Breakout Session Overview

Paul Robinson
Deloitte Consulting

Breakout Agenda

Time	Duration	Session
11:15-11:20 AM	5 minutes	Overview of breakout sessions Room assignments are marked on your nametag
11:20-11:25 AM	5 minutes	Transition to breakout rooms
11:25-12:00 PM	65 minutes	Participate in breakouts
12:30-1:00 PM	30 minutes	Break for lunch
1:00-2:00 PM	60 minutes	Resume Breakout Sessions
2:00-3:00 PM	60 minutes	Transition to Cabildo Room for Readout Session Each readout in main session will be given 15 – 20 minutes to take the larger group through recommendations

Top Challenges Suggested by Forum Registrants

Standards

- Impact of serialization on 2D barcodes
- Package-level GTIN considerations
- Reconstituted vaccine barcodes
- Standard capabilities of EMR/IIS solutions
- Use of both linear and 2D barcodes on the same product
- Location of 2D barcodes on packages and cartons

Adoption

- Financial considerations of equipment, implementation, and training for registries
- Immediate provider efficiencies
- Balance between cost, effectiveness, and availability of barcoded data
- Increase adoption
 - EMR/IIS vendors
 - Vaccine Manufacturers
 - Practitioners
- Adoption incentives

Implementation

- Workflow changes
- Package-level scanning
- Combination and reconstituted vaccines
- Office configuration
- Training and supporting state registry and provider scanning operations
- Future opportunities for 2D barcoding
- Mobile applications

Please return to the Cabildo Room by 2:00 PM

Breakout Sessions underway Forum will resume at 2:00 PM

Breakout Session 1 Standards

Session Overview

- Introduction of all participants in breakout Name, title, organization two minutes total
- 2. Identify breakout champion to deliver readout in plenary session
- 3. Rules of Engagement
 - Every member in the group should contribute
 - Share your experience and perspective
 - Respect the opinions of others
 - Maintain confidentiality and respect antitrust requirements
 - Focus on the topic at hand and try not to move on to tangential issues –
 Parking lots will be used for the discussion
- 4. Last five minutes
 - Confirm champion is prepared
 - Scribes to send final completed templates to Paul for consolidation and projection in main center

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Question	Discussion
Serialization: What is the impact of serialization on the 2D barcode? The GTIN? Additional data elements?	
Package-level GTIN: We know that 2D barcoding will extend beyond primary packaging to the secondary package. The AAP guideline applies to unit of use. Other than GTIN, what data do you plan to include, e.g., lot#? If lot#, are you planning to use the same lot# as on the vaccine unit of use or would it be different?	
How do you plan to handle the reconstituted vaccines or combination vaccines that may have a different lot #?	

Question	Discussion
Should 2D barcoding expand beyond primary and secondary packaging to the tertiary level? Would it be helpful?	
What challenges are posed by adding tertiary package barcodes and how can they be overcome?	
Reconstituted vaccines: What are the challenges? From a barcode perspective, how can reconstituted vaccines be addressed consistently?	
EMR/IIS Solutions: How do we ensure uniform capabilities within the vendor community?	

Question	Discussion
What are the challenges and opportunities for EMR/IIS vendors to standardize 2D capabilities?	
Linear Barcodes: There may be a time period when both linear and 2D barcodes appear on the same product. Is there enough benefit to want to retain the linear barcode? What is it being used for today? What are the benefits and challenges of keeping or removing it?	
Barcode Location: Where would the 2D barcode need to be located to drive maximum benefit? Where on the package, e.g., left corner, middle?	

Breakout Session 2 Adoption

Session Overview

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 — two
 minutes total
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Adoption Starter Questions

Question	Discussion
Financial considerations: What are the financial considerations of 2D barcode scanning? Equipment, implementation, and training for registries and providers?	
What adoption incentives exist?	
What other barriers to adoption exist? Migration of legacy data, resistance to change, technological aversion, absence of an electronic record, change in workflow? Other?	

Adoption Starter Questions

Question	Discussion
Benefits to Providers: Is there an immediate efficiency for the providers? Workflow? Other?	
An observation has been made that concerns exist around the cost, effectiveness, and value of barcoded data. Are these concerns valid? What is the point at which the cost is palatable? Is there a logical price point?	
Increase Immunizer Adoption: How can providers be convinced to invest in and embrace barcoding technology?	

Adoption Starter Questions

Question	Discussion
Increase Manufacturer Adoption: Availability of 2D barcoded products concerns immunizers, registries, and EMR vendors. What are the benefits to 2D seen by manufacturers and how can their level of adoption be increased?	
What will motivate more vaccine manufacturers to apply for a PAS to add 2D barcodes to vaccine labels or apply for waivers to replace linear with 2D barcodes?	
Increase EMR/IIS Adoption: We've heard today that some EMR/IIS solutions already process 2D vaccine barcode data. What are the benefits to the solution vendors and how can their level of adoption be increased?	

Breakout Session 3 Implementation

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Question	Discussion
Immunizer Workflow: What needs to change in inventory and administration workflows in order to incorporate scanning?	
Administration: What are the workflow challenges and opportunities related to incorporating scanning?	
What interim solutions exist until full implementation is realized?	
What clinical decision support challenges and opportunities exist?	

Question	Discussion
What are the challenges and opportunities related to changing workflows to scan vaccines prior to administration?	
Inventory: What are the opportunities and challenges presented by 2D barcodes?	
VIS: Do current practices match best practices and what challenges and opportunities exist by making 2D barcode VIS data available?	
Level of Scanning: What package level of scanning is currently taking place in practices?	

Question	Discussion
What are the challenges and opportunities presented by scanning unit of use?	
What opportunities would exist if scanning is extended to secondary and tertiary level scanning?	
What new challenges would be imposed by doing so?	
What challenges are presented by combination vaccines and reconstituted vaccines?	

Question	Discussion
Office layout affects scanning optimization. How would practices be affected by reconfiguring office layouts?	
Training and supporting: What are the implementation and post-implementation needs related to training and supporting state registry and provider scanning operations. Who should provide the support? The EMR vendor? Scanner vendor?	
Mobile Applications: Would it be desirable to have applications built by the EMR community that would allow the products to be scanned with smart phones?	
What are other future opportunities for 2D barcoding?	

Breakout Session 1 Readout

Question	Discussion
Package-level GTIN: We know that 2D barcoding will extend beyond primary packaging to the secondary package. The AAP guideline applies to unit of use. Other than GTIN, what data do you plan to include, e.g., lot#?	 A. Package-level GTIN: 4 data elements: NDC, Lot, Exp, Serial# Challenges: Primary and secondary packages must be related to avoid reconciliation errors. Different NDCs would require a redesign of IIS systems How to link lot#s between second and primary packages Should there be a service/web page where manufacturers send component information so EMR/IIS can access the information?
If lot#, are you planning to use the same lot# as on the vaccine unit of use or would it be different? How do you plan to handle the reconstituted vaccines or combination vaccines that may have a different lot #?	 Manufacturers see more cost than benefit than going to lot level; there should be an NDC table that gives the quantity per package? FDA NDC list does not have every NDC EMR-the more scanning required the less the users will do Encoded data must be recorded on the patient record Need a standard data set Different NDC and lot# on primary and secondary packaging, Inventory won't decrement inventory HL7 limitation-can only receive one NDC per lot # in administration
Should 2D barcoding expand beyond primary and secondary packaging to the tertiary level? Would it be helpful?	 B. EMR/IIS Solutions: How do we ensure uniform capabilities? 1. HL7 messaging is intended to facilitate the EMR and IIS information exchange 2. Challenges: Cost and time Cross matching to Inventory Not all EMR have inventory modules

Breakout Session 2 Readout

Adoption Discussion

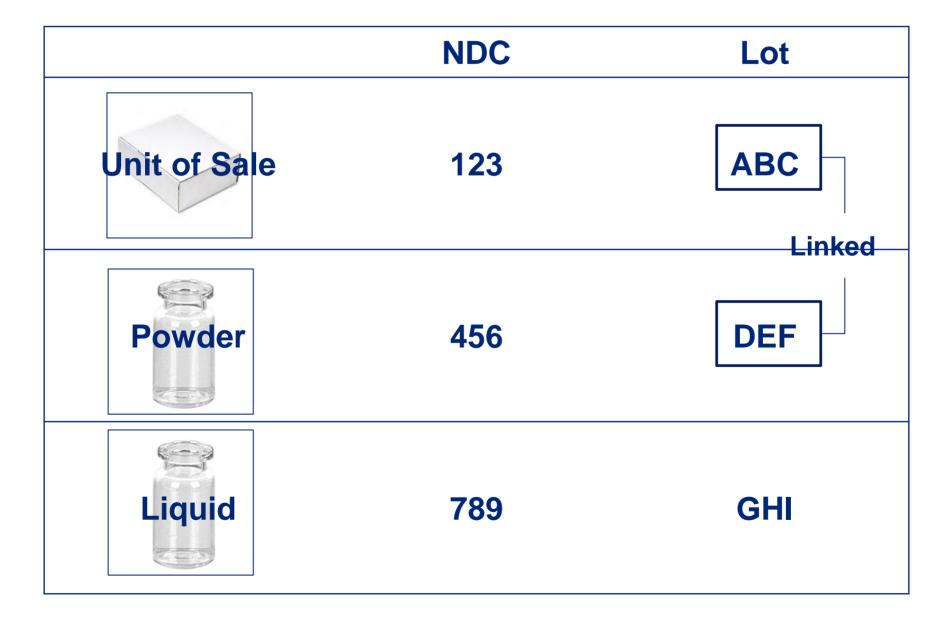
Question	Discussion
Financial considerations: What are the financial considerations of 2D barcode scanning? Equipment, implementation, and training for registries and providers?	 Purchasing scanners Value of a potential cost benefit assessment tool Time saving versus dollar investment Different states of readiness for adoption
What adoption incentives exist?	 Reports that show effectiveness of scanning Grassroots buy in Patient safety Completeness and accuracy
What other barriers to adoption exist? Migration of legacy data, resistance to change, technological aversion, absence of an electronic record, change in workflow? Other?	 Costs Time investment – preparation Keeping barcoding as a primary concern Resistance to change

Breakout Session 3 Readout

Implementation

Topic	Discussion
Workflow	Least disruption possible is best way to go.Hasn't been a huge issue
Package level	 The barcode needs to represent how many vials EMR system recognizes during inventory
Training	 Manufacturers-training needs intensify with new production line Practice- fairly easy to do
Future opportunities	Mass vaccinations
Combo and reconstituted vaccinations	 Big issue- see next slide Potential solutions Scan box at admin Matching system/tables (who maintains, updates, shares) RFID?

Reconstituted Vaccine Packaging



Day 1 Close

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Deloitte.

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