

August, 2013 Singapore Healthcare Supply Chain Management Congress 2013

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Largest U.S. Not For Profit Health System...

9+ Million Members

37 Medical Centers611 Med Office Bldgs

16,700 Physicians 173,000 Employees



Clinical Excellence is Our Top Goal

Six 5-Star Medicare Health Plans Medicare.gov

18 Hospitals Named "Top Hospitals of 2011"

THELEAPFROGGROUP



A Day in the Life of a Caregiver



Should Be:

- Complete Focus on the Patient
- Supplies Always There When Needed
- No Risk of Expired Product
- No Risk of Recalled Product
- Standard, High Quality Products

What It Is Currently:

- Lots of "Hunting and Gathering"
- Lots of Inventory and No Inventory
- Constant Vigilance for Expired Product
- Very Manual Recall Process
- Total Value of Product Not Evident/Known

Supply Chain Is Integral to Patient Care Delivery

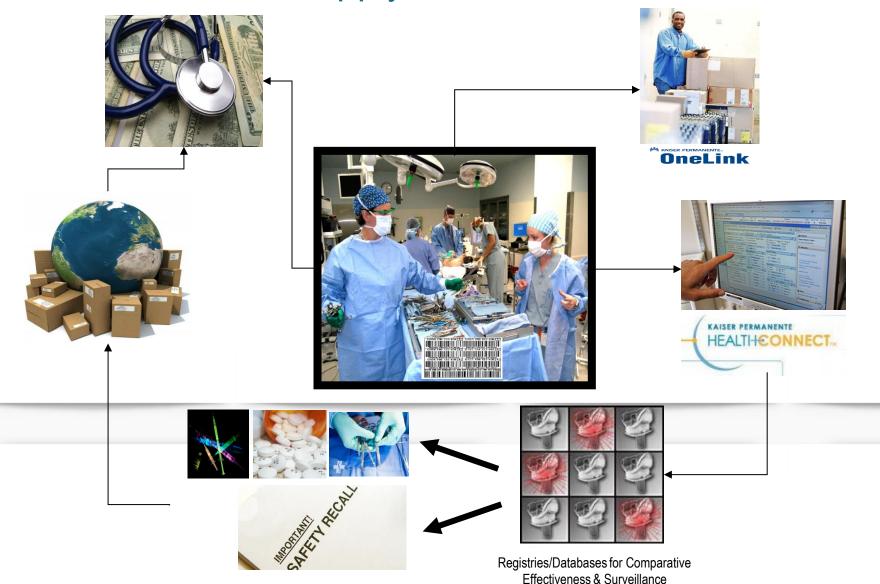


Supply Chain

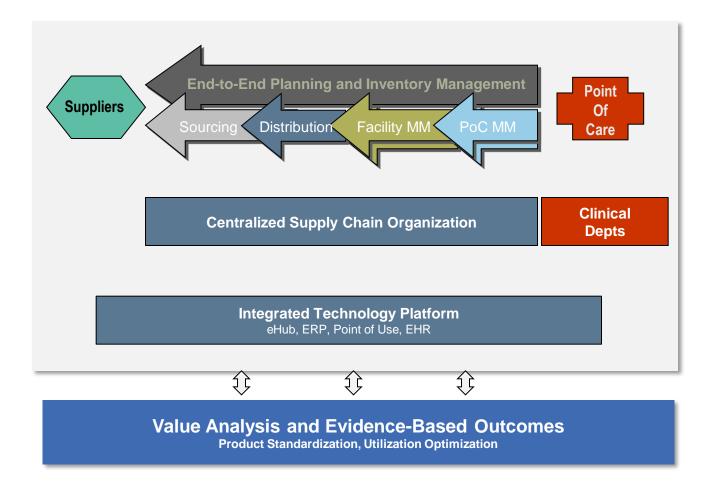
Ensure our patients and caregivers have what they need when they need it - ensuring high quality and low cost.



"Supply" Chain Vision



We Have Set A Path for the Future...





This Will Be a 3-4 Year Journey . . .

Phase I - Optimize the Physical Logistics Network
 (Years 1-2)
 Deploy ERP, eHub, and GS1 Data Stds

- Phase II Implement End to End Supply Management
 (Years 2-3) Processes Within and Across Our Facilities
 - Standardize All Supply Chain Processes
 - Build Central Capabilities and Organization

Phase III - Dr
 (Years 3-4) for

 Drive Value Analysis with Cost/Case, Support for Registries and Evidence-Based Approaches



Major Supply Chain Transformation Work Streams

1) Optimize Physical Logistics Network

2) Advocate Supplier e-Enablement

3) Drive End-to-End Supply Management

4) Centralize Supply Chain Organization





Workstream 1 – Optimize Physical Logistics Network



Physical Network Optimization: -Centralize Organization -GPS Tracking in Autos -Optimize Routes -Change Freight Terms w/Suppliers

Workstream 2 – Advocate Supplier e-Enablement

GS1

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Fast Fact I:

There were 1304 product recalls in $2012 \rightarrow$ less than 40% of products are barcoded

Fast Fact II:

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We process less than 30% of our supply transactions electronically



Healthcare Transformation Group (HTG)

GS1®

Supply Chain Coalition

- Geisinger Health System Intermountain Healthcare
- Share Best Practices. Drive Kaiser Permanente
- Mayo Clinic
- Mercy Health

- >\$60B Revenue
- 14M Members
- 330,000 Employees

CONTACT

- 110 Hospitals

www.healthcaretransformationgroup.com



KAISER PERMANENTE

HTG to Host 2nd Annual HTG Summit in St.

top 20 suppliers, software providers and

organization. >> Learn More

Latest News

Workstream 3 – Drive End to End Supply Chain Management

Fast Fact:

40% of items sitting in the OR have not been ordered in 12 months with ~50% being found in multiple locations



End to End Supply Chain Ownership

- Capture Usage
- Focus on Procedure Card Accuracy
- Auto Replenishment
- Link to Schedules
- Cost/Case Reports



Workstream 4 – Centralization of Supply Chain Organization

- Elevate Expectations of Supply Chain Leaders at Sites
- Standardize and Benchmark to Drive Improvements
- Shift from Tactical to Strategic Focus
- Create Strong Relationships with Clinical Partners





Proof of Concept Sites

OphthalmologyUrology





OphthalmologyOrthopedics

Bariatric
Orthopedics
IR





Spine
General Surgery
IR



How Did We Measure Success?

- 30 percent improvement in in-stock conditions
- 20 percent reduction in inventory
- Developing a flexible "gold standard" end-toend supply chain process at 4 proof-ofconcept sites that will subsequently be rolled out across KP program-wide
- Improved satisfaction surveys results

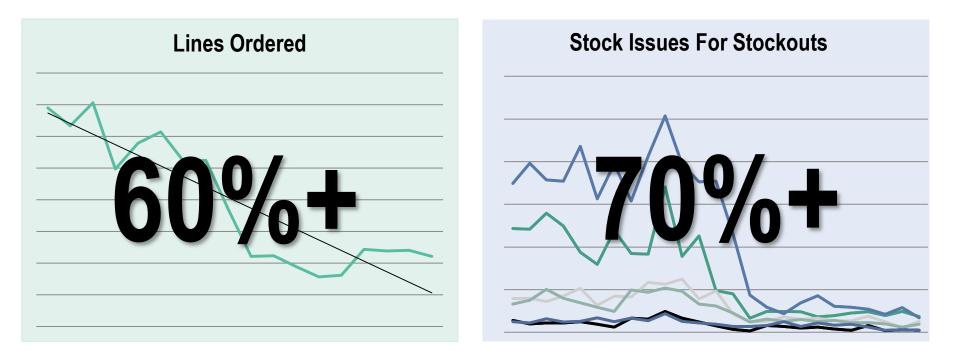




Proof of Concept Results

	% Improvement	
Key Indicator	Low	High
Out of Stock Reduction	33%	97%
Inventory Reduction	21%	28%
Contract Compliance	Зрр	6рр
Process Standardization	ACHIEVED	
Clinician Satisfaction	Much Higher	

Getting Par Levels Right Drives Productivity . . .



... While Significantly Improving Service!



Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Standardization

- How can we ensure the safest care possible?
- How can we make our supply chains more efficient?
- How can we work better with suppliers to lower costs?

• Were all products used in the service of our patients?

 How do we minimize variation to improve care with better outcomes?



Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Standardization

- Faster and more efficient recall management
- Prevent introduction of counterfeit product
- Maximized nursing focus on the delivery of care
- Ensure right product used on the right patient





Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Variation

- Replenishments driven by actual usage
- Par levels set to ensure service levels
- Optimized inventory levels to minimize cash flow
- Increased productivity through optimized ordering
- Linkage to OR schedules to further minimize inventories



Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Standardization

- Demand planning and forecasting for suppliers to better plan production
- Reduced costs of consigned inventories
- Early detection of product quality issues
- Reduce total costs of doing business to offset impact of Medical Device Tax
- Opportunities for SKU rationalizations



Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Standardization

- Prevent introduction of counterfeit products into supply chain
- Estimated \$2000/bed/year supply leakage
- Reduction of expired product waste
- Reduction of excess waste
 and handling



Patient Safety

Supply Chain Efficiencies

Supplier Integration

Fraud & Waste

Product & Practice Standardization

- Enables comparative
 effectiveness
- Effective sourcing that goes beyond just price
- Enables formulary SKU standardization
- Facilitates practice standardization that will drive greater clinical excellence





They Are the Point! Thank You.

