Prices of hip implants are expected to rise in the next year, but increases will stay in the realm of inflation, and will be moderated by such purchasing tactics as capitation, say materials managers.

Surgeons continue to make nearly all product decisions, but multi-source group contracts and renewed calls for demand matching may make them more cost-conscious.

At the same time, with new technology creating improvements in one of the most common surgical procedures in the U.S., and just a few vendors dominating the market, there is constant upward pressure on prices.

For group purchasing organizations, multi-source contracts are the rule, and increasing numbers of hospitals and integrated delivery networks have revisited capitation, in which a hospital pays the same price to a vendor for a total hip implant regardless of the specific model.

Spending up again
Respondents to this month’s HMM survey included hospitals, IDNs and GPOs totaling about 2,400 hospitals with a combined total of about 395,000 beds. Additional data were provided by ECRI, a not-for-profit health services research agency in

(See Hips, continued on page 11)
Premier, Charlotte, N.C., is seeking contracts for a variety of cardiology products in the second quarter. Bids are currently pending for most of the items listed, with awards to come later this year.

Among items up for renewal or new agreements are bare-metal stents, pacemakers, and implantable cardioverter defibrillators.

In the nursing (clinical) area, bids are outstanding for arterial blood gas kits, pneumatic compression devices and neonatal and pediatric care products.

Premier contract managers will be examining bids for general laboratory products, hemoglobin A1C analyzers, immunohistochemistry analyzers, and infectious disease rapid test kits.

The table beginning on this page includes a sample of products for which bids are expected or pending in this quarter, which ends June 30. 

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**Premier bid calendar: second quarter 2005**

Source: Premier Inc., Charlotte, N.C.

**Cardiovascular Services**

- Cardiac Information IT systems
- Heart Failure Devices and Leads
- Implantable Cardioverter Defibrillators and Leads
- Pacemakers and Leads
- Coronary Stents Non-Drug Eluting
- External Cardiac Counter Pulsation
- Holter Monitor and Event Monitor Services
- Invasive Procedure Contrast and Fluid Delivery Systems Manual
- Non-Invasive hemodynamic monitor
- Pressure Flow wires
- Thrombectomy and Embolectomy Catheters

**Clinical Laboratory Services**

- Automated Erythrocyte Sedimentation Rate Analyzers, Reagents
- Microscopes
- Electrophoresis Analyzers, Reagents, Consumables and Service
- General Laboratory Products, Equipment and Service
- Hemoglobin A1C Analyzers, Reagents, Consumables and Service
- Hemoglobin A1C Analyzers, Reagents, Consumables and Service
- Immunohistochemistry Analyzers, Reagents, Consumables and Service
- Infectious Disease Rapid Test Kits, Reagents and Consumables

(Table continued on page 14)
Pulse oximeter suppliers continue their courtroom battles as Masimo scores win

Courtroom squabbles between pulse oximeter makers Masimo, Irvine, Calif., and Nellcor, Pleasanton, Calif., should not affect the availability of oximeters to hospitals, but it is doubtful whether prices will drop with increased market competition.

Masimo claimed in a statement that its victory in late March in a Los Angeles federal court will give hospitals more choice by overturning national GPO contracts. The jury found Nellcor parent Tyco Healthcare, Mansfield, Mass., violated antitrust laws through anti-competitive business practices.

After a four-week trial, the jury found that Tyco had unlawfully maintained monopoly power, and that Tyco’s sole-source agreements, bundling of unrelated products, market-share based compliance pricing contracts and co-marketing agreements with original equipment manufacturers were unlawful restraints of trade and exclusionary dealing arrangements.

The jury awarded Masimo $140 million in damages, which under antitrust law are automatically trebled to $420 million.

Joe E. Kiani, founder and CEO of Masimo, said the verdict will open up competition. “We hope this verdict will benefit patients and our nation’s health care system by fostering vigorous competition, thereby promoting innovative, cost-effective technologies,” Kiani said.

Nellcor said it will appeal, and in the meantime, will not stop shipping or promoting its oximeters. “While we are disappointed by the jury’s decision, we are firmly committed to our core focus on patient care, and our passion for delivering clinically innovative technologies,” said David Sell, president of Nellcor.

“Nellcor asserts that the company’s business practices have always been in full compliance with Federal and state antitrust laws,” Sell said. “We are confident that we will ultimately prevail when the legal process is complete.” No payment will be made until then, he added.

A trade group, The Medical Device Manufacturers Association (MDMA), Washington, hailed the decision as “a critical step” in overturning GPO contracts with dominant vendors.

Masimo is a member of MDMA. “This decision is a victory for patients, innovation and the health care system as a whole,” said MDMA executive director Mark Leahey.

“Dominant manufacturers should not be able to prevent doctors, nurses and patients from accessing innovative, cost-effective products.”

Leahey said the verdict also counters the claim by GPOs and hospitals that dominant vendors dictate contract terms such as sole-source.

“With this verdict, GPOs and their member hospitals will have the legal cover to refuse onerous contracts from dominant suppliers,” he said.

California hospital to install surgical navigation system from Orthosoft

Huntington Memorial Hospital, Pasadena, Calif., in March agreed to purchase the Navitrack surgical navigation system made by Orthosoft, Montreal.

Huntington will use the device in orthopedic knee and hip replacement surgery. The Navitrack helps surgeons operate more effectively through a smaller incision.

“In the next five years, all hip and knee replacement surgeries will be done with computers,” Huntington physician Paul K. Gilbert, M.D., predicted.

Two surgical gloves better than one, but nurses at AORN admit to skimping

Nurses are saving money on gloves, but compromising their safety in the process, a new survey revealed. Although they are “very concerned” about the need to double glove as a means of protection against potential exposure to blood and body fluids during surgery, the majority of operating room nurses at the April conference of the Assn. of PeriOperative Registered Nurses (AORN), Denver, admitted they do not.

Of the 1,500 nurses at the New Orleans conference, 24% said they currently double glove in all cases, while 26% said they double glove only in 10% of their surgical cases.

However, 41% said they believe they should double glove all the time—in 100% of their cases. When asked how concerned they are about the need to double glove, 47% responded they are “very concerned,” while 30% said they were “somewhat concerned.” Only 17% of operating room nurses responding to the survey said their hospital or surgical facility has a protocol requiring double gloving to protect against infection.

“Double gloving should be routinely used in major surgery,” says Ronald L. Nichols, MD, William Henderson Professor of Surgery-Emeritus and Professor of Microbiology and Immunology at Tulane University School of Medicine, New Orleans.
IDN, GPO, vendor execs spar over how to achieve better contract compliance

Integrated delivery networks often claim they should get better pricing on supplies because unlike group purchasing organizations, they can guarantee compliance.

That’s not always the case, according to a survey conducted by NCI, Palm Harbor, Fla., at its recent executive forum.

Of a group of GPO, IDN and vendor executives, 41% disagreed that IDNs do an adequate job of enforcing “realistic compliance expectations.”

Darrel Weatherford, chief operating officer of Consorta, Schaumburg, Ill., explained that IDNs vary in their ability enforce compliance: “Some IDNs have been around for a long time, and do a good job. Others are loose organizations, and don’t enforce [contracts].”

From the supplier side, Bob Tice said GPOs sometimes confuse the issue when suppliers try to work with IDNs. Tice is president of marketing at Draeger Medical, Fairfax, Va., which is beginning to enter the acute-care market for patient monitors.

“It’s hard to work with both a GPO and [IDN],” Tice said. “There has to be a lead dog. You can’t serve two masters.”

IDN executives at the conference said they preferred letting GPOs promote contracts.

“GPOs should take the lead,” said Jim McManus, vice president of supply chain management at St. Joseph Health System, Orange, Calif.

But he added that IDNs can help suppliers work with them better after a contract is signed. He suggested that IDNs follow St. Joseph’s example and develop a new supplier orientation program. “We educated 255 suppliers last year,” he said.

Computer-aided admissions will save more than Baylor U. Medical Center spent

Baylor University Medical Center, Dallas, 998 beds, will save $350,000 in administrative costs in the first year of its conversion to automated patient check-in technology from Galvanon, Maitland, Fl. With an investment of about $175,000, the technology freed front desk staff time for patient assistance.

Baylor installed the MediKiosk at its Sammons Breast Imaging Center, and has reduced registration time to about three minutes from 12 minutes.

Since installation of the MediKiosk in October 2004, the center has reduced paper and printing costs by 93%, or $18,000.

In the next three years, Baylor will roll out the MediKiosk e-clipboard technology to 15 additional facilities.

Speech recognition system will save transcription costs for Illinois hospital

Memorial Hospital, Belleville, Ill., 313 beds, in March purchased a speech recognition system from MedQuist, Mount Laurel, N.J.

Called SpeechQ for Radiology, the system is expected to reduce transcription costs and the time needed to produce radiology reports.

SpeechQ for Radiology continuously learns from edits made by the radiologist or an editor.

If it recognizes a word incorrectly, for example, the user or an editor corrects the text, which automatically instructs the system to adapt to how that physician says the word. The next time, the system will recognize it.

The system will be integrated with the hospital’s picture archiving and communication system PACS.

Hospitals invited to upgrade EDI system with message service for free this month

Hospitals using electronic data interchange (EDI) systems from Emanio, Berkeley, Calif., are eligible for free upgrades through May 15, the company said.

Emanio has offered free installation services when upgrading to OnCall Integrator Server/Workgroup. This product would ordinarily cost $4,500.

In 1995, Emanio was one of the first companies to send EDI messages over the internet and integrate these into back end ERP and supply chain management systems.

In 2002, Emanio acquired all of the Trading Partner® and OnCall EDI assets of Mercator Software.

In the health care sector, Emanio has contracts with the Allegiance division of Cardinal Health, Dublin, Ohio, Baxter Healthcare, Deerfield, Ill., and Owens and Minor, Richmond, Va. as well as 2,000 hospitals and other health care facilities.

The company said it saves hospitals at least $15,000 per year by eliminating manual data entry for the materials management system.

Tufts, Miami hospitals embark on updates of their materials management systems

A pair of Eastern U.S. hospitals began this year to upgrade their materials management systems and integrate them with other hospital systems using products from Lawson Software, St. Paul, Minn.

Tufts-New England Medical Center, Boston, 451 beds, awarded a contract to Lawson for the company’s financial, human resources, supply chain management and reporting suites. Implementation began in March, and will take a year to complete.

“Lawson offered the best value for our business needs and aggressive rollout timeline with minimal
customization,” said Bill Shickolovich, chief information officer at Tufts-New England.

“Competing products would have taken us at least six months longer to implement.” The package will replace a variety of legacy systems.

Miami Children’s Hospital, 268 beds, will install all but the reporting segment. Lawson’s integrated applications replaced a 13-year-old legacy system that required continual third-party-vendor interfaces.

“Previously, we were spending a lot of money and time updating the functionalities of our old system, rather than working on becoming a more efficient operation,” said Pedro Alfaro, vice president of finance.

One benefit of the Lawson system, he said, is that employees will have access to pricing when they request supplies, and electronic commerce will be easier and available with more suppliers.

“With the old system,” Alfaro said, “we did not know the true cost of our supplies until the purchase order was created from a purchase requisition and forwarded to the appropriate department.”

**Hospitals seek to hold down costs of bone matrices by narrowing vendor field**

BJC Healthcare, St. Louis, is among a growing number of hospitals and integrated delivery networks looking for better deals on demineralized bone matrices.

This class of products is derived from donated tissue and are combined with sodium hyaluronate, glycerol, or calcium phosphate to form a putty-like substance applied to bone voids or defects. They have been shown to promote the growth of new bone.

They are regulated under the device provisions of the Federal Food, Drug, and Cosmetic Act.

About 10 suppliers compete for the business of U.S. hospitals, but just a few dominate, including Synthes, West Chester, Pa., and AlloSource, Centennial, Colo. According to materials manager Jim Drake of BJC, it is difficult to obtain a good price on matrices because supplies are local and irregular. When the product is needed, a donor must quickly be found, and the products have short shelf lives.

Group purchasing organizations do not tend to have bone matrix contracts for those reasons.

However, BJC is reviewing the methods of purchasing and vendor selection in hopes of standardizing on one or a few vendors, Drake said.

“BJC will combine them with other bone products, such as bone chips, to get some price benefit,” Drake said.
**GROUP PURCHASING**

**Voluntary code of ethics is industry’s answer to proposed regulation of GPOs**
The Health Industry Group Purchasing Assn. (HIGPA), Arlington, Va., is encouraging, but not participating in, the latest effort by GPOs to refine their code of ethics.

In March, nine GPOs began meeting to develop a voluntary ethics initiative, in part to avoid proposed legislation that would tighten restrictions on group purchasing activities.

HIGPA designed the original code of conduct, since adopted by all major GPOs, in response to a directive from the Senate anti-trust subcommittee following a hearing in 2002.

The newest initiative already has one variation from the HIGPA code: it calls for an annual public report on industry ethics.

GPOs also will conduct an annual forum to review their conduct with government officials.

Following announcement of the initiative, the senators most active in investigating GPOs gave cautious approval.

In a statement, chairman Mike DeWine (R-Ohio) and ranking minority member Herb Kohl (D-Wis.) of the Senate anti-trust subcommittee said they would study the proposed initiative carefully to determine if it addresses their concerns.

Premier, Charlotte, N.C., Consorta, Schaumburg, Ill., GNYHA Ventures, New York, and Healthtrust Purchasing Group, Brentwood, Tenn., were founding members of the initiative.

Amerinet, St. Louis, Broadlane, Dallas, Child Health Corp. of America, Shawnee Mission, Kan., MedAssets, St. Louis, and Novation, Irving, Texas, later joined. The CEOs of member groups form the steering committee, which has scheduled its next meeting in May.

**NCI panel ponders GPO role, finds tiered pricing, supplier efforts, most effective**
Are the compliance expectations of group purchasing organizations realistic in terms of the pressures on materials managers to please clinicians while saving money?

No, say 55% of supply chain executives, according to a poll taken by NCI, Palm Harbor, Fla., at its recent executive forum in Las Vegas.

Bob Hamon, senior vice president of group purchasing services at Premier, Charlotte, N.C., summed up the issue: “Hospitals want choice, and suppliers want volume.”

Hamon was a member of a panel discussing the role of group purchasing in the supply chain, especially for large integrated delivery networks with high purchasing volume.

It was an IDN executive who defended GPO efforts. Joy Dicey Phillips, executive director of supply chain management at Scripps Health, San Diego, said it is up to suppliers to make the effort to implement contracts: “They go to the trouble of getting the contract, then drop the ball.”

Jim McManus, vice president of supply chain management at St. Joseph’s Health System, Orange, Calif., agreed. “You can’t just wave the contract at me and expect the volume to come.”

The group, which included representatives of vendors, GPOs and IDNs, agreed by 76% to 24% that tiered pricing, as opposed to single line item pricing, is the best way to maximize compliance.

“I do prefer the tiered pricing,” Phillips said, “because it gives us a little more flexibility. It’s hard to convert all at once for an IDN.”

And the attendees agreed, by 84% to 16%, that tiered pricing provided the biggest savings to group members.

The panel also heard from small suppliers who objected to sole-source contracts. Darrel Weatherford, chief operating officer at Consorta, Schaumburg, Ill., replied that manufacturers are sometimes part of the problem: “Some insist on sole-source,” he said.

Weatherford defended Consorta’s sole-source policy as open and transparent, with tiered pricing.

Another vendor said small vendors are at a disadvantage even with contracts. “I can’t compete even with a GPO contract,” one said. “I don’t have the sales force on the street.”

A colleague on the panel, Bob Tice, president of marketing at patient monitor manufacturer Draeger Medical U.S.A., Telford, Pa., advised small companies to use specialty distributors.

Hamon told advised them, “Sit down with your GPO, and set a target [volume]. GPO field people will promote your product as a second source.”

**Novation awards agreement to Swedish company for advanced wound care items**
Novation, Irving, Texas, awarded a contract to Mölnlycke Health Care, a Swedish company with U.S. headquarters in New York, for advanced wound care products.

The deal took effect April 1 and runs for three years, with an optional two-year extension. It covers the company’s Safetac Soft Silicone line of wound dressings. It was awarded under Novation’s new technology program.
Are admin fees long for this world?
Buyers, sellers argue costs, benefits

Administrative fees, the fees vendors pay to group purchasing organizations to promote contracts among their members, have been a sore spot for years, but they have now become a topic of open debate.

The fees were challenged during Senate subcommittee hearings in 2002, and came up again at the recent Federation of American Hospitals conference in Washington and the executive forum of NCI in Las Vegas.

Bitter feelings emerged during several Federation panel discussions, according to sources who attended. “It isn’t fair,” said one vendor representative who asked not to be identified. A capital equipment manufacturer, his company needs group contracts, he said, and has to agree to pay the administrative fees.

Yet, when a hospital agrees to buy one of his big-ticket products, it invariably wants pricing that will “beat the contract.”

Another rep, from a manufacturer of sterilization equipment, agreed and said the vendor often ends up losing money on such deals unless he or she can bargain with the hospital to make a concession on some other product. But there is never an option of demanding the contract price, he said. “If we don’t give in, someone else will.”

Materials managers took a different view, even those from large integrated delivery networks that in some cases have tried contracting on their own.

“Sure, you can out-price GPOs,” said one. “You can do that all day—but who has the time? That’s why we have GPOs.” And, GPO officials at the conference and in later interviews defended the practice. “Hospitals are supportive of admin fees. They think GPOs earn them,” said an official from Broadlane, Dallas.

But another, from VHA, Irving, Texas, agreed that fees have always been a sensitive issue. Now, he said, groups, including his own, comply the the code of conduct limiting most fees to 3% and, in any case, return a large portion to members as rebates.

However, he recalled, in the past, GPOs were more heavy-handed. “I can tell you, there used to be signing bonuses,” he said.

But is was a materials manager who stunned an audience at the NCI forum by suggesting the fees be eliminated. Jim McManus, vice president of supply chain management at St. Joseph Health System, Orange, Calif., also argued that sales reps should be compensated not by sales volume but by outcome or appropriate use of their products.

Then, he said, “Suppliers should stop paying administrative fees to GPOs. Then, suppliers should lower their prices.”

Advanced wound care supplies featured in three of latest Amerinet agreements

Three new agreements will provide wound care products for members of Amerinet, St. Louis. ActSys Medical, a specialty pharmaceutical distributor based in Westlake Village, Calif., will provide ActCel hemostatic gauze, made from regenerated cellulose. It converts to a gel on contact with blood and expands to control bleeding.

Progressive Medical, St. Louis, will provide Skin-stitch surgical glue in two sizes, 00.2 ml and 0.5 ml. The Progressive deal took effect Feb. 1.

In a new contract, Amerinet selected the Kendall division of Tyco Healthcare, Mansfield, Mass., to provide advanced wound dressings. Effective April 1, Kendall will offer undisclosed discounts on alginates, foams, hydrocolloids and wound cleaners.

Cleansers, moisturizers among skin-care products in Amerinet-Coloplast deal

Amerinet, St. Louis, in February awarded a contract to Coloplast Corp., Mankato, Minn., for skin care and hand washing supplies.

The deal provides undisclosed discounts on cleansers, moisturizers, barriers, antifungals, patient bathing and infection control products.

The choice of Coloplast followed a recommendation by Amerinet’s clinical evaluation committee.

New pact provides choice of five vendors of compression devices to Novation

Novation, Irving, Texas, has a new multi-source contract for pneumatic compression devices.

Members are expected to save $5.2 million annually on the covered products, based on purchasing volume of $66 million.

The agreements took effect April 1 and run for three years. Vendors are:

- Aircast, Summit, N.J.
- Currie Medical Specialties, Monrovia, Calif.
- Huntleigh Healthcare, Enlishtown, N.J.
- Compression Therapy Concepts, South Plainfield, N.J.

Compression Therapy Concepts is owned by a woman and the contract was awarded under Novation’s supplier diversity program.

Patient warming systems from Arizant featured in new Consorta agreement

Consorta, Schaumburg, Ill., awarded a dual source agreement for convective patient warming systems to Arizant Healthcare, Eden Prairie, Minn.
Consorta plans to issue sterilizer deal by June 30

Consorta, Schaumburg, Ill., is expected to unveil several new contracts during the quarter that ends June 30, including sterilizers and infuser bags.

But the Catholic group purchasing also is planning much farther ahead.

Suppliers will be seeing RFPs this quarter for breast pumps, with a contract start date of early 2006 (all dates are tentative and subject to change, Consorta said).

Already in the works is an RFP for water treatment products, to be issued in the second quarter of 2007, with a contract start date in early 2008.

Consorta is seeking a triple-source contract for cardiac rhythm management, which includes bradycardia, tachycardia, all leads and ancillary equipment.

That deal is expected to take effect during the last quarter of this year.

The three-year agreement took effect in April. It covers Arizant’s temperature management systems for surgical patients.

The products were found to improve outcomes for surgical patients, according to Vince Viverito, director of surgical services at Consorta. Savings and estimated spending volume were not disclosed.

Broadlane pledges to seek suppliers that offer environment-friendly products

Broadlane, Dallas, has officially joined the movement among health care providers to make environmental protection an issue in contracting.

On April 6, Broadlane announced it had pledged to become a Champion for Change in the Hospitals for a Healthy Environment (H2E) program.

Broadlane will give priority to suppliers that offer products aimed at reducing the volume and toxicity of hospital waste, promoting efficient use of resources, and protecting workers, patients and communities from toxic substances.

The goals of H2E are to virtually eliminate the use of mercury in healthcare by 2005, cut hospital waste in half by 2010 and identify and eliminate persistent, bio-accumulative and toxic chemicals in the health care system.

Correction


Novation has not requested a reduction in its quarterly payment to Neoforma as stated. Such a request was mentioned only as a possibility.
(Contrast, continued from page 1) come to mind—where evolving technology and supplier competition cause prices to rise and fall.

**Significant price increases**

Terry Dean, purchasing agent at Rochester General Hospital, Rochester, N.Y., 528 beds, has seen “significant price increases” as a specialist in radiology products. As a Premier member, he has been using Mallinckrodt, St. Louis, as a source of contrast media. Mallinckrodt was acquired by Tyco International, Pembroke, Bermuda, in 2000.

Dean expects to see additional increases in the future, for contrast media and other products, as GPOs sign more multi-source contracts.

While sole-source deals are frowned upon by the Senate antitrust subcommittee that has been reviewing group purchasing, and by the code of conduct adopted by the industry, hospitals like them for their price benefits.

For now, most contrast media deals remain sole-source, at least pending renewal.

Dooley, who has been following the contrast media markets since the 1980s, believes that technology played a major role in price changes.

Prior to the late 1980s, most contrast media were ionic, and cost about $2.50 for a 50 ml bottle. But they were known for causing harsh side effects, especially in at-risk patients.

The dominant manufacturers then were Amer- sham, Mallinckrodt, Nycomed, New York, Bracco Diagnostics, Princeton, N.J., and Berlex Laboratories, Wayne, N.J.

**Changing technology**

“In the late 1980s, the technology changed,” Dooley recalled. “Non-ionic products were developed, but they were about 20 times more expensive.”

 Hospitals converted rapidly to non-ionic anyhow: “The reason was a higher level of safety.”

But non-ionic prices, which at first ranged from $40 to $50 per 50 ml bottle, have gradually declined, thanks in part to group contracts.

Now they are between $10 and $12 per bottle. Now, another technology has emerged, the iodixanol-based line exemplified by Amersham’s Visipaque. It is even safer, but costs “several times” more than the non-ionic varieties, Dooley estimated.

U.S. sales of medical imaging contrast media reached $1.41 billion in 2003 and are expected to rise to $2.58 billion by 2009, according to a report by Bio-Tech Systems, Las Vegas Nev.

**Spending will increase**

Contrast media purchases grew 7% in 2003, the researchers reported, but this annual growth rate is expected to increase to 9%-10% per year between 2004 and 2006 and rise to 11%-12% per year from 2006 to 2009.

Iodine spending was $964 million in 2003 and should resume growth in the range of 6% to 8% through 2006, increasing to 8% to 9% per year from 2006 to 2009.

This growth, according to Bio-Tech, will correspond to the growth of computed tomography (CT) procedure volume.

Spending on magnetic resonance (MR) contrast media grew 13.5% in 2003 to $342 million, stimulated by rapid growth in the proportion of enhanced studies, researchers found. In 2003, 46% of MR studies were enhanced. This proportion should rise to about 60% by 2009. Growth of MR procedure volume should continue at 10% to 11% for the next several years.

However, the growth of enhanced studies will be in the range of 14% to 17% per year in the near term. Therefore, MR contrast media spending is expected to rise to $700 million by 2009.

A newer entry to the market is ultrasound contrast media. Hospitals spent $35 million on these products in 2003, but as new indications are approved and new products are introduced, spending is expected to increase to $262 million by 2009.

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**Contrast media types**

The Family Practice Notebook web site (fpnotebook.com) provides the following breakdown of contrast media categories, risk factors and possible adverse effects.

**Contrast agents**

- High osmolality (Higher risk of complications)
- Low Osmolarity (Lower risk of complications)

**Risk Factors for contrast reaction**

- Older patient age
- Renal insufficiency
- History of contrast-related anaphylactoid reactions
- Asthma
- Allergic Rhinitis, medication or Food Allergy
- Comorbid conditions such as cardiovascular disease
- Concurrent Nephrotoxic Drugs such as NSAIDS

**Adverse effects**

- Anaphylactoid Reaction (may be immediate or delayed)
- Acute Tubular Necrosis (Acute Renal Failure)
- Local toxicity from extravasated contrast material

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(See Contrast, continued on page 10)
Bio-Tech researchers, like Rochester’s Dean, expect prices to increase, in part because there will be additional applications for media.

“This technical influx will help all segments of the contrast media field as imaging and therapy move closer together,” researchers concluded.

**Market convulsions**

By the mid-1990s, hospitals had been forced to switch to non-ionic media wherever such products were available or clinically useful.

Ionic media had become commoditized. But what really caused the bottom of that market to drop out was the concurrent emergence of national group purchasing organizations.

Between 1996 and 1998 several regional groups combined their purchasing power and management to form what were then thought of as “supergroups,” among them Premier, Amerinet and Novation. Premier led the way in demanding high compliance to sole-source contracts.

One of Premier’s first national deals, in mid-1996, was for contrast media. The vendor, Mallinckrodt, agreed to a discount of 15% for MRI contrast media, and 30% for all other types, ionic and non-ionic.

As soon as that happened, VHA, Irving, Texas, called its vendor, Nycomed, back to the table and negotiated an extra 24% off non-ionic contrast media, bringing the total discount to 60%.

AmeriNet then switched from Mallinckrodt to Bracco Diagnostics after the latter agreed to a 35.5% discount.

Catholic Healthcare West (CHW), San Francisco, a 35-hospital integrated delivery network, also selected Nycomed. That three-year agreement started July 1, 1996 and made Nycomed the sole source for most contrast products, saving $1.7 million a year.

Shared Services Healthcare, Atlanta, renewed for three years as of Sept. 1, 1996, its contrast media contract with Nycomed, a deal worth about $2.5 million annually in member spending.

**More consolidation**

But by October 1996, Nycomed’s contrast media business had been taken over by Great Britain-based Amersham International. The new company was called Nycomed Amersham. Parent Nycomed Holdings returned to its roots as a pharmaceutical company based in Norway.


In May 2001, Health Services Corp. of America (HSCA), St. Louis, now part of MedAssets, extended its contract with Nycomed Amersham to include X-ray and MRI contrast media. That deal runs through April 2006.

London-based Amersham became part of GE Oct. 10, 2003, in a $2.5 billion deal.

Amersham Health maintained its Princeton, N.J., headquarters, and in February 2004 was awarded a contract with Consorta, Schaumburg, Ill.

Under new owner GE, Amersham reemerged as a market leader with the introduction of Visipaque™, its iodixanol contrast medium for use in cardiac catheterization. In clinical trials, iodixanol was found to decrease adverse events compared with iopamidol.

Visipaque is a nonionic, isosmolar contrast medium used to provide enhanced X-ray images of soft tissues, primarily blood vessels and organs.

That might have left the market up to two main competitors. But since May 2000, Nycomed Amersham and Mallinckrodt have worked out legal differences over patents and agreed to market jointly a common ultrasound contrast medium.

Under the settlement, Mallinckrodt agreed to pay Amersham a $10 million license fee plus future royalties for sales of Optison, its ultrasound contrast medium for diagnosis of cardiac wall abnormalities. In return Amersham granted Mallinckrodt a license to sell Sonazoid, another ultrasound contrast medium.

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(Contrast, continued from page 9)
(Hips, continued from page 1)

Plymouth Meeting, Pa. ECRI's ongoing surveys of 400 hospitals cover a wide range of products. Among the hospitals and IDNs reporting, average annual spending on hip implants was $2,436 per bed. That is a 56% increase over the $1,562 per bed average reported in 2003.

On another measure, the average procedure cost of hip implant surgery was $4,894, down 7% from last year's average of $5,500.

About 60% of respondents said hip prices stayed level last year, and about 40% said they rose, with the average increase at 6%. For next year, half expect prices to rise, with an average estimate of about 2%. The other half, citing contracts or capitation rules, believe prices will not change.

One respondent noted that the hip market is far less volatile than that for knee implants: Knee prices are expected to increase by up to 8% next year.

But another said hips would follow that pattern if not for contracts, because the list prices rise 8% to 10% every year. “Even if a hospital gets a discount, they still pay more every year,” said the contracting manager. “It’s one of the most vexing issues facing hospital administrators.” Reimbursement from Medicare, he noted, rises just 2% to 3% each year. “Hospitals are losing money on hips,” said the manager. “They need to get physicians’ help to negotiate better prices.”

One way to do that may be what is known as “gain-sharing.” This happens when hospitals share the financial benefits of purchasing less-expensive devices with the doctors who agree to use them.

Recently the Dept. of Health and Human Services relented from its hard position against gainsharing by granting permission to several hospitals to proceed with such programs on a trial basis. Reportedly, HCA, Nashville, Tenn., requested similar permission to begin sharing with doctors its savings on hip implants. HCA did not participate in the HMM survey.

**Standardization: a lost cause?**

In the late 1990s, hip implants seemed to be emerging from the clutches of physician preference into the arms of group purchasing contracts, with the expected decline in prices. With two- or three-source contracts in place, standardization began, and some of the boutique models disappeared under national brand labels in a wave of supplier consolidation.

In 1999, for example, the HMM survey found price declines of up to 35%. Group contracts featured discounts of 20% to 30% off list depending on volume. Since then, however, suppliers have become part of powerful conglomerates, surgeons have demanded more control over product choice, technology has pushed ahead, and inflation in the health care sector has caught up with the implant industry.

According to data published in Orthopedic Network News in July 2004, the largest component of the price of an implant device is the cost of materials and manufacturing, or the cost of goods sold. This cost averages 32% of the list price of hip and knee implants.

Research and development, often cited by manufacturers as the driver of high prices for new technology, accounts for just 5.7%. Meanwhile, the cost of selling and administration represent 41.5% of the price on average, and 12.4% is net income for the company.

**Moving market share**

Back in the 1990s, two companies represented the lion’s share of the hip market: DePuy Inc., Warsaw, Ind., and Osteonics Inc., Allendale, N.J. Both of those companies are now under different ownership, and the market has shifted to include other products.

Both Osteonics and Howmedica, Rutherford, N.J., are owned by Stryker Corp., Kalamazoo, Mich., and DePuy is owned by Johnson & Johnson, New Brunswick, N.J. Other contenders include Biomet, Warsaw, Ind.; Smith & Nephew Orthopaedics (formerly Richards), Memphis, Tenn.; Sulzer Orthopedics, now owned by Centerpulse, a Zurich-based company with U.S. headquarters in Houston; and Zimmer Holdings, Warsaw, Ind.

This year, just three suppliers dominated among respondents reporting contract pricing (as opposed to capitation schedules): DePuy, Stryker and Zimmer.

But that doesn’t mean they are the only ones in play. As one materials manager lamented, “Last year, we were standardized on Smith & Nephew. Then we got three new surgeons, and each one has a preferred hip.”

DePuy leads the hip market with a 25.9% share, according to Millenium Research Group, Toronto. In its market survey of 2003, the latest year for which data are available, Millenium found shares of the other big three vendors were Stryker, 20.9%; Zimmer, 18.6% and Biomet, 13.4%.

**Capitation is back**

Capitation became increasingly popular as this decade began. It kept a lid on costs while returning some discretion to surgeons.

But by the end of 2001, even capitated prices, as a class, began rising. Now, they may be starting to decline again, if the drop in procedure cost mentioned earlier is any indication.

This year, about half of responding hospitals reported using capitation, even if they have access to multi-source contracts with tiered pricing.

In some cases, a flat rate is applied to all types of hips regardless of vendor or material. In other cases, ceramic hips get one rate, metal hips another, and various components are assessed separately.

In response to a question about factors that help determine the choice of hip implants, the number one response was that physician preference is dominant, with 75% of respondents citing that influence alone.

(See Hips, continued on page 12)
(Hips, continued from page 11)

Others reported that their doctors are beginning to work with materials management to find the most cost-effective product that will do the job.

In addition to standardization, one of the weapons in the battle to keep costs down has been patient demand matching, which means looking at a patient’s lifestyle, and how much stress he or she is likely to put on the joint, before selecting an implant.

Each vendor makes a variety of high- and lower-end models for this purpose.

Advancing technology

Recently, Zimmer has experimented with a combination of materials, and developed its EPOCH® hip. In August 2002, the company received FDA approval to begin selling it in the U.S. It combats “stress shielding,” where a patient’s bone atrophies because it is not allowed to flex and twist due to the rigidity of a hip implant.

Zimmer and other companies have addressed this condition with various materials and design approaches.

Due to its composite construction, the larger sizes of the EPOCH Hip are 75% less stiff than a comparable cobalt-chromium (a common implant alloy) stem and 50% less stiff than a comparable titanium alloy implant.

In 2002, Smith & Nephew introduced a new bearing surface for its hip implant line. Called Oxinium, the material is expected to increase the life span of implants. The traditional cobalt chromium ball joints are designed to meet the weight-bearing demands of a hip. The acetabular shell is made of metal with a plastic liner. It is the wearing of the liner against the chromium ball that leads to the need for follow-up, or revision, surgery over the years.

Oxinium implants are made of zirconium, a biocompatible metal similar to titanium. When its outer surface is heated, it takes on characteristics of a ceramic. The ball itself remains fracture-resistant metal, and the surface contacts the acetabular liner.

In March 2004, Zimmer took over a company that is expected to help it gain a technology edge with a bone-like material that is designed to decrease bone loss, one of the many problems that can occur with implants, requiring revisions, or repeat operations. Zimmer acquired Implex Corp., Allendale, N.J. Implex produces Hedrocel, a biomaterial that Zimmer markets as Trabecular Metal. Hedrocel is a metal structure that is similar to human cancellous bone. It is highly porous and allows bone to grow into and bond with it.

Zimmer also markets the Mayo hip, patented by The Mayo Clinic Foundation, Rochester, Minn., which requires minimal bone removal, and is considered appropriate for younger patients.

A hole in one

But Stryker scored a hole in one as the 21st century began. Golfer Jack Nicklaus chose its new ceramic implant, Trident, as an implant, and the company made headlines in the general news media, prompting patients to consider the type of implant they might request.

While conventional artificial hip systems use an insert made of plastic and a head made of metal, the insert and head of the Trident® Ceramic Acetabular System are made of alumina ceramic (aluminum oxide). Much more expensive than traditional models, the Trident® Ceramic System was said by materials management professionals to be outside the contracting area, just a pay-as-you-go option for celebrities. Yet in the HMM survey, some respondents reported using group contracts for the Trident and other Stryker products.

The competitiveness of the market may have led the big vendors to go overboard in efforts to lure doctors. Biomet, DePuy, Smith & Nephew and Stryker in March received subpoenas from the U.S. attorney’s office in Newark, N.J., for documents related to their consulting and service contracts with orthopedic surgeons who use their orthopedic implants.

All four companies said they will cooperate with the request.

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## Hip implants

Hip implant component prices are listed per unit according to hospital and group purchasing organization contracts, rounded to the nearest dollar. All prices are averages. © 2005, Hospital Materials Management.

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<th>Description</th>
<th>Product no.</th>
<th>2005 HMM</th>
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<th>2005 ECR</th>
<th>2004 ECR</th>
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Renewed deal with Fisher makes variety of lab supplies available

Amerinet, St. Louis, in March renewed its contract with Fisher HealthCare, a subsidiary of Fisher Scientific International, Pittsburgh, for laboratory supplies. Undisclosed discounts will be available on lab instruments, reagents, personal protection products and materials for handling hazardous materials.

Fisher is a distributor of lab supplies from 1,200 different manufacturers.

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**Premier bid calendar: second quarter 2005**

(Continued from page 2)

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<th>Category</th>
<th>Products and Services</th>
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<tr>
<td>Carts and Stainless Steel Equipment</td>
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<tr>
<td>Ceiling Arms / Booms</td>
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<td>Flexible Endoscopy</td>
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<td>Image Guided Surgical Systems</td>
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<td>Infant Care Products</td>
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<td>Plasma Sterilization Equipment</td>
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<td>Stretcher/Patient Handling Equipment</td>
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<tr>
<td>Surgical Microscopes &amp; Related Accessories</td>
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<td>Construction Program Management</td>
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<td>Flooring/Rubber Floorcovering, Materials for Installation, and Installation</td>
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<td>Medical Nutritional Products &amp; Related Pumps, Sets and Devices</td>
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<td>Neonatal &amp; Pediatric ECG Electrodes</td>
<td></td>
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<tr>
<td>Neonatal Developmental Products</td>
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<tr>
<td>Patient Controlled Analgesia (PCA)</td>
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<tr>
<td>Pneumatic Compression Devices (SCDs)</td>
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<tr>
<td><strong>Pharmacy</strong></td>
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<tr>
<td>Ceftriaxone</td>
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<tr>
<td><strong>Supply Chain Solutions</strong></td>
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<tr>
<td>Healthcare Technology Assessment Resources</td>
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<tr>
<td>On-Line Capital Medical Equipment Technology Evaluation Content</td>
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<tr>
<td><strong>Surgical Services</strong></td>
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<tr>
<td>Chest Drainage Products</td>
<td></td>
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<tr>
<td>OR Intergration</td>
<td></td>
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<tr>
<td>Pediatric specialty Urological Products</td>
<td></td>
</tr>
<tr>
<td>Spinal Implants &amp; Related Spinal Products</td>
<td></td>
</tr>
</tbody>
</table>
Surgical instrument index leaps up 7.11%

The overall medical-surgical price index for the fourth quarter of 2004 was 98.52, up 0.12% from the third quarter, and down 1.48% from the previous year.

Of the 21 categories surveyed, 10 were down for the quarter, and 11 were up, but most varied by less than a percentage point. The average quarterly change was +0.30%, and the average annual change was –0.37%. The highest quarterly increase was a steep 7.11% for surgical instruments. Autotransfusion declined the most, at –1.90%.

Annual changes ranged from –8.01% for diagnostic and therapeutic catheters to +6.60% for surgical instruments.

HMM obtains its indices from IMS Health, Plymouth Meeting, Pa. IMS surveys 350 hospitals each quarter and projects the results for the 5,300 acute-care hospitals in the continental U.S. A price index is a measure of relative change in a group of prices from the base period to another specific period. In the HMM survey, the base period always is the date four quarters back, which is set at 100.

The overall medical-surgical index increased 0.12% between the two quarters, and was 1.48% lower than the composite index a year ago.

### Autotransfusion

The autotransfusion products index decreased 1.90% compared with the previous quarter. The index is up 4.49% from a year ago.

### Bandages and dressings

The bandages and dressings index decreased 0.74% from the previous quarter. The index is up 1.03% from a year ago.

### Catheters, tubes and allied products

Catheters, tubes and allied products decreased 0.99% between the quarters. The index is up 2.63% from the previous year.

### Diagnostic and therapeutic catheters

The diagnostic and therapeutic catheters index decreased 0.98% between the quarters. The index is down 8.01% from a year ago.

### Electrosurgical supplies

Electrosurgical supply prices increased 2.68% between the quarters. The index is up 3.63% from a year ago.

### Endoscopy

Endoscopy instruments increased 0.37% between quarters. The index is up 0.54% from a year ago.

### Garments and textiles

The garments and textiles index increased 1.31% between the quarters. The index is down 0.14% from a year ago.

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PRICE INDEX

Gloves

The glove index decreased 0.70% between the most recent quarters. The index is down 4.61% compared with 12 months ago.

Orthopedic supplies

The orthopedic supplies index was up 0.82% between the quarters. The index is up 2.62% from a year ago.

Paper products

The paper products index decreased 0.77% between the quarters. The index is up 2.73% from a year ago.

Respiratory therapy

The respiratory therapy index decreased 0.17% between the quarters. The index is down 2.40% from a year ago.

Solutions/solution delivery products

The solutions index decreased 1.46% between the quarters. It is down 5.89% from a year ago.

Sponges

The index for sponges increased 0.76% between the quarters. The index is down 4.33% from a year ago.

Surgical instruments

Surgical instrument prices increased 7.11% between the quarters. The index is 6.60% higher than a year ago.

Surgical packs and parts

The surgical packs and parts index increased 0.17% between the quarters. The index is down 1.92% from a year ago.

Syringes and needles

The syringes and needles index was up 0.04% between the quarters. The index is up 0.74% from a year ago.

Urological products

The urological products index increased 0.31% between the quarters. The index is up 0.41% from a year ago.

Wound closures

The wound closures index increased 0.18% between the most recent quarters. The index is up 2.41% from one year ago.

X-ray supplies

X-ray supply prices increased 1.07% between the quarters. The index is down 2.83% from last year.

Source: IMS Health
**Med-surg indices post slight gains in March**

The Finished Goods segment of the Producer Price Index (PPI) for March was 153.5 up 0.9% from February, when it was 152.2.

For the selected medical-surgical products, the average index change between February and March was +0.4%.

The average monthly change +1.3%. The highest monthly increase was 1.1% for diagnostic apparatus, and none of the selected categories declined during the month.

### Detailed Producer Price Index

<table>
<thead>
<tr>
<th>Product category</th>
<th>Mar 2005</th>
<th>Feb 2005</th>
<th>Mar 2004</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finished goods</td>
<td>153.5</td>
<td>152.2</td>
<td>146.3</td>
<td>+0.9</td>
<td>+4.9</td>
</tr>
<tr>
<td>Catheters</td>
<td>129.9</td>
<td>129.5</td>
<td>127.4</td>
<td>+0.3</td>
<td>+2.0</td>
</tr>
<tr>
<td>Clinical laboratory</td>
<td>125.0</td>
<td>125.0</td>
<td>122.7</td>
<td>0.0</td>
<td>+1.9</td>
</tr>
<tr>
<td>Diagnostic apparatus</td>
<td>141.2</td>
<td>139.7</td>
<td>141.3</td>
<td>+1.1</td>
<td>-0.1</td>
</tr>
<tr>
<td>Electromedical equipment</td>
<td>92.0</td>
<td>91.9</td>
<td>93.3</td>
<td>+0.1</td>
<td>-1.4</td>
</tr>
<tr>
<td>Irradiation apparatus</td>
<td>111.6</td>
<td>111.1</td>
<td>110.7</td>
<td>+0.5</td>
<td>+0.8</td>
</tr>
<tr>
<td>Surgical and medical insts.</td>
<td>135.6</td>
<td>135.4</td>
<td>134.1</td>
<td>+0.1</td>
<td>+1.1</td>
</tr>
</tbody>
</table>

### Detailed Consumer Price Index: Medical Care Commodities

The unadjusted medical care commodities component of the Consumer Price Index for February was 272.8, up 0.4% from January and 2.3% higher than it was one year before.


### Recent price surveys

- **Protective apparel (April)**—Depending on contracts, prices are expected to stay level or drop as much as 10%.
- **Syringes and needles (March)**—Prices rose modestly in 2004, but are expected to decline this year, now that hospitals have converted to safety products.
- **Stents (February)**—Stent prices will stay level in 2005, rather than continue to decline.
- **Gloves (January)**—Glove prices are expected to increase, but the extent will vary by material and use.
- **Paper (December)**—Paper prices overall will stay level or rise only slightly in 2005.
- **Foley catheters (November)**—Materials managers expect to pay more next year for certain models.
- **IV solutions (October)**—Prices of intravenous fluids are expected to begin rising in 2005.
- **Cardiac catheters (September)**—Last year’s predictions of PTCA catheter price increases did not materialize.
- **Wound care (August)**—Average wound care prices are expected to remain level in the coming year.

To order copies of previous price surveys, call 1-800-328-3211 and ask for the appropriate month’s issue at $15 per copy.

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**Source:** Bureau of Labor Statistics.

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People on the move

William McFaul has founded a consulting firm called Strategic Initiatives in Healthcare, Jackson, N.J. To do so, he has come out of retirement as founder and president of the former McFaul and Lyons Inc. The new firm will promote concepts of expense management to hospital executives as well as materials managers. Named president of Strategic Initiatives was Joe Colonna, former vice president of Shared Services Healthcare, Atlanta. Also joining the firm is a former colleague of McFaul’s, Tom MacVaugh. MacVaugh was a vice president at McFaul and Lyons Inc. before joining Sodexho/Marriott, Farmington, Conn., and then Premier, Charlotte, N.C., Contract Management Services division.

Terry Dean retired April 15 after 34 years as purchasing agent at Rochester General Hospital, Rochester, N.Y., 528 beds. Dean specialized in laboratory supplies.

Positions available

Bayhealth Medical Center, Dover, Del., 211 beds, is seeking a surgical material services manager and a warehouse distribution services manager. Contact Robin Roberts, Human Resources Dept., phone 866-305-5627 or fax resume to 866-866-6442.

Barlow Respiratory Hospital, Los Angeles, is seeking a purchasing assistant. Contact Judy Meister, Barlow Respiratory Hospital, 2000 Stadium Way, Los Angeles, CA 90026 or e-mail jmeister@barlow2000.org.

Childrens Hospital Los Angeles, 330 beds, is seeking a supervisor of supply processing and distribution. Contact Childrens Hospital Los Angeles, 4650 Sunset Blvd., Mail Stop #87, Los Angeles, CA, 90027. Phone 323-669-2159. Fax 323-663-1645.

Triumph HealthCare, Houston, is seeking a manager of materials management for one of its long-term acute-care hospitals. Contact Triumph Hospital Clear Lake, 350 Blossom St., Webster, TX, 77598. Phone 713-807-8686.


Broadlane, Dallas, is seeking an expeditor for an outsourced materials management department in Cincinnati. Fax resume to 972-813-8439.

Roanoke-Chowan Hospital, Ahoskie, N.C., 124 beds, is seeking a director of support services with responsibility for materials management. Contact Roy Lewis at 252-209-3263. Fax 252-209-3252.

Christiana Care Health Services, Newark, Del., 1,000 beds, is seeking a logistics manager. Fax cover letter and resume to S. Ellsworth at 302-623-0324 or apply online at www.christianacare.org.

Marian Community Hospital, Carbondale, Pa., 112 beds, is seeking a director of materials management. In July, Marian became a member of Catholic Health East, Newtown Square, Pa., through its membership in Maxis Health System. Contact Marian Community Hospital, 100 Lincoln Ave., Carbondale, PA 18407. Phone: 570-281-1000.

Los Gatos Surgical Center, Los Gatos, Calif., is seeking a materials/facility manager responsible for purchasing, inventory and storage of equipment and supplies. Fax resume to Kathleen O’Connor at 408-358-3924.

La Rabida Children’s Hospital, Chicago, 77 beds, is seeking a materials manager. Fax resume to 773-363-7905.

South Texas Health System, McAllen, Texas, is seeking an assistant director of materials management. Fax resume to 956-388-2450.

Methodist Hospital of Southern California, San Gabriel, Calif., 274 beds, is seeking an OR materials coordinator. Fax resume to Christina Trejo at 626-446-1709.

Cirrus Health, Beverly Hills, Calif., is seeking a surgical technologist/materials manager. Fax resume to 817-837-1105.

Regency Hospital Co., Covington, La., is seeking a materials management assistant. Contact Leigh Venturella at 985-867-3978; fax 985-867-3976.
Medbuy Corp., London, Ontario, is seeking a director of pharmacy contract development. Contact M. Peers, Medbuy Corp., 4056 Meadowbrook Drive, Unit 135, London, Ontario N6L 1E4, Canada. Phone 519-652-1688; Fax 519-652-2788. Email: mpeers@medbuy.ca.

Temple University Hospital, Philadelphia, 514 beds, is seeking a support services coordinator, to be responsible for purchasing equipment and supplies for nursing units. Contact Temple University Hospital, 3401 N Broad St., Philadelphia, PA 19140. Phone 215-707-2000. Fax 215-221-2775.

VHA, Irving, Texas, is seeking a materials manager with expertise in sterile processing to work with members in the North Carolina area. Apply online at www.vha.com.

Alta Bates Summit Medical Center, San Francisco, 1,082 beds, has three openings in distribution and materials management. It is seeking distribution technicians in logistics and materials management, and an administrative assistant responsible for materials management in the emergency department. Contact Human Resources, Sutter Health, 3012 Summit St. 3rd Floor, Oakland, CA 94609. Phone 510-869-6800, Fax 510-869-8258.

Chandler Regional Hospital, Chandler, Ariz., 138 beds, is seeking a materials manager. E-mail resume to jperna@chw.edu

The Catholic Healthcare Initiatives national office in Tacoma, Wash., is seeking a purchasing assistant to provide support for buyers and contract administrators. Contact Tracie Grant, Human Resources Manager, Catholic Health Initiatives, 1999 Broadway, Suite 2600, Denver, CO 80202. Phone 303-383-2792; Fax 303-383-2695.

Centura Health, Englewood, Colo., is seeking an assistant vice president of value analysis in its materiel management department. Contact Human Resources, Centura Health, 5570 DTC Parkway, Englewood, CO 80111.

St. Joseph Medical Center, Towson, Md., 460 beds, is seeking a director of materials management and a clinical resource manager for materials management. Contact Ann T. Bures, Employment Manager, St. Joseph Medical Center, 7601 Osler Drive, Towson, MD 21204. Phone 410-337-1447; Fax 410-337-1203.

St. Joseph Hospital and Health Center, Dickinson, N.D., 109 beds, is seeking a materials management director.

Contact Connie Fichter, Human Resources Director, St. Joseph’s Hospital & Health Center, 30 West 7th St., Dickinson, ND 58601. Phone 701-456-4276; Fax 701-456-4801.

HealthSouth Diagnostic Center, Scottsdale, Ariz., is seeking a materials/sterilization coordinator. Responsible for the sterile processing, negotiating with vendors and maintenance of physician preference cards. Contact HealthSouth Diagnostic Center, 9522 E. San Salvador, Scottsdale, AZ 85258. Fax 480-767-2101.

Broadlane, Dallas, is seeking a contract manager for surgical and orthopedic supplies. Fax resume to 972-813-8439 or apply online at www.broadlane.com.

Kaiser Permanente, Oakland, Calif., has 12 openings for materials management specialists in its California hospitals. These positions include material services coordinator, materials specialist, sterile processing supervisor, storekeeper and warehouse specialist. For more information visit www.kaiserpermanentejobs.org.

Kaweah Delta Health Care District, Visalia, Calif., 501 beds, is seeking a supervisor of laundry services, to be responsible for the laundry and linen departments for all Kaweah Delta facilities. Contact Human Resources, Kaweah Delta Health Care District, 400 West Mineral King Ave., Visalia, CA 95291. E-mail myresume@kdhcd.org.

Premier, Charlotte, N.C., is seeking several purchasing professionals. In the Oak Brook, Ill., office, Premier is seeking a manager of contracting for colleges and universities. In the Charlotte office, the following positions are open: vice president of product planning; manager of environmentally preferred purchasing; and administrative assistant for facilities. Apply online at www.premierinc.com.

Harris Methodist Fort Worth Hospital, Fort Worth, Texas, 628 beds, is seeking a director of materials management and operating room materials supervisor. Apply online at www.texashealth.org.

University of Southern California Hospital, Los Angeles, 293 beds, is seeking an assistant director of materiel management for its Norris Cancer Hospital. Contact Betty Baker at 323-865-3880. Fax 323-865-0118.