

# HealthTrust Program Building Bridges Between Physicians and Supply Chain

## Purchasing Habits of Facilities Likely to Shift



**LET'S BE FRANK.** There has always been a large communication gap between supply chain professionals and practicing physicians—the one side held accountable primarily for cost and the other on what works for them in real-world clinical settings.

HealthTrust recently created the Physician Advisors Program, which is narrowing the chasm between those who purchase products and those who use them. The program solicits physicians' input on clinical evidence reviews in product categories that have a significant impact on patient care, specifically physician preference items (PPI).

Developed by HealthTrust chief medical officer Michael Schlosser, MD, and led by Jarad Garshnick, director of physician services, the Physician Advisors Program launched in May 2015 and now includes approximately 110 practitioners who hail from multiple specialties, practice settings and backgrounds. The panel includes cardiologists, cardiovascular surgeons, anesthesiologists, orthopedic surgeons, neurosurgeons and interventional radiologists. The physicians are trusted thought leaders who often also take an

active role in the value analysis process at their respective institutions.

Dr. Schlosser and Jarad Garshnick provide an overview of the Physician Advisors Program and discuss its impact on healthcare supply chain contracting process.

Despite being busy practitioners, the physician advisors are excited to be a part of the program because it involves them in the GPO contracting process, where they can broaden their understanding of how products are used within their specialty, says Garshnick. Even on purchasing decisions at the hospital level, physicians still remain largely on the sidelines.

### The Role of Physician Advisors

Physician advisors work closely with HealthTrust Physician Services to interpret clinical evidence supporting product use—and point out where it is lacking or biased—as well as offer insights on clinically important product design features (e.g., ease of use) and market pressures (e.g., patient demand for a certain procedure or technique) that also factor into contracting decisions, says

MICHAEL SCHLOSSER, MD,  
CHIEF MEDICAL OFFICER,  
HEALTHTRUST,  
BRENTWOOD, TENNESSEE



JARAD GARSHNICK,  
BBA, MBA,  
DIRECTOR OF PHYSICIAN  
SERVICES, HEALTHTRUST,  
BRENTWOOD, TENNESSEE



Schlosser. They are responsible for articulating to supply chain professionals and fellow practitioners at HealthTrust member facilities the research-based rationale for recommended use (or non-use) of a particular service or procedure.

“In addition to directly contributing to contracting decisions at the national level, physician advisors help identify research opportunities for HealthTrust and its members that could uncover treatment trends or have a positive influence on clinical outcomes,” adds Garshnick. They also have opportunities to present on research and clinical findings at professional society meetings and educational events on behalf of HealthTrust.

Although the program is new, it is expected to have a substantial impact on the purchasing habits of HealthTrust member facilities and foster the development of a clinically integrated supply chain. The longer-term goal is to alter supplier behavior such that new technology comes to market with clinical and economic data that demonstrates it drives better value for patients over existing medical devices. “Without such data, health systems will be reluctant to absorb increased costs in our new value-based system,” says Schlosser.

A recent review of research surrounding absorbable coronary stents points to how this shift can occur, Schlosser continues. Cardiology physician advisors were asked to review available clinical trial data on two newly FDA-approved, drug-eluting stents and determine if the new technology provided “significant clinical benefits” relative to an existing and lower-priced, on-contract product. They concluded that while the products held promise based on their technology, the current data failed to demonstrate better outcomes or higher value to patients. HealthTrust members thus elected to stand firm in not purchasing the new stents, and absorbing a cost increase, until HealthTrust could negotiate more favorable pricing on their behalf or new data was available.

Similar clinical reviews and recommendations are planned for other types of PPI, including cardiac balloons and catheters, spinal cord stimulators, osteobiologics and general surgical products such as hernia meshes.

## Program Beneficiaries

The Physician Advisors Program does more than help guide the buying decisions of supply chain managers and directors. It also helps them obtain end-user buy-in on those decisions, especially if physicians and clinicians are being asked to switch to a new product or forego a trendy, pricey alternative, says Schlosser. Physician advisors become the “source of truth” for their peers, countering the considerable influence of supplier reps—via their presence in the OR and marketing collateral (often called “white papers”)—on purchasing preferences and expanded device use.

For participating physicians, the program not only imparts a better understanding of the GPO contracting process, Garshnick says. It also better prepares the hospitals where they practice for value-based care by promoting the adoption of products substantiated to improve the quality and efficiency of patient care. Physician advisors are engaged in a higher order of value analysis than is typically feasible within a single facility or system, and they aren’t required to independently comb through the literature seeking the proof. They are ideally positioned to have a real and significant impact on the development, study and implementation of medical devices at healthcare systems around the country.

Physician advisors are also playing a critical consulting role for HealthTrust members located in the 67 metropolitan statistical areas required to participate in the Comprehensive Care for Joint Replacement (CJR) bundled payment program of the Centers for Medicare & Medicaid Services, Schlosser notes. Advisors are working with HealthTrust and its member facilities to help with physician engagement, reducing surgical complication rates with research-based toolkits and care redesign, applying technology to the collection of patient-reported outcomes and navigating patients through their 90-day episode of care.

As value-based reimbursement becomes the industrywide norm, the relationship between supply chain and physicians will need to improve. Purchasing decisions on high-ticket PPI will no longer be a tug of war but a balancing act between the twin imperatives to operate leanly and deliver high-quality care. 



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