AOC MedTech Advisory: Improving University & Industry Collaboration

Co-Chairs

Joshua Jacobs, MD
Rafael Sierra, MD
Stuart Simpson
Leslie Storms, MBA

September 26, 2025

AOC CONNECT
ORTHOPAEDIC BEST PRACTICE & PEER NETWORKING

Background

In 2023, our Chairs and Vice Chairs engaged in discussions with the Executive leaders of our AOC Corporate partners for **improving collaboration between AMCs and industry**.

That dialogue continued in 2024, and we surveyed/interviewed 30 AOC Chairs and MedTech Executives to create an **AOC White Paper** *(September 2024)* and our **associated recommendations**.

Background

Special thanks to those who participated and especially to **Eoghan Hurley, MD, PhD (Orthopaedic Surgeon, Duke),** for writing this important document.

SURGEON-INDUSTRY COLLABORATIONS – AOC WHITE PAPER

Eoghan T. Hurley, MD, PhD

The following white paper was created by conducting surveys/interviews among AOC Chairs and C-suite executives from industry partners affiliated with the AOC. This was done with the intention to create a consensus statement on the relationship between industry and academic medical centers (AMCs). Additionally, it was intended to determine what role the AOC could play in improving collaborations, and the chairs and executives were surveyed/interviewed on this area. This document is intended for all stakeholders involved in these partnerships, with the aim of fostering greater efficiency in the collaboration process for evaluating, validating, and educating about new technologies. Its objective is to enhance the effectiveness of these collaborations, reduce associated costs and timelines, and increase research and publication opportunities across the AOC and its member institutions, ultimately making the process more meaningful and streamlined for all parties.

Following AOC 2024 Symposium's MedTech panel, AOC Chairs and Vice Chairs engaged in conversation with the Panelists to openly discuss the pains of these inefficiencies and an overarching desire to work together to address.

*The AOC Chairs & Vice Chairs believe that a "**door has been opened**" thanks to the conversations above, and there is a desire to come together with the *Panelists and their leadership teams to work together to identify best practices that can be leveraged to better serve all.*

*Johnson & Johnson MedTech, Medacta, MY01, PrecisionOS, Stryker, ThinkSurgical, Smith Nephew

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INDUSTRY PARTNERS

- Leslie Storms, MBA, President, Johnson & Johnson MedTech (Co-Chair)
- Stuart Simpson, CEO, ThinkSurgical (Co-Chair)
- Xavier Rivera, Academic Medical Centers Strategy, Johnson & Johnson MedTech
- Chad Evans, Transformation Officer, Stryker
- Craig Gaffin, MBA, President Global Orthopaedics, Smith & Nephew
- Brett Estervig, EVP & GM US Orthopedics, Smith & Nephew
- Simran Sabharwal, VP US Commercial Marketing, Meng, Smith & Nephew

Where are we now?

1. **Used the AOC White Paper to Guide Discussions** – We gathered insights from both MedTech Executives and AOC Leaders on the challenges of collaboration and outlined recommendations in the white paper. Rather than revisiting known issues, we focused on evaluating and refining these recommendations as a starting point.

2. **Focus on the 1st Four Key Issues** – To avoid trying to solve everything at once, prioritize the 1st four critical issues outlined in the white paper. Divided the AOC and MedTech leaders into groups to address these issues, with each team having a blend of MedTech and AMC perspectives to deepen insights and strengthen relationships. Each team brought forward new insights and actionable recommendations for the larger group.

3. Conducted a Targeted Survey of AOC Chairs/Faculty – We received extensive stakeholder input on pain points, critical gaps and orthopaedic department priorities and needs in clinical research and education.

4. **Quick Win Opportunity** – Through the survey, we have also identified AOC Chairs whose institutions have developed streamlined processes for evaluating new technologies. One of our key goals is to create a blueprint for reducing the time it takes to adopt new, appropriate technologies, and learning from best practices and then sharing those nationally for consideration will be invaluable.

The goal is to foster a more efficient, trust-based, and scalable process for evaluating, validating, educating, and adopting new technologies across key stakeholders (Orthopaedic Departments + AMCs + Industry) .

AOC White Paper identifies 7 Critical Keys to Improvement

Initial Focus on these 4

1. **Enhance Communication and Direct Engagement**
2. **Streamline Bureaucratic and Administrative Processes**
3. **Focus on Financial and Resource Allocation**
4. **Increase Collaboration and Engagement Opportunities**
5. **Improved Data Transparency and Validation**
6. **Prioritize Value-Based Decision Making**
7. **Educational and Cultural Alignment**

AOC MedTech Advisory Panel: Survey Insights

Topics:

- Survey results and insights
- Q&A

Panelists:

- Leslie Storms, MBA, President, Johnson & Johnson MedTech
- Stuart Simpson, President & CEO, THINK Surgical

Acknowledgement: Xavier Rivera, Johnson & Johnson MedTech

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20 YEARS OF EXCELLENCE IN ORTHOPAEDIC LEADERSHIP
20 YEARS
EST. 2005

Survey highlights critical gaps in surgical skills and new technology education and training

How Residents & Fellows acquire skills

Academic centers rely on industry

79% cite industry-sponsored courses as a critical mechanism for training.

Hands-on learning is key

77% of academic centers cite hands-on training as a key mechanism for training on new technologies

Technology adoption lags

Use of AR/VR simulators as a primary mechanism for training lags with only 38% reporting utilization

Q10: How do your trainees (residents and fellows) acquire knowledge and skills on the use of new technology?

Skills most needed today

Surgical/procedural skills training skills are a top need

VR, simulation, and cadaver labs are most cited, underscoring demand for core procedural training resources.

Emerging technologies show a clear gap

With 75% exploring innovation hubs, departments will need more AR/VR and new technology training to prepare surgeons.

Broader skills are increasingly important

64% call for health systems/business training, while 45% emphasize leadership and career development, reflecting needs beyond technical skills

Q9. What are your most pressing orthopaedic training or education needs today?

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Funding, infrastructure, and compliance requirements constrain clinical research progress

Clinical Research Priorities

Barriers to Clinical Research

Data & device innovation dominates priorities

Registry development, data analytics and device innovation/evaluation are the top research priorities.

Funding and time constraints are most pressing

Limited trial funding and lack of protected faculty time rank as the top two barriers.

AI is a clear research priority

Over half (53%) of academic orthopedic departments cite AI/machine learning applications as a research priority.

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Industry collaboration models needed

Infrastructure gaps persist. Many cite insufficient internal support and challenges with industry collaboration models, slowing research execution.

Patient-centered care is a focus

Outpatient optimization, health disparities, and post-op pain management also cited as top research priorities.

Compliance requirements are challenging

Compliance demands from IRB navigation to patient recruitment and enrollment remain significant hurdles for advancing clinical research priorities.

Q6. What are your department's top clinical research priority areas over the next 1–3 years?

Q8: What are the biggest barriers your department faces in conducting clinical research?

Panel Questions

Best Practice Models (AMC Spotlights)

Moderator:

- **Leslie Storms, MBA**, President, Johnson & Johnson MedTech

Panelists:

- **Catherine A. Humphrey, MD MBA,** Professor, Division Chief, Orthopaedic Trauma, Associate Chief Medical Officer – Value Analysis, University of Rochester Medical Center
- **Matthew J. Dietz, MD, FAOA,** *Professor and Chair*, *Department of Orthopaedics, West Virginia University*
- **Regis J. O'Keefe, MD, PhD,** Fred C. Reynolds Professor and Chair, Department of Orthopaedic Surgery, Washington University School of Medicine

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20 YEARS
EST. 2005

Turning Crisis into Growth:A Rational Approach to Innovation

Catherine A. Humphrey, MD MBA

Professor, Division Chief, Orthopaedic Trauma

Associate Chief Medical Officer – Value Analysis

University of Rochester Medical Center

Orthopaedics & Physical Performance

UR MEDICINE

How it started and how its going

Local	Departmental	ACMO – UR Medicine
Joints	All product requests	Report to System CFO and CMO
Arthroscopy	Early robotics	Major capital
Video/capital	Targeted interventions	CAPTIS
	JOC	Developing local VA

Principles

Clini

Sur

Procedural
product/im
System by A
Requested by Adia

Save as PDF

State	Submitted	S
New	9/10/25	P

You have signed
Resolved on 9/23/25
Edit response

Requested proc

Univers Revers
Arthrex

Facilities
Highland Hospital

Department
Orthopedics

Requested for trial
No, permanent adopti

Primary clinical use
Arthrex offers several
have laid out some di

COI Disclosures
View history

Products to be used in addition to requested product

Products	Model/Item description	Allscripts #	Catalog number
depuy shoulder DePuy Synthes	Not specified	Not specified	Not specified

Related product group

Reverse total shoulder arthroplasty systems
(51 products, 16 brands)

Evidence Insights 1

Evidence insights available

- Use of Aquamantys in total shoulder arthroplasty

Commoditization score: 1 2 3 4 5
Little to no evidence of outcome differentiation

Stakeholders

Requested by
TD Dr. Terrence Daley-Lindo
terrence_daleylin...

Request created by
AJ Adia Johnson
Primary Service Nurse: Orthopedics- Shoulders & Sports
adia_johnson@urmc...

Sign off required by
CH Dr. Catherine Humphrey
Orthopaedic Traumatologist
Resolved on 9/23/25

Signed off

Stakeholders (no sign off required)
CB Candis Burgess
Assistant Nurse Manager

TD Dr. Terrence Daley-Lindo

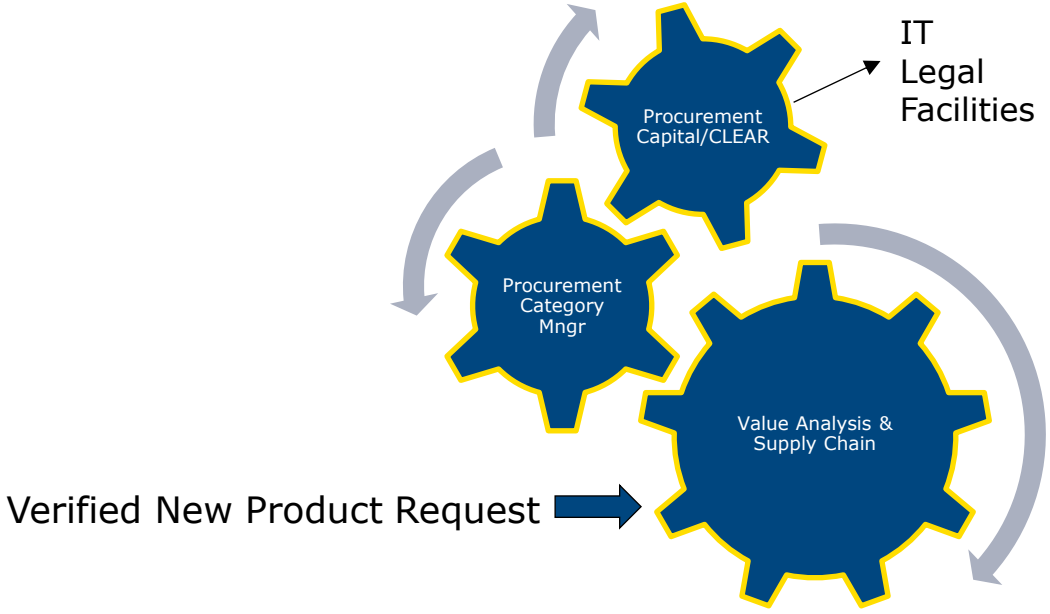
CH Dr. Catherine Humphrey
Orthopaedic Traumatologist

AJ Adia Johnson
Primary Service Nurse: Orthopedics- Shoulders & Sports

DR Dan Richardson
Supply Chain Manager

UR MEDICINE

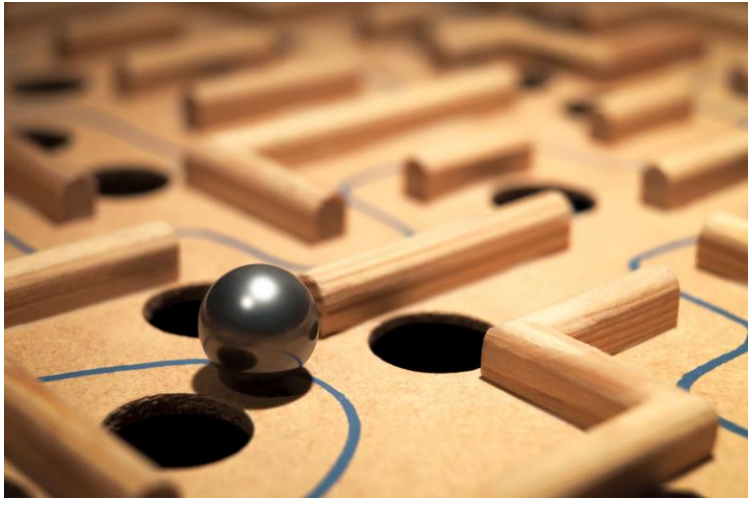
Process


IT
Legal
Facilities
Procurement Capital/CLEAR
Procurement Category Mngr
Value Analysis & Supply Chain
Verified New Product Request

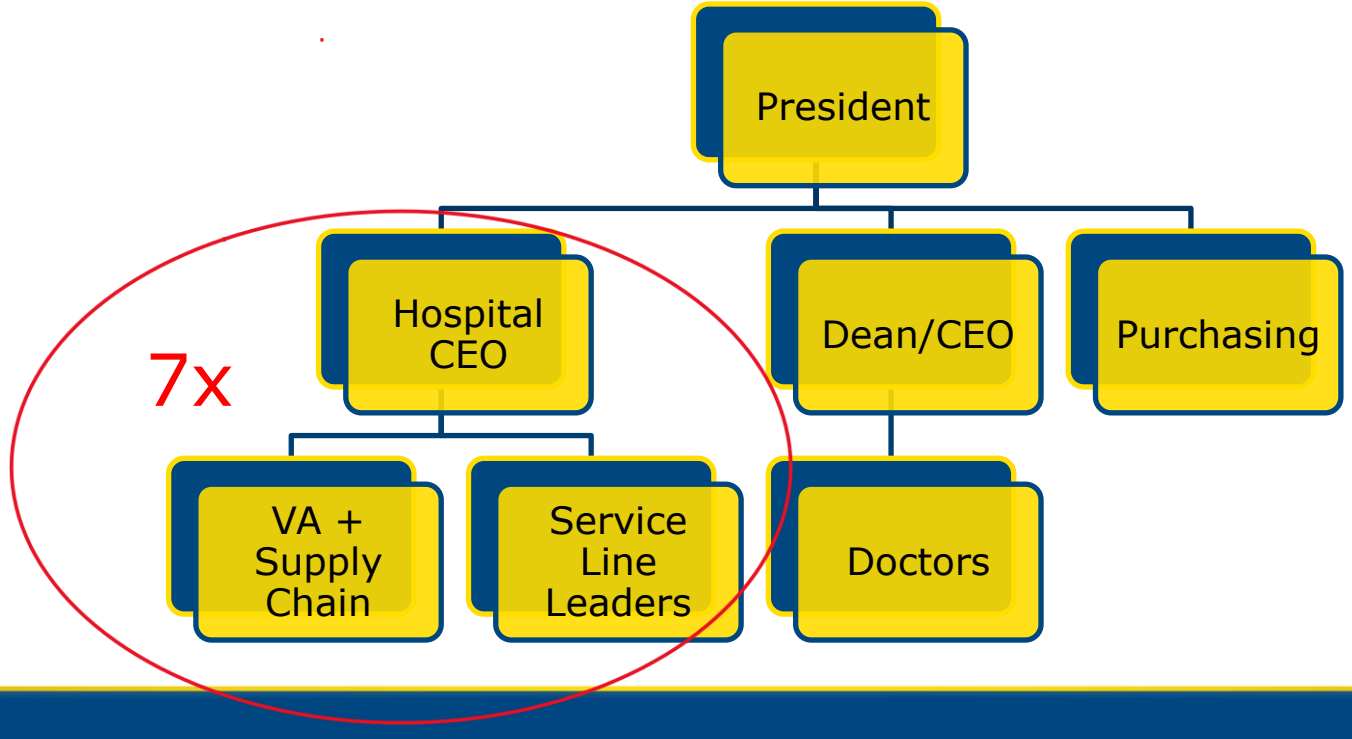
Process

Evaluation process gives:

- Size of potential impact
- Locations affected
- Contract implications
- Roadblocks to implementation



Alignment – Governance



Accountability

- Perioperative Governance
- Local C-suites
- Supply Chain Governance – Evolving
- JOC

Provider	Cases	Mean LOS (Obs)	Mean LOS (Exp)	LOS index	% ICU Cases	Mean ICU Days	Deaths (Obs)	Mortality index	30 day readmit %	Mean Direct Cost (Obs)	Mean Direct Cost (Exp)	Direct cost index	Direct cost variance
26674	63	8.37	6.81	1.23	9.52	2.00	2	1.67	3.33	$21,946	$15,330	1.43	$416,770
109637	57	12.42	7.28	1.71	10.53	6.33	2	1.80	10.20	$23,820	$15,678	1.52	$464,050
10471	51	8.18	6.60	1.24	11.76	6.17	2	2.86	2.17	$17,323	$15,276	1.13	$104,429
10567	28	12.11	6.31	1.92	7.14	4.50	1	2.67	13.64	$19,999	$15,382	1.30	$129,289
50135	14	7.50	6.90	1.09	7.14	7.00	0	0.00	0.00	$16,077	$15,449	1.04	$8,802
98961	12	8.25	7.30	1.13	0.00	N/A	0	0.00	16.67	$17,158	$14,777	1.16	$28,569
47053	8	11.62	7.62	1.53	25.00	9.50	0	0.00	0.00	$28,659	$16,012	1.79	$101,177
41354	8	6.75	5.30	1.27	0.00	N/A	0	0.00	0.00	$15,228	$12,845	1.19	$19,065
50758	7	11.57	9.39	1.23	0.00	N/A	0	0.00	28.57	$21,857	$17,805	1.23	$28,363
556254	6	8.17	7.96	1.03	0.00	N/A	0	0.00	0.00	$17,663	$15,634	1.13	$12,173
UR_MEDICINE_STRONG	291	9.72	6.97	1.39	9.28	4.96	8	1.56	6.59	$20,532	$15,483	1.33	$1,469,214

Why is it working?

- Topic is on the table – funds flow
- Lots of shared wins – no doesn't mean no, it means not right now
- Thoughtful integration of technology and innovation

  "skin in the game"

UR
MEDICINE

MEDICINE *of* THE HIGHEST ORDER

Transforming AMC Technology Evaluation:

GPO-Based Streamlined Evaluation Process

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Department of Orthopaedics
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WVUMedicine
ORTHOPAEDICS

Disclosures

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WV CTSI
NIH LRP

Committee Member

Co-Director, Pilot Core, West Virginia CTSI
Sub-committee Chair, WVU HSC Promotion and Tenure
American Association Hip and Knee Surgeons Research Committee
Member International Consensus Meeting of Infection

Consultant

Heraeus Medical

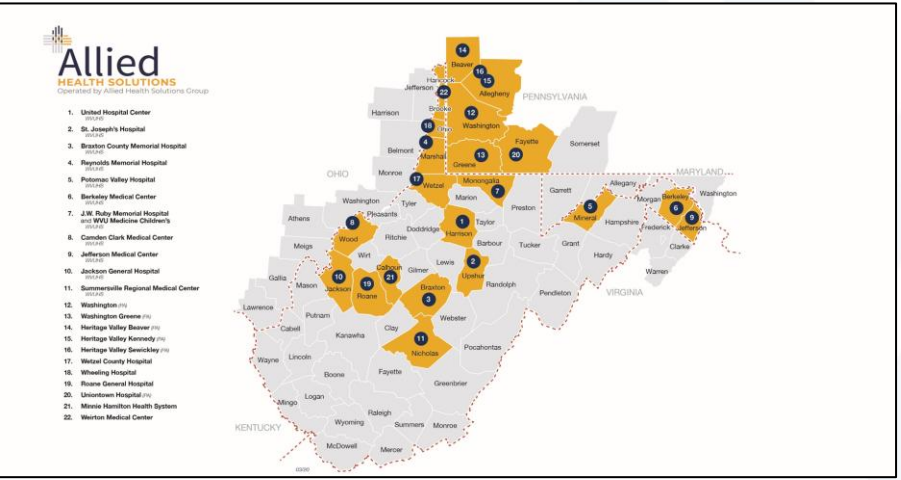
Scientific Advisory Board

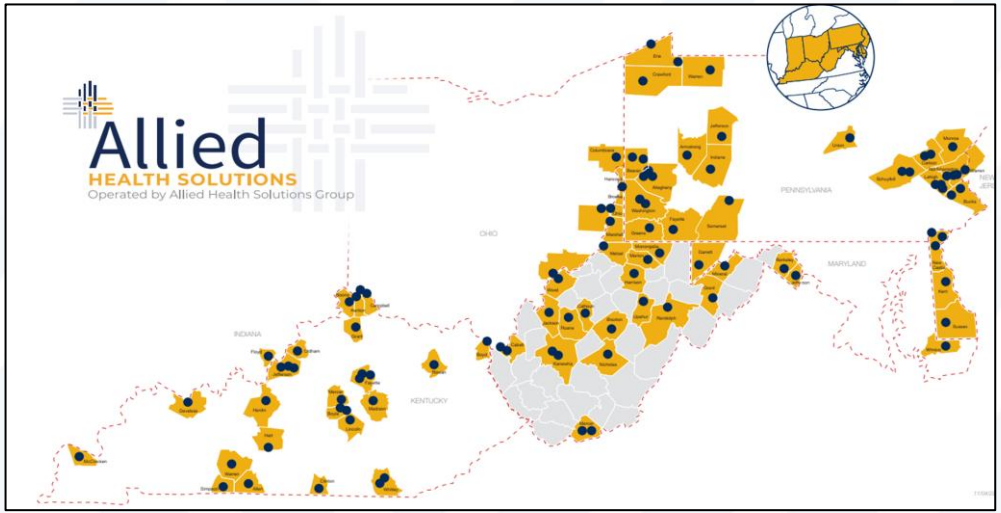
Peptilogics

Fixing the Broken Status Quo

- Bureaucratic inefficiency
- Limits access to innovation
- Frustrates physicians
- Challenges administrators
- Industry disenfranchised

Transformation through GPO Partnership



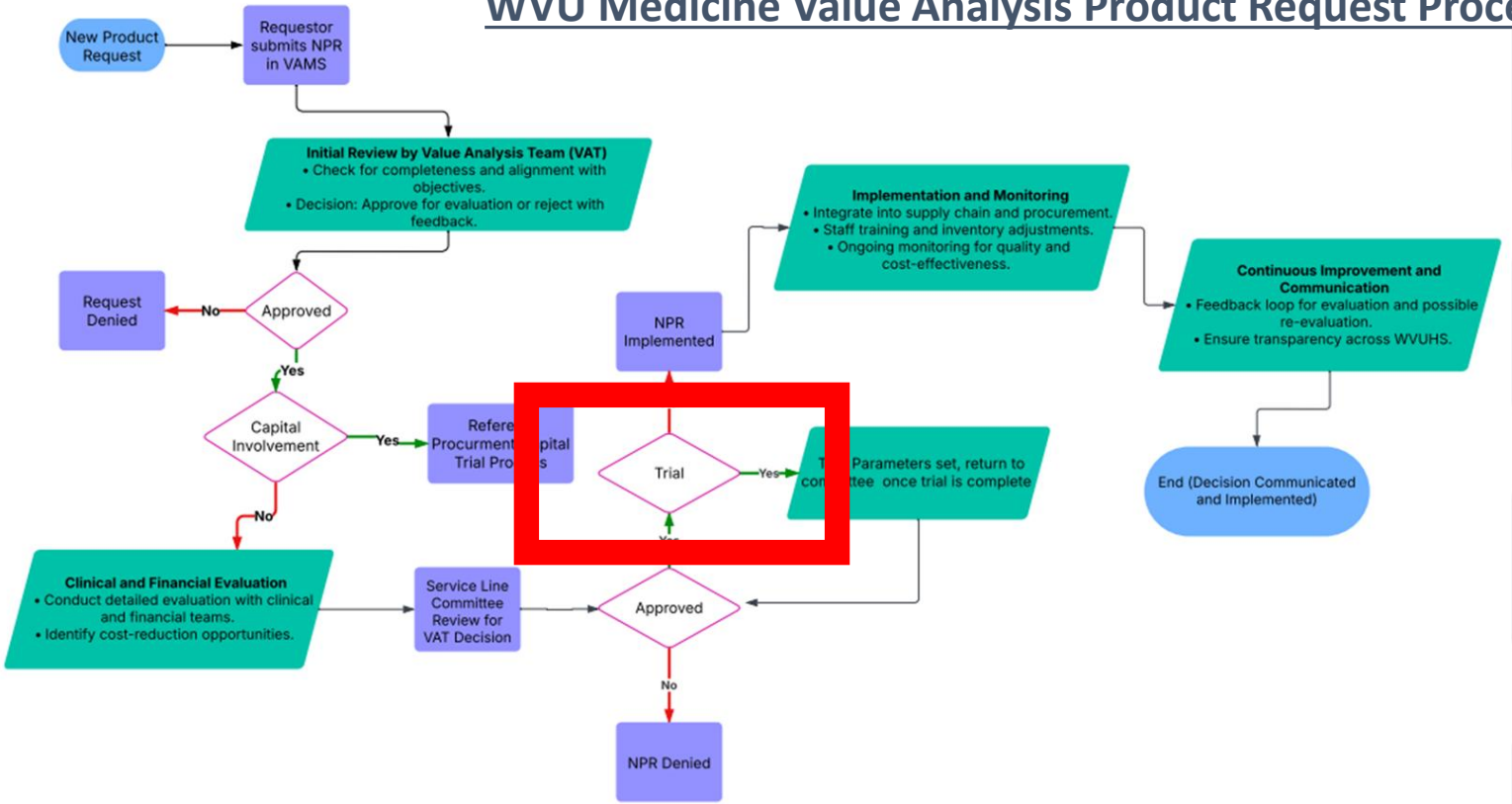


$160.5 Million savings in 5.5 years

Supply costs decreased 26% → 20.2% of operating revenue

90% physician compliance with process

WVU Medicine Value Analysis Product Request Process



Summary

- **New Product Request (NPR) Initiation**
  - Identify triggers (e.g., backorders, recalls, new technology, regulatory changes)
  - Submit NPR via Value Analysis Management System (VAMS)
- **Initial Screening & Review**
  - Value Analysis Team (VAT) and Sourcing Team review the request
  - Check for standardization, contract compliance, and clinical justification
- **Evaluation & Decision Making**
  - Request discussed at VAT meeting (if submitted 21 days prior)
  - Three possible decision pathways:
    - **Rapid Decision** (if criteria met, approved under $5,000, no conflicts)
    - **Expedited Review** (for urgent cases affecting patient safety)
    - **Standard Review Process** (full analysis, clinical and financial review)
- **Decision Outcomes**
  - Approved (Trial or Full Implementation)
  - Denied (Requestor notified, appeal process available after 1 year)
  - Deferred (More data required, reviewed in next VAT meeting)
- **Implementation & Follow-up**
  - Coordinate contracts, inventory adjustments, and staff notifications
  - Quarterly or bi-annual follow-ups to assess impact

VALUE ANALYSIS PROCESS FLOW CHART

1. Initiation of New Product Request (NPR):

- Department submits NPR via Value Analysis Management System (VAMS).
- Request includes clinical justification, cost impact analysis, and safety considerations.

2. Initial Review by Value Analysis Team (VAT):

- VAT reviews NPR for completeness and alignment with system objectives.
- Decision: Approve for further evaluation or reject with feedback.

3. Clinical and Financial Evaluation:

- VAT conducts in-depth clinical evaluation and financial analysis.
- Collaboration with clinical leaders, finance, and supply chain teams.
- Evaluate standardization and cost-reduction opportunities.

4. Service Line Committee Review:

- Service Line Chair and Co-Chair facilitate discussion.
- Team members provide input on product efficacy, standardization potential, and budget impact.
- Decision: Recommend for system-wide implementation, limited trial, or rejection.

5. Final Review and Approval:

- Enterprise Value Analysis reviews committee recommendations.
- Senior Leadership and CEO Council make final decisions on high-impact requests.

6. Implementation and Monitoring:

- Approved products integrated into supply chain and procurement systems.
- Inventory adjustments and training for clinical staff.
- Continuous monitoring of performance, cost-effectiveness, and patient outcomes.

7. Communication and Continuous Improvement:

- VAT informs relevant stakeholders about decisions.
- Feedback loop for ongoing evaluation and potential re-evaluation.
- Promote transparency and education across WVUHS entities.

This structured approach ensures efficient product evaluation, cost management, and quality enhancement within WVUHS.

Key Points

- Value Analysis Management System
- Identify Requestor/Sponsor point person
- New Product Requests
    - Clinical Justification
    - Current Limitations
    - Product Details
    - Usage Estimates
    - Cost Considerations
    - Conflict of Interest Declared

Three Pathway Solution

Rapid Track	Expedited Track	Standard Track
• <$5K • Immediate approval	• Urgent Clinical Need • Accelerated Review	• Comprehensive Evaluation • Major investments

Physician Led Data Driven Outcome Tracked

Measurable Outcomes

Clinical Excellence

- First Adopters
- Trial pathways

Operational Efficiency

- 40-50% improved time evaluation
- Reviews decreased to 3-5 months
- > 50 requests reviewed annually

Financial Performance

- 5% Reduction in Supply Cost Ratio
- $160 Million in Savings

Physician Engagement

- 85% Adoption at 6 months
- Clinician Champions

Recent Successes

- Acetabular Explant System
- Skin Adhesive Dressing
- Post-Operative Cold Therapy

Physician Request → Trial → VAT Approval

< 90 Days

VAT Charter Members

- Physicians/Clinicians
- Service Line Leadership
- Billing/Reimbursement
- Finance
- Item Master Team

Subject matter experts are **empowered** to **evaluate** specific product **details** in a more holistic approach while collaborating with physicians and clinicians so that the **hospitals** make **data-backed, defensible decisions.**

Value Analysis Teams Meeting

Surgical Services – 6:30am, TEAMS format

3rd Thursday of the Month

Med/Surg – 1:30pm, TEAMS format

Last Thursday of the Month

3rd Tuesday of the Month

Service Specific(Ortho/HVI) –5pm, TEAMS format

Conclusions

- Balancing financial considerations with innovation
- Defined Pathways with accessible entry point
- Physician Engagement is key to success

Thank You

West Virginia University

WVU Medicine
ORTHOPAEDICS

WashU Medicine

AOC Connect Business and Leadership Symposium 2025

New Technologies at WashU/BJC: Origin and Evolution of the Value Analysis Team

Regis O'Keefe, MD, PhD
Washington University School of Medicine

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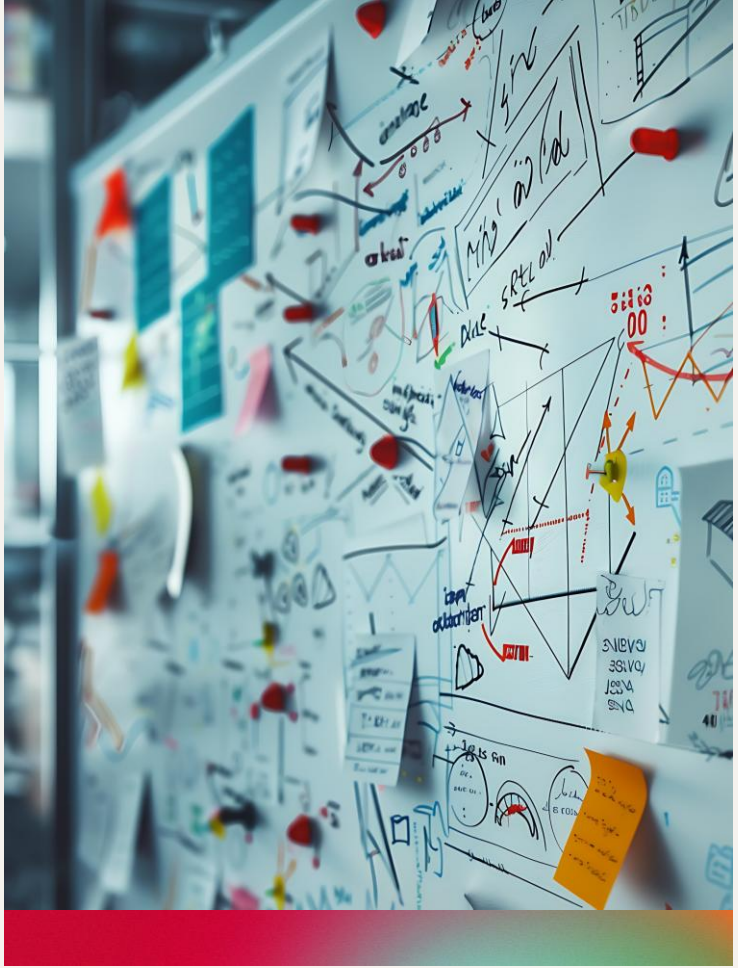
Then

Purchasing at WashU/BJC in 2014

- No shared process for product evaluation or implant contracting decisions;
- Product decisions driven by and made at central purchasing;
- Minimal physician involvement;
- No uniform process for surgeons to request new products/designs.



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2015 Tipping Point: New BJC Joint Arthroplasty Contracting Process

- BJC initiated a new contract process with implant vendors.
- 15 different hospitals; 35% of joint replacements performed by WashU faculty;
- BJC initiated RFP and contract negotiations without surgeon involvement or engagement;
- Surgeons became aware through discussions with implant reps;
- I was brought in to help navigate a scenario that lacked transparency, clear communication, and validated metrics.

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WashU Orthopaedics Implemented a Product Evaluation Committee

Initiated in 2015, Chaired by Bill Ricci – who served as VC of Clinical Affairs and managed OR interactions.

- Monthly meeting to discuss introduction of new technologies;
- Committee included faculty members, BJC purchasing leadership, and VP of Surgical Services;
- Goals were to develop transparent pathway, accelerate the approval process, and develop engagement and feedback.

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Product Evaluation Committee Process

→ Surgeon-initiated request

→ Product information form

- Rational for new device;
- Statement on how the device is different and improves care;
- # of surgeons using device and anticipated # of cases;
- Total cost or savings with new device.

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Product Evaluation Committee Process

- Committee discussion/recommendation.
- Feedback and follow up with the surgeon/division making request.
- BJH/BJC representative brings the recommendation to BJC purchasing for consideration and contracting.
- Sometimes a decision would be made to pilot the new device/product prior to contracting/implementation.

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Now

Current Model –Value Analysis Team (VAT)

- This process quickly gained credibility and became a “best practice.”
- Similar committees developed over time in other departments and service lines.
- While the process has evolved and become more formalized, it remains similar to our original model.

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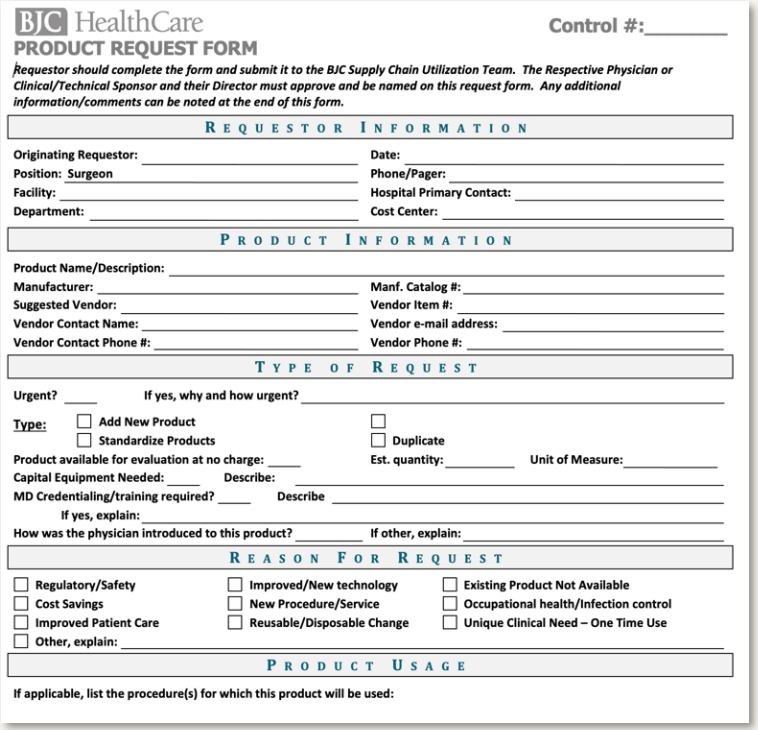
New device request initiated with surgeon application to VAT

Role	Orthopedics	
Chair	Keener	V
Academic	McAndrew	V
Academic	Goldfarb	V
Academic	Calfee	V
Academic	Buchowski	V
Academic	Bendich	V
Community	Mudd	V
Community	Stirton	V
Community	Quigley	V
HSO	Jackie Martin	V
HSO	Brook Chavez	V
CCE	Kam Patel	V
CEVM	Andrew Pierce	V
CEVM	Katie Marek	
CEVM	Justin Roberts	
Sourcing	John Vetter	
Sourcing	Amy Heldenbrand	



BJC HealthCare

Control #:_____

PRODUCT REQUEST FORM

Requestor should complete the form and submit it to the BJC Supply Chain Utilization Team. The Respective Physician or Clinical/Technical Sponsor and their Director must approve and be named on this request form. Any additional information/comments can be noted at the end of this form.

REQUESTOR INFORMATION

Originating Requestor: _____ Date: _____

Position: Surgeon Phone/Pager: _____

Facility: _____ Hospital Primary Contact: _____

Department: _____ Cost Center: _____

PRODUCT INFORMATION

Product Name/Description: _____

Manufacturer: _____ Manf. Catalog #: _____

Suggested Vendor: _____ Vendor Item #: _____

Vendor Contact Name: _____ Vendor e-mail address: _____

Vendor Contact Phone #: _____ Vendor Phone #: _____

TYPE OF REQUEST

Urgent? ____ If yes, why and how urgent? _____

Type: ☐ Add New Product ☐ ☐ Standardize Products ☐ Duplicate

Product available for evaluation at no charge: ____ Est. quantity: _____ Unit of Measure: _____

Capital Equipment Needed: ____ Describe: _____

MD Credentialing/training required? ____ Describe _____

If yes, explain: _____

How was the physician introduced to this product? _____ If other, explain: _____

REASON FOR REQUEST

☐ Regulatory/Safety ☐ Improved/New technology ☐ Existing Product Not Available

☐ Cost Savings ☐ New Procedure/Service ☐ Occupational health/Infection control

☐ Improved Patient Care ☐ Reusable/Disposable Change ☐ Unique Clinical Need – One Time Use

☐ Other, explain: _____

PRODUCT USAGE

If applicable, list the procedure(s) for which this product will be used:

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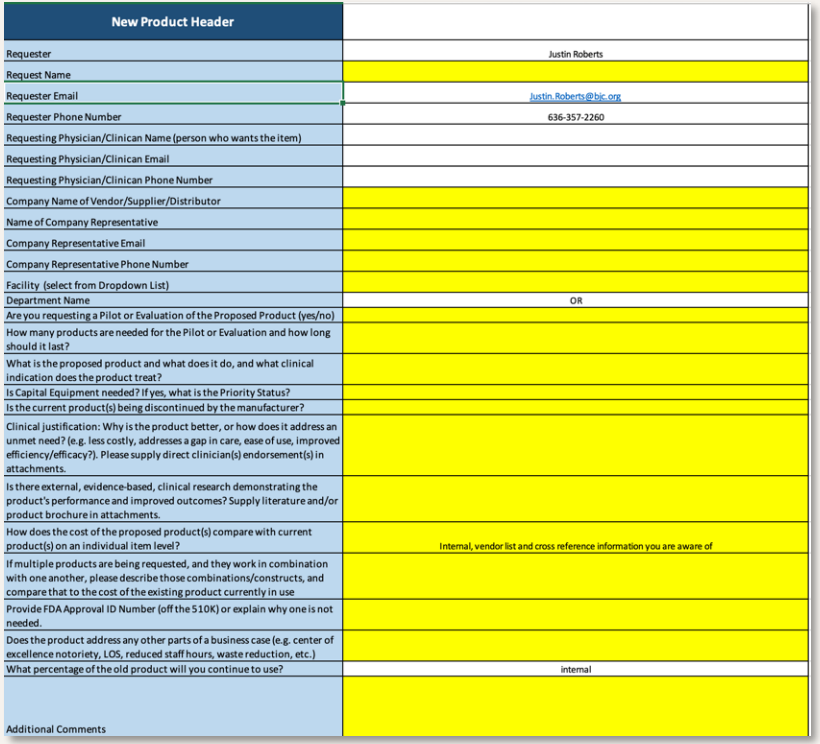
Vendor completes a product information sheet for VAT

Role	Orthopedics	
Chair	Keener	V
Academic	McAndrew	V
Academic	Goldfarb	V
Academic	Calfee	V
Academic	Buchowski	V
Academic	Bendich	V
Community	Mudd	V
Community	Stirton	V
Community	Quigley	V
HSO	Jackie Martin	V
HSO	Brook Chavez	V
CCE	Kam Patel	V
CEVM	Andrew Pierce	V
CEVM	Katie Marek	
CEVM	Justin Roberts	
Sourcing	John Vetter	
Sourcing	Amy Heldenbrand	



New Product Header	
Requester	Justin Roberts
Request Name	
Requester Email	Justin.Roberts@bjc.org
Requester Phone Number	636-357-2260
Requesting Physician/Clinican Name (person who wants the item)	
Requesting Physician/Clinican Email	
Requesting Physician/Clinican Phone Number	
Company Name of Vendor/Supplier/Distributor	
Name of Company Representative	
Company Representative Email	
Company Representative Phone Number	
Facility (select from Dropdown List)	
Department Name	OR
Are you requesting a Pilot or Evaluation of the Proposed Product (yes/no)	
How many products are needed for the Pilot or Evaluation and how long should it last?	
What is the proposed product and what does it do, and what clinical indication does the product treat?	
Is Capital Equipment needed? If yes, what is the Priority Status?	
Is the current product(s) being discontinued by the manufacturer?	
Clinical justification: Why is the product better, or how does it address an unmet need? (e.g. less costly, addresses a gap in care, ease of use, improved efficiency/efficacy?). Please supply direct clinician(s) endorsement(s) in attachments.	
Is there external, evidence-based, clinical research demonstrating the product's performance and improved outcomes? Supply literature and/or product brochure in attachments.	
How does the cost of the proposed product(s) compare with current product(s) on an individual item level?	Internal, vendor list and cross reference information you are aware of
If multiple products are being requested, and they work in combination with one another, please describe those combinations/constructs, and compare that to the cost of the existing product currently in use	
Provide FDA Approval ID Number (off the 510K) or explain why one is not needed.	
Does the product address any other parts of a business case (e.g. center of excellence notoriety, LOS, reduced staff hours, waste reduction, etc.)	
What percentage of the old product will you continue to use?	internal
Additional Comments	

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NOW: Technology Purchasing

Post-Meeting Communication Brief: Ortho Value Analysis

Clinical Engagement and Value Management (CEVM)

Value Analysis Team and Structure

- **Organization and VAT Structure**
  - Reviewed the new Supply Chain Structure and OR Value Stream
- **VAT Charter**
  - VAT Roles and Responsibilities:
    - New Products, Contract Commitments, Category Review, Disruptions, Practice/Supply Variability
  - 1 vote per Physician, Susan, and Supply
- **Procedural Analysis**
  - Deep dive analysis into supply use and cost within the Total Knee & Total Hip procedures

Item Request

Approved Items

- Zimmer Press Fit Patella, Osseo Ti
- Zimmer Z1 Stem
- S&N CatalyStem

Denied Items

- Medline Digital Fusion Implants

On Hold

- S&N CartiHeal Agili-C Bio Implant

Not Reviewed- Moved to April Meeting

- Hemaclear Tourniquets
- S&N Smart TSF

Strategic Sourcing

Contract Review

- Ortho Trauma
  - Physicians shared concerns with potential shifts due to new contract players ([redacted] and gave context on recent [redacted] spread
  - RFP was sent out with Sole and Dual Source pricing models
  - Analytics is ongoing and that information will help guide the building of strategies
  - Consensus that a meeting is needed for an offline discussion to include physicians outside of traditional trauma as well as trauma physicians to capture feedback

TO DO: Pull together group of physician's 1st week of April to go through Trauma RFPs ahead of April VAT

Product Disruptions

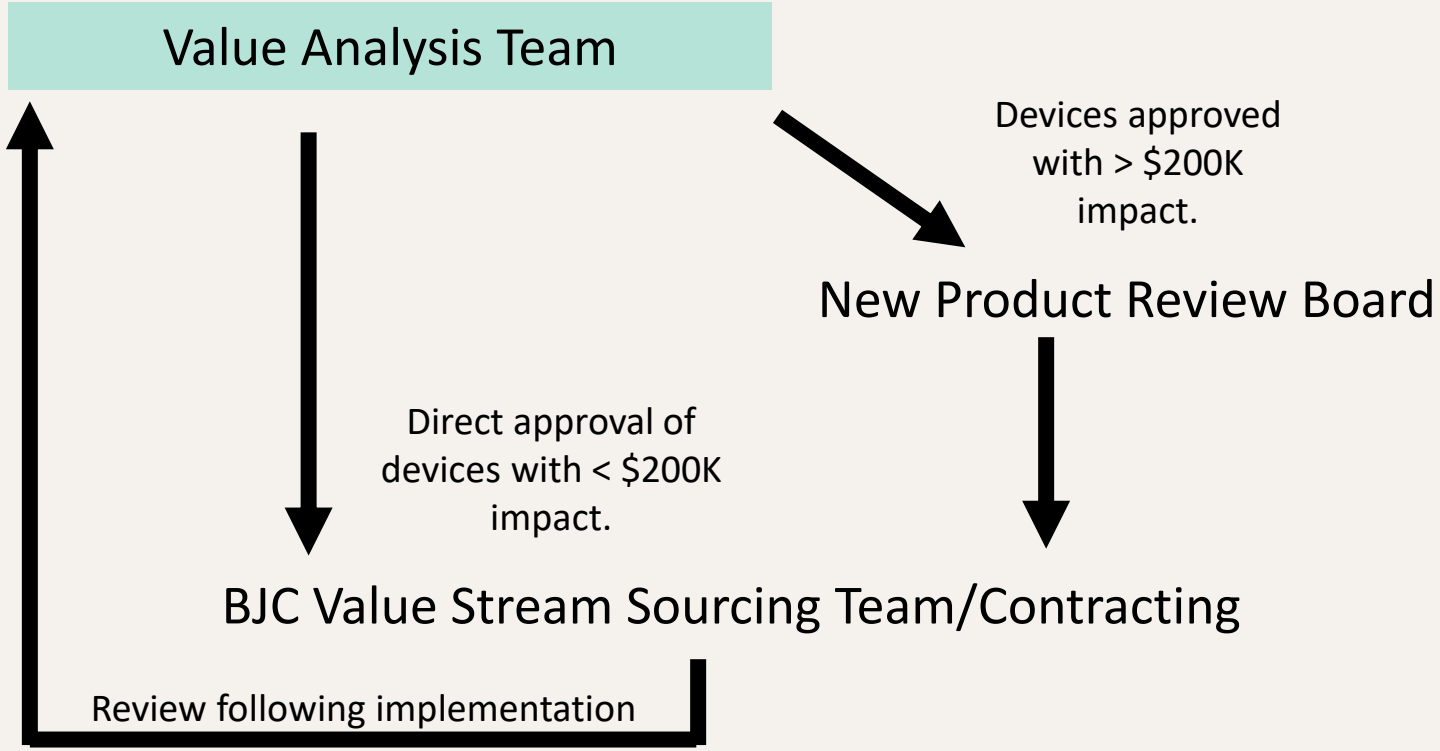
- No Products Disruptions or Substitutions to discuss

Additional Items

- **Durolane: Dr Keener to check and see what is used that is similar**

Wednesday, March 12, 2025

Value Analysis Team (VAT) Pathway



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Value Stream/Sourcing Support Structure

Clinician Engagement

Value Stream Senior Manager

Value Analysis Manager

- Support value analysis teams
- Facilitate introduction of new product requests
- Formulary oversight
- Engaging clinicians and physicians
- Cost variation & variance in practice
- Cross-functional supply value stream team quarterback

Vendor Engagement

Portfolio Senior Manager

Category Manager

- Negotiate contracts with suppliers
- Manager supplier partnerships
- Lead RFx Process
- Leverage market insights & analytics to inform decision making
- Optimize price points for the organization

Contract Manager

- Supports category managers
- Negotiates legal terms and conditions
- Escalation pathway to legal for high-risk agreements
- Supporting contract lifecycle management tool for their value stream

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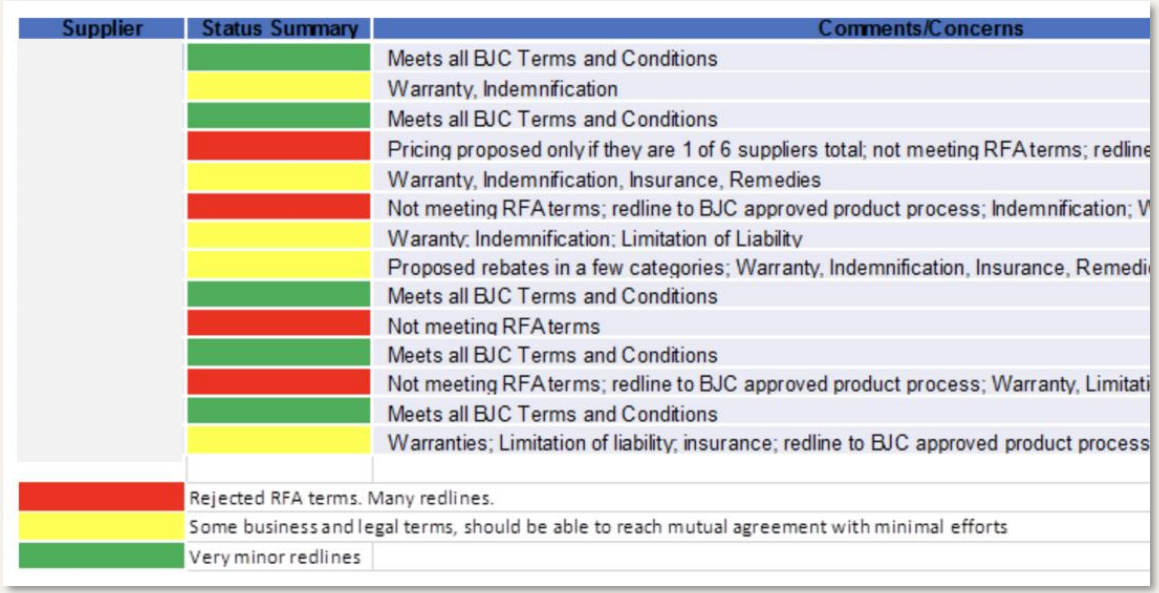
Implant Contracts – Physician Sourcing Group (PSG)

Voting weighted according to market share.

Market Share by Case Volume	HSO	Surgeon
49%	BJH/ BJWCH	NS - Molina
		NS - Ray
		Ortho - Kelly
		Ortho - Buchowski
4%	SLCH	NS - Limbrick
		Ortho - Luhmann



Supplier	Status Summary	Comments/Concerns
		Meets all BJC Terms and Conditions
		Warranty, Indemnification
		Meets all BJC Terms and Conditions
		Pricing proposed only if they are 1 of 6 suppliers total; not meeting RFA terms; redline
		Warranty, Indemnification, Insurance, Remedies
		Not meeting RFA terms; redline to BJC approved product process; Indemnification; W
		Waranty; Indemnification; Limitation of Liability
		Proposed rebates in a few categories; Warranty, Indemnification, Insurance, Remedi
		Meets all BJC Terms and Conditions
		Not meeting RFA terms
		Meets all BJC Terms and Conditions
		Not meeting RFA terms; redline to BJC approved product process; Warranty, Limitati
		Meets all BJC Terms and Conditions
		Warranties; Limitation of liability; insurance; redline to BJC approved product process
	Rejected RFA terms. Many redlines.	
	Some business and legal terms, should be able to reach mutual agreement with minimal efforts	
	Very minor redlines	

PSG's are transitioning into the VAT Process.

Example: Recent BJC Trauma Implant Contract

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Best Practice Models (AMC Spotlights)

Q&A

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ORTHOPAEDIC BEST PRACTICE & PEER NETWORKING

20 YEARS OF EXCELLENCE IN ORTHOPAEDIC LEADERSHIP
20 YEARS
EST. 2005

AOC Prototype Model Framework for:

AMC Technology Evaluation, Validation & Education

Governance • Process • Integration •
Review • Industry Collaboration

Michael R. Gagnon, MBA
Friday, September 26, 2025

Thank you to the AOC MedTech Advisory Council:

Joshua J. Jacobs, MD
Med Tech Advisory Co-Chair
Chair-Emeritus, Midwest Rush

Stuart Simpson
Med Tech Advisory Co-Chair
CEO, ThinkSurgical

Leslie Storms, MBA
Med Tech Advisory Co-Chair
President, Johnson & Johnson MedTech

Rafael Sierra, MD
Med Tech Advisory Co-Chair
Chair, Division of Hip and Knee, Mayo Clinic

Scott Boden, MD
Chair-Emeritus, Emory

Karl Koenig, MD
Chair, University of Texas, Austin

Matthew Dietz, MD
Chair, West Virginia

Daryll Dykes, MD
CMO, J&J MedTech

Brett Estervig
Executive VP & GM, Orthopedics, Smith+Nephew

Chad Evans
VP, Transformation Strategies, Stryker

Craig Gaffin
President, Global Orthopaedics, Smith+Nephew

R. Lor Randall, MD
Chair, UC Davis

Xavier Rivera
Director, Academic Medical Centers Strategy, J&J MedTech

Simran Sabharwal
Vice President, US Commercial Marketing, Orthopedics, Smith+Nephew

Michael Stauff, MD
Chair, UMASS

Rick Wright, MD
Chair, Vanderbilt

Aaron Chamberlain, MD
Senior Medical Director, Intermountain Health

Cynthia Emory, MD, MBA
Professor and Chair, Department of Orthopaedic Surgery at Wake Forest University School of Medicine and Atrium Health Wake Forest Baptist

Michael R. Gagnon, MBA
Chief Administrative Officer – Emeritus, Duke University Orthopaedics; Founder & CEO, JobsInOrtho

Grant Garrigues, MD
Professor of Orthopaedic Surgery, Midwest Orthopaedics at Rush

Daniel Goltz, MD, MBA
Orthopaedic Surgeon - Shoulder & Elbow Specialist, Rothman Orthopaedics

Eoghan T. Hurley, MB BCh BAO, MCh, PhD
Duke University

Safdar Khan, MD
Vice Chair, UC Davis

Adam Levin, MD
Vice Chair, Johns Hopkins

Albert Lin, MD
Vice Chair, Pittsburgh

Jonathan Gustafson, PhD
Assistant Professor; IBTS Fellowship Research Director; Orthopaedic Surgery; Rush University Medical Center

Mitchel Harris, MD
Chair, Massachusetts General Hospital

Our Goals & Purpose

Core Questions

•How can we learn from each other to help each other?

•How can we leverage what we have to do important things at scale and with efficiency for the national academic orthopaedic ecosystem?

Why We're Here

•Current processes are broken and 90%+ of survey respondents have asked the AOC to help them with an AOC "best practice prototype" for technology evaluation.

•Even incremental improvements in collaboration between universities and AMCs could profoundly impact patient care, education, and research

•We are grateful to earlier presenters who shared experiences to guide us

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Our Goals & Purpose

Our Goals

•Increase collaboration opportunities for ALL academic orthopaedic departments — small, medium, and large.

•Share best practices that position AOC departments for stronger, targeted collaboration with MedTech partners.

•Increase the percentage of departments with <90-day technology evaluation processes.

•Improve trainee exposure to validated innovation.

•Scale efforts of the AOC MedTech Advisory Council and ensure every department designates a leader to engage in these efforts (56 Chairs have already done so) to ensure equal access to learning and shaping perspectives.

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"Surely you can help us with some AOC Best Practices, right?

Thank you to the 56 AOC Chairs & Vice Chairs who participated in our Survey

Key Take-Aways

Strong Institutional Commitment to Research

•90%+ of departments actively prioritize clinical research
•Structured resident requirements and departmental support programs are common

Industry Collaboration Seen as Essential

•Valued for financial support, product access, and early looks at new technologies
•Alignment on evidence generation especially emphasized

Technology Evaluation Processes Are Inconsistent and S-L-O-W

•Most rely on centralized or hybrid committees
•Timelines average 270+ days; only 13% < 90 days
•65% report no process improvements in the last 3 years
•Only 12% believe their processes are efficient and minimize delays
•Criteria include safety, effectiveness, and cost-effectiveness
•Bureaucracy and inefficiency widely cited as frustrations

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20 YEARS

Key Take-Aways

Value Analysis Committees Are Multi-Disciplinary — but Slow

- Include finance, surgeons, operations, nursing, and compliance
- 90% report the biggest barriers occur at the purchasing/administrative or committee levels

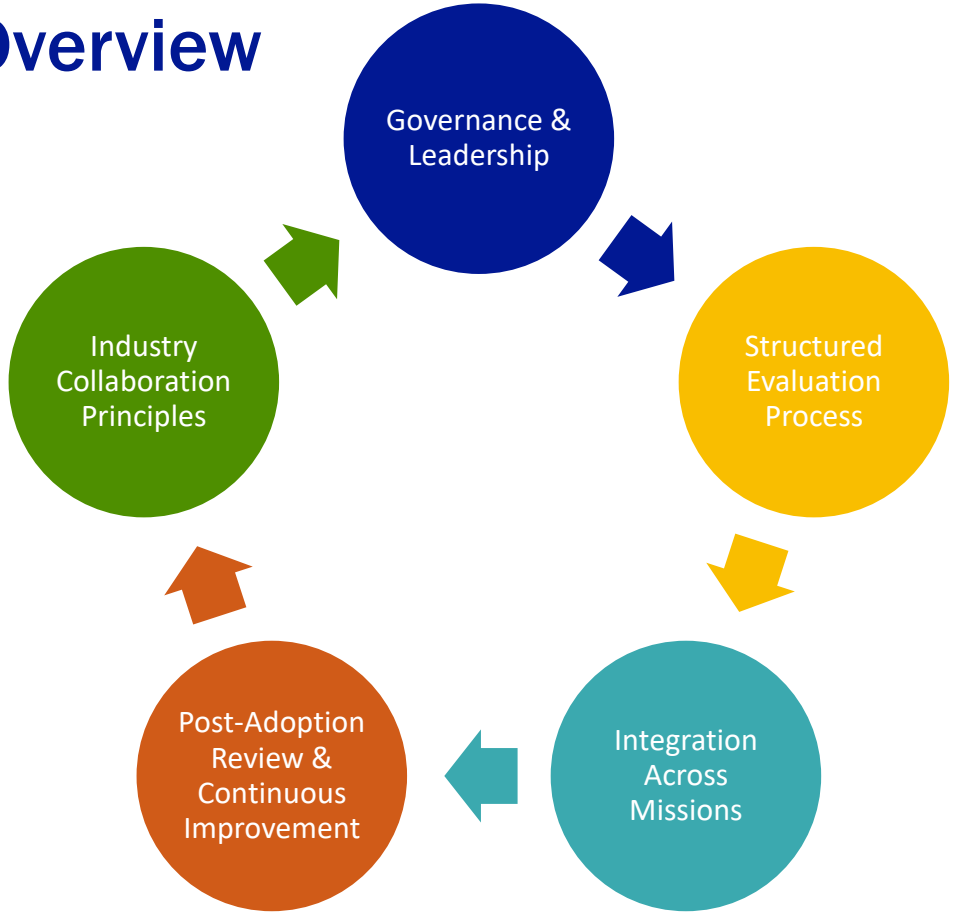
Desire for Assistance from AOC for Best Practices & Pilots

- Only 12% believe their processes are efficient and minimize delays
- 90% want to examine AOC best-practice models from peers
- Many are interested in piloting new models:
  - Orthopaedic Innovation Hubs
  - Simulator-based training
  - AMC–MedTech cost/value sharing pilots

AOC: Prototype Model Overview

Five Pillars of the Framework

1. Governance & Leadership
2. Structured Evaluation Process
3. Integration Across Missions
4. Post-Adoption Review & Continuous Improvement
5. Industry Collaboration Principles



AOC: Prototype Model Overview

Five Pillars of the Framework

1. Governance & Leadership

Dedicated Orthopaedic Innovation Leader

- *University of Rochester* — **Catherine Humphrey, MD, MBA (Division Chief, Trauma; Assoc. Chief Medical Officer- Value Analysis***)* Embedded innovation leadership role within orthopaedics.

Orthopaedic-Led Value Analysis Committee (VAC)

- *Washington University in St. Louis* — **Regis O'Keefe, MD (Chair)**: Reported **best practice process**; strong orthopaedic leadership in VAC processes.
- *Atrium Health Wake Forest Baptist* — **(Respondent identified orthopaedic surgeon VAC leadership)**: Surgeon-led or specialty-specific VAC ensures orthopaedics has a strong role.

- Dedicated orthopaedic innovation leader
- Transparent oversight and decision authority
- Cross-department executive sponsorship

AOC: Prototype Model Overview

Five Pillars of the Framework

2. Structured Evaluation Process

Standardized Workflow

- *West Virginia University* — **Matthew Dietz, MD**: Described a **GPO-based, streamlined intake and evaluation process** with defined criteria and predictable pathways.

Comparative Value Framework

- *Rochester / others (multiple respondents)*: Mentioned **comparative formulas** balancing cost with quality and PROMs in evaluation.

Tiered Decision-Making

- *Some AMC respondents (per Q19/Q22 notes)*: Differentiated between **low-cost, low-risk technologies (fast-tracked)** and **higher-cost/high-risk requiring full review**.

AOC: Prototype Model Overview

Five Pillars of the Framework

3. Integration Across Missions

Cross-Mission Alignment

- *Survey respondents (multiple institutions)*: Noted need to align **clinical, research, and education** representatives in evaluation committees.

Innovation Hubs

- *Washington University* — **Regis O'Keefe, MD**: Strong support for creating an orthopaedic **Innovation Hub**.
- *West Virginia University* — **Matthew Dietz, MD**: Strong support for Innovation Hub concept.
- *University of Rochester* — **Catherine Humphrey, MD, MBA**: Already has **innovation leadership infrastructure** in place.

AOC: Prototype Model Overview

Five Pillars of the Framework

4. Post-Adoption Review & Continuous Improvement

Formal Post-Adoption Reviews

- *Several AMC respondents (per Q19/Q22 comments)*: Some departments reported **ad hoc or structured post-adoption reviews** to assess outcomes 6–12 months after implementation.

Best Practice Sharing

- *Strong consensus across survey responses*: Desire for **AOC to collect and disseminate successful models** so other departments can replicate.

Key Features

- Formal post-adoption review 3–6 months post-launch
- Safety, outcomes, cost, and user experience data
- AOC-curated learnings → shared Best Practice Playbook

AOC: Prototype Model Overview

Five Pillars of the Framework

5. Industry Collaboration Principles

Transparent Engagement

- *Multiple AMC responses*: Emphasized need for **COI disclosure** and transparent industry participation in evaluation (with limits on voting power).

Co-Developed Training

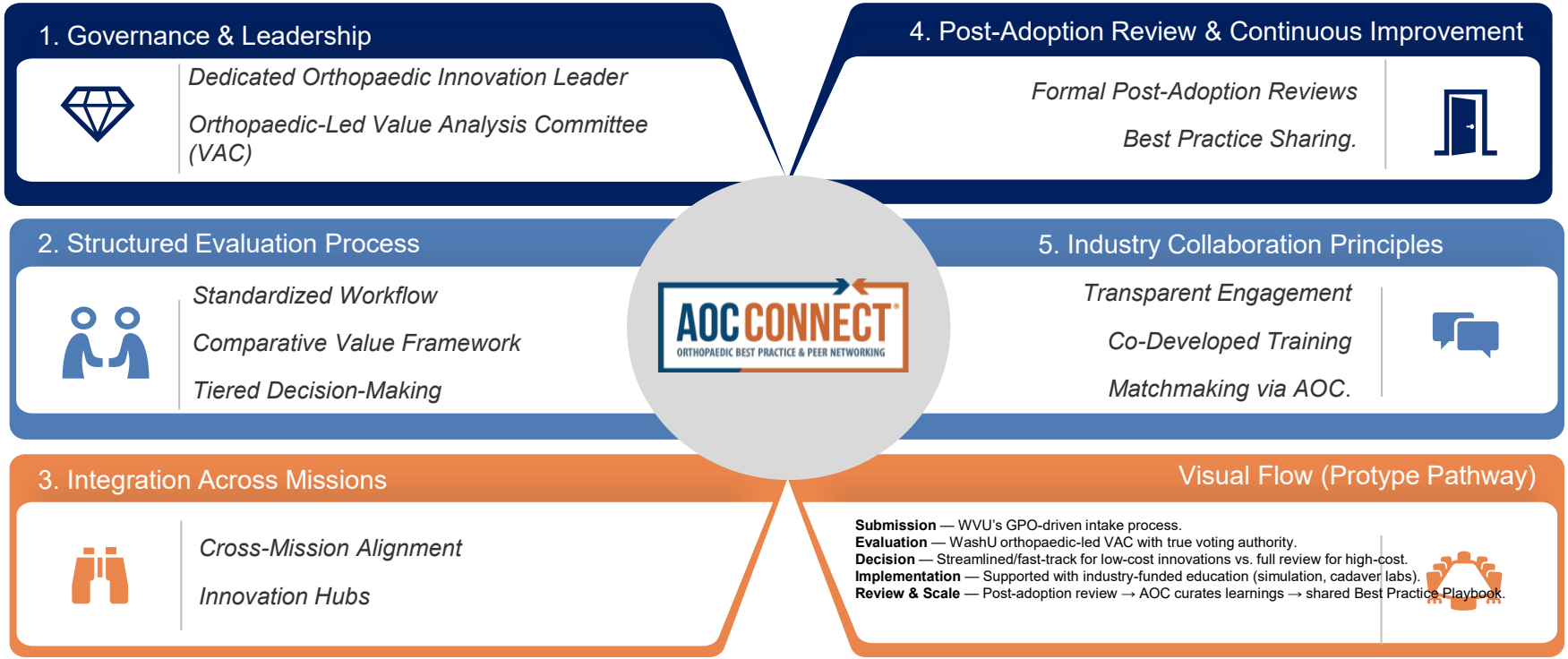
- *Survey responses*: AMCs want industry support for **cadaver labs, VR/AR simulation, unrestricted education** tied to new technologies.

Matchmaking via AOC

- *Washington University (Regis O'Keefe, MD)* and *West Virginia University (Matthew Dietz, MD)*: Both identified as "**best practice ready**" respondents, well-positioned to anchor **AOC matchmaking pilots** with industry.

AOC: Prototype Model Overview

Five Pillars of the Framework



Pathway Forward: *AOC's Commitment*

1. **Inventory best practice departments** (WashU, WVU, Rochester, Wake Forest, etc.) into a living catalog.

2. Develop a **Best Practice Playbook** (process templates, governance models, VAC structures).

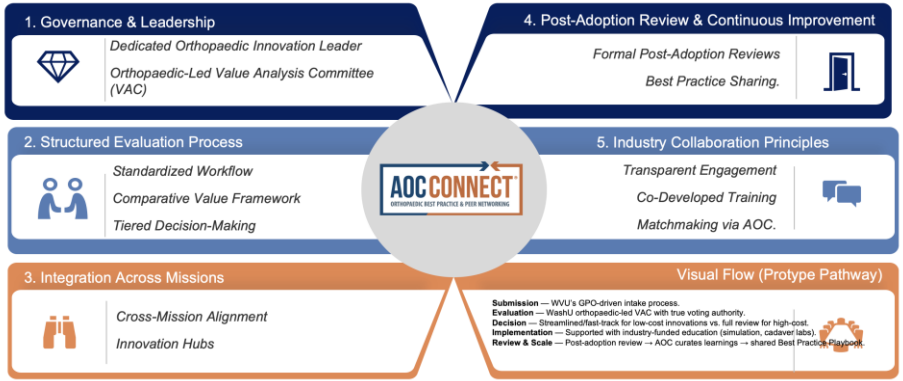
3. Serve as a **matchmaker** between MedTech companies and "best practice ready" AMCs.

This applies equally to small, medium, and large departments.

Questions for our Panelists

AOC: Prototype Model Overview

Five Pillars of the Framework



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2. Develop a **Best Practice Playbook** (process templates, governance models, VAC structures).
3. Serve as a **matchmaker** between MedTech companies and "best practice ready" AMCs.

This applies equally to small, medium, and large departments.

1. What resonates most?
2. Where do we still see barriers?
3. What role should AOC play in scaling this?

APPENDIX:

Some interesting slides that helped shaped what we share today

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Q16: What are the most important criteria used in your evaluation process (Rate each: 1 = Not Important, 5 = Very Important)

Answered: 53 Skipped: 3

	NOT IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	TOTAL	WEIGHTED AVERAGE
Patient safety	1.89% 1	0.00% 0	0.00% 0	18.87% 10	79.25% 42	53	4.74
Clinical effectiveness	1.92% 1	1.92% 1	1.92% 1	25.00% 13	69.23% 36	52	4.58
Budget or revenue impact	1.89% 1	1.89% 1	5.66% 3	35.85% 19	54.72% 29	53	4.40
Cost-effectiveness	1.89% 1	1.89% 1	7.55% 4	41.51% 22	47.17% 25	53	4.30
Regulatory status	3.77% 2	1.89% 1	18.87% 10	33.96% 18	41.51% 22	53	4.08
Comparative advantage	1.89% 1	3.77% 2	13.21% 7	49.06% 26	32.08% 17	53	4.06
Strategic alignment with institutional goals	1.89% 1	15.09% 8	28.30% 15	35.85% 19	18.87% 10	53	3.55
Training/workflow complexity	1.89% 1	13.21% 7	32.08% 17	41.51% 22	11.32% 6	53	3.47

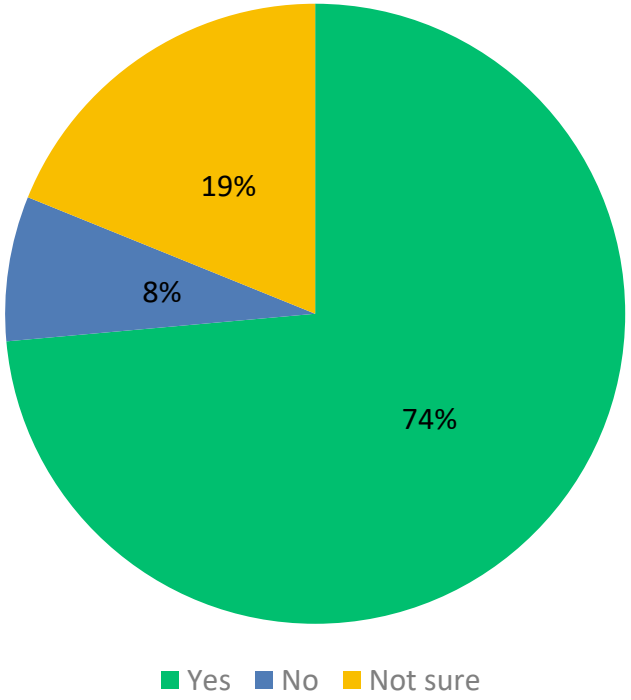
Q21: Please rate your level of agreement with the following statements (1 = Strongly Disagree, 5 = Strongly Agree):

Answered: 53 Skipped: 3

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Our Department feels appropriately engaged	1.89% 1	18.87% 10	24.53% 13	49.06% 26	5.66% 3	53	3.38
Our institution engages industry when relevant.	5.66% 3	11.32% 6	33.96% 18	39.62% 21	9.43% 5	53	3.36
Stakeholders understand how technology decisions are made.	3.77% 2	28.30% 15	35.85% 19	32.08% 17	0.00% 0	53	2.96
Standards are consistently applied.	9.43% 5	24.53% 13	35.85% 19	22.64% 12	7.55% 4	53	2.94
Process is well coordinated across departments.	9.43% 5	35.85% 19	33.96% 18	20.75% 11	0.00% 0	53	2.66
The process is efficient and minimizes delays.	21.15% 11	42.31% 22	25.00% 13	9.62% 5	1.92% 1	52	2.29

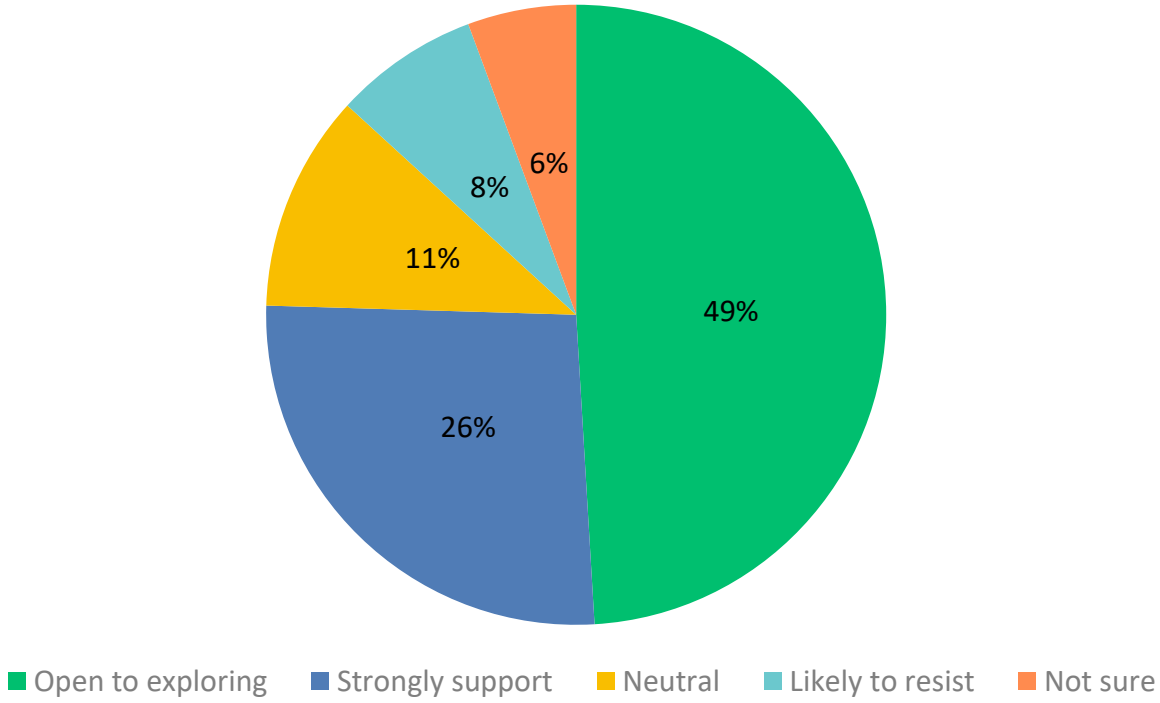
Q28: Would specialty-specific value analysis committees be beneficial in your institution?

Answered: 53 Skipped: 3



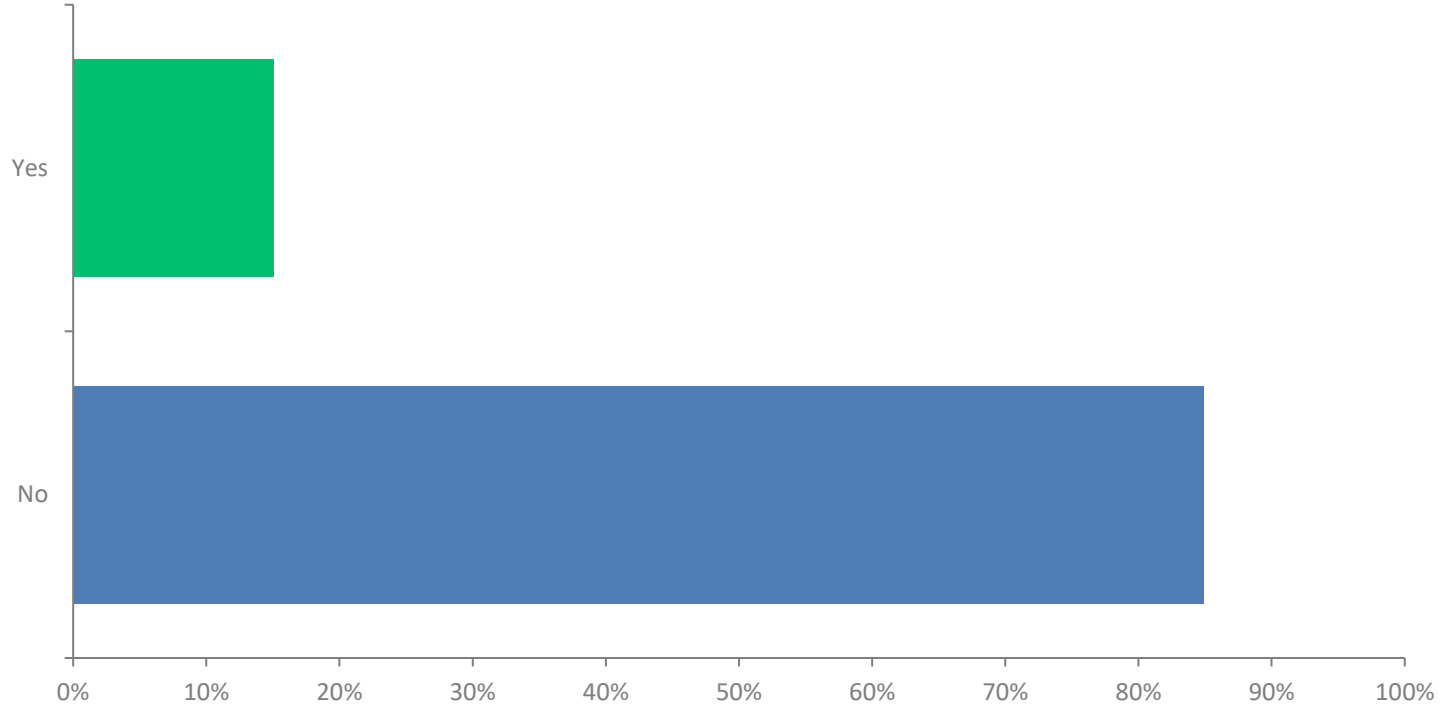
Q29: How do you believe your institution would respond to creating an "Orthopaedic Innovation Hub" within your department to streamline evaluation and education around new technologies?

Answered: 53 Skipped: 3



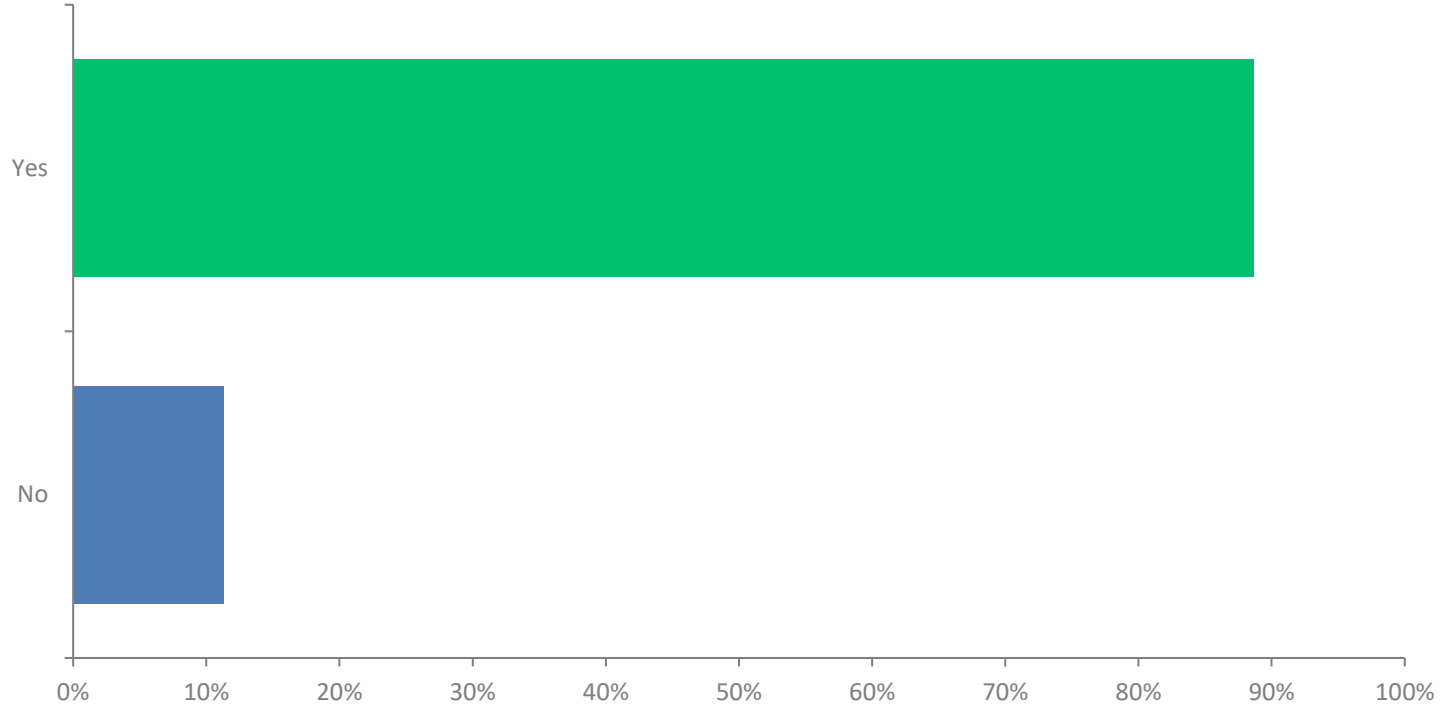
Q22: Do you have a process or innovation specific to new technology evaluation and validation that may be considered a national best practice that could help others?

Answered: 53 Skipped: 3



Q23: Would you like to examine "best practice" models that have been demonstrated by your AOC peers to accelerate and improve these processes?

Answered: 53 Skipped: 3



AOC MedTech Advisory Panel

Closing Call to Action

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