More Connected Than Ever Before.
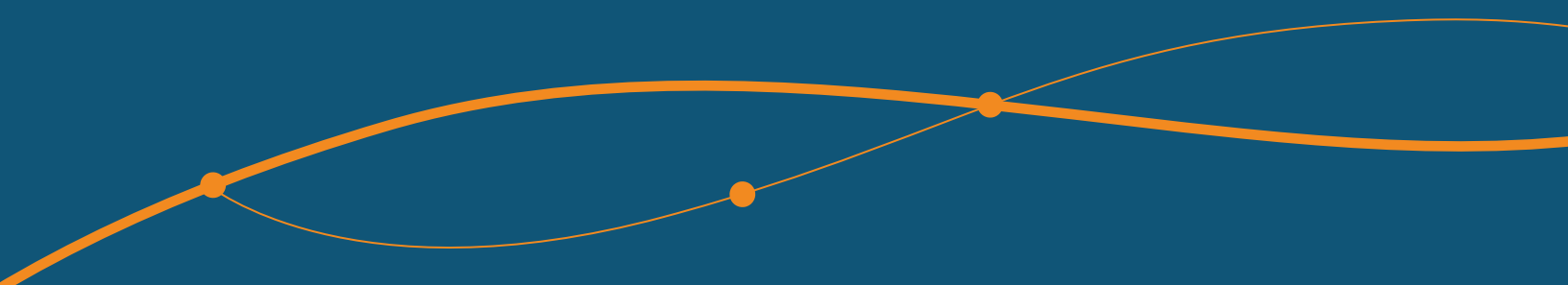
surescripts®
How Healthcare Gets Connected™

900,000 healthcare professionals

3,300 hospitals

45 immunization registries

230 million patients | **71%** of US population[1]

The Surescripts network is **more connected than ever.**

Day in and day out, massive amounts of private and secure healthcare data are exchanged across the country. By connecting to the Surescripts network, doctors, pharmacists, and others can fill electronic prescriptions, review patient medication histories, report immunization records and exchange patient records. Each day, providers nationwide exchange valuable information through a single point of connectivity using our vendor neutral technology.

In 2014, the Surescripts network continued to grow, connecting more providers and exchanging more information than ever before.

32 state and regional networks

700
EHR software
applications

40,000 | 98%
chain pharmacies[2]

21,000 | 88%
independent pharmacies[2]

"Walgreens is committed to enabling a connected patient experience. This means creating a connected health ecosystem that supports good clinical care collaboration. Our focus on connected health includes clinical interoperability, clinical portals and apps, care management, and connected devices for clinical care, to bridge gaps in care and provide vital information to care providers at the point of care and beyond. We utilize Surescripts clinical messaging and HISP services that are seamlessly integrated into this infrastructure."

**Venk Reddy, Senior Director,
Connected Health, Walgreens**

Massive amounts of private and secure health data crossed the Surescripts network in 2014.

1.2 billion
E-prescriptions

19%
growth y/y

67%
of all new prescriptions

764 million
Medication histories

9%
growth y/y

44%
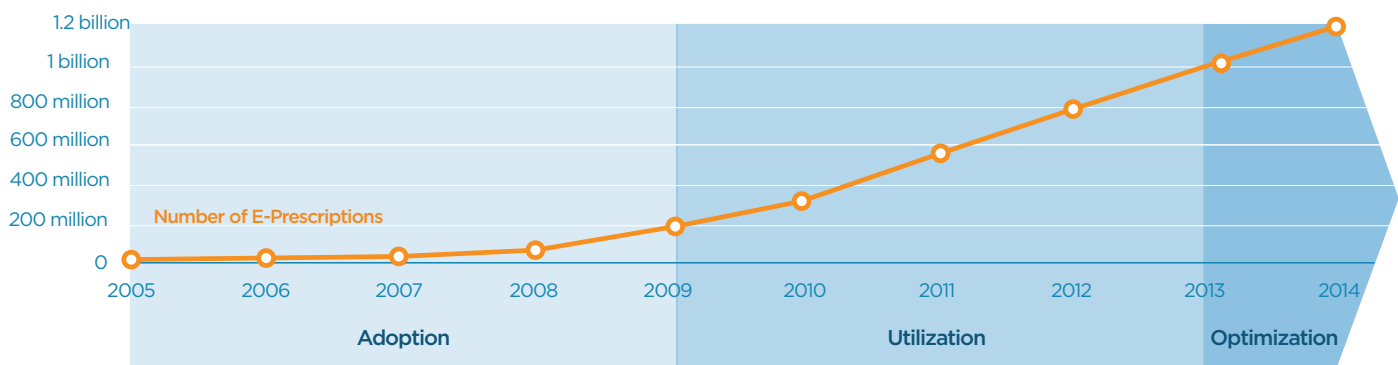hospital adoption[3]

7.4 million
Clinical messages

1,300%
growth y/y

More than
6.5 billion
transactions

Improving Data Quality
One Prescription at a Time.

A connected network is only as good as the information exchanged, so the quality and accuracy of the data on the Surescripts network, particularly prescription data, is critically important. Given the progress we have made driving adoption and utilization of e-prescribing, we are now uniquely positioned to optimize the process. We're doing this by adding new functionality, like electronic prior authorization, and by improving the quality of the data that flows over the network, to increase customer satisfaction and drive growth.

1.2 billion		
1 billion		
800 million		
600 million		
400 million		
200 million	**Number of E-Prescriptions**	
0		

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014

Adoption	Utilization	Optimization

"Increased connectivity in healthcare means providers have access to exponentially more clinical data. But to fulfill the promise of improved patient care through safer prescribing, reduced medication errors, and improved medication adherence, clinical data must be accurately and reliably captured."

**Shane Stenner, MD, MS, Program Director,
RxStar, Vanderbilt University Medical Center**

Interoperability
# Reduces Costs, Saves Time and Improves Care.

A seamless, connected healthcare experience is an increasing expectation for patients and providers. Interoperability between providers is a critical step in creating a more efficient and quality-driven healthcare system. Surescripts has been working on interoperability for more than a decade. With more than half of all prescriptions routed electronically, we're moving from adoption to optimization. We're expanding our network to enable integrated electronic solutions for prior authorization, controlled substances, clinical messaging, and medication adherence. By increasing access to accurate and complete medication information, we can add more value for providers and improve the patient experience.

What is medication history worth to a hospital?

The process of reconciling a patient's medication history has traditionally been very time consuming and inaccurate. The growth in electronic prescribing has made real-time access to medication information at the point-of-care possible. This is particularly true in acute settings, such as a hospital emergency room, where a patient may be unconscious or unable to tell the doctor what medications they are on. In the case of medication reconciliation, interoperability between different technology systems is critical to realizing the true value of a connected healthcare system.

SMALL **100 Bed Hospital**	MEDIUM **200 Bed Hospital**	LARGE **500 Bed Hospital**	VERY LARGE **1,000 Bed Hospital**[4]
3 Less Patient Adverse Drug Events	**5** Less Patient Adverse Drug Events	**13** Less Patient Adverse Drug Events	**26** Less Patient Adverse Drug Events
4 Prevented Patient Readmissions	**9** Prevented Patient Readmissions	**22** Prevented Patient Readmissions	**43** Prevented Patient Readmissions
3,331 Unnecessary Staff Hours Cut	**6,663** Unnecessary Staff Hours Cut	**16,657** Unnecessary Staff Hours Cut	**33,315** Unnecessary Staff Hours Cut
SAVINGS **$110,704 per year**	SAVINGS **$221,409 per year**	SAVINGS **$553,522 per year**	SAVINGS **$1,107,045 per year**

80-85% nationwide data coverage

Hospitals are increasingly dependent upon Surescripts for patient medication history data in acute settings.
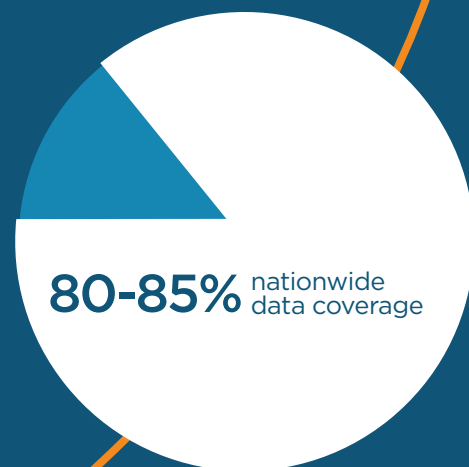
2.15 billion
medication records
7.5% growth y/y

84.7 million
medication history transactions by hospitals
75% growth y/y

Medication claims data for
230 million patients

Adopted in approximately
44% of U.S. hospitals[5]

Approx.
2,500 Hospitals

Approx.
370,000 Beds

Industry standards and legislation are driving demand for electronic prior authorization. In 2014, Surescripts' nationwide network continued to expand to enable electronic prior authorization through more pharmacy benefit managers and EHR software vendors than ever before.

EHRs representing 40% of providers

**Claims data for
230 million patients**

**PBMs reaching
75% of patients**

Reaching
330,000
doctors

Electronic prior authorization saves time & money while increasing medication adherence.

Prior authorization is an important yet inefficient administrative task that costs providers precious time and money while increasing wait time for patients to receive their much needed medication. In fact, **20 – 30% of patients abandon their prescribed medications** at the pharmacy due to prior authorizations6.

Surescripts CompletEPA® connects physicians with patients' health plans to help them realize the benefits of prior authorization without enduring the pain of using outdated and slow phone, fax and portal systems. Surescripts simplifies the prior authorization process by using the software systems providers are already familiar with and leveraging the existing e-prescribing process. The **single point of contact** through the Surescripts network allows providers to complete the prior authorization process accurately and efficiently, in many cases before the patient leaves the office.

Manual prior authorization is costly and time-consuming.

4 hours
Per pharmacist each week

$11k
Per pharmacist each year

5-8 hours
Per physician each week

$14k
Per physician each year[7]

Clinical messaging **increases workflow efficiency and connects providers** nationwide.

Exchanging clinical data, such as discharge and visit summaries, patient charts, and referral orders, is not just a regulatory requirement to improve care coordination, but it makes good business sense. Surescripts Clinical Messaging can help meetMeaningful Use requirements for transitions of care and helps hospitals and other healthcare organizations improve patient outcomes.
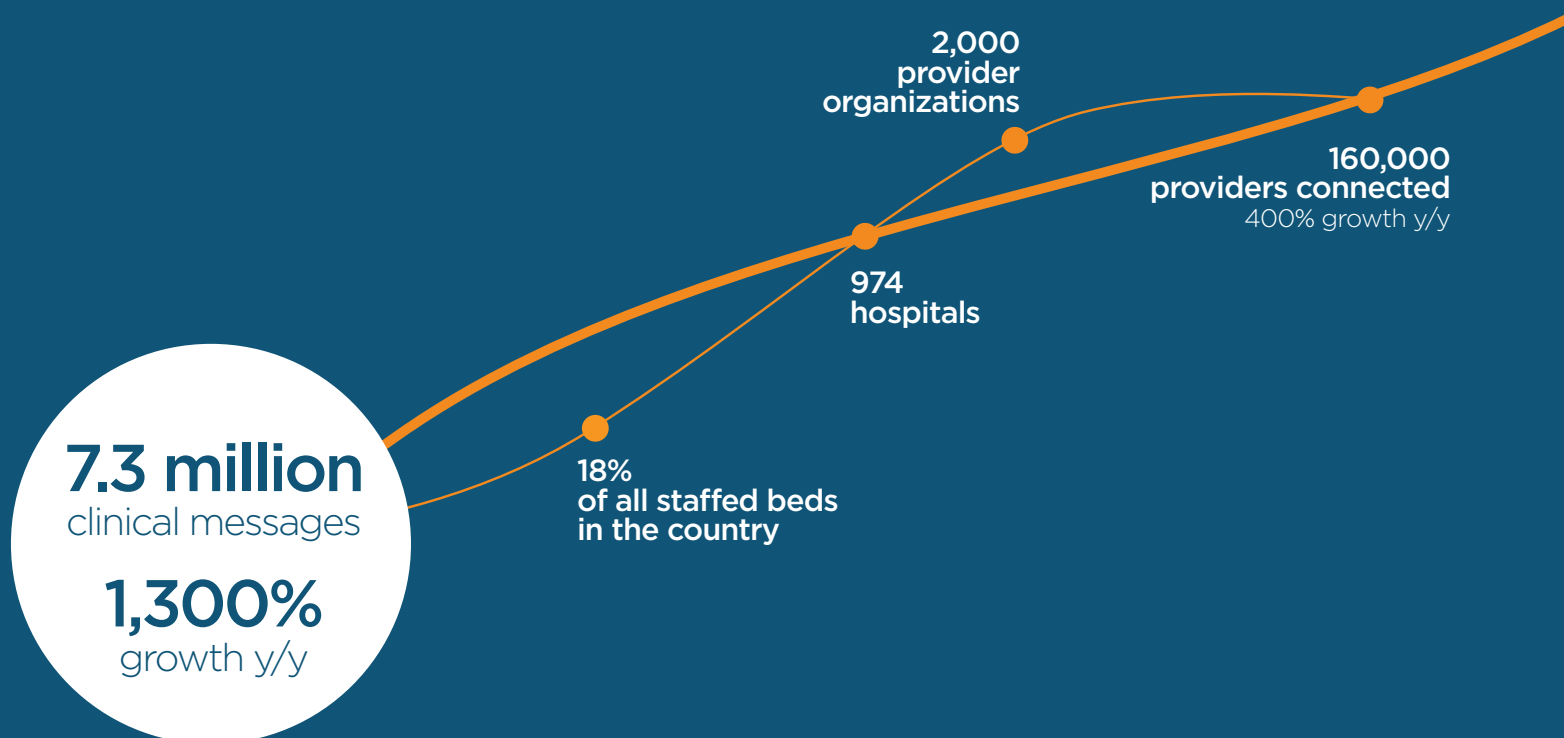
In the past three years, Surescripts has built the nation's largest physician directory, connecting more than 160,000 providers, so they can exchange patient-specific clinical information electronically.

"Prior authorization has been a pain point for providers and patients alike. Through our collaborative efforts with Surescripts, we are providing the industry with the tools necessary to alleviate this frustration while saving time and resources. Integrating CompletEPA into our application will provide our clients with automated, real-time electronic prior authorization processes enabling them to focus less on administrative functions and more on providing better patient care."

**Michael Lovett, Executive Vice President
& General Manager NextGen**

Clinical messaging, while still in the adoption phase, is beginning to take off.

2,000 provider organizations

160,000 providers connected
400% growth y/y

974 hospitals

7.3 million
clinical messages

1,300%
growth y/y

18% of all staffed beds in the country

"HITECH led directly to our Epic project and to participation in the Meaningful Use Program. All of our eligible providers and hospitals have successfully participated in Stage 1, and in 2014 98% of our 500 Stage 2 providers and one Stage 2 hospital successfully attested. Surescripts was critical to that success, providing infrastructure that supported our Transitions of Care strategy."

Dr. Lynn Witherspoon, SVP & CMIO,
Ochsner Health System

Improving Public Health By Combating Prescription Fraud and Abuse.

In 2013, more than two million Americans abused prescription painkillers such as hydrocodone, oxycodone and methadone.[8] Since 1999, overdose deaths involving prescription painkillers have quadrupled, and by 2007 they outnumbered heroin and cocaine overdoses.[9]

The rescheduling of hydrocodone to a Schedule II drug has made the need for safe and secure electronic prescriptions for controlled substances even greater. By eliminating the paper prescription and connecting physicians and pharmacists electronically, there is an opportunity to improve care, reduce fraud, and identify potential instances of abuse.

"The ability to communicate easily and efficiently ensures that all of our physicians and health care providers will be armed with the right information at the right time to make the right decisions for our patients. To advance healthcare interoperability we need to move faster as an industry, and the changes in the delivery model that are being thrust upon us are going to necessitate that we do it quicker."

Chuck Fennell, CIO, St. Joseph's - Syracuse

E-prescribing of controlled substances increased by 400% in 2014, but adoption among providers is still low.

73% pharmacies enabled

1.4% providers enabled[10]
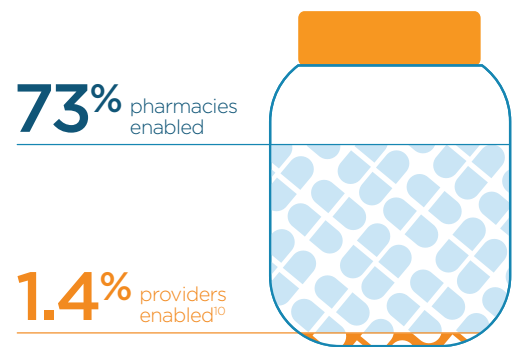
Legal in 49 states and D.C.

1.67 million controlled substance e-prescriptions

Almost **400% y/y growth**
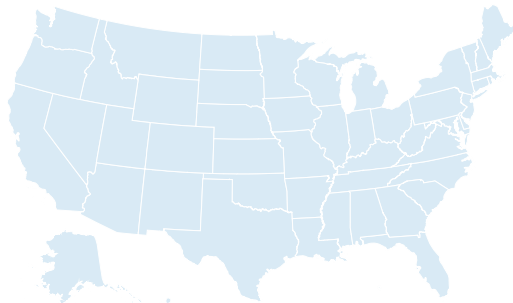
Top 10 States
E-Prescribing Controlled Substances[11]

1 **Nebraska**

2 **California**

3 **Michigan**

4 **Massachusetts**

5 **Delaware**

6 **Illinois**

7 **Iowa**

8 **Rhode Island**

9 **Arizona**

10 **Minnesota**

State	% Prescribers Enabled	% Pharmacies Enabled	% EPCS Transactions
NE	8.11%	75.90%	6.81%
CA	8.58%	71.20%	4.26%
MI	9.07%	65.90%	2.57%
MA	4.91%	80.60%	2.72%
DE	1.39%	87.90%	3.37%
IL	2.76%	78.80%	2.19%
IA	3.31%	75.30%	1.99%
RI	2.30%	91.40%	1.15%
AZ	2.24%	87.20%	1.03%
MN	2.99%	64.10%	1.63%
OR	1.74%	81.80%	1.15%
TX	1.59%	81.30%	1.21%
NH	0.90%	89.10%	1.07%
MD	1.61%	77.20%	1.28%
WY	1.92%	72.90%	0.78%
CO	1.47%	82.40%	0.38%
OK	1.18%	84.20%	0.44%
DC	1.39%	75.70%	0.87%
IN	0.99%	85.70%	0.29%
OH	1.01%	77.70%	0.87%
NY	1.84%	70.30%	0.77%
VA	0.81%	78.80%	0.75%
NV	1.29%	80.30%	0.12%
NC	1.04%	78.30%	0.44%
CT	0.74%	81.10%	0.46%
NM	0.81%	78.70%	0.43%
ME	0.53%	79.60%	0.53%
ID	1.18%	68.10%	0.82%
WA	0.98%	71.70%	0.55%
NJ	0.61%	77.40%	0.36%
FL	1.57%	68.40%	0.17%
AK	0.73%	75.80%	0.22%
TN	1.19%	67.60%	0.33%
PA	0.51%	71.90%	0.52%
LA	0.49%	74.60%	0.20%
WI	0.33%	70.70%	0.56%
WV	0.48%	69.00%	0.39%
SC	0.20%	73.90%	0.04%
KS	0.45%	71.30%	0.03%
GA	0.55%	69.40%	0.08%
KY	0.51%	60.80%	0.54%
AL	0.79%	63.00%	0.15%
MS	0.61%	62.80%	0.14%
AR	0.86%	60.80%	0.04%
UT	0.61%	57.80%	0.09%
VT	0.34%	56.20%	0.10%
HI	0.05%	56.00%	0.00%
MO	0.47%	42.40%	0.09%
SD	0.20%	45.30%	0.02%
MT	1.68%	25.50%	0.00%
ND	0.00%	26.50%	0.00%

"EPCS is one example of how our customers can achieve interoperability, resulting in increased practice efficiency and patient convenience, not to mention improved patient safety and medication adherence."

George Cuthbert, Vice President, MEDENT

"I see the physical and emotional toll that opioid abuse takes on patients and their families every day in the emergency room. EPCS can be an effective tool in fighting that abuse. Physicians are eager to embrace technology – as long as it is good technology that speeds our workflows and allows us to make better informed decisions that increase patient safety. What we don't want is bad technology that slows us down, costing us minutes that impact the health and well-being of our patients. As a healthcare community, we need to work together to deliver integrated, usable systems; good technology that prescribers want to use. EPCS can help with that."

**Dr. Sean Kelly, FACEP, CMO, Imprivata and an emergency physician "
at Beth Israel Deaconess Medical Center**

National Progress Report
Data Set

	2014	2013
Network Connections & Transactions		
Healthcare professionals	900,000	700,000
Health data transactions	6,500,000,000	6,000,000,000
Hospitals	3,300	n/a
Patients	230,000,000	210,000,000
EHR Applications	700	600
Chain pharmacies	40,000	40,000
Independent pharmacies	21,000	21,000
Number of state and regional networks (HIEs)	23	21
Electronic Prescribing		
Electronic prescriptions	1,200,000,000	1,040,000,000
Percentage of new e-prescriptions	67%	58%
Prescribers utilizing	56%	55%
Clinical Messaging		
Clinical messages	7,400,000	509,000
Hospitals utilizing	974	400
Provider addresses	160,000	32,000
Medication History		
Medication history transactions	764,000,000	699,000,000
Medication history transactions by hospitals	84,700,000	48,000,000
Hospitals utilizing	2,500	1,200
Patient data coverage	80-85%	66%
Electronic Prescribing of Controlled Substances (EPCS)		
EPCS transactions	1,670,000	340,000
Percentage of pharmacies enabled	73%	40%
Percentage of providers enabled	1.40%	n/a

surescripts®
How Healthcare Gets Connected™

Virginia
2800 Crystal Drive
Arlington, VA 22202
Fax: 1-703-921-2191

Minnesota
920 2nd Avenue South
Minneapolis, MN 55402
Fax: 1-651-855-3001

1. U.S. Census Bureau, 2014
2. NCPDP
3. AHA, http://www.aha.org/research/rc/stat-studies/fast-facts.shtml
4. http://surescripts.com/hospitalvalue
5. AHA, http://www.aha.org/research/rc/stat-studies/fast-facts.shtml
6. http://content.healthaairs.org/content/28/4/w533.full
7. Health Aairs July/August 2009 vol. 28 no. 4 w533-w543 http://content.healthaairs.org/content/28/4/w533.abstract?ijkey=0ea98293a5c04485a869a0310555efbdfc387258&keytype2=tf_ipsecsha
8. Centers for Disease Control and Prevention, http://www.cdc.gov/drugoverdose/data/index.html
9. National Institute on Drug Abuse
10. Total prescribers in both acute and ambulatory settings based on Enclarity data.
11. Based on pharmacy and provider enablement, and prescription volume on the Surescripts network.