



The Global Language of Business

# Product Master Data, Quality and Sharing

---

January 2019





# Topics

---

- Product data
  - Master data today
  - Big data - why
  - Role and responsibilities
- Data sharing tools





# The Master Data problem

---

Every company has a **database** filled with master data about the products they **make, sell, or buy**

But when one company **changes** any bit of information in their database or **adds a new item, another database becomes outdated!**







# What happened to “Master Data”

- Systems have evolved in “silos” over the last 40 years
- The link between “process” and data was broken (*remains so in many cases*)
- Numerous efforts to “unify” data and process, or views of data – one use at a time
- **So what?** Business success still happened anyway... (*and hospitals operated*)
- **Only when costs increase, profits fall, (or a patient is negatively affected) does the real impact of bad data become known!**



1970s



1990s



Now...





- The data explosion impacts everyone
- Hospitals need trusted data
- Suppliers are often overwhelmed by the amount of data requested and the lack of data standards







# The challenge – for hospitals/pharmacies

## Product catalogues - current situation:

- Varying methods of communicating new items
  - Supplier A – printed catalog
  - Supplier B – price quote
  - Supplier C – PDF data
  - Supplier D – Excel tables
  - Supplier E – text data
  - Supplier F – link to website
- Varying methods of communicating updates/changes (or not communicating)
- Varying descriptions and levels of detail (product attributes)
- Varying levels of data accuracy and data quality



**Hospitals need single and integrated system of exchange of information on devices and adequately identified medical devices distribution and use**





# The challenge – for regulators

---

- U.S. Department of Defence\* discovered that :
  - product catalogues had problems matching the correct manufacturer name for 30% of the medical devices and 20-25% lack the product brand name
  - the part number '8630' in the product catalogue of a leading GPO was linked to 9 different numbers from different distributors
- *"Different manufacturers use different standards in different ways if they use anything at all. Distributors apply their own. Hospitals apply their own. And we just sort of cascade into this series of events which means that we can't find devices."*

*Jay Crowley, US FDA, FDA UDI Public Workshop, Feb. 2009*
- In the US from 2005 through 2009, firms initiated 3,510 medical device recalls, an average of just over 700 per year.

Regulators need to be able to ensure highest levels of market surveillance, to efficiently manage adverse event reports and to quickly recall devices ... not only in their country but also across borders





# The Challenge – for manufacturers

---

- Where do we start?
- What data do I have and what do I need to start collecting it?
- What are customers looking for?
- Are we in compliance?
- How do we define success?





# The most important impact: Patient safety and care providers





# We need to understand the healthcare provider's data pain points...



...in order to  
provide them with  
correct and  
accurate data







# Data Recipient: Trusting the Data

---

**The primary objective is for the hospitals, and other data recipients, to transact with GS1 Keys and integrate data into internal systems**

- In order for the hospitals to do so, the following conditions must exist:
  - Must trust the quality of the data
    - Verification & integrity of data chain of custody
  - Must use the data as provided by the Source without altering it
  - Have the ability to store identifiers and supporting data
  - Internal systems must be capable of supporting GS1 standards
  - Procedures and pathways must be updated to include the relevance of GS1 standards,
- Hospital processes such as procurement, logistics, warehousing, clinical, pharmacy and operating theatres need to be updated
- Establish Master Data Management & Governance processes within the hospital system, including executive sponsorship, roles and responsibilities







## When trusted data is used

---

- Greater efficiencies
- Lower costs
- Improved patient outcomes

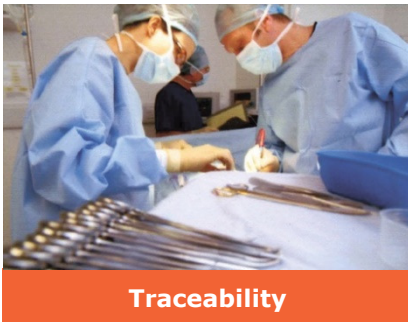




# Trusted data leads to better patient care



Safer and better treatments



Traceability

- **Standardising product data**, enables physicians to more easily analyse and compare results from products used
- **Applying unique GS1 identifiers** or UDIs enables more efficient recalls and verification of legitimacy of products
- eHealth → **combining** the best **product information** with the best **patient information**







# Trusted data improves processes



Seamless order to cash

- Global Location Numbers (GLNs), GS1 EDI, and the unique Global Trade Item Number (GTIN) to identify products supports a **fully automated** order-to-cash **process**



Warehouse management

- **Accurate product data** (weight, dimensions and packaging) exchanged through GS1 Global Data Synchronisation Network saves valuable space





# Trusted data means better collaboration and lowers costs



Seamless order to cash



Warehouse management

- Publishing product catalogues only once in the **GS1 Global Data Synchronisation Network (GDSN)** instead of using multiple formats, improves **accuracy of data** and **collaboration**



With clinical time back to patient care!



Reduction of human intervention (\$52,000/year)





# Download the paper



The Global Language of Business

The Value of Trusted Product Data  
Perspectives shared by hospitals and government agencies



<http://www.gs1.org/healthcare/share-data>



The Global Language of Business

© GS1 2019

16



# Roles and Responsibilities







# Managing Master Data

## *How to improve?*

### ***Supplier = data source***

#### **Needs single point-of-entry**

- One database to load new item data and update data on existing items

#### **Needs security**

- Authorisation access by supply chain partners

#### **Standards-based**

- Standard identification keys
- Predefined (set of) product attributes

### ***Hospital = data recipient***

#### **Needs single point-of-truth**

- One source for up-to-date, accurate data
- Continuous synchronisation

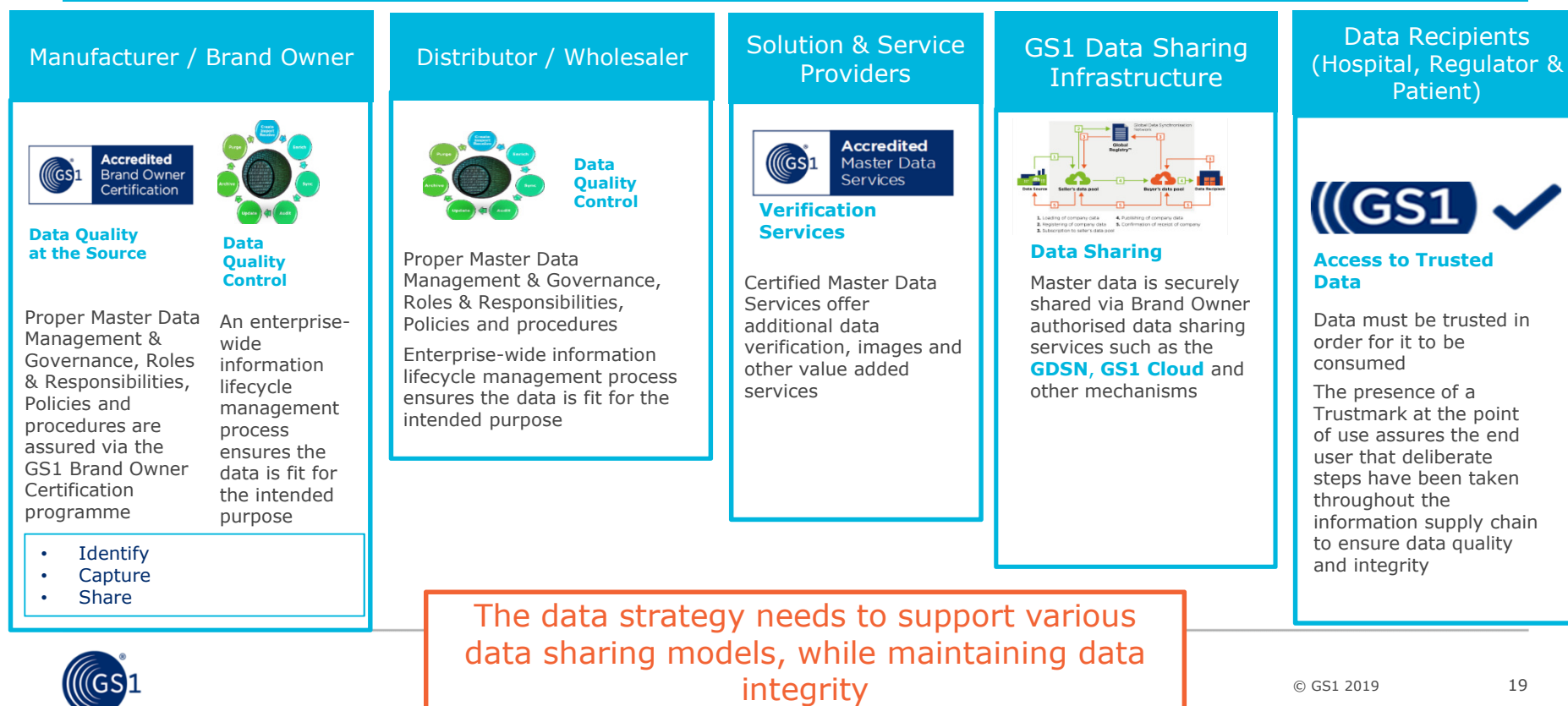
#### **Standards-based**

- Standard identification keys
- Consistently formatted information
- Complete information





# Roles in master data sharing in healthcare





# Master Data Management and Governance



Data Governance

Roles and  
Responsibilities

Enterprise wide  
Data Management

Data Quality

***The quality  
of the data  
starts at the  
data source***





# Information lifecycle management

## 1. Create, Import or Receive

- *Collect, Create, Receive & Capture*

## 2. Enrich/Validate

- *Data Quality*

## 3. Sync/Activate

- *Push to users*

## 4. Audit/Evaluate

- *Routine Monitoring*

## 5. Update/Maintain

- *Maintain, Protect & Preserve*

## 6. Inactivate/Archive

- *Remove from active use*

## 7. Purge

- *Delete from system*





# Data Sharing





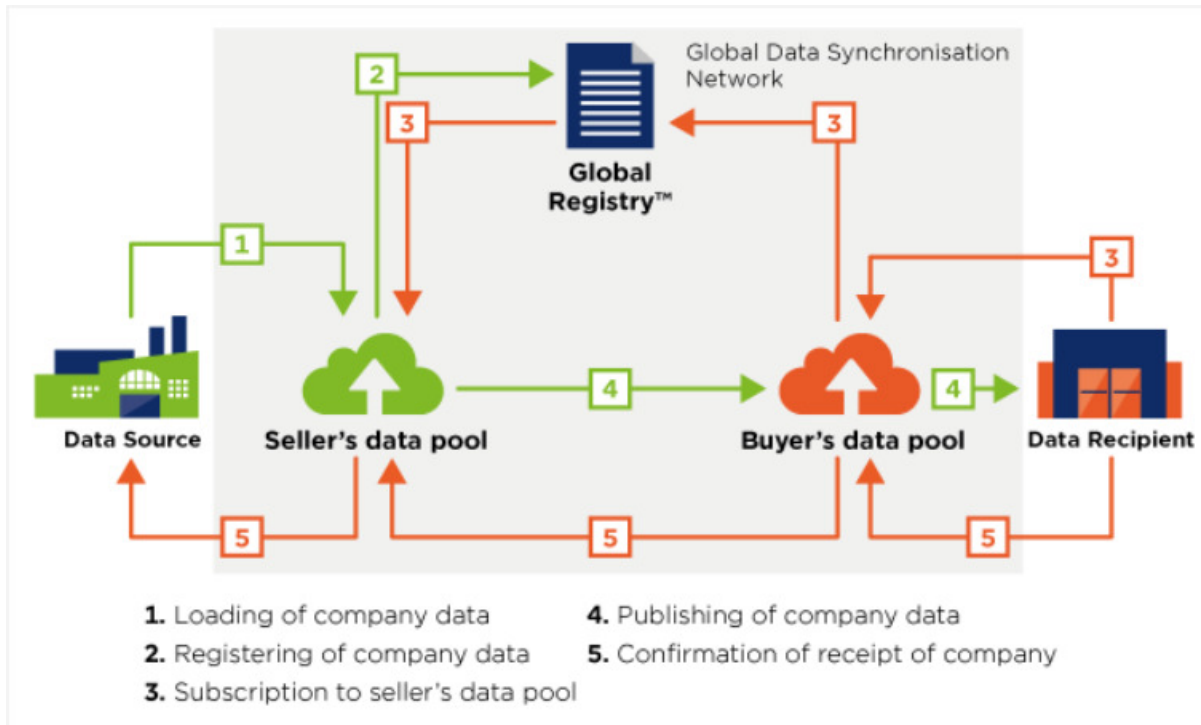
# Managing data: Locally & globally



- Use **global data standards** in order to reduce barriers to data sharing and allow for scalability as the demand for data increases
- Find a technology partner who supports global data standards and can **connect you globally**
- Define ALL regulatory and commercial attributes (**Super Spec**)

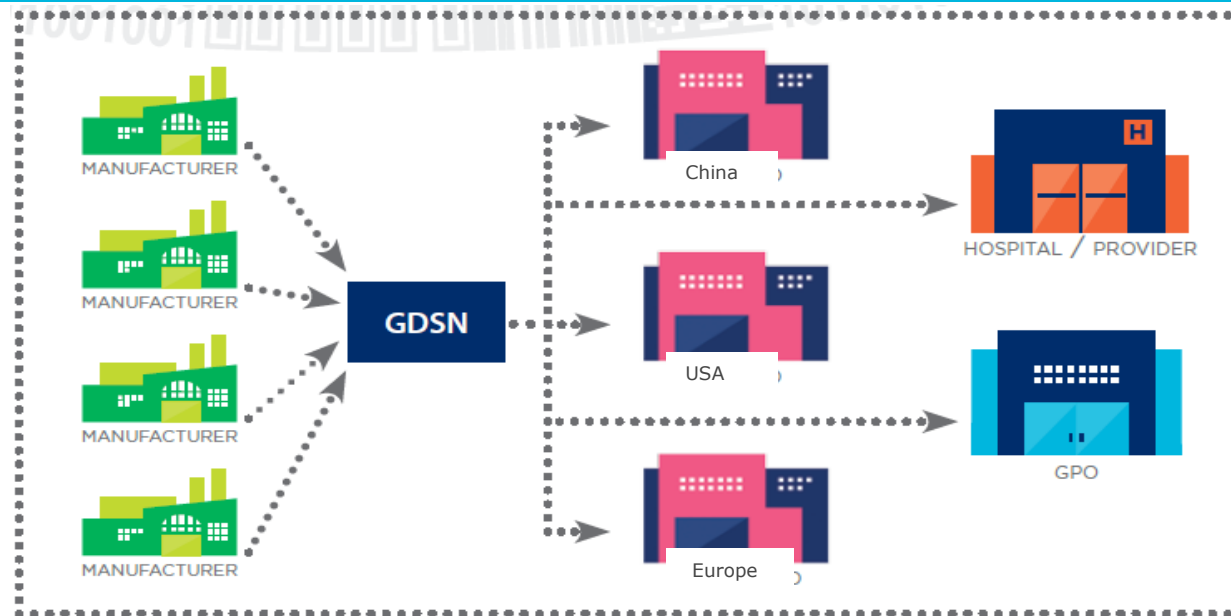


# The Global Data Synchronisation Network





# The right data for the right product to the right recipient



Manufacturers can register their product data in the GDSN and [make it available to all of their customers worldwide](#), in [secure and trusted environment](#). At the same time they can direct their Data Pool to register the appropriate data in regulatory databases anywhere in the world [via a single connection](#).



# Safer, more efficient care starts with a simple scan



And accurate, complete, trusted data is needed through the whole chain so that every barcode scanned looks up an accurate database

