

2022

STRONGER

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# 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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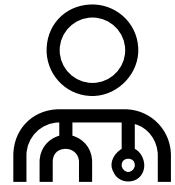
Sr. Technology Analyst, Mayo Clinic

# Mayo Clinic and Mayo Clinic Health System

Charitable, not-for-profit, academic medical center



In 2022, Mayo Clinic



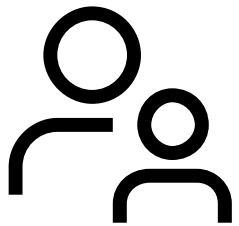
**Ranked Best Hospital  
in the Nation and #1**

in more specialties than any  
other hospital



**\$15.7B**

revenue  
(net and other sources)



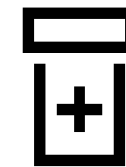
**73,000**

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

## Formulary

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

### Mayo Clinic Pharmaceutical Formulary

|                     |                                  |                                |                                               |    |                                                  |               |
|---------------------|----------------------------------|--------------------------------|-----------------------------------------------|----|--------------------------------------------------|---------------|
| <b>Search Again</b> | <b>Drug name</b> (Generic/brand) | <input type="radio"/> Contains | <input checked="" type="radio"/> Starts With* | Or | <input type="text" value="Enter search string"/> | <b>Search</b> |
|                     | <b>Therapeutic Class</b>         | <input type="radio"/> Contains | <input type="radio"/> Starts With*            |    |                                                  |               |

# 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

## Formulary

- 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

## Formulary

- 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

## Formulary

- 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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