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Providing Insight, Understanding and Community

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Value-Based Care Challenges the 'Profitability of Sickness'

Will COVID-19 hasten the demise of fee-for-service medicine?

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The Journal of Healthcare CONTRACTING

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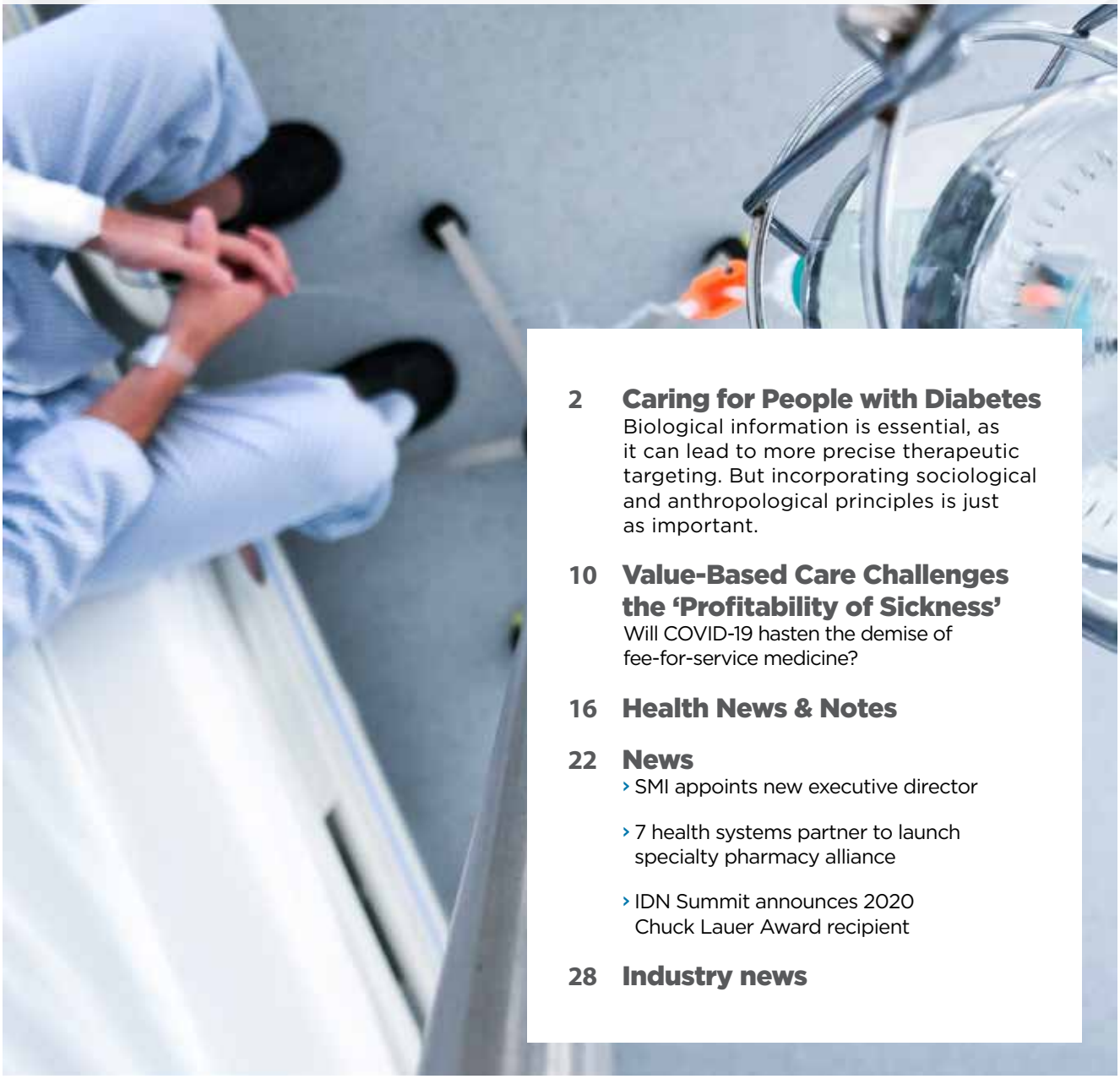

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Phone: 770/263-5262
FAX: 770/236-8023
e-mail: info@jhconline.com
www.jhconline.com

PUBLISHER
John Pritchard
jpritchard@sharemovingmedia.com

EDITOR
Graham Garrison
ggarrison@sharemovingmedia.com

CIRCULATION
Laura Gantert
lgantert@sharemovingmedia.com

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

ART DIRECTOR
Brent Cashman
bcashman@sharemovingmedia.com

VICE PRESIDENT OF SALES
Katie Educate
keducate@sharemovingmedia.com

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Caring for People with Diabetes

Biological information is essential, as it can lead to more precise therapeutic targeting. But incorporating sociological and anthropological principles is just as important.

Why do so many people suffer the ill effects of type 2 diabetes, including eye disease, kidney disease and nerve damage, despite the fact that so much is known about preventing and controlling it? Why doesn't everybody just do what they're supposed to do? There are many reasons – some of them physiological, but others more socioeconomic- and cultural-related. And healthcare providers are paying attention.

For example, people who live in a food desert may lack access to – or money to afford – adequate amounts of insulin, or fresh fruits and vegetables. It's unlikely they have a gym membership, and they may not even feel safe going for extended walks in their neighborhood.

In addition to socioeconomic factors are non-physical – cultural – ones. Perhaps strength training or vigorous exercise isn't part of one's culture. Perhaps we are talking about an Asian-American whose diet is heavy on white rice (high in carbs but low in nutrients), or an African-American patient who has difficulty trusting non-African-American doctors, or an Hispanic patient who has difficulty believing that an English-speaking doctor or nurse can understand the realities of their everyday lives and culture.

Practicing diabetes from a transcultural perspective doesn't mean sacrificing science, according to proponents. Excellence of care is excellence of care – for everybody. No one, for example, would dispute the importance of monitoring blood glucose levels, eating healthily, watching one's BMI or participating in vigorous physical activity. The job for physicians is helping people with type 2 diabetes from different cultures understand and achieve these goals. But it's complicated.

The American Association of Clinical Endocrinologists deemed the topic important enough to publish a Position Statement on Transcultural Diabetes Care in the United States in July 2019.

Multicultural waiting rooms

Consider the challenges facing physicians whose patients come from multiple cultures, such as Jeffrey Mechanick, M.D., who practices endocrinology out of Mount Sinai Hospital in Manhattan.

"I see Latinos, African-Americans and Caucasians from the Upper East Side," says Mechanick, who was chair of the AACE committee that published the transcultural care Position Statement. "We have a Jewish population, Asians, people from Africa, Latin America and Russia. And the same is true for physicians practicing in any number of large cities as well as smaller cities and rural areas. The ethnicity terrain is changing and multicultural."

Mechanick has been studying transcultural diabetes care for some time. Ten years ago, he led a project to develop a transcultural diabetes nutrition algorithm. In 2015, he helped organize the AACE Pan-American Workshop in Costa Rica

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for endocrinologists from Latin American countries. Three years later, he participated in a series of "Diabetes Care Across America" summits in New York, Houston and Miami to examine cultural factors that influence diabetes care domestically.

On the evening before each of the one-day summits, organizers invited local community leaders to share their perspectives on diabetes care among their communities, he recalls. "We took notes and as a result were better informed on conference days," recalls Mechanick. "For example, we recognized that a good percentage of African-Americans are of Caribbean descent. Regarding Native Americans, we learned how important it is for them to feel that they matter and that we understand and acknowledge the trauma Native Americans have endured in Canada and the United States."

The 2019 Position Statement reflects many of the lessons learned. "Transculturalization is a necessary part of optimal endocrine care, with a specific attention to diabetes care," the authors wrote. Biological information is essential, as it can lead to more precise therapeutic targeting, including lifestyle interventions and specific pharmaceuticals. But incorporating sociological and anthropological principles is just as important. "This approach facilitates effective health messaging for behavioral change on the part of both the patient and health care professional(s)."

Making the transition

Some first steps to prepare a diabetes practice for an ethno-culturally diverse patient population include:

- Gaining experience with lifestyle and behavioral medicine, especially motivational interviewing.
- Creating a safe clinical environment.
- Incorporating translation services, wearable technologies, web-based resources and community engagement.
- Relying on clinical trial evidence that best reflects the ethno-cultural attributes of individual patients, in order to help them adjust traditional eating patterns to more healthy options that are still acceptable to them, provide flexibility in lifestyle and medication recommendations that take into account cultural factors, and using community-based resources to improve implementation.

Says Mechanick, "Even though you have different populations in different socioeconomic strata, there's no excuse for different levels of excellent care. You may have to adapt it based on formularies or other resources, but that doesn't excuse you from striving for that one standard of care." ■

What factors affect diabetes care?

In its 2019 Position Statement on transcultural diabetes care in the United States, the American Association of Clinical Endocrinologists listed many of the factors that healthcare providers must consider when caring for a multicultural patient base.

Physician ("human-made") factors

- Healthy food supply/availability (stores, restaurants, schools, workplace).
- Fitness resources (walking/running paths, gyms, school programs, parks).
- Building design (stairs, elevators, walking distances, handicapped access).
- Safety (surveillance, transportation, city/community design, energy supply).
- Pollution (water supply, endocrine disruptors, air, food chain).

Non-physical (transcultural) factors

- Ethnicity (physical and nonphysical human factors).
- Belief structures, behaviors, customs and attitudes (toward food, physical activity, healthcare providers).
- Social factors (screen time, family structure, appearance in public).
- Economic factors (affordability of healthy – and dependence on unhealthy – lifestyle components).
- Political factors.
- Religious factors.
- Stress (crime, economic, personal; at work, at school, at home; sleep hygiene, comfort foods, food security).
- Disparities, discrimination, stigmatization (age, gender, race/ethnicity, economic class).

Source: Transcultural diabetes care in the United States – A position statement by the American Association of Clinical Endocrinologists, May 2019.

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**While Supplies Last*

What Healthcare Supply Chain Leaders Need to Know About the 2020-2021 Respiratory Season

Vaccines and Testing in Non-Acute Settings

With the 2020-2021 respiratory season on the horizon the burden on healthcare supply chain will grow greater. Health systems will soon be hit by a season like no other with the convergence of usual respiratory illnesses – flu, pneumonia, bronchitis, RSV – with COVID-19 cases.

On top of the ongoing personal protective equipment (PPE) supply challenges, supply chain leaders are being called upon to assist their pharmaceutical and laboratory counterparts in the procurement of a significantly greater volume of flu vaccines and diagnostic tests for COVID-19 and other respiratory illnesses.

This was the focus of conversation during the Supply Chain Leadership Forum that McKesson hosted at the 2020 IDN Summit Virtual Experience, where health system supply chain leaders voiced their concerns, challenges and questions on supporting the pharmaceutical and laboratory needs of non-acute facilities in the months ahead.

Pharmaceuticals and prevention

While there is no COVID-19 vaccine currently available, health systems and U.S. pharmacy chains are anticipating an increased demand for flu vaccines in the coming months as Americans attempt to protect themselves from this potentially preventable virus.[1] They have a good reason to increase immunization rates. Studies have shown that vaccines for common preventable illnesses (e.g. flu, pneumonia, pertussis, etc.) can reduce hospital stays by four to 12 days.[2]

Hackensack Meridian Health Network (HMHN) is the largest integrated delivery network (IDN) in the state of New Jersey. Richard Killeen, HMHN's VP, corporate purchasing, corporate administration, who attended the forum, said that while the pharmacies in their network are "ramping up and buying a larger than normal supply" of vaccines, there is no way to truly forecast what will be needed.

"We may get a groundswell of people who are now getting vaccines for preventable illnesses who didn't before, but there's no way to tell what the demand will be because there's no reliable usage history – it has been wiped out by the pandemic," he said. He also noted that over the past six months, telehealth usage has increased, and in-person visits are down. The clinicians have been working to develop a strategy to have patients come in for their vaccines.

Trevor Keeler, director, pharmaceutical sales, McKesson, shared insights on flu vaccine supplies this season noting that while there are currently no availability issues for these products, health system supply chain leaders should work together with their counterparts in pharmacy on a "thoughtful plan" surrounding their vaccination process.

"Match vaccine usage with ancillary supplies (e.g. needles, syringes, gloves). Determine whether your manufacturer or distributor relationship has a dedicated customer service agent to answer questions and address concerns. And in this uncertain environment, it's critical to understand the return policy for any unused portion of vaccines," said Keeler. "Not only is it important to prepare for the flu season by creating a flu vaccine plan, it is also important to vaccinate against other preventable respiratory diseases like whooping cough and measles."

"Many parents and adults may have put off getting vaccinations for their children or even themselves because of fear of exposing themselves to COVID-19," Keeler added. "The vaccination rates are down.[3] It is so important for clinicians to communicate to their patients the safety protocols they have in place so that people feel better about getting their vaccines. Supply chain also has an important part to play by ensuring the clinicians have the pediatric and adult vaccines they need."

John Harris, VP, strategic accounts, laboratory, McKesson, urged health systems to develop a testing strategy or "algorithm" based on test modality effectiveness, availability and cost, that also takes into account the needs of individual care sites and their patient populations. Because the availability of different lab tests could vary over time, he recommends diversifying test options throughout health system networks (see sidebar with POC testing options).

"Not only is it important to prepare for the flu season by creating a flu vaccine plan, it is also important to vaccinate against other preventable respiratory diseases like whooping cough and measles."

– Trevor Keeler, director, pharmaceutical sales, McKesson

Testing and diagnosis

Since COVID-19 was first detected in the U.S. earlier this year, healthcare organizations have struggled with the availability and accuracy of testing, and testing administration across various care sites. From hospital emergency rooms (ER) to long-term care facilities, clinicians have been tasked with diagnosing patients in a safe and effective manner. What they have come to determine is that a testing modality that works for one setting does not necessarily work for another – there is no "one size fits all solution."

This fall and winter will present even greater challenges as clinicians will be required to test for a range of respiratory illnesses in order to direct patients to a suitable course of care, and in the case of COVID-19, quarantine to help prevent spread of the virus.

"Develop a plan and make sure you know what is happening in the market from a supply chain perspective," said Harris. "Know what testing options are available to you and whether the manufacturers you purchase from are expecting any supply issues. I believe we will see more people wanting to be tested for COVID-19 and other respiratory illnesses this season so anticipate shortages and stay in front of them."

Another forum attendee, the senior manager of nonacute supply chain operations for a large, multi-institutional healthcare delivery system, commented on his coordination with non-acute labs.

"While our lab strategy for physician offices is driven by our health system's lab leadership, I do get involved from an operational standpoint when there is a supply chain component," he said. "There

are coordinated efforts among the different departments across our organization. Things have gone well but I'm concerned that could potentially change because there are lots of unknowns around how things will go this fall and winter."

be it through a tough respiratory season or adapting to new needs of patient facilities, like long-term care," said Greg Colizzi, vice president of health systems marketing at McKesson Medical-Surgical. "Whenever we host these Executive Forums, we learn so much when we connect health systems together."

Supply chain can lead their organizations in successfully navigating these unchartered waters by maintaining visibility into the availability of supplies for the lab and pharmacy and shifting resources to meet patient demand.

An evolving environment

Because of the shifting dynamics of the COVID-19 pandemic alongside the uncertainties around the severity of the 2020-2021 respiratory season, supply chain leaders should continue to engage in an ongoing dialogue with peers in health system leadership throughout the coming months to connect on how challenges, perspectives and strategies evolve in preventing and diagnosing respiratory illnesses. One vice president of purchasing agreed and said COVID-19 has been challenging. His long-term care facilities are learning how to adjust to the new COVID-19 care guidelines, including adapting to ordering and wearing PPE.

"We've seen over the past six months an incredible resiliency within health system supply chains to adapt to this changing landscape. Supply chain is really an integral part of delivering care,

"There is a lot of concentrated and coordinated activity occurring among division leaders like myself," said Killeen. "Today's session has been very educational, providing background information that I can use to ask questions and get ideas related to our vaccination strategy."

Moving forward

The COVID-19 pandemic has highlighted the importance of supply chain to healthcare organizations and the need for greater collaboration and coordination among supply chain leaders and clinicians. This respiratory season it will be critical for supply chain to truly understand the needs of clinicians as they diagnose and treat COVID-19 alongside the illnesses they see every year, many of which exhibit the same symptoms.

Supply chain can lead their organizations in successfully navigating these unchartered waters by maintaining visibility into the availability of supplies for the lab and pharmacy and shifting resources to meet patient demand. While in the past healthcare organizations could look to supplies used during the same timeframe in previous years to help facilitate demand planning, this year is different. It will require stakeholders to stay engaged and remain alert to patient trends and supply usage on a continuous basis, communicate with each other and have the ability to quickly pivot the selection and flow of supplies based on changing consumption. ■

Point-of-Care (POC) Testing Options

Active viral infection tests:

- **Antigen:** Nasal or nasopharyngeal swab at POC that delivers results in minutes.
- **Molecular (RNA):** Nasal or nasopharyngeal swab at POC that offers an accurate result for same day diagnosis.

Antibody tests:

- **Serology:** Blood test to determine if patient was previously infected or exposed.

1 Barna Bridgeman, Mary. Responding to Influenza Vaccine Misconceptions: Counseling Points for Pharmacists in 2020. Pharmacy Times, July 25, 2020. https://www.pharmacytimes.com/publications/supplements/2020/July2020/responding-to-influenza-vaccine-misconceptions-counseling-points-for-pharmacists-in-2020
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802702
3 https://www.nfid.org/keep-up-the-rates/issue-brief-the-impact-of-covid-19-on-us-vaccination-rates

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Value-Based Care Challenges the 'Profitability of Sickness'

Will COVID-19 hasten the demise of fee-for-service medicine?

COVID-19 has hurt physician offices. And the stats bear it out. Practice revenues dropped 50% between March and May of this year, according to the American Medical Association. Health Affairs reported on a study estimating that over the course of calendar year 2020, primary care practices could be expected to lose $67,774 in gross revenue per full-time-equivalent physician. And McKinsey's Physician Survey, conducted in May, showed that 46% of respondents were concerned about their practices making it through the pandemic crisis and 43% expected to have fewer than 28 days cash on hand – an 85% increase since pre-COVID-19.

If there is a silver lining, it may be that the crisis has accelerated the push to drop fee-for-service medicine. "It has underscored that doctors don't get paid at all when they can't see patients and bill piecemeal for care," reported Kaiser Health News.

"The pandemic has exposed the flaws of our traditional, volume-based fee-for-service method, as patients cancelled or postponed visits," a spokesperson for BlueCross BlueShield of North Carolina told *The Journal of Healthcare Contracting*. A survey of North Carolina primary care physicians in May showed that almost one in 10 were considering shutting their doors permanently.

"The pandemic has exposed the flaws of our traditional, volume-based fee-for-service method, as patients cancelled or postponed visits."

Based on outcomes

Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes instead of the amount of healthcare services delivered, according to a January 2017 report in NEJM Catalyst Innovations in Care Delivery. It rewards physicians for "helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way. The 'value' in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes."

Ideally, value-based care allows 1) patients to spend less money to achieve better health, 2) providers to achieve greater efficiencies and patient satisfaction, and 3) payers to control costs and reduce risk.

"In a word, it's better care," says Don Crane, president and CEO of America's Physician Groups, a national professional organization of 350 physician groups, all of whom are committed

to value-based care. "Today, 90 percent of the U.S. healthcare spend is on people with chronic and mental health conditions, and more than 80 percent of Medicare FFS spending is on the costliest 25 percent of Medicare beneficiaries, many of whom have multiple chronic conditions. It is a disease burden best addressed through value-based care, in which physician groups take responsibility for the health of broad populations, conduct plenty of community outreach, and place heavy emphasis on prevention.

"Fee-for-service was pretty good for 1890. But it is woefully inadequate for 2021."

For years, the federal government and private payers have been nudging the industry toward value-based care. For example, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) instituted the Quality Payment Program, or QPP, and two payment options: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Private payers are increasingly attracted to the concept as well. In January 2019, BlueCross and Blue Shield of North Carolina (Blue Cross NC) launched Blue Premier, a value-based care program that holds Blue Cross NC and providers jointly accountable for meeting quality and cost measures, says a Blue Cross NC spokesperson. Eight of the state's largest health systems, plus more than 200 independent primary care practices, are in Blue Premier.

In August 2020, UnitedHealth Group released a report showing that primary care physicians paid under global capitation – which pays a set amount per month per patient – achieve key quality metrics at higher rates than physicians paid under fee-for-service. The study showed that patients treated under global capitation:

- Were screened at higher rates for breast cancer (80% versus 74%) and colorectal cancer (82% versus 74%).
- Demonstrated higher controlled blood sugar levels (89% versus 80%) and were given more eye exams (84% versus 74%).
- Received higher rates of functional status assessment (96% versus 86%) and medication review (97% versus 92%).

Still, progress toward value-based care has been uneven. In 2018, 87% percent of physicians reported that their practice received payment through fee-for-service, making it by far the most commonly reported payment method, according to the American Medical Association. That said, 63% reported payment through at least one of the four APMs of MACRA.

The COVID factor

The question is, what impact will COVID-19 have on the evolution of fee-for-service to value-based care? "Patients have been fearful of visiting

Physician practices ready to step away from fee-for-service and toward value-based care need three things above all, says Don Crane, president and CEO of America's Physician Groups, a national professional organization of 350 physician groups, all of whom are committed to value-based care:

- **Leadership and commitment.** Practices making the transition to value-based care may need to develop new infrastructure and competencies, including analytics, better patient communications, and patient registries. "It takes leadership to say, 'Let's do this,'" says Crane.
- **An electronic medical records system.** "EMRs drive some doctors crazy, while others love them. But from an administrative standpoint, they are absolutely necessary in order to aggregate data" and avoid unnecessary or improper tests or procedures.
- **A team.** "Keeping people out of the hospital, where costs are high and safety sometimes compromised, is key to value-based programs," says Crane. "But you need the personnel to do so." That includes hospitalists, to help avoid unnecessary admissions and facilitate timely discharges from the hospital; care managers, to keep care plans on course; and physician assistants and others to focus on the knotty problems of managing chronic disease. "It's not rocket science," says Crane. "You want the whole team working at the top of their capabilities."

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their doctor, and the waiting rooms of many practices are empty," says Crane. "But because our groups are prospectively paid, they continued to receive payment for doing the kind of things they do, such as conducting outreach, mining data to uncover those who might be vulnerable to the virus, and providing counseling when necessary – all while continuing to care for non-COVID patients, who still struggle with chronic conditions such as hypertension, diabetes or COPD."

In response to COVID-19, Blue Cross NC created its Accelerate to Value Program for Independent Primary Care to provide financial stability to primary care practices during COVID-19 and to serve as a pathway towards participation in a primary-care-provider capitation program starting in 2022. PCP capitation is a fixed payment for a set of core primary care services including office visits (E/M codes), wellness visits (preventive care codes) consults and physical exams.

In August 2020, following more than a year of collaboration and planning, Allina Health and Blue Cross and Blue Shield of Minnesota announced a six-year, value-based payment agreement. Allina Health performs more than 6 million patient visits per year, while approximately one in three residents in the state have coverage through Blue Cross. "We've lived in a volume-based healthcare world where the profitability of sickness is greater than the profitability of wellness," Dr. Craig Samitt, president and chief executive officer at Blue Cross and Blue Shield of Minnesota, was quoted as saying.

"It is extremely important for Allina and Blue Cross that quality of care is improved – not diminished – by this agreement," said an Allina spokesperson.

Allina Health is committed to expanding its expertise on preventive care and new models-of-care delivery (to help reduce overall levels of care), and to share "appropriate, usable, real-time data to inform care delivery and enhance the patient experience.

'Fee-for-service was pretty good for 1890. But it is woefully inadequate for 2021.'

"Ultimately, providers will be able to focus on more proactive forms of preventive care with less administrative burden with all patients. This means more time spent building patient relationships, streamlining the care delivery experience and reducing provider burnout. The effect will be to encourage preventive care, which can keep patients healthier and reduce rates of debilitating chronic illness." ■

Proponents of value-based care say:

- The pandemic exposed the flaws of our traditional, volume-based fee-for-service method, as patients cancelled or postponed visits.
- Value-based care allows **1)** patients to spend less money to achieve better health, **2)** providers to achieve greater efficiencies and patient satisfaction, and **3)** payers to control costs and reduce risk.
- The 'value' in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.
- Chronic illness is a disease burden best addressed through value-based care, in which physician groups take responsibility for the health of broad populations, conduct plenty of community outreach, and place heavy emphasis on prevention.
- Primary care physicians paid under global capitation – which pays a set amount per month per patient – achieve key quality metrics at higher rates than physicians paid under fee-for-service.
- Providers are able to focus on more proactive forms of preventive care with less administrative burden with all patients.

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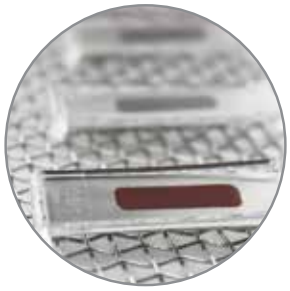

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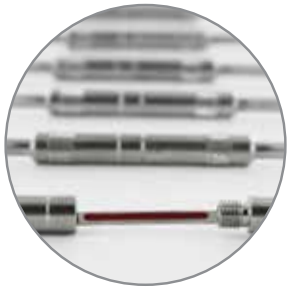

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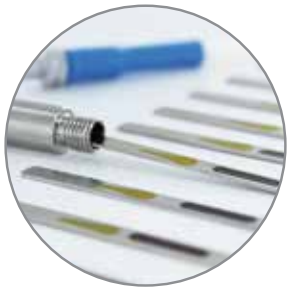

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Health News & Notes

Being mindful

Mindfulness is a simple self-care tactic that can reduce stress, help you be less reactive, and assist you in finding a path to greater calm. Utah-based Intermountain Healthcare announced in September it was offering free online classes to help people comfortably work toward achieving better emotional wellness.

Many people who practice mindfulness report:

Increased

- Capability to relax
- Energy and enthusiasm for life
- Self-esteem and self-compassion
- Ability to cope with discomfort

Decreased

- Physical and psychological symptoms
- Acute and chronic stress
- Perception of pain

Indeed, practicing mindfulness meditation for even a few minutes a day has been shown to help improve overall health and well-being and can be useful in managing stress.

For more information, visit: https://intermountainhealthcare.org/blogs/topics/covid-19/2020/09/free-online-mindfulness-classes.

Wildfires, COVID pose dual threat

As wildfires raged across the entire west coast this fall, the air quality had the potential to reach extremely unhealthy levels. The Washington State Department of Health released information aimed at helping citizens to stay safe from smoke and fire, while preventing the spread of COVID-19.

Breathing in wildfire smoke can cause symptoms that are relatively minor, such as eye, nose, and throat irritation, and also more dangerous symptoms like wheezing, coughing, and shortness of breath. The best way to protect yourself from smoky air is to stay inside and keep your indoor air clean by improving filtration and creating a clean air room in your home. To reduce the intake of smoke into your home, the DOH recommended:

- Close windows and doors when it's smoky outside, and open windows to let in fresh air during times when there's better air quality outside.
- Set air conditioners to re-circulate.
- Avoid burning candles/incense, smoking, broiling/frying foods, and vacuuming, as these can add to indoor pollution.
- Use a portable air cleaner with a HEPA filter – Air Cleaner Information for Consumers – California Air Resources Board.

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[1]PDI Study 0113-CTEVO, [2]PDI user acceptance study, [3]https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html

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- Build your own box fan filter – WA Department of Ecology's video on how to make your own clean air fan.

"This wildfire season is especially challenging during the COVID-19 pandemic," the DOH said in a release. "If you're considering leaving the area to escape smoke or fire, consider the COVID-19 restrictions in the county you are traveling to, and the people you are visiting. This is especially important if they are at high risk for severe COVID-19. For those taking in people trying to escape fire or smoky conditions: please keep your circles small, wear masks indoors, and continue washing your hands often."

These steps alone are not enough to protect you from COVID-19: Wearing cloth face coverings to protect yourself and others is still critical. "Cloth face coverings generally do not provide much protection from wildfire smoke, but they are still crucial in a pandemic," said Secretary of Health John Wiesman. "We want people to continue to wear cloth face coverings to slow spread of COVID-19."

Youth sports amid a pandemic

In a recent blog post for the Mayo Clinic, Jason Howland examined how youth sports have changed in 2020, and what safety measures should be put in place.

"Sports do require oftentimes close contact, sharing of equipment and other things that do pose risks. How do we do that in the safest way possible I think is the million-dollar question," says Dr. David Soma, a Mayo Clinic pediatrician who specializes in sports medicine. Dr. Soma says sports provide valuable mental and physical benefits for kids, but the COVID-19 pandemic is a whole new ballgame. "If we are going to have kids play sports, we need to really strongly encourage a lot of those social safety measures: social distancing, hand hygiene, masking when possible." He also recommends screening athletes for COVID-19 symptoms before practices and games.

A Cleveland Clinic study shows that 5% to 10% of surgically induced weight loss is associated with improved life expectancy and cardiovascular health.

Study: Positive effects of metabolic surgery may be independent of weight loss

A Cleveland Clinic study shows that 5% to 10% of surgically induced weight loss is associated with improved life expectancy and cardiovascular health. In comparison, about 20% weight loss is necessary to observe similar benefits with a non-surgical treatment. The findings also show that metabolic surgery may contribute health benefits that are independent of weight loss. The study is published in the October issue of *Annals of Surgery*.

This large observational study looked at 7,201 Cleveland Clinic patients: 1,223 patients with obesity and type 2 diabetes who underwent metabolic surgery (bariatric or weight loss surgery) were matched to 5978 patients who received usual medical care. About 80% of the patients had hypertension, 74% had dyslipidemia (elevated triglycerides and cholesterol), and 31% were taking insulin to treat their diabetes.

Using different statistical models, the effects of weight loss were studied to identify the minimum weight loss needed to decrease the risk of death and of experiencing major adverse cardiovascular events, such as coronary artery events, cerebrovascular events, heart failure, kidney disease, and atrial fibrillation.

"Following metabolic surgery, the risk of death and major heart complications appears to decrease after about 5% and 10% weight loss, respectively. Whereas, in the nonsurgical group, both the risk of death and major cardiovascular complications decreased after losing approximately 20% of body weight," said Ali Aminian, M.D., director of Cleveland Clinic's Bariatric & Metabolic Institute, and lead author of the study.

"This study suggests greater heart disease benefits are achieved with less weight loss following metabolic surgery than medical weight loss using lifestyle interventions. The study findings suggest that there are important benefits of metabolic surgery independent of the weight loss achieved," said Steven Nissen, M.D., Chief Academic Officer of the Heart, Vascular & Thoracic Institute at Cleveland Clinic, and the study's senior author. ■

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ENCOMPASS GROUP : BY DEANNA LEONARD

Buy Scrubs. Give Scrubs.

When the team at Jockey International and the team at Encompass Group, LLC get together to brainstorm on what else they can do to help make a difference during the pandemic, you never know what is going to happen. "With Jockey being founded by a minister 144 years ago, Jockey is a third-generation family owned company. Jockey believes they have been blessed by this country and in her time of need, they will help return the blessing." [1]

Encompass's mission statement is grounded in taking care of people. Encompass believes every patient, resident, caregiver and family member should feel Safe & Comfortable in today's healthcare environment. Everything Encompass creates is rooted in that mission and they are proud to design, produce and deliver Jockey® Scrubs. Together, Jockey and Encompass have made great strides to deliver key supplies to those in need including donating 250,000 isolations gowns and 10,000 scrubs.

Knowing that there is still a huge need out there, Jockey and Encompass partnered again, this time focusing on rural hospitals. Rural hospitals dedicate themselves to ensuring their local communities have the high quality healthcare everyone deserves. Quite often, these communities are made up of underserved populations. "Rural Americans are older and sicker with higher percentages of the six leading chronic diseases, making them more vulnerable to COVID-19. At the same time, rural health care providers are struggling to keep their doors open. Nearly half of all rural hospitals operate at a financial loss, and the rural hospital closure crisis has created healthcare deserts throughout rural America. Rural hospitals and health care providers are

on the frontlines keeping communities across the country safe. They are more important than ever." [2]

Given these facts from the National Rural Health Association, Jockey and Encompass decided to create a program to say thank you to those on the front lines at rural hospitals. It is their hope that the rural hospital community will find some comfort, some value and some reassurance that they are appreciated for all they do. For example, they partnered with Vizient, a healthcare performance improvement company that represents more than half of the acute care hospitals in the country, including many rural hospitals. More than 90 of Vizient's member rural hospitals expressed interest in the program over a period of just three days. Additional Vizient hospitals have also requested the donated items, with many already receiving it.

By donating over 20,000 scrubs to rural hospitals across the United States, it is Jockey and Encompass's small way of saying thank you.

With great partners like Vizient, as well as others like Sonsiel, and e-Sagacity – the team was quickly able to identify rural hospitals in need. Rural hospitals make a difference for families, individuals, and communities and have cared for those who are fragile, ill and in need.

Becky Ries from Valley County Health System in Nebraska said, "We would like to extend our thanks for the scrubs that are being shipped to our hospital. During these difficult times especially, generosity such as this helps to lift spirits and support our workers who are on the front lines helping to care for patients each and every day! Thank you for giving back in such a kind, thoughtful and generous way … we are beyond grateful!"

Hospitals and employees like these inspire Jockey and Encompass Group in so many ways. By donating over 20,000 scrubs to rural hospitals across the United States, it is Jockey and Encompass's small way of saying thank you. Thank you for the dedication during unprecedented times, thank you for the tireless energy, and most of all thank you for choosing to work in rural communities and caring for those who need it most. ■

1. Jockey.com
2. NRHA blog articles

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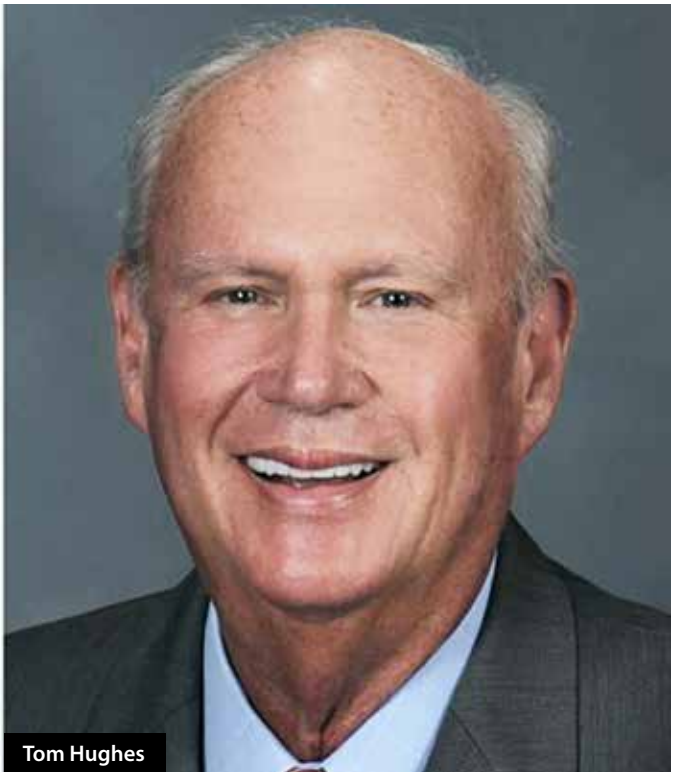
SMI appoints new executive director


Jane Pleasants


Tom Hughes

SMI (Westborough, MA) announced that effective February 1, 2021, Tom Hughes will become SMI executive director, emeritus. Jane Pleasants will assume the leadership role of SMI executive director. She will become the new executive director of SMI on February 1, following her retirement after many years as VP of supply chain for Duke Health.

"As an SMI founder, long serving member on the board of directors, board chair-elect and current chairman of the board she is a highly visible member of the SMI community and is also the recipient of the Bellwether League's Hall of Fame for Healthcare Supply Chain Leadership," SMI said in a press release.

Tom Hughes has held the position of executive director of SMI for 16 years after a long-standing career in healthcare. Under his leadership, SMI has grown to over 130 member organizations which represent the nation's top providers, suppliers, manufacturers, distributors and innovators like Johnson & Johnson, 3M, Abbott, Kaiser Permanente, Ascension and Amazon.

Steve Gundersen, VP and general manager of BD, a founding member of SMI and chair-elect said, "I've had the pleasure of knowing Jane and Tom for many years. Both are visionaries who have had a profound impact improving supply chain processes for clinicians and patients. Tom's countless contributions will be felt throughout the healthcare supply chain industry for years to come. Jane's willingness to listen, connect and contribute make her uniquely qualified to be the next leader of SMI. It has been an honor to know them both as colleagues and dear friends. I am excited for this next new chapter for Jane, Tom and SMI." ■

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7 health systems partner to launch specialty pharmacy alliance

Seven leading health systems and other network providers of specialty pharmacy patient care have joined together to form The Health System Owned Specialty Pharmacy Alliance (HOSP).

HOSP will focus on advocating for the interests of integrated specialty pharmacies and promoting best practices that enable them to deliver the best patient care and patient outcomes.

More than a quarter of specialty pharmacies are now owned by health systems, HOSP said in a press release.

"HOSP will act as the "face and voice" of the integrated specialty pharmacy industry advocating for, and uniting members around, common industry interests and concerns," said Tanya Menchi, executive director, HOSP.

"Creating a trade association that is dedicated to representing specialty pharmacies owned by health systems means HOSP members can focus on our unique issues and commitment to patients and their care team," said Tim Affeldt, VP, Specialty/Infusion Pharmacy Operations, Fairview Health Services. "This is why Fairview has been very interested in HOSP from the beginning. With most major health systems owning specialty pharmacies or looking to create that capability, I expect interest in HOSP will be strong across the industry." ■

HOSP founding members with representation on the Board of Directors include:

- Tim Affeldt, VP, Specialty/Infusion Pharmacy Operations, Fairview Health Services
- Neil Gilchrist, chief pharmacy officer, Pharmacy Services, UMass Memorial Medical Center
- Gary Kerr, chief pharmacy officer, Baystate Health
- Eric Arlia, senior director, Systems Pharmacy, Hartford HealthCare
- Darlene Rodowicz, EVP, Berkshire Health Systems
- Jack Shields, founder and chairman, Shields Health Solutions
- Louis Sokos, director of Allied Health Solutions, Specialty Pharmacy Services, WVU Hospitals
- Marla Weigert, system VP, Pharmacy Services at CommonSpirit, President, CommonSpirit Specialty Pharmacy

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IDN Summit announces 2020 Chuck Lauer Award recipient

Régine Honoré Villain, chief supply chain officer for Ochsner Health System (New Orleans, LA), received the 2020 Chuck Lauer Award presented by the IDN Summit & Reverse Expo.

"As a leader in the healthcare industry with over 25 years of experience, Régine certainly embodies these characteristics," the IDN Summit Network said in a press release.

Prior to her current role as SVP, Supply Chain Network and chief supply chain officer at Ochsner Health System, she was the VP, Supply Chain Operations at NYU Langone Health System.

The IDN Summit National Advisory Board nominated 14 healthcare leaders from across the U.S. for the award this year, including:

- Régine Honoré Villain, SVP, Supply Chain Network & chief supply chain officer, Ochsner Health System.
- Teresa Dail, chief supply chain officer, Vanderbilt University Medical Center
- Nick Gaich, CEO, Nick Gaich and Associates
- Maria Hames, partner, HealthCare Links
- Ed Hisscock, SVP, Supply Chain Management, Trinity Health
- Brent Johnson, VP, Supply Chain (Ret.), Intermountain Healthcare
- Jay Kirkpatrick, VP, Supply Chain Operations, LifePoint Health
- Carl Meyer, EVP, Wetrich Group
- Dennis Mullins, SVP, Supply Chain Operations, Indiana University Health
- Ken Murawski, CEO, HealthCare Links
- Eric O'Daffer, Research VP, Gartner
- Jonathan Pumphrey, VP & Chief Supply Chain Officer, WellSpan
- Cathy Spinney, President and CEO, Yankee Alliance
- Mark Van Sumeren, managing director, Health Industry Advisor LLC

Régine Honoré Villain

The Chuck Lauer Award is given annually to a member of the healthcare supply chain that best embodies the characteristics of its namesake, Chuck Lauer. Those characteristics include selfless care for others, a strong commitment to excellence in work and life, a healthy balance between work and life, eternally optimistic, strong ethical values, and unwavering patriotism and pride in the United States of America. ■

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Industry news

Premier Inc. insurance program distributes $3.1M to participating member hospitals

Premier Insurance Management Services Inc, a Premier Inc. (Charlotte, NC) company offering unique insurance programs and companion services designed to reduce risk exposures, lower costs and support operational efficiencies, has returned $3.1 million in profit sharing to 67 hospitals and health systems that participate in its excess workers' compensation program with Safety National Casualty Corporation (SN) in fiscal year 2020.

The insurance program with SN, which was established in 2000, provides excess workers' compensation insurance to hospitals and health systems. Active, qualifying policyholders in the Premier Insurance Management Services program have an opportunity to receive a portion of the policy year profits based on favorable program experience.

"The COVID-19 pandemic has created more financial disruption for our member hospitals and health systems than any other period in memory," said Joelle Hren, President of Premier Insurance Management Services. "The profit-sharing distribution to policyholders represents our ongoing commitment, partnership and unwavering support in meeting the needs of our members."

More than $29 million has been distributed to policyholders since the program's inception, Premier said.

Kindred Healthcare appoints new CFO

Kindred Healthcare, LLC (Louisville, KY) announced that Joel Day was named CFO, effective January 1, 2021. Day currently is SVP and Operations CFO, responsible for overseeing all strategic finance work for the enterprise.

He will succeed current CFO John Lucchese, who is retiring after nearly 25 years of service to Kindred at the end of the year.

The company also announced that Todd Flowers, SVP, Corporate Finance and Treasurer, will continue as Treasurer and assume additional responsibilities as CFO, Strategy and Support Services; and Julie Viers, VP and Controller, has been promoted to chief accounting officer. These appointments also are effective January 1, 2021.

Southeastern Health, UNC Health sign non-binding LOI for comprehensive management services agreement

Southeastern Health and UNC Health have signed a non-binding Letter of Intent (LOI) for the two organizations to enter into a long-term comprehensive Management Services Agreement (MSA).

The proposed agreement will culminate in Southeastern Health becoming the 12th member of the UNC Health system. Southeastern Health intends to co-brand with UNC Health as UNC Health Southeastern.

The move will allow UNC Health more opportunities to recruit and retain additional highly-skilled physicians and other caregivers to the area as well as to maintain and grow the services Southeastern offers. Southeastern will benefit from the scale and expertise of UNC Health in areas such as clinical and organizational development initiatives, purchasing agreements, access to clinical and operational subject matter experts, and more, the organizations said in a press release.

Importantly, Southeastern will benefit from UNC Health's existing population

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health management strategy and commitment to addressing health disparities with innovative, patient-centered solutions. "

The names of Southeastern Health's locations will continue and will be co-branded to reflect the partnership with UNC Health.

The organizations hope to finalize the agreement later this year.

CMS adds 11 new telehealth services to Medicare coverage

The Centers for Medicare & Medicaid Services (CMS) has expanded the list of telehealth services that Medicare Fee-For-Service will pay for during the coronavirus disease 2019 (COVID-19) Public Health Emergency (PHE).

CMS is also providing additional support to state Medicaid and Children's Health Insurance Program (CHIP) agencies in their efforts to expand access to telehealth.

For the first time using a new expedited process, CMS is adding 11 new services to the Medicare telehealth services list since the publication of the May 1, 2020, COVID-19 Interim Final Rule with comment period (IFC). Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately, and for the duration of the PHE.

These new telehealth services include:

- Certain neurostimulator analysis and programming services
- Cardiac and pulmonary rehabilitation services.

Since the beginning of the public health emergency, CMS has added over 135 services to the Medicare telehealth services list – such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services.

With the latest action, Medicare will pay for 144 services performed via telehealth.

Scott and White Health Plan issues nearly $7M in health insurance rebates to North and Central Texas employers

Scott & White Care Plans, a subsidiary of Scott and White Health Plan and part of Baylor Scott & White Health (Dallas, TX), is issuing nearly $7 million in rebates to more than 130 large groups in North and Central Texas who had employer-sponsored HMO plans in 2019.

The Medical Loss Ratio (MLR) rebates are the result of effective care coordination and disease management efforts, the health system said.

Scott & White Care Plans members have access to the medical teams and facilities of the Baylor Scott & White Health system, which provides the full range of inpatient, outpatient, specialty, rehabilitation and emergency medical services. Scott & White Care Plans says that it anticipates even greater care coordination and savings opportunities in the year ahead.

Atrium Health, Wake Forest Baptist Health combine to create 42-hospital academic health system

Atrium Health and Wake Forest Baptist Health, including Wake Forest School of Medicine, officially joined together as a single enterprise, Atrium Health.

Wake Forest Baptist Health and Wake Forest School of Medicine will become the academic core of Atrium Health, building a second campus of the school of medicine in Charlotte. The growth of the school of medicine will expand existing academic research capabilities in a way that expands opportunities for clinical trials across a large, diverse market with some of the nation's leading medical experts, Atrium said.

The combined entity has 42 hospitals and more than 1,500 care locations as well as over 70,000 employees.

Eugene A. Woods, president and CEO of the new Atrium Health, has been appointed president and CEO of the combined enterprise, guiding the strategic direction of the newly created next-generation academic health system, encompassing 42 hospitals and more than 1,500 care locations.

Dr. Julie Ann Freischlag, CEO of Wake Forest Baptist Health and dean of Wake Forest School of Medicine, has been named the chief academic officer for Atrium Health, in addition to her current role as CEO of Wake Forest Baptist Health and dean of Wake Forest School of Medicine. She will focus on driving leading-edge, experiential medical education and training for its academic mission and re-imagining the future of basic science and translational research.

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