Healthcare

Creating the Case for Trusted & Complete Data in Healthcare: A Healthcare Data Roadmap

Beth (Gibson) Wells, Sr Director, Community Engagement, Healthcare
GS1 Global Healthcare Conference, March 26-29, 2019
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Panelists

Beth Wells, Senior Director Healthcare, GS1 US

Diederik Rood, Project Manager, Dijklander Hospital, Hoorn, Netherlands

Yolanda Bokking, Directorate Procurement, Amsterdam UMC, Netherlands

MJ Wylie, Global Data Synchronization and Strategy Deployment Supply Chain Visibility, Johnson & Johnson Supply Chain, US

Scott Mooney, Vice President Distribution Operations, McKesson Corporation, US

Lionel Tussau, Director Business Development Europe, 1WorldSync, Belgium
Accurate
- Data provided is aligned with how it is viewed or used by trading partners
- Data provided matches the label

Complete
- Data needed for different business processes or decision making means a variety of data elements are needed by trading partners

Timely
- Real time as much as possible; a lot of business takes place in 30 days

Consistent
- Multiple data sources used by trading partners need to have consistent core information

Synchronized
- Collaboration across trading partners is essential to achieve data needs
U.S Healthcare stakeholders looked at three business scenarios to identify the core set of vital attributes needed to support the activities. Additionally, they looked to identify what might be causing a lack of sharing via GDSN in healthcare.

**Major Conclusions:**

- Healthcare Core Attributes Exist
- It’s not the “What”, it’s the “How”
- Quality, Trusted Data is a Shared Responsibility
Industry Point of View

Diederik Rood
Project Manager
Dijklander Hospital, Hoorn, the Netherlands
The impact of qualitative data for the Dijklander Hospital

Diederik Rood
Project manager
Dijklander Hospital, Hoorn, the Netherlands
Dijklander Hospital

- Merge of two hospitals Hoorn and Purmerend
- 2 general hospitals and 3 outpatient clinics
- 3,000 professionals
- 150,000 visits of patients

Diederik:

*Project manager with projects in the purchasing, logistics and finance departments of our hospital and affiliated with the staff members of our ERP system.*

Diederik Rood
35th GS1 Healthcare Conference
26th of March 2019
Where do we use Barcodes and data for?

Important:
Data availability
Data quality

Diederik Rood
35th GS1 Healthcare Conference
26th of March 2019
Current method of collecting data

- Contacting Supplier:
  - Collecting the barcode types GS1/HIBC
  - Gathering GTIN and product information
  - Uploading manually in our ERP and EHS
Current method of collecting data

- Contacting Supplier:
  - Gathering product information
- Gathering by the hospital:
  - Manually registering GTIN based on:
    - Product name
    - External reference number
  - Manually processing the data into our ERP and EHS

Barcodes? GTIN?

Diederik Rood
35th GS1 Healthcare Conference
26th of March 2019
Gathering of data – Connecting to the GDSN

- **Contacting supplier**
  - Give access to the product information in GDSN (GLN)
  - Import the right product information in our ERP (GLN)
  - Data synchronization between ERP and EHS
  - Keep the data up to date with the right product information
Challenges

1. Hospitals
   - Training of intern staff about barcodes, GTIN and GDSN
   - Contact the suppliers to fill the required data in the GDSN and give access to the GDSN (GLN)
   - Import the right product information to the master product data table of the ERP and EHS
   - Keep contacting the suppliers to keep the GDSN up to date
   - Keep contacting the suppliers for access to the GDSN
2. Solution provider of the mapping service and hospitals:
   - Extract and translate the necessary product information from the GDSN
   - Map the information in the right format to be able to be processed to the ERP and EHS

3. Solution provider of ERP and EHS and hospitals:
   - Map the information in the right format to be able to be processed and imported to the ERP and EHS
   - Keep the data up to date
Challenges

4. Suppliers and manufacturers:
   - Filling all the required data in the GDSN and keep it up to date
   - Managing of all the connections with GDSN to give access to the hospitals and other stakeholders
   - Managing that all the account managers have the knowledge of GDSN, barcodes and GTIN’s
   - Barcode all the products
Challenges

5. GS1

- Verifying the right use of the GS1 Standards
- Supporting the stakeholders in the supply chain with the use of GS1 standards
- Bringing to the attention the importance of GS1 standards in the hospitals
- Being the lubricating oil and accelerator for the use of GS1 standards and the GDSN
Thank you for listening
Industry Point of View

Yolanda Bokking
Directorate Procurement
Amsterdam UMC
Hello we are Amsterdam UMC

• merge of 2 academic hospitals AMC and VUmc (June 2018)
• more than 15,000 professionals
• over 350,000 patients a year
• teaching and training thousands of young people
• patient care is complex and highly-specialized
• international, cutting-edge research in 8 research centers

I am working in the Directorate Procurement as a senior strategy advisor and process manager responsible for optimizing and innovating the purchase to pay process in relation to and to support the healthcare process (connecting SAP and EPIC)
Amsterdam UMC wants to improve performance and outcomes on patient safety, quality and cost control.

- Using the power of 7 in the cooperation NFU = all 7 academic hospital centers working together

- Following national, international laws (LIR / MDR) and quality assurance systems (JCI) on: implants, medical supplies and medical equipment

- Focus on master data governance and data quality
DATA QUALITY is a **must**

Use a **uniform** language:

- Use the manufacturers / suppliers **code** = GLN
- Use the **unique** article key = GTIN
- Use the correct packages = **ordering units**
- Use the correct classification codes = **GMDN**

Directorate Procurement - Yolanda Bokking
March 2019
Project GDSN - connect to the network

1. Manufacturers and suppliers are responsible for providing in **GDSN**:
   - **Correct and complete product data**
   - **Valid and readable barcodes** *(GS1 standard)*

2. In our organization the healthcare departments perform patient care and want to **scan and register**

Barcode: **GS1-128**

Barcode: **GS1 DataMatrix**

Directorate Procurement - Yolanda Bokking
March 2019
Challenges coming up ....

*For hospitals as well as manufacturers and suppliers*

- Find the **right trusted IT partner** to get the data in *and* out of your own system
- Use GDSN **import** and **extract** functions for data and use it in **multiple** systems
- **Special challenge for suppliers and manufacturers:** Keep your data **valid** and keep **up-to-date** with product changes
- Still do **more** with **less** people involved
- Use **knowledge** and **experience** from GS1
Focus on data quality gives us extra

- Better prepared and **on time** for national, international laws and quality checks
- Getting more **efficiency and quality** in master data maintenance in your own IT systems
- Minimalizing **administrative workload** and errors, turn over to controls
- Change the skills needed for data management to a **higher level**
- Getting more **analyzing** power

*Let us work together: manufacturers and suppliers as well as the hospitals !!!*
Industry Point of View

Panelist Perspectives
Strategy and Value of Data

Manufacturer
- **Product data is a team sport**; the physical product/label to the digital identification
  - Accuracy, completeness, timely, and consistent – agreement
  - Value for all stakeholders (global and local)
- Patient safety and improved outcomes

Solution Provider
- Data consistency for Regulatory purposes (UDI databases) and Trading partners requirements
- Leveraging GS1 standards globally on Master Data
  - Supporting multiple use cases
  - Enable cost reduction in supply chain, procurement efficiency, increased patient safety

Distributor/Wholesaler
- Data accuracy and completeness to
  - Ensure compliant transactions (Track and Trace, Hazmat, NIOSH, IATA, TAA)
  - Minimize supply chain discrepancies (UoM, quantity)
  - Prevent pricing and costs adjustments
- Drive towards timely, right first time, data
- Ensure the product gets to the patient quickly, safely, and cost effectively.
Current Roadblocks

Manufacturer
- Multiple source systems
- Various manual processes
- Multiple regulations and requirements changing
- New product introductions, mergers, acquisitions, and divestitures

Distributor/Wholesaler
- Complexity of Data
  - Regulatory data being required is increasing
  - Products are becoming more complex
  - Requirements are changing, quickly
- People, the process is manual, manual means errors
- Systems, the data is in many systems, not all aggregated

Solution Provider
- Proprietary solutions vs Standard (GS1/GDSN) solutions
- Manageable product content demand in terms of complexity
- Need of a “standard understanding of the Standards”
  - Detailed implementation guides
- Data quality
Trading Partner “Ask”

**Manufacturer**
- Discuss your business needs
- Start small – a line of products, or specifics
- Benchmark and measure progress with us
- Keep communications ongoing, “we” are never done

**Solution Provider**
- Simplicity (at local and global level)
- Efficiency
- Data quality
- Enabled by leveraging GS1 standards

**Distributor/Wholesaler**
- Understand your data, make sure it’s 100% accurate,
- But, make sure it’s complete as well
- Industry – let’s imagine best in class, and work in small steps to better
  - Agree on a set baseline of what is “Master Data”
  - Mature – Spreadsheet technology dates back to 1983 (Lotus 123), why are still using it?
  - Let’s learn from existing industries and look at right-sizing existing technologies.
Next Steps for Healthcare

- Renew focus on Data Quality
- Embrace the value of data sharing as a means to achieve master data quality
- Renew focus on awareness and GDSN implementation support
- Embrace a core set of Healthcare data elements as a starting point and begin sharing and using the data
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