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#vizientsummit



Powering Mayo Clinic Supply Chain Analytics Through Product Information Management

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Learning Objectives

- Explain the benefits of using a product information management system.
- Describe successful strategies to streamline pharmaceutical formulary workflows within a health system.
- Differentiate device and supply management versus pharmaceutical formulary management.



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Mayo Clinic and Mayo Clinic Health System

Charitable, not-for-profit, academic medical center



In 2021, Mayo Clinic and Mayo Clinic Health System



Ranked Best Hospital and #1

in more specialties than any other hospital in the nation*



revenue (net and other sources)



73,000

Personnel consisting of physicians, scientists, allied health staff, research associates, fellows, residents and students



_ 22 Hospitals, locations in MN, AZ, FL, WI, IA, London, UAE



Provided essential health care services to more than

1.3M patients

50 states

130 countries

Why a Product Information Management (PIM) System?

Improve data management

Master repository of standardized data

Create
a Supply
Chain data
governance
culture

Re-engineer current processes

Design
new
processes to
reduce
inefficiencies

What is the Mayo Clinic Pharmaceutical Formulary?

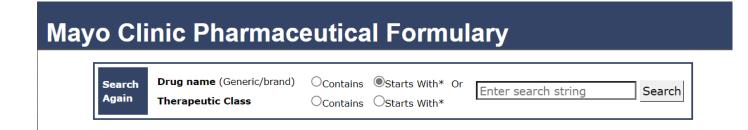
- Enterprise-wide list of medications that are approved for use at Mayo Clinic.
 - Acute Care Hospital
 - Outpatient Clinic and Infusion Centers
 - Mayo Health Insurance Pharmacy and Medical Benefits
- Developed by specialty task forces consisting of physicians and pharmacists who are subject matter experts
 - Establish evidence-based use criteria for medications with high clinical and/or financial impact based upon safety, efficacy and cost.
 - Utilize restrictions, algorithms, prior authorization policies and guidelines
- Joint Commission Accreditation requirement to review all medications on formulary:
 Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.

Where We Were...

Products

- Approximately 20% of our contracted products were in the ERP item master
- No way to view Mayo Clinic's full contract catalog
- Minimal visibility to approved substitutes
- Reactive, not proactive

- Access Database built in 2001
- Custom tables that integrate FDB data with formulary data
- Data is searchable to clinical and nonclinical staff outside of EHR via intranet



Decision Point

Products

- Proactive with product data
- Limited attributes to only what the ERP provided
- Data accuracy
- Better support for clinical workflows
- Wants and needs outgrew the current capabilities

- 2020 Budget Reductions
- Support team had a retirement and reduced FTE
 - Critical need to re-evaluate Joint Commission Formulary Review processes
 - Found efficiencies using tools with Excel, re-writing procedures and resetting expectations
- Forced to recognize the current tool needed an upgrade
 - Resource heavy and lacked sophisticated capabilities



Rethinking the Standard

Products

- Full visibility to all contracted products
 - 650,000 plus products
- Differing process flows for items vs. contracted specials (non-item master)
- Data survivorship rules and algorithms to reduce duplication and create data standards
- Visibility to Mayo- and GPO-approved substitutes for Procure-to-Pay and clinical staff
- Find and click product request process
 - Decision based workflow approval process
- Create more efficient third-party integrations and data replication

- Prioritize efficiency and use technology to allow staff to work to top of licenses/roles
 - Customizable information structure as needs and audiences change
 - Reporting with custom templates
 - Feed into other systems to automate communications
 - Automated
 - Reduce staff administrative burden
 - Less manual manipulation = less risk of human error
 - HTML to text
 - Bulk Edits
 - FDB update manipulation and improved capacity to utilize included files

Lessons Learned

Products

- There is no quick fix
- Be honest
- Leadership support
- Be agile and open minded
- Changed FTE responsibility from data entry to data steward

- Tap your SMEs
- Leadership support
- Expect it to take longer than expected
- Have a plan for priorities and parking lot items

Key Takeaways

- Think differently about how to store and present information and utilize new functionality to create new processes
- Consider systems not built specifically for healthcare providers or clinical applications
 - Housing data outside of the ERP and Electronic Health Record
- Investigate technology to allow staff to focus time and energy elsewhere
 - Improved efficiency to reduce administrative work
 - Reduce error risk
 - Clear communications
 - Ability to modify presentation to target audiences
 - Automation

Questions?



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