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1. Tiscar-Gonzalez V, Rodriguez MJM, Rabadan Sainz C, et al. Clinical and economic impact of wound care using a polyurethane foam multi-layer dressing versus standard dressings on delayed healing ulcers. Adv Skin Wound Care. 2021;34(1):23–30

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FEATURES

EDITORIAL CONTRIBUTIONS:
Clinicians and staff within HealthTrust member facilities are invited to share their expertise as part of upcoming stories. Readers are also invited to suggest other experts for interviews or article ideas for publication consideration. Preference is given to topics that represent:

* Performance improvement or clinical initiatives that exemplify industry best practices
* Innovation, new technology, insights from data and analytics
* Positive impacts to cost, quality, outcomes and/or the patient experience
* Physician Advisor expertise

Contact Faye Porter at **faye.porter@healthtrustpg.com** with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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HealthTrust Performance Group (HealthTrust) is a healthcare performance improvement organization owned and operated by health systems and dedicated to strengthening provider performance and clinical excellence through an aligned membership model and advisory solutions that leverage expertise, scale and innovation. Headquartered in Nashville, Tennessee, HealthTrust serves approximately 1,800 hospitals and health systems in the U.S. and the United Kingdom, and more than 70,000 non-acute sites of care, including ambulatory surgery centers, physician practices, long-term care and alternate care sites. HealthTrust has been recognized as a Top Workplace in Middle Tennessee for three consecutive years.

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2025 HTU CALL FOR PROPOSALS

Proposals for sessions to be considered for presentation at the next HealtTrust University Conference are being accepted now through Dec. 10, 2024.
See page 49 for details.

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CEO perspective

Silver reflections

I began the second quarter of this year by reflecting on many of the important milestones that have shaped HealthTrust's 25-year history. Of great significance are the relationships that have been built and nurtured through the trust and commitment from our esteemed membership, as well as those forged by contracting with thousands of best-in-class suppliers throughout the last quarter century.

A LOOK BACK

There are essentially four key milestones where HealthTrust purposefully redefined value and made pivotal decisions to address the needs of a growing membership. These milestones include:

- **Merger with Consorta**—Probably the most impactful event in the last 25 years, this merger welcomed a number of faith-based organizations to the HealthTrust family. This enabled us to share what we learned from serving other providers, align on key deliverables and develop vehicles for collaboration among all provider types who share similar challenges.
- **Scaling the model**—We leveraged the successful HealthTrust model to deliver value to the non-acute market. Today, four of the five largest surgery center operators in the U.S.—as well as 50,000 physician practices—comprise our AdvantageTrust division, focused on meeting the unique needs of non-acute sites of care.
- **Expansion of purchased services**—We added a technology overlay, Valify, to a continually evolving and expanding portfolio of purchased services contracts, giving health systems access to robust analytics, power benchmarking and best-in-class pricing/terms/conditions across hundreds of categories. With $1 trillion of categorized nonlabor spend, we lead the market in technology, analytics and expertise in identifying savings across dozens of categories.
- **Growth in capabilities**—In 2019, we acquired ROi, which added manufacturing, distribution and private label offerings. Another important addition was a staffing component through HealthTrust Workforce Solutions. Both these lines of business proved extremely valuable in serving our membership during the pandemic, given the resulting global supply disruption issues, as well as the challenging labor market.

AN EYE TOWARD THE FUTURE

I'm excited about the next 25 years as we continue to leverage the committed model to preserve and strengthen healthcare's most comprehensive portfolio. The HealthTrust model is unique, and our history proves that it delivers!

HealthTrust was born from innovation, and we will continue this tradition as the needs of our customers evolve.

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- Price discrepancy and price accuracy; harmonizing ERP (enterprise resource planning) data for both members and suppliers
- Resiliency, through a partnership with Everstream
- Identifying alternative products to combat spend anomalies

As your trusted partner, we remain committed to pushing boundaries and pursuing excellence as we look to further enhance our partnerships over the coming years. I encourage you to speak with your HealthTrust Account Manager to make sure we are effectively helping you optimize your organization's performance. In the meantime, cheers to the next 25 years!

Ed Jones
President/CEO, HealthTrust Performance Group
Publisher, *The Source* magazine

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CMO perspective

Keeping pace

It can be difficult for providers to keep up with today's evolving healthcare technology. From artificial intelligence (AI), telemedicine and wearable technology to remote monitoring and robotic surgery, innovations are appearing on a regular basis.

Some of these advancements are leading to more accurate diagnostics, lowering the risk for infections and/or shortening hospital stays. Across the continuum of care, providers are finding efficiencies and improvements, such as more precision in surgical procedures, and staff spending less time transcribing and inputting data.

Suggestions for effectively navigating a market that is often more reactive than proactive was part of the discussion at an innovation panel moderated by **Chris Stewart**, VP of Medical Device Management, during the HealthTrust University Conference (HTU) in August. Joining me as panelists in that program were Physician Advisors **Jeffrey Carter**, M.D., and **Christopher Page**, M.D. For this edition of *The Source,* Physician Advisor **Gary Siskin**, M.D., also contributed to the discussion. (See article beginning on page 20.)

TOTAL COST OF NEW TECH

To assist healthcare organizations undertaking the due diligence needed to move innovation forward, HealthTrust often utilizes input on emerging technology from physicians who are part of its robust Physician Advisor Network. These physicians are called upon throughout the year to provide expertise on clinical sourcing decisions related to their area of specialty.

In addition to clinical outcomes, panelists discussed the importance of understanding big-picture outcomes related to quality and cost as part of the vetting process (for example, considerations such as cybersecurity risks, waste mitigation, overall cost and the potential for cost reduction). Stewart explained that in order to truly assess the total cost of new tech, it is imperative to also budget for software upgrades, training, service, regulatory compliance and the IT needed to operate and maintain a new technology.

MEMBER VOICE

Conveying HealthTrust's process for vetting new technology and the fact that "all members have a voice" were also topics of discussion at another HTU session highlighted on page 24 of this edition. Members of HealthTrust's Clinical Operations and Clinical Services teams—**Emily Healy, Pam Norman, Tara Roth** and **Jennifer Westendorf**—encouraged members to join the HealthTrust Huddle (**huddle.healthtrustpg.com**) to suggest innovative solutions or to provide feedback on those shared by other members. On-contract and prospective suppliers can visit the Innovation Center (**healthtrustpg.com/suppliers**) to submit their innovative products for potential consideration.

We would love to hear how innovation is vetted within your organization and ways you've seen it transform the work. Email us at **thesource@healthtrustpg.com**.

In the meantime, be well. ●

John Young, M.D., MBA, FACHE
Chief Medical Officer, HealthTrust Performance Group
Executive Publisher & Editor-at-large, *The Source* magazine

PROPOSALS FOR SESSIONS to be considered for presentation at the 2025 HealthTrust University Conference are being accepted through Dec. 10. See page 49 for details.

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Made For life

Supply & demand for GLP-1s: What's in store?

How pharmacies, members & patients can think about accessibility & cost of these treatments

Glucagon-like peptide-1 (GLP-1) drugs have taken the country—and the world—by storm, due to their efficacy for some people as a weight loss treatment. While originally formulated and still used as a treatment for type 2 diabetes, the positive weight loss results associated with GLP-1s led manufacturers to seek U.S. Food & Drug Administration (FDA) approval for the treatment of obesity and market the drugs under a different name. Patients are clamoring for these medications, and due to this off-label use of GLP-1s for weight loss, there have been widespread shortages, leaving individuals with diabetes searching for available supply. Payors, meanwhile, are challenged with balancing coverage of GLP-1s for obesity with their overall plan costs.

Members and patients confront these issues daily. "GLP-1s are an important topic among all of our members," says **Katie Hess**, PharmD, Senior Director, Pharmacy Benefit Strategy at HealthTrust. Some members want to provide GLP-1s as a weight loss benefit to their colleagues, while others are trying to tighten up their healthcare spending, taking a more conservative approach by excluding weight loss coverage. Members are also

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questioning whether GLP-1s will yield positive returns on the investment, in terms of improvements in overall patient health and long-term healthcare savings.

THE SUPPLY SHORTAGE

The market is currently volatile from a supply perspective. "Growth and utilization of these products is outpacing manufacturing," says **Jason Braithwaite**, PharmD, MS, BCPS, AVP of Clinical Pharmacy Operations at HealthTrust. It's not just a U.S. problem, but one that is worldwide. "Right now, several of these drugs are on back order, and some patients have started on them or have a prescription but are unable to get them." This is due to a shortage of manufacturing lines to produce the drug as well as its active pharmaceutical ingredient (API).

Shortages can cause treatment disruptions where a patient has to stop taking one GLP-1 and move to a different strength or formulation, based on supply and availability. Each has its own dosing and side-effect profile, so changing medications can be difficult for the patient and expensive for the healthcare payor.

Some patients are choosing to get GLP-1s from compounding pharmacies instead of through the manufacturer and traditional supply chain. While insurers are not part of these cash-only acquisitions, using a compounder can create a visibility difficulty for clinicians charged with monitoring a patient's medication history. The compounders are also using the same API as the manufacturers, further contributing to the shortage, explains Braithwaite.

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HealthTrust members can reach out to Optum Rx to help navigate some of the challenges associated with locating available supply and obtaining their prescribed GLP-1. As the shortage continues, Optum Rx remains focused on ensuring patients receive the medications they need and is committed to ensuring continuity of care for all members. Optum Home Delivery is actively collaborating with suppliers to maintain adequate inventory and has options available for patients such as waitlists for out-of-stock products, working with a patient's prescriber to switch to an in-stock product, or transferring a prescription to a different pharmacy that may have the medication in stock.

HOW TO MANAGE SPEND

There's immense financial pressure in this category given the amount of money being spent. "A lot of the focus is on how to appropriately manage it based on the member's philosophy," says **Kevin Carter**, AVP Pharmacy Benefit Strategy at HealthTrust. "Our members will be challenged long term. It's not a flash in the pan. It will continue for the next few years, if not longer."

Hess says that HealthTrust can provide members with custom prior authorization criteria for weight loss GLP-1s. Members can choose to cover GLP-1s for obesity but be more aggressive in coverage criteria or quantity limits. "There are high discontinuation rates due to intolerable side effects and a need to start on a low dose and titrate up," Hess explains. Members also have the option to exclude GLP-1s for obesity. "Right now, about 60% of our clients are completely excluding GLP-1s for weight loss, which is telling, as companies are not able to keep up with the high cost."

Working in partnership with Optum Rx as its Pharmacy Benefit Manager (PBM) partner, HealthTrust helps members manage their pharmacy spend and trends. "We can provide custom strategies to help members achieve their financial and clinical goals for their pharmacy benefit," Hess says.

HealthTrust is developing additional trend management options for 2025 and beyond. "In partnership with our GPO colleagues, we're working directly with manufacturers on supply and staying updated on pipeline drugs and indications," adds Carter.

CONNECT with the Pharmacy Team today through kevin.carter@healthtrustpg.com to learn how HealthTrust can help your organization with GLP-1 trend management.

Change order

The time is now to prepare for a new CMS payment rule

The Centers for Medicare & Medicaid Services' (CMS) 2025 Hospital Inpatient Prospective Payment System (IPPS) was finalized in August. The final rule will have significant implications. It covers many bases, but one of the most talked-about components is a new, mandatory five-year, episode-based payment model.

Called the Transforming Episode Accountability Model (TEAM), it aims to reduce fragmented care and its associated costs by holding select acute care hospitals accountable for ensuring coordinated, high-quality services.

Adam Bruggeman, M.D., Chief Medical Officer at PSN Affiliates and a HealthTrust Physician Advisor, explains the implications of this development. "Hospitals will only have 16 months to get ready for this," he says. "They need to think about and prepare their discharge planners and social workers for this change and identify resources in the community to partner with to ensure they're meeting all the cost and quality targets for their specific region."

Here's what healthcare organizations should know about the new rule.

WHAT IS TEAM?

TEAM is a five-year, episode-based payment model targeting high-expenditure, high-volume surgeries performed at acute care hospitals' inpatient and outpatient departments in five focus areas: lower extremity joint replacement, surgical hip femur fracture treatment, coronary artery bypass graft, major bowel procedure and spinal fusion. The new model begins Jan. 1, 2026, and ends Dec. 31, 2030.

WHICH HOSPITALS ARE INCLUDED?

The final rule specifies 188 Core-based Statistical Areas that have been chosen for the mandatory model. **Holly Moore**, MSN, CCRN-K, Senior Director, HealthTrust Clinical Services, explains that CMS will require hospitals in those geographic regions across the country to participate in the model. CMS is also allowing hospitals that are not located in the selected CBSAs and that are already participating in Comprehensive Care for Joint Replacement (CJR) Model or Bundled Payment for Care Improvement (BPCI) Advanced Model have a one-time voluntary opt-in.

HOW DOES THE TEAM MODEL WORK?

The model is focused on a 30-day period, beginning with the procedure in the hospital, and encompasses all of the services and care under Medicare Part A and Part B that take place in the month that follows.

Scenario: A patient has total hip arthroplasty as an inpatient procedure, triggering the beginning of the 30-day episode. During those 30 days, that patient is transferred to a rehab facility for a short period. After discharge from the rehab facility, the patient requires home healthcare services for physical therapy, durable medical equipment and physician follow-up appointments.

All the medical care that this patient received in those 30 days is included in the episode. CMS will review the episode and determine if the costs and quality of care meet the cost and quality targets for that region, says Moore. "Hospitals that meet cost and quality targets will receive a positive reconciliation payment at the end of each year," she adds. "If it costs more to provide care than their target price, or their composite quality score is suboptimal, then they may owe Medicare money for providing care that's below expectations for their region."

CMS is using a graduated risk format to ease participants into the full-risk levels of the model, explains Dr. Bruggeman. Track 1 in the first year of the program has lower reward levels but no penalties. Track 2 (years two to five) offers lower levels of risk and lower levels of reward for a subset of hospitals, such as safety net hospitals. Track 3, which will be available for the entire five years, has the highest levels of risk and reward.

If hospitals so choose, they can arrange to share their positive (gainsharing) or negative (alignment) reconciliation payment with team collaborators—skilled nursing and rehab facilities, primary care providers and others—but that is not a requirement, says Moore. Hospitals that choose to do so must follow applicable regulations.

WHAT PREPARATION IS NEEDED?

Because most patient care in the episode period will take place outside of the acute care setting and out of the direct control of hospitals, hospitals must examine their internal

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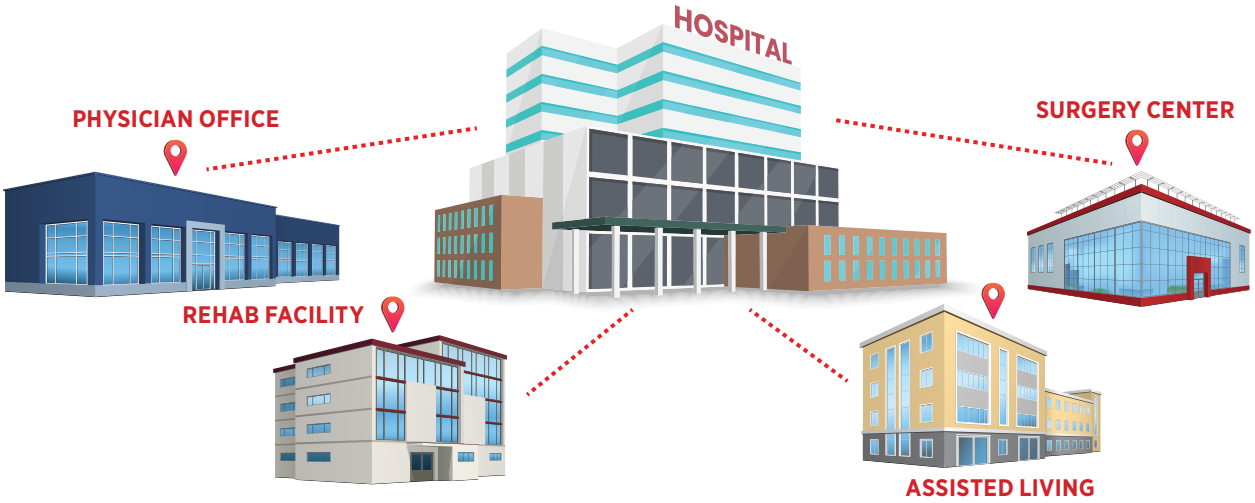

resources and potential partners now, says Dr. Bruggeman. "The primary cost drivers in the TEAM model will be physicians' decisions about appropriateness for surgery, modifiable risk factors, management of comorbid conditions and postoperative accessibility. Given that hospitals have minimal control over those drivers, facilities will need to attract high-quality local, regional and national partners." ●

CONTACT HealthTrust's Clinical Services team (clinical.services@healthtrustpg.com) with questions on the rule or share your thoughts on the HealthTrust Huddle at huddle.healthtrustpg.com

TOOL OR TAKE

Artificial intelligence & the future of healthcare

AS ARTIFICIAL INTELLIGENCE (AI) APPLICATIONS BECOME INTEGRATED into a wide range of clinical tools, the presence of AI is changing the healthcare landscape. Along with offering improved care, it also creates incentives for companies to probe deeply into people's private spaces, often without consent, and to share that information for profit rather than for care.

As AI infiltrates the healthcare industry, how can we ensure it does no harm?

AI's POTENTIAL & OVERHYPE: AN INSIDER'S VIEW

Jennifer Golbeck, Ph.D., is director of the Social Intelligence Lab and a professor in the College of Information at the University of Maryland in College Park, Maryland. With more than 20 years of AI experience, Golbeck not only studies the most cutting-edge AI developments up close, but she and her team are also creating the types of algorithms making these advancements possible. She gives talks across industry sectors to offer insight on where to look for opportunities as well as potential areas of concern. Golbeck was a featured speaker during the 2024 HealthTrust University Conference in Orlando.

"As a computer scientist, I am not surprised by anything about this technology," says Golbeck. After all, she and her colleagues have been developing AI for a decade. "From the outside, though, the public introduction of ChatGPT in 2023 was a transformative moment because it is a powerful tool that was put into people's hands, and it's easy to use."

WHAT IS AI, ANYWAY?

AI is a computer making a best guess at learning or solving problems based on what it gleans from other examples. "When we try to make a decision as humans, we can't consider every possibility because there are too many, or they are unknown. AI is kind of a spicy auto-complete," explains Golbeck. AI—specifically large language models—works to respond to queries by reading millions of documents on the internet and generating text that mimics human-created information.

AI is transformative, but it's not perfect. For example, anyone who has tried out the software knows that ChatGPT can produce an article, but it needs human effort to make it palatable. "Generative AI is a tool that we can use to make us more efficient," says Golbeck. She recently wrote a letter to her state representatives and sped up the process by using ChatGPT for brainstorming and rough drafting. "It can give you a first, mediocre take on something and lift some of the burden, but for the analytical, factual parts—the real intellectual work—we still need humans to refine it."

Natural language processing AI tools like ChatGPT work best for tasks such as writing computer code, reformatting medical journal references and other tasks that don't require nuance, interpretation or creativity. "ChatGPT is fast and will do a pretty good job for you, but you have to check everything because it makes mistakes all the time," Golbeck explains.

This is unlikely to change. She says that generative AI will never be 100% accurate because it is based on human data, and humans can be unpredictable. "Having something that's right 70% of the time is incredible, but that doesn't mean we'll get to the point where we will just let it go and it will replace humans."

AI FOR DIAGNOSTIC ACCURACY & DETECTING DISEASE

AI is transforming healthcare in many ways, including how medical professionals diagnose, treat and manage diseases.

"We've seen impressive advances on diagnoses from AI through medical imaging," says Golbeck. That doesn't mean we won't need radiologists in the future, but rather AI can take some of the burden off them. "We know in certain kinds of imaging, AI can correctly identify a normal scan. But, it doesn't know what to do with the abnormal scans. So, if you're told by AI that the scan is normal, and it's correct 100% of the time, then you might spend a little less time on that." Just as we've seen generative AI organically show up in social media and word processing tools, it's likely to be built into the imaging software medical professionals are already using.

In January 2024, the Food and Drug Administration (FDA) approved the first medical device powered by AI for detecting skin cancer. In April 2024, the first AI early sepsis detection tool was approved that can calculate the risk of a patient developing sepsis within 24 hours. "There are people working on AI that can detect and predict heart attacks and strokes," explains Golbeck. She notes that this is of particular interest in the wearable tech space, where even now, an Apple Watch can perform an EKG.

THE RISKY SIDE OF AI

A news article recently ran about a woman who was trying to get a diagnosis for her son, which his doctors had been struggling to figure out. She entered his medical records into AI and got a diagnosis, which turned out to be correct.

"That's a great outcome, but we really don't want people doing that," says Golbeck. Those who are amazed by this technology may wonder if they can simply ChatGPT their symptoms to learn what's going on with their health. Meanwhile, some online pharmacies are asking when it comes to low-risk prescriptions, whether they can simply rely on AI and remove physicians from the process.

"It's the Wild West right now in healthcare," explains Golbeck. "The idea of reducing the human [presence in favor of] AI is one that I hope we get past and instead move more toward asking how it can help us be more efficient."

Privacy in AI is also a real concern. That's because these tools hold onto and learn from the information we are inputting. "If physicians and other medical professionals use ChatGPT to write notes to patients, they need to be careful to not include patient data because it is likely a HIPAA violation," says Golbeck. She indicates that there are enterprise versions of generative AI that are private which comply with HIPAA laws.

Case in point: "I have a rescued golden retriever named Chief Brody who is on Prozac to help with his anxiety," shares Golbeck. After picking up his prescription recently,

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she received a text from her retail pharmacy that was a marketing message about Mental Health Awareness Month. "It was thrilling and terrifying at the same time. I had no idea that my sensitive prescription data was crossing over into the marketing space, and my trust dropped instantly as soon as that text message came in."

WHAT HEALTHCARE LEADERS SHOULD KNOW

Golbeck suggests that healthcare professionals keep the following in mind while trying to navigate the AI waters:

AI will never truly replace humans. "That's not what we build it for, and it's not the goal," Golbeck emphasizes. AI was built to support humans as decision-support tools as opposed to autonomous systems that run themselves. "Think more about how AI can help you gain efficiency."

AI is inherently biased. Since every AI system is built by and learns from humans, there is bias that ends up in the system—racial, cultural, gender and more. "When you have biased text, you get biased answers," says Golbeck. It's the same with generative AI for images. It's a very difficult problem, and the healthcare industry must be especially mindful because it carries the risk of making the care that is delivered less equitable.

AI's capabilities are leveling off. "If you're an executive making decisions about AI, don't let yourself be dazzled by the hype," says Golbeck. "Look for the evidence and look to the skeptics. Yes, AI is going to change work and make us more efficient. But there is no evidence it will make us smarter." ●

READ MORE insights from Jennifer Golbeck, Ph.D., in her books: *Analyzing the Social Web; Online Harassment; Introduction to Social Media Investigation: A Hands-on Approach* and *Computing With Social Trust*.

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THE HUMAN

How to make technology better for business & people

VERY FEW ROLES IN HEALTHCARE OR BUSINESS ARE UNAFFECTED by new technology. Artificial intelligence (AI) and related systems are being implemented at an increasingly rapid pace, while legacy systems are being scrutinized to see how they can be hardened against cyberattacks. In the face of the speed of adoption, experts urge businesspeople to take care when evaluating how systems and data are used.

Kate O'Neill, founder and CEO of KO Insights, a strategic advisory firm, is one of those experts. Known as the "tech humanist," O'Neill has a background in technology and content management at such firms as Toshiba and Netflix. She delivered a breakout session at this year's HealthTrust University Conference, where she suggested several key points to make sure that technology supports our humanity in a meaningful way.

"It's interesting to look at the impact of emerging technology and data-based decision-making on humanity and human experience, and what that means for different groups of people," O'Neill says. "and in the context of healthcare, the impact on patient outcomes."

THE DATA TRAP

O'Neill has consulted with organizations that encountered difficulties with their technology—not in terms of malware or cyberattacks, but in how they're using technology and where it's leading them.

"There's a lot of variation in how these things can go wrong," O'Neill explains. "Depending on an organization's approach to data, it could be looking at collecting too much, or things that aren't relevant, and suddenly it has liability and guardianship for people's vulnerable data. With healthcare, caution must be taken. There's so much that's important for providers to know about patients and for patients to know about their own healthcare. But there are appropriate times, places and ways to gather that information."

O'Neill describes an example of an organization that gathered seemingly irrelevant data that could be misused. "About six years ago, Uber started gathering phone battery levels when callers summoned a ride. Uber decided to see if a rider's battery level was very low, would they be more likely to pay a surcharge for the ride because they were desperate? And it turned out that riders would," O'Neill says.

"They tested it, and they swore they would not put it into production—ever. But because they know this, it would be tempting to use that data. It will influence [other policies] in nuanced ways, and how they think about the relationship between themselves and the customer."

REMINDERS OF PURPOSE

Certain applications of technology can make it much easier for a company to become predatory, O'Neill says. "There is a lesson here for any industry—this kind of exploitative

Getty Images/piranka

relationship could take different forms. And if we're not careful, it can manifest itself in the data we collect and in the decisions we make."

O'Neill adds, "Organizations need to be in a constant cycle of reminding themselves why they're doing what they do and who they serve. While they may tend to say, 'Data, technology, AI and automation can make us so much more profitable; can streamline our decision-making; can make us 10 times more efficient, and we'll be able to trim staff.' But if that doesn't align with what people on the other side of the experience need, then they are creating a disconnect with what they are supposed to be achieving."

APPLICATIONS IN HEALTHCARE

When it comes to patients, employees and others who are affected by the technology organizations use, O'Neill urges thoughtfulness and attention to ethical concerns. "It's important to have the willingness as an organization to hold the space for the complex conversation around who the communities are, literally and figuratively, downstream from our decisions," she says.

Here are a few takeaways from O'Neill's work in this area that can guide members as they implement new technologies and enact policies around those updates:

- Be cautious about data collection: Gather only relevant information & use it responsibly.
- Consider human impacts: Technology should reflect & amplify human values, not undermine them.
- Prioritize ethical considerations in tech implementation & decision-making.
- Maintain a constant cycle of reminding your organization of its purpose & who it serves.
- Strive for meaningful & respectful use of data to build lifetime value.
- Prepare for a future where human & machine contributions blend in the workplace.
- Adopt a strategic, optimistic & integrative approach to navigate future complexities.

"We must ensure that we are not only making things more efficient and profitable, but that we are also taking steps to empower people more." ●

READ MORE insights from Kate O'Neill in her book: *Tech Humanist: How You Can Make Technology Better for Business and Better for Humans*, and look for her new title in January 2025—*What Matters Next: A Leader's Guide to Making Human-friendly Tech Decisions in a World that's Moving Too Fast*.

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DETAILS		
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STRENGTH	0.5 mg/2 mL	1 mg/2 mL
TE RATING	AN	
STORAGE	Store in an upright position between 68°F to 77°F (20°C to 25°C). Keep in the aluminum foil envelope to protect from light until ready to use.	
SHELF LIFE	24 months from date of manufacture	
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CASE SIZE	24	

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69097-0321-53	1 mg/2 mL	10237901	5662101	1525732	897801

INDICATIONS & USAGE

Budesonide inhalation suspension is indicated for the maintenance treatment of asthma and as prophylactic therapy in children 12 months to 8 years of age.

Limitations of Use: Budesonide inhalation suspension is NOT indicated for the relief of acute bronchospasm.

IMPORTANT SAFETY INFORMATION

Contraindications: The use of budesonide inhalation suspension is contraindicated in the following conditions: Primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required. Hypersensitivity to budesonide or any of the ingredients of budesonide inhalation suspension.

Warnings and Precautions:

- **Local Effects:** Localized infections with Candida albicans occurred in the mouth and pharynx in some patients. If these infections develop, they may require treatment with appropriate local or systemic antifungal therapy and/or discontinuance of treatment with budesonide inhalation suspension. Patients should rinse the mouth after inhalation of budesonide inhalation suspension.
- **Deterioration of Disease and Acute Asthma Episodes:** Product is not a bronchodilator and is not indicated for the rapid relief of acute bronchospasm. Patients should be instructed to contact their physician immediately if episodes of asthma not responsive to their usual doses of bronchodilators occur during the course of treatment with budesonide inhalation suspension. During such episodes, patients may require therapy with oral corticosteroids.
- **Hypersensitivity Reactions including Anaphylaxis:** Hypersensitivity reactions including anaphylaxis, rash, contact dermatitis, urticaria, angioedema, and bronchospasm have been reported with use of budesonide inhalation suspension. Discontinue budesonide inhalation suspension if such reactions occur.
- **Immunosuppression:** In children or adults who have not had Chicken pox and measles, or been properly immunized, particular care should be taken to avoid exposure. Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract, untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Medical Information:
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Report Product Complaints
Submit Medical Inquiries:

Contact Us:

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DrugSafety@cipla.com

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- **Transferring Patients from Systemic Corticosteroid Therapy:** Particular care is needed for patients who are transferred from systemically active corticosteroids to inhaled corticosteroids because deaths due to adrenal insufficiency have occurred in asthmatic patients during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA)-axis function.

  During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instructions. These patients should also be instructed to carry a medical identification card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

  Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to budesonide inhalation suspension. A slow rate of withdrawal is strongly recommended.

  - **Lung function (FEV1 or AM PEF),** beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

    Transfer of patients from systemic corticosteroid therapy to budesonide inhalation suspension may unmask allergic or other immunologic conditions previously suppressed by the systemic corticosteroid therapy. During withdrawal from oral corticosteroids, patients may experience symptoms of systemically active corticosteroid withdrawal despite maintenance or even improvement of respiratory function.
  - **Hypercorticism and Adrenal Suppression:** Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing budesonide inhalation suspension. Patients treated with budesonide inhalation suspension should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients post-operatively or during periods of stress for evidence of inadequate adrenal response. It is possible that systemic corticosteroid effects such as hypercorticism, and adrenal suppression (including adrenal crisis) may appear in a small number of patients, particularly when budesonide is administered at higher than recommended doses over prolonged periods of time. If such effects occur, the dosage of budesonide inhalation suspension should be reduced slowly, consistent with accepted procedures for tapering of systemic corticosteroids and for management of asthma.
  - **Reduction in Bone Mineral Density:** Decreases in bone mineral density (BMD) have been observed with long-term administration of products containing inhaled corticosteroids. Patients with major risk factors for decreased bone mineral content, such as prolonged immobilization, family history of osteoporosis, poor nutrition, or chronic use of drugs that can reduce bone mass (e.g., anticonvulsants and corticosteroids), should be monitored and treated with established standards of care.
  - **Effects on Growth:** Monitor the growth of pediatric patients receiving budesonide inhalation suspension routinely (e.g., via stadiometry). To minimize the systemic effects of orally inhaled corticosteroids, including budesonide inhalation suspension, each patient should be titrated to his/her lowest effective dose.
  - **Glaucoma and Cataracts:** Glaucoma, increased intraocular pressure, and cataracts have been reported following the long-term administration of inhaled corticosteroids, including budesonide. Therefore, close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.
  - **Paradoxical Bronchospasm and Upper Airway Symptoms:** Bronchospasm, with an immediate increase in wheezing, may occur after dosing. If acute bronchospasm occurs following dosing with budesonide inhalation suspension, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with budesonide inhalation suspension should be discontinued and alternate therapy instituted.
  - **Eosinophilic Conditions and Churg-Strauss Syndrome:** In rare cases, patients on inhaled corticosteroids may present with systemic eosinophilic conditions. Some of these patients have clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroids therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of inhaled corticosteroids. Healthcare providers should be alert to eosinophilia, vasculitis rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients.
  - **Drug Interactions with Strong Cytochrome P450 3A4 Inhibitors:** Caution should be exercised when considering the coadministration of budesonide inhalation suspension with ketoconazole, and other known strong CYP3A4 inhibitors (e.g., ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, nefazodone, nelfinavir, saquinavir, telithromycin) because adverse effects related to increased systemic exposure to budesonide may occur.

Most common adverse reactions (incidence ≥3%) are respiratory infection, rhinitis, coughing, otitis media, viral infection, moniliasis, gastroenteritis, vomiting, diarrhea, abdominal pain, ear infection, epistaxis, conjunctivitis, rash.

Use in specific populations:

Pregnancy: *Teratogenic Effects: Pregnancy Category B* –Studies of pregnant women have not shown that inhaled budesonide increases the risk of abnormalities when administered during pregnancy.

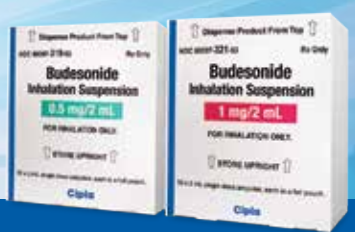
Pregnant women with asthma should be closely monitored and medication adjusted as necessary to maintain optimal asthma control.

Lactation: The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for budesonide inhalation suspension and any potential adverse effects on the breastfed infant from budesonide inhalation suspension or from the underlying maternal condition.

The total daily oral dose of budesonide available in breast milk to the infant is approximately 0.3% to 1% of the dose inhaled by the mother.

Pediatric Use: Safety and effectiveness in children six months to 12 months of age has been evaluated but not established. Safety and effectiveness in children 12 months to 8 years of age have been established.

To report suspected adverse reactions, contact Cipla at 1-866-604-3268 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.



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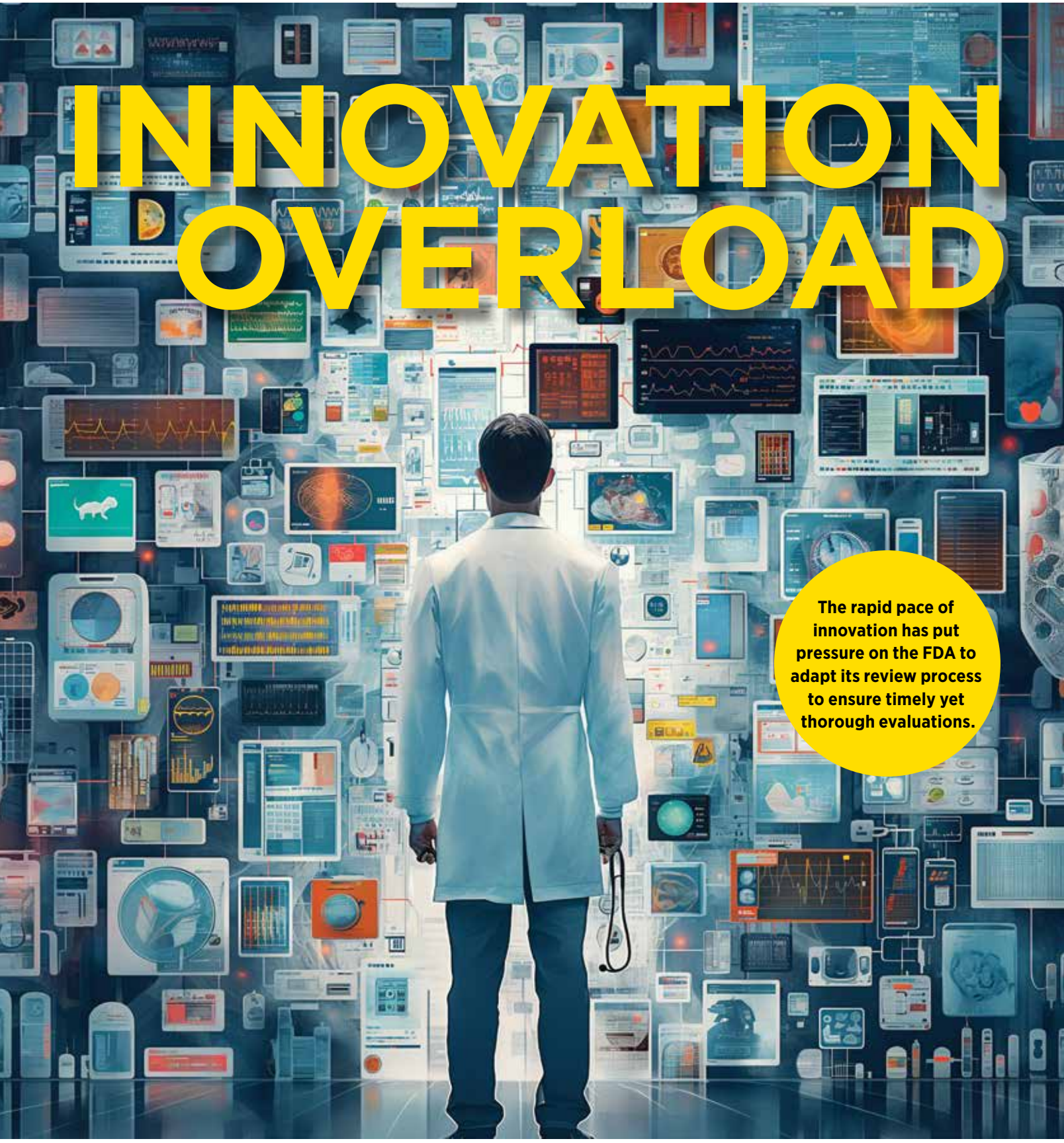
INNOVATION OVERLOAD



The rapid pace of innovation has put pressure on the FDA to adapt its review process to ensure timely yet thorough evaluations.

HealthTrust offers intel around the value of tech-forward investments in healthcare

IN HEALTHCARE, ADOPTING AND DISSEMINATING INNOVATIVE IDEAS and technologies is often slow and challenging. Suppliers promote a number of seemingly must-have new products, which can be overwhelming for organizations to analyze and assess—especially when patient outcomes are at stake. To help healthcare organizations undertake the due diligence needed to move this innovation forward, HealthTrust leaders and Physician Advisors have their fingers on the pulse of emerging technology and offer members ways to effectively navigate the market.

WHY IS HEALTHCARE SLOW TO ADOPT NEW TECH?

As an industry, healthcare is typically reactive instead of proactive when it comes to technology. For example, when physicians ask hospital leadership to adopt a new device, it may trigger the hospital to conduct a value analysis to determine whether the presumed patient outcomes and product maintenance are worth the price tag associated with the acquisition and implementation of that technology.

"The biggest barrier to innovative technology is change and adoption, because healthcare administrators and service line leaders have to take a number of factors into consideration—driving transformative change, budget limitations and seamless IT integration," says **Chris J. Stewart**, VP of Medical Device Management at HealthTrust.

Another factor they must consider is the evaluation process—including the patient benefits—and how to determine if a new technology is really new, or whether it's an update to an existing technology. "The FDA (Food and Drug Administration) is facing challenges in keeping up with the increasing volume of healthcare technology requests for approvals, especially in areas like digital health, artificial intelligence (AI) and medical devices. The rapid pace of innovation in these fields has put pressure on the agency to adapt its review process to ensure timely yet thorough evaluations," adds Stewart.

HealthTrust Physician Advisor, **Gary Siskin**, M.D., is an interventional radiologist and chair of radiology at Albany Medical Health System in New York. "When you have a device that impacts health outcomes, it takes time to prove it works because you need to conduct clinical trials, analyze the data, then have it published and disseminated," he explains. "Picture, for example, a device that costs $1 million that allows a patient to survive just one additional day. While extreme, this example shows that increasing cost without significant benefit is increasingly difficult to justify."

The innovative technology space has gotten much more crowded over the years, says **Christopher Page**, M.D., a private practice anesthesiologist based in New York. Dr. Page is also a HealthTrust Physician Advisor. He has worked with and advised many startups and has also pursued commercializing his own innovative products. "It's a lot more complicated than it was 10 or 15 years ago," says Dr. Page. "Today, when a clinician or engineer has an idea, it is now cheaper and easier for them to drum up interest online and rapidly prototype something without necessarily knowing how to formally commercialize that product."

Enthusiastic founders may not have the talent to pull off their goal and also enlist individuals with the right clinical or supply chain knowledge. It makes it much more difficult for hospitals and health systems to sift through and vet the ideas. "To do this requires time and a multidisciplinary approach, so that you don't get overwhelmed and end up picking ideas just because the people pitching them to you are good salespeople," he explains.

"Everybody always wants the latest new thing," adds Dr. Siskin, who has spent much of his career developing, evaluating and implementing innovative medical devices. "Physicians are exposed to industry representatives, articles and meetings, and they're always hearing about the latest tech. It's common for them to feel like they're being left behind if they don't adapt."

THE VALUE OF TODAY'S EMERGING HEALTHCARE TECHNOLOGY

Technology in healthcare today is rapidly evolving and includes innovations such as AI, telemedicine, wearable technology, remote monitoring, robotic surgery and data analytics. These advancements are leading to more accurate diagnostics, lower infection risks, shorter hospital stays and more. From being able to perform more precise surgical procedures to spending less time on transcribing and data input, healthcare providers are finding efficiencies and improvements with these advancements.

Technology advancements are leading to more accurate diagnoses, shorter hospital stays, lower infection risks & more.

To help members navigate this market, Stewart and the Medical Device Management (MDM) Team at HealthTrust look to understand and answer these questions: Is the technology going to lead to better patient outcomes, improved data accuracy or workflow optimization? What is the cost, and are there any cybersecurity risks? With HealthTrust's vast reach, the MDM Team gains valuable insights from partners globally. If a new technology delivers only comparable or marginal improvements over existing solutions, HealthTrust collaborates with suppliers to manage premium costs. By leveraging scale, we can negotiate best-in-class pricing for our HealthTrust members. "We aim to understand the why," says Stewart. "It's one thing to describe a perceived outcome, but we need to verify that it's proven."

HOW HOSPITALS CAN EFFECTIVELY EVALUATE & ADOPT NEW TECHNOLOGY

Two approaches to evaluating new ideas have the potential to work well, explains Dr. Page. "One is putting a process in place that filters product suggestions up the chain of command to systematically reduce the number of ideas you move forward," he says. A multidisciplinary group with various areas of expertise is essential to examine the devices in depth.

"The other approach I've seen is people who don't necessarily have a lot of experience in doing this are coming up with things they think are problems and pushing them out into the world," says Dr. Page. A smarter way is to flip the script and ask clinicians what actual problems they are having and solicit solutions. "Hopefully, the institution already has an understanding of the problem, so they only need to listen to the individuals who come with useful solutions."

Physicians leading the effort to bring in new technology must be able to speak to the reasons for wanting it. "Sometimes we get requests from physicians that are clearly coached by the industry," says Dr. Siskin. "It's important for physicians to take on the responsibility of writing the request and articulating why the addition of this product is important to the work they do." Physicians will have more success if they know the answers to basic questions hospital leaders have, including how positive outcomes relate to overall cost.

Prior to a purchase decision, it's important to get new technology into the hands of the end users. "Many times, the technology sounds great, but often when it actually gets into the physicians' hands for use, they quickly realize the product is not that innovative and thus unnecessary for the hospital to have it," explains Dr. Siskin.

Continued on page 25

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THE IMPACT OF MEMBER VOICES AT HEALTHTRUST

HealthTrust encourages stakeholders to bring forward new product and technology ideas, requests and offerings. Members can submit requests via the HealthTrust Huddle, Member Portal or Knowledge Insights Library while suppliers submit new products and technology via the Innovation Center (located on HealthTrust's supplier portal). All new technology is vetted to ensure it meets the needs of members.

"We know it's a big lift for members to negotiate new technology, so we work with them and ensure their needs are met," explains **Jennifer Westendorf**, DNP, RN, CNOR, AVP of Environmental Performance and Surgical Services at HealthTrust. She and her colleagues presented at the HealthTrust University Conference held in August.

How HealthTrust defines innovation

HealthTrust is looking for truly disruptive innovation, which in healthcare is defined as a novel idea, product, service or care pathway that has clear benefits when compared to what is currently available. "HealthTrust's Innovation Pathway is intended for those solutions that are brand new to the market and are changing outcomes, efficiencies or access in a major way," says **Pam Norman**, BSN, RN, Director of Clinical Services at HealthTrust.

Often, it's not truly innovative technology, but rather a new version of existing tech. "We have suppliers who have technology that is new to them, but not necessarily new to us," explains **Tara Roth**, MHA, BSN, CENP, Director of Nursing Services at HealthTrust.

Trust the process

Innovative ideas and products go through a rigorous vetting process. "We involve multiple subject matter experts, including our internal clinical teams and our clinical advisory boards," explains Norman. "Our unique Physician Advisor Network is leveraged as well, by asking physicians in over 35 specialties for their input." Most importantly, member voices are captured through HealthTrust's Innovation Channel in the Huddle.

HealthTrust teams do a deep dive with suppliers to review the new products. "With so many 'new' offerings, we can't get to all of them, so we work with board members to help us prioritize," says Westendorf.

After new ideas and technology are collected and vetted, the information is shared with HealthTrust's Sourcing Team for review. "The information might become a catalyst for a member trial or pilot," says Norman. Or, the team might create an internal product resource available to members through HealthTrust's Knowledge Library, which has over 300 resources, ranging from specific product documents to category, physician, evidence and conversion insight documents.

How to share your voice

Submit an idea or personal analyses in the Innovative Collaborator Community via the HealthTrust Huddle or by submitting a clinical request via the Knowledge Library. Or, reach out to an Advisory Board member or speak with your HealthTrust account management team member. Members can also participate in new product and technology evaluations surveys posted in the Huddle's Innovation Channel.

"We want members' unique points of view and encourage them to share solutions they've used in their facility and that we should consider for the larger membership," explains **Emily Healy**, Senior Manager of Knowledge Services. Suppliers can share their innovative products by using HealthTrust's Innovation Center (located on their supplier portal).

"The ultimate goal is, when appropriate, to get a new product on contract to better help patients," says Roth. "If it offers a real benefit that is helping you meet your organization's Quadruple Aim goals (population health, patient experience, provider satisfaction and lower costs/better value), then HealthTrust wants to know about it." Having innovative products on a national contract helps other members to not have to negotiate contracts on their own.

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"Technology that isn't effectively adopted often goes unused, sitting in storage, gathering dust," adds Stewart. If the physician who requested the technology retires or transfers to another facility, the hospital or ambulatory surgical center (ASC) should have visibility into their assets and move the technology to a facility that can benefit.

THE BOTTOM LINE

Beyond clinical outcomes, HealthTrust teams focus on understanding the broader picture of cost, quality and outcomes when evaluating new technology. "Is there a byproduct of the technology that requires measurement? Is there waste mitigation or cost avoidance? It's not just about the initial capital expense; it's about understanding total acquisition costs related to software upgrades, service, maintenance and IT integration," explains Stewart.

In addition, outside of the acute care hospital, there are outpatient facilities, ASCs and physician offices. "Where is the most suitable place for this technology, and who will bear the cost of the investment?" Stewart adds.

HealthTrust works to distill information for the supply chain and facility operators to get these answers. The Physician Advisor Network at HealthTrust is on call to weigh in on new technology. Teams break down the protocols, value analysis, equipment, regulation and reimbursement, providing enough information to make it easier for hospital systems to make educated decisions.

"It ultimately comes down to cost, quality and outcomes. We present the information in a way that is clear and comprehensible," says Stewart. ●

LEARN MORE about how members can implement new technology by contacting the MDM Team at corp.medicaldevicemgmt@healthtrustpg.com

LEVELING THE PLAYING FIELD

Experts weigh in on how to make healthcare delivery fair game for all populations

IN AUGUST 2020, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES launched the Healthy People 2030 campaign with an objective of promoting healthy development, healthy behaviors and well-being across all life stages. One of the main drivers of this effort is addressing social determinants of health (SDOH) and health inequities and disparities.

A panel presentation at HealthTrust University (HTU) in August, *Closing the Gaps Within Health Disparity: Priorities & Partnerships*, showcased what people on the ground are seeing in their communities and what their organizations are doing to combat this issue.

Getty Images/mathisworks

KNOWING THE SCORE

Health disparities, health inequities, social determinants of health—these are all terms we hear on a regular basis, pointed out HTU panel moderator **Aigner George**, PharmD, CDE, AVP, Advisory, Pharmacy Solutions for HealthTrust and Chair of the organization's Diversity, Equity and Inclusion Council. George shared how the Healthy People 2030 campaign defines these terms:

- **Health inequities:** Factors that result in limited access to optimal health
- **Health disparities:** Particular, preventable differences linked to social, economic &/or environmental statuses that create disadvantages in accessing care
- **SDOH**: Conditions in which people are born, live, grow, learn & age that affect overall health & quality of life

Knowing these terms and what they mean is one thing, but do we recognize when these issues are occurring right in front of us each day? And how do we make addressing these issues more than just checking a box?

Darra Edwards, PharmD, MSOL/HCM, BCPS, BCCCP, Corporate Pharmacy 340B Program Director for Prime Healthcare System, recalled working as a pharmacy operations manager for a different health system several years back, when she had a revelation about how health disparities impact the delivery of care and patient outcomes.

Edwards became aware of a discharged patient who didn't get one of her medications returned to her before she left the hospital. Instead of mailing the medication to the patient, Edwards called the patient, an elderly woman who was on both Medicare and Medicaid and living in low-income subsidized housing, and told her she was driving the medication to her apartment.

Checking the patient's discharge papers, she saw a hospital case manager had done all the right things: arranging for a home health nurse, sending the patient home with a walker and scheduling a number of follow-up appointments with doctors.

But the patient's meds were jumbled together in a baggie, and she was afraid to take them together, even though the home health nurse had told her to, because she was worried about overdosing. She couldn't use the walker because her small, one-bedroom apartment was carpeted, and she couldn't push or lift the walker through the carpeting. And, in regard to follow-up care with multiple doctors' appointments so diligently scheduled by the case manager? The patient had no idea how she was going to get to them because she didn't have transportation.

While her medical care, medications and medical devices were all paid for through Medicare and Medicaid, her lack of transportation made her a health disparity case, Edwards said, and the failure of providers to realize that resulted in "a complete miss in the whole process of delivering care."

"We're not connecting the dots of why we have the readmission rates we see, because we're not understanding that some of the interventions we've applied to solve the problems are not interventions that are helpful to the particular patients who are actually using them," Edwards explained.

While knowing the definitions is a simple matter, George said, enacting solutions to achieve health equity is "extremely complex."

COVERING ALL THE BASES

Because of that complexity, healthcare organizations are using multipronged approaches to tackle the challenges of SDOH, health inequities and health disparities—and they're including the care providers themselves.

At Galen College of Nursing, programs are in place to support students, explained **Audria Denker**, DNP, RN, FAADN, ANEF, Executive Vice President of Nursing at the school, which has its main campus in Kentucky and off-campus instructional sites in 11 states.

"We have a lot of poverty in our student body," Denker said. "Sixty-five percent of our students are first-generation college students. Providing them with the support and services they need to be successful is of ultimate importance to get them through the program."

The college looked at why students dropped out and found that about 60% left the program for nonacademic reasons, Denker explained. "We found out some of our students were homeless. They were living out of their cars and coming in and showering or cleaning up in the bathrooms," she said. Scarcity of food and other resources and lack of transportation were other issues for some of the students.

The college partners with food banks and set up a clothing donation program so students have professional attire to wear to job interviews. The nursing school also partners with workforce investment programs to get funding to help students with the costs of education. A new program that's just getting started will help students with diapers and formula. "Those are things that you don't always think about," Denker said, "but they are factors that can keep students from graduating and finding professional careers in healthcare, which, for some, means climbing out of poverty."

The college also makes a point of putting its nursing students through poverty simulation training. The students are presented with a scenario, such as if a patient is homeless or just lost their job, the students can learn how complex it is to have to go to the unemployment office or to get food stamps.

"You can just see the light bulbs turn on," said Denker. They learn that it's up to them, the healthcare providers, to help get their patients the resources they need, she said.

PLAYING AS A TEAM

For Community Health Systems (CHS), a 70-hospital system operating in 15 states, finding community partners is central to its initiatives countering health disparities and inequities, said **Elise Denneny**, M.D., FACS, an otolaryngologist with CHS in Knoxville, Tennessee. "Health systems don't have time to partner with the several resources needed to impact disparity," she said. "You want one person who is going to be a hub-and-spoke and take care of all these other social resources."

So, CHS has partnered with organizations such as Knoxville Area Project Access, and through that organization, the East Tennessee Rural Network and the Rural Health Association of Tennessee. These community organizations reach out to food pantries, pharmaceutical and other resources and provide empathetic education to residents in need.

Within its own hospitals, CHS medical staff are encouraged to evaluate their patients to identify SDOH or health disparities prior to discharge, so any needed adjustments can be made before a patient leaves the hospital. "I try to challenge every physician when they discharge someone to do a double check," she explained. "Let's look at what other health-related social needs this person's going to have that could impact or be a barrier to a good outcome."

Prime Healthcare's 44 hospitals in 14 states also depend on community partnerships to help address SDOH, health inequities and health disparities. "We operate from the standpoint that the community as a whole has a vested interest in this," said Edwards. "There are many local entities that already have infrastructure in place that can help support building these relationships within the community and with patients."

To become a trusted entity before a healthcare issue brings someone to a hospital, Prime Healthcare has actively sought out partners in the places where community members have frequent contact, such as:

- Places of worship
- Schools
- Municipal government
- Ethnic/cultural organizations
- Governmental agencies
- Professional/business organizations
- Property management companies

Many of these partnerships lead to downstream benefits, such as being able to use the partners' physical spaces as health clinics for community members. Partnerships with schools can create an employment pipeline thanks to new, directed apprenticeship programs, for example. "It allows you to have those touchpoints just by collaborating with all of the different entities," Edwards added. And when you report back to them about the successes resulting from

Continued on page 32

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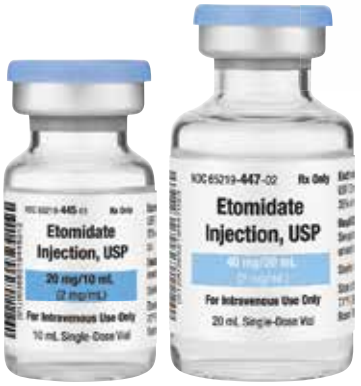

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HEALTH INEQUITIES & THE IMPACT ON MATERNAL MORBIDITY & MORTALITY RATES

The United States is one of the wealthiest countries in the world, and yet, its maternal morbidity and mortality rates are among the worst. The Centers for Disease Control and Prevention (CDC) says that more than 80% of pregnancy-related deaths are preventable. What can be done to improve these statistics?

"We are so blessed to be in America, and we have all these incredible resources and technology," says **Frank Kolucki**, Jr., M.D., FACOG, Chairman of Obstetrics and Gynecology at Moses Taylor Hospital in Scranton, Pennsylvania, and HealthTrust Physician Advisor. Still, "the maternal mortality rate in America continues to be an abject failure. This is particularly tragic and concerning for Black women, American Indian women and Alaskan native women, because their rates of maternal morbidity and mortality are significantly higher.

"The U.S. death rate for maternal mortality was 10 per 100,000 in 1990. What's shocking is that in 2022, when we have some of the most recent data, it's 32.9 per 100,000," explains Dr. Kolucki. "The rate for non-Hispanic Black women rose from 37.3 to 69.9, and it increased 2.6 percentage points for non-Hispanic white women. The rate of death is 3.3 times higher for Black women and 2.5 times higher for American Indian and Native American women."

Many women are put at risk because of social determinants of health and healthcare disparities and inequities, Dr. Kolucki explains, such as financial struggles, housing and transportation issues, lack of exposure to adequate education, food insecurity, issues of safety, mental health and addiction challenges.

Racial bias also contributes significantly to the risks women of color face during pregnancy, delivery and in the year following birth, Dr. Kolucki notes. "There is a plethora of examples in the press and in the medical literature where women are not heard, they're not believed and they don't get the appropriate care," he says. "This can happen to anybody, but, unfortunately, it happens disproportionately to women of color."

Another factor that contributes to high maternal mortality and morbidity rates is poor reimbursement rates, stated **Mikio Nihira**, M.D., MPH, medical director for Seven Star Medical Group in California and a HealthTrust Physician Advisor. "It has everything to do with money," he said.

"Medicaid deliveries are loss leaders, and labor and delivery units in general are loss leaders for hospitals because of poor compensation," he explained. "Not surprisingly, if you're doing a lot of business in a population that doesn't pay well, you're not going to want to provide that service. That's just the bottom line."

Since maternity departments are losing money for hospitals, these units are being shut down all over the country, but especially in rural communities, creating maternity care deserts, he said. "This becomes a major problem for the community because where do these people get care?"

Because of the many factors playing into the United States' poor maternal mortality and morbidity rates, improving those rates must be tackled on a variety of fronts, said Drs. Kolucki and Nihira. Some possibilities for making incremental progress include:

- **Increasing reimbursement rates**. In terms of reducing maternity care deserts, Medicaid should pay higher reimbursement rates for maternity care & women's health services in general.
- **Creating policy.** States & the federal government should move to enact policies & regulations that disincentivize hospitals from closing their obstetric departments.
- **Educating providers & patients.** Providers need to have some training & introspection to make sure that they're treating all the patients with the same respect that everyone deserves. And patients need education on healthy living, prenatal care that supports pregnancy & the supportive options available after giving birth.
- **Increasing mental health resources.** Providers need to address mental health conditions in a way that will positively address health disparities & improve outcomes before & after pregnancy.

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Continued from page 28

these collaborations, your partners see the value added to the community, and they continue to afford you greater access—bringing it full circle in order to meet the needs of the community.

LOOKING WITHIN

While the external community is often the focus of healthcare organizations' efforts to address SDOH, health inequities and health disparities among their patients, the HTU panelists agreed that administrators also need to look within the walls of their own hospitals.

There are hospital employees who leave their professional jobs at the end of the workday to go to other jobs, she pointed out. And hospitals have employees who face housing insecurity, are on public assistance or burn out because they're working multiple jobs to make ends meet.

If healthcare organizations are willing to devise meaningful training and remediation based on the understanding that SDOH, health disparities and health inequity are internal as well as external, Edwards concluded, "then we can be a lot more compassionate, not just to the community outside our four walls, but to the community that's within our hospital as well." ●

TO LEARN MORE about what your organization can do to address social determinants of health, health disparities and health inequities, visit the American Hospital Association Institute for Diversity and Health Equity at equity.aha.org

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Important Safety Information

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Patients being treated with Vitamin K antagonists (VKA) therapy have underlying disease states that predispose them to thromboembolic events. Potential benefits of reversing VKA should be weighed against the potential risks of thromboembolic events, especially in patients with the history of a thromboembolic event. Resumption of anticoagulation should be carefully considered as soon as the risk of thromboembolic events outweighs the risk of acute bleeding. Both fatal and non-fatal arterial and venous thromboembolic complications have been reported with BALFAXAR in clinical trials and post marketing surveillance. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events. BALFAXAR may not be suitable in patients with thromboembolic events in the prior 3 months.

BALFAXAR is contraindicated in patients with known anaphylactic or severe systemic reactions to BALFAXAR or any of its components. BALFAXAR is also contraindicated in patients with a known allergy to heparin, a history of heparin-induced thrombocytopenia (HIT), and IgA deficient patients with known antibodies against IgA.

In clinical trials, the most frequent (≥3%) adverse reactions observed in subjects receiving BALFAXAR were procedural pain, wound complications, asthenia, anemia, dysuria, procedural vomiting, and catheter-site-related reaction.

BALFAXAR is derived from human plasma. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

Please see accompanying Highlights of Full Prescribing Information for additional important information.

[a]BALFAXAR can be stored for up to 36 months at 2°C to 25°C (36°F to 77°F) from the date of manufacture.
[b]User preference was determined from the responses of 16 healthcare providers using an 11-item questionnaire about the usability of the nextaro® and Mix2Vial transfer devices.[4]

References: 1. BALFAXAR, Prothrombin Complex Concentrate (Human) Full Prescribing Information. Paramus, NJ: Octapharma USA Inc. **2.** Sarode R, Goldstein JN, Simonian G, Milling TJ Jr. A phase 3, prospective, randomized, double-blind, multicenter, non-inferiority study comparing two four-factor prothrombin complex concentrates for reversal of vitamin K antagonist-induced anticoagulation in patients needing urgent surgery with significant bleeding risk. *Blood.* 2022;140(Suppl 1):352-353. doi:10.1182/blood-2022-168890 **3.** Kcentra®, Prothrombin Complex Concentrate (Human) Full Prescribing Information. King of Prussia, PA: CSL Behring LLC. **4.** Data on File, Octapharma 2023.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use BALFAXAR safely and effectively. See full prescribing information for BALFAXAR.

BALFAXAR (prothrombin complex concentrate, human-lans) lyophilized powder for solution, for intravenous use
Initial U.S. Approval: 2023

WARNING: ARTERIAL and VENOUS THROMBOEMBOLIC COMPLICATIONS
See full prescribing information for complete boxed warning.
Patients being treated with Vitamin K antagonists (VKA) therapy have underlying disease states that predispose them to thromboembolic events. Potential benefits of reversing VKA should be weighed against the potential risks of thromboembolic events, especially in patients with the history of a thromboembolic event. Resumption of anticoagulation should be carefully considered as soon as the risk of thromboembolic events outweighs the risk of acute bleeding.
- Both fatal and non-fatal arterial and venous thromboembolic complications have been reported with BALFAXAR in clinical trials and post marketing surveillance. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events.
- BALFAXAR may not be suitable in patients with thromboembolic events in the prior 3 months.

INDICATIONS AND USAGE

BALFAXAR (prothrombin complex concentrate, human-lans) is a blood coagulation factor replacement product indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adult patients with need for an urgent surgery/invasive procedure.

DOSAGE AND ADMINISTRATION

For intravenous use after reconstitution only.
- BALFAXAR dosing should be individualized based on the patient's baseline International Normalized Ratio (INR) value, and body weight.
- Administer Vitamin K concurrently to patients receiving BALFAXAR to maintain factor levels once the effects of BALFAXAR have diminished.
- The safety and effectiveness of repeat dosing have not been established and it is not recommended.
- Administer reconstituted BALFAXAR at a rate of 0.12 mL/kg/min (~3 units/kg/min) up to a maximum rate of 8.4 mL/min (~210 units/min).

Pre-Treatment INR	2-< 4	4-6	> 6
Dose[a] of BALFAXAR (units[b] of Factor IX) / kg body weight	25	35	50
Maximum dose[c] (units of Factor IX)	Not to exceed 2500	Not to exceed 3500	Not to exceed 5000

[a]Dosing is based on body weight. Dose based on actual potency is stated on the vial, which will vary from 20-32 Factor IX units/mL after reconstitution. The actual potency for a 500-unit vial ranges from 400-640 units/vial. The actual potency for a 1000-unit vial ranges from 800-1280 units/vial.
[b]Units refer to International Units.
[c]Dose is based on body weight up to but not exceeding 100 kg. For patients weighing more than 100 kg, maximum dose should not be exceeded.

DOSAGE FORMS AND STRENGTHS

BALFAXAR is available as a white to ice-blue lyophilized powder for reconstitution for intravenous use in a single-dose vial, provided in a nominal strength of 500 Factor IX units in 20 mL reconstitution volume and 1000 Factor IX units in 40 mL reconstitution volume per vial. BALFAXAR contains the coagulation factors II, VII, IX, and X and antithrombotic Proteins C and S.

CONTRAINDICATIONS

- Known anaphylactic or severe systemic reactions to BALFAXAR or any of the components of the product.
- Known allergy to heparin or history of heparin-induced thrombocytopenia (HIT).
- IgA deficient patients with known antibodies against IgA.

WARNINGS AND PRECAUTIONS

- Discontinue infusion if allergic or anaphylactic-type reactions occur. Initiate appropriate treatment.
- Arterial and venous thromboembolic complications have been reported in patients receiving BALFAXAR. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events.
- BALFAXAR is made from human plasma; therefore, may carry the risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

ADVERSE REACTIONS

The most common adverse reactions observed in ≥ 3% of subjects were procedural pain, wound complications, asthenia, anemia, dysuria, procedural vomiting and catheter site related reaction.

To report SUSPECTED ADVERSE REACTIONS, contact Octapharma USA Inc. at 1-866-766-4860 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Revised: **07/2023**

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AWARD WINNERS

HealthTrust's 2024 Member Recognition Award recipients

EACH YEAR, HEALTHTRUST'S MEMBER RECOGNITION AWARDS acknowledge leading initiatives that brought our members' organizations to new heights. This year's awards highlight group and facility efforts that improve health measures, are better for the environment and enhance the clinician and patient experience. All members can learn lessons and be inspired to make positive changes in their own environments, based on the examples these award winners share.

CLINICAL EXCELLENCE AWARD

Scripps Health – San Diego, California

L to R: **Diana Totman**, Director of Clinical Care Line; **Hampton Hurt**, Director of Surgical Services; **Cecile Hozouri**, Chief Supply Chain Officer; **Christopher Heinen**, OR Supervisor; **Elena Giardino**, Director of Surgical Services. Not pictured: **Lisa Otte**, Director of Clinical Performance Analytics; **Linda Ferrick**, Director of Surgical Services; **Natalie Acosta**, Supervisor, Logistics; **Jennifer Donovan**, Clinical Resource Specialist

Scripps Health received the **Clinical Excellence Award** for its success in reducing operating room supply waste, and improving the accuracy of operating room (OR) nursing documentation for implants and supplies used in surgery. The Southern California healthcare system with five hospitals, plus several clinics and other care facilities, created a Doctor Preference Card (DPC) Sprint Team to focus on the accuracy of DPCs. This improved case planning and case picking, simplified OR nurse charting and positively impacted surgeon and staff satisfaction.

Previously, Scripps documented OR supplies through charting by exception. Each case's DPC listed supply items that were charted as "used" unless modified by the OR nurse. OR documentation accuracy was predicated on DPC accuracy. In this project, the team focused on DPC clean-up across all ORs by removing old and no longer used cards, establishing a DPC update process, enhancing DPC layout and readability and moving less frequently used supplies to a "hold" category.

Even after this significant DPC clean-up, the team saw that accurate OR supply charting remained challenging, viewed through post-case surgeon receipts and value analysis figures. Scripps' catheter and electrophysiology labs piloted a scanning process for supply and implant utilization instead of charting by exception. The pilot at one hospital OR successfully yielded higher accuracy rates and led to higher user satisfaction, so the process expanded to all Scripps OR sites.

Scripps now has more accurate data on supply utilization for contracting prospects, value analytics and surgeon/procedure comparisons, providing supply savings and further standardization opportunities. Ultimately, the organization will move to a perpetual inventory method of restocking all procedure areas.

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For Scripps, the award highlights the interdependence between surgery and supply chain and the value of using data-driven results to support its surgeons with important clinical decisions. "From this project, we have learned never to accept the status quo, and we are continually striving toward improvements to support excellence in patient care," said **Hampton Hurt**, RN, MSN, CNOR, and **Linda Ferrick**, MSN, ACNS, MBA, Directors of Surgical Services.

INNOVATION AWARD

Mercy Health – St. Louis, Missouri

L to R: **Betty Jo Rocchio**, Senior Vice President & Chief Nursing Executive; **Nida Al-Ramahi**, Executive Director of Operations; **Veronica Schlett**, Director of Clinical Operations; **Beth Melgren**, Director of Clinical Operations; **Jordan Humes**, Manager of Clinical Operations

Mercy Health earned the **Innovation Award** for enabling a reliable workforce through innovative strategies amid ongoing industry labor shortages. It concurrently faced a limited labor supply and an increased demand for the clinical workforce. The goal was to innovate and achieve operational excellence while transforming its workforce strategies, structures, processes and technologies within the parameters of financial constraints. The Missouri-based integrated delivery network (IDN) has 45 hospitals plus several clinics.

The IDN achieved sustained cost savings while increasing fill rates by:

- Creating a menu of workforce options at Mercy, including Core, Flex and Agency.
- Building Mercy Works on Demand (MWOD), an AI-based adaptive technology to improve fill rates. In real-time, MWOD connects with unit-level schedules for complete visibility into labor gaps while allowing workers automated shift pick-ups. MWOD also automated incentive rates based on supply and demand. This enabled Mercy Health to simultaneously optimize staffing and scheduling integration and management.
- Enabling a centralized workforce team to manage staffing and scheduling processes, workforce layer incentive management and associated technologies in partnership with local hospital staffing teams.

Through this process, the organization decreased the cost to deliver care, including average hourly rates, and decreased its spend on agency staffing. The IDN also improved the fill rates across its hospitals.

"I am proud of the way we engaged in rapid cycle iteration to get us to the place we are now," said **Nida Al-Ramahi**, MHA, CSSGB, Executive Director of Operations, System Nursing Services, Nursing Operations & The Center for Clinical Operations and Innovation (CCOI) at Mercy. "Innovation is not a commandment, but rather a persisting team sport. It requires a multitude of talent to come together and develop something operationally sustainable."

The team appreciates the recognition as well as the member benefit of connecting with other like-minded organizations and professionals to share ideas.

OPERATIONAL EXCELLENCE AWARD

Virtua Health – Marlton, New Jersey

L to R: **Khatib Abdelaziz**, Director of Supply Chain Service Center; **Ana Victoria Sanchez**, Vice President of Supply Chain & Support Services; **Michele Walker**, Director of Strategic Sourcing & Procurement

Virtua Health received the **Operational Excellence Award** for demonstrating best practices in streamlining and maximizing supply chain operations and cost savings initiatives before going live with their new warehouse management system (WMS). During the 12-month process, the five-hospital system overhauled its self-distribution model, reorganized its warehouse and began refreshing hospital storerooms. The initiative allowed them to maximize their supply chain and build scalable workflows to meet current needs and prepare for the future.

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*Based on surgeon survey data. *Natrelle*® (n = 516); AlloDerm™ (n = 203); Keller Funnel (n = 299); REVOLVE™ System (n = 98); STRATTICE™ (n = 147).[1,2]

References: 1. Data on file, Allergan Aesthetics, March 2024; Plastic Surgery Aesthetic Monthly Tracker. 2. Data on file, Allergan Aesthetics, July 2023; Surgical Scaffold AU Surgeon Perceptions 2023. 3. Data on file, Allergan Aesthetics, January 2022; Allergan Plastic Surgery Order Form. 4. Data on File, Allergan Aesthetics, January 2023; AlloDerm SELECT Ordering Information. 5. Data on file, Allergan Aesthetics, January 2023; STRATTICE Ordering Information.

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The HealthTrust Special Operations Team embedded staff to lead the Virtua warehouse and receiving dock. These teams could then see and understand Virtua's practices and systems to help build a new foundation. Special Ops identified and recommended corrections and helped implement the approved operational changes. The Virtua frontline team learned the importance of foundational processes and visual communication tools in supporting patient care. This enabled them to reduce inventory redundancies, standardize several product lines and decrease expired stock levels. After completing the initial engagement at its main distribution center, Virtua Health began the same processes in the storerooms of each hospital. This included training local teams to maximize and optimize not only their locations but also their time. The streamlined workflow improved the work environment.

Virtua Health sees this process as providing a solid foundation before adding the technology layer on top of current workflows, allowing it to gain the greatest value from the new WMS system.

"Many healthcare organizations are undergoing transformations that include technology. There must be a methodical plan to have processes and people supporting the expected outcomes," says **Ana Victoria Sanchez**, MHA, LSSGB, VP of Supply Chain & Support Services at Virtua Health. The Virtua team members appreciated that HealthTrust Special Ops provided "elbow-to-elbow" support. "They were keenly aware of the challenges and understood the complexities and triggers of customer service."

OUTSTANDING MEMBER AWARD

CoxHealth – Springfield, Missouri

L to R: **Jonathan Barton**, Administrative Director of Pharmacy; **Dan Roth**, Vice President of Operations; **Naomi Moss**, Sourcing Manager, Strategic Sourcing; **John Black**, Chief Supply Chain Officer. Not pictured: **Nikki Harmon**, Director of Strategic Sourcing

CoxHealth received the **Outstanding Member Award** for achieving its annual savings objective six months into its membership and realizing more than $16 million in annualized savings within its first year of joining HealthTrust. In addition to value derived from HealthTrust portfolios, the hospital also attained value by leveraging HealthTrust capabilities such as Medical Device Management, Valify Technology, Workforce Solutions, Food and Special Operations.

CoxHealth, with six hospitals and a number of clinics, became a HealthTrust member in February 2023 and wasted no time connecting to HealthTrust agreements, beginning their conversions immediately. The initiatives started with the C-suite and trickled down to others within the organization. That included hosting a GPO kick-off meeting with leaders from all key areas at CoxHealth to ensure that everyone understood the shared mission and vision, and their roles in the process. Having buy-in at all CoxHealth levels continues to make the partnership beneficial.

One of the successes was converting numerous sole source categories to help capture some of the savings. Now that the organization has a clear line of sight on spending and opportunities, the team has adopted a road map for success going forward.

CoxHealth moved quickly with its transformation for two major reasons. "We have experienced incredible alignment and support within the internal organization, from the C-suite and physicians to the departmental directors and leaders. Supply chain has experienced amazing collaboration and support throughout the health system," says **John Black,** Chief Supply Chain Officer, Supply Chain Administration, CoxHealth. "Secondly, HealthTrust has proven to be a trustworthy partner. They push us toward success, with a 'best for the customer' mindset."

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PHARMACY EXCELLENCE AWARD

Kelsey-Seybold Clinic – Houston, Texas

L to R: **Sunil Patel**, M.D., Chief of Hematology & Oncology; **Kirti Gandhi**, Director of Pharmacy; **Samir Jani**, Administrator of In-Clinic Pharmacy. Not pictured: **Anik Vaillancourt**, Director of Infusion Pharmacy Services

The **Pharmacy Excellence Award** was given to the team at **Kelsey-Seybold Clinic** for developing a multipronged approach to lowering the cost of care for patients. It did so via the medical benefit (for infusion center treatments and in-clinic administered medications) and the prescription benefit (for retail and specialty pharmacy prescriptions). With 41 locations, Kelsey-Seybold generated over $10 million in savings through combined efforts across multiple specialties, including oncology, family medicine, OB-GYN, endocrinology and orthopedics.

The Kelsey-Seybold Clinic team manages capitated risk through an accountable care organization, and they are responsible for medical and prescription benefit medications. The team developed a multipronged approach so providers could prescribe appropriate medications for patients, while procuring them efficiently and economically. They created a value and therapeutics committee to provide clinical guidance for over 800 outpatient providers in 55 specialties. The organization implemented outpatient care pathways to treat numerous disease states in the rheumatology, dermatology and gastroenterology specialties.

Initiatives included the appropriate utilization of oral generic specialty medications for first-line prostate cancer treatment, organizationwide standardization of product selection and immunization practices for influenza, and product standardization to improve clinical adherence and procurement rates for IUDs.

As part of the process, Kelsey-Seybold's analytics team built new dashboards showing drug utilization. The dashboards highlighted clinical opportunities, allowing interdisciplinary teams of physicians, pharmacists, analysts and electronic medical record developers to develop step therapy, contracting and procurement strategies. The organization currently has ongoing projects focused on diabetes and obesity, HIV and multiple sclerosis. Kelsey-Seybold also used the HealthTrust Drug Information Resources and leveraged the expertise of the HealthTrust Pharmacy Team to optimize drug vendor partnerships.

"This award underscores our commitment to evidence-based care, clinical outcomes and value to our patients as we also work to remove waste," says **Sunil M. Patel**, M.D., MBA, Chief, Department of Hematology/Oncology, Kelsey-Seybold Clinic, and Chair, Kelsey-Seybold V&T Committee. "We've developed an organizational infrastructure that prioritizes our patients and their experience while also bending this part of the cost curve."

SOCIAL STEWARDSHIP AWARD

Hackensack Meridian Health – Edison, New Jersey

L to R: **Kyle Tafuri**, Vice President of Sustainability; **Laurie Merris**, Corporate Director of Purchasing, Post-Acute Care & Capital; **Geffry LaFortune**, Purchasing Customer Service & Vendor Relations Manager; **Allison Jungkind-Raspanti**, Purchasing Manager. Not pictured: **Rich Killeen**, Vice President of Corporate Purchasing

The **Social Stewardship Award** was given to **Hackensack Meridian Health** (HMH) in recognition of the positive outcomes it drives in environmental sustainability; organizational diversity, equity and inclusion (DEI); supporting supplier diversity initiatives and community outreach. These efforts include a $115 million investment in energy consumption reduction and diverting 40,000 pounds of waste from landfills. In addition, HMH increased its annual supplier diversity spend by 32%, and four of its hospitals were among the first ever to achieve The Joint

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Commission's Healthcare Equity Certification in 2023. As an IDN, HMH includes 18 hospitals, a medical school and a research/innovation center.

HMH's environmental sustainability efforts include a wide range of programs, including targeting clean energy, energy efficiency, green building, nutrition, purchasing and using safer chemicals. Among them, the organization increased purchasing from near-shoring and domestic/local manufacturers, created a system to reallocate surplus capital within the organization, increased third-party green cleaning solutions to at least 97% systemwide, and served antibiotic-free meat at least 50% of the time within the health system.

The organization also partnered with Supplier.io, a supplier diversity platform buyers use to find new vendors. HMH also identified diverse suppliers within its Tier 1 and Tier 2 suppliers, setting benchmarks and goals, along with growth opportunities. HMH is creating a supplier diversity mentorship program to support small and diverse vendors.

"This recognition will drive our team to further invest in energy efficiency and renewable energy initiatives and educate other stakeholders on the importance of environmental progress," says **Richard Killeen**, VP of Corporate Purchasing at HMH. "We know that hospitals can lead the way in creating a healthier environment, and we want to share what we learn with others to help protect the health of our patients, communities and the planet for generations to come."

Discuss your organization's initiatives of merit with your HealthTrust Account Manager and submit them for possible recognition when the 2025 award site opens in January.

LEGACY AWARD

Jimmy Lewis – Hometown Health – Atlanta, Georgia

The **Legacy Award** was presented to **Jimmy Lewis**, CEO of Hometown Health, in recognition of his decades of contributions to healthcare organizations and providers. Lewis has partnered with HealthTrust since its beginning in 1999, while he helped grow Hometown Health to 19 hospitals across 17 states, with $98 million in GPO sales. The Georgia-based company also supports more than 70 hospital members and 60 business partners, contributing to a combined $800 million in sales. HomeTown Health member rural hospitals benefit from collective purchasing, educational programs, best practice solutions, managed care strategies, and legislative and reimbursement advocacy.

Lewis has been instrumental in this advocacy for patients and rural health. He's done this partly by supporting rural legislation and regulation for hospital-based nursing homes, state merit, prospective payment systems and critical access hospitals. These have been key to the survival of Georgia's rural hospitals and rural healthcare, as well as legislative representation. HomeTown Health's efforts have been vital to saving many of Georgia's rural hospitals.

"Having partnered with Jimmy for more than two decades, it is an honor to recognize his invaluable contributions to healthcare and the patients ultimately served," says **David Osborn**, Ph.D., SVP of Account Management & Sales at HealthTrust. "It is undeniable that Jimmy's relentless advocacy and steadfast dedication have made a remarkable impression on the rural healthcare community. He is an exemplary recipient most deserving of this Legacy Award."

HEALTHTRUST MEMBERS CAN LOOK FORWARD TO continued savings and quality services with two recently renewed key contracts in the commercial products portfolio: freight management and merchant acquiring services.

SHIPPING THE SAVINGS

Members can use the inbound and outbound freight program through OptiFreight Logistics (HealthTrust Contract #2101), a Cardinal Health service. The service also optimizes the outbound shipping mode to improve costs while still receiving shipments in time. Members can also choose OptiFreight services only for inbound shipments. A HealthTrust FedEx agreement, Contract #1354, allows members to manage their outbound shipments if they prefer. These negotiated direct rates with FedEx are lower than members can get on their own.

"In freight management, there is a lot of value achieved at the individual member level and additional savings as the overall HealthTrust volume increases," says **Kim Allen**, AVP, Strategic Sourcing Commercial Products, HealthTrust. "The goal of the program is to move unmanaged freight."

For example, a health system buying knee transplant products can pay for shipping using the vendor's service or provide the OptiFreight account number under the HealthTrust agreement. "We have negotiated freight rates, and when they ship items under our account number, it reduces costs for the health system by managing spend and ensuring the member is getting the lowest rates while meeting service needs of that particular shipment," Allen says.

Managing freight on a member level can be costly. In addition to pricing differences, members must match invoices to shipments, which requires buying specialized software and hiring additional labor. This, in turn, makes determining the total cost of each product more difficult.

Cardinal Health can provide each HealthTrust member with a statement showing the savings from using the managed shipping service. With OptiFreight, members also have visibility into package tracking for near real-time location information. Other included services are data insights and insurance claims handling for damaged or late shipments.

When adopting OptiFreight logistics, the implementation team includes a project lead, project specialist, IT specialist and account manager. Members also receive essential education to maximize the program's use within its healthcare organization, including choice of the best shipping methods based on need and cost.

Getty Images/shaunl

MERCHANT SERVICES AGREEMENTS

HealthTrust recently renewed a merchant services agreement with the global financial technology payments company Fiserv (HealthTrust Contract #46091). This contract covers inbound payment processing, such as those made at doctors' offices, the hospital gift shop and cafeteria—any site using a payment terminal. Because it works directly with the processor, the service saves money for HealthTrust members.

A critical benefit is that Fiserv provides Payment Card Industry (PCI) compliance for fraud risk. This ensures that the health system's processes are followed to dramatically reduce the risk of a data breach when processing payments. Hiring consultants to perform this compliance service would be expensive, but there is no cost to members when they utilize Fiserve.

Merchant service agreements can only be changed when the current contracts expire. Due to government rules, contracts must auto-renew, so health systems should know their current agreement terms and those interested in changing should begin the transition process well before that renewal.

"You can never start working on a transition too far in advance," Allen says, even if the agreement renewal is two years in the future. The compliance and transition process involves every point of service (POS) terminal, every doctor's office and every site in the hospital or medical center with a swipe machine. "Fiserv will support analyzing all of it to ensure compliance," she says. HealthTrust can also run a savings analysis for members, so they understand the savings at stake. ●

LEARN MORE about these programs and the savings your organization can gain from them by visiting the Commercial Portfolio section of the HealthTrust Member Portal or by emailing commercial@healthtrustpg.com

A dreamy service

A new category joins the portfolio: Sleep diagnostics

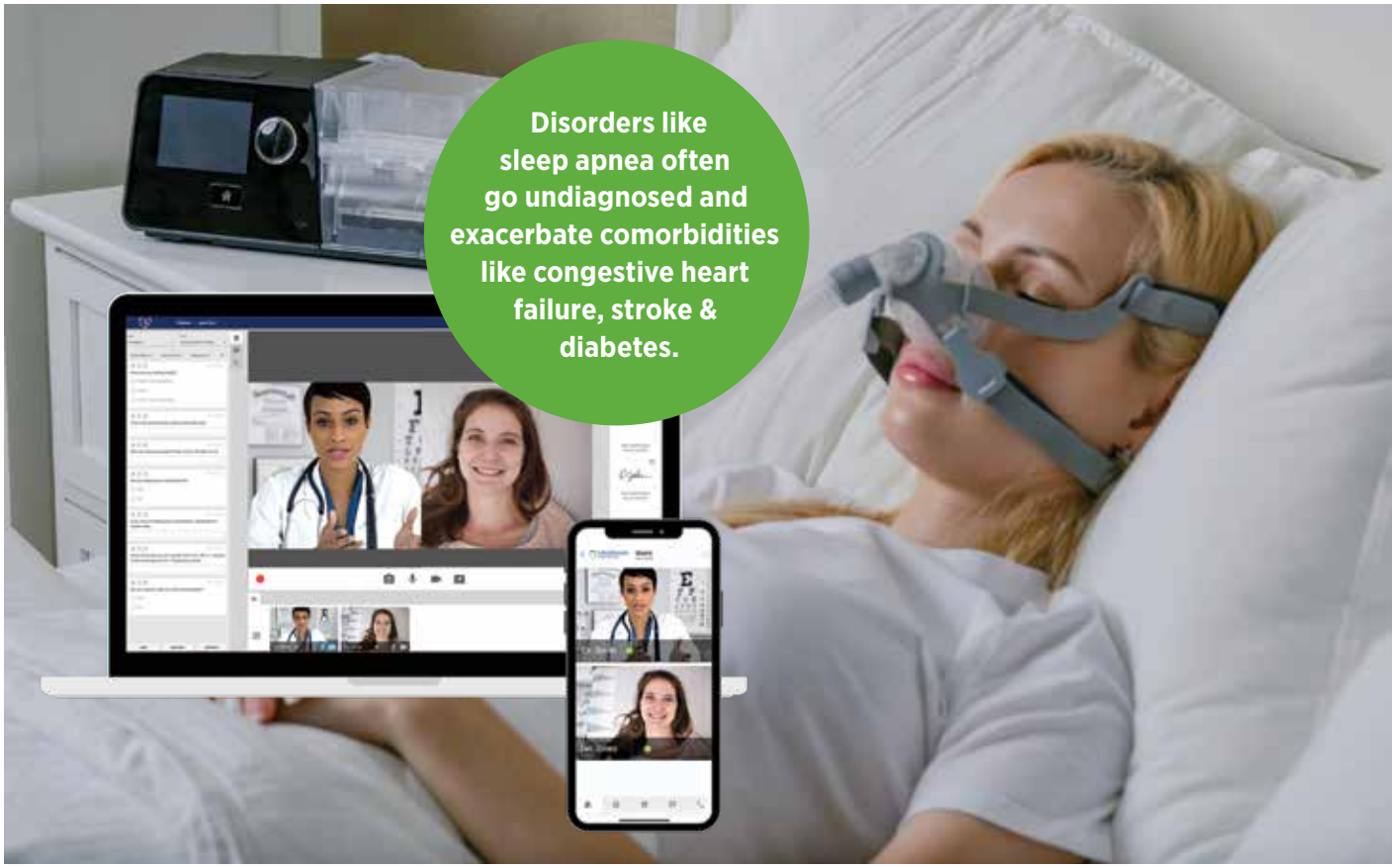
HEALTHTRUST RECENTLY ADDED A NEW SLEEP LAB CATEGORY to its portfolio of contracted suppliers. MedBridge Healthcare provides hospitals with full-service sleep lab management services that can be tailored to an organization's needs. "Sleep diagnostics is a preventive category with a lot of potential for growth," says **Ian Anderson**, Contract Manager, Purchased Services at HealthTrust.

"Sleep is foundational to health," says **Seema Khosla**, M.D., Chief Medical Officer at MedBridge. Sleep disorders like sleep apnea often go undiagnosed and exacerbate comorbidities like congestive heart failure, chronic obstructive pulmonary disorder (COPD), stroke and diabetes. An accurate sleep diagnosis can lead to proper treatment and better sleep. It also helps prevent unnecessary hospital readmissions, which is better for patient outcomes. "By identifying and treating sleep disorders, we improve the overall health of our communities," adds Dr. Khosla.

FOCUSED ON QUALITY & PATIENT SATISFACTION

MedBridge already partners with as many as eight HealthTrust members, including Fairview Park Hospital in Dublin, Georgia. The 190-bed regional referral hospital serves 13 counties in rural communities.

"MedBridge has a great reputation," says **Rob Ward**, Sleep Center Director at Fairview Park. The organization became our sleep lab partner in 2022. "The MedBridge team has



Photos: React Health/collaboratehealth

brought a lot of structure, policies and processes to our sleep services, and the staff is phenomenal. They help us work through any issues we're having and ensure we're meeting the American Academy of Sleep Medicine accreditation requirements."

And, from a patient experience standpoint, the MedBridge sleep technicians consistently receive positive feedback, as reported on follow-up surveys.

"During our last Joint Commission survey, their tech stayed late to walk the surveyors through the center and there were zero issues," adds **Ross Kemp**, COO at Fairview Park. "They've been great partners; I know I can pick up the phone and they are going to support us effectively."

"We are always focused on the patient," says Dr. Khosla. "From learning the pain points over the years, we've developed tools that allow us to partner with patients, such as live 24-hour clinical call support and a telemedicine phone app."

A CUSTOMIZABLE SOLUTION

MedBridge offers inpatient and outpatient sleep labs and home sleep apnea testing. Hospitals can either purchase or rent sleep lab equipment and supplies and pay a fixed fee for service (only for completed procedures).

Here are some of the customizable operational services MedBridge provides:

- All staffing, technologists & office personnel (no professional physician services)
- Insurance authorization & verification
- Patient sleep study scheduling
- Therapy service coordination & set-up
- 24-hour clinical support for in-center technicians & home sleep patients
- Add-ons: Inpatient sleep screening, product research, patient & physician education, and population & occupational health

MedBridge also assists with program accreditation, business metric reporting, performance improvement,

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electronic medical record integration and service triaging.

REDUCING READMISSIONS BY ADDRESSING SLEEP

Nationally, about 1 in 5 Medicare patients are readmitted to the hospital within 30 days of discharge from an initial hospital admission. On average, a COPD readmission can cost $10,000 and a congestive heart failure readmission can cost $15,000 in CMS penalties alone.

In partnership with collaboratehealth, MedBridge's Hospital Readmission Reduction Program helps hospitals reduce readmissions. HealthTrust members automatically have access to this if they use MedBridge. The program includes an app that allows the remote clinical team to stay in close contact with the patient at home and provide ongoing support and guidance. All costs for this program—including costs associated with nursing, live pharmacist medication reconciliation, RPM equipment and patient transportation as needed—are covered under a success fee. MedBridge is reimbursed only if the patient graduates from the program.

Anderson says, "The great thing about working with HealthTrust to obtain sleep lab and home diagnostic sleep services is the reassurance that comes from knowing the vendor has been fully vetted by HealthTrust Strategic Sourcing and Legal teams. You know you are accessing an approved partner who can deliver top-of-the-line services at a great price." ●

LEARN MORE about the new sleep lab category by talking to your Account Manager or reviewing the MedBridge contract package on the Member Portal.

MEDBRIDGE HEALTHCARE

HealthTrust Contract #86051

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Are readmission penalties putting you in the red?

Identify and engage high-risk inpatient populations to enhance patient outcomes and effectively minimize CMS penalties and readmissions with low pay, no payments. Even with limited budgets, this risk-free program offers a comprehensive range of clinical and technical resources. What's more, we are only compensated based on successful outcomes.

Learn more about our new
Hospital Readmission Reduction Program

Outsourced Sleep Lab Management Services

For hospitals and healthcare systems looking for full or partial services tailored to support the sleep lab, MedBridge Healthcare's offerings can be customized, allowing complete flexibility in outsourcing many components of a sleep program.

Our fee-for-service program reduces fixed costs associated with staffing and supply inventories, all while enhancing operational efficiencies.

We offer:

- Sleep Center Management
- Clinical Staffing
- Onsite Navigator
- Metric Performance Reporting
- Policy and Procedures
- Insurance Authorization
- Patient Scheduling
- Diagnostic Capital Equipment
- Live 24-hour Clinical Support
- Disposable Supplies
- Marketing and Education Materials
- Staffing Recruiting
- Accreditation Support
- Therapy Coordination
- Adult and Pediatric Expertise
- Innovative Growth Opportunities
- Home Sleep Apnea Testing
- Population Health Offerings

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Leadership addition

SVP BUSINESS DEVELOPMENT & PHARMACY SERVICES

Young Fried recently joined HealthTrust's executive leadership team as the Senior Vice President of Business Development & Pharmacy Services, with responsibility for the HealthTrust Insurance and Human Resources offerings as well as the Pharmacy Portfolio and Services teams.

Previously, Fried served as the VP of Pharmacy Services at Wellmark Blue Cross Blue Shield, where she owned commercial and IFP drug management for medical and pharmacy benefits, covering more than 2 million members and 1,800 employees. Prior to Wellmark, she was the Chief Pharmacy Officer at Cigna U.S. Medical with oversight for integrated clinical program management and pharmacy/medical benefits.

Fried has a Master of Science degree in Applied Pharmaeconomics and a Doctor of Pharmacy degree.

Honoring excellence in member & supplier partners

MEMBERS RECOGNIZED FOR SUSTAINABILITY

Five HealthTrust member health systems and facilities were recently named to the Top 25 list in Practice Greenhealth's (PGH) 2024 Environmental Excellence Awards. The annual awards honor outstanding sustainability achievements in the healthcare sector.

Top 25 is PGH's highest honor and is awarded to hospitals that are leading the industry in all-around sustainability performance, demonstrating comprehensive programs and illustrating how sustainability has been embedded in their organizational culture.

Congratulations to the sustainability teams and contributors within these HealthTrust member health systems and facilities who received this 2024 recognition:

- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Hackensack Meridian Hackensack University Medical Center
- Hackensack Meridian Jersey Shore University Medical Center
- Hackensack Meridian Ocean University Medical Center

2024 Practice Greenhealth ENVIRONMENTAL EXCELLENCE AWARDS

To view a complete list of the Top 25 as well as facilities recognized in seven other sustainability categories, visit **practicegreenhealth.org** and search for the 2024 award winners.

SUPPLIER EXCELLENCE AWARD WINNERS

Three suppliers were recognized with excellence awards during the HealthTrust University Conference (HTU) in August. The annual awards acknowledge supplier partners for best-in-class service and superior value in supporting the HealthTrust membership.

The following supplier award designations were presented to these companies and their representatives who attended HTU:

- **Supplier of the Year – Foodbuy**
  In recognition of exhibiting continuous improvement in delivering industry-leading value to HealthTrust members while consistently seeking new & innovative ways to improve services, support & value
- **Supplier Diversity – Vital Care Industries**
  In recognition of providing partnership & mentorship to the diverse supplier community for nearly 25 years, & the organization's history of providing quality products & value to HealthTrust members
- **Environmental & Social Performance – Cardinal Health**
  In recognition of demonstrating excellence in a variety of environmental & social considerations, including decreasing its carbon footprint, nurturing a healthy workplace culture, & supporting DEI, corporate ethics & governance

To read the entire press release, visit **healthtrustpg.com/in-the-news**

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641-10		8 mg/ 250 mL	250 mL	250 mL Premix Bag	32 mcg/mL	10	10277467	5828546	2682789	256511
642-10		16 mg/ 250 mL	250 mL	250 mL Premix Bag	64 mcg/mL	10	10277407	5828553	2682805	256529

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