

Healthcare Transformation Group

Position Statement

Encourage the adoption and usage of the GDSN and the GUDID data sources

HTG believes that all products should be easily identifiable from the time they enter the healthcare supply chain to the point in time they are used on a patient. This identification is vital to removing risk associated with using products for our patients and providing the healthcare industry clear product traceability and post market surveillance. To this end, HTG fully supports the adoption of GS1 standards and the leveraging of the UDI throughout the healthcare supply chain down to the point of usage capture. HTG would like suppliers, solution providers, GPOs, and distributors to adopt the use of GS1 standards and the UDI (where applicable) through all of their transactions, applications and interactions.

Position:

HTG has an expectation that all master data will be available from a source of truth, and for the reasons outlined below, believes our preferred source of truth will ultimately become the GDSN.

- GDSN is currently the only data source with a proven process for publication and subscription.
- The Governance by GS1 provides the structure for trusted data attribution to accompany the GTIN, the Unique Device Identifier, issued by GS1.
- HTG recognizes we must continue to drive our industry to adopt the GS1 methodology.

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Data Sources

- Explain all data sources covered in this document:
 - GDSN

Data Recipients

- GDSN
- GUDID
- Other Data Recipients could be added in the future

GDSN

REQUIREMENTS:

- *All product GTINs need to be documented down to the unit of consumption and stored as such in the GDSN*
- HTG recognizes that trusted data requires a validation cycle:
 - The cycle begins when the data pool receives the published data.
 - Next is a subscription request for data from the GDSN.
 - This trade between all trading partners in the flow begins the data verification process.
 - Ultimately it needs to end with a provider ensuring accuracy in the final consumption transaction indicating patient use.
 - If needed, due to discrepancies found during trade, the cycle will repeat.

Then, and only then, is the data in the data pool considered a true source of truth.

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BENEFITS:

- Any subscribing provider executing a trade will benefit all other future trading partners.
- GS1 governance to add attribution can be done at the:
 - Provider Level
 - GS1 US Healthcare Level
 - GS1 US Global Level
 - GMO (GS1 Member Organization)
- Effective-dated revision control and change management will allow us to maintain critical attribute relationships when allocation rules require the GTIN to change. (e.g. the stent inside packaging did not change, but the packaging label was update, warranting a new GTIN) For longitudinal studies we will need to maintain the equivalence of GTIN old and GTIN new.

GUDID

REQUIREMENTS:

- Will be a data recipient for:
 - HIBCC
 - GTINs not yet published to the GDSN
 - GTINs published in GDSN, and GUDID, but provider is not a subscriber to the GDSN

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Benefits:

- Free access to GUDID
- GUDID will have API connectors
- Potentially you could look up in the GUDID how the PI will be communicated
- Look up engine is more robust than the GDSN, there is no lookup engine at this time in GS1

Other Data Sources

HTG recognizes other data sources may be in development and may need to be evaluated.

Actions:

- HTG will conduct pilots that will support the leveraging of the data sources within our own business processes
- HTG aims to author White Paper(s) that can describe the value of adoption.