

The Respiratory Supply Chain – more critical than ever.



Respiratory and flu season can be challenging during a normal year.

This year is unlike any other year before it, providing unique challenges to supply chain leaders. Overcoming these challenges was the main topic of discussion at the Supply Chain Leadership Forum, led by McKesson Medical-Surgical.

“Every year, respiratory illnesses – including influenza, pneumonia, RSV and COPD – have been among the top three causes of death and disability among children and adults,”¹ said Greg Colizzi,

vice president, health systems, McKesson. COVID-19 amplified the numbers, leading to shortages of medical products, equipment and ICU beds, as well as anxiety and fatigue among staff. Forecasting

demand and procuring products tested the ingenuity and persistence of supply chain team members.

Lab

As a panoply of COVID-19 diagnostic tests hit the market throughout spring and summer of 2020, McKesson began working with core teams of clinical, financial and operational leaders to determine their

health systems' testing strategies, said John Harris, vice president, laboratory, McKesson. They asked questions like, "What performance characteristics are we seeking from COVID tests?" "Should we try to implement one testing platform for all acute and non-acute sites of care, or should we diversify?"

For SARS-CoV-2, the virus that causes COVID-19, they had three choices: molecular tests (which detect the virus's genetic material); viral antigen tests (which detect specific proteins on the virus); and serology or antibody tests (which help determine if the patient has developed immunity due to exposure).

The vast majority of SARS-CoV-2 diagnostic tests with FDA Emergency Use Authorizations (EUAs) were authorized for use in laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high or moderate complexity tests. However, several tests were authorized to be conducted entirely at the point-of-care without a sample being sent to a laboratory for analysis.² Point-of-care tests allow providers to learn the patient's status on the spot and to immediately prescribe a course of action.

Supply chain leaders became important participants in these discussions, said Harris. They visited providers at multiple sites and familiarized them with the logistical challenges of meeting the demand for tests. "This helped manage expectations," Harris said. They also made their distributors part of the process and relied on them to proactively inform supply chain of any concerns about product availability as well as new

products coming into the market. With their distributors, supply chain leaders strategized on how to meet disruptions of core products, and prepared plans for acquiring alternative products.

Pharmaceuticals

At the pandemic's height, many people were reluctant to go to their primary care doctor to get vaccinated. Supply chain professionals were charged with stocking non-acute sites with respiratory and other preventative vaccines, so that when patients finally did visit their doctor, they could catch up on vaccines they had missed.

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In November and December, clinical and supply chain teams faced a new challenge – how to prepare for a COVID-19 vaccine, said Patrick Baranek, senior manager, pharmaceuticals, McKesson. Vaccinations of all types – e.g., pneumonia, measles-mumps-rubella, influenza A & B, pertussis – are administered every year in thousands of sites across the country, he said. But COVID-19 brought with it a sense of urgency.

Post-acute care

The COVID-19 pandemic has reinforced for supply chain professionals the importance of engaging with the clinical leads in their post-acute-care settings, including skilled nursing facilities, home care and hospice, said Patti Baicy, RN, clinical director, post-acute care, McKesson. Each of those segments deal with a myriad of guidelines for PPE, testing and vaccinations, many with supply chain implications.

At the pandemic's height, many patients resisted being admitted to long-term-care facilities, opting for home health or even telemedicine when possible, she said. Patients in need of hospice care opted for home hospice rather than inpatient care. Consequently, the supply needs of home care providers changed. New products hit the market. More testing, such as PT/INR for people taking blood thinners, was performed in patients' homes. And as the acuity of home-based patients increased, so too did the need for hospital beds, oxygen concentrators, IV pumps and even ventilators. Health systems that lacked a DME supplier of their own aligned themselves with a reliable one on contract.

COVID-19 has reminded everyone in health systems of their common goal – to drive meaningful results in their organizations, said Colizzi. That means supporting improved operational efficiencies and financial outcomes, and building a clinical infrastructure to support patient care regardless of setting. "These are very dynamic times for everybody involved in supply chain," he said. ■

¹ The Global Impact of Respiratory Disease, WHO, https://www.who.int/gard/publications/The_Global_Impact_of_Respiratory_Disease.pdf

² A Closer Look at Coronavirus Disease 2019 (COVID-19) Diagnostic Testing, FDA, November 2020, <https://www.fda.gov/media/143737/download>