



# Getting the Most from Your Distributor Relationships

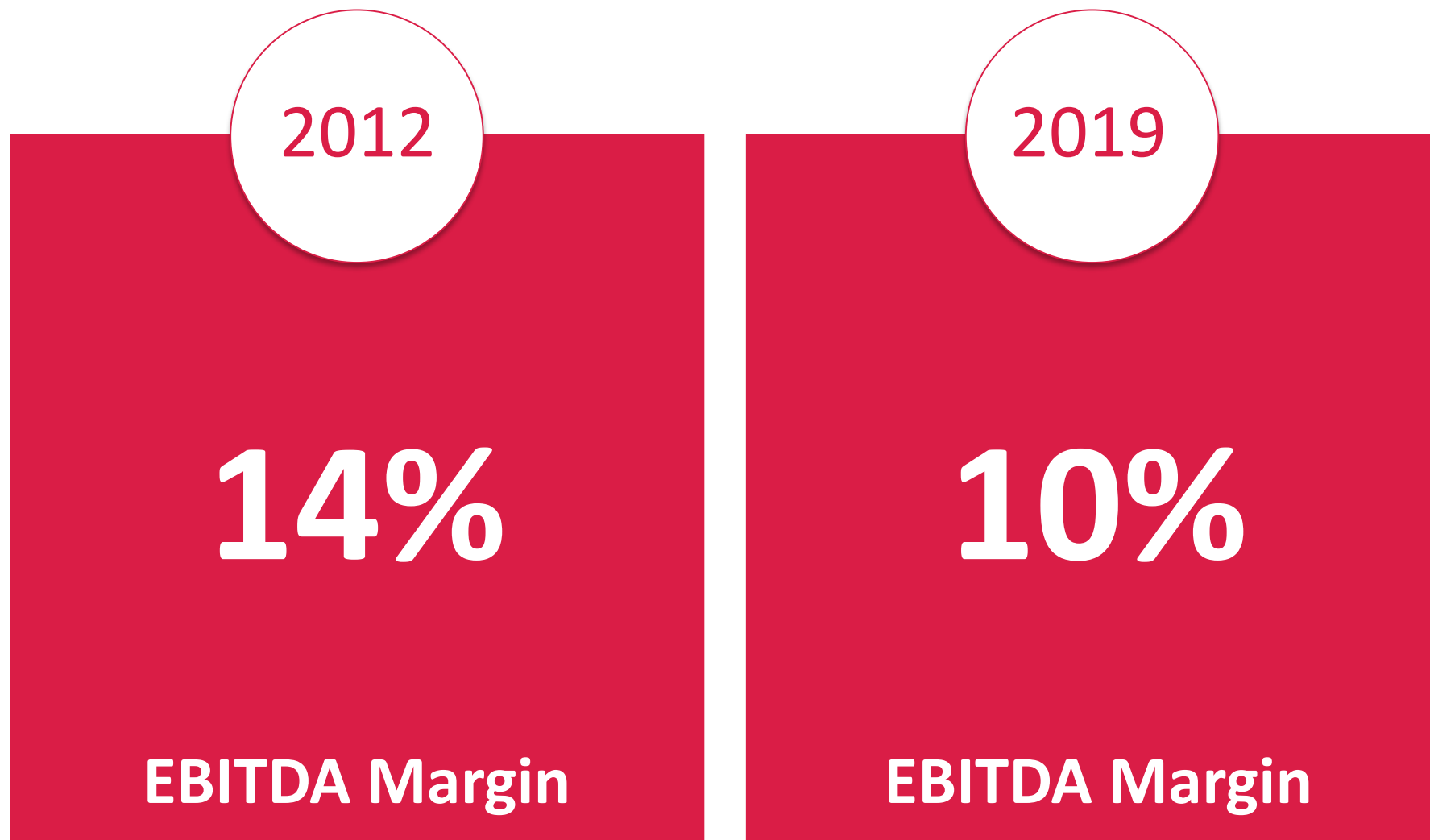
# Agenda

- 1. Facts about Healthcare Supply Chains**
- 2. The View from the Outside: What is Important in Distribution?**
- 3. Self-Distribution: Rationale & Benefits**
- 4. The Future of Distribution**



# Facts about Healthcare Supply Chains

# Reality: IDN Margins Will Decline



Source: Average IDN, Mckinsey Center for Healthy System Reform, Typical IDN

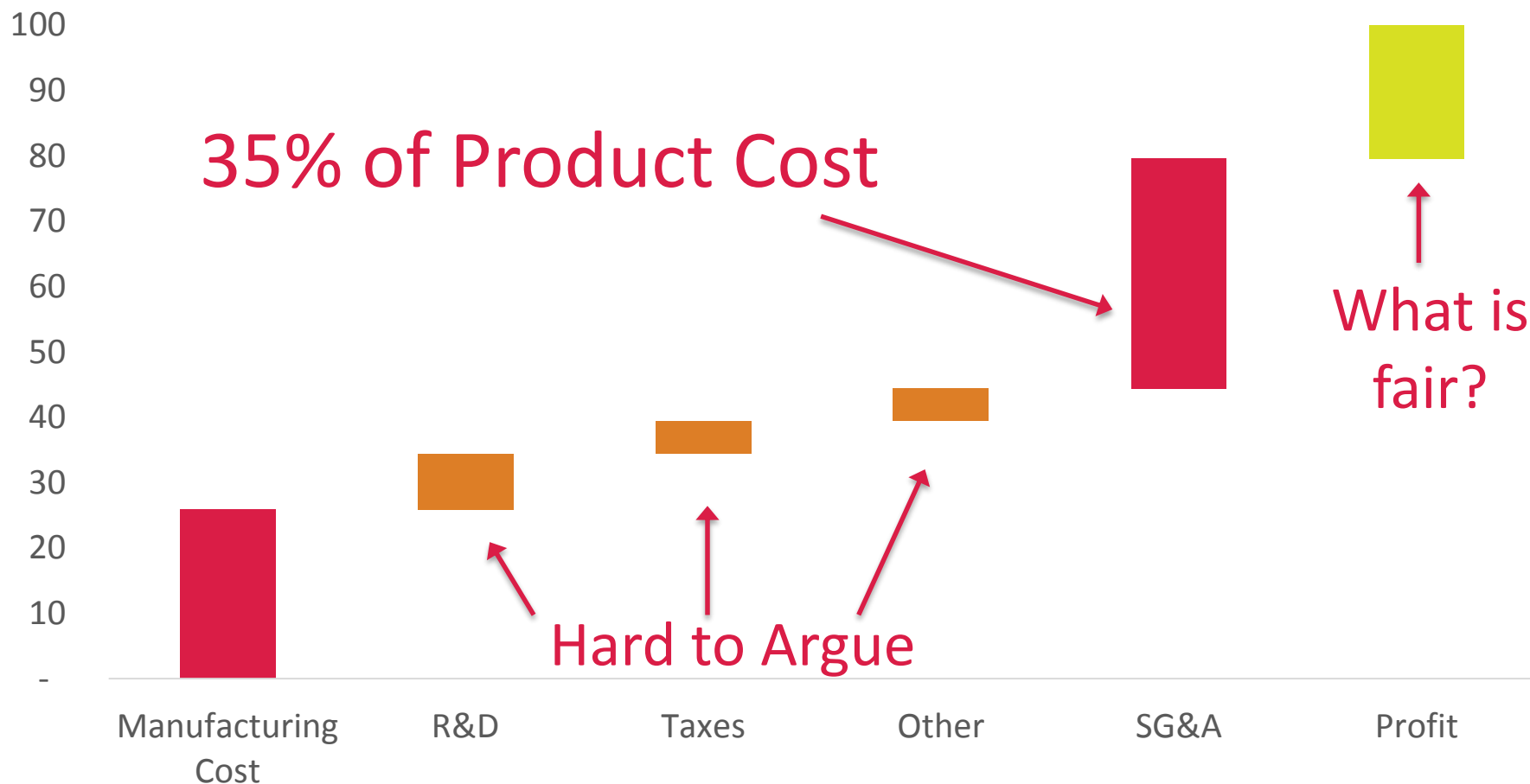
# Reality: Supply Chain is **EXPENSIVE**



**43%** of the total delivered cost of a medical device is **sales and supply chain**

# Supply Chain Hidden Costs

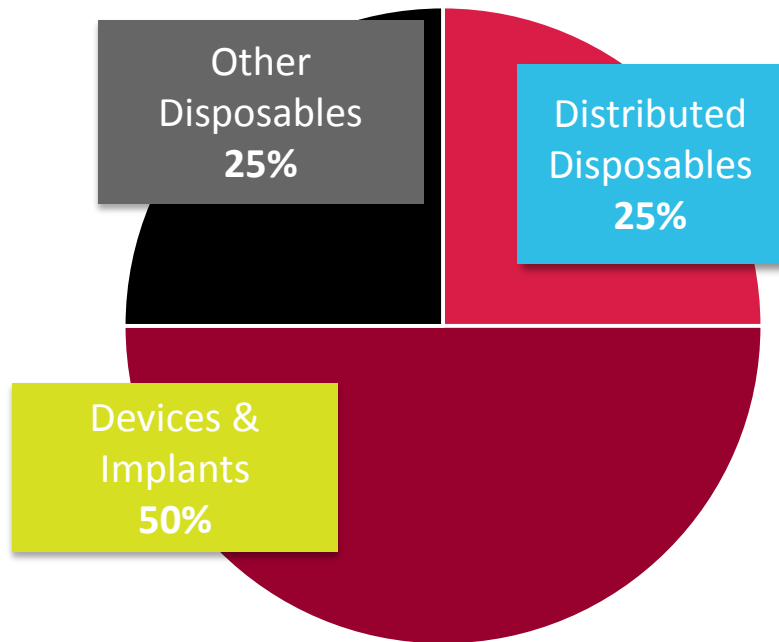
## Components of Medical Device Cost



Source: Financial statements of largest medical device manufacturers

# Fragmented Supply Chains

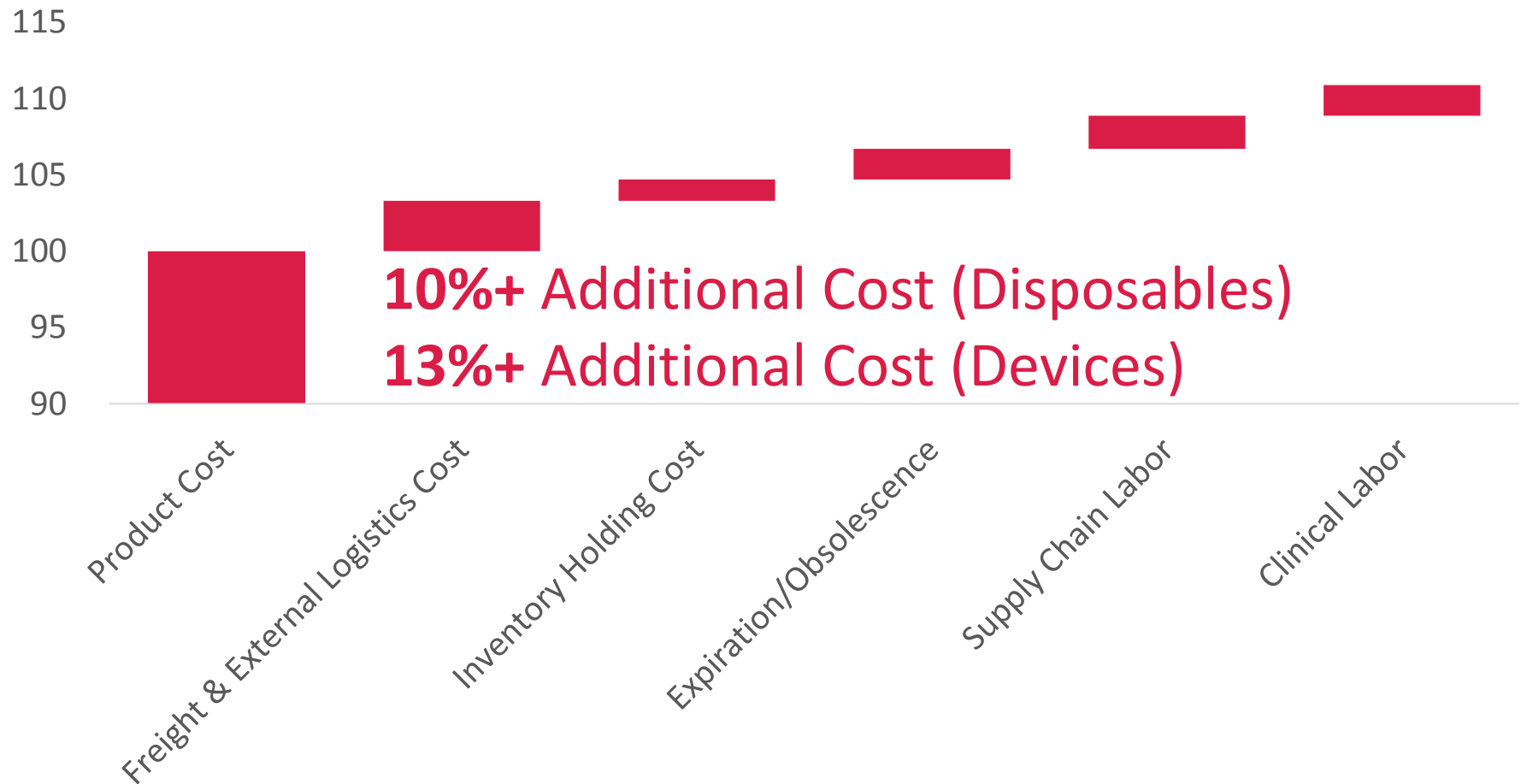
## Total Medical Supply Spend



75% of medical product supply spend is unconsolidated

# There is an internal cost for supply chain

## Total Delivered Cost of Owning a Product



Source: Owens & Minor Internal Data, HIDA



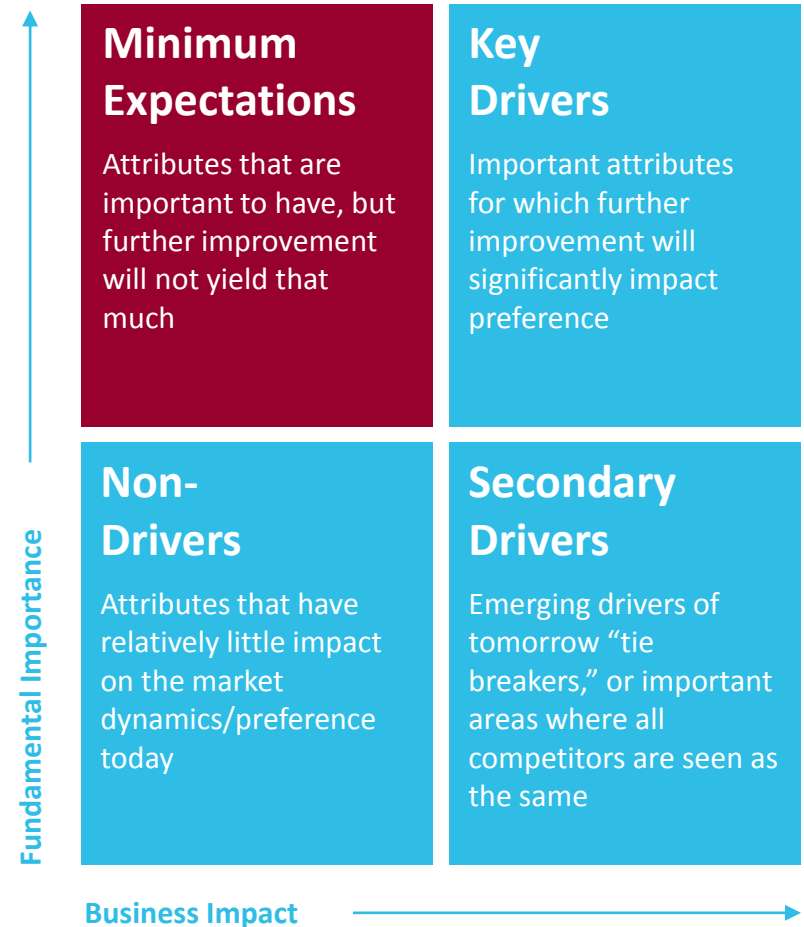


# What is Important in Distribution?

# What do Providers Expect From Distribution?

## Table Stakes

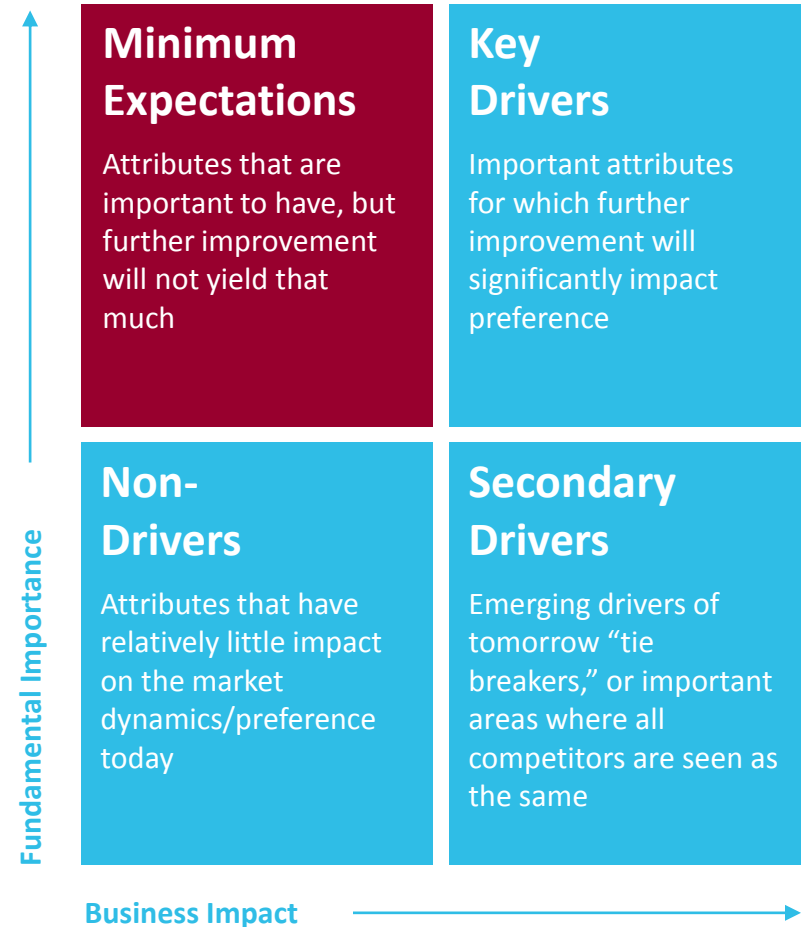
- ▶ Wide range of supply chain services
- ▶ Used by the most successful providers
- ▶ Thought leadership
- ▶ Measureable value
- ▶ Consistently delivers savings
- ▶ Collaborative & anticipatory



# What do Providers Expect From Distribution?

## Key Drivers

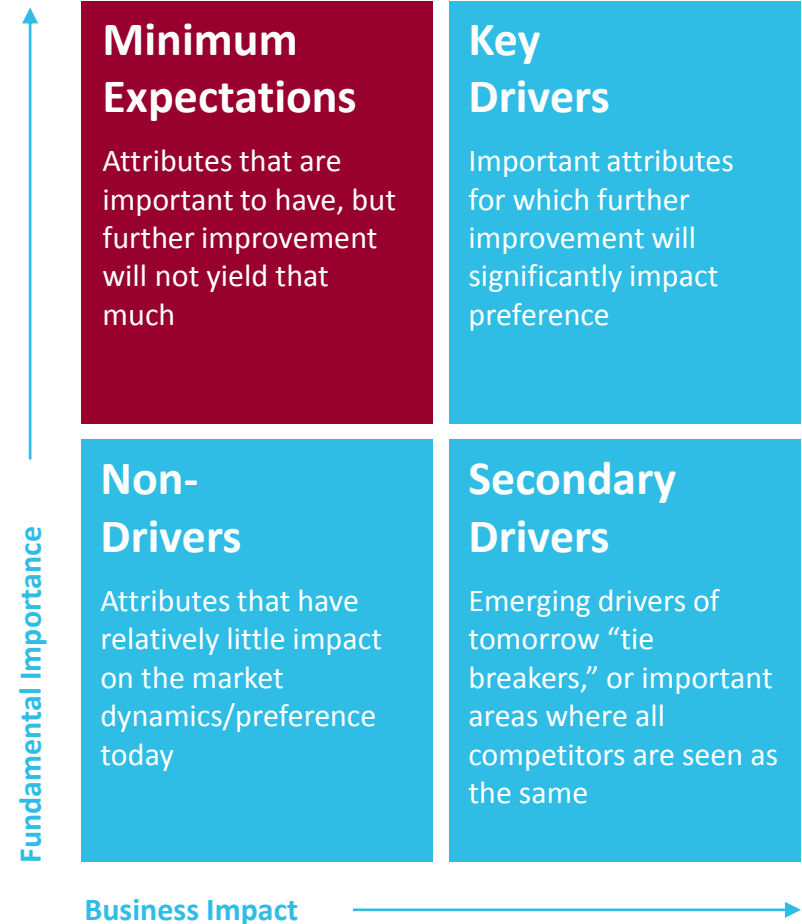
- ▶ Make my job easier
- ▶ Peace of mind
- ▶ Customizes solutions
- ▶ Long record of success
- ▶ True partner
- ▶ Aligned with my objectives



# What do Manufacturers Expect From Distribution?

## Table Stakes

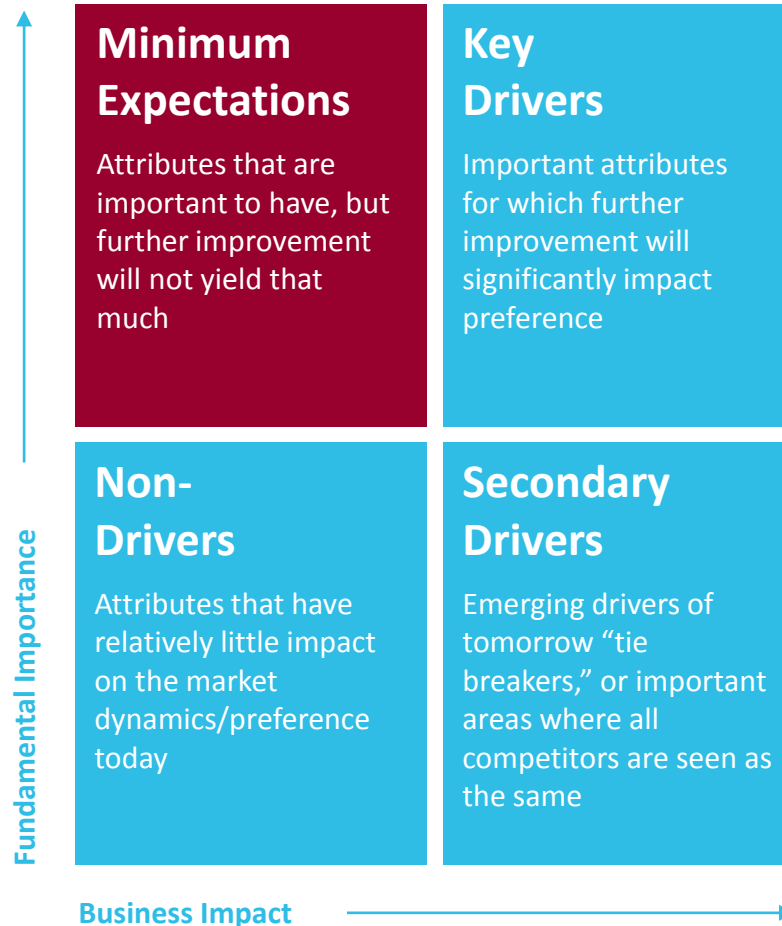
- ▶ Makes my job easier
- ▶ Customizes supply chain solutions
- ▶ Help me make better business decisions
- ▶ Manage contracts portfolio



# What do Manufacturers Expect From Distribution?

## Key Drivers

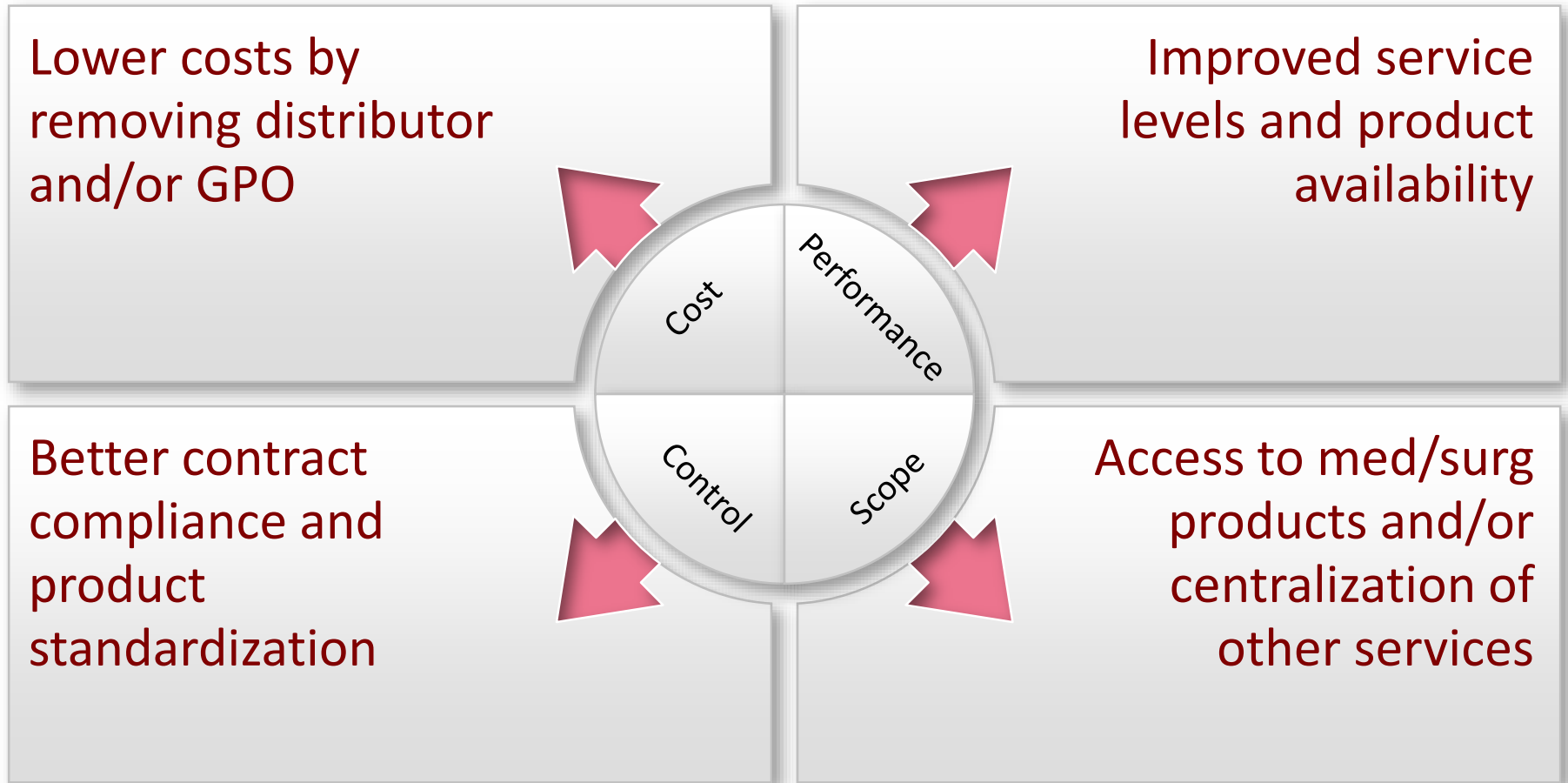
- ▶ Trust & integrity
- ▶ Long-track record of success
- ▶ Gives me peace of mind
- ▶ Customizes supply chain solutions
- ▶ True partner
- ▶ Enhances my ability to service my customers
- ▶ Aligned with my business objectives





# Why Self-Distribution?

# A (Small) Selection of Reasons for Self-Distribution

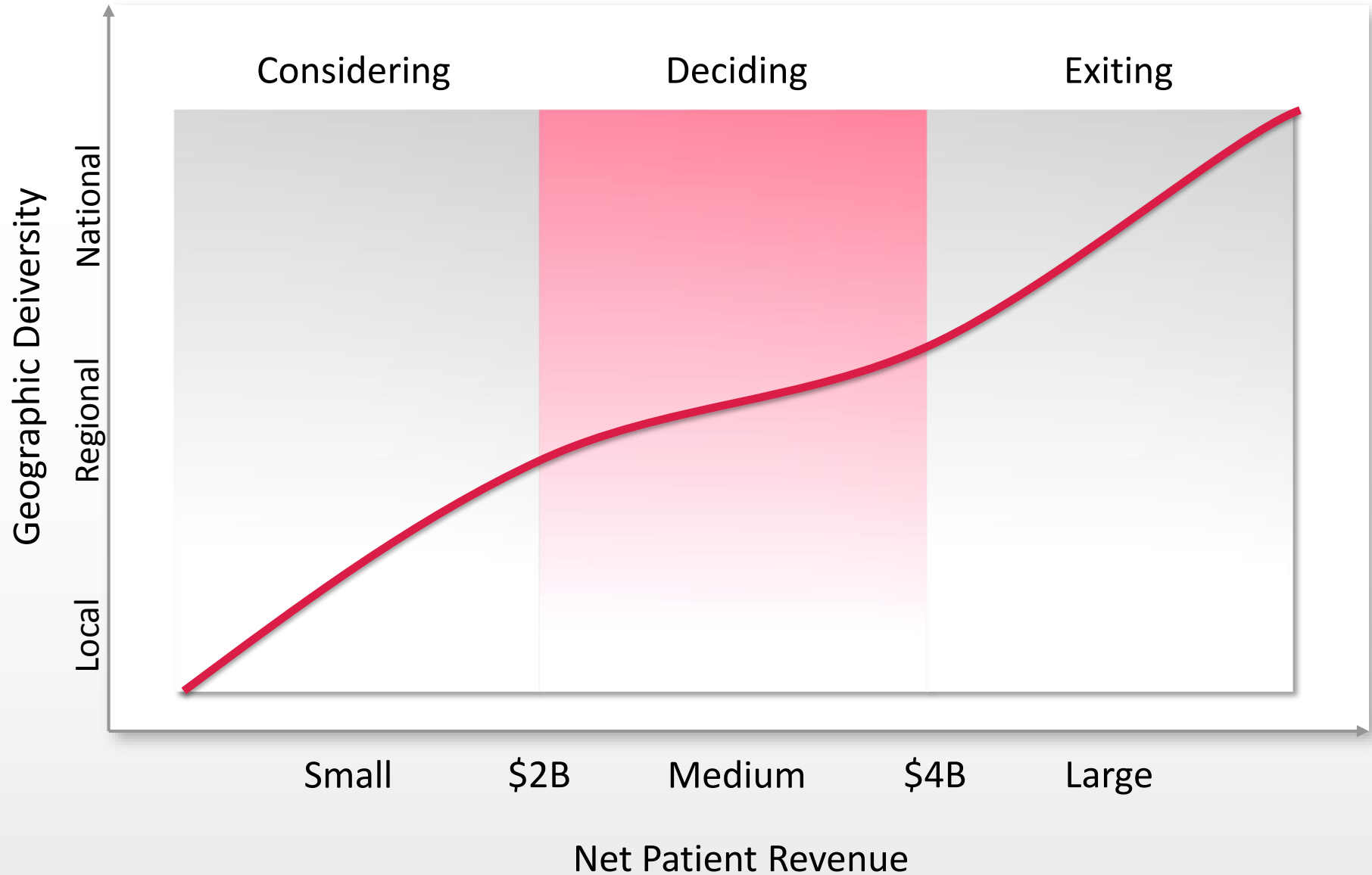


# Defining Self-Distribution

- Facility: Operates or outsources a warehouse, typically greater than 75,000 sq. ft.
- Size: More than 50% of their total product spend comes direct from manufacturer
- Control: Consolidates both product and services through the facility
- Contracting: May self-contract



# The Self-Distribution Curve

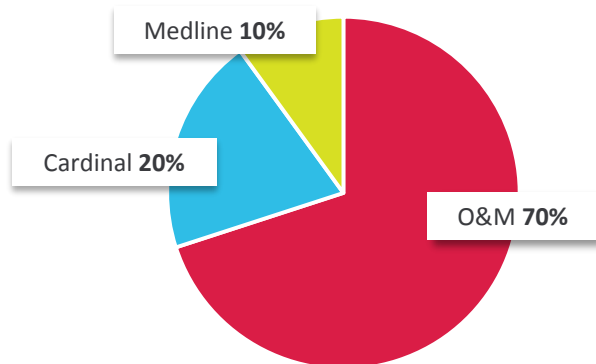




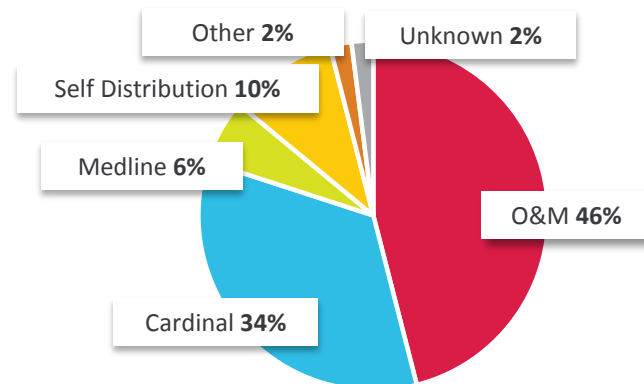
# The Future of Distribution

# Current Primary Logistics Relationships

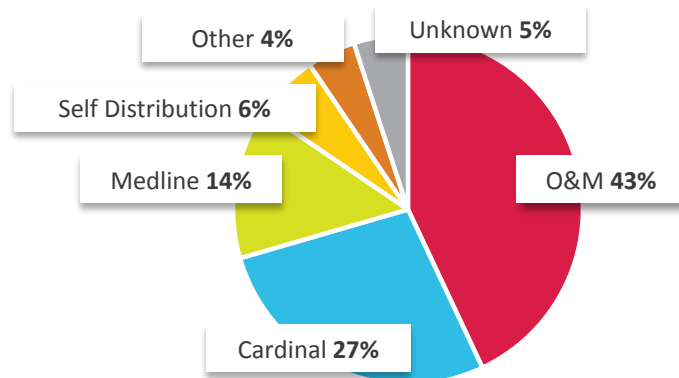
## Top 10 IDNs by Revenue



## Top 50 IDNs by Revenue



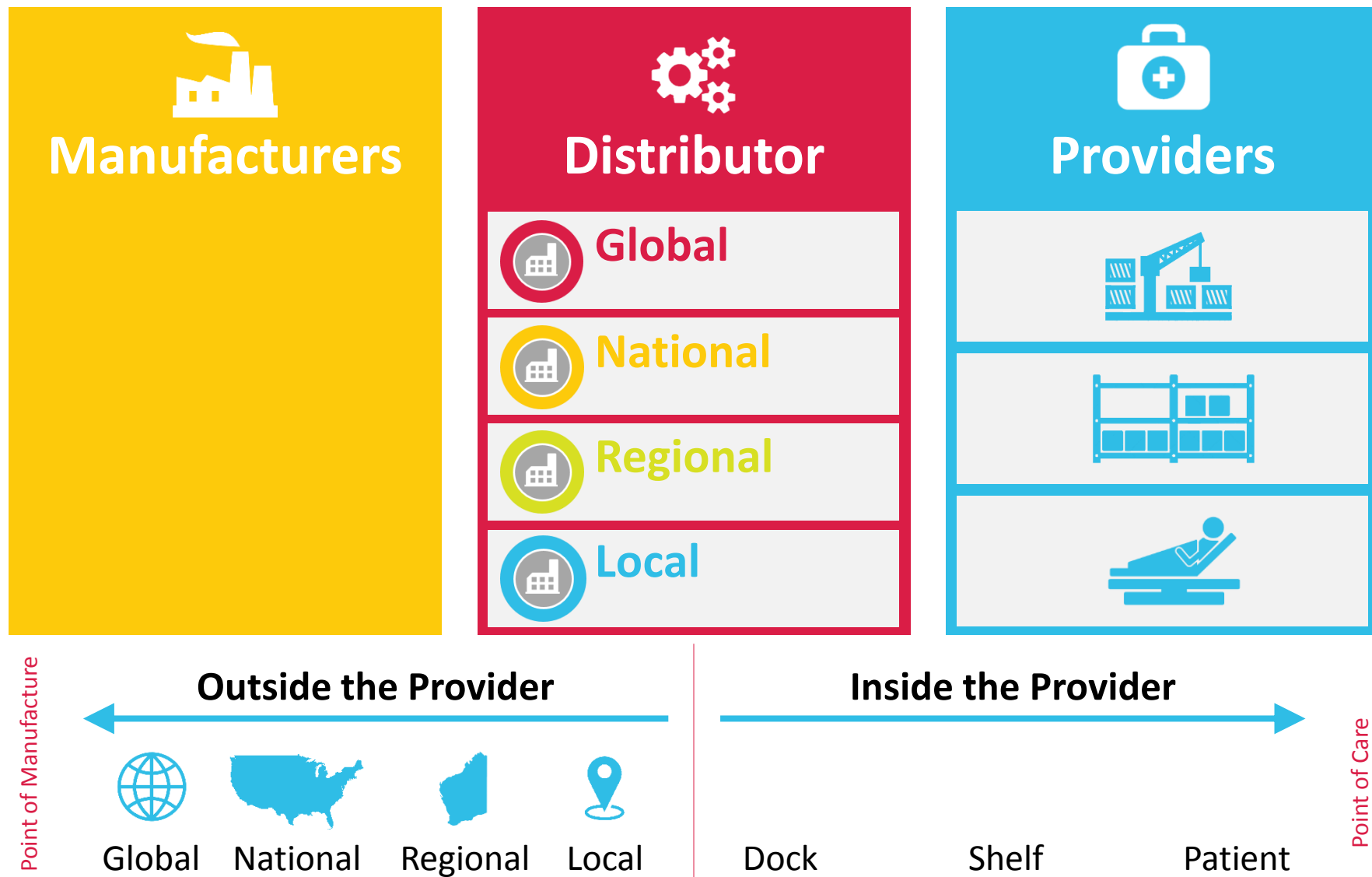
## Top 200 IDNs by Revenue



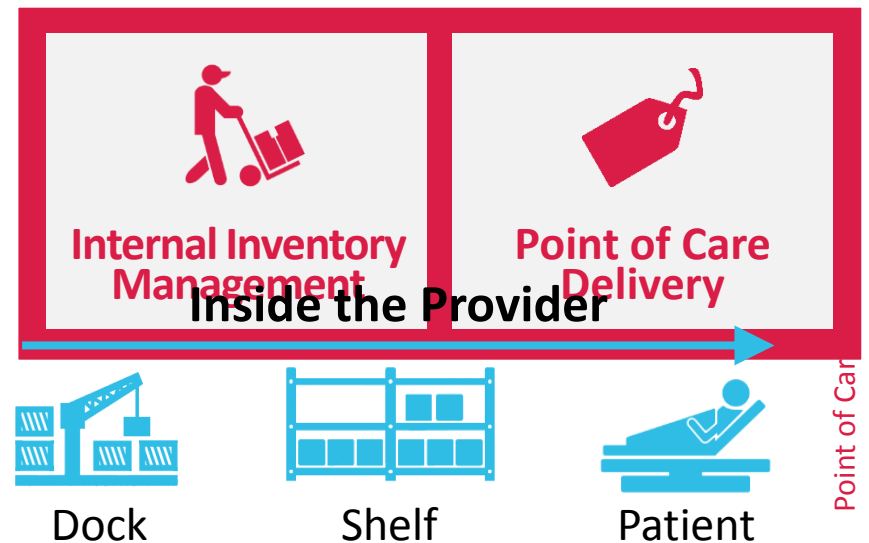
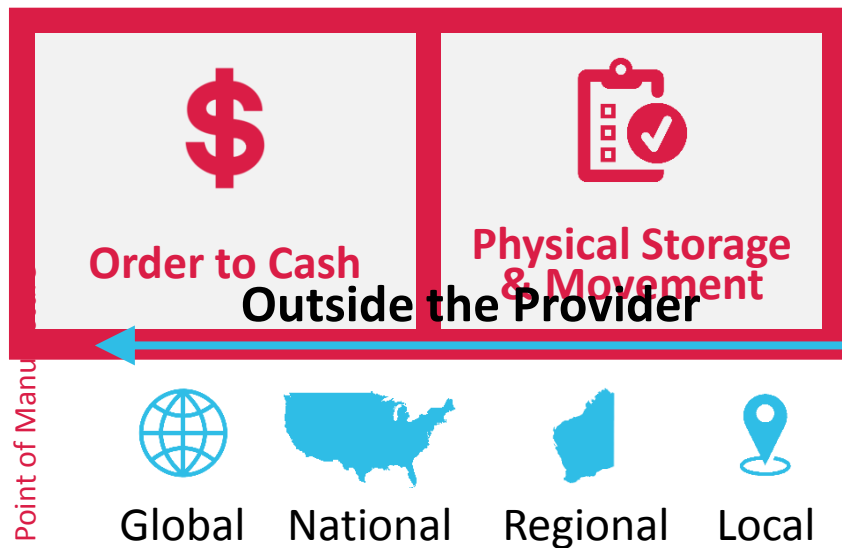
Source: O&M tracking of top 200 IDNs

Note: Does not indicate market share, only which company is the primary distributor for the IDN

# Fundamental Choices



# Beyond Distribution



## Solution #3: Eliminate Waste



On average,  
**20%** of the  
supplies delivered  
into an OR are  
*unused*

## 3 Trends

**POINT OF CARE  
INTEGRATION**

**VISIBILITY &  
CONTROL**

**COST & PRICE**

“Retail Checkout” – Scanning at point of care  
Delivery of procedure, not just of product  
Move outside of the hospital

# Inventory, Inventory Everywhere



**The average device  
has more than 200  
days of inventory in  
the channel**



## 3 Trends

**POINT OF CARE  
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**COST & PRICE**

GS1/GTIN and Data Standards

Provider visibility inside the distributor

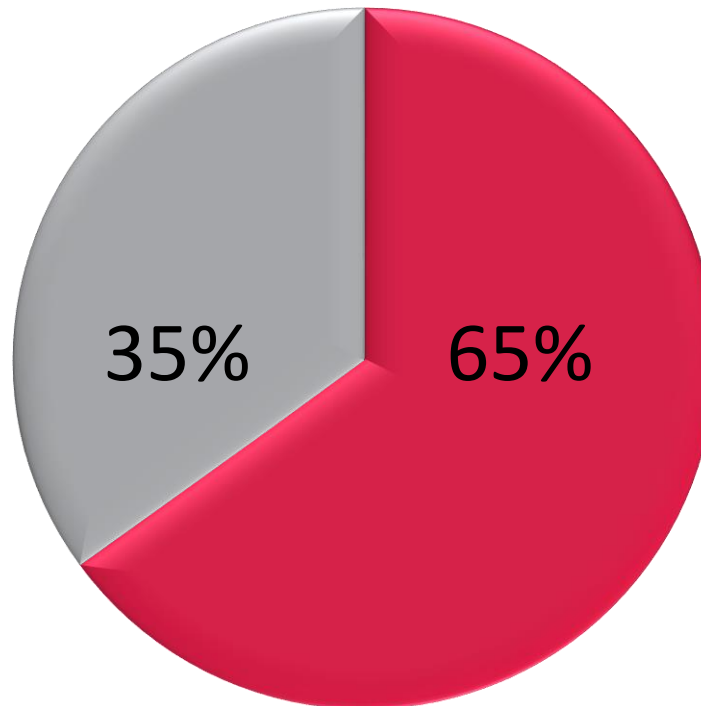
Multiple product ownership models

# Traditional Market was Clearly Defined...

## Supply Mode of Purchase

### Distribution

- High volume
- Minimal IP
- <\$800/unit ASP
- Low complexity
- Nearly 100% - GPO contracting
- Uncomplicated use
- Private label
- Minimal direct sales



### Direct

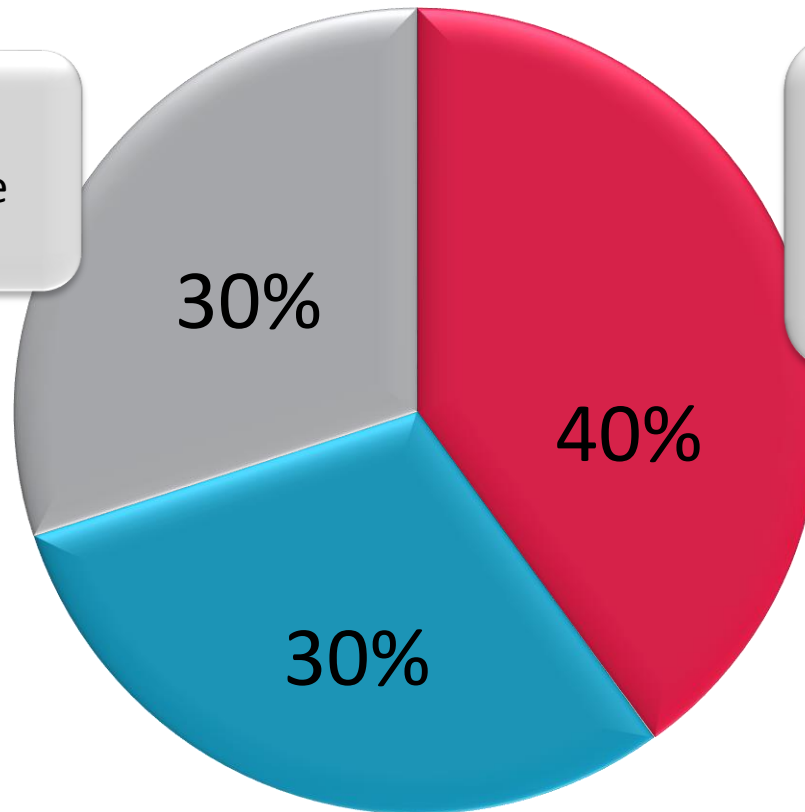
- Low to moderate volume
- Higher IP distinctions
- >\$800/unit ASP
- Higher to very high complexity
- Direct sales force
- High prevalence of local contracting

By volume: 75% Distribution / 25% direct

# But the Delivery Dynamics are Changing Rapidly...

## Distribution

Self distribution by some Providers erodes growth



## Direct

Downward pressure on revenues forces re-evaluation of SG&A elements

## Fee for Service/Shared Financials

Rapid rise in need for healthcare specific logistics; few firms fit the need

## 3 Trends

**POINT OF CARE  
INTEGRATION**

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**COST & PRICE**

Continued pressure on distributor price

Migration away from cost-plus