



# Some achievements of the European Healthcare Initiative

Presentation to the HUG  
14<sup>th</sup> September 2005

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*GS1 in Healthcare reducing risk through  
certainty*

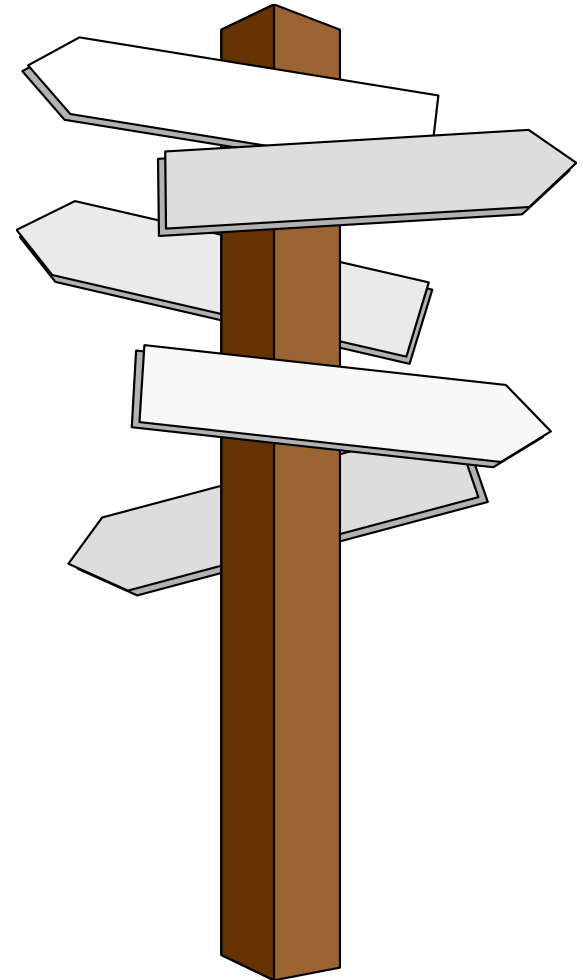


# Information is not Power, Sharing Information is power

## Agenda

1. Background
2. Current position and achievements in summary
3. EHI and HUG

*GS1 in Healthcare reducing risk through certainty*



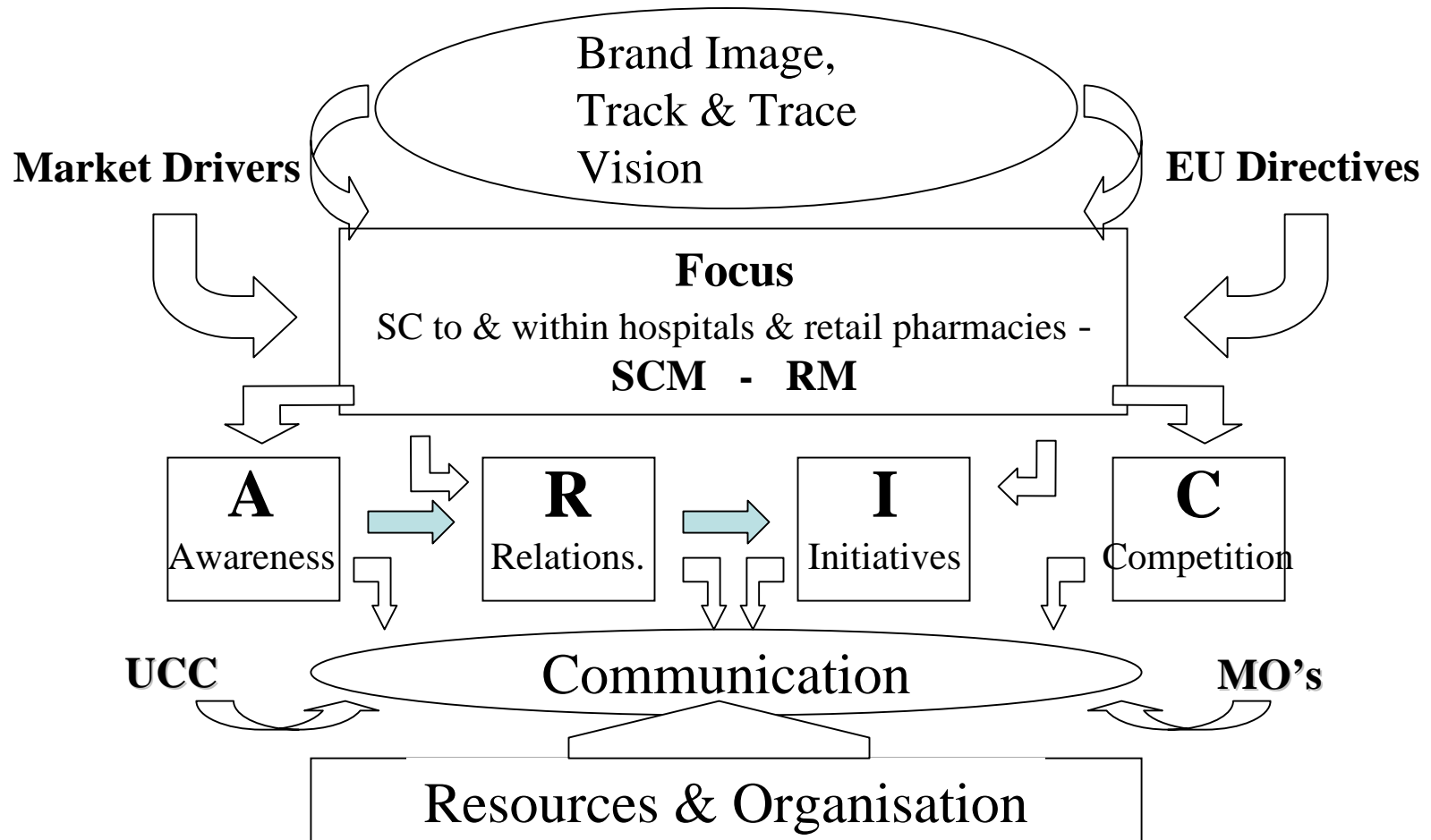


## Where it all began .....

- 2002 - Healthcare proposal by the WEST group
- 2002 end - Business plan commissioned
  - Major opportunities for European MOs identified
- 2003 start - 3-5 Year project established with dedicated centralised resources



# European Healthcare Initiative Marketing Strategy





# Creating external awareness

**In the past two and a half years ..... we have:**

- Spoken at dozens of conference platforms around Europe
- Staged our own GS1 Europe events e.g. EPC
- Early days, ran booths at various exhibitions in pharma and medical devices
- Run various workshops for members and potential members
- Issued a number of issues of the EHI Newsletter
- Established a content rich healthcare focused website – [www.gs1health.net](http://www.gs1health.net)

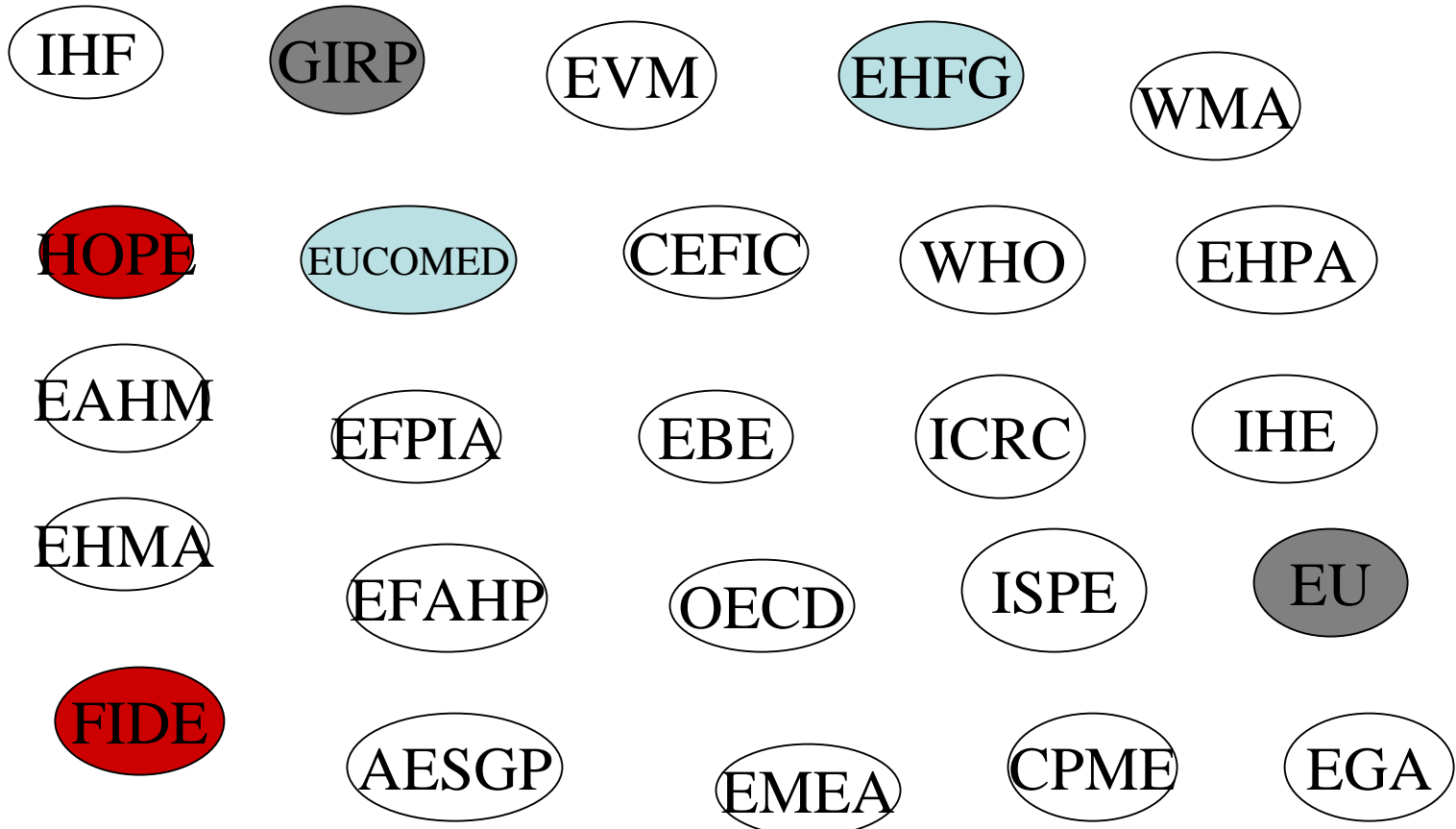
**The result: huge increase in the market awareness  
of GS1 and the GS1 System**





# Relationship Programme – Key European Stakeholders

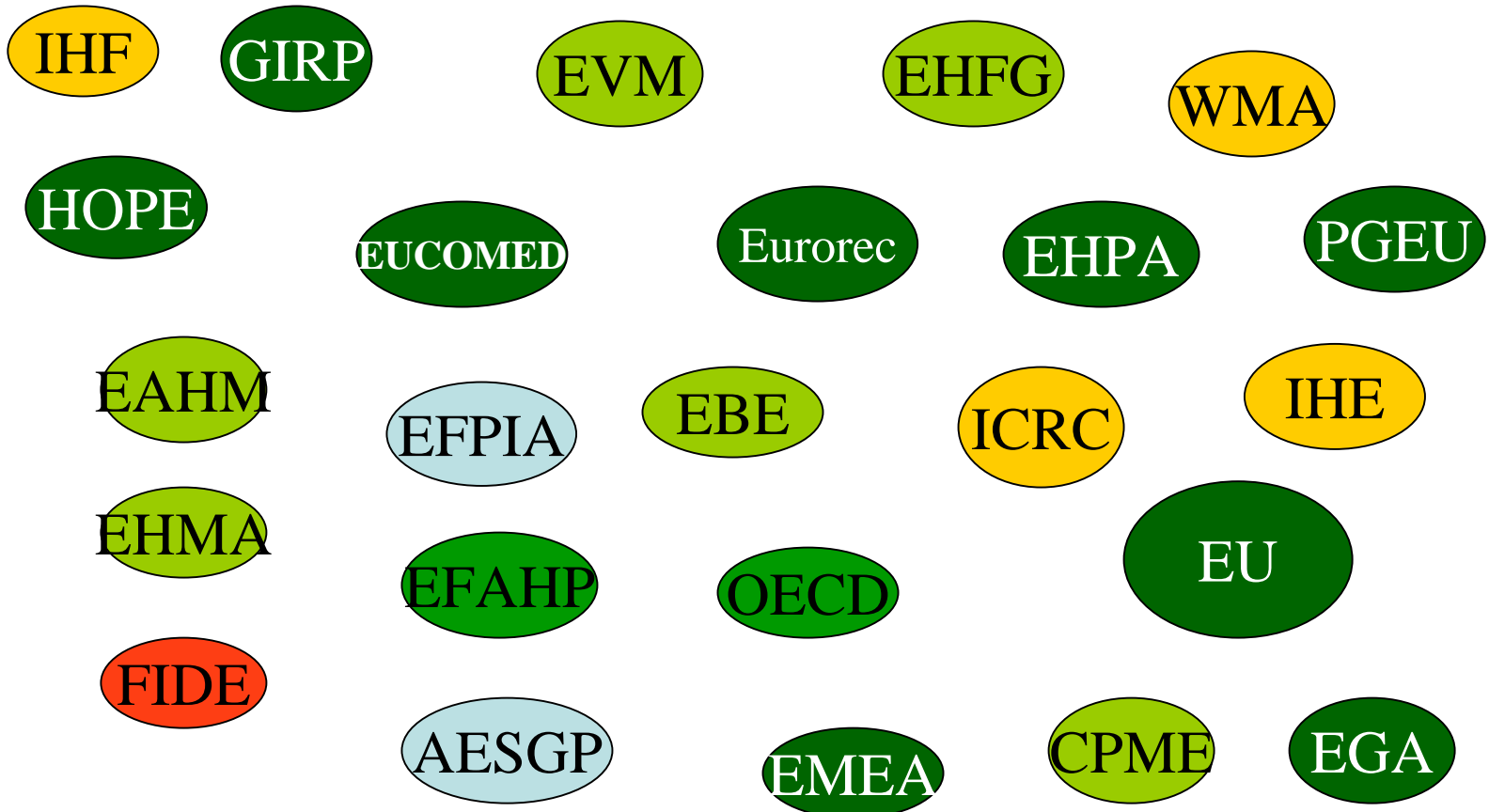
When we started .....





# Relationship Programme – Key European Stakeholders

Where we are today .....





Initiative1.

Pharma Supply Chain  
Initiative

(EPSCWG – Task Force)





# ID, marking & eMessaging Standards for European Pharma

## Task Force

### Where we are today

- Pharma VAG Volume 1 developed
  - Id and marking – good draft status
  - Submitted to trials process
- Pharma VAG Volume 2 developed
  - eMessaging – priority message set (ordering/ logistics process)
  - Submitted to trials process
- Labelling guidelines
  - BAPW work programme – ‘requirements identification’
  - Reference to General Specification for Labelling
- Code management documentation
- HDMA Auto Id Work Group
  - Refining guidelines to meet new FDA requirements
  - Our objective – to ensure standards harmonisation for US and Europe
  - Pharma VAG input – well received
- Trials underway now .....





# Task Force – Pilot strategy

## 1. Direct supplies to hospital

- Baxter, AEXXDIS and hospitals in Rouen, Dijon and Lille
- Based on Product Catalogue exchange
- Marking at all levels of packaging
- Project scoping – end October

## 2. CFCs traceability – EPCNetwork

- Addition to current roll-out of traceability system of CFCs to the home
- SGTIN and EPCNetwork
- October start

## 3. e-Pedigree Pilot (UK NHS)

- Patient safety and counterfeit protection safety
- Demonstrating 'Pharma Supply Chain' vision
- 'Owner' and product authentication at each step of the chain
- Project established – funding is the next step





## Initiative 2

# Medical Device Traceability



# Medical Device traceability

## Our proposal to EUCOMED

- Demonstrate the benefits of Automated Medical Device Traceability (AMDT)
- Develop Voluntary Application Guidelines (VAG) based on GS1 System
- Validate VAG & AMDT through 'proof of concept' trials
- Demonstrate feasibility of managing mixed GS1 & HIBC environment
- Gather market information of current relevant AMDT projects
- Develop Case Study & other PR materials
- Promote AMDT as 'best practice'





# EUCOMED and GS1 Europe

- We are engaged .....
- Active member of EBS
- Proposal adopted in principle
  - But activities slower than we proposed
- Industry wary of ability / desire of hospitals to exploit barcode systems .....  
But feel that they “have to move positively forward”
- Focused Working Group established
  - Market research conducted (hospitals, national associations, members)
- Strategy is to:
  - Hold October seminar with key stakeholders to help determine requirements
  - Gather information on process & data requirements for AMDT for all stakeholders (manufacturers, hospitals, insurers, etc.)
  - Seek ISO ratification
  - Pilot proposed standards in “advanced countries”





# EHI

## 2006 Workplan

- EPSCWG / Task Force
- Medical Device traceability / EUCOMED
- Business case development
- Promotion via [www.gs1health.net](http://www.gs1health.net)
- Information sharing via KnowledgeBank
- Lobbying and relationships development
- EPC programme
- Surgical instrument traceability





# Complementary national initiatives

- Considerable healthcare activity all over Europe
- Just some examples
  - France – pharma ID moving to the GTIN; surgical instrument traceability, teaching hospitals
  - Germany – EDI pilot evaluation, inviting hospitals to read GS1 barcodes; MD traceability
  - Greece – EAN13 for ID of reimbursed drugs
  - Hungary – GS1 serialisation of medical prescriptions
  - Ireland – pharma supply chain group; CFC track & traceability incl. home treatment
  - Netherlands – pharma marking migrating to GS1
  - Portugal – GS1 in hospital processes
  - Spain – medical device traceability using GS1 128
  - Switzerland – GS1 at heart of narcotic control, hospital implementations
  - UK – pharma supply chain group; moving to the heart of the NHS

**Strong Regional and National position  
– and getting stronger!**





# So, in Summary, where we are now?

- Clear rationale, strategy and value proposition for healthcare
- Awareness levels never higher
  - Regulatory bodies, trade and professional bodies, potential members, solution providers
- Positive relations with market influencers
- A significant set of deliverables
  - Market information
  - Voluntary Application Guidelines – ID, marking, eMessaging
  - Demonstrations of GS1 standards in action – including EPC / RFID
  - Phase 1 roll-outs underway
  - Examples of best practice
- Outline plan and budget for 2006

**Growing momentum for GS1 in Healthcare all over Europe!**







# EHI and HUG



# Why a European focus?

- Each major region (e.g. US, Asia Pacific, Europe) is different
  - Regulatory framework
  - Distribution and marketing practices
  - Business requirements
  - Culture
- Distribution, marketing and some manufacturing processes are either regional or national
- Key stakeholders are organised on a European basis:
  - Trade and professional bodies – typically umbrella bodies for national associations
  - Some major manufacturers
- For better relationship and account management
- For implementation and roll-out





# EHI and HUG

- We want to collaborate and support HUG
  - we see a need for a global initiative in healthcare by GS1 – in support of the regions, helping to co-ordinate regional activities
  - Why should HUG re-invent wheels? Exploit the VAGS we have developed
- We want to be recognised by HUG
  - For the work we have done
  - For our key role in standards implementation in Europe in the future
- We want HUG to be mindful of EHI relationships – we must not confuse the market!
- We want a clear market positioning statement as to how EHI and HUG are working together - in collaboration





# Contact details

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**GS1 in Healthcare -**  
reducing risk through  
certainty





GS1 in healthcare *reducing risk through certainty*

Thank You!

