TITLE: New Technology Introduction	**POLICY DESCRIPTION:** Guidelines for the introduction, evaluation and contract recommendation for New Technology
PAGE: 1 of 2	**TYPE:** Strategic Sourcing (Core GPO)
EFFECTIVE DATE: 3/11/14	**REFERENCE NUMBER:** HPG.018

SCOPE: All HealthTrust Colleagues in the Strategic Sourcing Department (referred to herein as the "Contracting Group", as well as the Advisory Boards and Supply Chain Board) and potential New Technology suppliers.

PURPOSE: This process will provide for New Technology products to be submitted, reviewed and final determination made regarding contract status.

POLICY: This process pertains to the introduction of new products that have been determined by a supplier to possess certain characteristics that may improve upon the applicable standard of care. The basis of this process will be founded upon clinical evidence reviewed and confirmed by the appropriate HealthTrust staff and Advisory Board to determine clinical efficacy and economics.

PROCEDURE:

1) A New Technology product is identified by the supplier or HealthTrust member. The manufacturer will be required to complete and return the New Technology Form to the Contracting Group. (see **Exhibit DD**)

2) The Contracting Group will then distribute the New Technology Form to the appropriate Advisory Board lead for review. The Advisory Board lead facilitates a comprehensive evaluation and recommendation to share with the Advisory Board.

3) If the Advisory Board recommends that the product be added to contract, the Contracting Group will start the contracting process. The general **Contracting Process** is defined in HealthTrust policy HT.008.

4) The supplier must meet HealthTrust's **Supplier Criteria** (as published in HealthTrust policy HT.010) and other contract criteria as defined by HealthTrust and the Advisory Board/Supply Chain Board. The Contracting Group will present the final proposed contract to the appropriate board(s) for approval.

NOTE:
A copy of this policy will be maintained on the HealthTrust public website. If you are a bidder and have a question related to the process, please first complete and submit the on-line **Prospective Vendor Request Form** located under the "Supplier" tab of the website.

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Exhibit DD
New Product - New Technology
Submission Information Form

The following information must be provided to HealthTrust to evaluate and process any request to add a new product that requires a premium price or a new product classified as new technology to contract. HealthTrust will utilize this information in conjunction with the necessary clinical, technical and operational teams to facilitate a comprehensive evaluation and recommendation as to the acceptance of the submitted request.

Device Information

Product Description:	
FDA Approval	
Product Codes Assigned to Device:	
Product List Price:	
Provide cross-reference to comparative products of this manufacturer and information related to replacement.	
Provide cross-reference to comparative products of other manufacturers.	

Clinical or Technical Information

Your company's clinical or technical contact (include name, phone, address, email)	
Evidence: Provide a list of all randomized clinical trials (RCT's) and other recent clinical or technical trials related to this product. Please provide copies of all RCT's and clinical trials related to this product for review by the appropriate clinical team.	
Identify clinical and/or technical characteristics and features that are unique to your product compared to other products presently on the market.	
Identify if this product or technology will allow for the elimination of any of the following (list if yes):	
Staff training requirements associated with the product or technology.	
Physician training requirements associated with the product or technology. Physician credentials required for use of the product or technology.	

Provide the clinical or technical attributes of the proposed product. Attach all prepared marketing materials.	
Provide the FDA's approved indications for use. Provide additional FDA requirements related to the product or technology, including required labeling, patient education, etc.	
List any equipment and/or instrumentation that is required to use this product or technology. Please note if this associated equipment or instrumentation is a capital purchase.	
List additional supplies that will be utilized with this product or technology.	

Reimbursement Information

Your company's reimbursement contact (include name, phone, address, email)	
Percentage of cases estimated to be inpatient versus outpatient.	
Potential on inpatient length of stay	
Patient mix: percentage of CMS versus managed care or private payors	
Assigned DRG(s), APC and ICD-9 Codes	
Percentage of total cost that the new technology represents.	
Percentage of total reimbursement that the new technology represents.	

FOR INTERNAL USE ONLY

HealthTrust Financial Overview:
□ Completed by_____

HealthTrust Clinical/Technical Overview:
□ Surgical Advisory Board
□ Nursing Advisory Board

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□ Radiology Advisory Board
□ Laboratory Advisory Board
□ Cardiovascular Advisory Board
□ Pharmacy Advisory Board
□ Technology Review□ Other Clinical/Technology Review (describe):