



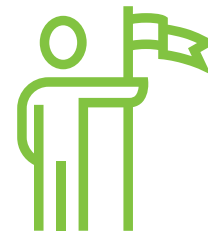
Welcome!
Please Sign In.



SMI Thought Leadership Councils

Clinical Integration Council

April 26, 2023



Agenda



Introductions and Timeline
Review



The Clinical Integration Maturity
Model (CIMM)



CIMM Scoring Matrix



Next Steps

Clinical Integration Council



Mission Statement:

The SMI Clinical Integration Council will develop and promote efforts that align the needs of clinicians, administration, and suppliers while improving the patient experience.

March 1, 2022 – First Meeting

Topics Covered:

improving patient experience, reducing variation, eliminating “preference,” aligning incentives, data & data fluency (how standards are working), evidence-based product selection, creating sustained success,, and accountability
Created mission statement

June 28, 2022 – Virtual Meeting

Approved Mission Statement
Creation of two subgroups that were identified as critical success factors:
Data Enablement
Physician/Clinician Engagement

October 2022

October 3 – Data Enablement Subgroup
Reviewed Clinical Integration Models from other organizations
October 6 – Physician Engagement/Alignment Subgroup
Reviewed Clinical Integration Models from other organizations
Began creating framework for new model

March 28, 2023 – Virtual Meeting

Review of the draft of the Clinical Integration Maturity Model and the Scoring Matrix

April 20, 2022 – Meeting at the Spring Forum

Reviewed Council structure and created two lanes of focus: Data and Physician Engagement.

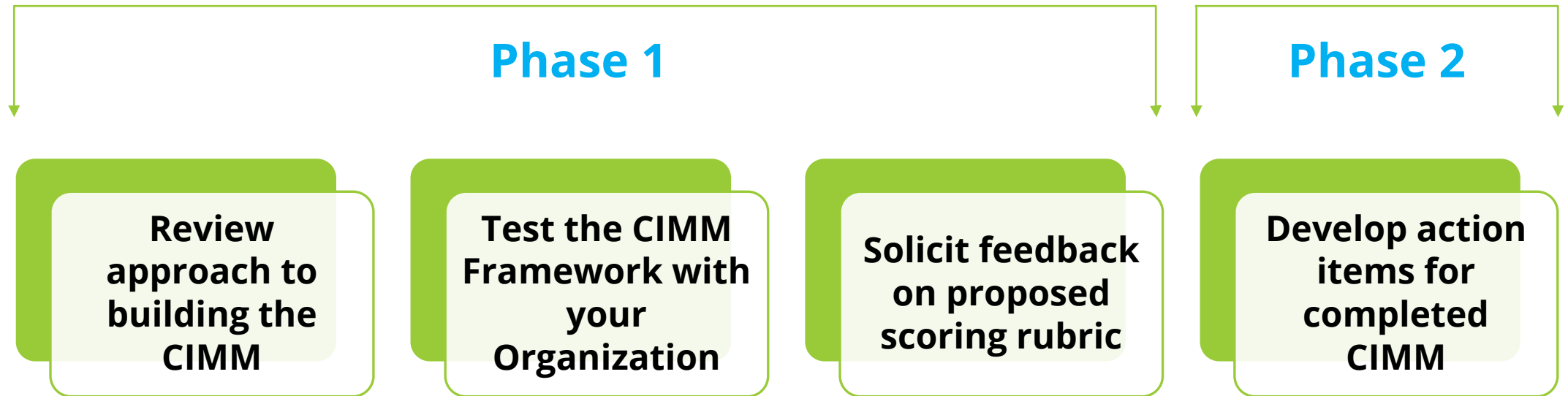
August 2022 – Virtual Subgroup Meetings

August 17 – Physician Engagement Subgroup
August 18 – Data Enablement Subgroup
Focus Area: Evaluation of the tools already available
Decision to create a Clinical Integration Maturity Model

October 19, 2022 – Meeting at the Fall Forum

Created first draft of the Clinical Integration Maturity Model

What we need to do



Clinical Integration Maturity Model

Welcome to SMI's Clinical Integration Maturity Model (CIMM) which was developed by a team of SMI members to help provider and industry partner organizations understand where they are in their supply chain clinical integration maturity journey.

There are 2 rating options to choose from:

- Industry Partner Only
- Provider Only

Additionally, the rating can be as an organization as a whole or a specific department/service line.

Examples for consideration: Perioperative Services, Orthopedics, Nursing, Cardiology

[See Definitions of Terms](#)

Step 1: Please choose the option below that best represents your organization:

Provider Individually

(Hospital, Hospital System,
Integrated Delivery Network (IDN),
or Academic Medical Center)


**Industry Partner
Individually**


(Supplier, Manufacturer, Distributor,
Software/Technology Company,
Disruptor)





Sample Scenarios

 Please enter your
Organization Name

 Specific Department/Area
of Focus

Step 3: Indicate which level best represents where your organization or department/area of focus regarding the **“PEOPLE”** aspect of your clinical integration program:

Providers

Level 4
Fully integrated
and aligned
incentives

Collaborative decision making between SC and MDs/ Nursing leaders/ Finance for product purchase, procedures and care pathways. Program based, agile partnership between SC and MDs on clinical & economic evidence, performance metrics and tracking. (10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

Physicians engaged in decision making from the planning stages. Service line focused approach with emphasis on performance metrics on tracking. (7 points)



Level 2
Common
language and
communications

Physicians engaged in decision-making near the end of a decision (for a category or contract). Physician preferences acknowledged. (5 points)



Level 1
Beginning the
Conversation

Limited/ no connectivity between SC and physicians. Physician preferences rarely acknowledged for contracts. Main emphasis is on cost of the device/ equipment rather than clinical evidence, supply reliability & forecasting plans. (2 points)



Industry

Level 4
Fully integrated
and aligned
incentives

Creating accountable small group of commercial & clinical leaders to have focused meetings with SC/ MD leaders of the IDN to drive mutual value for both the organizations. (10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

Suppliers aligned with providers from some type of risk component. (7 points)



Level 2
Common
language and
communications

Suppliers share retrospective data; contracts based on spend alone. (5 points)



Level 1
Beginning the
Conversation

Reactive approach to supply management (e.g., need more inventory because demand planning data is not available). No risk sharing contracts, no tracking of usage performance . (2 points)



Step 3: Indicate which level best represents where your organization or department/area of focus regarding the **“PROCESSES”** of your clinical integration program:

Providers

Level 4
Fully integrated
and aligned
incentives

Governance structure (Supply chain, MDs and Finance leaders) to analyze the data and make it actionable for the hospital. Contract Compliance to drive maximum value for hospitals (Process to monitor compliance for collaborative decisions of purchase).
(10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

Strong value analysis program established where clinical evidence is in use in many cases. Physicians are on the committees / are engaged but not completely aligned.
(7 points)



Level 2
Common
language and
communications

IDN has limited value analysis program led by supply chain. Product decisions are made with limited or no physician engagement. Purchases mainly based on demand.
(5 points)



Level 1
Beginning the
Conversation

Process workflows not clearly defined for driving clinical Efficiency. IDN has no or limited value analysis program. Product decisions are made without physician engagement, based on short term demands only.
(2 points)



Industry

Level 4
Fully integrated
and aligned
incentives

Regular cadence of business review meetings with SC and MD leaders to understand IDN priorities and jointly discuss commercial and clinical collaborative models. Partners in business model innovation (BMI) to look beyond price and drive meaningful growth & achieve contract compliance. Defined processes for clinical and commercial partnerships (e.g. outcomes protection programs/ Value based programs), Executive engagement as needed.
(10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

Some risk share arrangements may be in place; alignment with provider and physicians on product decisions and efficiencies (e.g., block schedules).
7 points)



Level 2
Common
language and
communications

No/ limited risk share agreements. Siloed approach in contracting with the providers for supplies / equipment. Some data available for demand planning from the provider (may be provided by provider or collected based on purchase history).
(5 points)



Level 1
Beginning the
Conversation

Limited or no understanding of capital planning and supply forecasting across IDN. No risk sharing/ outcomes protection agreements. Only transactional approach in supplying products as per the provider demands.
(2 points)



Step 3: Indicate which level best represents where your organization or department/area of focus regarding the
“TECHNOLOGY” of your clinical integration program:

Providers

Level 4
Fully integrated
and aligned
incentives

Transparent data analysis, use of automation/ AI to drive accountability and compliance. Interoperability between SC and EMR systems for better utilization tracking and forecasting.
(10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

SC and EMR platforms connected but may not drive decision-making or provide actionable insights & forecasting. Supply usage is available and ties in with quality and outcomes - may require interfaces or manual manipulation.
(7 points)



Level 2
Common
language and
communications

Some visibility to SC via EMR or reporting but not readily available or is manual. Limited interfaces or integrations.
(5 points)



Level 1
Beginning the
Conversation

No integration between SC and EMR systems to assess and predict forecasting of devices/equipment across IDN.
(2 points)



Industry

Level 4
Fully integrated
and aligned
incentives

Full data visibility for current device / equipment analysis and future demand planning across IDN. Recommendations to the IDN for adoption of tech to drive growth, efficiency & outcomes.
(10 points)



Level 3
Cross functional
understanding of
stakeholder needs
and requirements

Fragmented visibility of device/ equipment analysis data for future planning across IDN to drive growth, efficiency and outcomes
(7 points)



Level 2
Common
language and
communications

Technology is internal focused but there may be applications to support a more strategic approach (e.g., some quality data) to improve provider efficiency and suggest growth opportunities.
(5 points)



Level 1
Beginning the
Conversation

No visibility to device/ equipment analysis data for medium to long term planning across IDN to drive growth and efficiency. No usage of market scan reports for growth opportunity suggestions.
(2 points)



Step 6: Indicate other outside factors that play into the clinical integration program at your organization that may provide context to current score

“Other” items to consider:

M&A Activity

Strategic Partnerships

Service Line or P&L Growth Strategies

Consulting Support

Clinical Research

Risk sharing



Breakout Discussion

Calculate your organization's net score



Please enter your
Organization Name



Specific Department/Area
of Focus

People	+	Process	+	Technology	=	Total Score
_____ x 5		_____ x 9		_____ x 7		

Aligning your organizational or departmental score to leading practice



Does this scoring feel accurate?

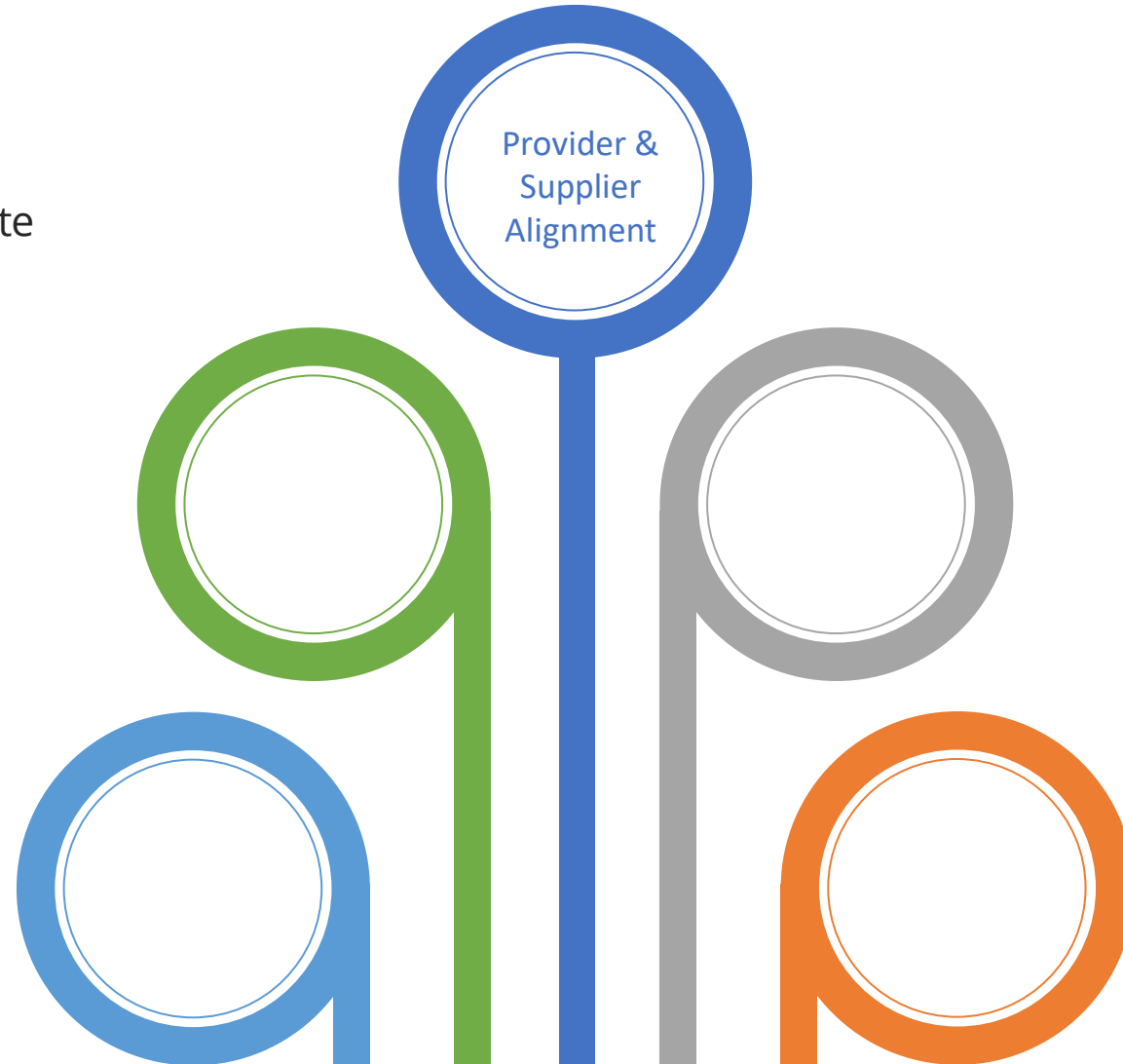


Breakout Discussion

How do you envision applying the CIMM?

Mission Statement:

The SMI Clinical Integration Council will develop and promote efforts that align the needs of clinicians, administration, and suppliers while improving the patient experience.



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Mission Statement:


The SMI Clinical Integration Council will develop and promote efforts that align the needs of clinicians, administration, and suppliers while improving the patient experience.





Online Demo

Let's Look At The Framework Online



MEMBER LOGIN

ABOUTMEMBERSHIPTOOLSPROGRAMSCOUNCILSEVENTS & MEDIA

CLINICAL INTEGRATION
MATURITY MODEL

Step 1 of 610%

WELCOME TO SMI'S CLINICAL INTEGRATION MATURITY
MODEL (CIMM)

which was developed by a team of SMI members (link to member logos) to help provider and industry partner organizations incorporate clinical aspects and input into their supply chains. This maturity model has 4 levels that provide guidance on where....

• **Provider Individually** *(Hospital, Hospital System, Integrated Delivery Network (IDN), or Academic Medical Center)*

• **Industry Partner Individually** *(Supplier, Manufacturer, Distributor, Software/Technology Company, Disruptor)*

• **Together Provider and Industry Partner**

NEXT

<https://www.smisupplychain.com/clinical-integration-maturity-model/>

Next Steps

- **Send any additional feedback to Burton and Jim**
- **Schedule Q3 Meeting and Plan to Develop Action Items**

*Hold
Up
Your
Phone!*



**Time for an
evaluation**

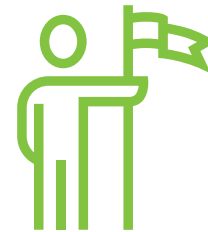
DINNER NOW AT THE OMNI

Up Next

- ❖ 6:15 PM: Cocktails
- ❖ 7:00 PM Dinner
- ❖ Dress code is casual.
- ❖ Las Colinas Ballroom



Thank you!



Scoring Matrix

Clinical Integration Maturity Model Scoring Matrix		People	Process	Technology	Other	TOTAL		
	Weight:	5	9	7		210		
Name	Areas:	Level 4 = 10pts Level 3 = 7pts Level 2 = 5 pts Level 1 = 2 pts	Level 4 = 10pts Level 3 = 7pts Level 2 = 5 pts Level 1 = 2 pts	Level 4 = 10pts Level 3 = 7pts Level 2 = 5 pts Level 1 = 2 pts	Additional factors/ reference, not scored.	Net Score	Based on 100%	Comments
BEST CASE		10	10	10		210	100%	MAX Score
WORST CASE		2	2	2		42	20%	LOW Score
Provider / Supplier	Service Line	People	Process	Technology	Other			
Level 4: Fully integrated and aligned incentives		Above 190 = A Clinically Integrated Supply Chain						
Level 3: Cross functional understanding of stakeholder needs and requirements		Above 145 = Almost integrated						
Level 2: Common language and communications		≥ 119 = You are on your way						
Level 1: Beginning the Conversation		< 119 = Ready to get started						

The CIMM



		People	Processes	Technology
Level 4 Fully integrated and aligned incentives	Provider	<ul style="list-style-type: none"> • Collaborative decision making between SC and MDs/ Nursing leaders/ Finance for product purchase, procedures and care pathways. Program based, agile partnership between SC and MDs on clinical & economic evidence, performance metrics and tracking. 	<ul style="list-style-type: none"> • Governance structure (Supply chain, MDs and Finance leaders) to analyze the data and make it actionable for the hospital. • Contract Compliance to drive maximum value for hospitals (Process to monitor compliance for collaborative decisions of purchase). 	<ul style="list-style-type: none"> • Transparent data analysis, use of automation/ AI to drive accountability and compliance. • Interoperability between SC and EMR systems for better utilization tracking and forecasting.
	Supplier	<ul style="list-style-type: none"> • Creating accountable small group of commercial & clinical leaders to have focused meetings with SC/ MD leaders of the IDN to drive mutual value for both the organizations. 	<ul style="list-style-type: none"> • Regular cadence of business review meetings with SC and MD leaders to understand IDN priorities and jointly discuss commercial and clinical collaborative models. • Partners in business model innovation (BMI) to look beyond price and drive meaningful growth & achieve contract compliance. • Defined processes for clinical and commercial partnerships (e.g. outcomes protection programs/ Value based programs), Executive engagement as needed. 	<ul style="list-style-type: none"> • Full data visibility for current device / equipment analysis and future demand planning across IDN • Recommendations to the IDN for adoption of tech to drive growth, efficiency & outcomes.
Level 3 Cross functional understanding of stakeholder needs and requirements	Provider	<ul style="list-style-type: none"> • Physicians engaged in decision making from the planning stages. Service line focused approach with emphasis on performance metrics on tracking. 	<ul style="list-style-type: none"> • Strong value analysis program established where clinical evidence is in use in many cases. • Physicians are on the committees / are engaged but not completely aligned. 	<ul style="list-style-type: none"> • SC and EMR platforms connected but may not drive decision-making or provide actionable insights & forecasting • Supply usage is available and ties in with quality and outcomes - may require interfaces or manual manipulation.
	Supplier	<ul style="list-style-type: none"> • Suppliers aligned with providers from some type of risk component. 	<ul style="list-style-type: none"> • Some risk share arrangements may be in place; alignment with provider and physicians on product decisions and efficiencies (e.g., block schedules). 	<ul style="list-style-type: none"> • Fragmented visibility of device/ equipment analysis data for future planning across IDN to drive growth, efficiency and outcomes
Level 2 Common language and communications	Provider	<ul style="list-style-type: none"> • Physicians engaged in decision-making near the end of a decision (for a category or contract). • Physician preferences acknowledged. 	<ul style="list-style-type: none"> • IDN has limited value analysis program led by supply chain. • Product decisions are made with limited or no physician engagement. • Purchases mainly based on demand. 	<ul style="list-style-type: none"> • Some visibility to SC via EMR or reporting but not readily available or is manual. • Limited interfaces or integrations.
	Supplier	<ul style="list-style-type: none"> • Suppliers share retrospective data; contracts based on spend alone. 	<ul style="list-style-type: none"> • No/ limited risk share agreements. • Siloed approach in contracting with the providers for supplies / equipment. • Some data available for demand planning from the provider (may be provided by provider or collected based on purchase history) . 	<ul style="list-style-type: none"> • Technology is internal focused but there may be applications to support a more strategic approach (e.g., some quality data) to improve provider efficiency and suggest growth opportunities.
Level 1 Beginning the Conversation	Provider	<ul style="list-style-type: none"> • Limited/ no connectivity between SC and physicians. Physician preferences rarely acknowledged for contracts. Main emphasis is on cost of the device/ equipment rather than clinical evidence, supply reliability & forecasting plans 	<ul style="list-style-type: none"> • Process workflows not clearly defined for driving clinical efficiency. • IDN has no or limited value analysis program • Product decisions are made without physician engagement, based on short term demands only. 	<ul style="list-style-type: none"> • No integration between SC and EMR systems to assess and predict forecasting of devices/ equipments across IDN
	Supplier	<ul style="list-style-type: none"> • Reactive approach to supply management (e.g., need more inventory because demand planning data is not available). No risk sharing contracts, no tracking of usage performance 	<ul style="list-style-type: none"> • Limited or no understanding of capital planning and supply forecasting across IDN. No risk sharing/ outcomes protection agreements. Only transactional approach in supplying products as per the provider demands 	<ul style="list-style-type: none"> • No visibility to device/ equipment analysis data for medium to long term planning across IDN to drive growth and efficiency. No usage of market scan reports for growth opportunity suggestions