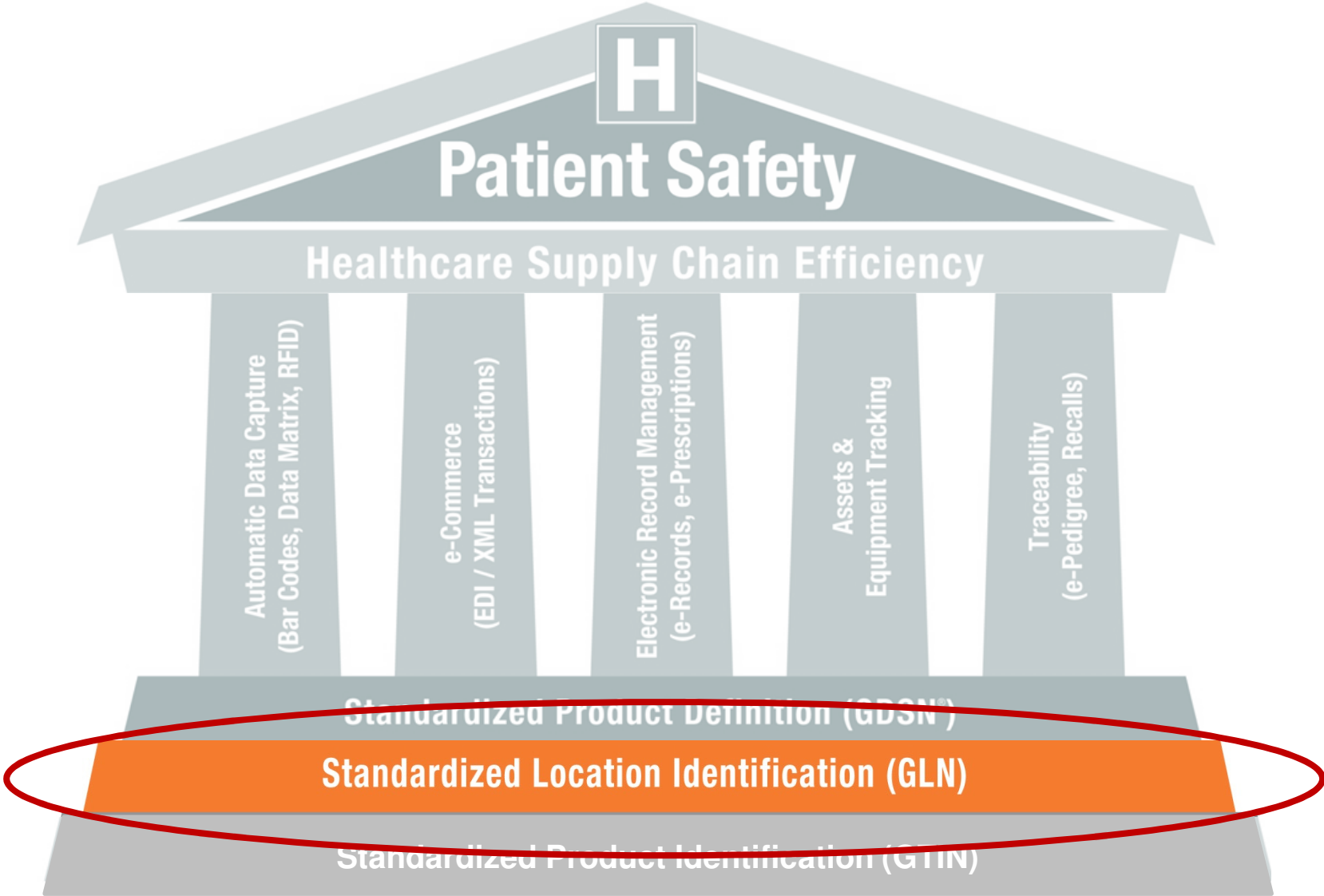


**“Building Patient Safety”**



Standardization → Interoperability



# GLN in Transactions

Mayo Clinic and Cardinal Health



## Project Goals

- Set the stage for industry GLN implementation (Sunrise 2010) with a trusted partner.
- Guarantee GLN Registry completeness at the transactional level.
- Demonstrate ability for GLN utilization within P2P (high volume, diverse product and diverse service needs)
- Document lessons learned.
- Prepare for GLN Price Management and Contracting processes.



## Getting Started

- Select a partner
  - Mayo's Med-Surg Distributor, Cardinal Healthcare
- Agree on scope
  - Focus on relevant (P2P) transactions
  - Convert EDI; train Customer Service and P2P personnel; phone and fax; issues management
  - Most significant Mayo Entities (90% of Mayo Spend). Lawson ERP.
  - Base business as well as JIT (ValueLink)



# Mayo Hierarchy

- Current Mayo Clinic hierarchy includes 4 levels:
  - 1<sup>st</sup> level - Enterprise Entity
  - 2<sup>nd</sup> level - Contract Membership Entity
  - 3<sup>rd</sup> level - Receiving Location
  - 4<sup>th</sup> level - Special Handling Location, Delivery Location (future)

(note: Any level except Enterprise Entity may be a Ship-To)





# Timeline

- Timeline – 6 month engagement
  - Planning Phase
  - Design Phase
  - Testing Phase
  - Implementation Phase
    - Base (MCF, MCA, MCR, FSH)
    - JIT (MCF, MCA)
    - Simultaneous ERP Implementation (LMH)
  - Wrap Up Phase

Aug 2008

Jan 2009

Planning & data synch	Mapping changes & testing	Phase 1 Base Wave 1	Phase 1 Base Wave 2	Phase 1 Base Wave 3	Phase 2 ValueLink Wave 1	Phase 2 ValueLink Wave 2	Phase 2 ValueLink Wave 3
-----------------------	---------------------------	---------------------	---------------------	---------------------	--------------------------	--------------------------	--------------------------



# Resources

- Sponsorship
  - Bill Zimmerman, Cardinal Health, Project Co-Sponsor (.1 FTE)
  - Joe Dudas, Mayo, Project Co-Sponsor (.1 FTE)
- Core Team
  - Tom Krueger, Cardinal Health, Project Co-Lead (.5 FTE)
  - Ken Pelletier, Mayo Clinic, Project Co-Lead (.5 FTE)
  - Jill Fliehman, Cardinal Health, Functional Lead (.25 FTE)
  - Debbie Petersen, Cardinal Health, Implementation Analyst (.25 FTE)
  - Bryan Allen, Cardinal Health, Implementation Analyst (.25 FTE)
  - Russ Mullin, Mayo Clinic, Implementation Analyst (.25 FTE)
  - Ross Hamernik, Mayo Clinic, Programmer (.25 FTE)

**All Resourcing done with no incremental budget requests!**



# Challenges

- There was not a 1:1 relationship between a few GLNs and Cardinal Health account numbers (ship-to's)
- Systems Changes Required
  - Storing 13 digit GLNs in Mayo Lawson custom table required a system change
  - Minor changes needed in EDI transactions to support new identifier
  - Minor changes to Cardinal Health JIT system to accommodate GLN.

**All Change Requests made with no incremental budget requests!**





## By the Numbers...

- Converted 35 customer account numbers to GLNs
- Over 80% of Mayo EDI lines now using GLNs (roughly 50% of total).
- \$100M worth of business now conducted with GLN (no account #), approximately 20% of Med-Surg Spend.
- Of the largest suppliers that Mayo Clinic transacts with, Cardinal Health has the lowest price error rates.
  - Cardinal Health .5% error rate
  - Overall 5% error rate



# Lessons

- Start with your largest and most trusted trading partners first – they will have the best view of your organization
- Converting to EDI allows early success without significant investment
- Train end users (customer service/P2P)
- Don't forget an ongoing change process to manage new locations
- Providers should manage their own GLNs
- P2P drives registry integrity (can't buy it any other way)
- Don't fear the unknown

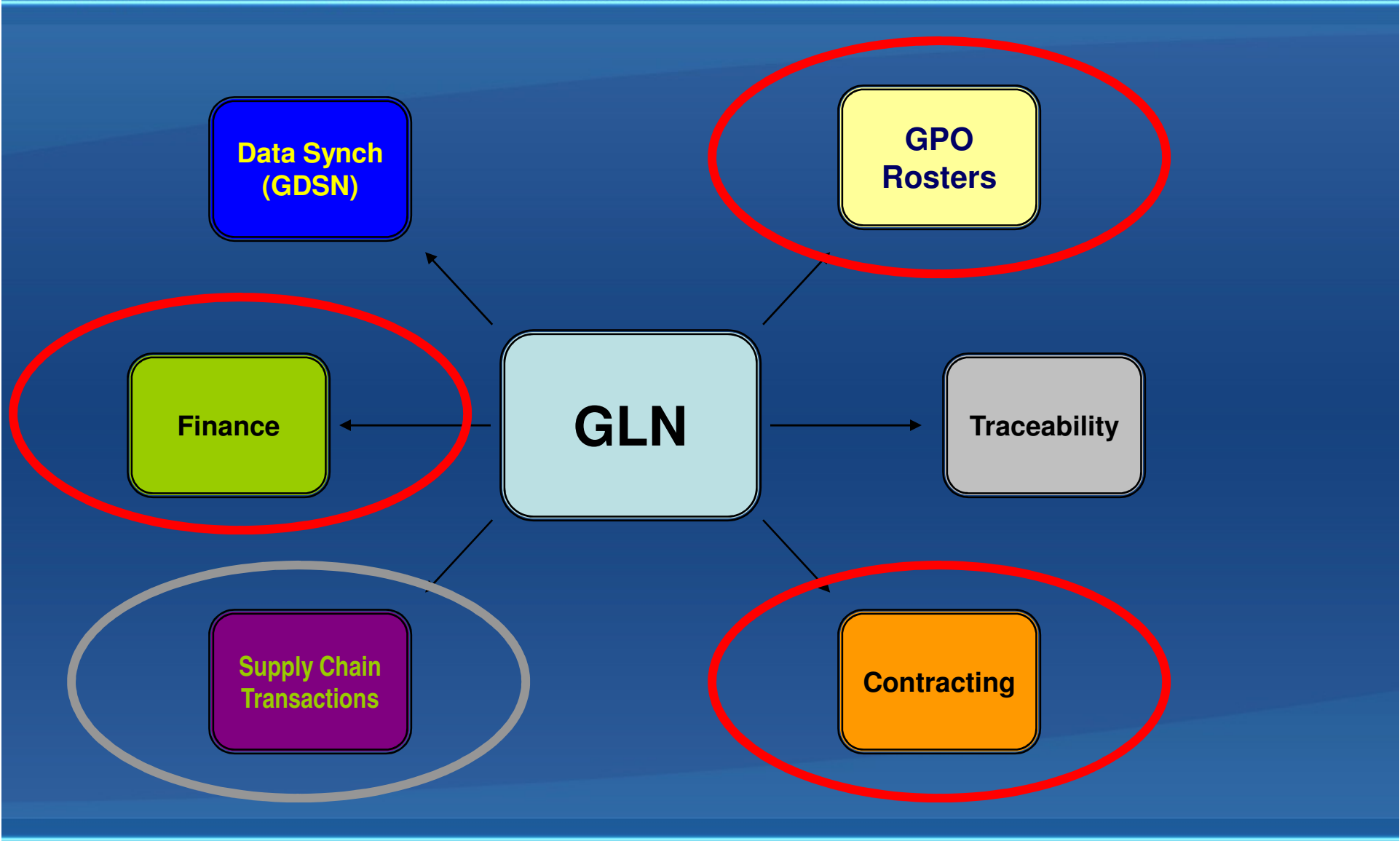


# Wrap Up on P2P

- White paper
  - Available for distribution (authored by Mayo, Cardinal Health and GS1)
  - Contains letters, resourcing/costs, presentations, plans, etc. needed to implement.
- MHS
  - 20 Regional Hospitals and associated clinics
  - Rural communities
  - Meditech MM System
  - Approx. 10% of spend but 10-12 more mini conversions
  - VHA to assist with coordination
  - System has been evaluated and vendor very supportive.
  - Currently also evaluating GTIN pilot
- RX
  - Initial discussions only. Lower priority.



# Next Phase





## Next Phase

- Scope
  - Contracting, Price Management and Rebate Management.
  - Close the loop of 2010 Sunrise Scope.
- Project kicked off in April (as planned)
- Multiple Leading organizations involved:
  - Provider – Mayo Clinic
  - Distributer – Cardinal Health
  - GPO – VHA/Novation
  - Manufacturer – BD and Johnson & Johnson Health Care Systems Inc (JJHCS)
- Currently in planning phases. Preliminary objective of 3Q implementation.
- Attempting to insert critical measurements of value into the solution.
  - Identify costs associated with implementations.
  - Realize standardization is broader than 5 trading partners.
  - Critical mass will demonstrate true value of standardization.





## Conclusion

**Sunrise 2010 is not a dream!!!!**



“Do not hit the *snooze* button.”