

# The Hospital Supply Chain: Clinical Integration

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American Society of  
**Anesthesiologists**<sup>™</sup>



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# Disclosures

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- I receive a consulting fee from Merck Pharmaceuticals

# Learning Objectives

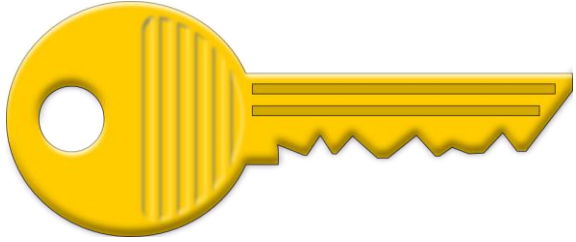
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At the end of this session, you should be able to:

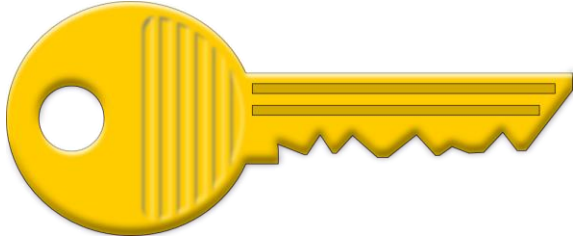
- Describe the hospital supply chain v/v perioperative medications
- Compare the interests of each of the customers in the perioperative supply chain
- Develop a sales strategy for each of the key players in the perioperative supply chain

# The Four Keys

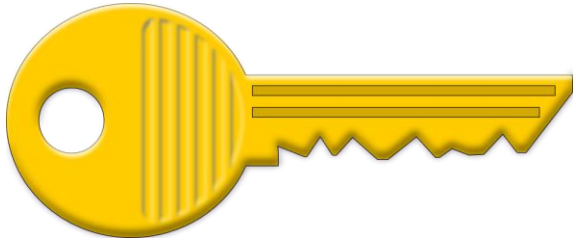
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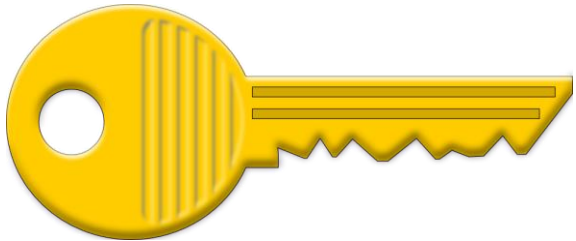
Convenience



Safety



Cost



Availability



# Key Players in Perioperative Supply Chain

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- Anesthesiologist
- Pharmacist
- P&T Committee
- CMO/CQO?
- CFO?

# What each Group Wants

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## Anesthesiologist

- Convenience
  - Stability
  - Labeling – tall man lettering, color coded
  - Standardized concentrations
- Safety
- Availability
  
- Less concerned with cost

# What each Group Wants

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## Pharmacist

- Cost
- Staff convenience
  - Medication cost vs staff work
- Safety
  - Regulatory drug reconciliation
- Availability
  
- Less concerned about provider convenience

# What each Group Wants

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## P&T Committee

- Cost
- Safety
  
- Less concerned with convenience or availability



# What each Group Wants

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## CMO/CQO

Probably not engaged

- Safety
- Cost
- Possibly availability
  
- Less concerned with convenience

# What each Group Wants

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CFO



# General Process

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Anesthesiologist

Pharmacist

P&T

Other hospital approvals

# The Anesthesiologist's Role

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- Must want your product
- Must advocate for your product
  - Financial and safety – Pharmacy
  - Financial and safety – P&T
  - Financial – Hospital administration

# The Pharmacist's Role

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- Must be open to your product
  - Financial equivalence
  - Relieving staffing pressures/workload
- Must feel support from Anesthesia team
  
- Under immense financial pressure
  - Responsible for costs that are not under their control

# P&T Role

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- Likely a rubber stamp
- Possibly concerned about cost
- Skeptical of promises made by various groups

# C-Suite Roles

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- CMO/CQO
  - Has the hospital experienced:
    - Medication errors?
    - Financial constraints?
    - Regulatory issues related to medications?
- Responsive to the clinicians and pharmacy's concerns

# C-Suite Roles

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## CFO

- Limited-to-no context for clinical concerns
- Sees ballooning pharmaceutical costs
- Siloed budgets
- Hard v Soft dollars
- Skeptical of promised savings



# How Hospital Types Differ

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Small:

- Anesthesiologist and Pharmacist

Medium:

- +C-suite

Large:

- System-level oversight
- Bureaucratic

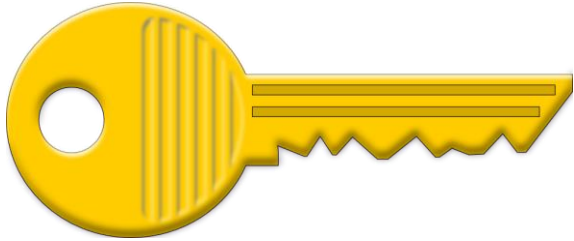
# 7 Deadly Sins of Medical Sales

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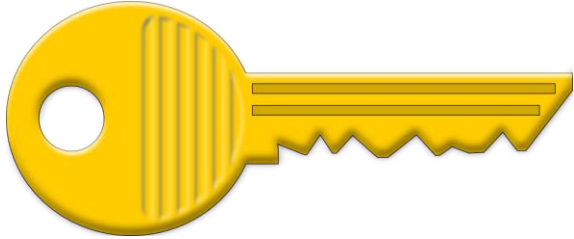
- Dishonesty
- Wasting time
- Not identifying key players
- Not understanding the needs of the consumer
- No data
- Ghosting
- Not respecting the egos

# Successful Implementation Will Focus On The Four Keys

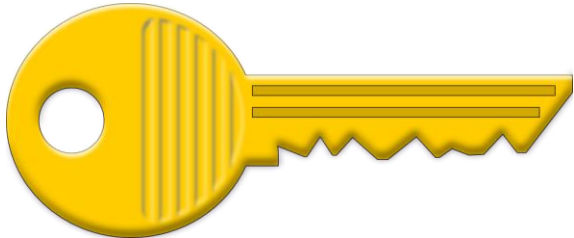
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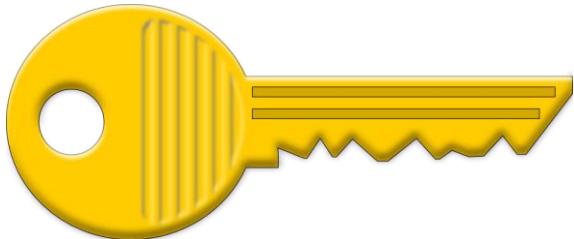
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