

Lead^{the}Way

Creating National Supply Chain Certainty



Trinity Health is one of the largest multi-institutional Catholic health integrated care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a health system that puts the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

COVID-19 Supply Chain Response Concerns

The COVID-19 pandemic has highlighted the inadequacies in the health care supply chain. There is a global reliance on China for both raw materials and finished goods. Approximately 80 percent of active pharmaceutical ingredients (API) originate in China. Countries all around the world are going to China at the same time for the same goods creating competition and security risks.

In the United States, the lack of coordination and transparency in the governmental response has acutely appeared in the supply chain that has been charged with bringing life-saving medicines, supplies and personal protective equipment (PPE) to hospitals and other providers. This lack of coordination is coupled with the reality that the federal government is now a new competitor for these same products as well.

While well intentioned, the efforts of the Federal Emergency Management Agency (FEMA) to build the Strategic National Stockpile (SNS) as well as the attempts by legislators to help acquire those supplies has ultimately resulted in competition with hospitals for the same products. Additionally, suppliers are not being transparent with hospitals and other providers regarding product capacity, demand and allocation. For example, COVID-19 testing is critical to reopen the economy safely. However, hospitals and other providers have no visibility into the availability of test kits. Ultimately, these competing variables have resulted in a supply chain that is inefficient and inadequate to meet the demands of the COVID-19 pandemic.

What Can Policymakers Do?

- Develop transparent SNS policies that include information on the inventory, location and accessibility of the stockpile, along with a process to track the status of critical product shortages.
- Ensure efforts to augment the SNS do not impede hospitals and other providers from accessing the medicines, supplies and PPE needed now for immediate patient care.
- Establish a coordinated national supply chain through a public-private partnership that includes a "marketplace" for supplies with information on demand. This effort should be led by supply chain experts with government at the table.

Examples

1. Remdesivir: Remdesivir is the one medicine shown to be effective against COVID-19. The distributor initially sent allocations directly to hospitals without any advance notice. States took over the distribution but that was chaotic in the beginning as well. In one instance, a state trooper dropped off cases of Remdesivir to a Trinity Health facility without prior notification.
2. COVID-19 test kits: On a Friday, Trinity Health was informed that its allocation of test kits would be reduced by 65 percent for the next week. The Department of Health and Human Services (HHS) directed the manufacturer to send more test kits to Michigan facilities than needed, because Michigan was a hot spot, to the detriment of other states. Trinity Health was able to redistribute the test kits from Michigan but the process was unnecessarily inefficient.

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

Reverence • Commitment to Those Who Are Poor • Safety • Justice • Stewardship • Integrity