

GS1 Lunch & Learn Are you ready for UDI?

Géraldine Lissalde-Bonnet GS1 Global Office AHC-AHWP Joint Workshop 18 November 2014, Seoul - Korea





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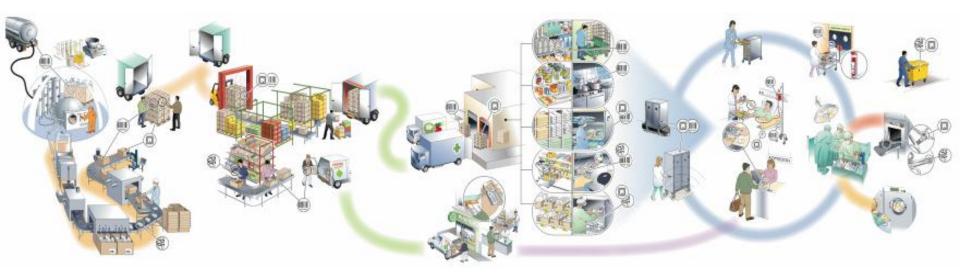
GS1 – an international standards organization

Not-for-profit 111 Member Organisations Over one million user companies (from SME to global companies) Member driven 150 countries served; 20 different domains 2,500 people helping us Over 6 billion transactions a day



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GS1 Healthcare - a voluntary, global Healthcare User Group



To lead the healthcare sector to the successful development and implementation of **global standards** by bringing together **experts** in healthcare to enhance **patient safety** and **supply chain efficiencies**.



GS1 in Healthcare: global system of standards to ensure visibility





KEY CHALLENGES

For the industry

- Labelling
- Database elements and maintenance

UDI ... LABELLING

UDI... WHAT? WHERE? WHEN?

• UDI: purpose

- UDI: scope
- UDI: global developments

- What are the U.S. FDA UDI labelling requirements ?
- What is the GS1 AIDC translation of UDI?

• What are the U.S. FDA GUDID requirements ?

UDI...

DATABASE

 How do the GS1 GDSN support the implementation the UDI database?

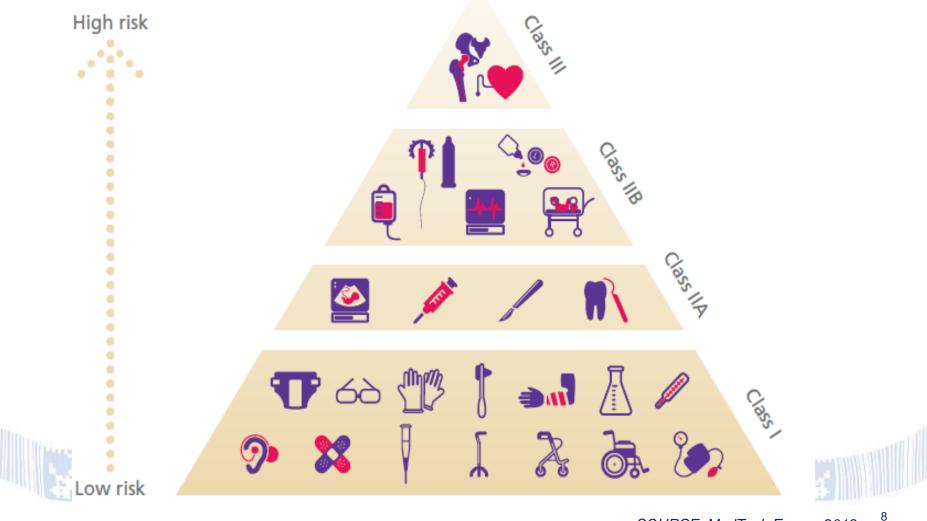


A common, worldwide system for product identification should eliminate differences between jurisdictions and offer significant benefits to manufacturers, users and/or patients, and regulatory authorities.





Varies from regulator to regulator – follow GHTF definition?

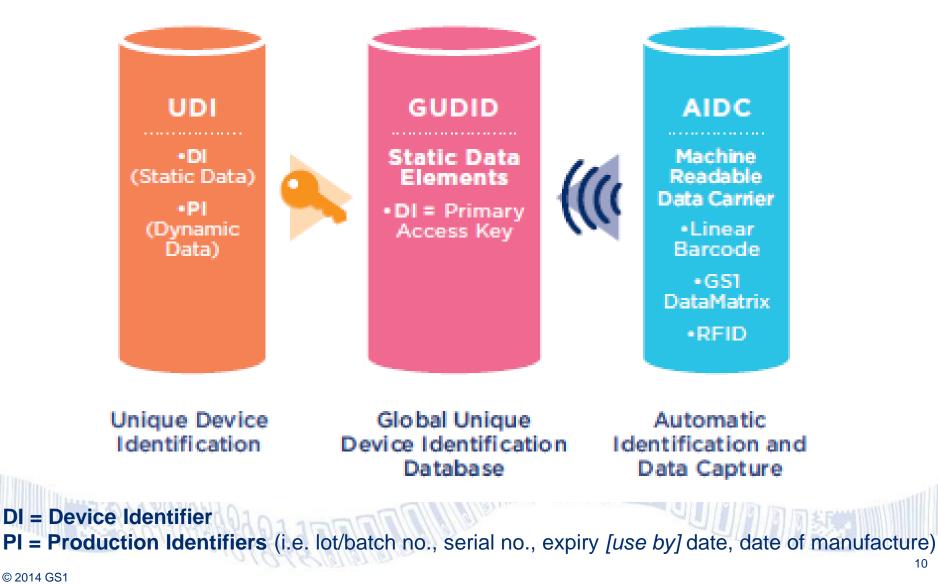




- 1. Assign a globally unique standardized identifier to devices
- 2. Place UDI on the label in both plain text (HRI) and in an appropriate form of Automatic Identification and Data Capture (AIDC)
- 3. Directly mark (DPM) those devices which are intended to be reused or reprocessed
- 4. Submit data related to product to US FDA's Global UDI Database (GUDID)
- **5. IMPLEMENTATION**

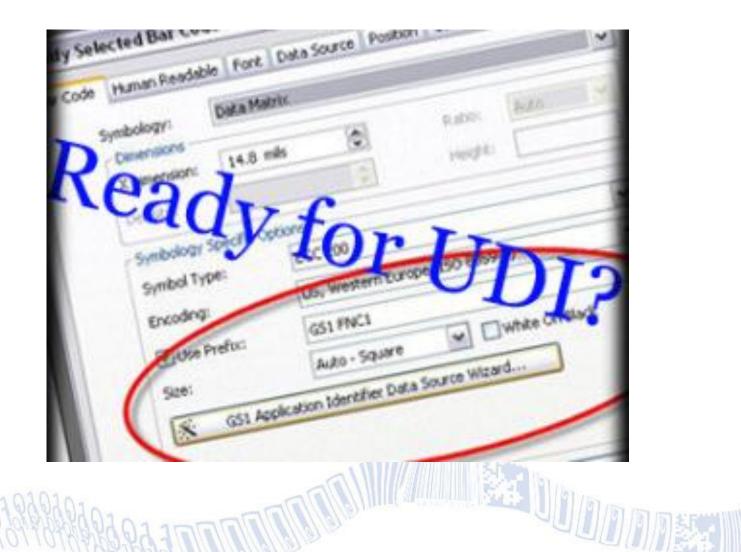






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Requirements as applicable:

TITUBB

- Implementation since a few years.
- <u>All medical devices which are reimbursed are identified and marked.</u> Approximately 2.5 million approved medical devices in the Turkish database.
- 91.8% identified with GS1 GTIN (Global Trade Item Number).

Open point(s)/upcoming dev.:

- MoH is working on a new project called UTS (Product tracking system) which will replace current system TITUBB.
- The main aim is to track products from manufacturing facility until end customer.
- Since September 2014, workshops with the industry to collect and give feedback to build the new system.
- New system is planned to be go-live on June 2017.



NHS Procurement



A Procurement Development Programme for the NHS





NEHTA supporting the move towards UDI

- NEHTA Supply Chain Programme supporting implementation of the 3 UDI parts:
 - the identifier : using GTIN and relevant AIs (expiry date, serial number, batch/lot number)
 - the data carrier : recommanding to be in line the GS1 AIDC Healthcare Implementation guide
 - the UDI database : NETHA is working with GS1 Australia to ensure that the NPC is aligned with all UDI requirements

• Ready in the market to implement UDI





- The first regulation requiring traceability for medical devices with short timelines!
- *February 2015*: defibrillators/cardioverters, electric stimulators for cochlear hearing, intraocular lenses, cardiac pacemaker, breast internal prosthesis;
- August 2015: vascular coronary endoprosthesis (stent), hip prosthesis, and column prosthesis.
- GS1 standards required: GTIN plus Al's, GLN



- It is crucial that regulators around the world align on the IMDRF Guidelines and ensure consistency when setting-up regional or national UDI system
- This would ensure :
 - highest levels of patient safety beyond borders
 - harmonized identification systems for medical devices globally



allow for consistency in UDID across countries









NHS Leeds Teaching Hospital – a 2,500-bed university hospital in the UK - Europe's largest university hospital



Issue(s)

- Increased pressure to improve patient safety and save costs in hospitals
- Suboptimal management of inventory of medical devices at the hospital's Orthopaedic Centre
- High stock levels and system integrity problems arising from consignment stock and vendor-managed inventory

Solution

- Implementation of an inventory control system through GHX
- Implementation of GS1 Standards, including GTIN, GS1 BarCodes and GDSN

Results

Savings through consignment stock reduction: €600k Savings through elimination of excess stock: €500k

- Reduced consignment stock, which reduces process and write-off costs for the supplier and the hospital
- Reduced obsolescence through stock visibility, stock rotation and stock levels that ensure usage within expiry
- Reduced emergencies thanks to improvements in forward demand/stock planning
- Reduced cost of carriage as stock delivered on efficient lead times and using scheduled deliveries



Business case in Netherlands

- Reduced inventory levels
- Reduced obsolete stock
- Simpler, faster ordering, delivery and billing process
- Accelerate recall procedures
- Effective use of consignment goods
- Costs captured per patient
- Fewer errors and manual actions





GS1 endorsed by 60 stakeholders





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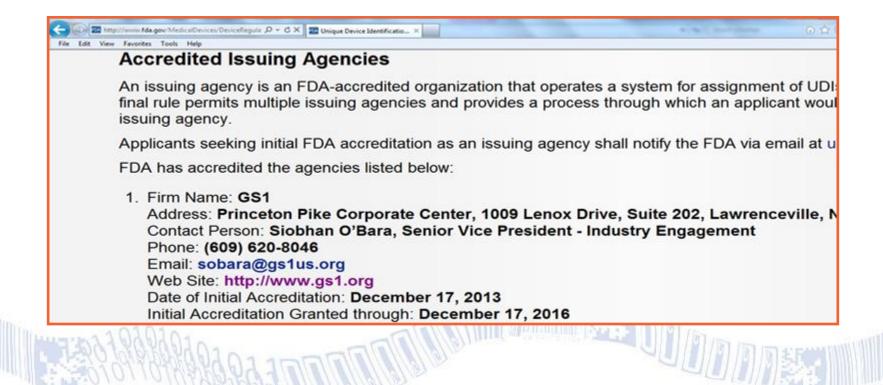
UDI...

DATABASE

 How do the GS1 GDSN support the implementation the UDI database?



The final UDI rule of the US FDA of September 2013 GS1 was accredited as first issuing agency by the FDA





Compliance Dates



Implementation (compliance) timeframes – all September 24:

- 2014: class III and devices licensed under PHS Act
- 2015: class II/I implants and life-supporting/sustaining
- 2016: rest of class II
- 2018: rest of class I

For Direct Marking:

- Compliance dates are extended by 2 years
- NOT class II/I implants & life-supporting/sustaining: still in 2015



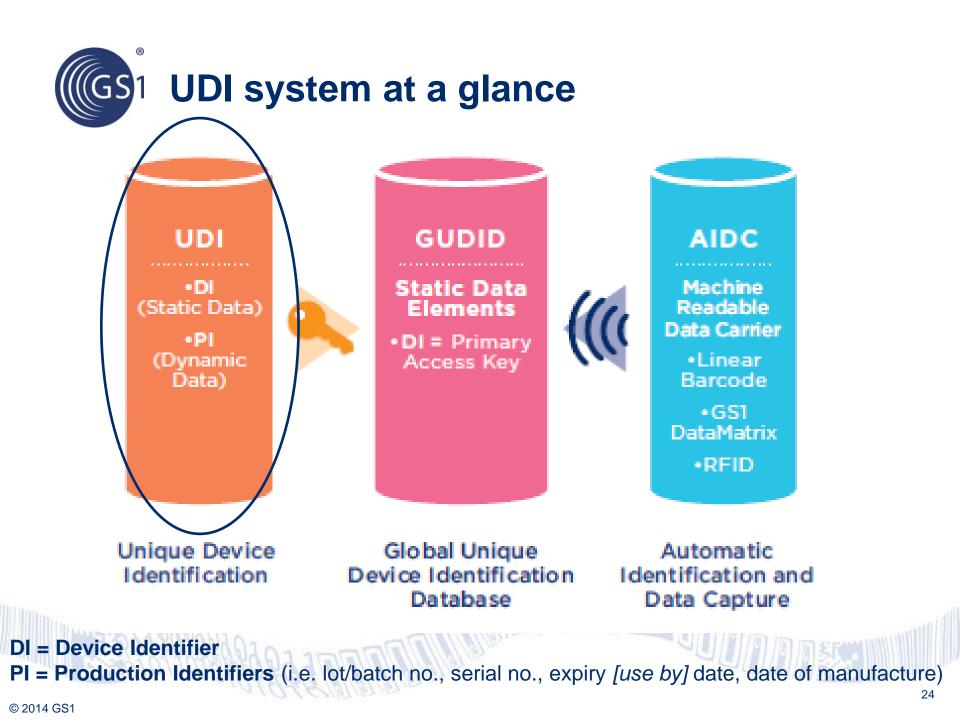
The US FDA UDI Rule



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In general:

- The label of EVERY medical device (including all IVDs) must have a UDI.
- EVERY device package (contains a fixed quantity of a version or model) must have a UDI.
- Any other approach is an exception to or alternative from these requirements.
- * Section 201(k) defines 'label' as a display of written, printed, or graphic matter upon the immediate container of any article...





- Assign Device Identifiers (DIs) to all devices
- One DI can only identify a single model or version
- A DI is forever it can not be reused
- In principle follow the assignment rules of issuing agency – FDA defined a few rules when a new DI needs to be assigned:
 - For new version or model
 - New device package
 - Re-label of device

http://www.gs1.org/1/gtinrules/index.php/p=static/t=healthcare



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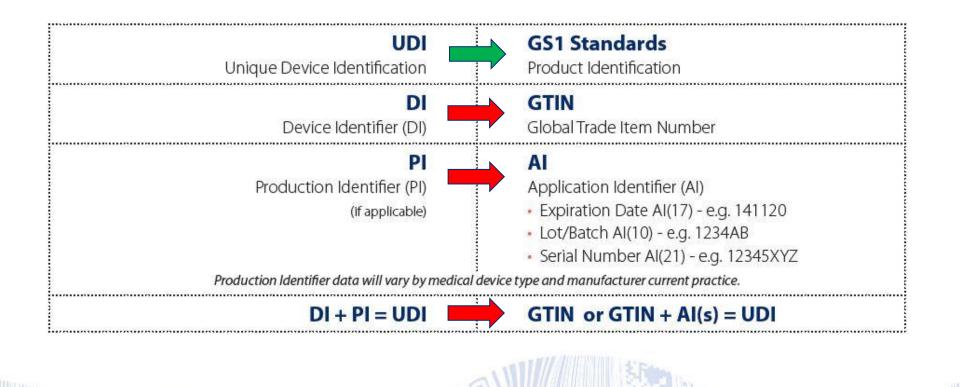




- Develop UDI number based on ISO 15459
- US FDA has accredited issuing agencies: GS1, HIBCC, ICCBBA
- Created and maintained by the manufacturer
- <u>Device Identifier (DI)</u> Static : manufacturer, make, model, catalogue number
- <u>Production Identifier (PI)</u> *Dynamic* : serial number, lot number, expiration/manufacturing date

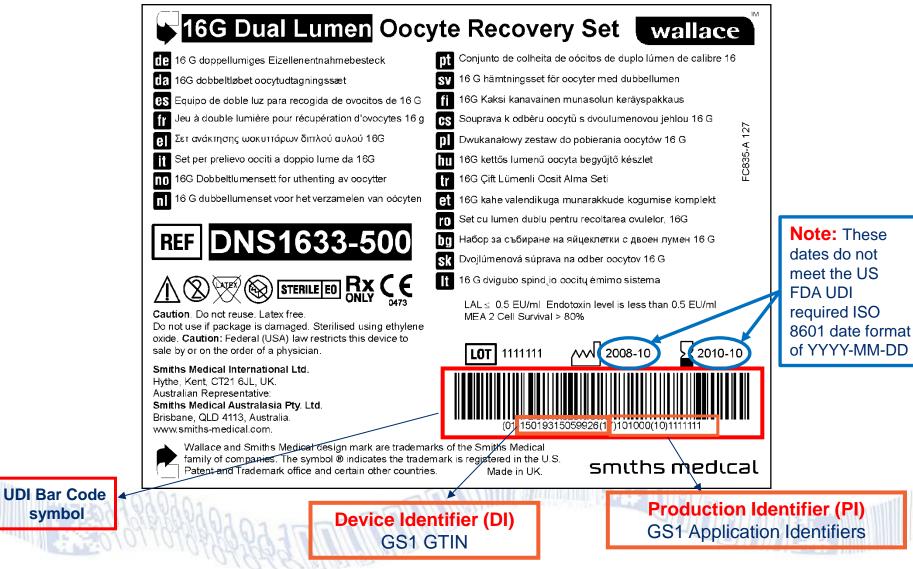
Phase out national numbering system (NDC/NHRIC)



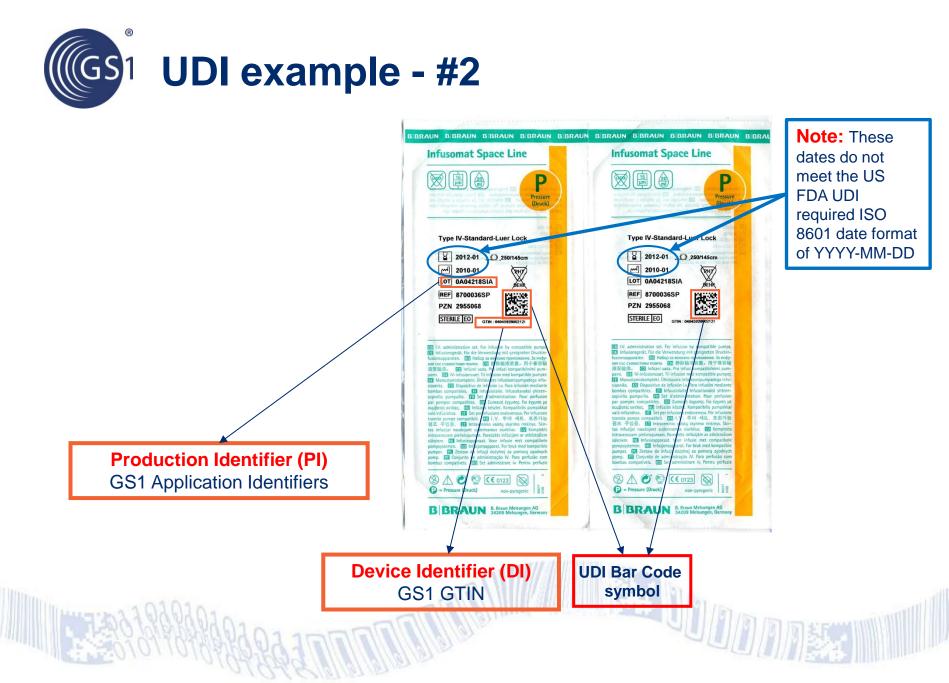




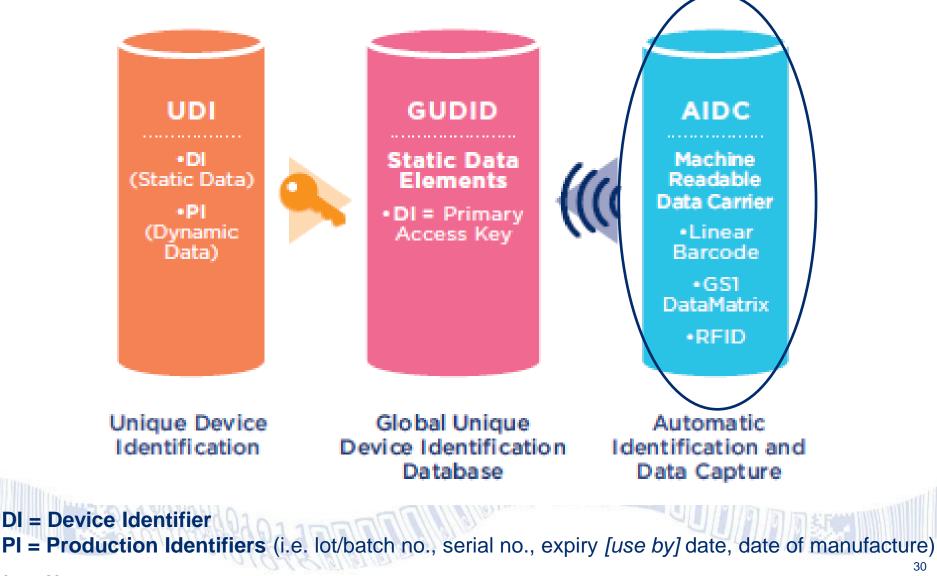
UDI example - #1



symbol







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2. Place UDI on label

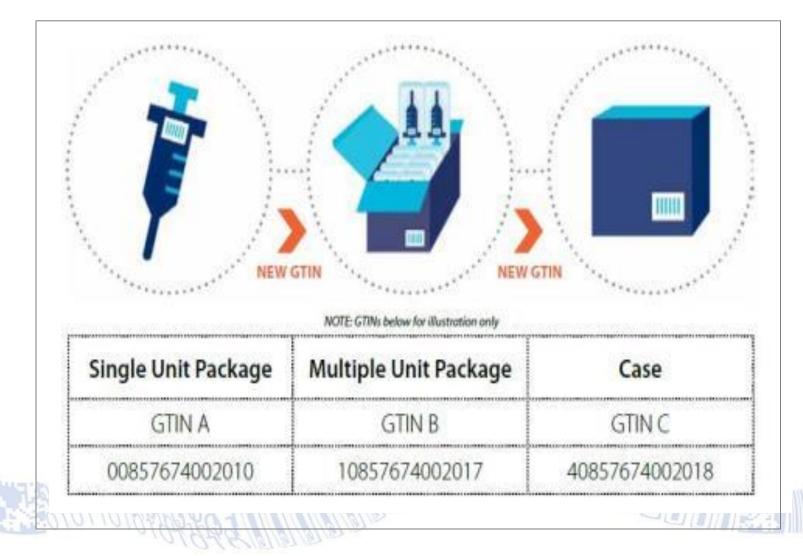
- UDI must be applied in human readable information AND encoded in AIDC
- FDA did not prescribe the data carrier must follow the rules of the issuing agency
- Consider capabilities of your trading partners and other regulations
- Bar code symbols should allow ready access for scanning when the product is stored or stocked on shelves

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For stand-alone software – UDI must be displayed also e.g. on label or screen.



Different packaging levels = different DIs (GTINs)



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Direct Marking Exceptions

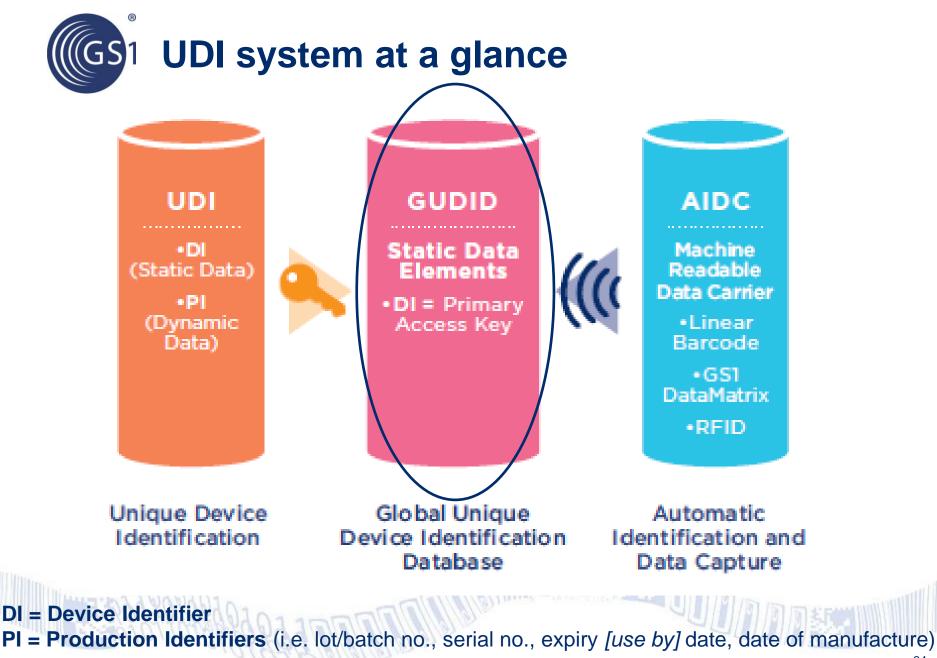
- Direct Marking (DM) for device intended to be used more than once and reprocessed before use
 - May be identical or different from label UDI
 - Either or both plain text and/or AIDC



Not necessary if

- 1. it would interfere with the safety or effectiveness of the device;
- 2. not technologically feasible;
- 3. device is single-use device
- 4. device has been previously marked

Exception needs to be noted in design history file



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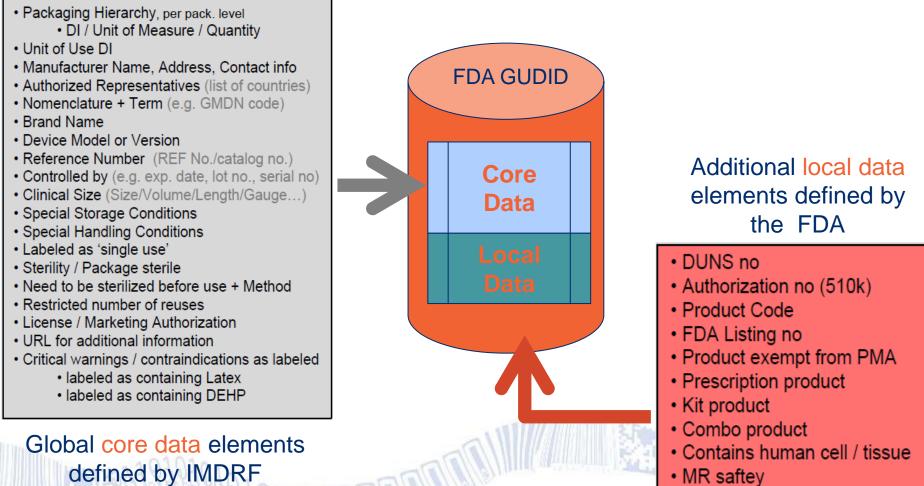


- So far the most challenging part for manufacturer
- Needs identification of location, organisation, maintenance, validation of data ACROSS an organisation
- Very often data are not available in electronic format
- All data need to be submitted to FDA's Electronic Submission Gateway (ESG)
- GUDID holds only STATIC data so the DI plus attributes
- Details at

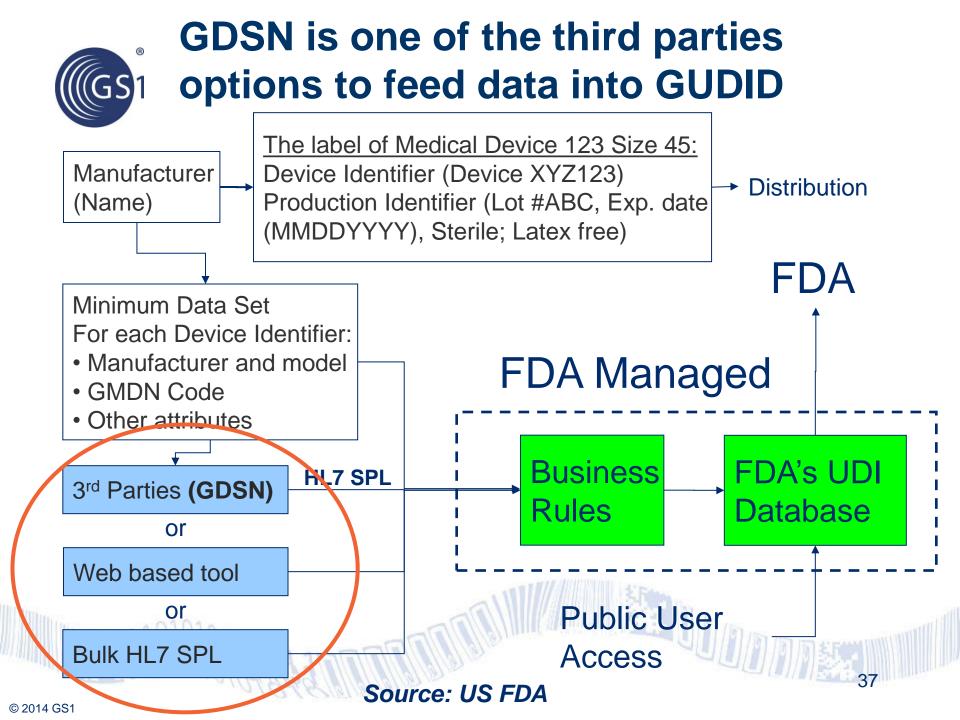
http://www.fda.gov/downloads/MedicalDevices/DeviceRegul ationandGuidance/GuidanceDocuments/UCM369248.pdf



UDI Databases: Global Core Data + Local Data



MR saftey





Master Data Management and Governance



Data Quality



Data Management



Data Governance

Every manufacturer needs to have a Master Data Management and Governance process in place



Roles and Responsibility

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Key Steps to Load Data into GUDID

Standard Project Management

- Obtain sponsor, funding, prioritization
- Understand the requirements, education
- Assemble the multi-functional team, leader(s)

UDI Project Management

- Determine solution path
- Understand your Validation approach
- Select solution providers (if applicable)
- Find, collect, clean, store data attributes
- Publish data attributes to the U.S. FDA's GUDID
- Address any error messages
- Create ongoing standard operational procedures (SOP's)



Managing Master Data Let's not forget about the Hospital!

Supplier = data source

Needs single point-ofentry

 One database to load new item data and update data on existing items

Needs security

 Authorization access by supply chain partners

Standards-based

- Standard identification keys
- Predefined (set of) product attributes

Hospital = data recipient Needs single point-oftruth

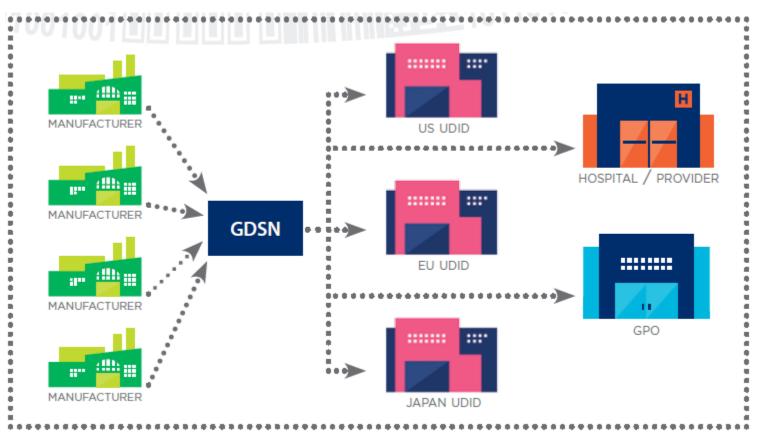
- One source for up-to-date, accurate data
- Continuous synchronisation

Standards-based

- Standard identification keys
- Consistently formatted information
- Complete information



GS1 Recommendation to the industry: Use GDSN



Manufacturers are able to provide data to all UDI databases and their customers (hospitals, distributors, wholesalers, GPOs) simultaneously, with a single connection.



The most important documents

Contains Nonbinding Recommendations

Global Unique Device Identification Database (GUDID)

Guidance for Industry and Food and Drug Administration Staff

Document issued on June 27, 2014.

The draft of this document was issued on September 24, 2013.

This document supersedes Global Unique Device Identification Database (GUDID), June 11, 2014.

For questions for the Center for Devices and Radiological Health regarding this document contact UDI Regulatory Policy Support, 301-796-5995, email: udi@fda.hhs.gov. For questions for the Center for Biologics Evaluation and Research regarding this document, contact the Office of Communication, Outreach and Development at 1-800-335-4709 or 240-402-7800.



U.S. Department of Health and Human Services Food and Drug Administration Center for Devices and Radiological Health Center for Biologics Evaluation and Research http://www.fda.gov/MedicalD evices/DeviceRegulationand Guidance/UniqueDeviceIdent ification



Food and Drug Administration



Global Unique Device Identification Database (GUDID)

Health Level 7 (HL7) Structured Product Labeling (SPL) Implementation Specification Version 1.2

http://www.gs1.org/healthcare/udi

GDSN for the FDA Global Unique Device Identifier Database (GUDID) Implementation Guide

ue 1 Pending Ratification August-2014

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KEY CHALLENGES

For the industry

- Labelling
- Database elements and maintenance

WHERE IS UDI? WHEN IS UDI?

- UDI developments
 worldwide
- The need for a global approach to UDI

WHAT IS UDI?

• UDI: purpose

- UDI: scope
- US FDA UDI system at a glance

HOW TO IMPLEMENT UDI?

- How do the GS1 standards support the UDI requirements?
- AIDC Translation of UDI
- GDSN and Data Management



Main questions asked by the industry

- What does my company produces?
- What is the scope of UDI?
- What class is my device?
- Can my product be considered as a kit?



- Who is the « labeler » according to the U.S. FDA definition?
- On which packaging level must the UDI be applied?
 Does my devices have to be directly marked?

Challenges faced by the industry on the GUDID

PROJECT ORGANIZATION

- What is the mission?
- How big is the project Who, What, When?
- Who will the U.S. FDA call at the manufacturer if the data is not in the UDI database on time?
- What is the real duration?
- What is the deadline and how do you meet it?
- How do we structure the data?
- How do we control cost?
- What does being *finished* look like?



RESOURCES

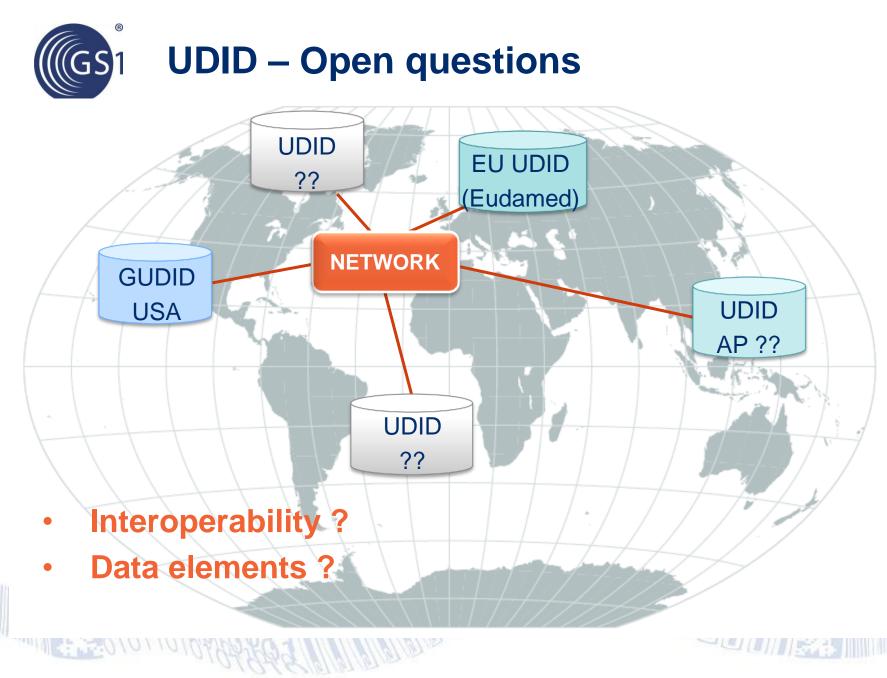
- How do we identify the resources?
- How do we secure them?
- How do we educate them?

<u>DATA</u>

- What data do we need?
- How do we manage it?
- Who has it/owns it?
- What format is it in?
- How do we convert it?
- Can we trust it?
- How to digitize it? (Manually, copying, scanning)

SOLUTION

- How many products does your company sell in the U.S.?
- Does your company already submit new product introductions to the U.S. FDA via internally supported processes?
- What is your company's expertise in the UDI requirements? GS1 Standards?
- How will your company respond to sharing data with third parties? (legal, purchasing, regulatory, quality, commercial, IT)





How to get information on UDI?

http://www.gs1.org/healthcare/udi

How to comply with Unique Device Identification (UDI)

G\$1, received on 17 December, 2013 accreditation by the U.S. Food and Drug Administration (FDA) as issuing agency for unique device identifiers (UDIs).

Global G\$1 Standards meet the government's criteria for UDIs and will help manufacturers comply with the requirements of the new FDA UDI regulation, which was published in September 2013 to support patient safety and supply chain security.

To find out more, read the FAQ's.

Introduction

The IMDRF (International Medical Device Regulator Forum), the United States Food and Drug Administration (FDA) and the European Commission are aiming for a globally harmonised and consistent approach to increase patient safety and help optimise patient care by proposing legislation for Unique Device Identification (UDI), using GS1 standards.

What is UDI?

The Unique Device Identifier (UDI) is a system used to mark and Identify medical devices within the healthcare supply chain.

The U.S. FDA released a rule which establishes that a common, worldwide system for product identification should be applied to all medical devices placed on the U.S. market. The rule establishes that:

- a unique device identifier number should be assigned by the device manufacturer to each version or model of a device
- the unique device identifier be both in human readable format and in AutoID format. By default, this information
 will be applied on the label of each device uniquely identified.

UDI should be applied to all medical devices available on the market. Download here the GHTF document which defines the term "Medical Device".

The implementation of UDI can enhance patient safety and improve efficiency in the healthcare supply chain. The system is expected to unambiguously identify medical devices allowing for more accurate reports of adverse events, manage recalls more effectively, reduce medical errors and provide for a secure global distribution chain.

As part of the UDI system, the FDA is also creating the Global Unique Device Identification Database (GUDID) which will include a standard set of basic identifying elements for each device with a UDI. Manufacturer's will be responsible for submitting and maintaining their own data in the database.

Read how Global Data Synchronisation enables the Unique Device Identification.

GDSN for the FDA Global Unique Device Identifier Database (GUDID) Implementation Guide,

Advantages of GS1 Standards for the implementation of UDI

A single, global system of standards is fundamental to enable an efficient and effective implementation of UDI by all Healthcare stakeholders worldwide. A single standard ultimately accelerates implementation and increases compliance to the UDI regulations. Read the McKinsey & Company report, "Strength in Unity", which demonstrates



Want to know more? Download our UDI leaflets:



The fundamentals of UDI



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Global Data Synchronisation and UDI





The need for global standards



Healthcare is **local**

Healthcare providers are local Regulations are local Healthcare is global

Healthcare supply chains often cross borders

Country-by-country solutions are not sufficient nor effective <u>A global harmonised approach and implementation is needed</u>





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