

## Implementation Reality – Traceability

How to enable/implement traceability?

2<sup>nd</sup> April 2014, Seoul/Korea





#### Round 2 (15:30 – 17:00)

#### Moderator

 Grant Courtney, Business Lead, Fingerprint Serialisation, Global Manufacturing & Supply GSK

#### Panelists

- Mike Rose, J&J
- Heather Zenk, AmeriSource Bergen
- Margot Drees, GHX
- Christian Riediger, Bayer





- Introduction: Traceability and the GS1 standards as base for it - the different models for traceability across the world
- What does serialisation mean for a manufacturer (Mike Rose, J&J)
- Traceability everybody needs to be involved the wholesaler view (Heather Zenker, AmeriSource Bergen)
- Traceability pilot in the US experiences and learnings (Margot Drees, GHX)
- Experiences in Europe/Pilot in Germany (Christian Riediger, Bayer)
- Panel discussion
- Conclusions

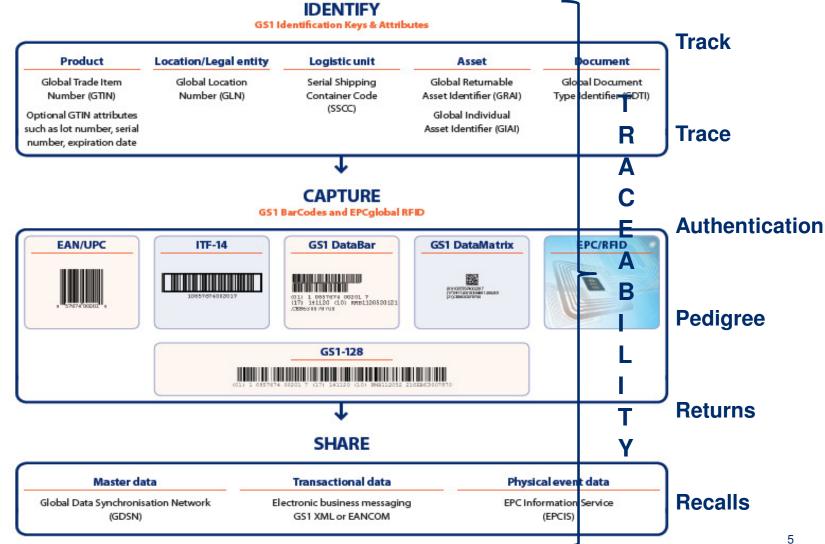


#### Introduction





#### The GS1 System





#### **GS1 Members Vision for Traceability in Healthcare**

## Full, End to End, actionable visibility of finished pharmaceuticals and medical devices in healthcare globally, from Point of Production to Point of Use<sup>2</sup>

- All authentic items are identified with the appropriate GS1 Identification Keys (e.g. GTIN) and appropriate Application Identifier (AI, e.g. Serial No. AI(21)), if applicable, at point of production
- Supply chain identifiers are associated with the patient and remain with/on items throughout their intended useful life
- All physical locations are identified with the appropriate GS1 Identification Key (e.g. GLN) across the entire supply chain
- All patients and care givers, when in a care giving environment, are identified with the appropriate GS1 identification Keys (e.g. Al 8017; Al 8018)
- Agreed master data is captured and shared (e.g. via GDSN) amongst trading partners
- Agreed transactional data is captured and shared (e.g. via business-to-business messaging) amongst trading partners
- Agreed event data is captured and shared (e.g. via EPCIS) amongst trusted traceability stakeholders, based on data sharing/security policies

SO THAT:

- 1. The terms production or producer can also mean commercially available, manufacture(r), creation(or), compounding(er)...
- 2. The terms use or used can also mean consumed, infused, implanted, destroyed



#### **GS1 Members Vision for Traceability in Healthcare**

## Full, End to End, actionable visibility of finished pharmaceuticals and medical devices in healthcare globally, from Point of Production to Point of Use<sup>2</sup>

#### SO THAT:

- Items can be tracked (forward / downstream) across the entire supply chain (production to use) in real time
- Items can be **traced** (backward / upstream) across the entire supply chain (from current location back to the producer) in real time
- Item identification is available for use at patient bedside to ensure the Patient Rights³ are achievable
- Patients Electronic Health Records (EHRs) are updated with agreed traceability information, including Care Giver identification
- Counterfeit products are detected when entering the legitimate supply chain
- A product recall would be fast, efficient and effective

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<sup>2.</sup> The terms use or used can also mean consumed, infused, implanted, destroyed

<sup>3.</sup> Pharmaceuticals (5): Right patient, right drug, right dose, right route, right time. Medical Devices (8): right device, right location, right time, right condition, right procedure, right anatomic site, right user



#### Traceability in Healthcare Phase I (TH-I)

#### **DELIVERED:**



### Global Traceability Standard for Healthcare (GTSH)

#### PUBLISHED 27th February 2009

http://www.gs1.org/docs/gsmp/traceability/Global Traceability Standard Healthcare.pdf

#### GTSH Implementation Guideline

PUBLISHED 24th April 2009

http://www.gs1.org/docs/gsmp/traceability/Global Traceability Implementation Health care.pdf





#### **Common themes**

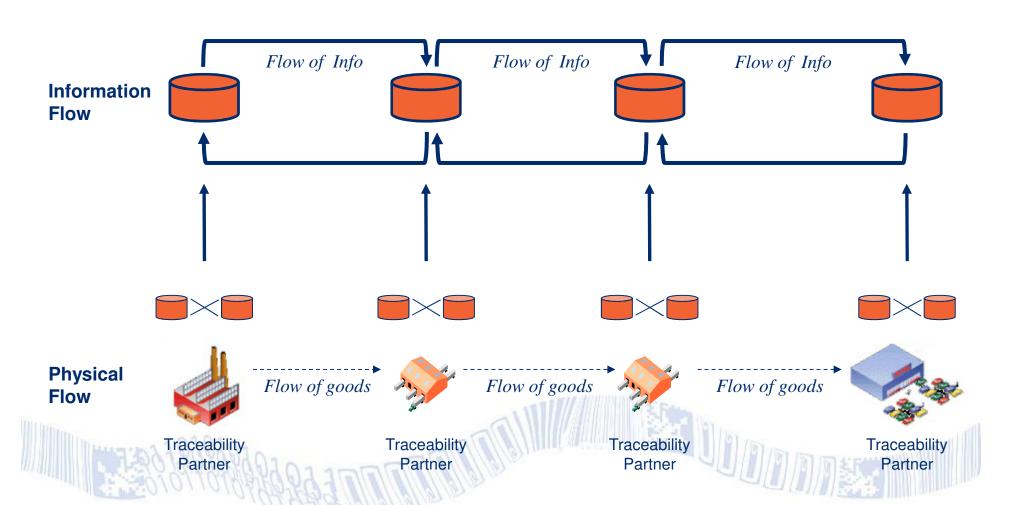
- Global Traceability Standard for Healthcare (GTSH) is a PROCESS Standard
- Definition of Traceability: both track & trace (downstream/upstream; forwards/backwards)
- Establishes the minimum model for traceability:
  - "One up, One Down"
- In parallel with the flow of product there <u>has to be</u> a flow of information about the product





#### GTSH "One up, One down"







## Healthcare Traceability Emerging Models





#### Pharma – Different emerging models... Turkey

**Driver:** Reimbursement Fraud; pharmacists claiming more than once for dispensed product

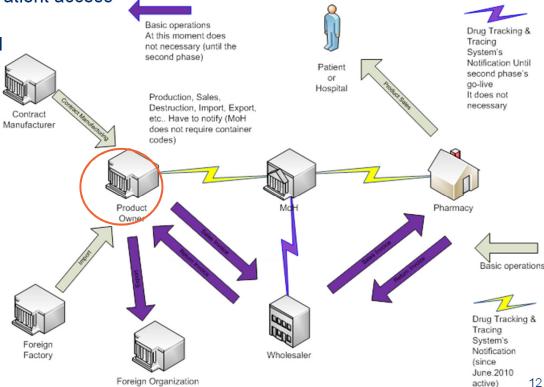
Ownership: Government developed and controlled, Centralised Track & Trace system (iTS)

- Enforcement date 2010
  - Phase 1: Manufacturers published data to MoH central database (2010)
  - Phase 2: Distributors (2012)

Future phases: ePrescriptions, Patient access

ROI in ONE YEAR!

- Reimbursement fraud eliminated
- Examples of counterfeits being detected entering legitimate supply chain
- Prosecutions...



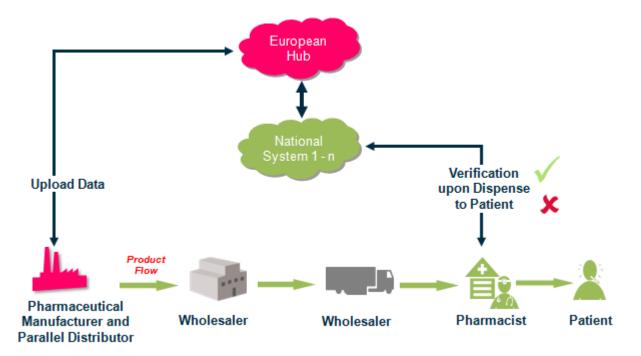


#### Pharma – Different emerging models... Europe

**Driver:** To address counterfeiting (falsified medicines), prevent them reaching the patient

Ownership: Stakeholders, access for regulatory bodies

- European Stakeholder Model (ESM)
  - A pan-European end-to-end system enabling medicines to be verified at point of dispensing
  - Interoperable across markets and supports standard interfaces
  - Developed and maintained by the stakeholders who will use it on a day-to-day basis
  - Run on a non-profit basis; Costs to be borne by Manufacturing Authorisation Holders
  - Effective system expected in 2017





## What does serialisation mean for a manufacturer

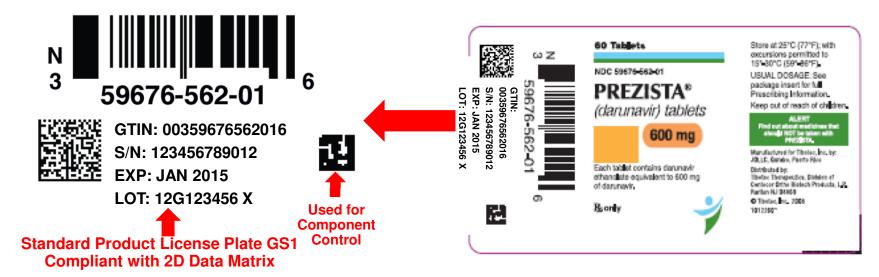
Mike Rose, J&J



#### What is serialization?



PREZISTA® 600mg serialized label with 2D data matrix



Serialization changes the way we handle our products.

A unique identification number is assigned to each item identifying it with a product number and associated serial number. It's applied at every package level (bottle, case, and pallet).

These unique numbers are uploaded into a database and can be accessed by our company and made available to our customers as appropriate.





#### **Manufacturer Perspective**

- Importance of standards
- Complexities of operating in a GxP environment
- Engaging the extended network
- Maintaining focus through competing priorities
- Opportunity to reduce complexity
- Stakeholder engagement e.g., European Stakeholder Model



### **Opportunities for impact**

- Protecting patients from counterfeit products
- 2 Reducing medication errors
- 3 Improving recall efficiency and effectiveness
- 4 Reducing inventory assets and associated costs
- 5 Improve reimbursement accuracy
- 6 Reducing complexity
- 7 Improving transaction accuracy



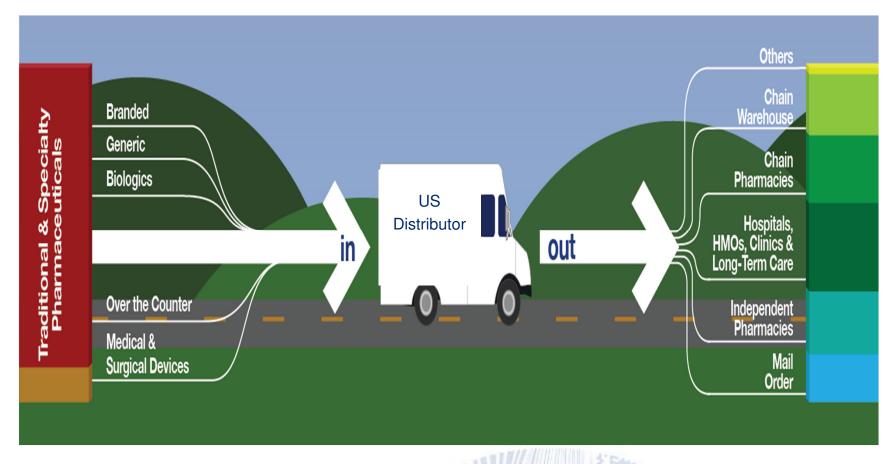
## Traceability – everybody needs to be involved – the wholesaler view

Heather Zenker, AmeriSource Bergen





#### **Wholesaler Perspective**





#### **Wholesaler Perspective**

- Importance of standards
- Processes that support the standards also need to be explored and updated within the industry
- Complexities of operating in the middle of the supply chain
  - 700+ pharmaceutical manufacturers
  - 200,000 + dispensing entities
- Speed of through put patient demand for pharmaceuticals
- Attention to detail, without losing focus on the big-picture



#### **Wholesaler Perspective**

- Data exchange
- Exception management
- Flexibility patience needed by all with trading partner relationships
  - This is new to the entire pharmaceutical industry
- Continued industry collaboration / knowledge sharing
- ROI will be driven by critical mass and continued development of process to align with standards



# Traceability pilot in the US – experiences and learnings

**Margot Drees, GHX** 



#### Traceability Pilot United States Market



#### **Platform Development Partners**













This team was recognized by HDMA for





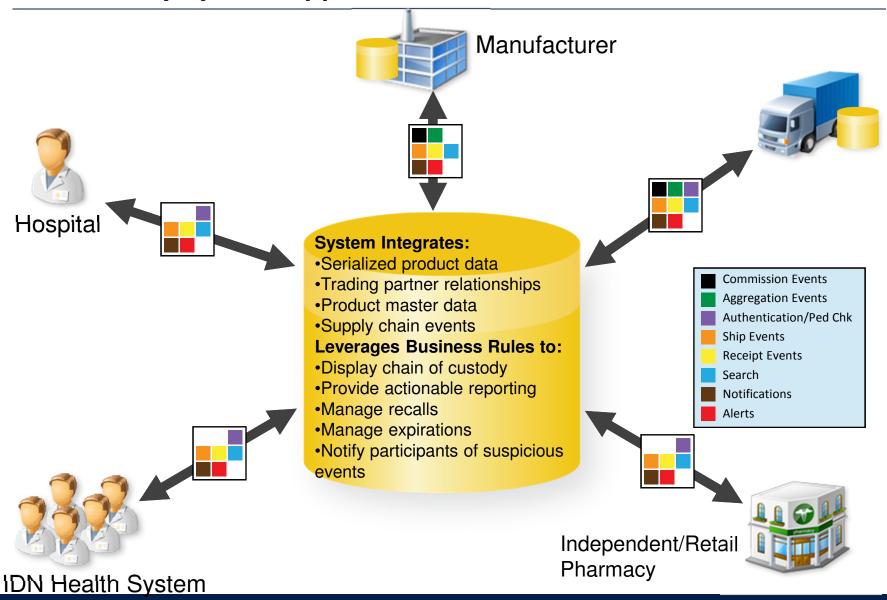
**Pilot Partners** 







#### **Traceability System Approach**



#### **Pilot Objectives**

Engage provider organizations, to understand inventory and recall processes and benefits as unique identifiers are utilized

Test the use of a database network for capture and share of supply chain events amongst manufacturer, wholesaler and pharmacy

Investigate Recall capability

Share results with the FDA and the health care community to support standards development and ensure feasible legislation

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#### **Product Packaging**

Utilize data carriers to confirm events creating a history of a secure chain of custody and ownership producing a pedigree report

Traded homogenous cases of serialized product

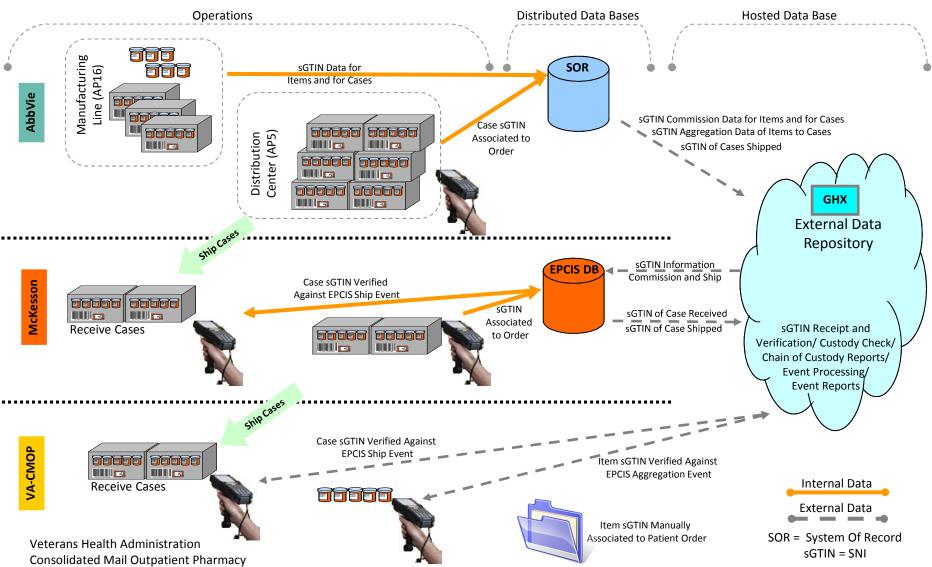
- Cases are serialized using GS1-128 Linear Barcode (1D) containing GTIN + Serial #
- Items are serialized using GS1 Data Matrix Barcode (2D) containing GTIN + Serial #







#### **Pilot Overview**



#### **VA Pilot: Summary**

- 21 weeks of serialized trades (60 cases, 360 items)
  - •55 cases had a valid custody trail and were received serialized at the Pharmacy
  - •1 case (1 case, 6 items) used in mock "recall"
  - 4 cases did not have EPCIS events due to manual processing issues and were excluded
- EPCIS events used to track product trades of serialized cases
  - GHX web interface was used to generate and view EPCIS events for serialized products
  - Trade partners with a secure computer and internet access can track product history

• Events posted to GHX from AbbVie and McKesson allow the chain of custody for the serialized case to be traced prior to VA receipt

Last Known



#### **VA Pilot: Semi-Central Repository**

- GHX can interface with external systems to exchange EPCIS events
  - Interoperability will be dependent upon how participants have implemented their track and trace solutions, whether EPCIS has been used or not
  - Adherence to a set interface is critical, many meetings and multiple weeks were needed to test data exchanged between the partners
  - Using an external EPCIS repository can provide a common location / method to share data
  - Using an external EPCIS repository will reduce the integration and testing of multiple manufacturers with multiple distributor with multiple pharmacies
  - GHX can forward EPCIS events to intended receiver based on ship event
- The GHX track and trace custody check is accomplished by grouping transaction events (EPCIS preferred) stored in the GHX track and trace database, ordering the events, and then applying business rules to events
- Business rules applied to the events can be used to determine if a product is valid for trade or if exception processing is needed
  - Consistency check and Custody check rules can be defined and adjusted at GHX to meet customer needs
  - Check can be performed at any time throughout the supply chain

#### **VA Pilot: Item Verification**

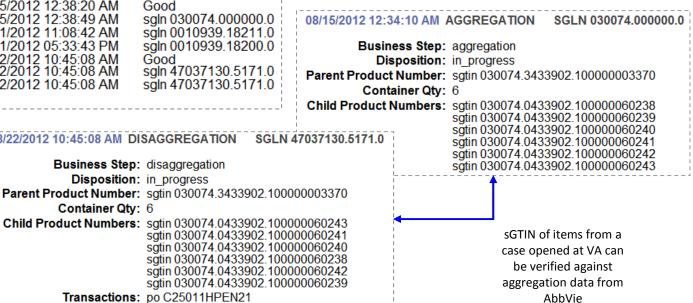
- Partners have visibility to AbbVie's aggregation data
  - Ability to verify items aggregated to case
  - Further insurance product and data is consistent and from valid source

**Disposition:** in progress

Transactions: po C25011HPEN21

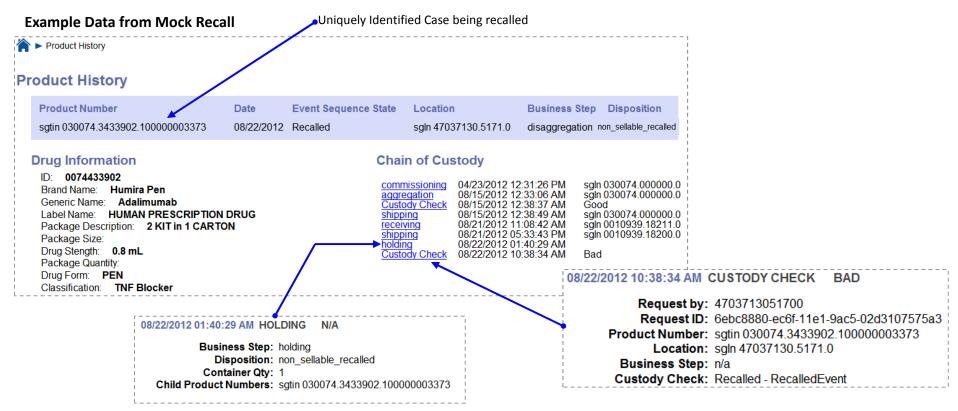
Container Qty: 6

#### Chain of Custody 04/20/2012 12:22:54 PM saln 030074.000000.0 commissioning 08/15/2012 12:34:10 AM sgln 030074.000000.0 aggregation Custody Check 08/15/2012 12:38:20 AM Good 08/15/2012 12:38:49 AM saln 030074.000000.0 shipping 08/21/2012 11:08:42 AM sgln 0010939.18211.0 receiving shipping 08/21/2012 05:33:43 PM saln 0010939.18200.0 08/22/2012 10:45:08 AM Custody Check Good 08/22/2012 10:45:08 AM sgln 47037130.5171.0 receiving disaggregation 08/22/2012 10:45:08 AM saln 47037130.5171.0 08/22/2012 10:45:08 AM DISAGGREGATION Business Step: disaggregation



#### **VA Pilot : Recalled Product**

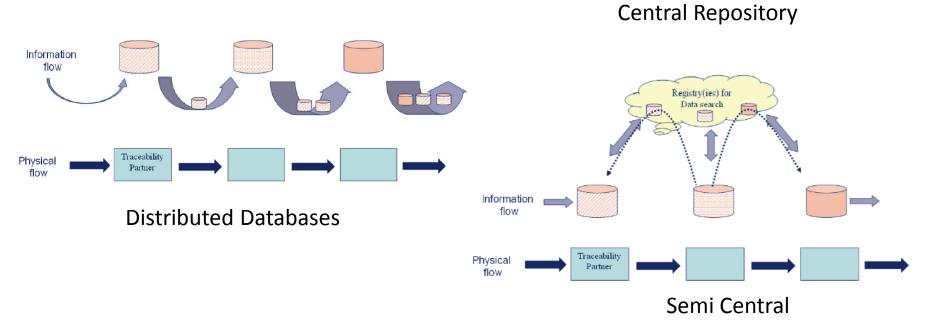
- Status of an individual case can be updated if suspect
  - Further trading of case will not be validate
- Custody check performed will show negative results



#### **Three Database Models**

View of db structures in 2012 when the pilot was designed

#### **Checking Services absent**



Information

flow

Physical

flow

Single Source/Third Party Database

#### **Event Based Traceability (EBT)**

Under development within the GS1 Global Standards Management Process (GSMP) by a Mission Specific Working Group (MSWG) focused

on EBT

**Event Based Traceability Strawman** 

**Non-Normative Document** 

Draft 0.7, March 2014

#### **Utilizes of GS1 Standards & tools:**

Global Traceability Standard for Healthcare (GTSH)

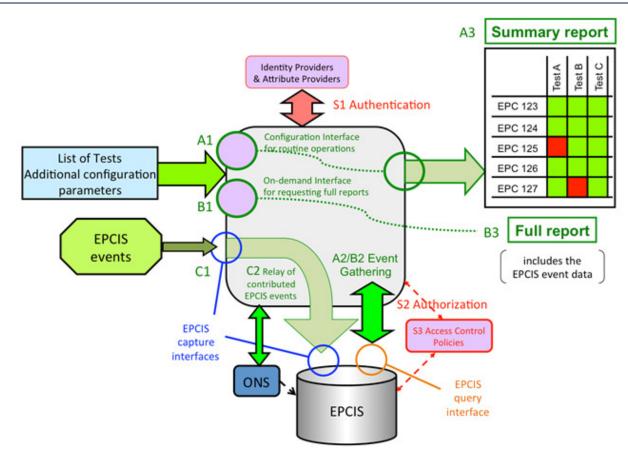
Electronic Product Code Information Services (EPCIS) 1.1

Core Business Vocabulary (CBV) standard

Object Name Service (ONS)

**Checking Service and Security Framework** 

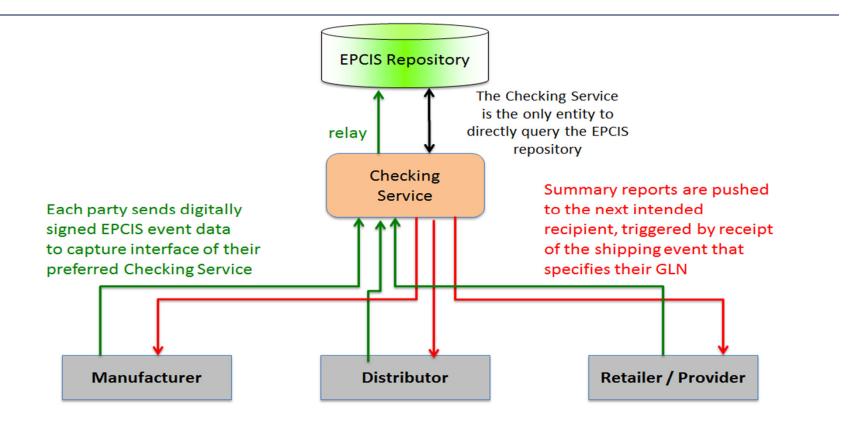
#### **Secure Checking Service – Common to All Models**



Checking services "protects" the EPCIS repositories

The checking service manages the data verification, authorization and access control rules for the data and the supply chain parties

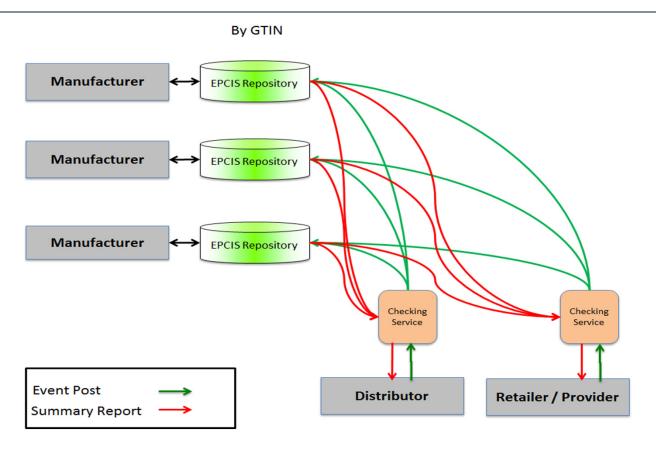
#### **Centralized Model**



#### Repository stores all data specific to users of a defined community

The checking service queries a single known repository containing all commission and event data required to meet the objectives

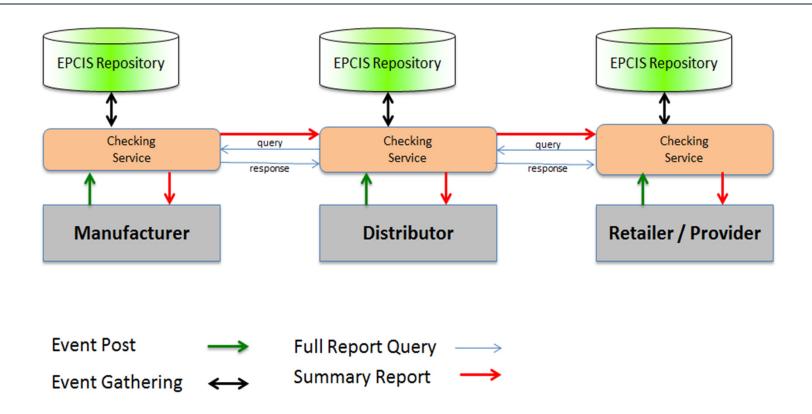
#### **Semi - Centralized Model**



Repositories specific to product (GTIN ) store commission data and associated created Events

The checking service queries the ONS on **GTIN** to determine which EPCIS repository to interact with. (Commission data with associated events)

#### **Distributed Model**



#### Multiple Repositories store data as determined by the data creator or owner

The checking service queries the ONS on **GLN** to determine all of the EPCIS repositories to interact with. (Commission + Event + Event + Event)

#### **Global Models Existing or Emerging**

#### **Central**

Turkey, Argentina, EU's ESM, China

#### **Semi-Central**

Brazil (defined by regulation)

#### **Distributed**

None

#### **Hybrid**

US Stakeholders likely to discuss



#### Thoughts on questions

- What is the biggest challenge for you when implementing traceability?
- What has been your greatest learning?
- Traceability is often a regulatory requirement do you see also benefit in it?
- What do you see as cornerstone for a successful implementation?
- If you would need to regulate traceability for the fight against counterfeiting, reimbursement fraud etc. – what would you do?