

**Chair-Elect Platform Presented to the AHRMM Board of Directors on September 25, 2020, by
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Members of the board and AHRMM staff, it is a great honor and privilege to stand before you to share my story and my vision for AHRMM.

I want to first congratulate you on having elected such an amazing board and an impressive slate of chair-elect nominees. Once again, I am thoroughly reassured that regardless of who is chosen to be chair-elect, the organization will continue to be successful and thrive in its pursuit of its mission.

I would like to begin with a little bit about me. I am a general surgeon 20 years in practice and currently serve as Associate VP of Perioperative portfolio for Providence St. Joseph Health. I initially worked for Providence supply chain and redesigned its value analysis program. I recognized early on the need for physicians to lead health care transformation. I have dedicated my career to pursuing a health system that is high value, error free, and waste-free, that delivers simplified, personalized experience for every individual. I believe that every human being has a basic right to the pursuit of health. Not just Health care, but health.

When I find a passion, I don't just participate. I am all in and find a way to help lead the cause. While in practice, I served as chief of surgery and medical staff president at my local hospital and sat on the board of trustees of the California Medical Association. I also served as president of the County Medical Society. I currently serve on the Washington State Medical Commission and recently was elected vice chair. When I joined AHRMM, I didn't just become a member; I served on the board and also chaired the Conference Education Committee.

As you consider your choices for this election, I'd like you to think about three things:

1. What do you think AHRMM will look like in the next five years?

Even over the last several years I have seen AHRMM grow from an organization that some considered to be a typical esoteric professional organization that provided basic education for hospital supply chain managers to a highly esteemed strategy-oriented innovator in resource optimization for national and global health care systems. We have developed strong partnerships with providers, suppliers/manufacturers, consultants, government agencies, think-tanks, and other industries and have earned their trust and respect as the single source of truth for health care resource management. Where do we go from here? How do we grow and stay relevant? How do we adapt rapidly but responsibly? Where do we innovate and where do we exnovate?

I envision an organization that has grown in membership and relevance. One that provides guidance, education, and opportunities for members from all disciplines, with reach around the globe. Within 5 years:

- We have successfully launched initiatives to eliminate waste and protect the environment.
- We have collaborated with clinical professional organizations to be patient-focused and incorporated clinically important KPIs into successful supply organizations while providing education resources regularly for clinical partners.

- We have migrated our business models to align with Value-Based payment programs and have included discussions with payers.
- We have recognized the Patient as the ultimate common customer and helped enable direct-to-patient supply chain solutions.
- We have helped provider partners adapt to a consumerized market and appropriately manage other solutions like digital tools, transportation, professional services, and information technology.
- We regularly convene the best minds in the health market to share ideas and design the future of health resource management.
- We have added value to membership by optimizing access to its digital tools and networking opportunities.

2. What immediate opportunities must AHRMM absolutely leverage right now?

COVID is certainly a tragic global crisis, but it is also the catalyst we needed to kickstart some innovations that were stuck in neutral. Telehealth use jumped almost 5000% in some places and is expected to continue to grow exponentially. Digital platforms like Zoom and Twistle are becoming the norm for this consumerized generation. Hospital supply chain teams were suddenly put in the spotlight because of shortages in PPEs, testing kits, cleaning supplies, ventilators, and numerous other items that were necessary to keep hospitals open. Clinician and physician involvement in supply chain across the nation became critical in order to conserve and allocate supplies in a clinically appropriate manner. For AHRMM, this is our moment in time.

COVID is AHRMM's opportunity to accelerate its growth in advocacy, as a leader and stakeholder in supply related policies as well as health care policies that address access, coverage, social determinants of health, justice and equity. The pandemic also opened doors for AHRMM to lead advocacy on emergency supply legislation and work with government agencies to assure patients and caregivers are protected. AHRMM needs to be a leader in discussing appropriate production, allocation, distribution, and use of emergency supplies with regulatory agencies. A physician leader of AHRMM will help bolster the clinical focus of the organization during these discussions.

COVID is also AHRMM's opportunity to accelerate its partnership with clinical professionals and grow its CQO and Clinical Integration agendas. Due to the pandemic, more and more hospitals are creating "medical director of supply chain" roles, and other organizations are looking at how to train physicians for supply chain positions. This is an opportunity that AHRMM must grasp as the leader. And having a physician leader can give legitimacy to this position and open doors to partnering with professional organizations for education opportunities. Even within its internal relationship with the AHA, electing a physician leader will allow AHRMM to show its parent organization its relevance in the clinical realm and help bolster a stronger alignment with AHA's mission and strategic goals.

COVID has also changed how consumers interact with health care in general, and non-traditional companies are moving quickly to adapt and adopt. So Where will AHRMM be when pharmaceuticals are delivered by Amazon drones? When mobile 3-D printers will bring products to patient homes within minutes? When the home becomes the center of care and caregivers are transported to them? When

home monitoring devices are delivered and managed remotely? When hospitals are no longer the center of medical product distribution?

3. How will AHRMM contribute to a better world?

Supply chain is one of the largest sources of a hospital's carbon footprint, possibly second only to energy use. As experts in health care resources, we have an obligation to act as stewards of the environment. We can push the agenda to make our health products greener, manufacturing and distribution less wasteful, and organizations to commit to becoming carbon negative. We can work with clinicians to reduce unnecessary utilization in procedures. I know it can be done, because it has been done.

In addition, if AHRMM is truly committed to healthier communities as stated in its mission statement, we must also address social determinants of health more intentionally. Millions of people lack access to healthy foods, resources, services, and technologies because of supply chain issues. AHRMM has the partnerships, the knowledge, and leverage to become a leader in solving these problems and removing barriers that create inequity in our society.

In summary, health care is rapidly transforming, accelerated by consumer demands and socioeconomic pressures, and COVID has highlighted the importance of supply chain and provided an unusual opportunity for AHRMM. I believe that I bring a unique combination of qualities including experience as a physician that could greatly benefit AHRMM as it grows during its next phase.

Once again, I am deeply grateful for the opportunity to share my vision with you. I'm happy to answer any questions. Thank you.