

Washington Association for Community Health

Purchasing News
MARCH 2026



Good day to all!
My name is Vicki Pascasio and I am new at WACH. This newsletter was put together while learning more about you and your associations - the what, where, when, and how of your organization. I thought since there might be others who are new, I would share some of what I have learned thus far. I wanted to learn how similar or different your organization might be from the previous organizations I worked with. It seems like you also want to serve your communities in the best way possible! Also, know that I am very enthusiastic about the benefits that associations can provide their members and am extremely excited about working with you!

Latest News

Recommendation: Purchase PPE Supplies

Community health centers (CHCs) may want to stock up now on personal protective equipment (PPE) and other low-tech medical supplies, as the political consultant BGR and law firm Alston & Byrd have indicated that triple-digit tariffs on these items are “likely.”

Current Issues & Trends

We held a virtual User’s Group meeting in February and one of the discussion topics was current issues and trends. We felt we should share with those who were not able to participate and ask everyone to send topics you would like discussed in upcoming meetings.

1. Cost Pressure and Supply Chain Volatility

- Inflation and rising unit costs continue to squeeze budgets, especially for medical supplies, pharmaceuticals, and facility operations.
- Unpredictable lead times and backorders require stronger vendor management and contingency planning.
- GPO participation is shifting from “price-only” to “value + stability,” with buyers prioritizing contracts that offer reliable fill rates, transparent pricing, and fewer substitutions.

2. Increasing Complexity in 340B Purchasing

- Manufacturer restrictions and contract pharmacy limitations are creating more administrative work for purchasing teams.
    - Some states - like Oregon and most recently Washington - have enacted laws to ban contract pharmacy restrictions on 340B covered entities. This would help alleviate the above administrative burden.
- Audit readiness now requires tighter documentation, clearer purchasing workflows, and better alignment between pharmacy, finance, and supply chain.
- Buyers are being asked to help demonstrate how 340B savings support patient care, which means better tracking of contract utilization and savings impact.

3. Workforce Shortages and Expanding Shared Services

- Many centers face lean purchasing teams, making it harder to manage contracts, sourcing, and compliance.
- Networks and consortia are expanding shared purchasing, centralized contracting, and pooled procurement to reduce duplication and increase leverage.
- Buyers are increasingly expected to standardize products across sites to reduce variation and improve pricing.

4. Standardization, Data, and Technology Expectations

- Product standardization is becoming a top priority to control costs and reduce clinical variation.
- Buyers are being asked to use spend analytics, dashboards, and benchmarking tools to identify savings and monitor contract performance.
- Integration challenges persist between EHR, inventory systems, pharmacy platforms, and GPO tools, slowing down visibility into true spend and utilization.

5. Value-Based Care and Purchasing Alignment

- As payers push toward quality and outcomes, purchasing decisions increasingly need to support:
    - Chronic disease management
    - Medication adherence
    - Reduced hospitalizations
- Buyers are being asked to evaluate products not just on price, but on clinical impact, durability, and long-term value.

Physician Recruitment in FQHCs

It has been reported that Physician recruitment in FQHCs is facing a crisis, with 40% of centers unable to fill positions for over 6 months and a 39% primary care shortfall in rural areas. Major issues include uncompetitive salaries compared to private practice, high burnout, administrative burdens, and geographic isolation. 92% of rural counties are designated as Health Professional Shortage Areas.

Key Recruitment Challenges for FQHCs:
FQHCs struggle to offer competitive pay and bonuses compared to the private sector, often due to funding limitations. Recruiting to remote, rural, or inner-city areas is difficult. High patient volumes and administrative requirements lead to burnout, reducing the attractiveness of the role. A limited supply of new physicians entering primary care. Replacing a physician can cost $250,000 to $500,000.

Potential Solutions and Strategies:

- Promote National Health Service Corps (NHSC) loan repayment programs and, visa waivers for foreign-trained physicians.
- Recruit providers motivated by community service, providing care to underserved populations.
- Offer flexible, part-time, or block scheduling to improve work-life balance.
- Partner with medical schools and residency programs to recruit providers with rural or underserved backgrounds.
- Utilize telehealth to alleviate the burden of on-call hours and improve efficiency.

Existing Contracts

We currently have contracts in supplies, vaccines, laboratory, pharmaceuticals, interpretation, copiers and printing, risk management and 340B auditing. To see the full list of our vendors and who to contact, **please visit our website**.

Click here to see our vendors!

History of WACH Group Purchasing Program

The Washington Association for Community Health was founded in 1985 to strengthen and advocate for community health centers. Around 1999, the board of directors asked the Association to help them find ways to save money in purchasing and services. The result was the Group Purchasing Program.

To increase purchasing power, Alaska, Oregon and Idaho PCAs were invited to join the program. We started with a few vendors and strategic partnerships. While we have grown, our goal is not to compete with the larger Group Purchasing Organizations [GPOs]. We encourage our members to join a GPO. Our purpose is to supplement them and to offer resources to our members that you can’t get from the larger GPOs.

Our mission is dedicated to providing value-added services to our four collaborating Primary Care Associations (PCAs), thereby enhancing our opportunity for success.

Our vision is to become the primary resource of innovative and needed services for our members and have a funding source for our Associations.

Our value is to our members:

- To be a provider/conduit between members and services they need
- To provide members with a source of service that uses due diligence and have companies/vendors researched, referenced, validated and “approved” acceptable
- To provide special pricing
- To stabilize membership dues through use of services

Program Resources

FQHC/Community Health Center members can access an array of services including discounted pricing, new and familiar vendors, informational webinars, newsletters, shared services and workgroup meetings.

If your health center purchases something, there may be a group contract for it. Everything from medical, dental and office supplies, practice software, recruiting, and more. This focus improves efficiency, financial stability, and clinical support - allowing you to focus on delivering exceptional care to your communities.

Our Shared Services, Group Purchasing and Managed Services programs support four states and their association members and provides an array of resources to help members stay informed, save money, reduce costs and assists them in what they do. This program includes over 100 different community health centers.

Currently we have:

- Received numerous interests from new companies wanting to participate in our network
- Sent members newsletters with the latest updates
- Provided members learning network meetings that brought together a regional network of senior staff to discuss best practices, issues and shortages.

Contact us!

Please feel free to contact **Vicki Pascasio**, MS, LFACHE or **Jade Akana** with suggestions or ideas on products, services and programs that would benefit your organization.

Consider submitting your articles for this newsletter - it's a great way to share what's going on in your organization. Please send submissions to **Vicki** or **Jade**.

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