September 2022 • Vol.13 • No.5

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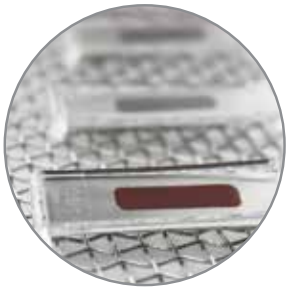

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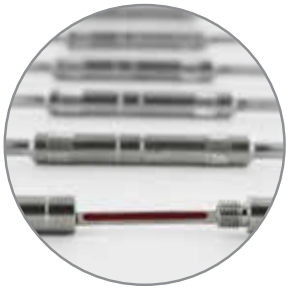

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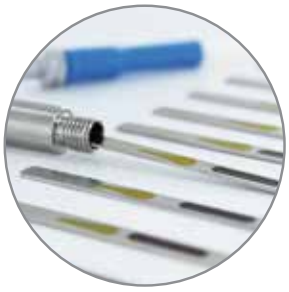

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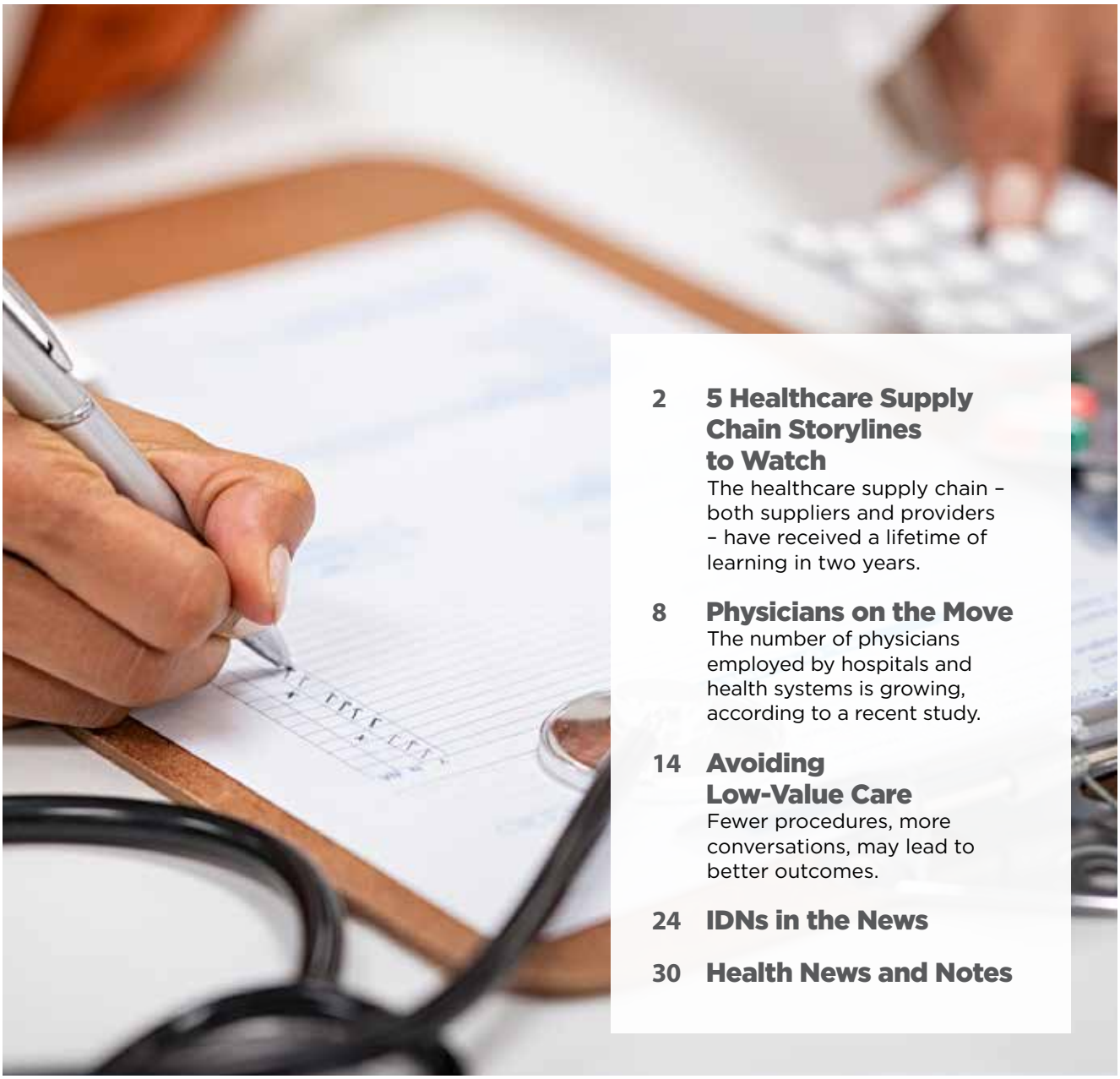
CONTENTS »» SEPTEMBER 2022



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

EDITOR
Graham Garrison
ggarrison@sharemovingmedia.com

ART DIRECTOR
Brent Cashman
bcashman@sharemovingmedia.com

DIRECTOR OF BUSINESS DEVELOPMENT
Anna McCormick
amccormick@sharemovingmedia.com

SENIOR EDITOR
Daniel Beaird
dbeaird@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.

5 Healthcare Supply Chain Storylines to Watch

The healthcare supply chain – both suppliers and providers – have received a lifetime of learning in two years.

BY MATT ROWAN, PRESIDENT AND CEO OF HIDA

When thinking about trends and stories to watch for the near future, it is useful to reflect on the incredible run of recent events. The healthcare supply chain has experienced several lifetimes of learning in just two years. We've faced one black swan event after another – pandemics, port delays, record inflation, and spot shortages of critical goods among others. We've had to prepare for the unpredictable as well as the unimaginable. There have been benefits to confronting these challenges as an industry. Looking ahead to the rest of the year – and beyond – the Health Industry Distributors Association (HIDA) sees the following issues and challenges facing the industry.

1 Supply chain delays aren't going away …

Healthcare distributors have seen no reprieve from the delays and backlogs currently disrupting the medical supply chain. Recent headlines show an evolving challenge that is likely to worsen in the coming months.

Retailers and manufacturers are right in the middle of their seasonal rush of importing ahead of the fall and end-of-year holidays. Three-quarters of shipping industry professionals surveyed say this year's peak shipping season will be as bad or worse than 2021. Long-dwelling containers are increasing at ports. The number of import containers sitting on Long Beach terminals for nine days or more is now higher than it was in October 2021.

Meanwhile, labor turmoil at West Coast ports will cause further trouble for the medical supply chain. The contract between port management and the dockworkers union expired on July 1. Truckers blockaded the Port of Oakland for a week to protest the California statute AB 5, a labor law that would require truckers and other independent contractors to register as employees. And the threat of a strike by rail freight workers became so great that President Biden decided to intervene.

2 … and neither are pandemics

COVID – and now monkeypox – demonstrate that pandemics can come from anywhere at any time. Congress needs to build on the lessons of the last pandemic in order to prepare for the next one. That is why HIDA led an effort by national healthcare organizations and trade associations to urge Congress to pass the PREVENT Pandemics Act this year. HIDA led a letter signed by 24 organizations representing a wide range of healthcare

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1. Tosini W, Ciotti C, Goyer F, Lolom I, L'Heriteau F, Abiteboul D, et al. Needlestick Injury Rates According to Different Types of Safety-Engineered Devices: Results of a French Multicenter Study. Infect Control Hosp Epidemiol. 2010 Apr;31(4):402-7
2. Data on file

stakeholders including distributors, physicians, hospitals, public health professionals, infectious disease professionals, scientists, and other stakeholders.

We told Congress that "The PREVENT Pandemics Act would improve our testing and treatment capabilities and address the disparities which make public healthcare challenges harder on vulnerable populations. We appreciate the legislation's supply chain provisions that provide the Strategic National Stockpile with additional flexibility to partner with distributors and manufacturers. … Enacting the PREVENT Pandemics Act will better equip our nation with the tools to combat future public health challenges and threats and bring us one step closer to filling the gaps in our future pandemic response.

3 We need to continue momentum on preparedness …

The current situation presents us with a once-in-a-generation opportunity to modernize preparedness and resilience. The momentum behind preparedness solutions must continue. The worst thing our industry could do is snap back to a pre-pandemic mindset. Unfortunately, we are already seeing some evidence of backsliding, as manufacturing facilities stood up during the pandemic – many with governmental assistance – are being shuttered.

The Federal government devoted resources to incentivize capital investment – but not to incentivize demand. To invest in capacity, manufacturers need certainty that there will be long-term market demand for critical medical supplies. The Federal government should make long-term commitments to manufacturing partners, which will ensure surge capacity is available in the event of a public health emergency.

For example, HIDA supports the proposal by the Centers for Medicare and Medicaid Services to provide Medicare payment adjustments for hospitals that purchase domestically manufactured surgical N95 respirators. This is an important step in the right direction because it directly supports demand to sustain domestic production. The policy proposal also recognizes the substantial resources required to acquire domestically made N95s.

There is a role for the private sector to play as well. For the private sector to build resilience, we need options. Diversified sourcing will build stockpiles from a mix of global, near-shored, and domestic sources. Each source has its strengths and weaknesses – none are immune from disruption. The source that is the anchor in one pandemic may well be the saving grace in the next.

4 … By leveraging the value of distribution

Unfortunately, supply chain disruptions are not over. We will continue to face challenges for the foreseeable future. The good news is that distributors have been at the forefront of these challenges since the beginning of COVID, and have adapted to the new environment we face.

Throughout the pandemic, distributors worked with providers on a range of supply assurance strategies – from identifying acceptable substitutes for critical items, to collaborating on emergency reserves so providers have dedicated private stockpiles. Distributors continue to provide value in logistical expertise – deploying such tools as choosing the best shipping methods, better tracking products in route, and expediting products to their destinations. With a thoughtful, collaborative approach, we can maintain preparedness, build resiliency, and manage costs.

5 Continued collaboration with government as a partner

In June, HIDA convened the first-ever Pandemic Preparedness Summit with federal partners from ASPR, FEMA, FDA, and the Strategic National Stockpile. The purpose of the Summit was to share best practices from the COVID-19 response and strengthen public-private partnerships throughout the healthcare supply chain.

The Summit highlighted the complementary roles of the commercial supply chain and government. The private sector is scaled to make, source, and distribute medical products to our nation's healthcare providers across the care continuum. Federal partners have provided the planning, funding, and prioritization to create a cohesive response.

One major takeaway from the Summit was to build upon the partnerships developed during the response to COVID. This collaboration will lead to a stronger medical supply chain that is mutually supporting and responsive to future pandemics. We recognize that neither the private sector nor public sector alone possesses the full scope of capabilities, infrastructure, funding, or expertise needed to provide for effective pandemic preparedness and response in the United States.

Conclusion

There is more work to be done. I believe we have taken the first of many steps to leaving a legacy of a country better positioned to meet a pandemic or any other disruption regardless of where it comes from or how long it lasts. ■

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1. Accula SARS-CoV-2 Test Instructions For Use. Thermo Fisher Scientific. Accessed on 6/10/22. https://www.thermofisher.com/document-connect/document-connect.html?url=https%3A%2F%2Fassets.thermofisher.com%2FTFS-Assets%2FCCG%2FInstructions%2FLBL-60061-Accula-SARS-CoV-2-IFU-03FEB2021.pdf

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Top 5 Non-Acute Supply Chain Leaders: Part 1

Successful Non-Acute Supply Chain Integration

St. Elizabeth Physicians supports its non-acute sites by partnering with key suppliers and distributors

The role of non-acute supply chain leaders has changed and expanded during the pandemic. As demand for quality products increased and supply chains became strained, supply chain leaders were pushed into a central business role in the organization, putting more focus on supplier and distributor relationships. Now that health care is starting to resemble some level of normalcy, Health Systems continue to consolidate through acquisition, expand their non-acute networks and become more diverse in their offerings, and therefore their needs.

The integration of new facilities always presents the challenge of how to standardize materials management and purchasing systems. But St. Elizabeth Physicians in the Greater Cincinnati region is a prime example of what successfully integrating a non-acute supply chain can bring to a health system.

St. Elizabeth is the multispecialty physician organization of St. Elizabeth Healthcare. Its supplier management program measures key metrics such as performance, savings and quality improvement goals, and its expectations in these have risen during the pandemic.

"We've set up our health system for success by researching and anticipating shifts in the supplier market, and developing action plans based on predicted market changes," said Thomas Mullins, purchasing manager of St. Elizabeth Physicians. "My role has continued to expand for our non-acute sites, developing strategies to achieve sustainable relationships with our suppliers and ensuring achievement of our organizational goals through strategic development planning."

St. Elizabeth Physicians has found that partnering with McKesson on distribution has been very rewarding too, according to Mullins.

"They're the subject matter experts," he said. "They've developed strategies to ensure the criteria they provide meets all the key stakeholders' objectives and business requirements for St. Elizabeth Physicians. They've provided their guidance throughout training, coaching and implementation of best practices seen in their field."

During the past 12 months, McKesson has supported St. Elizabeth Physicians in its efforts to drive inventory management, reduce costs and standardize products through formulary integration. McKesson has also worked with St. Elizabeth Physicians' temporary warehouse location at its corporate headquarters to transfer all allocations and ensure quantities were appropriately distributed amongst its practices and clinics. This has allowed St. Elizabeth Physicians' care sites to have sufficient supply throughout the pandemic.

Mullins says that partnering with McKesson has led to innovative ways to improve productivity and efficiency within its departments.

"The key is understanding where things can be standardized and networking within your internal departments to understand who you need to work with, what products need to change and where price points need to be," Mullins said. "The number one thing is quality and making sure we deliver the best care possible to our patients."

He says trying to provide that care with a standardized approach to its practices is the goal for St. Elizabeth Physicians and that McKesson has offered the data integrity to help achieve it.

"Non-acute supply chain integration allows us to improve our spend management and assure our supply," Mullins concluded. "This allows us to deliver uninterrupted, high-quality care to our patients."

St. Elizabeth Physicians has more than 700 providers and over 2,200 non-provider associates delivering care in 169 physician offices in Northern Kentucky, Southwest Ohio and Southeast Indiana.

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Physicians on the Move

The number of physicians employed by hospitals and health systems is growing, according to a recent study.

BY PETE MERCER

With all the challenges healthcare has faced in the last couple of years, it's no surprise that the industry as whole is constantly shifting and changing. The latest trend signifies a greater shift towards consolidation in the healthcare marketplace, which completely changes the practice landscape for physicians.

A recent study by Avalere Health and the Physicians Advocacy Institute shows that, as of January 2022, 74% of physicians in the United States are employed by hospitals or corporate entities, growing from 62% in January 2019.

Results of the study

In the study, Avalere looked at two consolidation trends occurring on the national and regional levels of healthcare:

1. Acquisitions of physician practices by hospitals/health systems and

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corporate entities like insurers and private equity firms

2 Physicians leaving independent medical practices for employment with hospitals/health systems and corporate entities.

Researchers cited the pandemic as a contributing factor to this shift, finding that 108,700 additional physicians became employees of hospitals or corporations since January 2019, with 83,000 of them making the change after the onset of the pandemic.

"COVID-19 drove physicians to leave private practice for employment at an even more rapid pace than we've seen in recent years, and these trends continued to accelerate in 2021," Physicians Advocacy Institute CEO Kelly Kenney said in a news release. "This study underscores the fact that physicians across the nation are facing severe burnout and strain. The pressures of the pandemic forced many independent physicians to make difficult decisions to sell their practices to hospitals, health insurers or other corporate entities."

In addition to the pandemic, researchers found that acquisitions by hospitals and other corporate entities, like health insurers and private equity firms, are other contributing factors. According to the study, Avalere found that hospitals and other corporate entities acquired 36,200 additional physician practices from 2019 to 2022.

Effects of consolidation

As healthcare continues to shift towards consolidation, many have argued for the benefits that consolidation can bring to the industry, citing things like reduced costs, improved care coordination, increased efficiency and enhanced patient access. Others have argued that consolidation will in turn increase patient care costs.

"COVID-19 drove physicians to leave private practice for employment at an even more rapid pace than we've seen in recent years, and these trends continued to accelerate in 2021."

John McCracken, PhD and Clinical Professor of Healthcare Management at the Jindal School of Management at the University of Texas at Dallas, wrote an article in 2019 about the effects of consolidation in healthcare. In the piece he said, "There are many studies of the effect of hospital mergers, and they generally find resultant price increases on the order of 20% – 30% to be common. Overall, these studies show that the primary effect of consolidation between market competitors is to increase prices, and by substantial amounts as market concentration rises."

As the study indicated, the shift towards healthcare consolidation is already happening and will continue to happen. There is likely no preventing consolidation, so it comes down to working with markets that are already consolidated. McCracken wrote, "An approach that is likely to come to the fore in the run-up to next election is some form of Medicare buy-in or public insurance plan option, for which provider reimbursement would be based on Medicare rates and total spending controlled by global budgets."

While this isn't likely the end of independent physician practices, it does raise alarming questions about the future costs of healthcare. There will always be a need for physicians, especially in rural areas where consolidation is less likely. It's just a matter of ensuring that the physicians who are looking for communities to serve have those options. ■

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With just 20 minutes of hands-on time and two touch points, all users can get up and running quickly with significantly less training, making NGS accessible even if your lab is new to the technology (Figure 2).

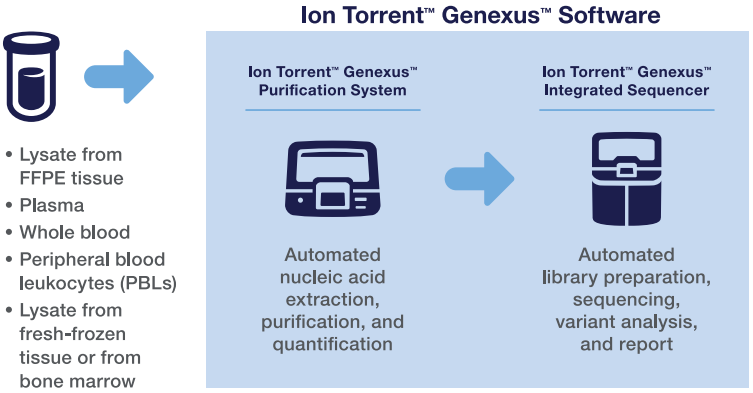

Figure 1. Specimen-to-report NGS automation in as little as a single day.

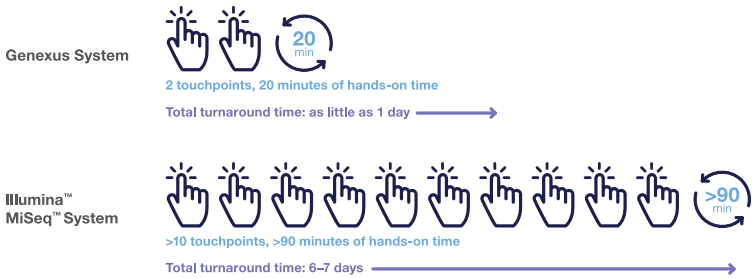

Figure 2. Minimal user hands-on and turnaround times on the Genexus System.

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Other NGS technologies, as well as the traditional way of outsourcing samples, can take weeks to get results, which can delay answers. With the Genexus System, you can go from a biological specimen to a report in as little as one day (including sample preprocessing). This allows you to provide NGS results at the same time as other single-gene analysis methods such as immunohistochemistry.

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Highlights

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- **Minimize user processing errors** while helping to increase reproducibility of results
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Avoiding Low-Value Care

Fewer procedures, more conversations, may lead to better outcomes.

Less is more: Is it true regarding healthcare services and procedures?
Many clinicians think so but have found that eliminating "low-value care" is more difficult than it sounds.

Research shows that fear of malpractice, patient demands and old med school habits continue to drive physicians to provide diagnostic, imaging and pharmacological services that do little good for their patients, and at worst, lead to poorer health outcomes. It's called low-value care and has been defined as services that are of limited to no benefit to patients, may cause patients harm, and lead to waste of healthcare resources.

"The potential negative consequences of medical overuse include adverse effects of treatments and procedures, invasive and dangerous follow-up tests and treatments, overdiagnosis, psychological harm, treatment burden, social consequences, and dissatisfaction with health care," concludes Niloofar Latifi, M.D., of John Hopkins School of Medicine, writing in a JAMA Internal Medicine editorial in December 2021. For example, routine preoperative electrocardiograms before cataract surgery have been associated with a cascade of testing, treatment, and specialist referral at an estimated annual cost for Medicare of $35 million, she says. Low-value testing in annual health examinations has been associated with more specialist visits and additional noninvasive and invasive testing.

Choosing Wisely®

Based on the principle of avoiding services with no or minimal benefit to patients, the American Board of Internal Medicine Foundation in 2012 helped launch the Choosing Wisely® campaign. The program calls for professional societies to create lists of low-value services that physicians should avoid and encourages physicians to engage in conversations about overuse.

The campaign started with lists from nine medical societies and has since grown to include lists from more than 80 societies, citing more than 600 procedures in total. In addition, the program has spread beyond U.S. borders to 25 other countries, including Canada, the United Kingdom, Germany, and Japan.

In a Perspective piece in the New England Journal of Medicine in April, internist Elizabeth J. Rourke, M.D., of Brigham and Women's Primary Care in Boston, raised questions about Choosing Wisely, calling it an "immediate public relations win for the medical profession in 2012, demonstrating that doctors were stepping up to address low value and high costs in medicine." But, she continues, "[t]en years later, it's clear that making lists and publicizing them are not sufficient to reduce low-value care." Medical services that do not improve patients' health continue to account for an estimated 10% to 20% of health care provided in the United States, costing $75 billion to $101 billion per year, she says.

"In a capitalist economy oriented toward growth, more has always been more, and newer has always been better. In this context, parsimony is a hard sell. In addition, cognitive biases such as the therapeutic illusion that leads us to overestimate benefits and underestimate harms are present in both doctors and patients."

Physicians who want to reduce low-value care should begin by listening to their patients' wishes, Rourke says. "My experience mirrors the findings of a 2015 study that used surveys, interviews, and focus groups to assess how patients understood low-value care. The study found 'quite powerfully' that patients favored

Spending on low-value care

Despite the efforts of the medical societies participating in the American Board of Internal Medicine's Choosing Wisely® initiative, success in reducing low-value care and spending has been modest at best, concluded researchers reporting in JAMA Internal Medicine in December. The reason could lie in the characteristics and expected impact of the services identified in Choosing Wisely recommendations. Some of their findings:

- Low-value services identified in the 626 Choosing Wisely recommendations largely cover imaging (26.8% and laboratory studies (24.9%).
- Nearly half (45.4%) of recommendations identify services that are low cost (<$200), such as serum vitamin D tests or electrocardiograms.
- Most recommendations (43.8%) identify low-value services that cover common clinical scenarios, such as low back pain, pregnancy, or acute respiratory tract infection, or uncommon clinical scenarios, such as pediatric nephrolithiasis (38.5%).
- Nearly half (44.8%) of identified low-value services have high potential for direct harm (e.g., central venous catheter placement), while 62% have high potential for cascades (e.g., opioid treatment, preoperative electrocardiogram, and prostate specific antigen test).
- Most services with low direct harm nevertheless have high cascade potential and 19.2% of recommendations name services with high direct harm and high cascade potentials.

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'replacing excessive tests with time for clinicians to talk, listen and personalize' and that 'the vast majority of Americans who currently view reducing low-value care in a positive light do so because they see it as a means to improve communication with their clinicians.' In short, these patients – and I – want more of the conversations that the [American Board of Internal Medicine] set out to promote in 2012."

'The vast majority of Americans who currently view reducing low-value care in a positive light do so because they see it as a means to improve communication with their clinicians.'

Time to talk

Daniel B. Wolfson, executive vice president and COO of the ABIM Foundation told *Repertoire*, "After a decade of Choosing Wisely we know what helps in addressing low-value care and have worked with specialty societies to create many valid and meaningful recommendations. But we completely agree that now is the time for delivery systems and other entities to use multiple interventions to promote value-based care.

"Our role was in starting the movement, and we always knew it would take others joining us to create projects and interventions that would help ensure reductions of low-value care. Beginning with awareness, cultural changes, and prioritizing low-value care, the next phase would be multiple efforts to de-implement care."

Wolfson points out that this is already occurring in pockets of the healthcare system, including among 14 large healthcare systems whom the Foundation worked with under a grant from the Robert Wood Johnson Foundation. That effort led to a 20% to 30% reduction in the use of antibiotics, he says. In another example, Cedars-Sinai Health System used its decision support tool in Epic to alert physicians when their care instructions deviated from Choosing Wisely's evidence-based guidelines during inpatient visits. "An alert was triggered, for example, if a physician tried ordering a sedative for a sleepless older patient, as sedatives can put seniors at risk for falls and more," he says. "Physicians could choose to follow the suggestion or override it. The study found a significant difference in health outcomes and costs between those that followed the suggested alerts and those that didn't.

"The conversations we ignited continue, with many physicians reporting that Choosing Wisely conversations occur daily in their hospitals and clinical practices," says Wolfson. "Multiple journals, including the Journal of Hospital Medicine and JAMA Internal Medicine, feature regular sections on Choosing Wisely and/or overuse. Specialty society meetings have tracks on overuse and their Choosing Wisely recommendations. And conversations also occur in medical education and training through the Costs of Care's STARS program," which provides training for medical students to lead value improvement initiatives at their own medical schools.

Value-based care

Mary Campagnolo, MD, MBA, FAAFP, a board member of the American Academy of Family Physicians, believes that "at its core, the [Choosing Wisely] campaign shares a major theme with family medicine – encouraging conversations and shared decision-making between

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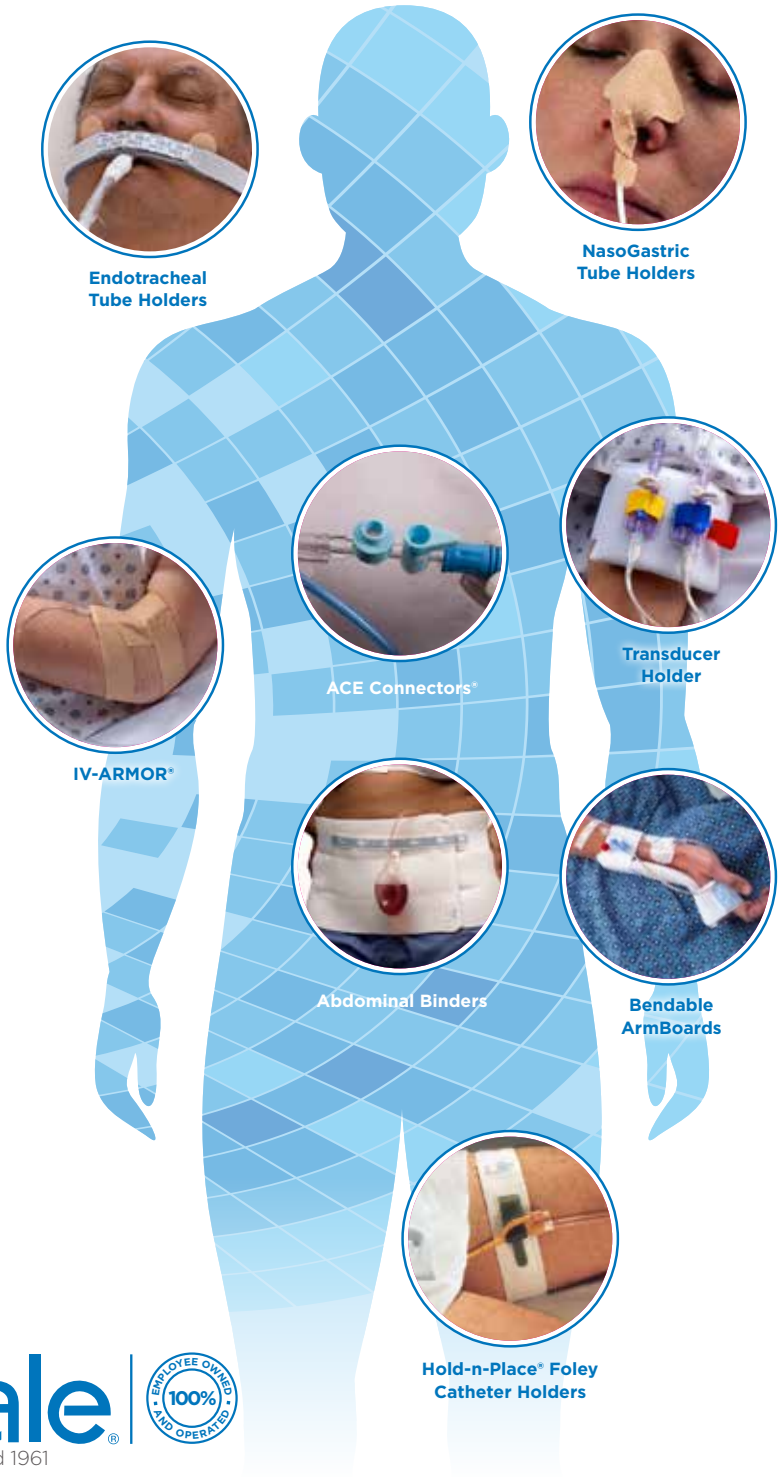

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physicians and patients regarding the risks, benefits and necessity of common tests and procedures." But those types of conversations can be difficult in today's fee-for-service system.

"Fee-for-service payment models incentivize 'sick' care by rewarding physicians for 'doing things to people,' i.e., tests and procedures," she says. "In contrast, value-based payment models prioritize primary care and wellness.

"Value-based payment rewards efficiency while maintaining sensitivity to patients' physical, emotional and social needs. For example, value-based care incentivizes reduced emergency department visits or unnecessary hospitalizations by focusing on prevention for patients at high risk. Similarly, value-based care encourages practices to work with local social service agencies to address social or emotional needs that may be affecting the patient's health.

"We firmly believe that value-based payment models, which base physician payment on outcomes as opposed to the number and type of services, enables physicians to provide person-centered, proactive care that better serves patients."

Says Wolfson, "Change in health care is often slower than we'd like, especially in reducing low-value care, as we're continually working against the perception that more is better. Choosing Wisely helped change that conversation, and we believe that the vast majority of the clinical recommendations from the campaign advanced our goals of promoting conversations between clinicians and patients about reducing overuse.

"We're certainly not all the way there yet, but there is greater awareness of these issues amongst clinicians and patients than when we started." ■

A 'Choosing Wisely' list

Following are the American Academy of Family Physicians' clinical recommendations for the American Board of Internal Medicine's Choosing Wisely® initiative.

1. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
2. Don't routinely prescribe antibiotics for otitis media in children aged 2-12 years with non-severe symptoms where the observation option is reasonable.
3. Don't routinely recommend daily home glucose monitoring for patients who have Type 2 diabetes mellitus and are not using insulin.
4. Don't use dual-energy X-ray absorptiometry (DEXA) screening for osteoporosis in women under age 65 or men under 70 with no risk factors.
5. Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks.
6. Don't do imaging for low back pain within the first six weeks, unless red flags are present.
7. Don't perform Pap smears on women under the age of 21 or women who have had a hysterectomy for non-cancer disease.
8. Do not require a pelvic exam or other physical exam to prescribe oral contraceptive medications.
9. Do not routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam.
10. Don't transfuse more than the minimum of red blood cell (RBC) units necessary to relieve symptoms of anemia or to return a patient to a safe hemoglobin range (7 to 8 g/dL in stable patients).
11. Don't screen for carotid artery stenosis in asymptomatic adult patients.
12. Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
13. Don't screen for genital herpes simplex virus infection in asymptomatic adults, including pregnant women.
14. Don't screen for testicular cancer in asymptomatic adolescent and adult males.
15. Don't perform pelvic exams on asymptomatic nonpregnant women, unless necessary for guideline-appropriate screening for cervical cancer.
16. Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months.

Source: American Academy of Family Physicians, www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-practice-guidelines/choosing-wisely.html

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1 Giersbergen, M.Y., Alcan, A.O., Kaymakçı, Ş., Özşaker, E., & Dirimeşe, E. (2019). Investigation of surgical smoke symptoms and preventive measures in Turkish operating rooms.
2 Pierce JS, Lacey SE, Lippert JF, Lopez R, Franke JE. Laser-generated air contaminants from medical laser applications: a state-of-the-science review of exposure characterization, health effects, and control. J Occup Environ Hyg. 2011;8(7):447-466

Low spend, big problems

The 3 biggest mistakes supply chain professionals must avoid with low spend categories.

For healthcare supply chain teams, there's no getting around it – the bottom-line matters. Yet, if only the bottom-line is considered, and not the quality and performance of products, there is the risk of adding unforeseen costs from less-than-optimal patient outcomes. The following are three of the biggest mistakes supply chain teams can make in low spend categories.

1 Making low spend categories a low priority

Low spend categories are often the first products scrutinized to meet the immediate need for cutting costs. But, the consequences of low cost options may, in the long run, increase the readmission risk or negatively impact patient satisfaction scores. In turn, as a result, financial, clinical and overall hospital system scores could be negatively impacted.

Here's an example: 55.7% of patients receiving ostomy surgery are readmitted with evidence of skin complications compared to 35.5% of those without skin complications[1]. When selecting products for these surgeries, careful scrutiny of ostomy barriers could reveal that they are not all created equal, especially when it comes to the health of the skin around the stoma.

2 Not considering the company behind the products

Supply chain teams must ask suppliers hard questions, such as, do you have visibility to possible disruptions upstream in the supply chain? Do you only manufacturer overseas, or do you have investments in U.S. facilities? What is your fill-rate track record?

Amid the pandemic, health systems across the nation learned first-hand that a supplier's reliability was paramount to the security of their own supply chain. Maintaining relationships with trusted partners who understand the realities that healthcare systems face every day became more important than ever and lessons learned on experience and tenure were invaluable.

3 Electing to go with lower cost options may overburden your nurses with complications and readmissions

Too much focus on margin can cloud the health system's clinical mission of care. Carefully selecting quality products proven to avoid healthcare-associated infections (HAIs), such as CAUTI, can close the gap between supply chain goals, clinical practice and outcomes.

To reinforce this point, the Agency for Healthcare Research and Quality (AHRQ), reported that Healthcare Acquired Infections are among the leading threats to patient safety, affecting one out of every 31 hospital patients at any one time[2]. Over a million HAIs occur across the U.S. health care system every year, impacting the clinicians caring for these patients and adding billions of dollars to health care costs[2]. In fact, one of the most prevalent HAIs are Urinary Tract Infections (UTIs) costing the health system approximately $13,973 per incident[3] and adding more clinical care for busy nurses. ■

With products in Ostomy, Continence Care, Wound Care and Critical Care, Hollister is one partner dedicated to delivering the highest standard of quality in medical products and has been serving healthcare professionals and patients for 100 years. For more information, contact your Hollister Key Account Manager.

[1] Taneja C, Netsch D, Rolstad BS, Inglese G, Eaves D, Oster G. 2019. Risk and economic burden of peristomal skin complications following ostomy surgery. J Wound Ostomy Continence Nurse. 46(2):143-149. N=249.
[2] Agency for Healthcare Research and Quality Associated Infections Program, page last reviewed April 2022, AHRQ's Healthcare-Associated Infections Program | Agency for Healthcare Research and Quality
[3] Estimating the additional hospital inpatient cost and mortality associated with selected Hospital-Acquired Conditions, Table 7, Agency for Healthcare Research and Quality, page last reviewed Nov. 2017. Found at Results | Agency for Healthcare Research and Quality (ahrq.gov)

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1 Hollister Data on File, ref-02775, February 2022.

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IDNs in the News

Midwest: Henry Ford Health wins 2022 Premier Alliance Excellence Award


Henry Ford Health

Premier has named Henry Ford Health, an integrated nonprofit health system providing a full continuum of services throughout southeast Michigan, the winner of the 2022 Premier Alliance Excellence Award.

The Alliance Excellence Award recognizes innovative healthcare providers that demonstrate an unparalleled commitment to healthcare transformation, using Premier as a key partner. Henry Ford Health – which includes five acute care hospitals, two destination facilities for complex cancer and orthopedics and sports medicine care, three behavioral health facilities, primary care and urgent care centers – supports Premier's strategy and vision through its participation in more than half a dozen committees, including Premier's Board of Directors Advisory Committee and Strategic Advisory Committee, as well as SURPASS®, Premier's highly committed purchasing program.

In addition, Henry Ford Health leverages Premier's strategic supply chain services, Remitra™ procure-to-pay technology, and the full range of PINC AI™ data and technology tools – including INsights clinical intelligence, advisory services and collaboratives – in its delivery of exceptional, cost-effective care throughout the communities it serves. Through Henry Ford Innovations (HFI), the health system partners with PINC AI™ Applied Sciences to accelerate the research, testing and development of new products, services, interventions and other novel healthcare initiatives.

Henry Ford Health was selected from Premier's nationwide alliance of more than 4,400 U.S. hospitals and 225,000 other provider organizations.

Midwest: UPMC breaks ground on new UPMC Presbyterian

UPMC has broken ground on the largest hospital in Pittsburgh's history and the largest health care construction project in Pennsylvania.

The new $1.5 billion, 17-story UPMC Presbyterian, to be completed in 2026, will be home to 636 private patient rooms and premier people-focused clinical facilities where UPMC clinical teams and physician-scientists will deliver nationally renowned specialty care that includes transplant, cardiology and cardiac surgery, and neurology and neurosurgery. The existing UPMC Presbyterian was built more than a century ago.

The spaces within the building are designed to embrace technological advances while supporting patients and staff in an attractive environment that matches the innovation and care provided by UPMC.

The new UPMC Presbyterian is the second major project to begin construction since UPMC first announced three new, large facilities several years ago. The UPMC Mercy Pavilion will treat its first patients in spring 2023.

Details about the new UPMC Presbyterian campus:

- The new UPMC Presbyterian is the most transformative construction project in the history of UPMC and the flagship hospital where patients with the most complex conditions will receive life-saving care.


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- The hospital will house specialties that include transplant, cardiology and cardiac surgery, and neurology and neurological care from world-renowned physicians and clinical teams.
- The 17-story, $1.5 billion project will encompass 1.2 million square feet of space.
- The project will create an estimated 3,400 construction jobs over four years and offer significant opportunities for Minority, Women and Disadvantaged Business Enterprise vendors.
- The hospital will include 636 private patient rooms with innovative in-room digital capabilities, respite areas and a gym for use by staff and visitors.
- Nearly one-fourth of patient rooms can be adapted to become intensive care rooms. Acuity-adaptable rooms will allow patients to transition through their care in the same space – limiting patients transferring from one unit and care team to another as they recover.
- The building will meet or exceed green building standards.
- The tower's design captures UPMC's vision for linking patients, visitors and staff to nature and to Pittsburgh's Oakland neighborhood.
- The hospital façade will be made of energy-efficient, patterned glass, and will reflect and blend into the design of the existing campus and surrounding neighborhood.
- A 450-space parking garage will reduce congestion at existing parking facilities.


UPMC Presbyterian

Northeast: Mount Sinai researchers develop a rapid test to measure immunity to COVID-19

Mount Sinai researchers have developed a rapid blood assay that measures the magnitude and duration of someone's immunity to SARS-CoV-2, the virus that causes COVID-19. This test will allow large-scale monitoring of the population's immunity and the effectiveness of current vaccines to help design revaccination strategies for vulnerable immunosuppressed individuals, according to a study published in Nature Biotechnology in June.

The test takes less than 24 hours to perform and is scalable to use broadly in the population. It measures the activation of T cells, which are part of our adaptive immune response to SARS-CoV-2 infection or vaccination and help protect against severe disease outcomes or death.

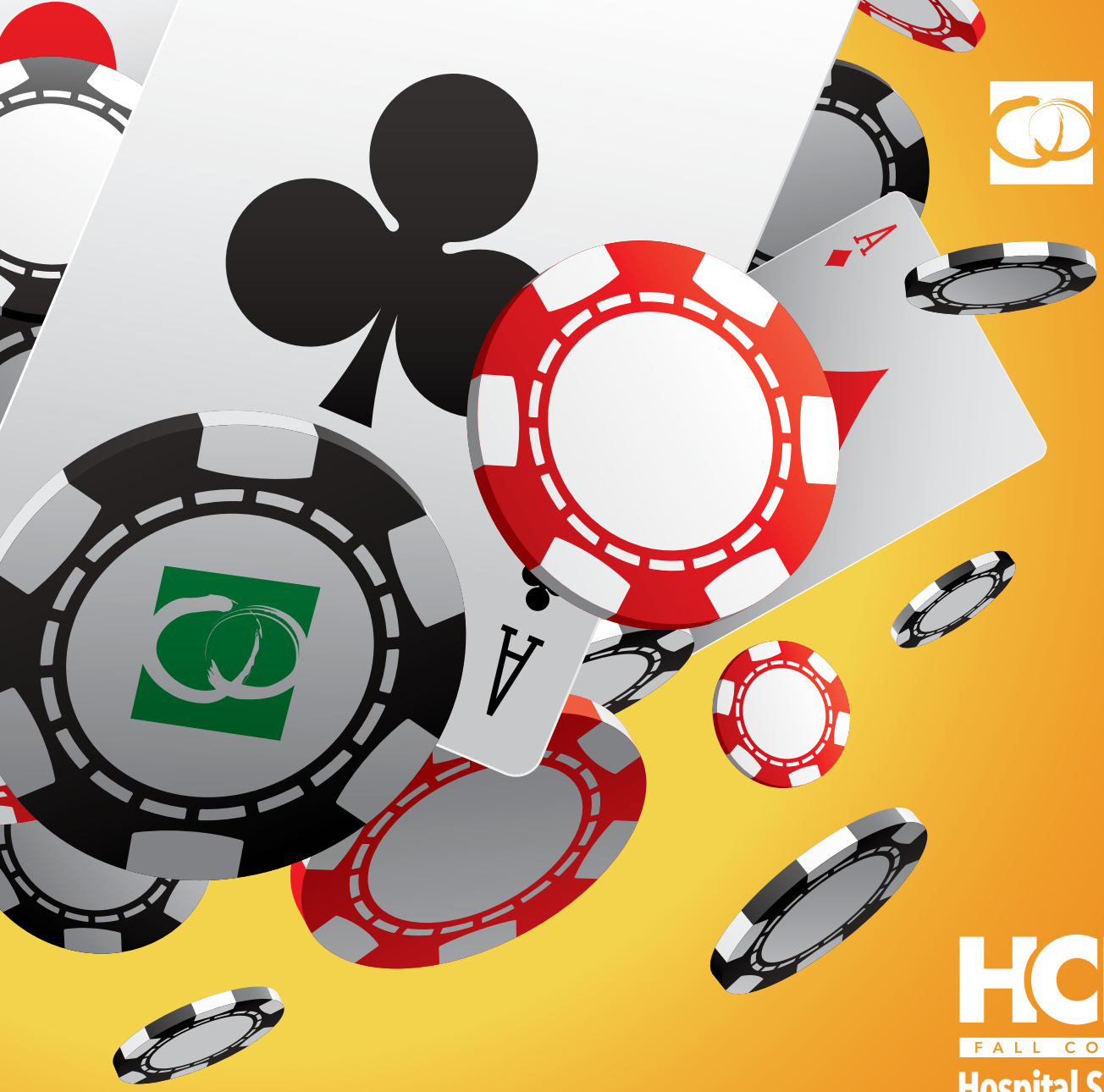
Long-term protection from viral infection is mediated by both antibodies and T cell response. Many recent studies point to the importance of determining T cell function in individuals who have recovered from or been vaccinated against COVID-19 to help design vaccination campaigns. However, before this study, measurement of T cell responses has been rarely performed because of the associated technical challenges.

South: Federal government fines Northside Hospital over $1 million for not sharing medical prices

According to a report from The Atlanta Journal-Constitution, the federal government has fined Northside Hospital for violating the rights of patients to transparent health care price information. Last year, CMS started to require hospitals across the country to post the price of certain services on their websites.

This measure is intended to help patients shop and plan for the cost of medical care, and the lists are required to be posted in specific formats that are accessible and consumer friendly. After the federal rule was implemented, CMS contacted hospitals across the country that didn't comply and warned them of the violations before issuing fines.

The AJC examined hospital compliance in Georgia with the new federal rules, scoring each with a report card. Northside scored the lowest in The AJC's findings.



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Testing in a pandemic: How health systems can prepare for this respiratory season

Improving access, coordination & preparation for better lab testing

The onset of the COVID-19 pandemic has created a feeling of uncertainty in both the general public and the medical community. While we can't predict what's in store for the upcoming respiratory season, COVID-19 will remain a challenge in tandem with other seasonal illnesses.

Are you prepared to respond with the correct diagnostic testing equipment and services?

What we've learned during COVID-19

Without question, COVID-19 testing demands have outweighed the supply. Manufacturers, suppliers and distributors were under enormous pressure to keep up with demand as new COVID-19 variants caused a surge in cases across the globe. From shortages of raw materials and staffing, transportation delays and other global disruptions, we don't anticipate the high demands to end anytime soon.

Through advanced planning efforts and strong supplier relationships, many health systems were able to successfully navigate the testing landscape with little disruption to patient care. The most successful augmented their lab and point-of-care (POC) testing capabilities with flexible lab management plans and seamless shifts to alternate testing platforms.

"The number one lesson learned is that labs must be proactive instead of reactive to get what they need," said Aaron Hurst, laboratory supervisor, Newton Medical Center (NMC).

"Just-in-time (JIT) inventory during a pandemic is not effective and with the help of our distributors and supplier partners, we have learned to adjust and proactively prepare with multiple testing platforms to diversify our testing options." If NMC faced allocation issues or shortages for reagents or testing platforms, Aaron's lab was better prepared with the necessary supplies.

McKesson Medical-Surgical works with health systems across the U.S. to provide customized point-of-care lab solutions and services to provide patients with accurate and rapid diagnoses through a variety of testing modalities.

Here are five key considerations to think about when planning for your respiratory testing needs.

1 Set goals

Developing a holistic approach to support respiratory testing is critical. While there may be many unknowns leading into flu season, health systems can determine the correct strategy and goals to better meet their patient's needs. Other testing goal considerations could include evaluating effectiveness, accuracy, availability, clinician comfortability, costs and reimbursements models. The first step is to assess these factors and develop a lab management plan.

In many cases, health systems are looking for consistency across their network of facilities. They want to ensure their testing platforms, protocols and requirements are easily understood and trusted by their staff and more importantly – their patients. There's no one-size-fits-all approach, different care sites will likely have different testing requirements. Health systems should work with their distribution partners to gain a better understanding of what testing options are available and formulate the appropriate procurement and lab management plan in alignment with their goals.

2 Assess your assets

Health systems should consider the total respiratory landscape when assessing assets. With new COVID-19 variants affecting the course of the pandemic, manufacturers have shifted much of their focus to supporting at-home and point-of-care COVID testing applications. While important to meet this demand, health systems should consider and assess POC testing requirements across their network and determine whether it's diversified enough to handle the change in demand.

Make sure you have what you need to perform safe testing on-site for flu, strep, RSV and other respiratory illnesses. Your distribution partner should provide lab solutions that include proactive preparation, market insights and supply chain intel that keeps health systems well-informed on how best to plan and navigate the upcoming flu season.

3 Diversify your testing options

In an ideal world, providers could rely on the manufacturer to have their primary mode of POC testing available and ready for order. Whether on allocation, lost-in-transit or simply a low inventory, testing platforms and modalities can be challenging to procure. Health systems should consider diversifying their respiratory testing options to avoid disruption or delays in patient care.

Working with your distributor should give you access to information and a better understanding of the variety of respiratory testing modalities available and their capabilities.

"When availability is tight, we can introduce alternative testing options that can help meet the needs of your patients and your testing goals," said John Harris, vice president for strategic accounts, laboratory, McKesson Medical-Surgical.

"At McKesson, we do a thorough job of vetting lab technologies to ensure products are effective, reliable and that the manufacturer has the scalability to support the needs of our customers," said Harris. "We're very strategic and intentional on which suppliers we choose to partner with."

There are two primary groups of respiratory POC testing options:

1. Antigen tests

Visually-read tests (more subjective)
Machine-read tests (more objective)

2. Molecular tests

Polymerase chain reaction (PCR)
Nucleic acid amplification (NAAT)

4 Engage the appropriate stakeholders & collaborate with your distributor

Working with your distributor to develop a lab management plan to transition to an alternative testing modality is no easy task and can't happen in one moment. Assembling multidisciplinary teams to set goals, assess the assets and evaluate testing alternatives is critical. This includes collaboration with the supply chain, clinicians, quality, value analysis, infection prevention, POC facility leadership and other team members who will be performing the tests and interpreting results.

In collaboration with your distribution partner, health systems can work with these stakeholders to validate tests, compare them against their current instrumentation and establish the policies, protocols, education and training necessary to quickly shift to alternative testing when the need arises.

5 Partner with your distributor on implementation

It's important to proactively prepare each POC site on how to navigate the testing modalities – efficiently and effectively. Because each type of respiratory test – molecular, antigen, visually read and/or machine read – has its own specific equipment and processes, it's important to begin staff training and education early. Consider working with your distributor to assist with this education and implementation process.

"McKesson has a specialized lab implementation team that coordinates instrument delivery, onboarding and training with customers," said Harris.

"We also recognize that change is difficult. That is why we put such a large focus on ensuring that new technology changes receive a lot of attention and support. A successful rollout ensures a successful adoption, happier staff and may support overall patient care."

Conclusion

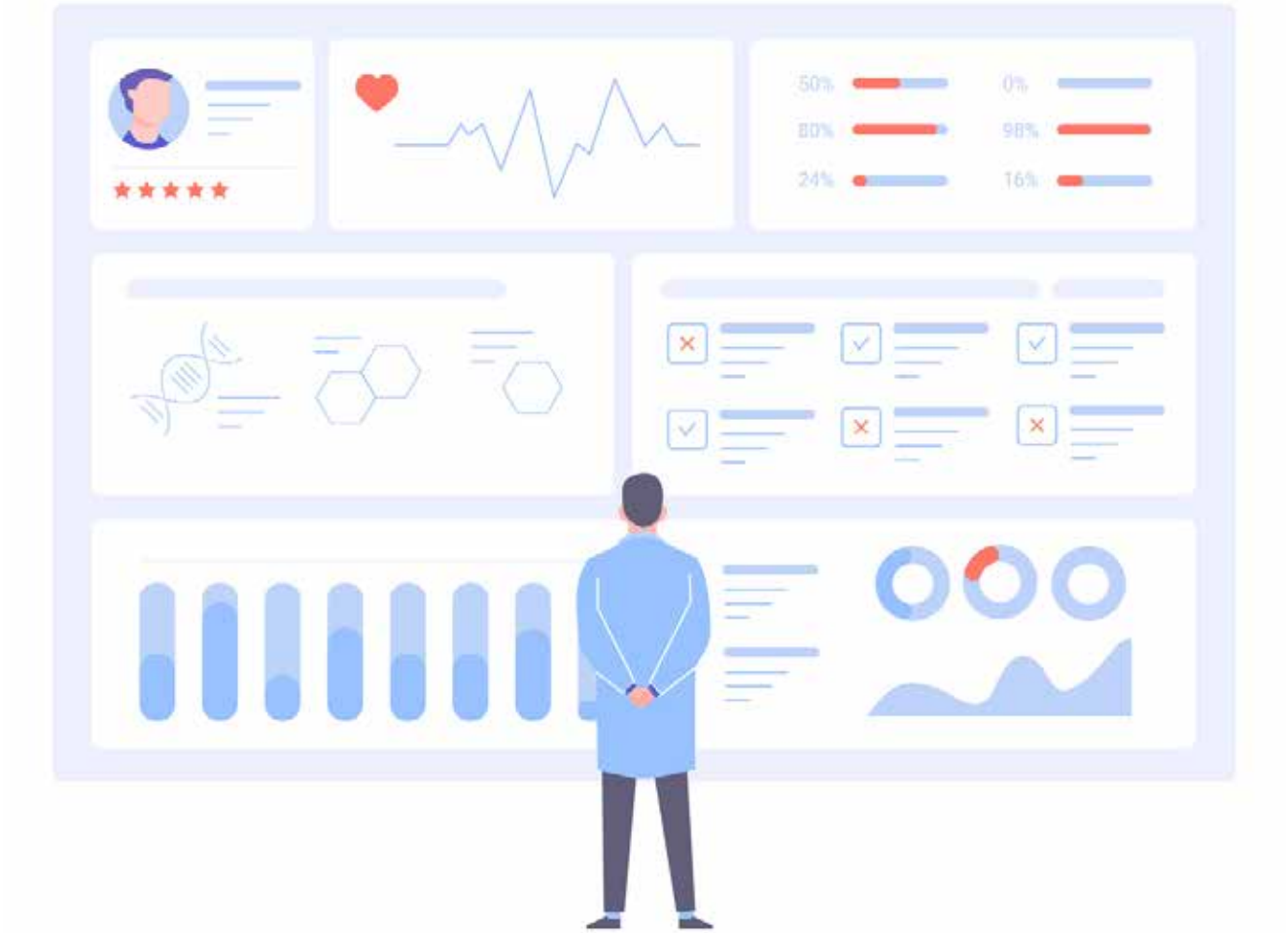
Managing the new normal with diagnostic testing requires detailed coordination, collaboration and a willingness to be flexible and adaptable to change.

"Over the past two years, the health systems that have been most successful are the ones who have a strong cadence of communication with this McKesson team," said Harris.

"Through trusted relationships, proactive communication and planning we can get ahead of potential roadblocks and ensure that the health systems have the most up-to-date information so they are able to make the best decisions for their organization."

Harris encourages health systems to maintain constant communication with their distribution partners, not just during the respiratory season but year-round, to keep a pulse on emerging market trends, lab solutions, global events and shifts in the testing manufacturer landscape. ■

Health News and Notes



Tensions high over health data privacy, AMA patient survey finds

A survey (PDF) released this summer by the American Medical Association (AMA) reveals unresolved tension over the eroding security and confidentiality of personal health information in a wired society and economy. The survey of 1,000 patients was conducted by Savvy Cooperative, a patient-owned source of health care insights, at the beginning of 2022 and found concern over data privacy protections and confusion regarding who can access personal health information.

According to the survey:

- More than 92% of patients believe privacy is a right and their health data should not be available for purchase.
- Nearly 75% of patients expressed concern about protecting the privacy of personal health data.
- Only 20% of patients indicated they knew the scope of companies and individuals with access to their data.

(This concern is magnified with the U.S. Supreme Court ruling in Dobbs v. Jackson Women's Health Organization as the lack of data privacy could place patients and physicians in legal peril in states that restrict reproductive health services, AMA said in a release.)

The survey indicated patients are most comfortable with physicians and hospitals having access to personal health data, and least comfortable with social

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media sites, employers and technology companies having access to the same data, AMA said in a release.

The survey also found an overwhelming percentage of patients demand accountability, transparency, and control as it relates to health data privacy. More than nine out of ten (94%) patients want companies to be held legally accountable for uses of their health data. A similar majority of patients (93%) want health application (app) developers to be transparent about how their products use and share personal health data. To prevent unwanted access and use of personal health data, patients want control over what companies collected about them and how it is used:

- Almost 80% of patients want to be able to opt-out of sharing some or all their health data with companies.
- More than 75% of patients want to opt-in before a company uses any of their health data.
- More than 75% of patients want to receive requests prior to a company using their health data for a new purpose

"Patients trust that physicians are committed to protecting patient privacy—a crucial element for honest health discussions," said AMA President Jack Resneck Jr., M.D. "Many digital health technologies, however, lack even basic privacy safeguards. More must be done by policymakers and developers to protect patients' health information. Most health apps are either unregulated or underregulated, requiring near and long-term policy initiatives and robust enforcement by federal and state regulators. Patient confidence in data privacy is undermined as technology companies and data brokers gain access to indelible health data without patient knowledge or consent and share this information with third parties, including law enforcement."

Higher cardiovascular health may partially offset increased genetic risk for stroke

Genes and lifestyle factors together play a role in stroke risk. However, even for people at high risk for stroke, adopting a healthy cardiovascular lifestyle may significantly lower the risk of stroke in their lifetime, according to new research published today in the Journal of the American Heart Association, an open access, peer-reviewed journal of the American Heart Association.

Researchers estimated the lifetime risk of a first stroke according to levels of genetic risk based on a stroke polygenic risk score. Polygenic risk scores were derived from over 3 million genetic variants, or single-nucleotide polymorphisms, across the whole genome. Participants were categorized as having either low, intermediate or high genetic risk based on an analysis of how many stroke-related single-nucleotide polymorphisms they had. The number of SNPs related to stroke was standardized at more than 2.7 million for white adults and more than 2.2 million SNPs for Black adults. The researchers investigated the potential impact of the American Heart Association's Life's Simple 7 recommendations and whether higher Life's Simple 7 cardiovascular score (equating to better cardiovascular health) lessened the negative impact of a high genetic risk on the lifetime risk of stroke.

Life's Simple 7 scores are a composite measure of seven modifiable cardiovascular disease risk factors: smoking status, physical activity, healthy diet, body mass index, total cholesterol, blood pressure and glucose levels. Cardiovascular health is categorized as optimal, average or inadequate based on each participants' total score of ideal cardiovascular health components according to Life's Simple 7. For this analysis, Life's Simple 7 scores were combined with the polygenic risk score to estimate lifetime stroke risk.

The study found:

- At age 45, study participants with the lowest polygenic risk scores had the lowest lifetime risk of stroke, 9.6%. The lifetime risk of stroke was 13.8% for participants with an intermediate polygenic risk score and 23.2% for participants with a high polygenic risk score.
- Those with both high genetic risk for stroke and low cardiovascular health had the highest lifetime risk of stroke score of 24.8%.
- Across all polygenic risk score categories (low, intermediate and high), people with optimal cardiovascular health had the most significant reduction in lifetime risk of stroke. Participants who had a high polygenic risk and optimal cardiovascular health were observed to mitigate their lifetime risk of stroke by up to 43%, compared to those with inadequate cardiovascular health. This translated into to about six additional years without a stroke.

The authors note that one major limitation of the study is that the polygenic risk score is a tool that needs improvement before it can be used broadly. The tool was developed and validated only among people who are white, which means it cannot be used to predict stroke risk accurately in people from diverse racial or ethnic backgrounds. ■

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- Revolutionizing the industry with drug shortage solutions, resulting in 14 drugs being removed from the FDA shortage list since 2020.
- Bridging the gap between public and private sectors via collaboration with federal and state agencies.
- Bringing to market member-driven direct sourcing products and services for members while disrupting unhealthy markets.
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