



How to Engage Physicians in Large Spend PPI Sourcing Initiatives

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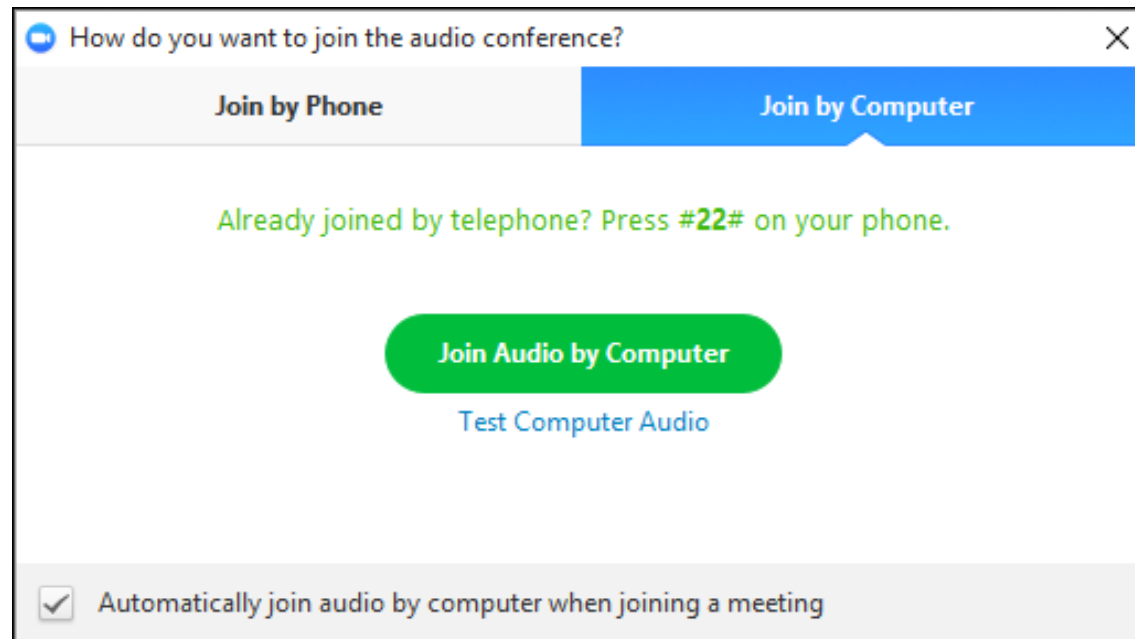
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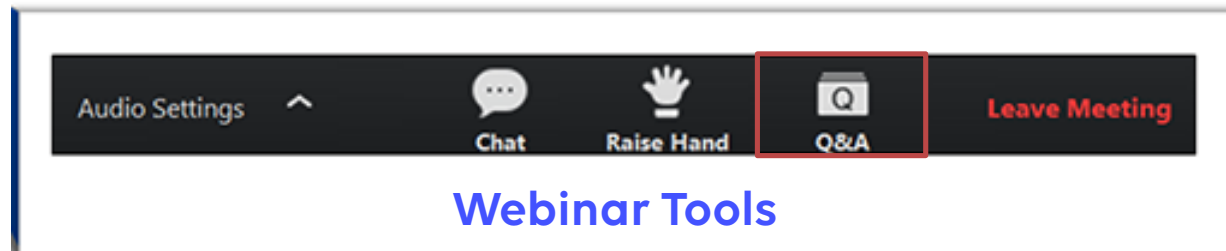
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Questions Panel

To ask the presenter a question, please type your question into the question panel and press send



Additional Questions? Email us at explore@lumere.com

Presenters



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Agenda

- **Identifying** physician champions and steps for engaging physicians
- **Framing** conversations with clinical evidence
- **Providing** reliable, accurate data
- **Leveraging** stories from the field

Qualities of effective clinical champions



Influential



Excellent
communicator



Respected
by peers



Passionate
about reducing
variation

Engaging physicians: It's easier than you think



Building a relationship: The single most important step

- Spend time sharing priorities and motivators
- Provide insight into the work of value analysis and supply chain
- Ask specific questions about process for device selection and what is most important
- Be clear on time commitments, expectations and purpose



Serving as a reliable resource ensures an ongoing partnership

- Ask about communication preferences and meet those expectations
- Understand what data they need to review and disseminate; ensure timely, accurate delivery of that information
- Align on messaging to both stakeholders and suppliers

Physician engagement demands transparent, accurate, reliable data



Cost, quality critical for shift to value-based care

- Health systems and physicians are increasingly evaluated and compensated using cost & quality metrics - opportunity for collaboration
- Device and drug selection is a critical piece of the value equation; clinical evidence can help drive value-oriented sourcing decisions
- Professional organizations are prioritizing this topic

Physicians crave cost, quality metrics to understand their performance

- Competitive by nature, physicians want to understand how they are performing compared their previous performance and to their peers
- Transparency in healthcare is increasing and being a “high-value” provider will be critical for success
- Effective partnerships between health systems and physicians *require transparent, accurate, reliable data*

Understanding clinical implications of sourcing initiatives is critical

Consider sourcing initiatives from physician perspective

- Their #1 priority is patients: How will changes affect the care they provide?
- Which clinical outcomes are most relevant? Does the current literature address them?
- Balance published clinical evidence, real-world data and personal experience

Physicians need accurate, complete, unbiased evidence

- Vendors are too often the source of information
- Can be cost-prohibitive for health systems to provide themselves
- Leverage unbiased sources

How should health systems develop this information?

- Leverage an unbiased third-party
- Collaborate with physicians to select appropriate metrics for evaluating cost & quality
- Ensure data is providing "apples to apples" comparisons - requires clinically oriented medical device, drug and procedure classification

Lumere's Evidence Insights address hundreds of clinically relevant topics

The screenshot displays the Lumere Evidence Insights web application. On the left is a vertical sidebar with navigation icons and labels: Home, Pharmacy, Medical devices, Analytics overview, Evidence insights (highlighted), Device research, Requests, Projects, Committees, Measurement, and Reports. The main content area features a title 'Use of antibiotic loaded bone cement in total joint arthroplasty' with a pencil icon. Below the title, it states 'Evaluated product groups: Orthopedic bone cements (38 products, 10 brands)'. The 'Overview' section explains that infection is a potential complication of joint arthroplasty, and antibiotic-loaded bone cement (ALBC) is used to prevent it, though it is more expensive than plain bone cement (PBC). A key finding is highlighted: '68 studies were reviewed. Highest level of evidence is Level I.' The last update date is 10/22/19. A section titled 'Proper patient selection and utilization strategies regarding the use of antibiotic loaded bone cement (ALBC) should consider the following evidence:' is followed by a bulleted list of findings.

Use of antibiotic loaded bone cement in total joint arthroplasty ✎

Evaluated product groups: [Orthopedic bone cements](#) (38 products, 10 brands)

Overview

Infection is a potentially devastating complication associated with joint arthroplasty procedures and preventing its occurrence is paramount. Antibiotic loaded bone cement is designed to prevent infection; however, it is typically sold at a substantial price premium compared to plain bone cement. This evidence insight critically reviews the literature evaluating antibiotic loaded bone cement in total joint arthroplasty procedures. This information can be used to inform proper utilization of antibiotic loaded bone cement.

68 studies were reviewed. Highest level of evidence is Level I. ⓘ

Last updated: 10/22/19

Proper patient selection and utilization strategies regarding the use of antibiotic loaded bone cement (ALBC) should consider the following evidence:

- ALBC has not demonstrated superiority to plain bone cement (PBC) in reducing infection rates in primary total knee arthroplasty. However, there may be some benefit in primary total hip and shoulder arthroplasty procedures.
- There is conflicting evidence concerning whether or not the use of ALBC lowers the risk of infection in high-risk patients undergoing total knee arthroplasty compared to PBC.
- Although use of ALBC in revision total knee arthroplasty is common practice, evidence supporting this use case is limited.
- The available commercially pre-mixed ALBC products contain either gentamicin or tobramycin, each of which have demonstrated broad-spectrum antibacterial effects.
- Vancomycin may be hand-mixed, either alone or in conjunction with another antibiotic, to form ALBC. Vancomycin has demonstrated strong antibacterial effects against gram-positive pathogens, although further study is needed to determine the appropriate utilization of ALBC containing vancomycin compared to ALBC containing alternative antibiotics (gentamicin or tobramycin).
- ALBC is substantially more expensive than PBC and has not been shown to reduce rates of infection in some arthroplasty procedures. Hand-mixed ALBC is significantly less expensive than pre-mixed ALBC and may be considered in appropriate patient populations.

Stories from the field

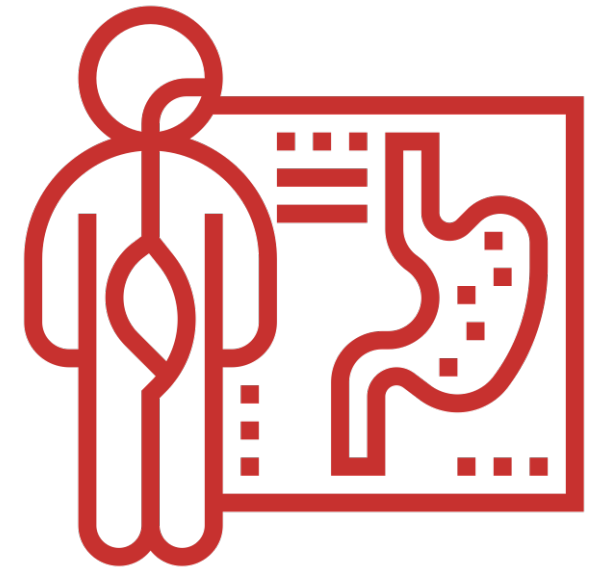
Cardiology



Orthopedics



GI Lab



Keys to
success

- Strong physician relationships
- Relevant data including clinical evidence if available to support contracting strategies
- Supplier alignment

Questions
from the
Audience





Thank you for joining!

Questions? Feel free to reach out to us.

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