Covenant HealthCare Clinical Quality Product Value Analysis Program





Principles For Clinical Quality Product Value Analysis

- CQPVA will become a fundamental component of how we do business. Our expectations are that managers embed CQPVA principles into the core function of their departments.
- Physician Partnership and participation is critical to the success of Covenant HealthCare and our CQPVA program.
- All members of the Senior Leadership team have a responsibility to advocate for and support Clinical Quality Product Value Analysis (CQPVA) across the organization.
- All supply and service decisions will be made using CQPVA processes.
- Executive sponsors and Teams leaders of CQPVA teams will be responsible for supporting the team member(s) in meeting their responsibilities to accommodate meeting schedules.
- Department managers will assist with communication by the team's member to their peer group, and proactively assist with problem resolution pertaining to products, equipment or services.

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■ No department/individual is exempt.

Principles For Clinical Quality Product Value Analysis

- We want to purchase products, equipment and/or services that fit the cost, function, service and quality expectations of our organization.
- Product standards will be established within and among departments as well as within and among care sites.
- New products that are introduced must add value (i.e., improve patient care, quality, or efficiency or reduce operational costs).
- Objective criteria and peer reviewed evidenced based data will be used to make decisions.
- Conflict of interest disclosure is required for all members of the value analysis teams and by requestors of new products.
- **The organization will uphold and reinforce the vendor management policy.**
- **Executive leadership will support the decisions that are made by the teams.**





CQPVA Evaluation Elements

Stakeholder Analysis Data Collection Product Criteria Product Evaluation Barrier Resolution Education and Training Review and Revision of Policies & Practices Trial Logistics Implementation and Conversion Plan Communication Plan Validation





Proposed CQPVA Executive Oversight



Annual report prepared and presented by CEO and COO. Report includes progress to goal, successes, challenges and next steps.

- Acts as the CHC's Executive oversight for CQPVA and executive engagement for culture change.
- Receives monthly report of progress & success, resolves high level challenges and issues.
- Responsible for monthly reporting of team progress, barriers to change, risk mitigation, and inter-team communications and problem resolution.
- Membership includes Financial representative for the Health System, System Director of Supply Chain Management, CQPVA Director/Manager, Service Line Executive Sponsors (appointed members from the operations team), CQPVA Team Leaders, ad hoc members as appropriate for system.

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New Physician On-Boarding Process

Policy Number: 641 Clinical Quality Product Value Analysis Policy

- 1. New physicians will review a Covenant HealthCare product menu that lists the current products that are available.
- 2. If there are new requested products that are functionally equivalent to products that already exist at Covenant HealthCare, then the requestor must bring the new product request through CQPVA for review, and approval or declination.
- 3. The CQPVA process would be reconsidered if the new physician offers a specialty or procedures that we do not currently offer, which requires specific supplies that Covenant HealthCare does not have available.



Value Analysis Progression

No Process	New Product Team	Value Analysis Novice	Value Analysis Intermediate	Value Analysis Advanced	Value Analysis Transformation
 No formal process Purchases driven by demand Minimal criteria 	 Process and team focused on review of new products Suppliers initiate new product entry and have frequent unregulated access to clinical areas Customer service to requestor Often rubber stamp of approval 	 Process is led by supply chain Vendor management policy is developed to govern supplier access to clinical areas Limited Development of objective, non- financial criteria Commodity and clinical preference product conversions High volume of new product requests 	 Process is led by supply chain and clinicians Supply chain uses market pricing benchmarks to obtain best financial value Reduce or eliminate waste Objective data used to Ensure new products add value Reduce variety of products Integration of appropriate use for clinical preference products Develop forum for new technology assessment Integration with Performance Improvement 	 Multi-disciplinary teams use supply chain, clinical, financial and operational data across acute care continuum Outcomes data drives balanced decision making EMR MMS National Metrics Protocols Evidence Integration of appropriate use for physician preference products 	 Community based, post acute and acute providers as well as patient and family caregivers collaborate to determine appropriate care and product use that results in improved patient engagement Long term outcomes data drive supply chain, clinical, financial and operational decision making Alignment of process drives seamless care - Patient access, flow and care coordination
Limited strategies for savings	Pricing only	Pricing and limited standardization	Conversion, utilization and standardization	Total value in acute care	Total value across care continuum
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Example of Staff Structure for CQPVA Teams Cardiovascular Team

	Cath lab/IR/EP
CQVA Teams	
Executive sponsor	
Physician Champion (CC)	
Physician Champion (IR)	
Team lead	
VHA SME	
CQVA Administrator	
DMM	
Distribution	
Education	
Biomed	
IR Manager	
Data analyst	
Nursing	
Tech Cath lab	
Tech IR	
MRUS/Procurment	
Contract Administrator	
Total team members	



Thank you for your time. Any Questions?

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