Vizient Cell, Gene, and Specialty Symposium key takeaways

June 2026

What began as a bold question—*what if Vizient reimagined a conference around the rapidly emerging world of cell, gene, and specialty therapies?*—has evolved into a national forum for leaders shaping the future of advanced therapeutics.

At the third annual Vizient Cell, Gene, and Specialty Symposium, more than 180 healthcare leaders, clinicians, pharmacy experts, payers, suppliers, and industry stakeholders came together to examine the evolving advanced therapy landscape. Attendees represented more than 70 organizations across 33 states, along with 35 suppliers from 17 pharmaceutical companies specializing in cell, gene, oncology, and rare disease therapies.

The discussions made one message clear: Cell, gene, and specialty therapies are no longer isolated clinical innovations. They require enterprise-wide operating models that connect clinical strategy, governance, financial readiness, payer engagement, operational workflows, technology, and patient access.

This summary translates the insights from the symposium into action. Attendees can use it as a debriefing tool with internal stakeholders, while those unable to attend can use it to identify the most important lessons and readiness questions emerging across the advanced therapy landscape.

Key takeaways

- **Advanced therapies require enterprise-wide coordination.**
  Sustainable delivery depends on clear ownership, standardized workflows, escalation pathways, and coordination across clinical, operational, and financial teams.
- **Governance must start earlier.**
  Traditional P&T and high-cost drug review processes may not be sufficient. Organizations need coordinated review models that assess clinical value, operational readiness, payer strategy, ethical considerations, and financial risk before therapy demand emerges.
- **Financial readiness begins before treatment.**
  Payer strategy, prior authorization, single case agreements, reimbursement monitoring, denial prevention, and patient-specific financial review should begin early in the patient journey.
- **Operational models must scale beyond one-off launches.**
  As the pipeline grows, health systems need repeatable playbooks for therapy onboarding, patient intake, lab-pharmacy coordination, service line development, payer escalation, and post-treatment monitoring.
- **Technology and automation are foundational.**
  Shared data infrastructure, EMR optimization, dashboards, and workflow automation are needed to reduce manual work, improve visibility, and align teams across the patient journey.

From Insights to action

Health systems should use these takeaways to assess local readiness and identify gaps across:

Governance: Do we have a defined process for evaluating advanced therapies before approval, including clinical, operational, financial, payer, and ethical considerations?

Ownership: Is there clear accountability for therapy onboarding, patient intake, scheduling, treatment coordination, escalation, and post-treatment monitoring?

Financial readiness: Are payer strategy, prior authorization, single case agreements, reimbursement tracking, and denial prevention addressed early enough in the patient journey?

Operational scalability: Which workflows are still manual, duplicative, or dependent on individual expertise, and where could standardization reduce risk?

Data and technology: Do our EMR tools, dashboards, and automation provide visibility across milestones, approvals, handoffs, and outcomes?

Collaboration: Which internal and external partners need to be engaged earlier, including manufacturers, payers, service lines, pharmacy, nursing, cellular therapy labs, revenue cycle, and executive sponsors?

Keynote: Ethics, equity, and accountability

Dr. Yoram Unguru delivered the keynote, “Navigating Ethics in Innovation: Equity, Access, and Accountability in Cell and Gene Therapies for Sickle Cell Anemia.” Through the lens of sickle cell disease, he challenged attendees to consider how hope, hype, and the word “cure” influence patient expectations, decision-making, and trust. His remarks emphasized the importance of transparent, patient-centered communication that acknowledges historic inequities, stigma, mistrust, and the difference between clinical promise and lived experience.

The keynote provided an important ethical foundation for the symposium: As advanced therapies continue to evolve, health systems must balance innovation with accountability, affordability, equitable access, and patient-centered communication.

What attendees heard across the symposium

Market growth and pipeline readiness

The session explored the market and care delivery forces reshaping oncology and pediatrics in the cell and gene therapy era with key themes focused on clinical innovation, economic pressure, shifting utilization patterns, rising pediatric acuity, outpatient growth, and regionalization of complex pediatric care.

Vizient also highlighted the growing U.S. pharmacy pipeline, with 238 gene and cellular therapy products being monitored. Johns Hopkins Medicine shared practical approaches for tracking emerging therapies, engaging manufacturers, forecasting budget impact, and preparing clinical, operational, and financial teams before U.S. Food and Drug Administration approval.

Action: Establish a routine pipeline review process that connects emerging therapies to demand forecasting, budget planning, manufacturer engagement, stakeholder education, and operational readiness.

Manufacturer engagement and access readiness

Industry leaders shared perspectives on the operational and access considerations shaping advanced therapy delivery. The discussion focused on qualified treatment center onboarding, contracting, distribution models, and innovative payment approaches.

A key theme was the importance of early provider-manufacturer collaboration. Health systems that engage manufacturers before demand emerges are better positioned to understand onboarding requirements, contracting needs, distribution pathways, payer considerations, and patient access support.

Action: Engage manufacturers early to understand therapy-specific requirements and prepare internal workflows before patient demand materializes.

Governance, formulary, and enterprise decision-making

Health system leaders shared advanced therapy governance models designed to support safe, consistent, and financially sustainable therapy adoption. Their examples highlighted standardized intake, tiering algorithms, early financial review, executive visibility, payer engagement, and outcomes tracking.

The discussion reinforced that traditional P&T and high-cost drug review pathways may need to evolve. Advanced therapies often require broader review processes that account for clinical value, operational feasibility, payer strategy, financial risk, ethical considerations, and organizational readiness.

Action: Assess whether current P&T or high-cost drug review pathways are sufficient, or if a dedicated governance structure is needed to oversee advanced therapies.

Access, payer strategy, and financial readiness

Sessions on government, managed care, and revenue cycle readiness reinforced the need to move financial planning upstream. Speakers discussed the Centers for Medicare & Medicaid reimbursement pathways, payer-specific contracting, high-cost product carve-outs, single case agreements, benefit investigation, prior authorization, reimbursement monitoring, and denial prevention.

The discussions emphasized that financial readiness is not a back-end process. It must begin early in the patient journey and include clear ownership across pharmacy, finance, revenue cycle, contracting, managed care, and clinical teams.

Action: Define payer-specific strategies and clarify ownership for benefit investigation, prior authorization, payer communication, reimbursement tracking, and denial prevention before treatment begins.

Service line development and operational scalability

Health system leaders described how organizations are moving from fragmented, disease-specific workflows to scalable advanced therapy platforms. Common themes included centralized intake, multidisciplinary teams, standardized infrastructure, pharmacy-directed operational models, rapid treatment coordination, authorization tracking, executive awareness, and financial risk management.

The discussion highlighted the need to determine which elements of cell and gene therapy delivery should be centralized across the enterprise and which should remain within disease-specific programs or service lines.

Action: Translate one-off therapy launch experiences into repeatable operational playbooks with defined workflows for intake, payer escalation, treatment coordination, pharmacy oversight, and post-launch monitoring.

Lab-pharmacy coordination and care model innovation

Speakers shared best practices for coordinating pharmacy, cellular therapy labs, apheresis, nursing, and clinical teams. Key operational strategies included shared calendars, dry runs, sterile manipulation workflows, chain-of-identity and chain-of-custody processes, outpatient expansion, and exception management for investigational and commercial cellular therapies.

Additional discussions explored outpatient CAR-T, transfusion-free cellular therapy, pediatric pathways, patient selection, caregiver readiness, blood management strategies, and emergency response planning.

Action: Standardize lab-pharmacy coordination and define criteria for when advanced therapies should safely move beyond traditional inpatient models.

Technology, dashboards, and workflow automation

Presenters demonstrated how EMR tools, dashboards, and automation can improve visibility and accountability across complex therapy workflows. Examples included Epic, REDCap, Databricks, Compass Rose, and Microsoft Teams, Lists, and Power Automate.

Several health systems shared that these tools helped reduce manual work, support approvals, track milestones, and align multidisciplinary teams across the patient journey.

Action: Evaluate operational pain points—including manual trackers, duplicative documentation, and high-risk handoffs—and prioritize tools that improve milestone tracking, approvals, governance, and transparent coordination across multidisciplinary teams.

Vizient strategic updates

Launch of the Advanced Therapeutics Alliance

Vizient introduced the Advanced Therapeutics Alliance as a coordinated response to the system-level challenges created by advanced therapies. The Alliance will bring providers, payers, and pharmaceutical industry partners together to address affordability, strengthen sustainability, and scale solutions across advanced therapies.

Through focused workgroups, members will define high-impact barriers and develop pilots, playbooks, and standards that can be adopted across health systems.

Organizations interested in helping shape sustainable access models for advanced therapies can become a member of the Advanced Therapeutics Alliance at: https://campaigns.vizientinc.com/therapeutic-alliance/

Launching the Vizient Cell and Gene Therapy Solution

Vizient also introduced its Cell and Gene Therapy Solution to help members navigate the clinical, operational, and financial complexity of high-cost, high-impact therapies.

The solution brings together Vizient capabilities in data and benchmarking, pipeline monitoring, forecasting, peer-to-peer knowledge sharing, education, payer partnerships, and manufacturer engagement. Designed to reduce friction and support sustainable access, the solution will help members prepare for emerging therapies, address reimbursement variability, streamline contracting, and plan scalable care models.

To learn more or join the Vizient Cell and Gene Therapy Solution, contact mailto:brian.pinto@vizientinc.com

Symposium faculty and contributors

Keynote address
Dr. Yoram Unguru, chairman, Sinai Hospital Ethics Committee, Berman Institute of Bioethics, Johns Hopkins University; physician, division of pediatric hematology/oncology, the Herman and Walter Samuleson Children's hospital at Sinai

Forecasting the demand: Outlook on oncology and pediatrics in the cell and gene therapy era
Sushma Narra, senior associate, intelligence, Vizient
Setu Shah, senior associate, intelligence, Vizient

Insights for the experts: Manufacturer perspectives
Melia Loskill, VP, market access, Autolus
Jodie Wehling, VP, market access, Mesoblast
Moderated by Carina Dolan, AVP, market insights and forecasting, Vizient

Monitoring the pipeline: Cell and gene therapy insights and real-world implementation
Amanda Frick, senior clinical manager, Vizient
Danielle Pennock, clinical coordinator, gene therapy, Johns Hopkins Medicine

Optimizing the formulary: Innovative advanced therapy committee models
Casey Dugan, VP, pharmacy services, Children's Hospital Colorado
Emilie Aschenbrenner, pharmacy lead for CGT and BMT, Froedtert and the Medical College of Wisconsin
Ana Muscarella, program director, high-cost therapies, Vanderbilt Health

Enhancing access: Government and managed care payer approaches for cell and gene therapies
John McLean, AVP, managed care contracting, Penn Medicine

Jeff Wagner, VP, Texas Children's Hospital
Moderated by Jenna Stern, VP, regulatory affairs and public policy, Vizient

Breaking down barriers: Revenue cycle and financial readiness for cell and gene therapies
Rich Dyke, director, pharmacy business operations, Children's Hospital of Philadelphia
Holly Kalb, pharmacy revenue cycle manager, University of Rochester Medical Center
Matthew Ridge, manager, pharmacy business operations, Cook Children's Health Care System
Moderated by Lubna Mazin, pharmacy executive, Vizient

Beyond the bedside: Building a cell and gene therapy service line
Jake Keller, director of oncology operations and cell and gene therapy, Duke Health
Seth Richards, senior director, Moffitt Medical Group, Moffitt Cancer Center
Aaron Weston, system administrative officer, MUSC Health

Operational pearls for cell and gene therapy: From single-dose stewardship to enterprise-scale delivery
Philip Almeter, chief pharmacy officer, UK HealthCare
Dr. David Neil Toupin, neurology physician, UK HealthCare
Jesse Cramer, manager, clinical pharmacy services, Children's Wisconsin
Olga Vlashyn, associate director, hematology/oncology pharmacy services, Boston Medical Center
Pete Shea, pharmacy director, Cincinnati Children's Hospital Medical Center

Behind the bench: Best practices for cellular lab–pharmacy coordination
Kristin Ferguson, senior director, strategic operations: BMT and cell therapy, MedStar Georgetown University Hospital
Janine Martino, pharmacist specialist, BMT/IEC, UC San Diego Health

Innovating care models: Outpatient CAR-T, bloodless CAR-T, and pediatric pathways
Colleen Dansereau, VP, emerging therapies, gene therapy operations, Boston Children's Hospital
Khang Ho, infusion pharmacy manager, Penn Medicine at Pennsylvania Hospital
Carrie Marvill, associate director, Penn Medicine at Pennsylvania Hospital
Zahra Mahmoudjafari, clinical pharmacy manager, The University of Kansas Health System

Bridging the silos: EMR build, dashboards, and workflow automation
Delia Allen, manager, medication policy, St. Jude Children's Research Hospital
Jenny Craven, coordinator, cell and gene therapy, UC Davis Health
Lindsey MacDonald, CCTT manager of data analytics unit, Penn Medicine

Vizient, Inc.
290 E. John Carpenter Freeway
Irving, TX 75062-5146
(800) 842-5146

To learn more, please contact PharmacyQuestions@vizientinc.com.

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April 2025