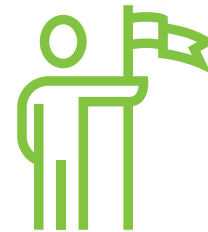


SMI Thought Leadership Councils

# SMI Thought Leadership Councils

## Collaboration Council

October 19, 2022 / 8:00am – 10:00am



**Please Sign In**

# SMI Thought Leadership Councils

## Collaboration Council

### Agenda

1. Welcome and Introductions (10 min)
2. Agenda Review / Desired Outcomes Today (5 min)
3. Summary of August 24, 2022 Collaboration Council Meeting (5 min)
  - a. Final Mission/Charter Statement
4. Determine Deliverables from the Collaboration Council (30 minutes)
  - a. Create a “Collaboration at a Glance” Guide
  - b. Updating Best Practices Manual on Collaboration
  - c. Highlighting Collaboration – Tom Hughes Award alignment and build
5. Guest Presentation from c4UHC – Rhett Suhre (15 minutes)
6. Breakout Group Discussions/Report (45 minutes)
  - a. Define what a “Perfect Health System Collaborator” looks like
  - b. Define what a “Perfect Industry Collaborator” looks like
  - c. Feedback on Deliverables – What one topic/issue should the Collaboration Council consider?
7. Next Steps/Takeaways

# Initiative Team Roster

Jim	Francis	Mayo Clinic - Co-Chair	Steve	Kiewiet	CCS Medical
Susan	Louis	Staples - Co-Chair	Kurt	Knoth	Spectrum Health System
Jason	Baumgartner	Path-Tec	Keith	LaFrance	Johnson & Johnson Medical Devices
Eric	Berger	Beth Israel Lahey Health	Chris	Mackay	Breg, Inc.
Dennis	Black	BD	Jennifer	Marsh	PDI
Bob	Boswell	LeeSar	Eric	O'Daffer	Gartner
Sarah	Charai	Allina Health	Bob	Pavlik	Prodigo Solutions Inc.
Steven	Chyung	SCL Health	Matthew	Pehrson	HCA / HealthTrust
Brad	Clark	Henry Schein	Guillermo	Ramas	NotiSphere
Allison	Corry	Intermountain Healthcare	Anthony	Rastrelli	Zimmer Biomet
Teresa	Dail	Vanderbilt University Medical Center	Paul	Rolle	McKesson Healthcare Corporation
Raymond	Davis	Universal Health Services, Inc.	Lisa	Scannell	Partners Healthcare
Mark	Faulkner	GCB Medical Supply	Manish	Singh	Olympus
Gary	Fennessy	Northwestern Memorial Healthcare	David	Stone	Coloplast Corporation
Katie	Fischer	J&J Medical Device Companies	Cory	Turner	Tecsys
Scott	Francis	BD	Donna	Van Vlerah	Parkview Health
Nora	Frank	UPMC	Erik	Walerius	UW Medicine
Greg	Guarino	Avanos Medical, Inc.	Brian	Washa	NorthShore University Health System
Heather	Hanson	Baxter Healthcare Corporation	Mark	Welch	Novant Health
Jason	Hernandez	KARL STORZ Endoscopy-America, Inc.	Scott	Wilson	Medtronic
Keith	Johnson	Coloplast	Alex	Zimmerman	Baylor Scott & White Health
Kenneth	Kelliher	Dartmouth Hitchcock			



## SMI Collaboration Council: Summary of August 24, 2022 Virtual Meeting

- Reviewed Minutes/Summary of Collaboration Council Meeting held at the Spring Forum on April 20, 2022
- Reviewed/Finalized the Mission Statement for the Council
- Innovation is the Catalyst for Collaboration: A Modest Proposal – E. O’Daffer
- Continuing Discussion on Council Outputs
- Agenda Planning – SMI Fall Forum, October 17-19, 2022 – Scottsdale, AZ

# SMI Collaboration Council Mission Statement

*To demonstrate collaborative actions leading to improved supply resiliency, overall efficiency, joint value creation, and higher quality patient care.*

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# SMI Collaboration Council: Collaboration-at-a-Glance : Quick Reference Guide



## COLLABORATION: AT-A-GLANCE A SMI THOUGHT LEADERSHIP COUNCIL INITIATIVE

“Respect is earned. Honesty is appreciated.  
Trust is gained. Loyalty is returned.”  
— Author Unknown

### BACKGROUND / INFORMATION

As trading partners look to re-engage post-pandemic and a myriad of supply chain challenges, there has never been a more compelling time to **COLLABORATE** with one another to improve performance and make transformational changes in the healthcare supply chain. Building upon the work conducted previously by a SMI Initiative Team focused on collaborative best practices, the SMI Collaboration Council is focused on **demonstrating collaborative actions that lead to improved supply resiliency, overall efficiency, joint value creation and higher quality patient care.**

### COLLABORATION – DEFINED

Collaboration between trading partners is about creating purposeful connections to achieve common goals or solve problems. It is most successful in situations where pre-existing conditions exist such as trust, mutual respect, shared goals, resources, investment, and open communication. Effective collaboration can lead to more innovation, increased efficiency, and successful outcomes.

### READY FOR COLLABORATION ? WHAT DOES THE PERFECT COLLABORATOR LOOK LIKE:

**(This is a proposed breakout discussion topic for the Fall Forum)**

1. There is a mutual understanding and agreement about the existing level of collaboration maturity, desired changes and opportunities to be pursued.
2. There is agreement about what level of collaboration maturity is desired and the gaps or barriers to its achievement.
3. There is mutual respect, trust, open, honest, and direct communications, and listening skills.
4. Both collaborators are willing to invest in the effort: e.g., time, shared risk, resources, financial investment, shared goals, etc. Engage key stakeholders and SMEs.
5. Collaborators assess each other’s performance to improve overall relationship management.

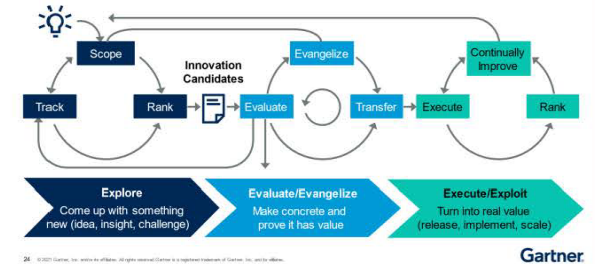
### TOP ISSUES FOR COLLABORATION IN HEALTHCARE

1. Increased bi-directional transparency and visibility to improve supply chain resiliency.
2. Advocacy issues: UDI, ES&G, Vendor credentialing, etc.
3. Improved patient outcomes through supply chain.
4. Lower total cost to serve or care.

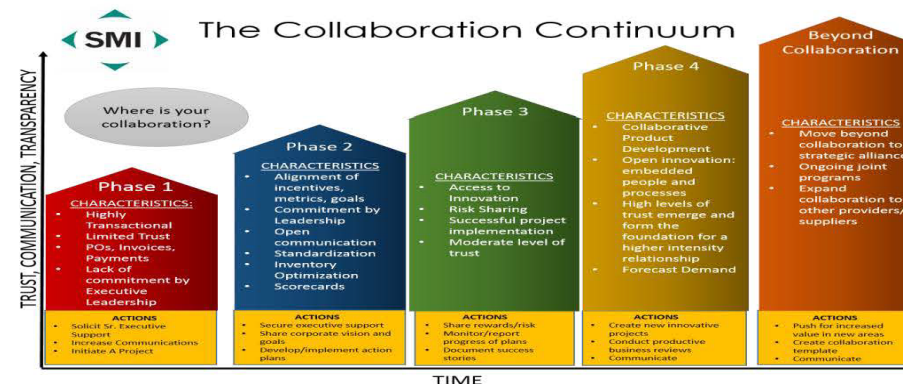
### COLLABORATION IN A POST-PANDEMIC WORLD: WHAT HAS CHANGED?

1. The COVID-19 pandemic dramatically changed the way business-to-business is conducted.
2. Healthcare providers have adopted a work-from-anywhere strategy, relocating staff off-site with extensive use of virtual relationship management (VRM) technology.
3. VRM tools have enabled increased participation / expertise from clinicians and executives, increased efficiency, productivity, and cost savings.
4. Trading partner access to providers has been restricted and likely will be restricted further.
5. In-person meetings restricted to more strategic purposes based on need for collaboration.
6. Depending upon the degree of collaboration maturity the more likely to purposefully meet around a common goal, issue, or problem.
7. All trading partners must seek ways to strengthen their collaboration in key “strategic relationships”.

### A REPEATABLE PROCESS IN COLLABORATION IS PARAMOUNT TO SUSTAIN INNOVATION



### COLLABORATION MATURITY MODEL (Needs Updating)



### RELATIONSHIP AND PERFORMANCE MANAGEMENT (Adapted from Allina Health)





# SMI Collaboration Council: The Pathway to Collaboration: Best Practices Manual



## The Pathway to Collaboration

## Best Practices Manual

Strategic Marketplace Initiative (SMI)  
22 Colonel Mansfield Drive  
Scituate, MA 02066  
781.378.1107  
info@smisupplychain.com  
www.smisupplychain.com



SHAPING THE FUTURE OF THE HEALTHCARE SUPPLY CHAIN

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# Collaboration Opportunity for Vendor Credentialing

Presented by Rhett B. Suhre  
Past Chair, C4UHC

October 19, 2022



# Consortium for Universal Healthcare Credentialing, Inc. (C4UHC) Mission

- The [CONSORTIUM FOR UNIVERSAL HEALTHCARE CREDENTIALING, INC. \(C4UHC\)](#) is a **501c6 NOT-FOR-PROFIT** organization.
- Our mission is to promote the common business interests of organizations connected with the healthcare industry in order to create and advance [AMERICAN NATIONAL STANDARDS](#) for a streamlined healthcare credentialing process, which will protect patient safety and confidentiality, eliminate duplicative efforts and costs, and meet the needs of both healthcare providers and suppliers.



# Why Should SMI and the Collaboration Council Focus on Vendor Credentialing?



- There is value in credentialing, but the environment has changed...
- There are areas of disagreement and opportunities for improvement
- There are common areas of alignment: safety, security, and standards
- **PROVIDERS** are in the driver's seat... Let's take a look.....

# Expectations of The Joint Commission



- **THE JOINT COMMISSION**'s expectation is that the organization is aware of anyone entering the organization and their purpose in order to maintain patient safety. Leadership is responsible to ensure that the processes are in place and implemented to ensure patient privacy and safety.
- For non-licensed, non-employees a direct impact on patient care. e.g., HCIRs or Vendors in procedure rooms/operating rooms providing guidance to the surgeon or staff, training of staff on equipment use, surgical assistants brought in by surgeon's additional requirements include taking steps to ensure that patient rights are respected, including communication, dignity, personal privacy and privacy of health information obtaining informed consent in accordance with organization policy and law/regulation.
- Awareness of applicable infection control and patient safe processes/procedures.
- For non-employees brought into the organization by licensed independent practitioners, organizations must also address qualifications, competency and performance evaluation.
- These would not apply to healthcare industry representatives not involved in hands on patient care.

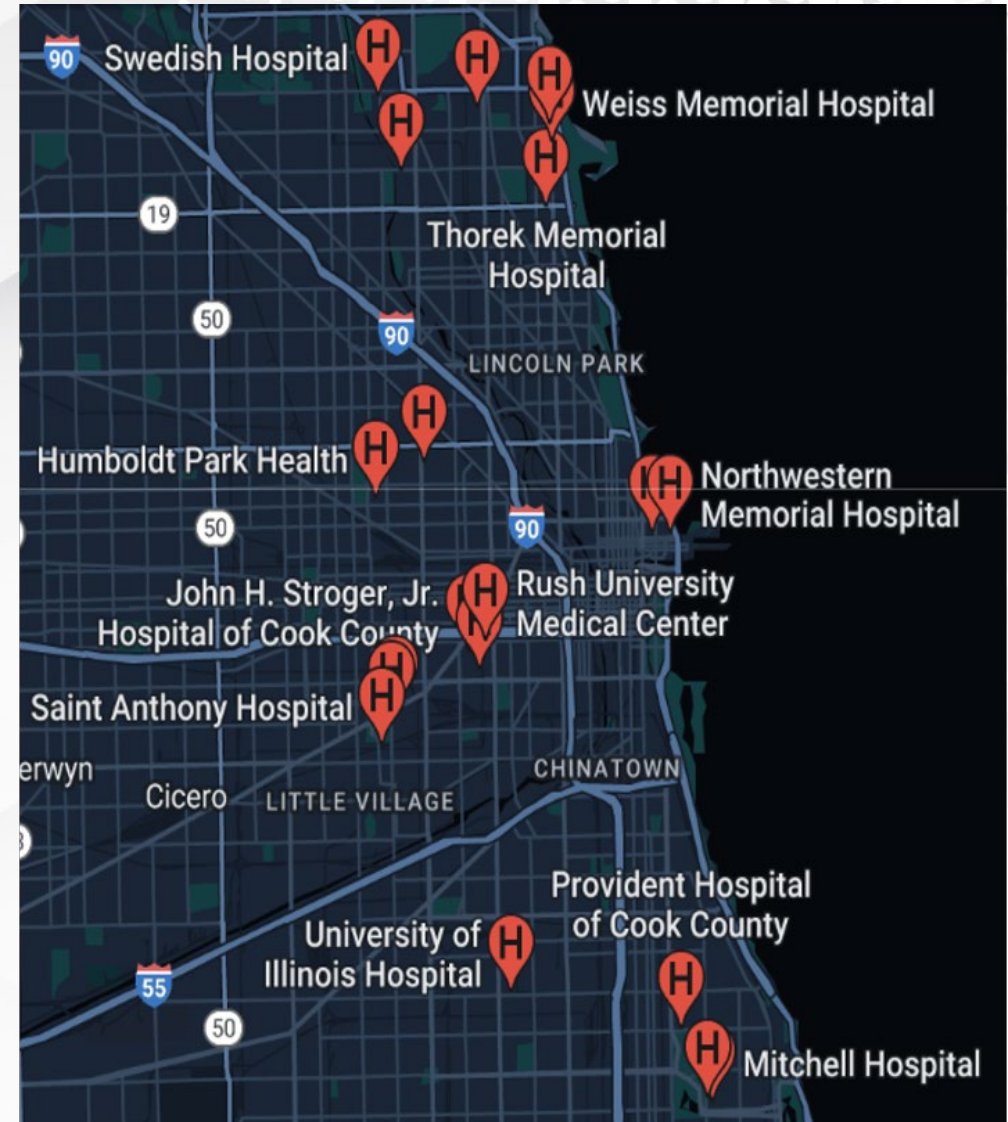
Last updated by TJC

on August 07, 2020



## Do the Complexities of Supplier Credentialing Negatively Impact Patient Care?

- We all understand why credentialing exists: to mitigate risk for patients, staff, visitors, and representatives.
- Since no standards existed, multiple and different requirements and processes have evolved.
- Complexity creates risk. We have been asked “If complexity has impacted patient care?”
  - A recent survey of over **800 REPRESENTATIVES** would indicate that it does.
- We would like to discuss how to mitigate risk without the complexity.



# Supplier Credentialing Survey Results



12% of responses to our survey indicated a procedure was delayed or cancelled due to complexities of credentialing—  
Examples:

- “If we are missing a credential, they will restrict us from supporting a case for which we are bringing the implants in for the cases. This can cause the physician to cancel the case which costs the hospital money and can create transportation issues for the patient.”
- “I want to partner with my customers to keep patients safe, but the time spent, the complexity of tools and documents, and the specificity of what meets criteria, increases every year, and is frankly unreasonable and unmanageable. Anything to help me spend my time with my customers, instead of fighting with technology and documentation issues.”



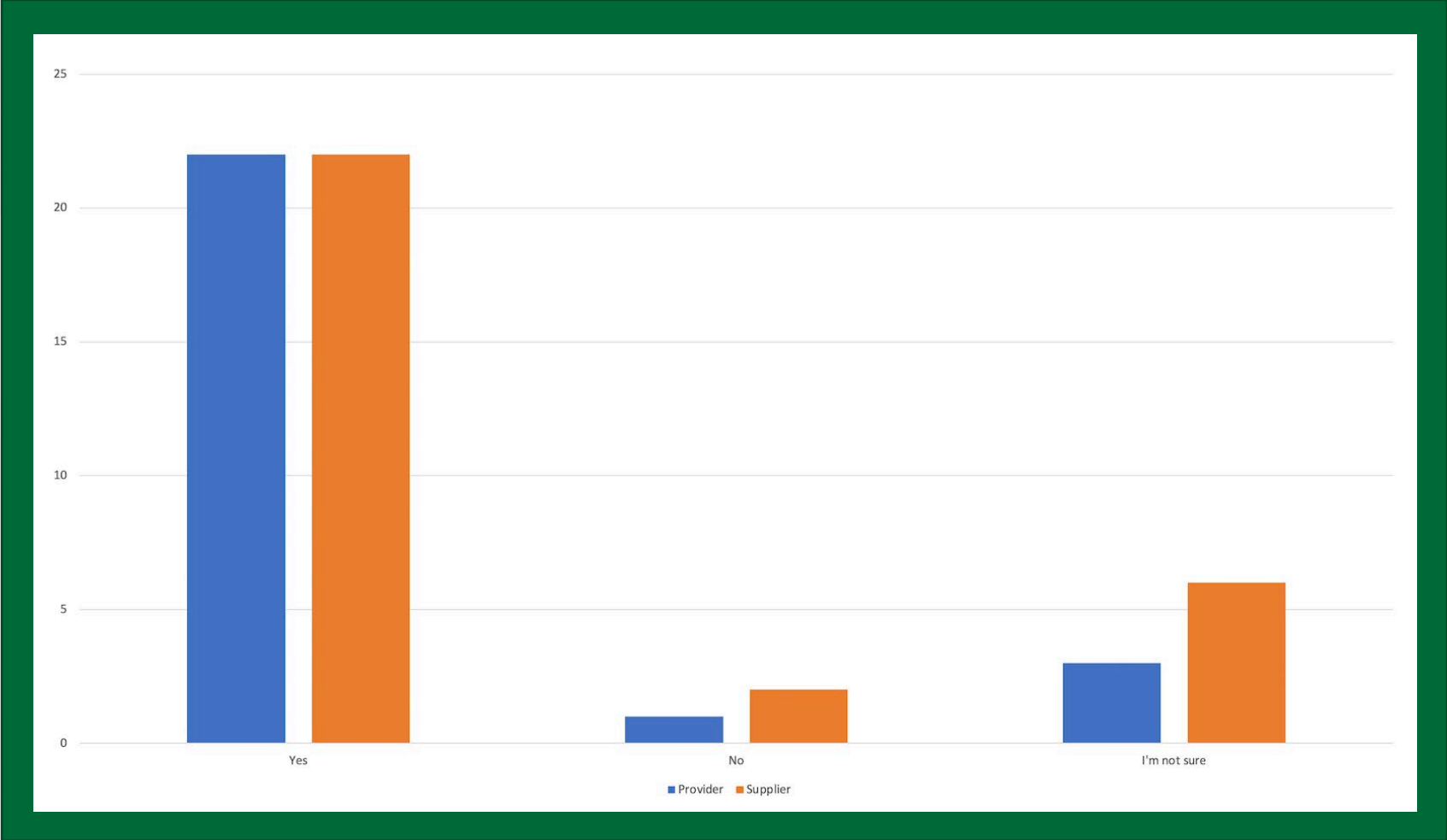
# Most Agree that Standards are Needed to Reduce Complexity and Mitigate Risk



Do you believe accepted industry standards—data requirements and processes—are necessary for streamlining the **VENDOR CREDENTIALING** process across providers?

June 21, 2021, SMI Quick Quiz Results

*Vendor Credentialing Systems*





## Most Agree that Standards are Needed to Reduce Complexity and Mitigate Risk



- In 2018, 46 ORGANIZATION STAKEHOLDERS from a canvas group of Suppliers, Providers, Vendor Credentialing Organizations (VCOs) and others met with **NEMA (NATIONAL ELECTRIC MANUFACTURERS ASSOCIATION)**, an ANSI Standards setting body, to ensure a strict process of fair balance, and transparency.
- The **AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)** is a private, non-profit organization that administers and coordinates the U.S. voluntary standards and conformity assessment system.
- 91% VOTED to move forward with certification and the ANSI/NEMA SC 1-2019 American National Standard for Supplier Credentialing in Healthcare was published.



# Suggested Process – STEP #1

## REVIEW YOUR REQUIREMENTS:

- ✓ Providers to review their vendor credentialing requirements with their VCO.
- ✓ Align selected requirements to ANSI.

### ANSI/NEMA SC 1-2019 Standard for Supplier Credentialing in Healthcare

ANSI Standards for Supplier Credentialing include these requirements. Supplier representatives will commit to meeting these requirements. Full details on the requirements can be purchased at the following website:

#### Administrative Requirements

##### 1. Supplier Representative Data

- Name
- Date of Hire
- Tier level
- Office Phone/Cell
- Office Email
- Job Title
- Badge Photo
- Parent Company FEIN
- Manager information

##### 2. Background Check/Criminal Searches

- County Level Search
- Statewide Level Search (if mandated or applicable)
- Federal Level Search
- National Criminal Database Records Search

#### Training Requirements

##### 1. Completed

- Aseptic Technique
- Electrical Safety/Awareness
- Fire Safety/Awareness
- Operating Room Protocol (Sterile/Aseptic Technique)
- Product Complaints and Medical Device Reporting

##### 2. Completed continuously

- Product/Service Competency

#### Medical Requirements

##### 1. Immunity

- Measles, mumps, rubella
- Varicella/chicken pox
- Hepatitis B

- U.S. Department of Justice (DOJ) National Sex Offender Public Website (NSOPW) Search
- 3. Healthcare Sanctions Checks Items
  - Office of Inspector General (OIG) U.S. Department of Health & Human Services (HHS) Exclusion List Check
  - General Services Administration (GSA's) System for Award Management (SAM) Check
  - FDA Debarment List Check
  - Global Sanction Search
- 4. Employment Verification
- 5. Education Verification
- 6. Drug Screen – 10 panel drug-screen
- 7. Refresh Background Check (after 5 years)
- 8. Refresh Healthcare Sanctions Check (annual)

##### 3. Completed annually

- Bloodborne Pathogens
- Health Insurance Portability and Accountability Act (HIPAA)
- Ethics and Code of Conduct Policies and Procedures

##### 4. Completed if applicable

- Radiation Safety
  - Radiation Dosimetry Monitoring
- ##### 5. Commitment
- Handwashing Technique

##### 2. Vaccines

- Tdap
- Flu

##### 3. Negative TB Test



*The Mission of the Consortium for Universal Healthcare Credentialing is to streamline the health care industry representative credentialing process in a manner that will protect patient safety and confidentiality, eliminate duplicative efforts and costs, and meet the needs for both suppliers and health care providers. The Consortium looks to accomplish this goal by solidifying written and data standards for credentialing, promoting adoption of such standards nationwide, and creating an interoperable process to communicate those standards.*

# Suggested Process – STEP #2

**SUPPLIER COMPANY LOGO**      **CREDENTIALING VERIFICATION LETTER**      **OCTOBER 5, 2022**  
AND AFFILIATES. ENTER AFFILIATE NAMES HERE IF NEEDED OR DELETE THIS LINE

**Name:** First Last (Nickname) [Alias]      **Title:** Title  
**Email:** Email Address      **Employed Consistently since:** Month Year  
**Tier 1,2,3: Tier Level (Delete this line if not tracking)**

Supplier has verified the above Supplier Representative has completed and maintains the following documentation based upon the American National Standard (ANSI) for Supplier Credentialing in Healthcare. Visit C4UHC.org for more information.

**ADMINISTRATIVE CREDENTIALS**

Completed MM/DD/YY	Description	Completed MM/DD/YY	Description
	<b>Pre-Employment Background Check</b> – The results of the following checks were “clear” of felonies & anything we believe would materially affect the employee’s ability to perform services at your facility including gross misdemeanors. <ul style="list-style-type: none"> <li>Name &amp; Address History – Past seven years</li> <li>Social Security Verification</li> <li>County, State (if mandated or applicable), Federal, &amp; National criminal searches (felony &amp; misdemeanor) – Search covering misdemeanor &amp; felony level convictions &amp; pending cases for a maximum of ten years (if allowable) from the date of conviction or release, whoever is the latter.</li> </ul>		<b>Refresh Background Check</b> – Every five years; The results of the following checks were “clear” of felonies & anything we believe would materially affect the employee’s ability to perform services at your facility including gross misdemeanors. <ul style="list-style-type: none"> <li>Name &amp; Address History – Past seven years</li> <li>County &amp; National criminal searches (felony &amp; misdemeanor) – Search covering misdemeanor &amp; felony level convictions &amp; pending cases for a maximum of ten years (if allowable) from the date of conviction/release, whoever is the latter.</li> </ul>
	<b>Employment Verification</b>	<b>Month?</b>	<b>Annual Performance Review</b> – The above-named employee is currently employed in good standing. In addition to other performance requirements, to remain in good standing, all employees receive formal evaluations on an annual basis & must perform in a satisfactory manner as a condition of continued employment.
	<b>Education Verification</b>		
	<b>US DOJ National Sex Offender Public Website</b>		
	<b>Healthcare Sanctions Checks:</b> OIG, GSA’s SAM, FDA Debarment, Global Sanction Search		
<b>#-Panel</b>	<b>Drug Screen</b> – The testing results were “negative/passing.” The Supplier has a Drug Free Workplace Policy in place. <b>9-Fanel:</b> Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Opiates, Phencyclidine (PCP), & Propoxyphene. <b>10-Fanel:</b> 9+Methqualone. <b>11-Fanel:</b> 10+Oxycodones. <b>ANSI 10-Fanel:</b> Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Hydrocodone/Hydromorphone, Marijuana, Methadone, Opiates, Oxycodones, & Phencyclidine (PCP)	<b>Yes or No</b>  <b>Dose Report or Letter?</b>	<b>Radiation Exposure Monitoring</b> – Yes/No – The Supplier employee is enrolled in a radiation monitoring program & is required to wear a radiation badge when potentially exposed to radiation or radioactive materials while in the hospital. Note which documentation will be provided, e.g. VCO Dosimetry Vendor, Quarterly Dose Report, or Annual Company Verification Letter. If Verification, Company will agree to provide a Dose Report upon request within an agreeable timeframe. Company contact to request a Dose Report ( <u>generic/specific contact phone/email</u> ):
	<b>Employment Eligibility (Work Status)</b> – Supplier agrees it does not knowingly employ or contract with an illegal alien performing work within the hospital & verifies employment eligibility of newly hired employees is conducted, e.g. USCIS I-9, E-Verify or other methodology.	<b>Yes or No</b>	<b>AATB Tissue Banks</b> – Yes/No – The Supplier is accredited with the American Association of Tissue Banks (AATB).

**TRAINING CREDENTIALS**

Completed MM/DD/YY	Description	Completed MM/DD/YY	Description
	<b>Internal Policies, Procedures, &amp; Regulations</b>		<b>Ethics, Code of Conduct Policies &amp; Procedures</b>
	<b>Product/Service Competency Verification</b> – Supplier is aware of our obligation to provide competent staff who are fully trained & qualified to represent the supplier’s products & services for existing & future support within your facility. Supplier assures that this employee meets the requirements necessary to perform the above role within our company.		<b>Fire Safety / Awareness</b>
			<b>Infection Control / Handwashing Technique</b>
			<b>HIPAA</b>
			<b>National Patient Safety Goals (NPSG)</b>
	<b>Aseptic Technique</b>		<b>Operating Room Protocol</b>
	<b>Bloodborne Pathogens (BBP)</b>		<b>Product Complaints &amp; Medical Device Reporting (MDR)</b>
	<b>Electrical Safety / Awareness</b>		<b>Radiation Safety</b>

## IMPLEMENT VERIFICATION LETTER:

- ✓ Request your VCO to accept the verification letter format as an additional option for your selected requirements



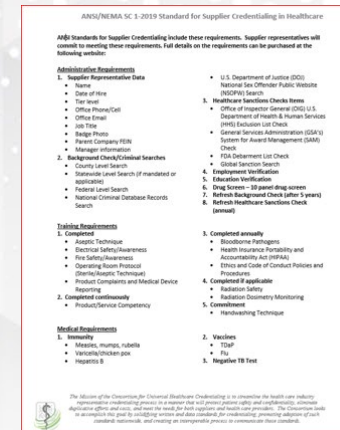
# Suggested Process - STEP #3

## CIRCLE BACK TO SMI COLLABORATION COUNCIL BY \_\_\_\_\_ [Date]:

- ✓ Were you able to implement ANSI standards for Supplier Credentialing within your hospital?
- ✓ Are there any ANSI requirements that should be reconsidered by the canvas group for revision?
- ✓ Other recommendations?

NOTE: Steps #2 and #3 are iterative and they alternate

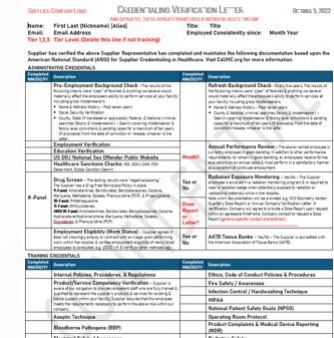
## #1. REVIEW YOUR REQUIREMENTS



## #3. CIRCLE BACK TO SMI COLLABORATION COUNCIL



## #2. IMPLEMENT VERIFICATION LETTER



# ANSI Standards for Supplier Credentialing Supports SMI Collaboration Council Charter



- **To demonstrate collaborative actions leading to improved supply resiliency,**
  - ✓ Creates smooth operations for patient support through holistic, interoperable compliance expectations and processes
- **overall efficiency,**
  - ✓ Less duplication and confusion for all stakeholders; opportunities for automation with standardization, which reduces errors and enhances timeliness of data
- **joint value creation,**
  - ✓ Increased compliance, reduced waste
- **and higher quality patient care.**
  - ✓ Right product, right support, right time



# Close and Q&A

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## SMI Collaboration Council: Breakout Group Discussion Session

Breakout groups:

- Discuss what a “Perfect Collaborator” looks like
- Further input/discussion on Collaboration-at-a-Glance: Quick Reference Guide
- Further input/discussion on The Pathway to Collaboration: Best Practices Manual
- What one topic/issue should the Collaboration Council consider?

# SMI Thought Leadership Councils Collaboration Council

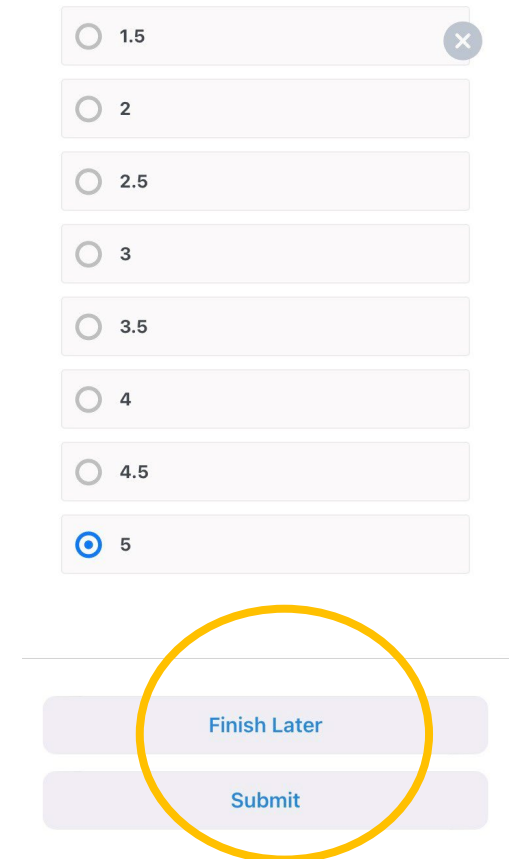
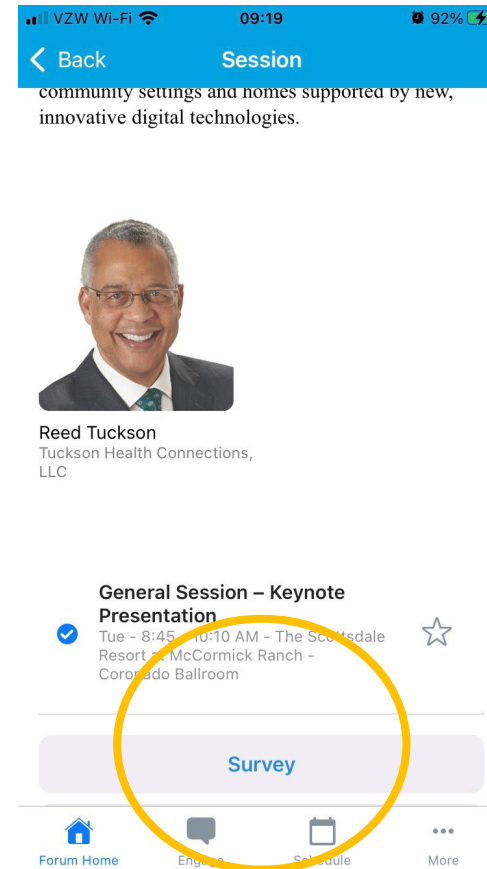
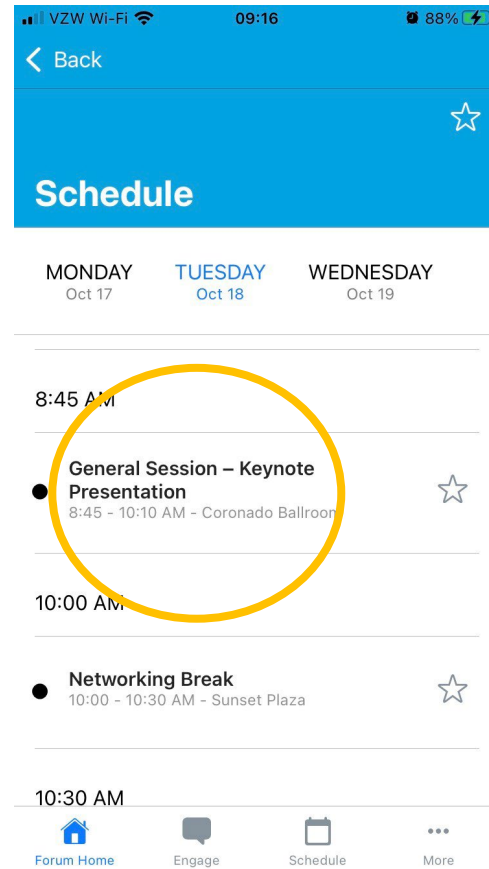
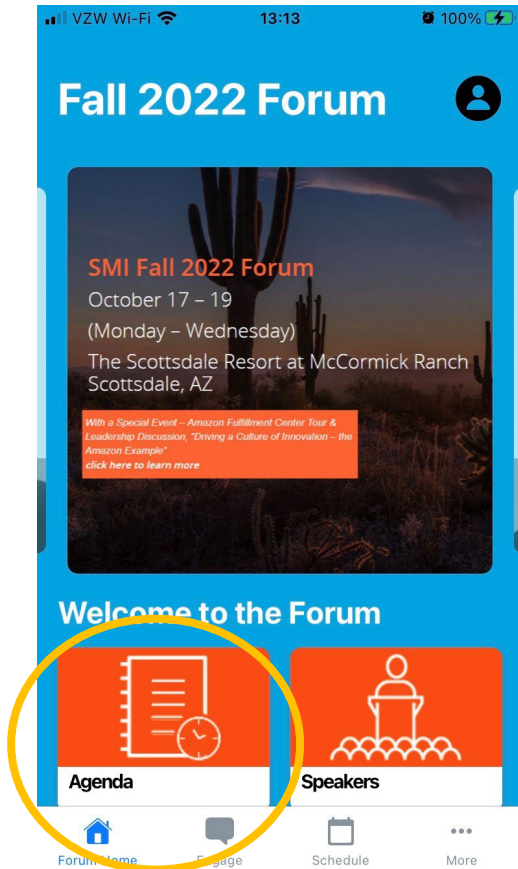
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## SMI Collaboration Council: Next Steps

1. Summarize Breakout Group Feedback
2. Next meeting:
  - TBD
3. Please watch your email for requests prior to the Spring 2023 Forum

# Please Complete your In-App Survey



# Up Next

- ❖ **Strategic Plan Update**
- ❖ **The Era of Personalized Health**
- ❖ **Physician Panel Discussion**
- ❖ **Networking Lunch (optional)**
- ❖ **SMI Special Event**

# SMI Thought Leadership Councils

## Collaboration Council

**Thank You!**

