Traceability and Interoperability — Are they related?

GS1 Australia
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Globally there has been an increased focus on traceability of medicines for over a decade. This is driven largely by counterfeit products that have been prevalent in some markets around the world.

The discussion around medicines traceability and whether it is required in Australia is still being hotly debated and with countries like the US nearing the end of their journey there is a lot to learn from. Closer to home with the release of the National Healthcare Interoperability Plan from the Australian Digital Health Agency the question is whether traceability is linked to this plan. With the plan focussing on helping to connect Australian healthcare — providers and consumers — the answer is possibly yes.

With the Interoperability Plan highlighting the need for the sector to lay out the standards that will enable the underlying interoperability of the system and traceability of medicines also relying on a framework of standards, it makes sense to ensure that one is linked to the other. The standards for identifying medicines are already defined by the TGA and are well-adopted. The standards to enable automated supply chain processes are already adopted as norms by most pharmacy wholesalers. The linkage from the identification standards to clinical terminology is defined and in place. So there an opportunity to ensure that the standards that enable the event-based traceability are a part of what should be included in the standards framework under the Agency? Would this be valuable to helping the sector to see what they technically should be including in development roadmaps?

Whether this is required all comes down to what is needed to help make the healthcare system more efficient and ultimately safer for consumers. If improving traceability helps increase our capacity, make better use of scarce resources and ensure that consumers have access to the quality medicines they need then including the foundational standards makes good sense.

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