CQPVA
Clinical Quality Product Value Analysis
PROGRAM

Product Request Form

If you have any questions, contact Dr Pooja Vasudevan CQPVA Administrator, at (989) 583-2603.

Please complete this form in its entirety or it will be unable to be registered and processed.

REQUEST INFORMATION

Name: _____

Phone: _____

Email: _____

Request Type: ☐ **Conversion** ☐ **Standardization** ☐ **Utilization** ☐ **New Product**

Does requestor have any relationship with the supplier or supplier representatives? ☐ **YES** ☐ **NO**

If yes, explain:

Is this request made on the behalf of another requestor? ☐ **YES** ☐ **NO**

If yes, please state the name of the requestor: _____

Please list the physicians and/or departments that would use this product:

What existing procedure(s) are impacted by this request?

If the procedure, therapy, or service is not currently offered at Covenant HealthCare, please do not complete this form and contact the CQPVA Administrator at 989-583-2603.

One CQPVA Form must be completed per 1 Product or 1 System request.

NEW PRODUCT

Product description:

Manufacturer name: _____

If there are more than 3 catalog items, please submit excel spreadsheet or listing of items and catalog numbers as an attachment with this form.

Manufacturer catalog number: _____

Does this product come in multiple sizes? ☐ YES ☐ NO

Unit of measure: _____

Cost per each: _____

Estimated annual usage: _____

Is capital equipment involved to use this product? ☐ YES ☐ NO

If capital/minor equipment is involved, please explain what machines/equipment is required:

1. Is this new technology of an existing item? ☐ YES ☐ NO

2. Are there products currently used that will no longer need to be used if the new product is approved? ☐ YES ☐ NO

If yes for questions 1 or 2, must list catalog numbers that will no longer be used or catalog numbers of current technology:

3. If no to questions 1 & 2 above, is this an additional item and there are no products at Covenant that currently fit this need. ☐ YES ☐ NO

4. If yes to question 3, when would the additional product be used?

5. Can the current products be discontinued? ☐ YES ☐ NO

6. If the current product cannot be discontinued – Explain clinical criteria of new product utilization:

7. Can the usage of the current item be an accurate projection of how often the new product will be used. ☐ YES ☐ NO

If no – please explain the change in utilization:

CURRENT PRODUCT

Current product description:

Current manufacturer name: _____

Unit of measure: _____

Cost per each: _____

Estimated annual usage: _____

Current Lawson number: _____

BILLING INFORMATION (This must be completed for any Surgical or Cardiovascular product.)

Is this an outpatient, inpatient procedure, or both? ☐ INPATIENT ☐ OUTPATIENT ☐ BOTH

If it is an inpatient procedure, please provide ICD 10 Procedure or Diagnosis Code(s):

_____

If it is an outpatient, please provide CPT or supply HCPCS Code:

_____

What is the diagnosis or diagnoses to use this product?

What is the procedure(s) that this product could be used?

Where would the procedure be performed? (Please be specific: Cooper OR, Harrison OR, etc.)

CLINICAL INFORMATION

Clinical Evidence is required for a CQPVA Product Request. Please submit as attachment with this form. If Clinical Evidence is not submitted it will be requested from the CQPVA Administrator.

Describe the reason the current product is not acceptable:

What workflow processes will be improved with this product?

What are the intended improved patient outcomes with new requested product?

What quality indicators or metrics will be impacted by the new product request?

Is physician/staff training required for the use of this product? ☐ YES ☐ NO ☐ N/A

Have you spoken with peers that may also use this product? ☐ YES ☐ NO

If yes, please explain feedback from Peers on this product request:

Which specific peers were included in discussion with this request?

ADDITIONAL ITEMS

Is this product FDA approved? ☐ YES ☐ NO

Is the product available and approved for immediate patient use? ☐ YES ☐ NO

Does the FDA have guidelines imposed for the product use? ☐ YES ☐ NO

If the product is not FDA approved, is there an expected timeframe for approval?

Is the intended use of the product FDA approved or off label? ☐ FDA approved ☐ Off label

When you have finished the form, please save and email to **cqpva@chs-mi.com**. Please be sure to include any attachments that your request requires (Additional Catalog Items, Clinical Evidence, etc.).