

Large Non-Acute Provider Organization

CASE STUDY



Part of a US-based
**Fortune 10
company**

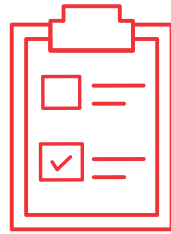
Spending more than
**\$1.5 Billion
per year**
on medical, surgical,
equipment & pharma

**Largest global
owner and
operator**
of non-acute care facilities

**Largest
employer**
in the non-acute
care space

**1900+
facilities**
through successful M&A

**Progressive
management
team**
of experts & business leaders



Goals & Objectives

Overview

This organization provides patient care through medical groups and ambulatory care systems, including primary, specialty, urgent and surgical care. With rapid expansion, the organization needed a scalable infrastructure to aggregate data from across all Care Delivery Organizations (CDOs), generating business insights for large scale efficiency and growth.

Strategic:

1. **Build scalability:** Create a solid data, analytics and recommendation engine-based foundation to help the organization grow. Eliminate need to “recreate the wheel” with each new acquisition.
2. **Smart and timely decisions:** Leverage the power of the data, analytics, benchmarks and market conditions to build a global leadership position.

Operational:

1. **Integrate disparate CDOs:** Achieve even greater operational efficiencies and transformation by integrating purchasing data and behavior, manufacturer, supplier data, GPO data and additional data elements.
2. **Insights into the buying behavior:** Understand the purchasing behavior of each CDO at a granular level and identify patterns across the entire organization.
3. **Decision support system:** Produce near real-time information to keep stakeholders and line managers informed of the status of supply chain and steps that would optimize the costs.

Challenges

1. **Volume of data:** When aggregated, there were 5.5+ million line items of data generated from purchase orders, invoices, item masters and distributor e-commerce solutions.
2. **Form and format of the data:** Each CDO maintained data in its own system, and leveraged data from distributor and GPO systems, which resulted in more than 50 data formats.
3. **Disparate systems:** Following rapid growth through M&A, there were multiple systems for procure to pay, accounts payable and invoicing, in turn complicating the extraction and normalization of the data.
4. **Data quality:** This organization focuses on providing the best patient care and outcomes. In turn, data management was a lower priority and as a result, data quality was poor.
5. **Classification of spend data:** Multiple internal efforts to track spend data spanned an internal shared services organization, CDO level efforts, and both GPO and supplier provided tracking. The result was a lack of standardized data classification.

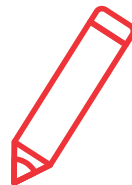


Solution Pre-requisites



1. **Create a single source of truth for all CDOs:** If the data is suspect, users lose confidence and usage/adoption can be negatively impacted.
2. **Scalable:** The system must be scalable to help ensure future acquisitions are implemented without incremental effort or cost.
3. **Generation of insights:** The system must be smart, able to generate insights and recommendations that can be leveraged by multiple stakeholders including management, operations, supply chain leaders, category managers and process experts.
4. **Automatically updated:** Spend data must be updated frequently, so insights, recommendations and actions are measurable and implementable.
5. **User friendly:** Insights and recommendations must be designed and implemented in an easy to use "PUSH FORMAT."
6. **Highly secure:** Because the decision support system contains highly confidential information, it must adhere to the highest security standards.
7. **In the cloud:** To support global stakeholders, the system had to be cloud-based and available 24/7/365.

Implementation Design



Creation Of A Global Data Template:

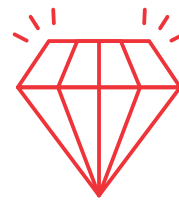
Gather and address requirements from all 19 CDOs; collaborate with client to develop a global data template.

Gap Analysis:

Document, analyze and address significant gaps in data among the CDOs; create a plan of action to meet all CDO requirements.

Designing a decision support system:

Determine scope and content of customized reporting to accommodate varying requirements from each CDO.



Implementation

Cleansing

How? Create an automated process to cleanse the data using Python™ programming.

Why? To create standardized, uniform data sets that allow business intelligence and data analytics tools to find the right data for each query.

Attribution

How? Enrich the data with key attributes, incorporating input from software and clinical teams.

Why? The client data severely lacked manufacturer attributes. By increasing it from 20 percent to 90 percent attribution, each product was code-matched to its manufacturer, in turn enabling efficient, accurate identification of the supplier-manufacturer-product chain.

Classification

How? Classify the direct and indirect spend using UNSPSC standards, direct spend using GMDN, and pharma spend using ATC and NDC. Leverage the SupplyCopia clinical team working in collaboration with client.

Why? This classification enabled categorization of spend and aggregation of analytics at category levels.

Mapping to Global Template

How? The cleansed and classified data was mapped to the global template.

Why? Mapping to the global template ensured all gaps were identified and eliminated.

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