, we tactically implement the plan from start to finish. Nexera, the experts in end-to-end supply chain solutions.

Learn how Nexera can help at nexera.com/supplychain.