



The Path to a **Clinically Integrated Supply Chain**

Supply chain leaders are driving value in new ways but doing so requires new skills and disciplines. By creating an advanced and proactive system-wide value analysis program with an emphasis on clinical evidence and collaboration, organizations have the opportunity to improve efficiency, increase consistency and decrease costly unnecessary care variation.



Milestones on the Path to a Clinically Integrated Supply Chain



Centralize product evaluation decisions at the system level

- Migrate decision-making to system-wide committees
- Provide transparency into decision making across the system
- Standardize product decision-making processes



Support roll out of care redesign program

- Support operational structure of new VATs
- Leverage evidence-based practice guideline literature reviews to help fuel care redesign efforts



Enhance evidence-based decision making

- Evidence-based research seamlessly integrated into electronic new product request form and project management function
- Access to unbiased source of product research



Engage clinicians in variation reduction

- Drive physician engagement in research and electronic new product request process redesign
- Promote a culture of physician engagement and accountability of device selection

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Assessing your supply chain program's current state of integration across a range of factors is an important step in developing strategic goals that are challenging and achievable.

STAGE	Clinical Preference Driven Decision Making	Cost-Based Decision Making	Value-Based Decision Making	Evidence-Based Decision Making	Multidisciplinary Variation Management
Governance	No formal committee structure or process; no executive oversight	Loose committee structure/process with minimal authority; minimal executive oversight	Committee structure and process capture majority of product decisions; some executive oversight	Strong committee structure serves as collaboration point for physicians, hospital supply chain	Cross-functional utilization review and variation reduction committees integrate new products as part of broader service line variation reduction agenda
Clinical Evidence & Outcomes Leverage	No product criteria, minimal vetting	Cost and vendor-focused information vetting	Product evaluation criteria developed, but evidence not uniformly used	Objective product evaluation criteria focused on evidence	Objective product vetting focused on evidence integrated with care process design strategy
System Collaboration	Decentralized decision-making, no transparency	Transparency, but not alignment on product vetting standard	Transparency and system alignment on standard process and vetting approach	Cross-system collaboration and some shared decision making	Cross-system collaboration and centralized decision-making
Physician Engagement	None; potentially challenging relationship between supply chain and physicians	Some; select physicians sit on certain committees	Moderate; representative physician leaders participate on each committee	Good; Physician leaders engaged and help support utilization reduction initiatives and product decisions	Strong; utilization reduction initiatives spearheaded by physician leaders with product selection as part of comprehensive care redesign committees

» Contact GHX to learn more about the **Clinically Integrated Supply Chain**