
VIZIENT CONNECTIONS SUMMIT
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Pharmacy Executives Peer to Peer Education Meeting

Elevate Your Pharmacy: Strategic Excellence and High-Impact Solutions

Sybil Thomas, PharmD, MBA, Associate Vice President, Member Networks

Vizient

Chad Hatfield, PharmD, MHA, BCPS, Vizient Pharmacy Network Chair, Chief Pharmacy Officer

UC Davis Medical Center

Learning Objectives

- Discuss the High Value Pharmacy Enterprise (HVPE) framework and data-driven strategies to assess gaps, forecast trends and implement interventions that strengthen financial performance, optimize pharmacy services and foster interdisciplinary collaboration.
- Explain how transitioning from projected to actual savings, supported by targeted analytics, can drive sustained cost control and enhance financial and operational performance.
- Describe strategies pharmacists can use to enhance financial outcomes and operational efficiency across healthcare settings such as infusion centers and gene therapy programs, while emphasizing the importance of data accuracy and transparency in optimizing reimbursement and improving access to high-cost therapies.
- Examine current legislative dynamics in Congress for shaping healthcare policy and reform.

Strategic Frameworks for Pharmacy Transformation

Paul Green, PharmD, MHA, BCPS, CPEL, DPLA, Director of Pharmacy Services

Westchester Medical Center

Holly Phillips, PharmD, MHA, FASHP, Director of Clinical Pharmacy Services

UCHealth

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WMC Health | Westchester Medical Center

Westchester Medical Center Health Network

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High-Value Pharmacy Enterprise as a Strategic Compass: Driving Excellence

Paul Green, PharmD, MHA, BCPS, CPEL, DPLA, Director of Pharmacy Services

Westchester Medical Center

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What is HVPE and Why It Matters

- Developed by pharmacy leaders using evidence and expert consensus across eight domains
- Eight domains reflect core and aspirational elements of pharmacy practice
- Each domain is supported by key focus areas guiding strategy and execution
- Released in 2021 to guide transformation through 2025

Rough S, Shane R, Armitstead J, et al. The high-value pharmacy enterprise framework: advancing pharmacy practice in health systems through a consensus-based, strategic approach. *Am J Health-Syst Pharm*. 2021; 78(6): 498-510.

Vizient HVPE Framework

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Patient Care Services

Ambulatory and Specialty Pharmacy Services

Safety and Quality

Information Technology, Data, and Information Management

Business Services

Inpatient Operations

Pharmacy Workforce

Leadership

The Real Opportunity

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Most health systems undervalue the strategic potential of pharmacy

Perception: Operational support, cost center, or compliance function

Reality: Enterprise asset driving quality, margin, and strategy

Aim: Establish a repeatable, scalable model that demonstrates pharmacy's role in enterprise performance

Our Starting Point – HVPE Gap Analysis

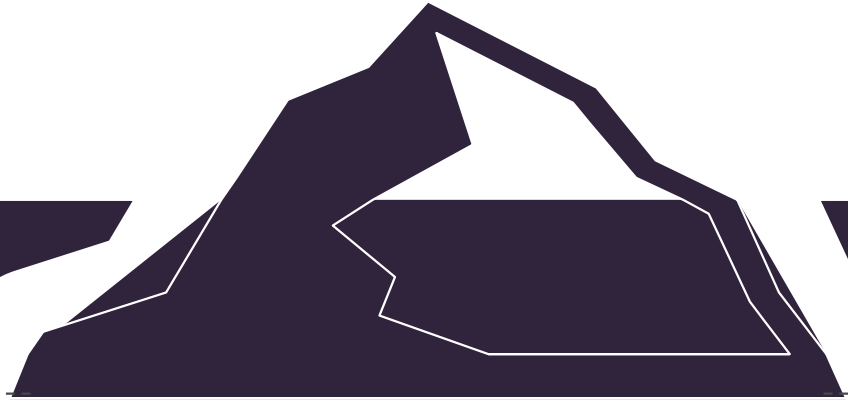
Definition	Self- Assessment Score	Explanation
Fully Achieved	100	Implemented in >90% of patients OR >90% of services offered
High Achievement	75	Implemented in 61-90% of patients OR 61-90% of services offered
Moderate Achieve	50	Implemented in 26-60% of patients OR 26-60% of services offered
Limited Achievement	25	Implemented in 1-25% of patients OR 1-25% of services offered
Not Achieved	0	Not Implemented / Offered

Our Starting Point – HVPE Gap Analysis

Domain	WMC Score	Opportunities
1. Patient Care	38.19	Expanded clinical services and integration
2. Business	38.71	Financial oversight and 340B optimization
3. Ambulatory / Specialty	10.2	Implementation of specialty pharmacy
4. Inpatient	48.17	Automation and workflow improvements
5. Safety & Quality	49.13	Overall safety culture and error reduction
6. Workforce	38.63	Staffing levels and workload distribution
7. IT, Data, & Informatics	57.8	Data analytics for clinical decision-making
8. Leadership	46.27	Growth, systemization, and succession planning

Source: Internal database Westchester Medical Center. Data collected April – May 2024

What We Learned from the HVPE Assessment



Uneven Pharmacy Services	Inconsistent pharmacy services and outcomes across hospitals
340B Optimization	Uncoordinated 340B program governance
Outsourced Specialty Pharmacy	Lost value and 340B opportunity
Support Structure	Lacks structure for planning or growth
Isolated Wins	Few scalable or systematized

From Assessment to Action

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Enterprise Leadership

Establishing leadership structure to drive alignment across WMCHealth network

340B Optimization

Enhancing 340B program and expanding ambulatory services

Specialty Pharmacy

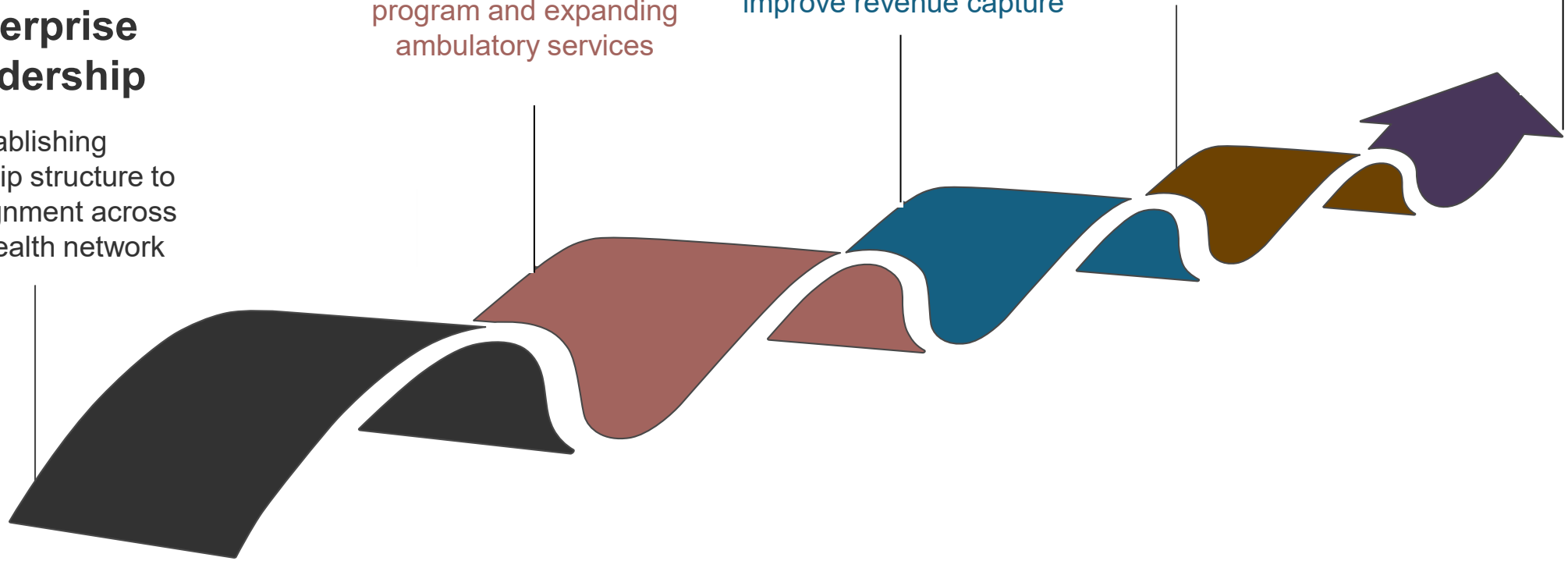
Launching entity-owned specialty pharmacy to improve revenue capture

Clinical Pharmacy

Developing scalable clinical services and staffing models

Measurable Metrics

Tying initiatives to financial, clinical, and operational metrics



Leadership Lessons from the Process

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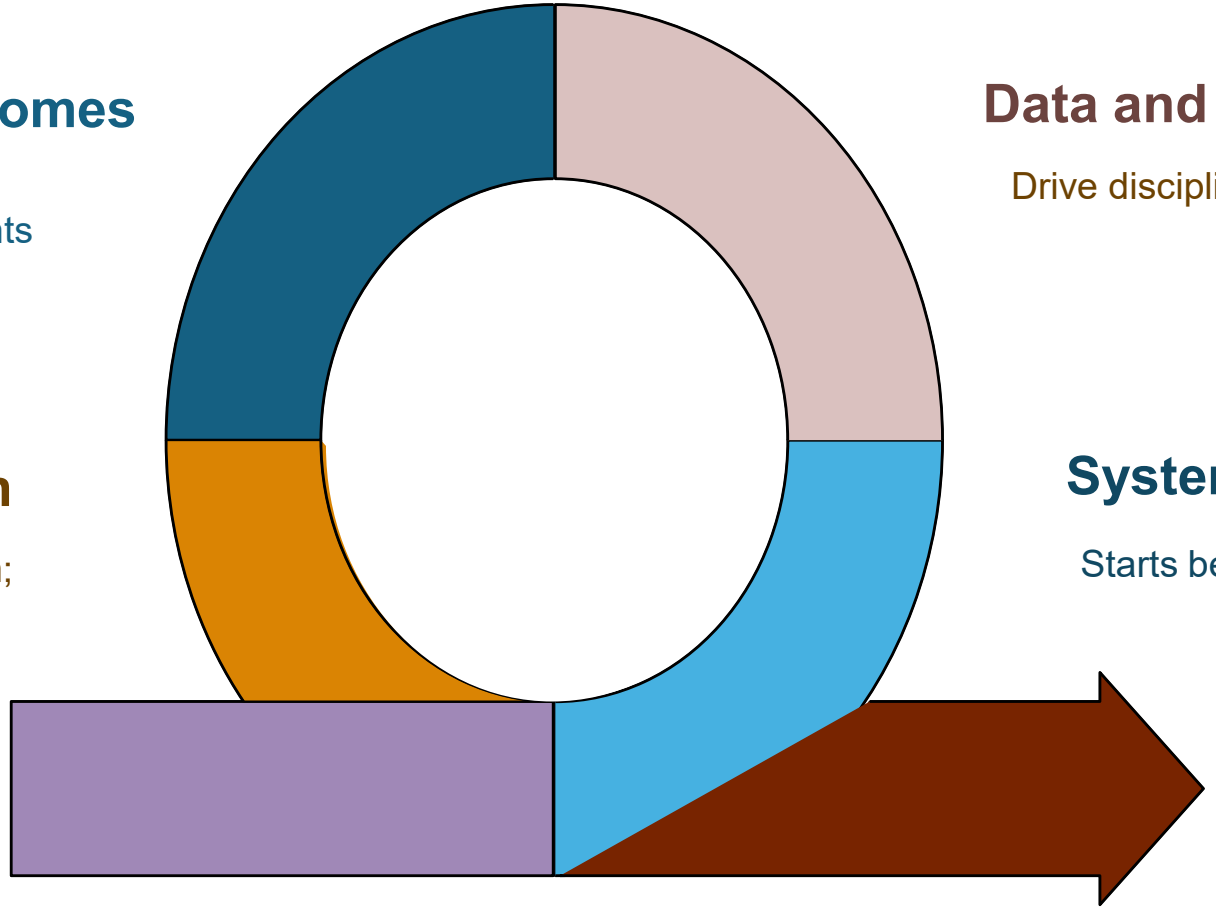
Financial Outcomes

Fund long-term network investments

Data and Alignment

Drive disciplined execution



Clear Vision

Builds momentum; attracts talent

System Influence

Starts before system title

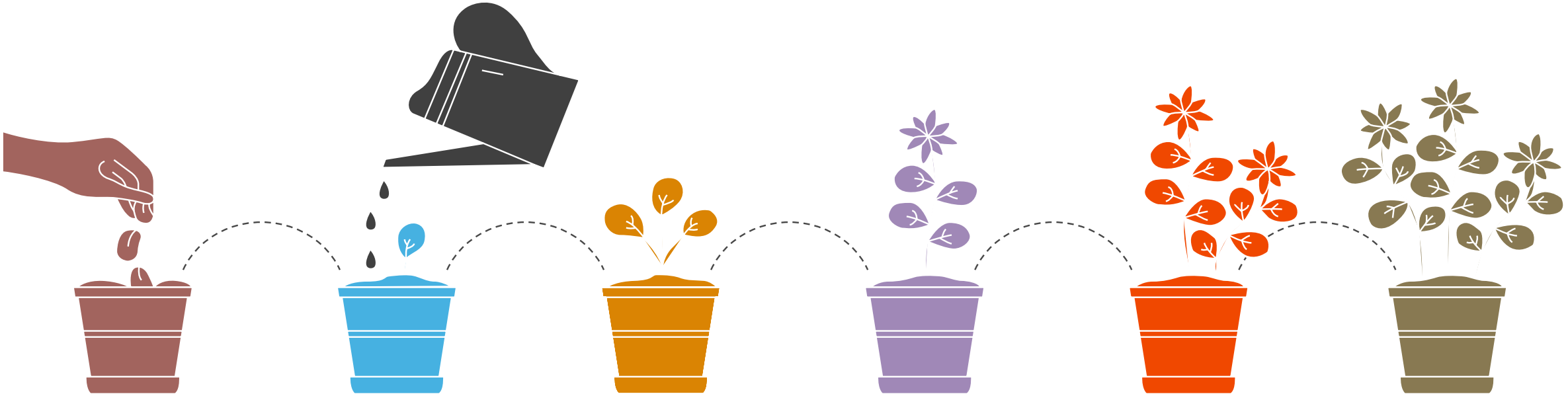
Stagnant System

Lacking unified direction

Thriving System

Aligned vision; strong performance

Executing the Plan – Early Wins That Mattered



Initial
Fragmented, inefficient operations

Specialty
Entity-owned services for better care and prescription capture

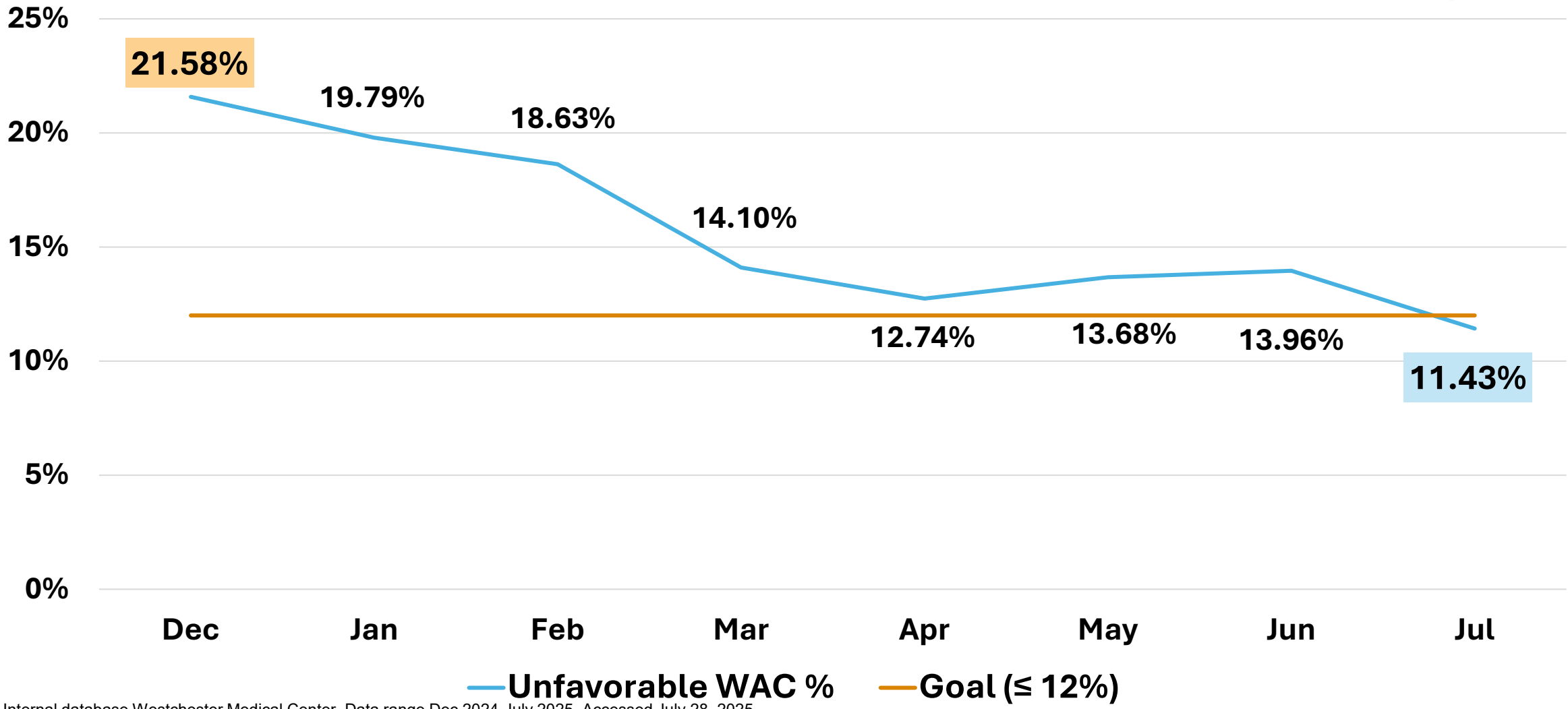
340B
Centralized governance and metrics

Personnel
Stabilized staffing and roles

Services
Prove value and impact then scale

Transformation
Structured, accountable execution

From Insight to Outcome



Source: Internal database Westchester Medical Center. Data range Dec 2024-July 2025. Accessed July 28, 2025.

Tools That Worked – Use These Tomorrow

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Unfocused Vision

Lacking strategic alignment

HVPE Gap Analysis

Target key areas for improvement

Strategic Planning

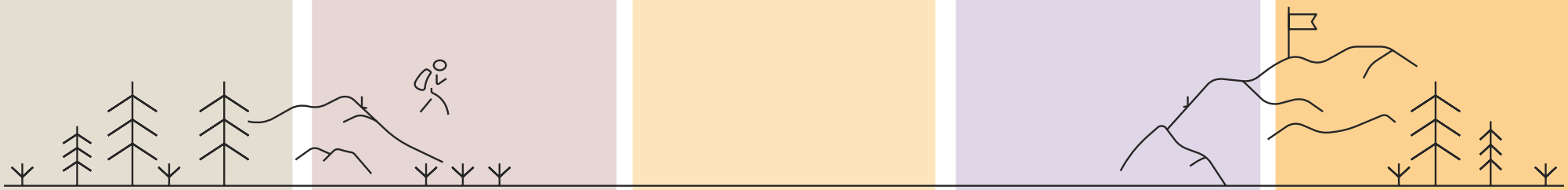
Align priorities with network goals

Leadership Structure

Clarify roles and accountability

Measurable Progress

Transparent, clear communication



Lessons Learned

Strategic Alignment	Unlocks broader value
Phased Implementation	Builds confidence; allows flexibility
Real-time Data	Powers oversight
Stakeholder Engagement	Early and intentional
Structured Framework	Enables progress

Key Takeaways – What to Start Today

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Invest in Future Leaders

Develop pathways for growth and collaboration

Align Initiatives with Goals

Integrate pharmacy strategies into existing hospital frameworks

Demonstrate Impact with Data

Present quantifiable results to justify investments

Identify Underleveraged Areas

Recognize gaps in leadership, services, or opportunities

Questions?

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Contact:

Paul Green, paul.green@wmchealth.org

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Using the HVPE Framework to Drive Strategy at a Healthcare System

Holly Phillips, PharmD, MHA, FASHP, System Director of Clinical Pharmacy Services

UCHealth

How the Journey Started

- New system pharmacy leadership
- No clear strategic plan specific to the pharmacy enterprise
- Desire to align pharmacy's strategic plan to that of the organization
- Pharmacy's Senior Leadership Council conducted gap analysis using HVPE framework
- System focus areas:
  - Quality
  - Revenue capture
  - Patient experience
  - Workflows / efficiencies

Gap Analysis

1 - There has been no activity to implement this item.

2 - This item has been formally discussed and considered, but it has not been implemented.

3 - This item has been partially implemented for some or all patients, orders, drugs, or staff.

4 - This item is fully implemented for some patients, orders, drugs, or staff.

5 - This item is fully implemented for all patients, orders, drugs, or staff.

Domain 8 – Leadership	8.4a. Pharmacy leaders demonstrate business acumen to ensure the effective use of organizational and pharmacy resources to optimize patient outcomes.	8.4a.b. Strategic goals for the organization and the department are shared routinely with staff and displayed prominently, as is evidence of progress toward these goals.	2.67

Domain 8 – Leadership	8.4b. Pharmacy leaders advocate for pharmacy services on an ongoing basis by influencing and demonstrating the positive impact of the pharmacy enterprise on achieving organizational goals and strategic priorities, including patient care outcomes and financial performance.	8.4b.a. Pharmacy leaders represent the enterprise on multidisciplinary, organizational committees.	4.33

Strategic Pillars

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Leadership
Reorganize system pharmacy infrastructure to target success through a high value pharmacy enterprise. Track accountable metrics for each business line leader.

340B Optimization and Advocacy
Implement system 340B optimization initiatives focused on enhancing 340B patient access and driving outcomes.

Drive state and federal advocacy efforts to support the 340B program.

Retail & Mail Delivery Pharmacy
Focused initiatives to increase patient experience at all retail and mail delivery locations, with a specific focus on prescription capture of high value agents; remote order processing and increased efficiencies gained with new centralized automation.

Medication Management Quality & Analytics
In collaboration with Quality and Patient Safety, identify opportunities to enhance standardized pharmacy medication management workflows to drive safety and quality.

Ambulatory Pharmacy- Medical Group
In collaboration with the medical group, expand remote pharmacist collaborative practice agreement medication management model to prioritized areas to support providers and drive patient outcomes.

Specialty Pharmacy Services
Increase internal specialty prescription capture. Transition Shields staff to UCHealth oversight through 3-year transition plan. Negotiate a consulting agreement for year 4 and beyond.

Continuity of Transitional Care
In collaboration with the Virtual Health Center, implement centralized hospital admission medication reconciliation across all regions, promoting efficiencies and leveraging pharmacy expertise at top of scope.

Gaining Efficiencies Within a Hospital System
Implement prioritized centralized inpatient workflows across UCH and community hospitals to leverage efficiencies, clinical expertise and enhance quality of patient care.

Infusion Services
Implement technology to support centralized ambulatory patient order and product review, focusing on leveraging clinical specialist expertise to support patients throughout the system. Create a standardized framework for emerging medication therapies.

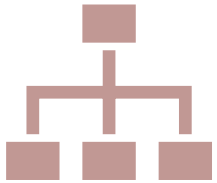
First Things First

Creating the Burning Platform

Pharmacy leaders

Frontline staff

External stakeholders (C Suite)



Redesign of Organizational Chart

Assign clear ownership of pillars

Determine tactics for each pillar

Case Study – Transitions of Care

4.1	**Centralize Admission Medication History Support by PAS and VARN: In collaboration with the VHC, implement centralized pharmacy medication admission reconciliation workflows for patients with higher risk medications across Metro region. Establish standardized efficient workflows that may extend systemwide to increase access to all hospitalized patients.**	**Owners**	**Status**	**Percent Completion**	**Start Date**	**End Date**
4.1.1	Establish overall business model and plan for PAS and VARN collaboration to complete admission medication histories by risk stratification/prioritization.		Complete	100%	7/1/2024	3/1/2025
4.1.2	Create/modify/implement workflows and guiding principles to create standardization to create a highly reliable medication history experience by PAS and VARN.		Complete	100%	7/1/2024	4/1/2025
4.1.3	Identify meaningful metrics to illustrate the impact of PAS support of admission medication histories.		Complete	100%	7/1/2024	3/1/2025
4.1.4	Ensure PAS compliance with workflows and documentation principles for quality assurance, balancing with productivity outcomes.		On track	90%	7/1/2024	6/30/2025
4.1.5	Centralize PAS Teams across Metro region		Complete	100%	7/1/2024	6/30/2025

Measuring Success

- Alignment of > 70 workflows between regions / Improved efficiencies
- Cross-coverage capabilities between facilities
- Common leadership with clear expectations and vision
- Consistent and standard documentation
- Defined metrics (% of covered high-risk patients)
- Next steps: Use data to support continued expansion of PAS FTE to reach goal of 100% coverage of high-risk patients

Lessons Learned

- Create clear ownership
  - Define dyadic partnerships

- Narrow the focus to highest priorities

- Use key performance indicators to develop tactics to support strategy. Have common dashboard / reporting expectations for all owners.

- Define cadence for report outs to staff, leaders, and C-Suite.

Key Takeaways – What to Start Today

- Conduct gap analysis – share exercise with senior leadership to create alignment and visibility
- Define focus
  - Determine metrics
  - Create tracking mechanism
  - Tell your story
- Develop a communication plan for leaders and frontline staff

Questions?

Contact:

Holly Phillips, Holly.Phillips@uchealth.org

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Leveraging Advanced Analytics for Pharmacy Supply Chain Excellence

Raymond Lake, RPh, MS Corporate Director of Pharmacy Operations

Michelle Ashby, PharmD, Assistant Director Centralized Pharmacy Operations

MedStar Health

Michael D. O'Neal, DPh, MBA, Senior Director of Pharmacy Supply Chain

Jason Tomichek, PharmD, Director of Business Strategy

Vanderbilt University Medical Center

Learning Goals

- Describe how to measure realized savings.
- Describe how a hospital system overcame reliance on projected savings and moved to a true capture of actual savings as a measurement of ongoing cost control efforts.
- Develop integrated processes to build a pharmacy supply chain team within your organization regardless of size or number of employees.
- Develop analytics to optimize financial and operational success and share with Executive Leadership within your organization

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Capturing Realized Savings in a Medication Cost Management Initiative

Raymond Lake, RPh, MS, Corporate Director of Pharmacy Operations

Michelle Ashby, PharmD, Assistant Director Centralized Pharmacy Operations

MedStar Health

Background

- MedStar Health is a 10-hospital system in Maryland/DC
  - Includes a CSC known as MedAC (Medication Access Center)

- MedStar Health focuses on capturing "realized savings" documenting actual cost reductions achieved, rather than relying on projected savings.

MedStar Health Pharmacy

Scope & Scale
- 800+ FTEs in Acute Care
- $680M total drug expenditure FY25
- $216M 340B savings

Pharmacy Services
- 10 inpatient pharmacies
- 6 pharmacies with bedside delivery
- 5 hospital-based medication management clinics
- Telepharmacy, refill authorization and centralized vaccine distribution

Specialty Pharmacy
- Dual-accreditation (URAC and ACHC)
- Access to limited distribution drugs and payor networks

Maryland
MedStar Franklin Square Medical Center
MedStar Good Samaritan Hospital MedStar Harbor Hospital MedStar MedStar Montgomery Medical Center
MedStar St. Mary's Hospital MedStar MedStar Southern Maryland Hospital Center
MedStar Union Memorial Hospital

District of Columbia
MedStar National Rehabilitation Hospital & Network
MedStar Washington Hospital Center
MedStar Georgetown University Hospital

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Overview

Realized Savings

- Previous Process
  - Keeping track of realized savings used to be a time-consuming manual process
- New Process
  - Leveraging specialized analytics to capture ‘realized savings’ for a Pharmacy System level initiative we call Medication Cost Management (MCM)
  - MCM is the ongoing stewardship of cost control for pharmaceuticals by making intelligent NDC choices

Analytics

A collaboration with our analytics partner, initially engaged for 340B compliance at MedAC, proved instrumental in addressing this challenge by developing a custom dashboard for tracking realized savings

FY25 Meds Standardized	Total Spend	Realized Savings
1714	$68,405,704	$4,310,480

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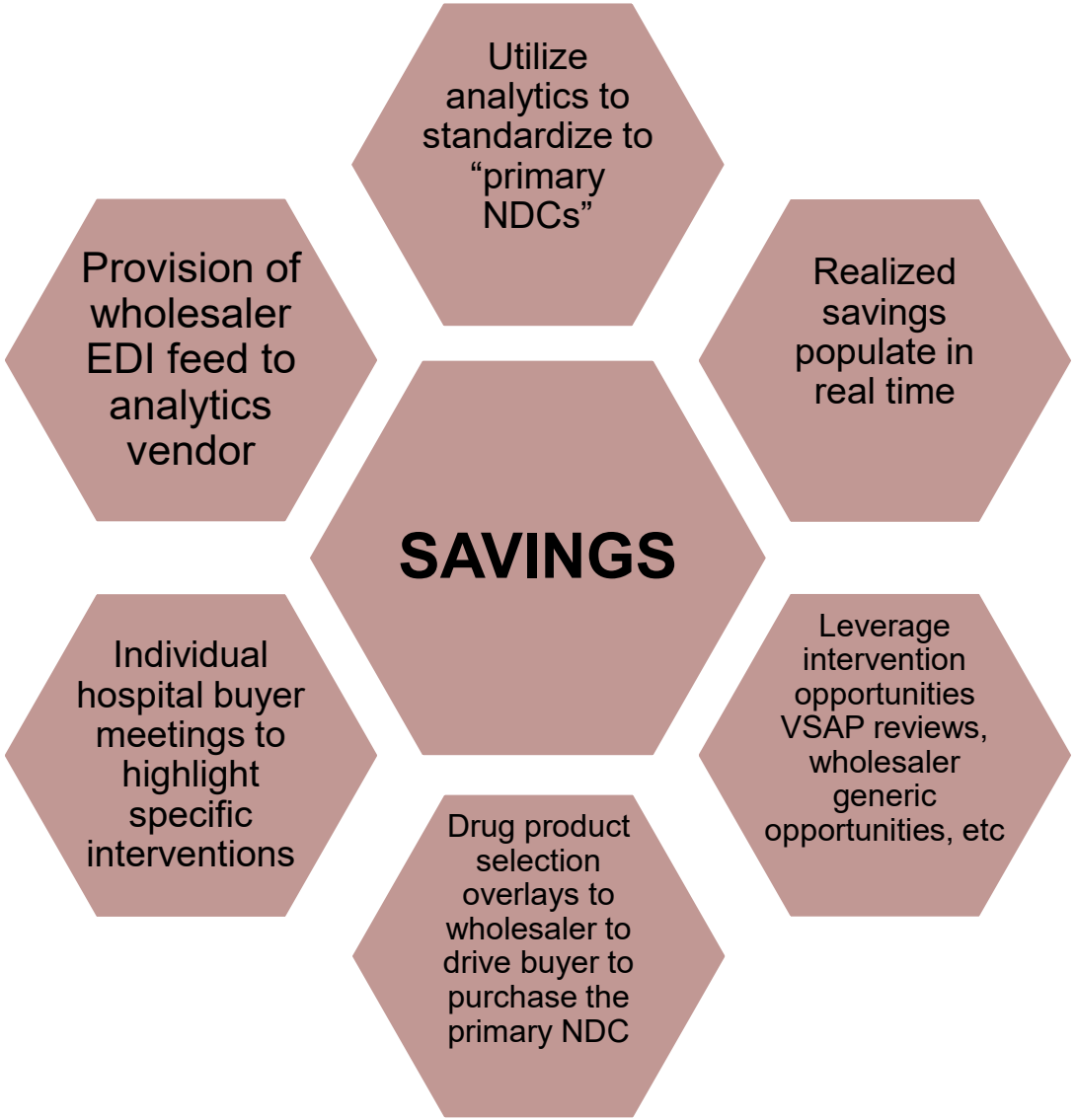
Interventions to Drive Savings



Outcomes

Fiscal Year	Goal	Realized Savings	% Goal
FY22*	$0.5M	$2M	400%
FY23	$1.5M	$5.9M	393%
FY24	$1.5M	$3.5M	233%
FY25	$2.5M	$4.3M	172%
TOTAL	**$6.0M**	**$15.7M**	**262%**

*in only the first 3 months

There were also credit/rebill savings we began tracking in FY25 not included here.

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Lessons Learned

Realized Savings vs. Projected Savings
It is crucial for healthcare systems to move beyond projected savings to actively capture and document "realized savings" in medication cost management initiatives. This provides a true measure of ongoing cost control efforts.

Standardization and Optimization
Standardizing to primary NDCs (optimized product choices) and utilizing rules and algorithms for purchasing maximize savings and ensure consistent supply

Key Takeaways

Leveraging Analytics for Cost Control**:** Specialized analytics and custom dashboards are highly effective tools for tracking and capturing realized savings from NDC conversions and credit/rebills. This allows for real-time monitoring and management of cost control initiatives.

Prioritize Analytics Partnership: Collaborate with analytics partners to create custom dashboards for tracking NDC conversions, credit/rebills, and overall medication cost management.

Questions?

Contact:

Raymond Lake, raymond.lake@medstar.net

Michelle Ashby, michelle.r.ashby@medstar.net

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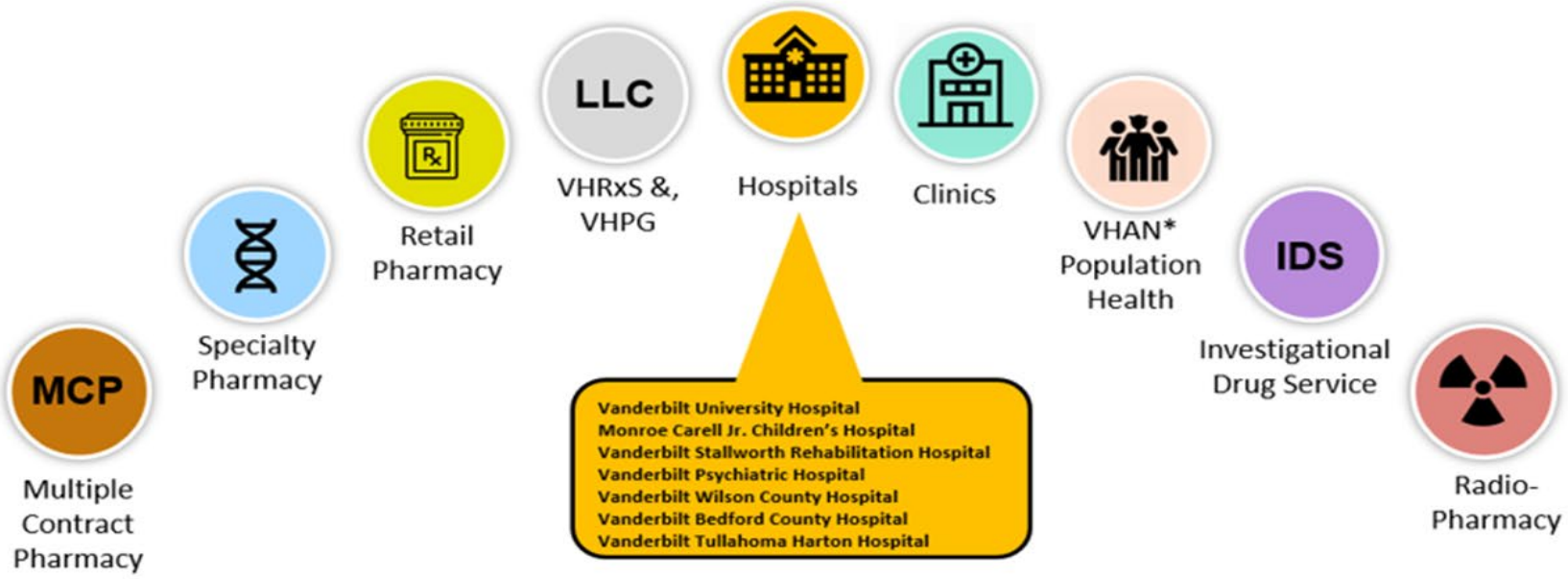
The Evolution of Pharmacy Supply Chain: Survival of the Fittest

Michael O'Neal, DPh, MBA, Senior Director, Pharmacy Supply Chain
Jason Tomichek, PharmD, Director, Pharmacy Supply Chain
Vanderbilt University Medical Center

Vanderbilt Pharmacy Ecosystem



Melrose Support Services Facility

- Home Delivery
- Call Center
- Central Fill
- Billing / Revenue Cycle
- Retail Support Group
- 340B Programs
- Pharmacy Administration
- VHRxS / VHPG, LLC
- Procurement
- Med Cabinet Replenishment
- Technician Training Program
- Product Packaging/Storage
- VHAN Program
- Pop Health
- Clinic Distribution

**VHAN – Vanderbilt Health Affiliated Network*

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Pharmacy Supply Chain:

Our Mission - Our colleagues are our customers

Enterprise-Wide Scope	Drug & Supply Purchasing	Medication-Use System support	Drug & Supply Sourcing
Inventory Management / Optimization	Central Distribution / Logistics	340B Integrity	Contract Coordination

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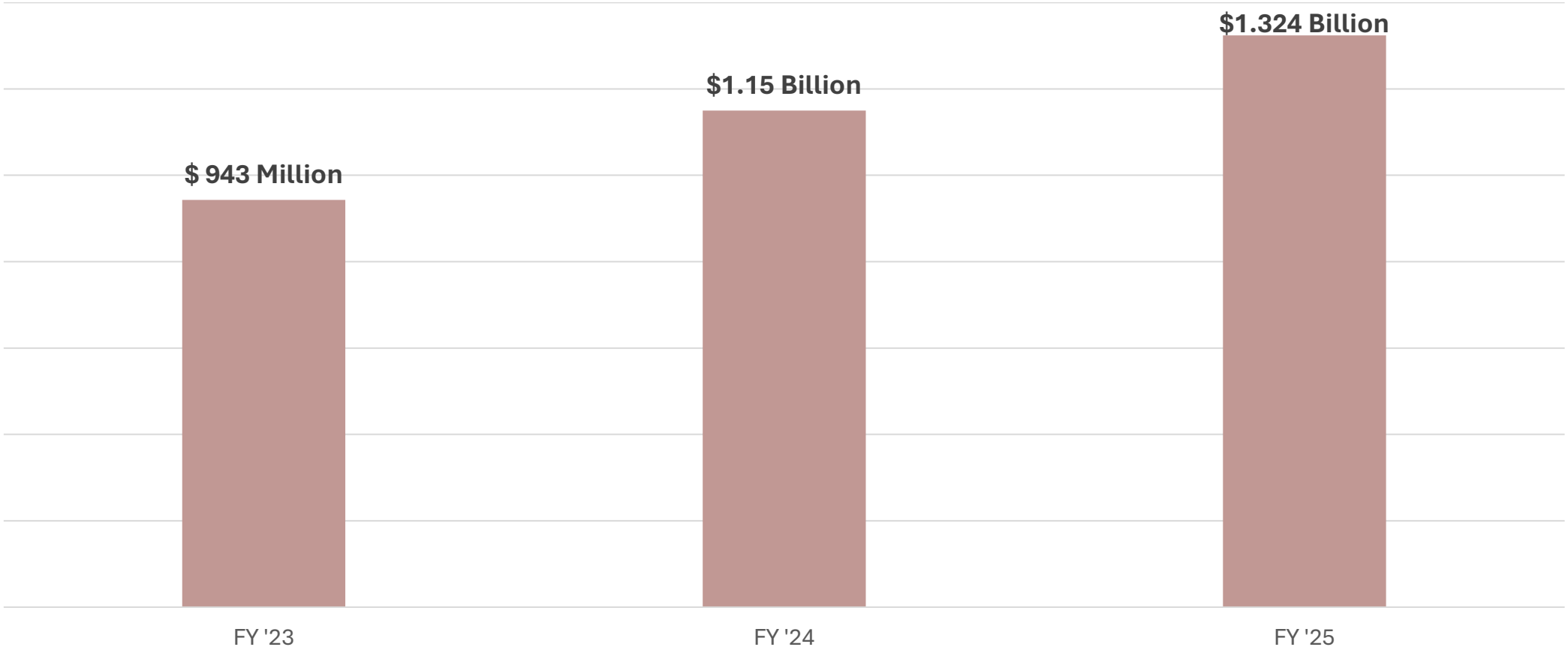
Drug Expense



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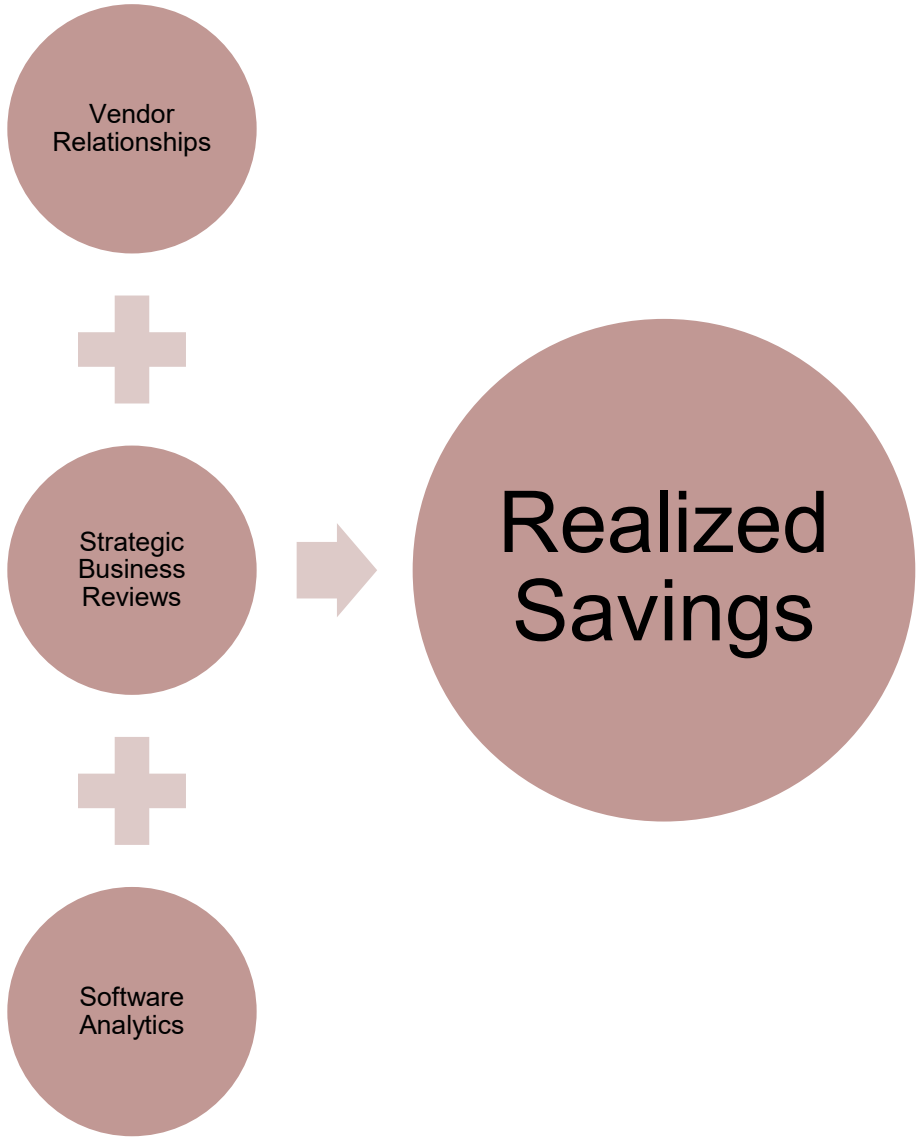

Vendor Relationships
Strategic Business Reviews
Software Analytics
Realized Savings

Vendor Relationships…a two-way street

Enhanced visibility & response

- Proactive decision making
- Drug shortage & supply disruptions

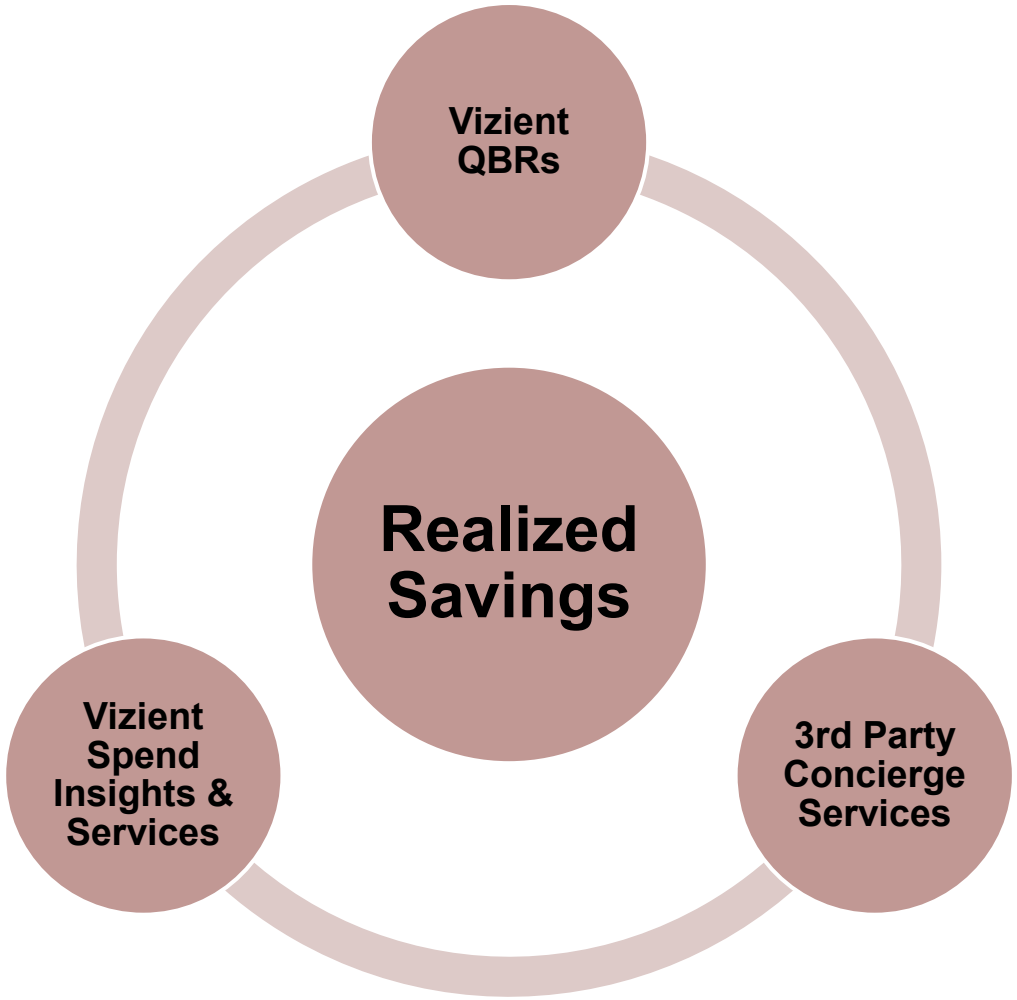
Mutual Cost Optimization

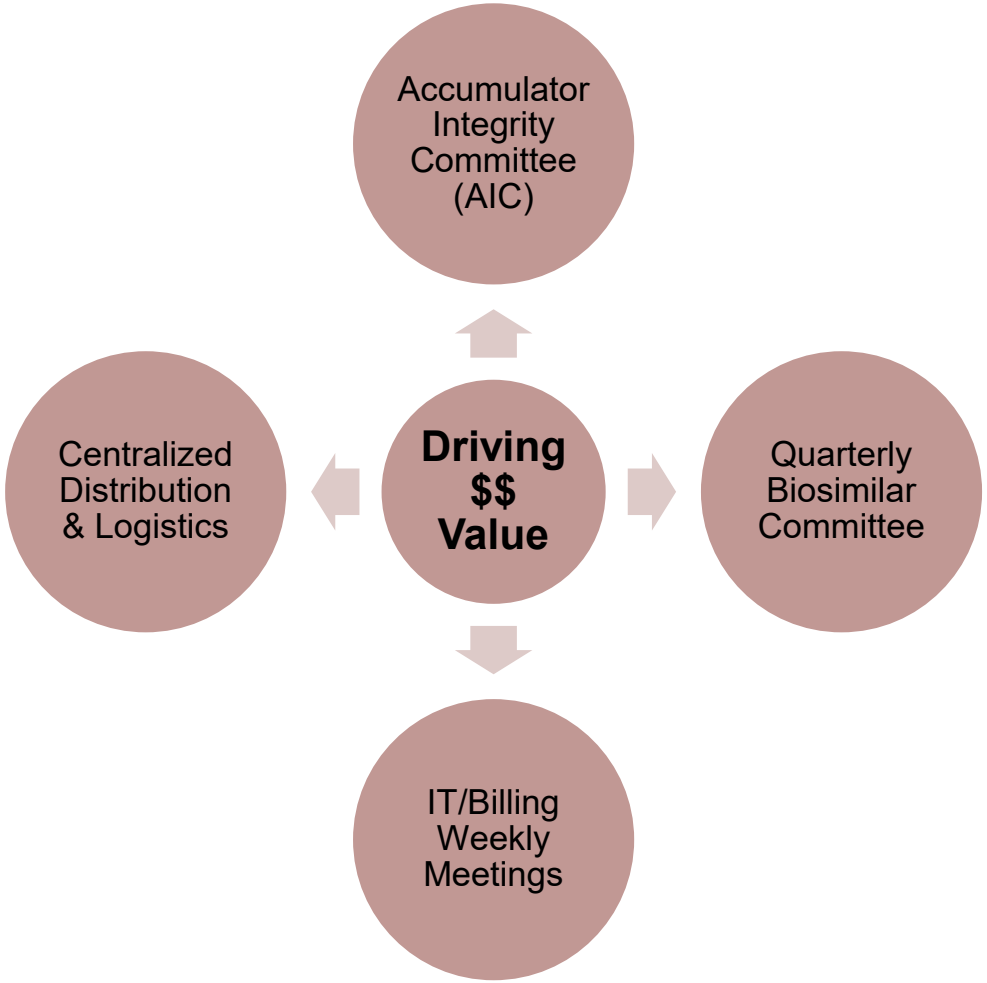
- Improved contract performance
- Rebate realization

Strategic Alignment

- Value-driving engine
- Shared success metrics

Strategic Business Reviews



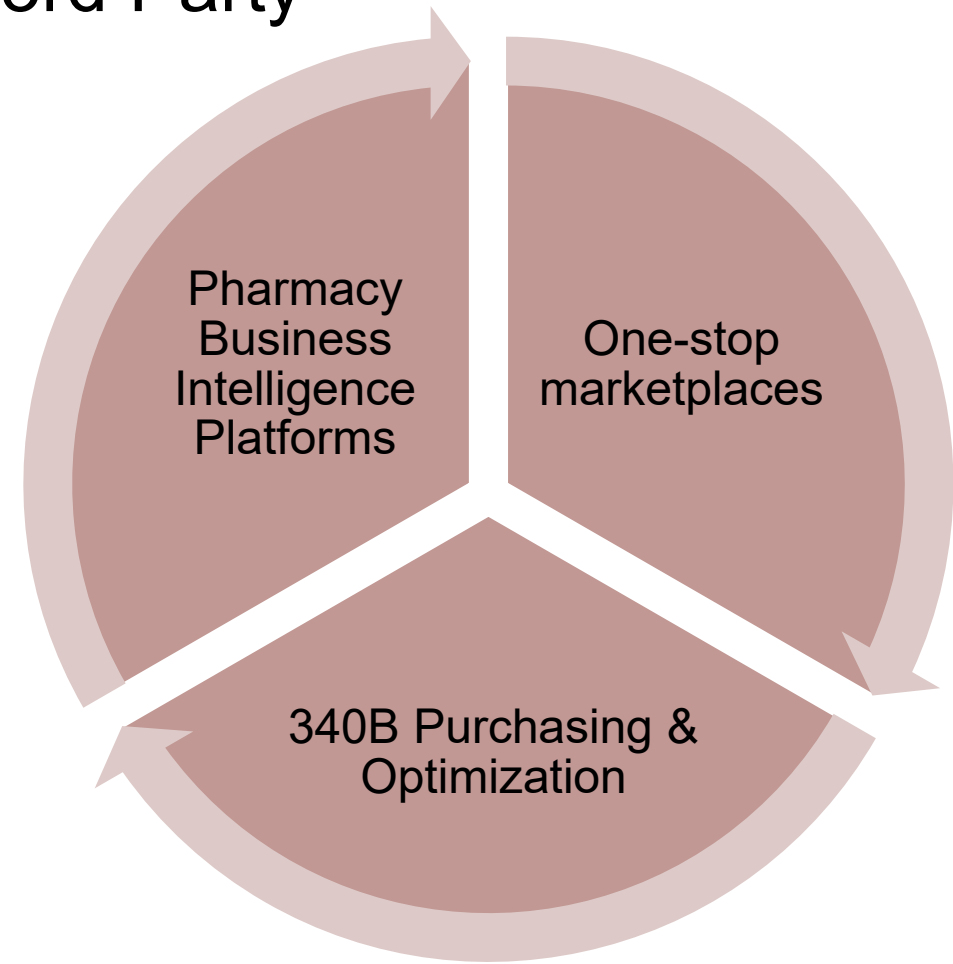


Software Analytics

- **B**uy**T**his**N**ot**T**hat (BTNT)
  - Hospital-Custom Dashboard

Est Annual Savings	Image	Total Altpref Est Ec	Drug Id	Pref Flag	Itemnumber	Ndc11	Supplier	Dispensable Name	Pkg Type
$305,081		$468,019.73	20828	No	3007416	70069077310	SOMERSET PHARMA LLC	CALCIUM CHLORIDE 10% VIAL (OUTER, SUV)	VIAL
-		$658,676.77	20828	No	2985729	70121230907	AMNEAL PHARMACEUTICALS LL	CALCIUM CHLORIDE 10% VIAL (SUV, P/F, OUTER)	VIAL
-		$773,100.24	20828	Yes	3774833	00517671010	AMERICAN REGENT LABS INC	CALCIUM CHLORIDE 10% VIAL (OUTER,SDV)	VIAL
-		$0.00	20828	No	2280451	00517271025	AMERICAN REGENT LABS INC	CALCIUM CHLORIDE 10% VIAL (SDV, P/F)	VIAL
-		$0.00	20828	N	2941151	00517671010	AMERICAN REGENT LABS INC	CALCIUM CHLORIDE 10% VIAL (OUTER,SDV)	VIAL

- 3rd Party



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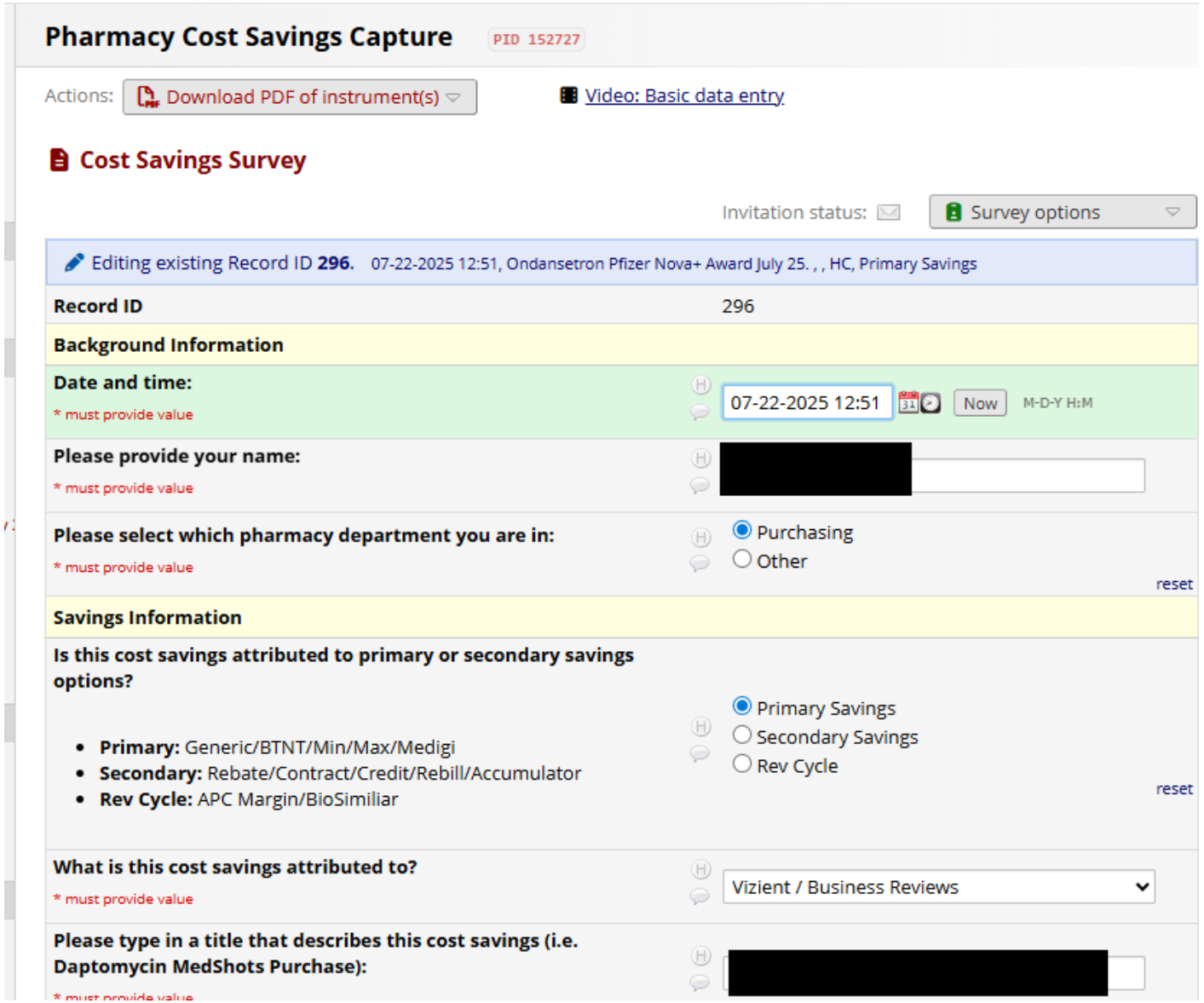

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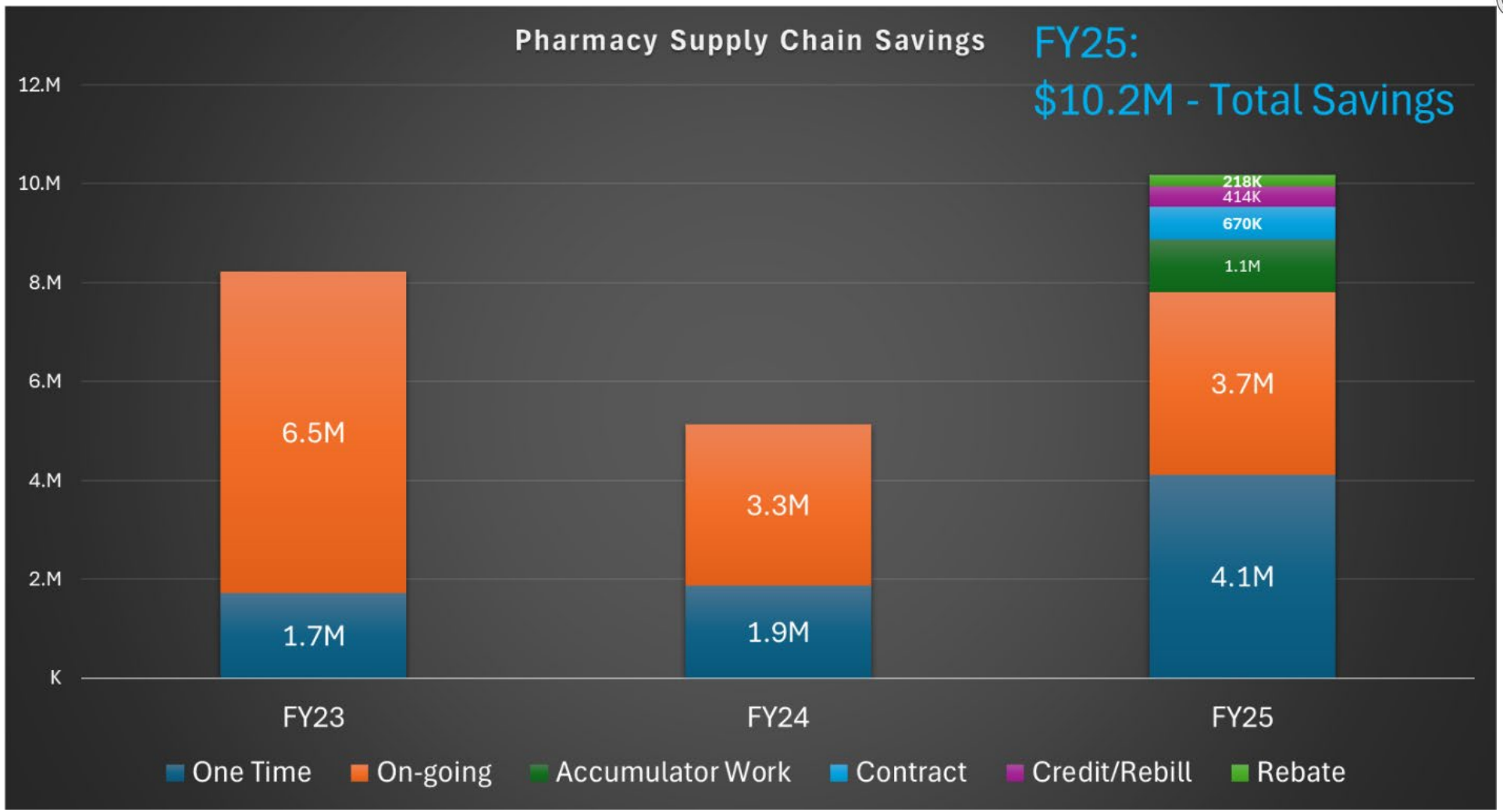
Realized Savings



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Lessons Learned

ANALYTICS DRIVE PROACTIVE DECISIONS

INTEGRATION ACROSS SYSTEMS INCREASES VALUE

COLLABORATION STRENGTHENS VALUE POTENTIAL

Key Takeaways

Realized $23.6 million in savings across FY 2023–2025 through strategic vendor partnerships, business reviews, and data-driven analytics—enhancing visibility, decision-making, and performance across the medication supply continuum at Vanderbilt University Medical Center

Insights and outcomes are being used to inform future financial planning, operational strategy, and sustained value delivery across the pharmacy enterprise.

Questions?

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Contact:

Michael O'Neal, michael.oneal@vumc.org

Jason Tomichek, jason.tomichek@vumc.org

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Accelerating Value, Efficiency, and Success in Healthcare Reimbursement and Policy

Amber Palmer, PharmD, MBA, BCPS, Associate Chief Pharmacy Officer, Ambulatory Treatments, UCLA
Matthew Keushguerian, PharmD, CSP, Director of Pharmacy, Ambulatory Business Operations, UCLA

Adam Biggs, PharmD, BCCCP, Center for Medication Utilization, Froedtert ThedaCare Health
Anthony Shaver, PharmD, Pharmacy Informatics, Froedtert ThedaCare Health

Elise Wozniak, PharmD, Formulary Coordinator; UCSF Health
Jessica Galens, PharmD, MBA, Assistant Chief Pharmacy Officer, Business Services; UCSF Health

Jenna Stern, JD, Vice President, Regulatory Affairs and Public Policy, Vizient

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A Value Proposition - Adding Pharmacists to Infusion Authorization Teams

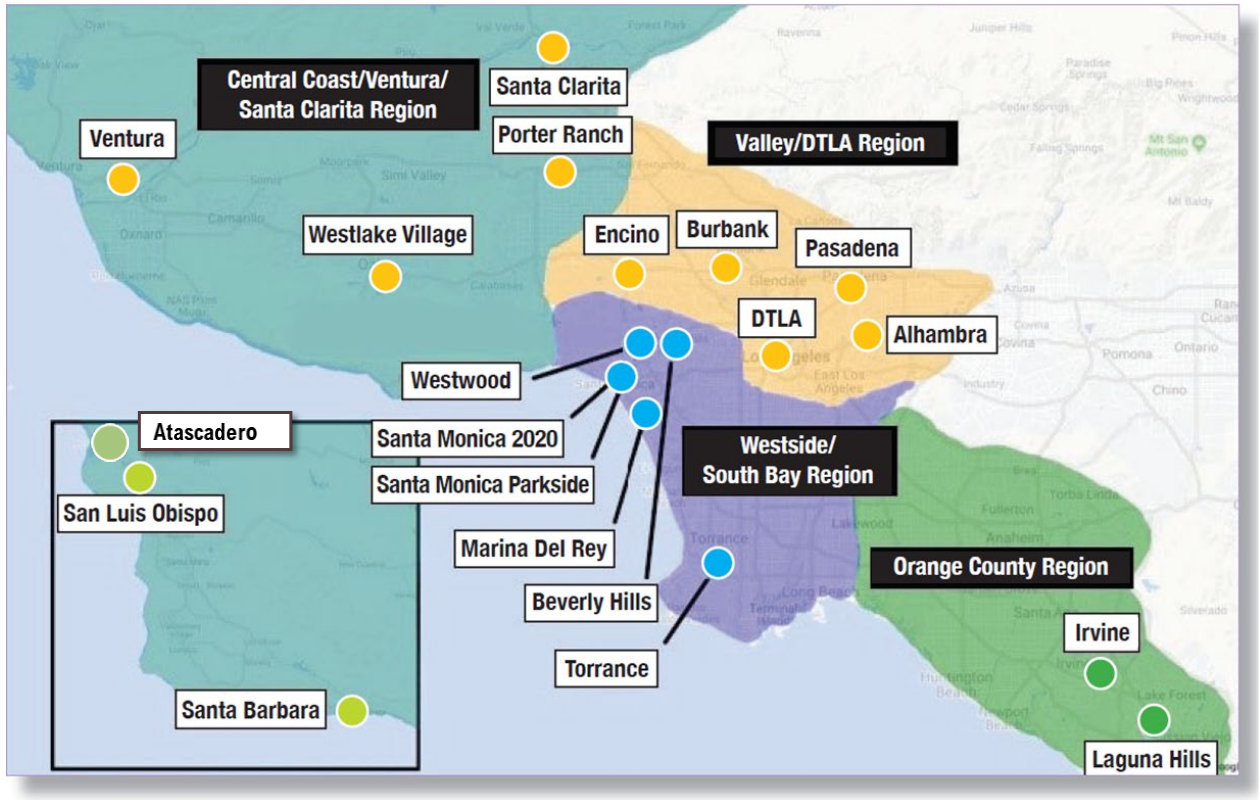
Amber Palmer, PharmD, MBA, BCPS, Associate Chief Pharmacy Officer, Ambulatory Treatments

Matthew Keushguerian, PharmD, CSP, Director of Pharmacy, Ambulatory Business Operations

UCLA Health

UCLA Health Overview

- 5 Hospitals
- >280 Ambulatory Clinics
  - 3.8 million outpatient clinic visits
- 35,500 employees; 3,650 clinical faculty
- 25 Ambulatory Infusion Departments
  - 20 Physician Based Clinics
  - 5 Hospital Outpatient Department
    >115,000 infusion visits in FY25



Problem Statement

Medication Prior Authorizations have increasingly become more complex resulting in patient care delays and increased Provider burden

Fragmented teams managing infusion medication authorizations

Preventable medication denials

Limited agility in responding to biosimilar market changes and addressing drug shortages

UCLA Pharmacy launched a program with 2 FTEs in November 2024 to help

Infusion Authorization Pharmacist Program Goals

IMPROVE PATIENT ACCESS

DECREASE PROVIDER BURDEN

IMPROVE FINANCIALS

DECREASE AUTHORIZATION TURNAROUND TIME (TAT)

Results – Program Metrics

	Total # of Interventions	Provider Time Saved (hours)	Turnaround Time Decrease (days)
Nov	227	26	3
Dec	243	33	4
Jan	313	36	5
Feb	404	51	7
March	584	40	7
April	608	66	7
May	539	56	7
Totals	***2918***	***308***	

Source: Internal database UCLA. Data range Nov 2024-May 2025.

Results – Formulary Adjustments

Biosimilar Adoptions

	JUNE 2024	JAN 2025
rituximab (Rituxan)	29%	12%
rituximab-pvvr (Ruxience)	65%	35%
rituximab-arrx (Riabni)	**4%**	**50%**
rituximab-abbx (Truxima)	2%	3%

Shortage Mitigation

Product Dispensed	FEB 2025	MAR 2025	APR 2025	MAY 2025
Pemetrexed (ANDA)	15%	38%	68%	**80%**
Pemfexy (505(b)(2))	85%	62%	32%	20%

Source: Internal database UCLA Health. Data range June 2024-May 2025.

Results – Overturned Denials

# Patients	11
# Dates of Service	30
Cost of Drugs	$97k
Recouped Revenue	$409k

Source: Internal database UCLA. Data range Nov 2024-May 2025.

Lessons Learned

- Pharmacists can directly improve Infusion Center financials, decrease Provider burden and decrease authorization TAT
- Volatile biosimilar market requires quick action/reaction in formulary selections to stay ahead of fluctuations in price / reimbursement
- Drug Shortages in 505b2 or biosimilar classes cause additional strain on auth and treatment process

Key Takeaways

- To implement a similar program, start by analyzing where “pain points” exist (lost revenue due to denials / delayed treatment times due to auth)
- Establish new or leverage existing relationships with leaders within your organization who can directly impact expansion of pharmacist led programs
- Provide value to your organization by showing how pharmacists can improve the overall workflow directly (ROI) and indirectly (provider burnout)

Questions?

Contact:

Amber Palmer, AMPalmer@mednet.ucla.edu

Matthew Keushguerian, mkeushguerian@mednet.ucla.edu

This educational session is made possible through the collaboration of Vizient Member Networks.

Time is Money: Impact of Efficiently Quantifying Drug Reimbursement

Adam Biggs, PharmD, BCCCP, Center for Medication Utilization

Anthony Shaver, PharmD, Pharmacy Informatics

Froedtert ThedaCare Health

Formed from the combination of two leading Wisconsin-based health systems, Froedtert ThedaCare Health has:

22,000+ Employees

18 Hospitals

3,400+ Providers

360+ Outpatient Locations

87,200+ Patient Admissions

1,700+ Staffed Patient Beds

2.6% Operating Margin

$116.6M Operating Income

$5.8B Net Revenue

Image used with permission

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Background

- Started in 2021 as biosimilar reimbursement dashboard
- External data validated by 4 staff members over 3 months
- Several thousand manual reviews found actual reimbursement differed by 74%

Process

- CMU and informatics pharmacists met to scope report
- Iterative approach over 2 months
- Build → Validate → Update → Repeat
- Manual report validation found > 95% accuracy

Details

- Service line-level reimbursement info originates from electronic remittance files processed by EHR
- No other external tools, vendors, or data feeds

Source: Internal database Froedtert ThedaCare Health. Data range June 2024-Dec 2024.

Data Presentation

Timeline	Accounts Available 1,853
7/1/24 – 12/31/24 FY25 Quarters 1-2	Inpatient (0%) Outpatient (100%) Data Not Available (6%) Patient Assistance (2%) Denials (1%) Accounts Analyzed (94%) Targets >90% 70-89% <60%

Sites of Care

Hospital
General Infusion
Clinic Administered
Oncology Infusion
Ambulatory Surgery
Home Infusion

Annual Total Spend	Annual Charge	Annual Reimbursement
$13.8M	$96M	$17.4M
Average Account Margin	**Annual Margin**	**Opportunity**
$1,943	$3.6M	$40K

Financial values are for illustrative purposes only and do not represent actual data.
Reproduced with permission from Froedtert ThedaCare Health.

Utility

Data from report are useful beyond quantifying reimbursement

- Identification of billing errors and underpayment
- Adherence to managed care contracts
- Rejection rates of 505(b)(2) products
- Expansion of pharmacy services

Lesson Learned

- Always validate data regardless of source
- Do not underestimate importance of shared professional language

Next Steps

- Use business intelligence tools to streamline use of report
- Enhance automatic visualizations
- Incorporate expected reimbursement based on contracts

Questions?

Contact:

Adam Biggs, Adam.Biggs@froedtert.com

Anthony Shaver, Anthony.Shaver@froedtert.com

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Charting the Course to Reimbursement Success: Strategies for Gene Therapies

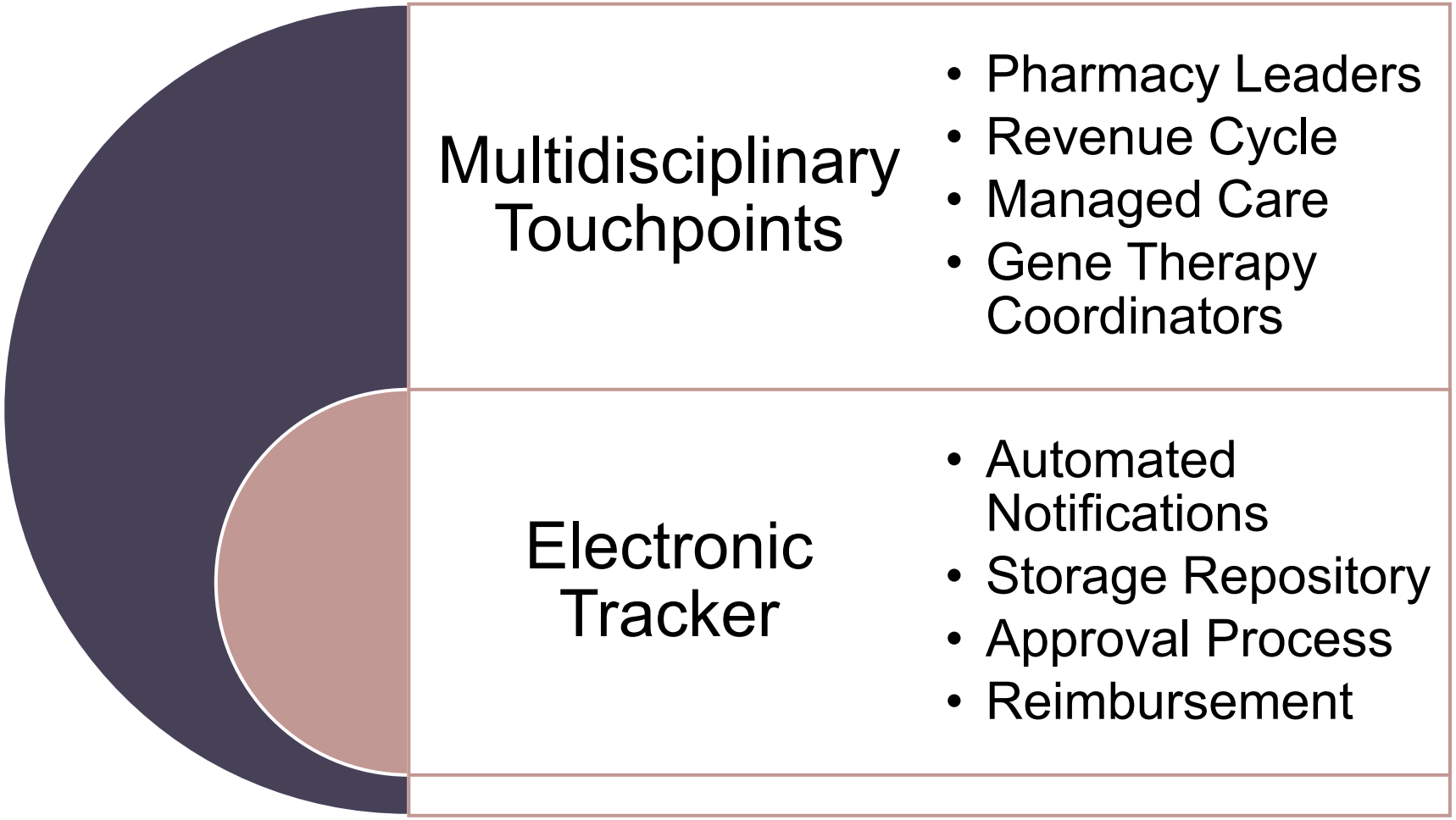
Elise Wozniak, PharmD, Formulary and Drug Use Management Coordinator

Jessica Galens, PharmD, MBA, Assistant Chief Pharmacy Officer, Business Services

UCSF Health

Gene Therapy - Challenges for Health Systems

Coordination of Care



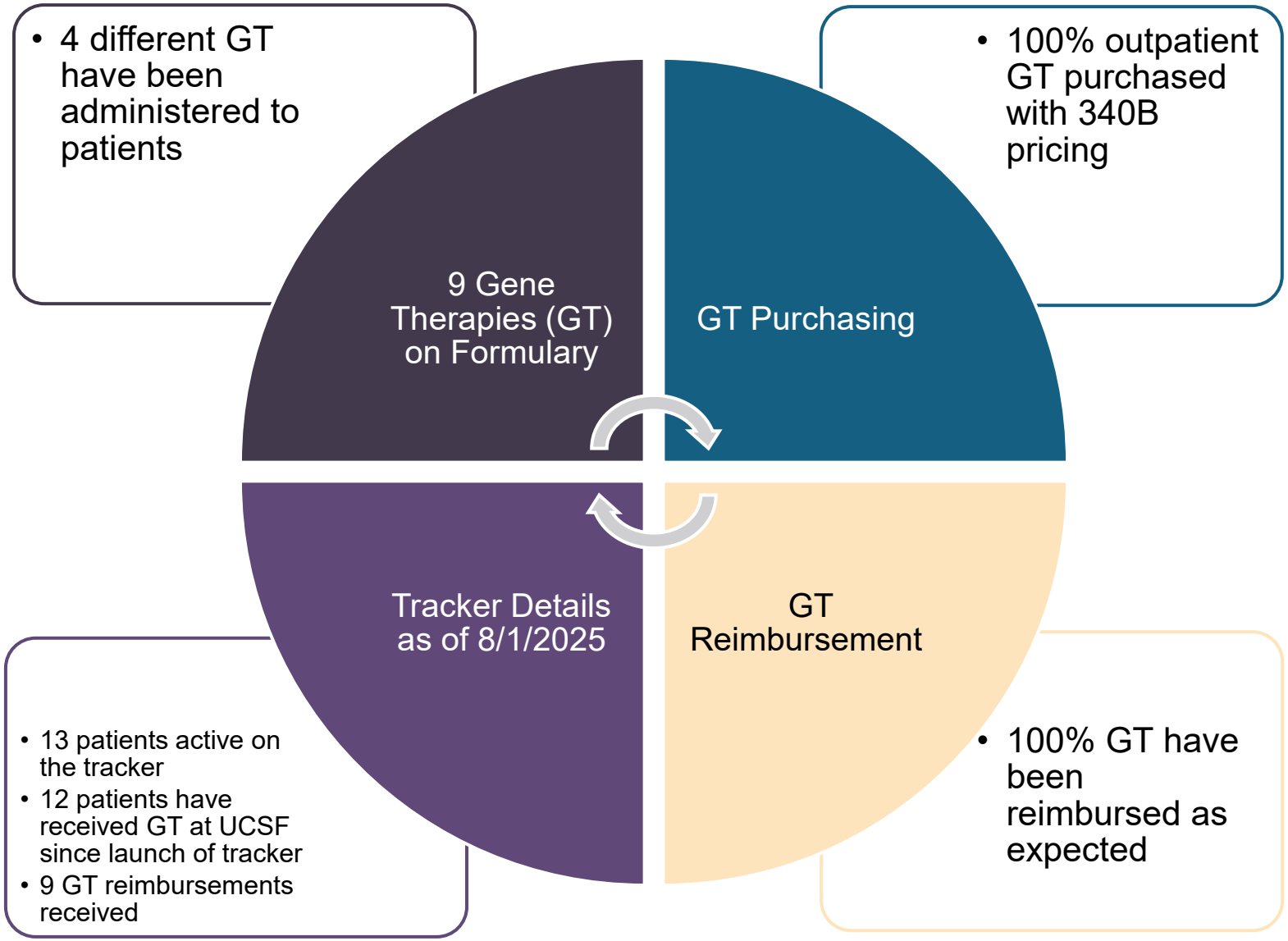
Multidisciplinary Touchpoints

- Pharmacy Leaders
- Revenue Cycle
- Managed Care
- Gene Therapy Coordinators

Electronic Tracker

- Automated Notifications
- Storage Repository
- Approval Process
- Reimbursement

Metrics



Source: Internal database UCSF.

Lessons Learned

- Helpful to have a “source of truth” to reference.
- Tracking mechanism for expiration dates for authorizations and letters of agreement.
- Communication with the patient regarding insurance coverage changes.
- Close collaboration with managed care teams to determine various options for negotiation.

Key Takeaways

- The management of gene therapies requires coordination over several months (or years for ex vivo gene therapy) so documentation is essential.
- Development of an invested, multidisciplinary team to support the process.

Questions?

Contact:

Elise Wozniak, elise.wozniak@ucsf.edu

Jessica Galens, jessica.galens.@ucsf.edu

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Panel Q & A

Round Table Discussion

Take the next 10 minutes to
share a pearl with your peers!

Current Legislative and Policy Updates

Jenna Stern, JD, VP, Regulatory Affairs & Public Policy

Vizient

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Current State of Play

Some Highlights…or Low-lights…

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The One Big Beautiful Bill (OBBB) cuts over $1 trillion from Medicaid, Medicare & the ACA over 10 years; Congressional Budget Office estimates 10 million more people uninsured by 2034

-$191B	Provider tax freeze/moratorium
-$5B	Limits Medicare eligibility for non-citizens
-$39B	Tightened special enrollment periods in ACA
-$90B	Narrowed eligibility for ACA tax credits
-$325B	Medicaid Work Requirements
-$150B	Caps on State Directed Payments
-$28.2B	Reduced FMAP for emergency care for immigrants
-$63B	More frequent eligibility checks

H.R.1 - One Big Beautiful Bill Act. https://www.congress.gov/bill/119th-congress/house-bill/1. Accessed 8/28/2025.

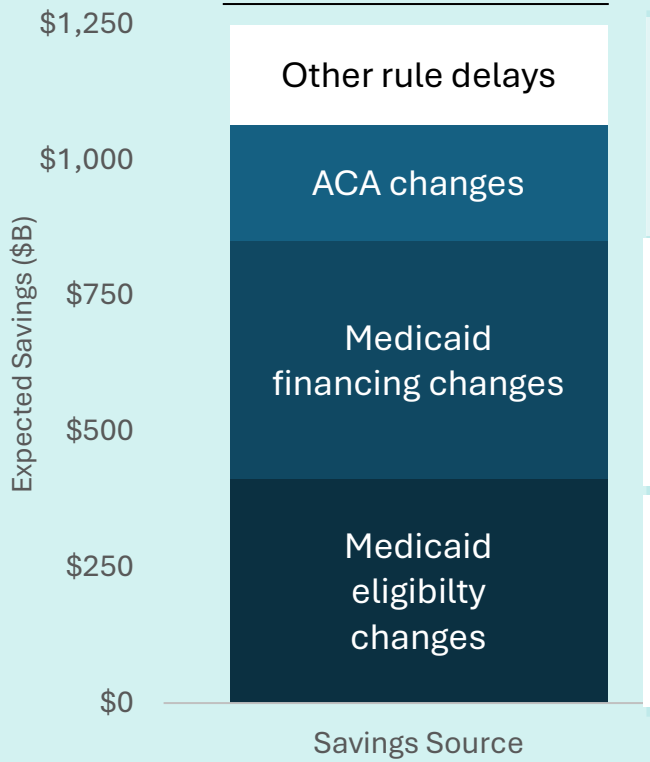
Which Means…

>$1T

reduction in federal outlays over 10 years (2025 – 2034)

Impact ramps up through 2034, with **~59%** of the bill's maximum annual impact realized by the end of FY 2029

Prominent healthcare spending reductions in OBBB



15%
average 10-year federal Medicaid spending cut *(across states)*

All states will be affected, but impact will vary across and within states

~10M more **uninsured** people expected by 2034*

More **uncompensated care & bad debt** for health systems

Potential **loss of 340B status** if DSH % drops

Pressure to **transform costs ahead of changes** and sustain margin

Note: see Vizient's OBBB summary for full information on OBBB changes, timing, and estimated savings impacts
Source: Kaiser Family Foundation "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill", Congressional Budget Office, https://www.cbo.gov/publication/61534, Vizient analysis, 2025
*This projection could increase if the enhanced premium tax credits are not extended by the end of 2025

What's Next?

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Another reconciliation package? Maybe a third?

- Many Republican lawmakers have already made clear they view the OBBB as the first step in a broader legislative agenda.
- Among both Republican leadership and rank-and-file members, there seems to be strong support for pursuing one or more additional reconciliation packages, in part, to impose steeper cuts to Medicaid and other health programs.

September 30, 2025

- Fiscal Year 2026 Funding (and telehealth flexibilities and DSH Cuts)

December 31, 2025

- Pay-As-You-Go Cuts
- Expiration of Enhanced Premium Tax Cuts

Regulatory Update

New 340B Rebate Model Pilot Program

On July 31, 2025, the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) issued notice for a 340B Rebate Model Pilot Program.

- **New pilot program where qualifying drug manufacturers can effectuate the 340B ceiling price on select drugs to all covered entities (CEs) through a rebate.**
- **Manufacturers with Medicare Drug Price Negotiation Program (MDPNP) Agreements for initial price applicability year (IPAY) 2026 may submit plans to OPA for review**
- The model may be expanded at a later time, including after the pilot is assessed.

The Notice is effective immediately, but OPA is accepting comments until September 8, 2025.

- **Manufacturers may start to submit applications on September 15, 2025.**
- **Approvals will be made by October 15, 2025.**
- **Models can start January 1, 2026.**

Source: Modified from Bloomberg Economics; https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-restores-section-232-tariffs/ ; https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-restore s-section-232-tariffs/; https://www.whitehouse.gov/presidential-actions/2025/01/america-first-trade-policy/
Abbreviations: EU = European Union; IP = intellectual property; USITC = United States International Trade Commission; USTR = Office of the United State Trade Representative.

CY 2026 Hospital Outpatient Prospective Payment System Proposed Rule

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CMS proposes to increase payment rates by 2.4% (3.2% market basket minus 0.8 for productivity adjustment)

- Total payments to providers expected to be $100 billion (approx. $8.1billion more than CY 2025)

340B

- -2.0 adjustment to payment rates for hospitals subject to 340B remedy (CMS estimates this will last until 2031)
- Notice of intent to conduct Medicare OPPS Drug Acquisition Cost Survey à survey window will open early 2026 and CMS aims to use it for CY 2027 OPPS/ASC Proposed Rule

CMS proposes to phase out the IPO list over 3 years – starting with removal of 285 services for CY 2026 (mostly musculoskeletal)

Site Neutral

- PFS rates for any HPCPCs codes assigned to the drug administration services (APCs 5691 through 5694), when provided at an off-campus PBD excepted from section 1833(t)(21) of the Social Security Act (rural Sole Community Hospitals exempted)
- Requesting comment on potential expansion of this policy

Shifting skin substitute reimbursement to reimbursement as a supply

Increases requirements related to Hospital Price Transparency

Comments are due September 15, 2025!

Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency. https://www.federalregister.gov/documents/2025/07/17/2025-13360/medicare-and-medicaid-programs-hospital-outpatient-prospective-payment-and--ambulatory-surgical. Accessed 8/28/2025.

CY 2026 Physician Fee Schedule Proposed Rule

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Updates payment rates for Medicare providers – there are two separate conversion factors

- **Qualifying alternative payment model participants (QPs): $33.59 (3.83% increase from CY 2025)**
- **Physicians and practitioners who are not QPs: $33.42 (3.62% increase from CY 2025)**

New Mandatory Ambulatory Specialty Model (ASM) for specialists treating low back pain or heart failure in an outpatient settings; 5-year model beginning January 1, 2027

Changes related to Average Sales Price calculations (e.g., Maximum Fair Price (MFP) should be included in ASP calculations)

Ongoing implementation of Parts B and D Drug Inflation Rebate Program

Changing reimbursement of skin substitutes – shifting to payment as an incident-to supply

- **Anticipated to reduce spending on these products by nearly 90%**

Comments are due September 12, 2025!

Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program. https://www.federalregister.gov/documents/2025/07/16/2025-13271/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other. Accessed 8/28/2025.

Tariffs Continue to Threaten/Create

Authority and Purpose	Process	Used in Trump 1.0	Use in Trump 2.0 (examples)
International Emergency Economic Powers Act of 1977: Empowers the president to address "unusual and extraordinary" threats	President declares national emergency (declaration and imposition of trade measures could happen quickly)	Trump threatened 5% tariff on all goods from Mexico in 2019; prevented via negotiations	EO and an emerg. declaration to impose tariffs on imports from China (10%; addt'l 10% per 3/3 EO), Mexico (25%; March 4) and Canada (25%; March 4); April 2 EO and emerg. declaration for country-specific reciprocal tariffs and 10% sweeping tariff
Section 301, Trade Act of 1974: Addresses unfair foreign trade practices	USTR investigates, reports within 12 months. President can impose tariffs, quotas with no set limit or duration	China: initial 25% tariffs on $34 billion in goods (2018); later rounds affected $370 billion. EU: 10% on aircraft and 25% on other goods	TBD; Mention in the America First Trade Policy (e.g., report on China's acts, policies, and practices related to tech transfer, IP, and innovation)
Section 232, Trade Expansion Act of 1962: Restricts imports that threaten national defense or economic security	Commerce dept. investigates, reports within 270 days. President decides within 90 days on tariffs, quotas. No set expiration; subject to periodic review	25% tariff on steel, 10% on aluminum	Proclamation to broaden the scope of products and countries impacted by steel and aluminum tariffs and increase aluminum tariffs to 25% (March 12); Timber and copper EOs and investigations

- Many Vizient resources, including a Market Disruption Brief for the latest information!

Source: Modified from Bloomberg Economics; https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-restores-section-232-tariffs/ ; https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-restore s-section-232-tariffs/; https://www.whitehouse.gov/presidential-actions/2025/01/america-first-trade-policy/
Abbreviations: EU = European Union; IP = intellectual property; USITC = United States International Trade Commission; USTR = Office of the United State Trade Representative.

Lessons Learned

- Legislative changes will impact payer mix for several years; state response remains to be seen

- Regulatory and agency activity is also expected have significant implications for hospitals and health systems

Key Takeaways

- Hospitals will continue to face challenges in caring for their communities
  - For example, increases in the rates of uninsured can result in more emergency department visits and increase bad debt.
  - Modest reimbursement increases anticipated for 2026
  - Several 340B-related changes are forthcoming (e.g., rebate model; drug acquisition cost survey; proposed modified 340B remedy).

Questions?

Contact:

Jenna Stern, jenna.stern@vizientinc.com

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