A Review of the Key Findings of the **GHX/AHVAP Value Analysis Profession** Survey: Implications for Today, Tomorrow, and the Future

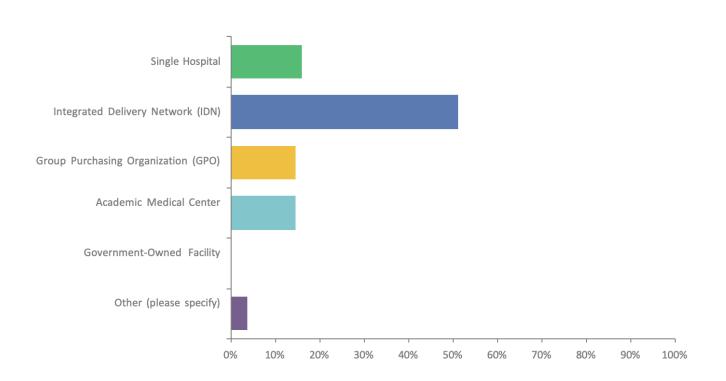
A Partnership Between



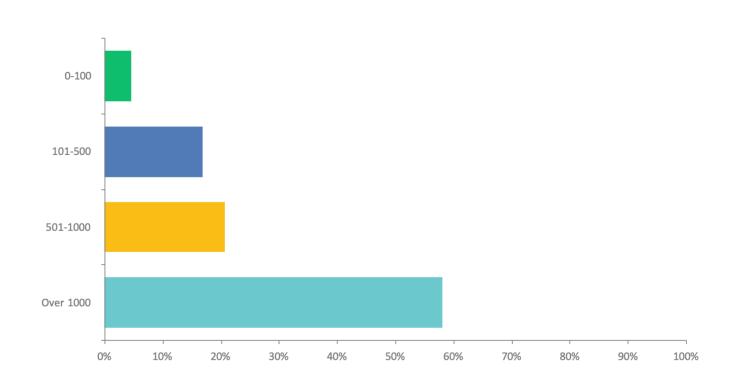




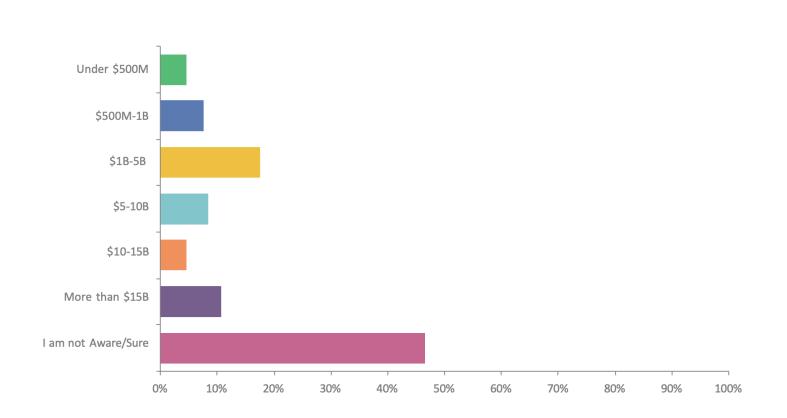
Q1: Which of the following best describes your facility type?



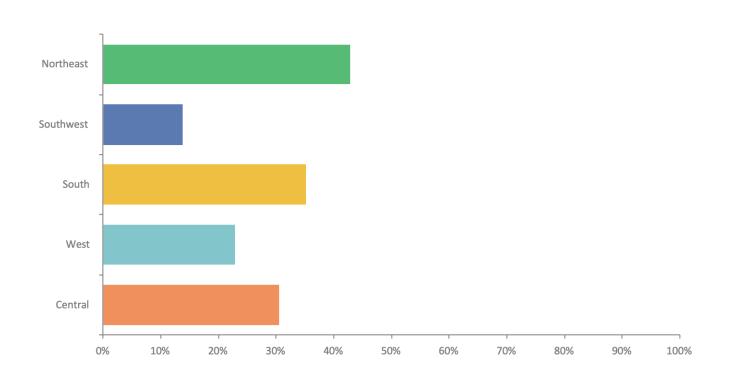
Q2: What is the total number of inpatient beds within your organization?



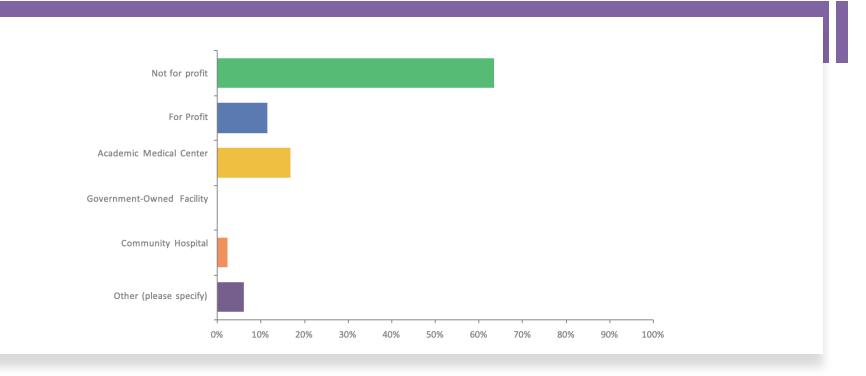
Q3: Which best describes the size of your organization (Net Patient Revenue CY 2022) in USD?



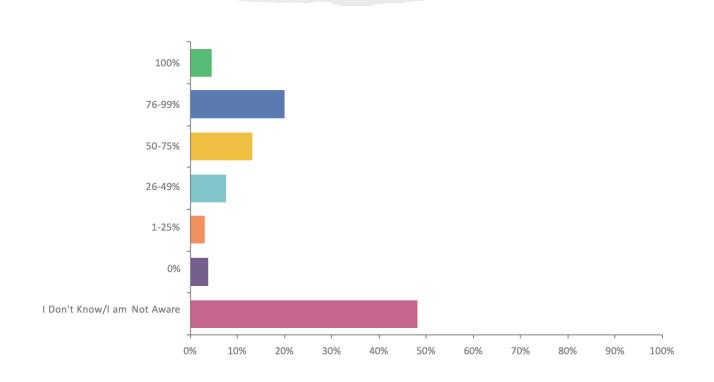
Q4: What area of the country does your organization currently have facilities within (check all that apply)?



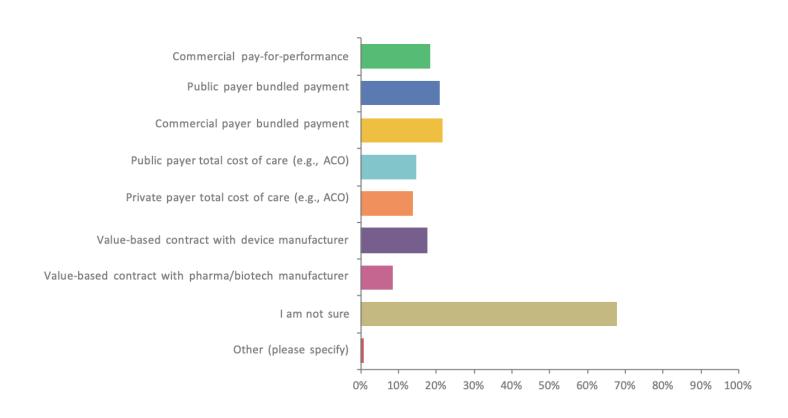
Q5: Which best describes your organization type?



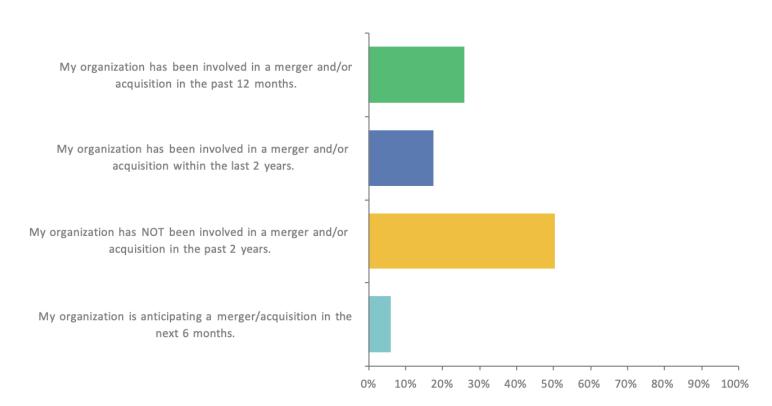
Q6: What percentage of the providers are employed by your organization directly vs. as independent contractors?



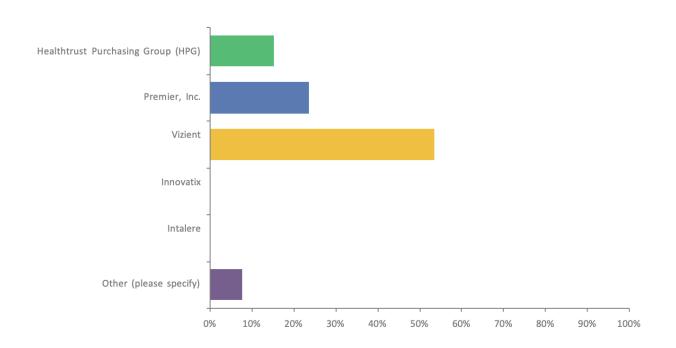
Q7: Which of the following value-based care programs does your organization participate in (check all that apply)?



Q8: Which of the following best describes merger/acquisition activity with your organization?

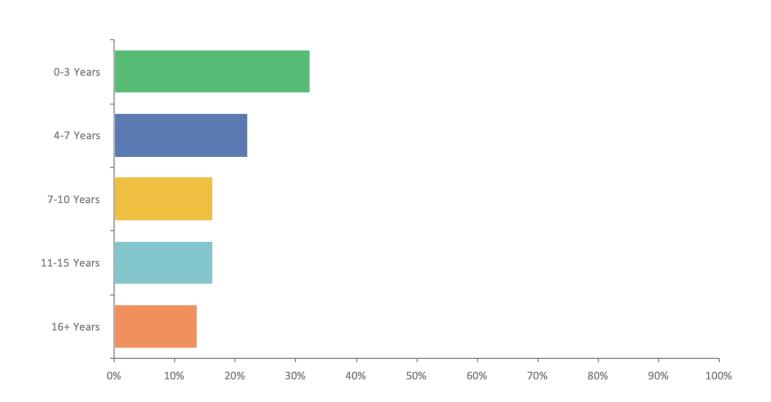


Q9: What is your facility's primary Group Purchasing Organization?

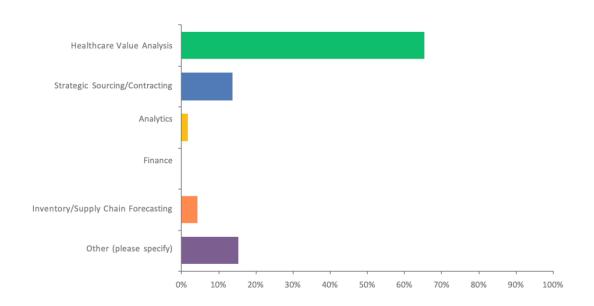




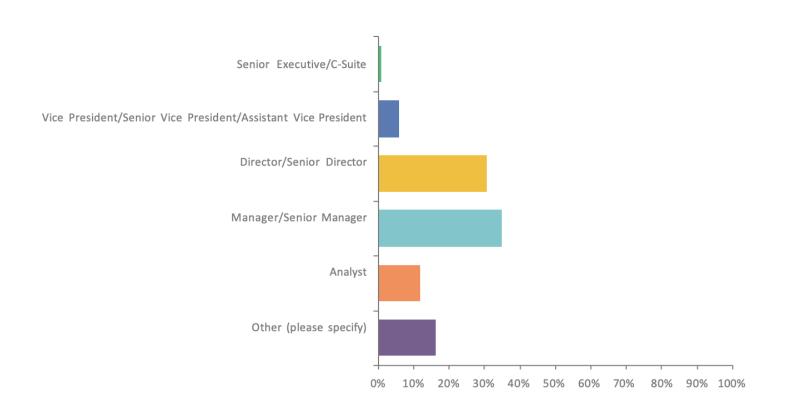
Q10: How long have you worked in a healthcare value analysis capacity?



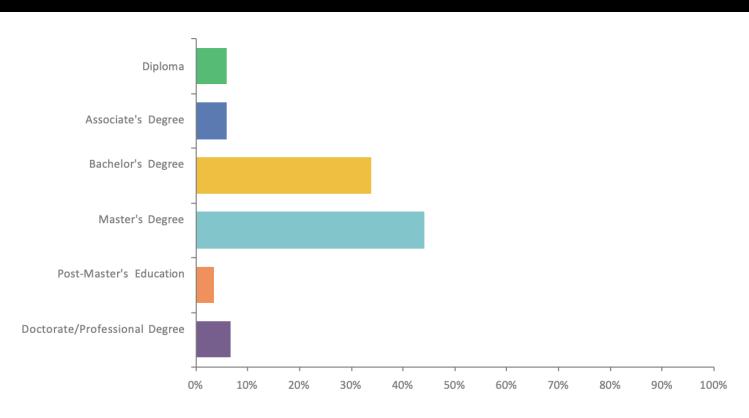
Q11: Which of the following best describes your primary area of focus and responsibility in your current role?



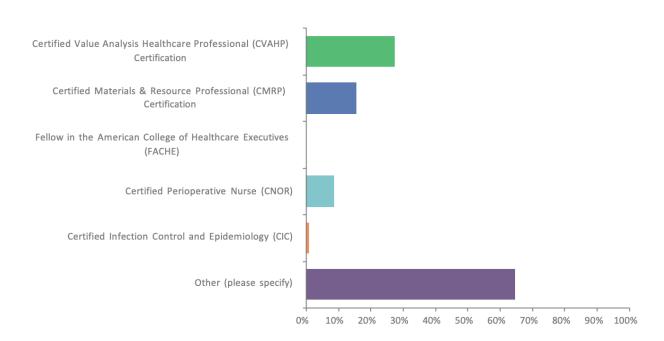
Q12: Which of the following best describes your current title?



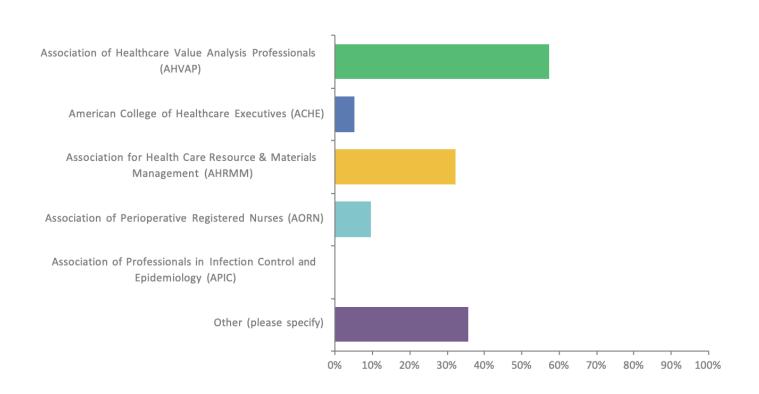
Q13: What is your highest level of education?



Q14: Which of the following certifications do you currently hold?



Q15: Which of the following organizations are you currently a member of?



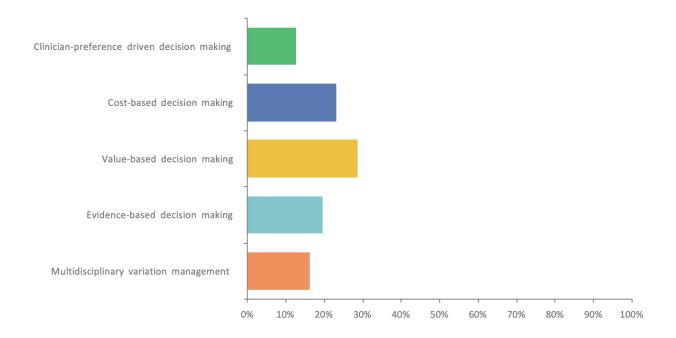


Q16: How would you rate the resilience level of your current healthcare value analysis and clinical supply chain program?



Q17: How would you rate the resilience level of your supplier partners in terms of inventory and distribution availability of critical products?





Q18: How would you rate the overall maturity of your Healthcare Value Analysis Process as of TODAY using the graphic below as a reference point?

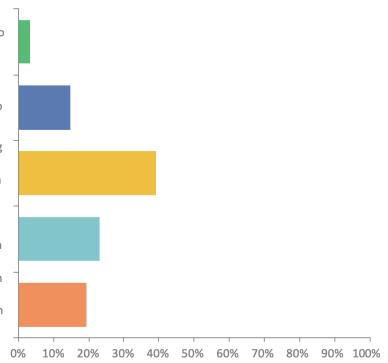
Our process has no formal value analysis process and no executive oversight.

Our process has a value analysis process with minimal authority that focuses on new products and cost with no executive oversight.

Our process has a value analysis process with decision making authority that incorporates new and existing products and cost, with somewhat effective executive oversight outlined in a program charter.

Our process has a consistent, transparent, interdisciplinary value analysis process with a focus beyond cost that includes physician collaboration and effective executive oversight with strong adherence to a program charter.

Our process has a clinically-driven value analysis process with a focus on variation reduction through evidence and databased decisions, and executive oversight that is embedded in our culture.



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Q20: Please select the statement most representative of your current value analysis processes. This section pertains to the types of evidence which can both be clinical (peer-reviewed literature & trials, outcomes, safety data, guidelines, and physician utilization) and financial data (pricing, volume, reimbursement) used to make value analysis decisions.

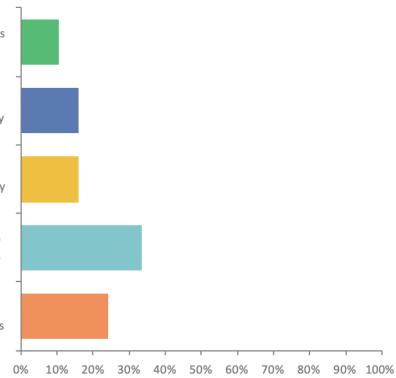
Our process uses vendor spend reports and GPO contracts as the primary strategy for cost savings.

Our process leverages pricing information and new product vendor-initiated requests with clinical and financial value supplied by the vendor to manage cost. The outcome is usually a trial and/or evaluation.

Our process desires to include unbiased clinical information and has started to develop the required clinical criteria(e.g., evidence sources and outcomes) as well as utilization data by service line and physician. However, our process doesn't...

Our process includes unbiased evidence analysis and/or clinical utilization data (by service line and/or physician) into our value analysis structure; however, our process and goals are mostly driven by new requests.

Our process includes an evidence-based strategic planning approach to managing new product requests, sourcinginitiatives and contract changes. Our organization has metrics established and we monitor our decisions and...

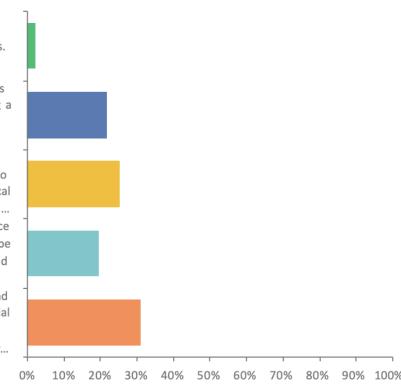


Q21: Please select the statement that is most representative of the current state of your value analysis processes. This section delves into the resources (both people and technology solutions) utilized by value analysis to meet the value analysis process requirements in an organization.

Our process has no dedicated value analysis resources.

Our process uses pricing data in various formats, across varying technologies (e.g., Teams, Sharepoint) requiring a great deal of manual analysis to process new product requests.

Our process consistently analyzes vendor volume and cost reports with pricing either by vendor, category or contract to determine our best opportunities. We typically require clinical justification information, but we don't always have the data... Our process has established that an unbiased clinical evidence source founded in a legitimate research methodology must be considered when projects are approved. We have established methods to combine clinical and financial analytics to... Our process has invested in a comprehensive set of tools and resources necessary for our team to leverage reliable financial and clinical data informed by unbiased evidence. This also includes monitoring the clinical and financial impact of our...



Q22: Please select the statement that is most representative of your current state of value analysis processes. This section pertains to physician engagement and participation in the value analysis program.

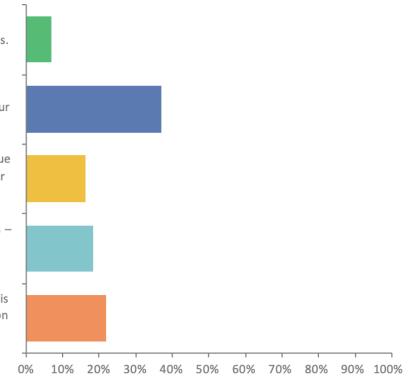
Our process has no physician involvement in value analysis.

Our process has limited physician involvement in value analysis – there is physician representation on some of our committees and they inconsistently participate.

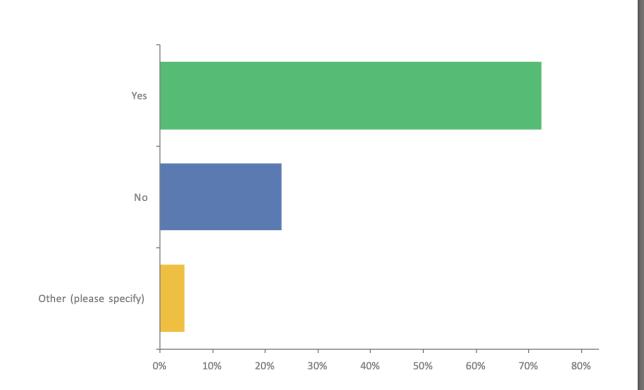
Our process has moderate physician involvement in value analysis – there is physician representation on all of our committees and they actively participate.

Our process has good physician involvement in value analysis – physician leaders are engaged and support new product decisions and utilization initiatives.

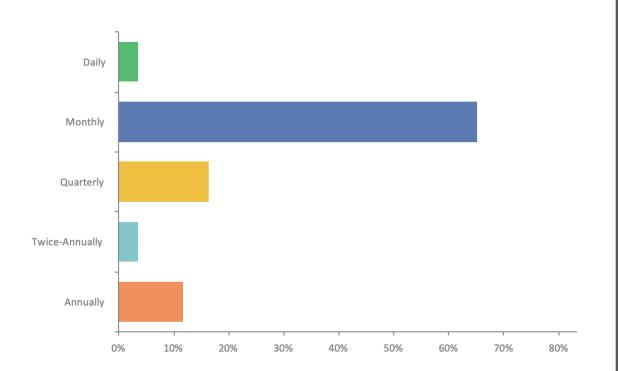
Our process has strong physician involvement in value analysis – our committees are chaired by physicians who lead variation reduction initiatives across service lines.





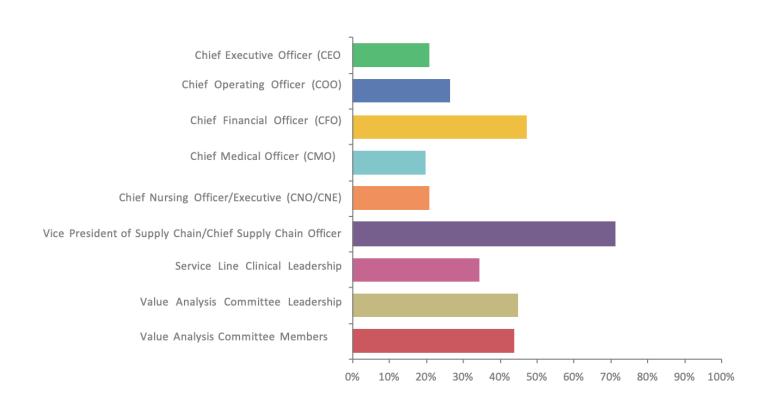


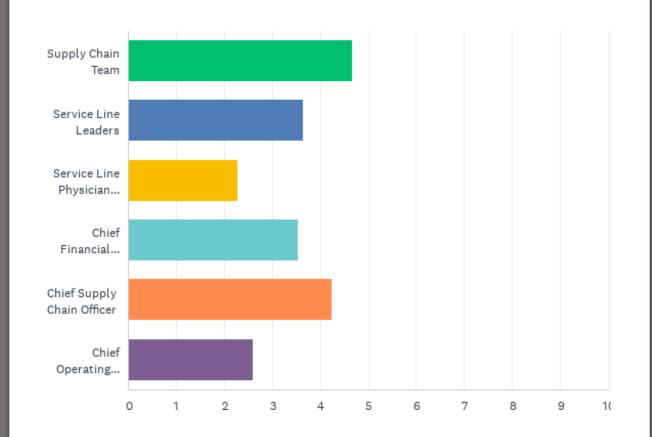
Q23: Do you have an annual savings target that is tied to the organizational budget and visible to the entire supply chain operations team?



Q24: How frequently do you report out on progress against your savings targets?

Q25: Whom do you report savings progress and targets to at your specified cadence (check all that apply)?



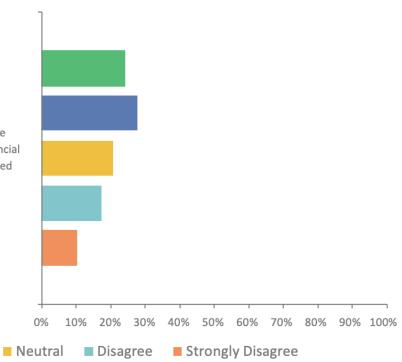


Q26: Please rank in order who is most accountable for meeting savings targets.

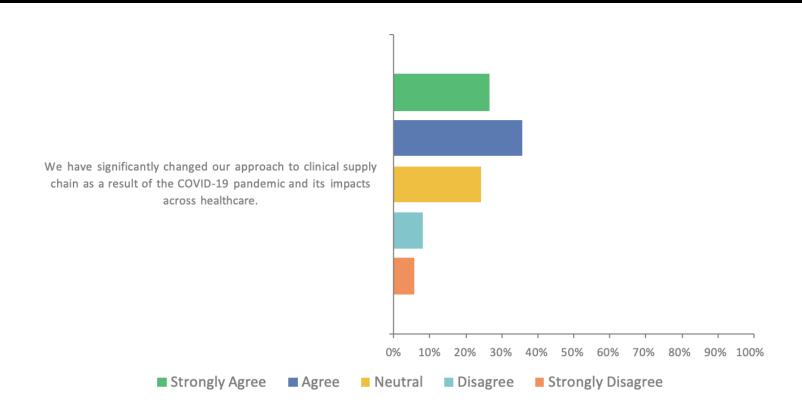
Q27: Please indicate to what extent you agree with the following statement:

We have a rigorous process for tying savings to our value analysis and supply chain initiatives involving detailed financial projections, which are regularly (at least quarterly) audited and adjusted to reflect true spend/savings amounts.

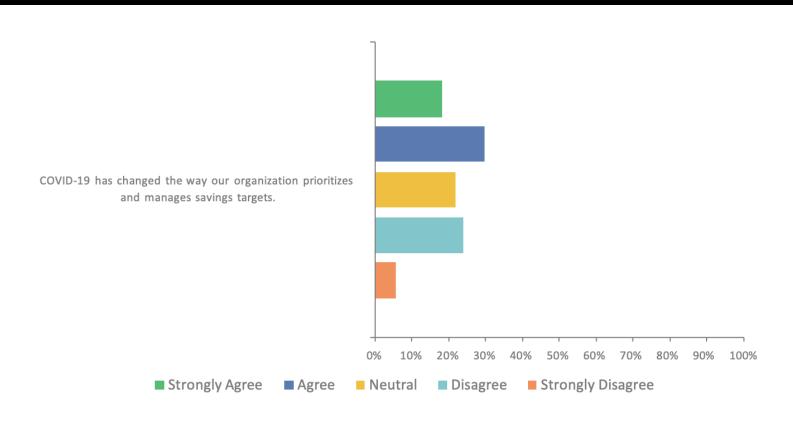
Strongly Agree

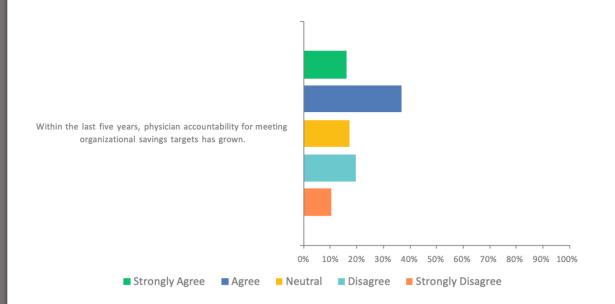


Q28: Please indicate to what extent you agree with the following statement:

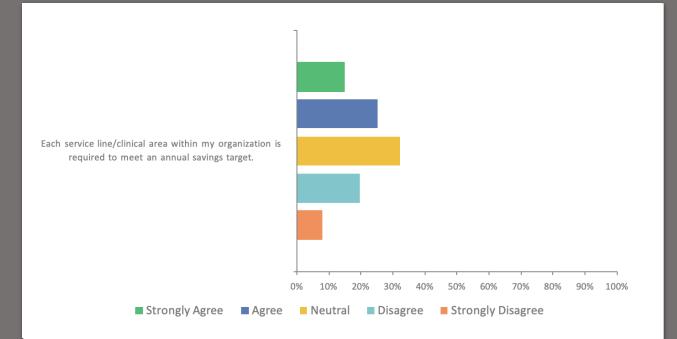


Q29: Please indicate to what extent you agree with the following statement:



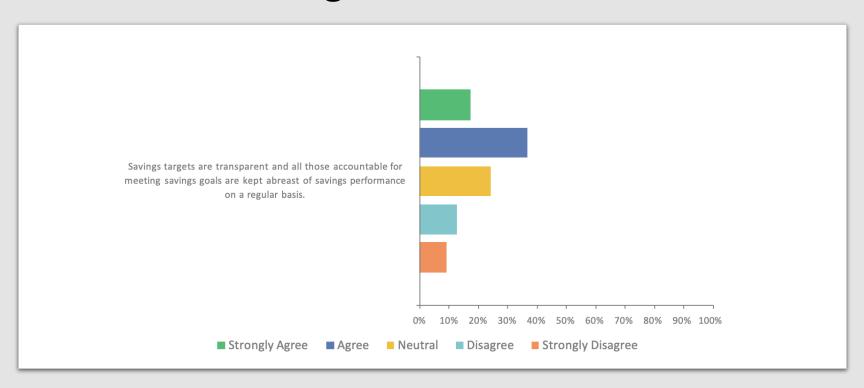


Q30: Please indicate to what extent you agree with the following statement:



Q31: Please indicate to what extent you agree with the following statement:

Q32: Please indicate to what extent you agree with the following statement:



Q33: What is your organization's estimated savings total for this fiscal year that the supply chain team is accountable for (Answers in USD)?

