2020 NATIONAL PROGRESS REPORT

surescripts

COLLECTIVE INNOVATION IN EXTRAORDINARY TIMES

A LETTER FROM OUR CEO

It's hard to overstate the demands 2020 made on American healthcare. No stranger to disruption, the industry had to reshape itself faster than ever to battle the COVID-19 pandemic (which has claimed more than 530,000 U.S. lives so far) and devise new ways to deliver care in a changed world.

It wasn't easy. During the first peak of the pandemic, ambulatory care visits declined nearly 60%.[1] Many U.S. patients—including 36% of nonelderly adults and 29% of children—delayed or skipped care due to exposure concerns or service limitations tied to COVID-19.[2, 3] By year's end, 8% of U.S. physician practices—around 16,000—had closed for good.[4]

The Surescripts Network Alliance® faced these demands with intense collaboration and innovation. While tackling the pandemic head on, participants across the Network Alliance accelerated the digital transformation of healthcare to carry us toward the goal we've always pursued: better, safer, more cost-effective care. In 2020, we saw especially profound impacts in three areas:

Powering Care Management and Public Health Programs with Interoperability

Health data exchange in the U.S. is a work in progress. As recently as 2017, 26% of physicians said they did not receive hospital discharge summaries in time for most follow-up appointments.[5] But longstanding information-sharing challenges became especially urgent as reliance on fax machines caused bottlenecks in COVID-19 case tracking.[6]

In 2020, the Surescripts Network Alliance mobilized technology in new ways to make COVID-19 case reporting more efficient. Meanwhile, we continued expanding interoperability to fulfill the potential of care management and value-based care programs, bringing timely patient insights into focus for clinicians and organizations across the country.

Helping Optimize Prescriptions for Affordability and Adherence

Patients increasingly expect to know the cost of their medications before it's time to pay, and tools like drug discount cards and online comparison sites have sprung up to serve them.

But access to cost and coverage information is most powerful when it's part of the initial prescribing conversation. Nearly all patients (94%) who've skipped a medication due to cost say they would have been willing to take a lower-cost alternative if their doctor or nurse had suggested one.[7] One in five would even consider switching doctors in order to have cost conversations at the point of care.[8]

Fortunately, healthcare providers are increasingly aware that medication only works if patients can access, afford and adhere to it. So in 2020, the Surescripts Network Alliance put prescription price transparency to work for more patients, prescribers and pharmacy staff across care settings.

Remapping the Specialty Medication Journey

With high costs and extensive documentation requirements, specialty prescriptions are complex—so complex that it's hard to handle them efficiently via faxes, phone calls and paper forms. On average, providers spend more than three hours a week on paperwork (not including charting) in order to start patients on specialty medications.[9]

Nearly 40% of providers say it takes one to two weeks to get the average patient started on a new specialty drug.[10] Beyond the impact on treatment outcomes, inefficiencies like these add fuel to an epidemic of burnout that was worsening for 64% of U.S. physicians surveyed in 2020.[11] And 73% of pharmacists said their stress levels rose in 2020, with 79% reporting increased workload as a factor and 37% specifically blaming increased paperwork.[12]

In 2020, the Surescripts Network Alliance pioneered new ways to navigate this complexity more effectively. Together, we're transforming the specialty medication journey so patients get these essential medications sooner, with less work for everyone involved.

As a brighter future comes into view—and as Surescripts marks 20 years of delivering actionable patient intelligence where it's needed most—I look back with enormous pride at all the Surescripts Network Alliance accomplished in such a consequential year. Read on to explore exactly how we reduced patient safety risks, saved time, lowered costs and enabled higher-quality care across the nation in 2020.

Tom Skelton

DELIVERING ACCURACY AND INTEGRITY AT SCALE

The Surescripts Network Alliance connects virtually all electronic health record (EHR) vendors, pharmacy benefit managers (PBMs), pharmacies and clinicians, plus an increasing number of health plans, long-term and post-acute care organizations, specialty hubs and specialty pharmacy organizations.

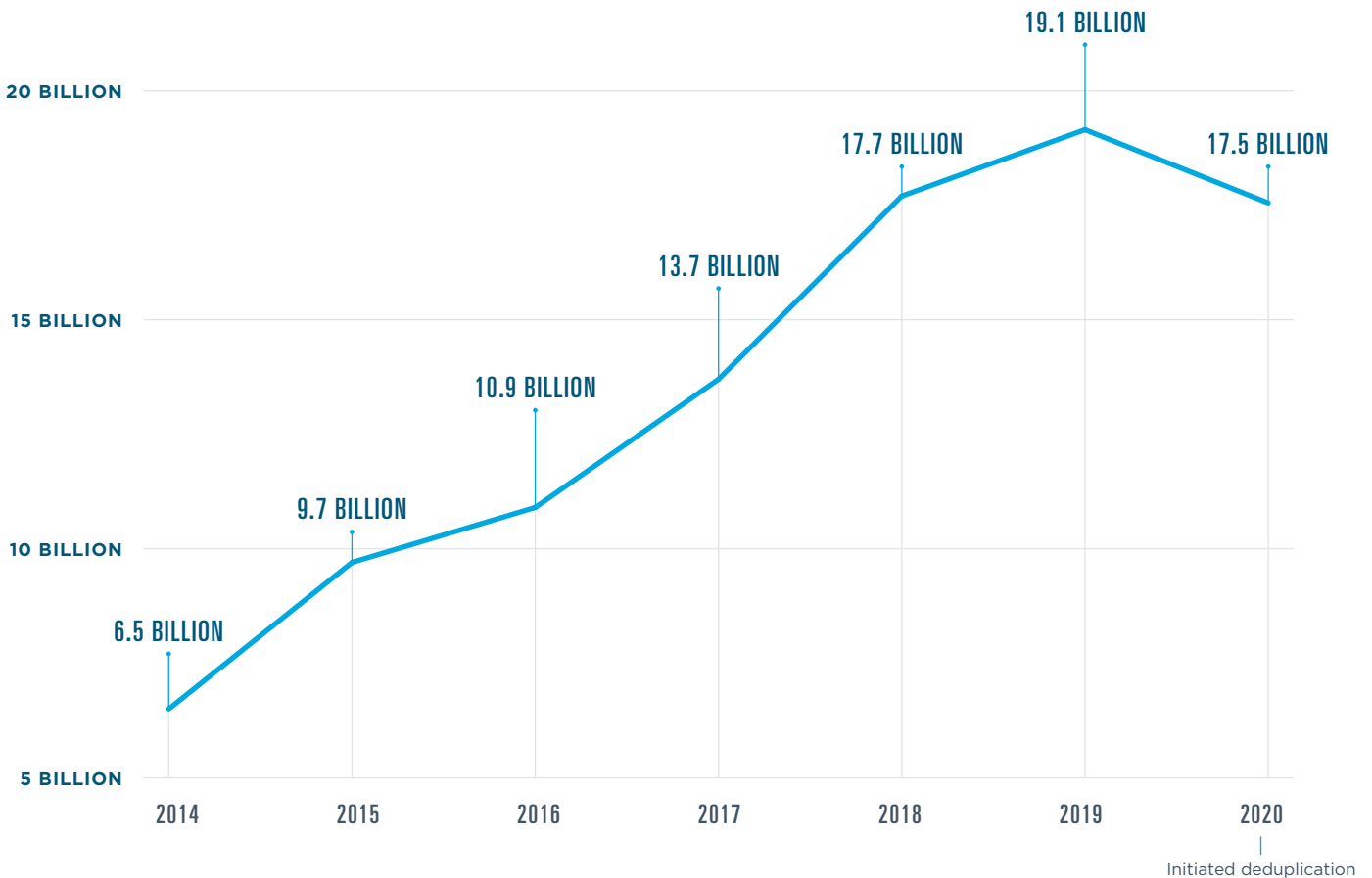**2 million healthcare professionals and organizations connected** (+11.8% in 2020)

324 million patients in our master patient index, representing 98% of the U.S. population*

0.04 seconds to return a patient match on average via Surescripts' proprietary matching algorithm

* Includes patient data provided by pharmacies and PBMs, adjusted to account for duplicate records and patients with multiple coverage.

HIGH TRANSACTION VOLUME, HIGH DATA QUALITY

In 2020, Surescripts processed 17.5 billion transactions—a slight decrease from 2019 due to network improvements and optimization. Broader adoption of the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard v2017071 for Medication History, which includes message and medication deduplication, had a particularly strong effect.

Year	Transactions
2014	6.5 BILLION
2015	9.7 BILLION
2016	10.9 BILLION
2017	13.7 BILLION
2018	17.7 BILLION
2019	19.1 BILLION
2020	17.5 BILLION

Initiated deduplication

1.91 billion e-prescriptions filled (+7% in 2020)

238.7 million Real-Time Prescription Benefit responses delivered to prescribers (+75% in 2020)

426 million links to clinical document sources shared (+28% in 2020)

PROTECTING NETWORK INTEGRITY

Throughout 2020, Surescripts continued to protect and improve the privacy, security and performance of our network and the actionable patient intelligence it carries.

- **99.99% approximate uptime** for the Surescripts network

- **HITRUST CSF Certified status** maintained for key platforms within Surescripts solutions, placing Surescripts in an elite group of organizations worldwide

- **11% improvement in Surescripts Quality Index Score (QIS)** for electronic prescriptions across the network, including the **doubling of EHR adoption of the Structured & Codified Sig field** (from 5.05% to 10.72%)

  QIS tracks factors that impact the e-prescribing process, including prescription accuracy and directory alignment as well as adoption of appropriate transactions and data elements such as RxChange, Structured & Codified Sig and National Drug Code (NDC) identifiers. In 2020, we added additional measures including use of the Notes and Days Supply fields, which help clarify prescriber intent.

HONORING PROGRESS IN PRESCRIPTION ACCURACY

Surescripts first convened the Critical Performance Improvement program in 2016 with a common goal: to increase prescription accuracy across the Surescripts Network Alliance. All electronic prescriptions processed by Surescripts, except those for compounds and supplies, are analyzed by the Surescripts Sentinel® e-prescription accuracy engine, which identifies opportunities for improvement.

The Surescripts White Coat Award celebrates pharmacies, health systems, EHR vendors and pharmacy technology vendors working to improve e-prescription accuracy. In 2020, we recognized 10 organizations with the Surescripts White Coat Award in three categories, including Highest Accuracy and two new categories: RxChange Champion and Structured & Codified Sig Champion.

2020 WHITE COAT AWARD WINNERS

athenahealth, Inc.
Hartford HealthCare
Henry Schein MicroMD
Hospital Sisters Health System
Lincare, Inc.
MidMichigan Health
Montage Health
NewCrop
Office Ally
Walmart

MOVING INDUSTRY STANDARDS FORWARD

When the COVID-19 pandemic shifted priorities and operations across the Surescripts Network Alliance, another transformation was already well underway: **migration to NCPDP SCRIPT standard v2017071**. Given the need to focus on the COVID-19 pandemic, we pushed back our sunset date for SCRIPT v10.6 E-Prescribing, Medication History and Directories versions prior to 6.1 to September 1, 2021. Throughout 2020, Surescripts continued to provide consistent and reliable technical support as network participants worked to meet the regulatory compliance deadline and our September 1, 2021 sunset date for SCRIPT v10.6 E-Prescribing, Medication History and Directories versions prior to 6.1. As of the end of 2020, the majority of impacted transactions processed through the Surescripts network were compliant with SCRIPT standard v2017071.

OPTIMIZING PRESCRIPTION SAFETY, COST AND SPEED

ELIGIBILITY & FORMULARY

Eligibility & Formulary delivers plan-level prescription benefit coverage and formulary information to prescribers at the point of care. This important solution serves as the foundation for E-Prescribing, Real-Time Prescription Benefit, Electronic Prior Authorization, Medication History and Record Locator & Exchange.

> In 2020, **nearly 2 million healthcare providers** used **Eligibility & Formulary** to inform **more than 3.23 billion care events.**

FROM THE FIELD:
BENEFIT DATA ENHANCES E-PRESCRIBING

New research in 2020 helped illuminate exactly how and where patient benefit data adds value to electronic prescribing. Surescripts analyzed all e-prescriptions sent to a large chain pharmacy in November 2019 and assessed whether they had a matching Eligibility response, indicating that an eligibility check was performed. Then, researchers analyzed pharmacy fill data for those prescriptions within 90 days of prescribing to assess the impact of Eligibility on pickup rates.

PRESCRIPTIONS PICKED UP WITHIN 90 DAYS

69.3%
Not Informed by Eligibility

+2.7 percentage points

72%
Informed by Eligibility
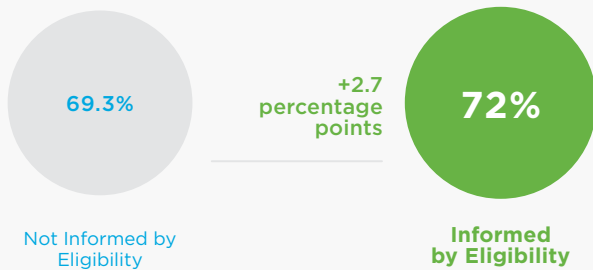
WHAT'S THE MOST IMPORTANT BENEFIT OF ACCESS TO BENEFIT INFORMATION WHILE PRESCRIBING?

- Improves efficiency during prescribing — 30%
- Improves patient satisfaction — 20%
- Improves patient care — 12%
- Reduces administrative burden after prescribing (e.g. pharmacy callbacks) — 38%
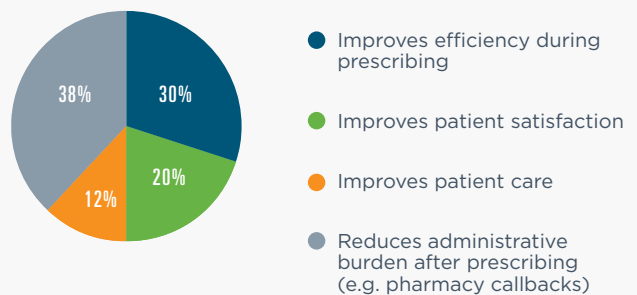
Separately, Surescripts surveyed 300 healthcare professionals involved in patient care or the pharmacy benefits process to further understand the value of benefit information within the e-prescribing workflow. Prescription data and survey responses both demonstrate the impact these insights have on prescribing efficiency and medication adherence.[13]
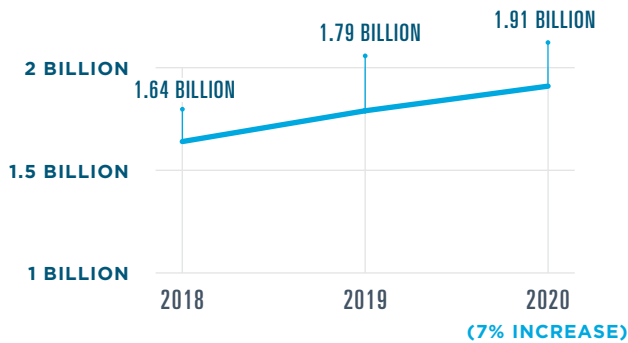
> **90% of respondents refer to the patient's formulary information** within the EHR

> **64% of respondents find access to group/plan-level prescription benefit information very or extremely valuable** in the e-prescribing workflow[14]
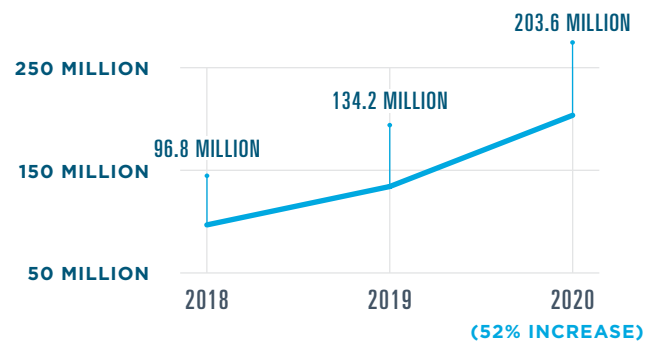
E-PRESCRIBING

A critical tool for increasing medication adherence and reducing prescription fraud, E-Prescribing enables safer and more efficient electronic prescription management across care settings.

E-PRESCRIPTIONS

1.64 BILLION (2018)
1.79 BILLION (2019)
1.91 BILLION (2020)

2 BILLION
1.5 BILLION
1 BILLION

2018 · 2019 · 2020

(7% INCREASE)

E-PRESCRIPTIONS FOR CONTROLLED SUBSTANCES

96.8 MILLION (2018)
134.2 MILLION (2019)
203.6 MILLION (2020)

250 MILLION
150 MILLION
50 MILLION

2018 · 2019 · 2020

(52% INCREASE)

Note: Includes only filled e-prescriptions. Surescripts estimates that 84% of prescriptions written are filled.

E-Prescribing became especially important during the COVID-19 pandemic, as more clinicians began delivering care virtually. Data from a sampling of telehealth vendors revealed that the **weekly volume of e-prescriptions written via a telehealth platform peaked the week of March 29, 2020—a 72.5% increase** from the week of February 23.

E-PRESCRIBING UTILIZATION AMONG PRESCRIBERS

2020	84%
2019	79%
2018	73%

The number of prescribers utilizing E-Prescribing **increased more than 6%** in 2020.

ACTIVE E-PRESCRIBERS BY MONTH

1,040,000

1,050,000
1,025,000
1,000,000
975,000
950,000

2020 — JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
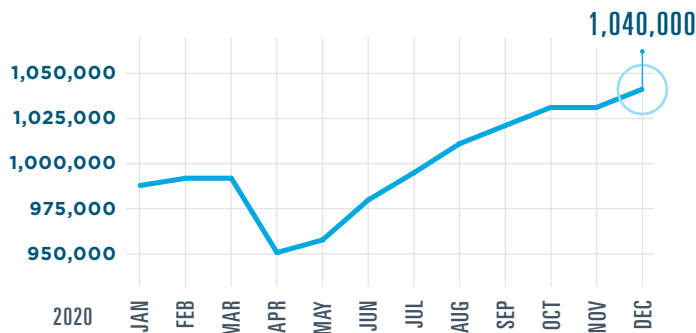
The number of prescribers using E-Prescribing increased by more than 63,000 in 2020, **surpassing 1 million prescribers** for the first time. They joined virtually all pharmacies in making this solution a part of their everyday workflow.

TOP 10 SPECIALTIES USING E-PRESCRIBING

In 2020, emergency medicine and rheumatology moved into the top 10 specialties using E-Prescribing most widely. Psychiatry also climbed the ranks, moving from ninth place into fourth.

	SPECIALTY	PRESCRIBER UTILIZATION RATE*
1	INTERNAL MEDICINE	99%
2	FAMILY PRACTICE	96%
3	ORTHOPEDIC SURGERY	94%
4	PSYCHIATRY	90%
5	DERMATOLOGY	90%
6	OBSTETRICS & GYNECOLOGY	88%
7	EMERGENCY MEDICINE	86%
8	OTOLARYNGOLOGY	86%
9	UROLOGY	85%
10	RHEUMATOLOGY	81%

*Calculated using data from the National Plan & Provider Enumeration System, Medicare Part D Prescriber Public Use File and Definitive Healthcare provider database in conjunction with the Surescripts directory.
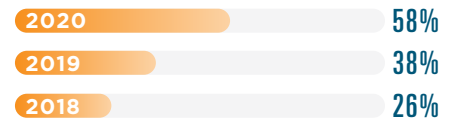
RATE OF E-PRESCRIBING

ALL PRESCRIPTIONS

2020	84%
2019	80%
2018	73%

NON-CONTROLLED SUBSTANCES

2020	89%
2019	86%
2018	83%

CONTROLLED SUBSTANCES

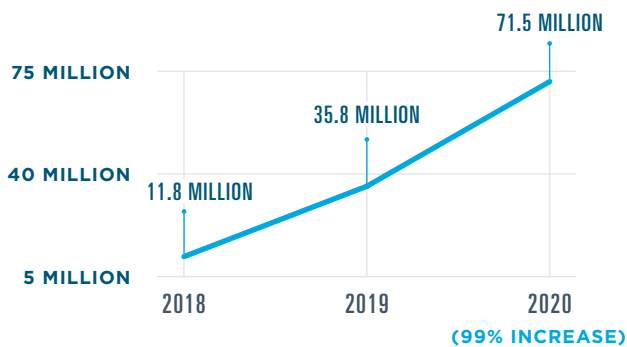|	
2020	58%
2019	38%
2018	26%

Note: Percentages calculated using data from the National Association of Chain Drug Stores.

IMPROVING THE E-PRESCRIBING WORKFLOW WITH CANCELRx & RxCHANGE

The Surescripts Network Alliance continued to optimize e-prescribing in 2020 with significant increases in the adoption and utilization of CancelRx and RxChange—two transactions that streamline communication between prescribers and pharmacists by making it easy to cancel a prescription or suggest an alternative electronically, as well as request a prior authorization.

CANCELRx REQUESTS
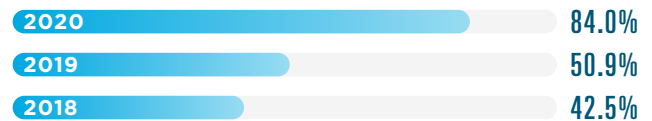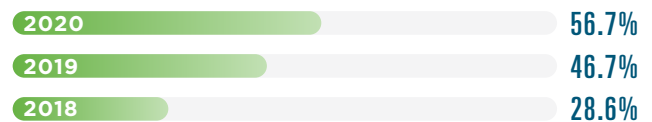
75 MILLION
40 MILLION
5 MILLION

71.5 MILLION
35.8 MILLION
11.8 MILLION

2018   2019   2020

(99% INCREASE)

PHARMACY ENABLEMENT FOR CANCELRx

2020	84.0%
2019	50.9%
2018	42.5%

PRESCRIBER ENABLEMENT FOR CANCELRx

2020	56.7%
2019	46.7%
2018	28.6%

RxCHANGE REQUESTS

25 MILLION
12.5 MILLION

23.3 MILLION
11.7 MILLION
84,000

2018   2019   2020

(99% INCREASE)

PHARMACY ENABLEMENT FOR RxCHANGE

2020	65.7%
2019	33.5%
2018	6.0%

PRESCRIBER ENABLEMENT FOR RxCHANGE

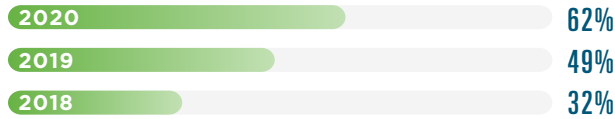|	
2020	39.6%
2019	32.5%
2018	18.1%
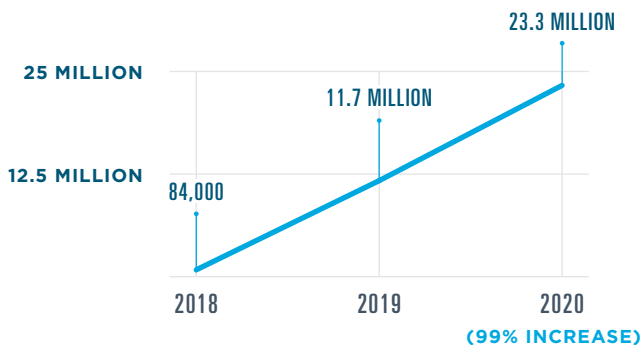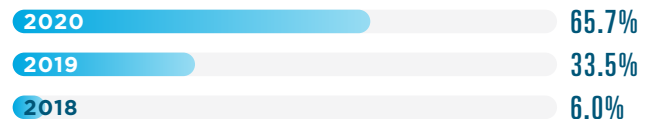
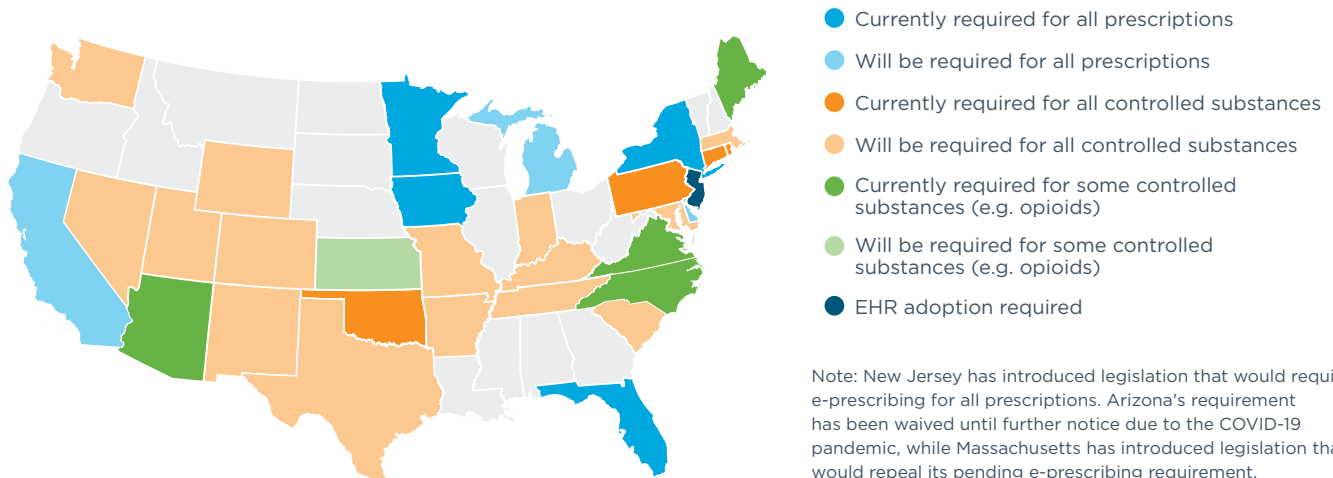# ELECTRONIC PRESCRIBING FOR CONTROLLED SUBSTANCES (EPCS)

EPCS integrates into existing technology platforms and workflows to offer new dimensions of safety and security for controlled substance prescriptions.

PRESCRIBERS ENABLED FOR EPCS

2020	62%
2019	49%
2018	32%

By the end of 2020, virtually all pharmacies were enabled for EPCS. Over the course of the year, the number of enabled prescribers grew 30%.

TOP 5 SPECIALTIES USING EPCS

PAIN MANAGEMENT	57%
PSYCHIATRY	52%
ORTHOPEDIC SURGERY	52%
FAMILY PRACTICE	50%
NEUROLOGY	47%
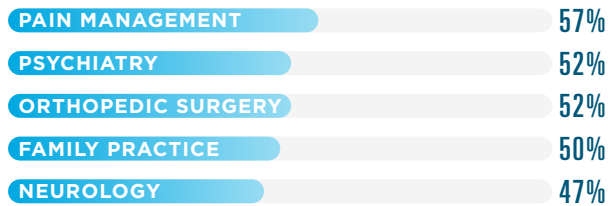
All specialties increased their EPCS utilization by at least 10 percentage points in 2020. Pain management saw the largest increase with a jump of 17 percentage points.

Note: Calculated using data from the National Plan & Provider Enumeration System, Medicare Part D Prescriber Public Use File and Definitive Healthcare provider database in conjunction with the Surescripts directory.

EPCS LEGISLATION ACROSS THE U.S.

State and federal legislation mandating the use of electronic prescribing continued to drive prescriber enablement in 2020. In December, the Centers for Medicare & Medicaid Services (CMS) issued a final rule requiring that Medicare Part D providers use EPCS effective January 1, 2021, pursuant to the requirements of the SUPPORT Act.[15]

Meanwhile, four states enacted e-prescribing requirements in 2020, bringing the total number of states with legislation requiring e-prescribing for opioids, controlled substances or all prescriptions to 32. In addition, seven states had e-prescribing requirements go into effect in 2020, making a total of 13 states with requirements in effect.

WHERE IS E-PRESCRIBING REQUIRED?

- Currently required for all prescriptions
- Will be required for all prescriptions
- Currently required for all controlled substances
- Will be required for all controlled substances
- Currently required for some controlled substances (e.g. opioids)
- Will be required for some controlled substances (e.g. opioids)
- EHR adoption required

Note: New Jersey has introduced legislation that would require e-prescribing for all prescriptions. Arizona's requirement has been waived until further notice due to the COVID-19 pandemic, while Massachusetts has introduced legislation that would repeal its pending e-prescribing requirement.

EPCS STATE RANKINGS

Each year, Surescripts ranks each state according to three criteria: pharmacy enablement, prescriber enablement and percent of controlled substances e-prescribed. The ranking is based on an average of each state's scores for the three criteria.

2020 Rank	2019 Rank	State	Pharmacy Enablement	Prescriber Enablement	Controlled Substances Prescribed Electronically*
1	1	**New York**	96.5%	82.4%	86.5%
2	2	**Maine**	99.6%	74.5%	90.3%
3	6	**North Carolina**	96.5%	82.7%	81.5%
4	8	**Iowa**	97.6%	76.8%	86.2%
5	4	**Arizona**	96.9%	76.7%	83.9%
6	18	**Oklahoma**	98.6%	70.4%	84.8%
7	17	Rhode Island	98.8%	71.0%	81.1%
8	3	Connecticut	97.7%	66.7%	77.8%
9	5	North Dakota	98.2%	60.2%	81.3%
10	7	Minnesota	97.0%	60.7%	80.6%
11	12	Pennsylvania	96.6%	64.9%	72.6%
12	34	**Virginia**	97.4%	65.0%	68.2%
13	9	Nebraska	97.2%	65.3%	67.0%
14	14	Massachusetts	98.3%	61.0%	70.3%
15	20	Indiana	97.8%	68.5%	61.5%
16	11	Wisconsin	97.5%	59.7%	70.5%
17	10	South Dakota	98.3%	59.8%	67.7%
18	16	Montana	97.8%	60.3%	64.0%
19	27	**Delaware**	100.0%	55.6%	65.3%
20	13	Vermont	96.8%	54.2%	68.4%
21	15	Utah	97.8%	58.0%	62.0%
22	22	New Hampshire	98.8%	56.9%	60.5%
23	25	Ohio	96.9%	61.1%	56.4%
24	23	Colorado	97.6%	53.8%	60.8%
25	24	Oregon	97.5%	56.8%	56.6%
26	36	**Washington**	96.6%	58.1%	55.0%
27	19	Michigan	94.6%	50.8%	61.5%
28	21	Texas	94.8%	53.6%	56.1%
29	33	Kentucky	96.6%	48.3%	59.1%
30	39	Tennessee	96.6%	55.7%	48.2%
31	32	Kansas	97.9%	50.7%	52.0%
32	30	Idaho	97.6%	49.5%	51.9%
33	29	Maryland	96.3%	42.2%	59.5%
34	40	Wyoming	99.1%	48.1%	50.1%
35	28	Illinois	96.8%	48.0%	52.1%
36	41	South Carolina	97.0%	53.0%	46.4%
37	42	New Mexico	98.6%	49.1%	48.7%
38	35	Arkansas	96.8%	57.9%	40.6%
39	31	Missouri	95.5%	47.0%	51.3%
40	26	California	95.4%	48.8%	49.1%
41	46	Florida	95.2%	45.3%	51.1%
42	49	Nevada	97.6%	47.2%	45.8%
43	44	Alaska	97.3%	49.0%	43.0%
44	37	District Of Columbia	94.6%	40.2%	46.8%
45	45	West Virginia	95.9%	40.9%	42.6%
46	43	New Jersey	97.1%	34.6%	46.5%
47	38	Louisiana	95.2%	46.3%	35.2%
48	48	Georgia	95.6%	40.2%	36.0%
49	47	Mississippi	93.6%	37.1%	35.1%
50	50	Alabama	97.2%	31.2%	29.0%
51	51	Hawaii	93.5%	36.1%	21.3%
52	53	Puerto Rico	78.6%	4.2%	1.6%
53	52	U.S. Virgin Islands	23.8%	16.1%	0.0%

HIGHLIGHTS

New York and Maine continued to hold their positions as first and second in the nation.

Virginia saw the largest rank increase in the country, moving up 22 spots to 12th place. Its requirement took effect in July.

**Delaware** moved up from 27th to 19th, becoming the first state with 100% of pharmacies enabled.

Mandates effective January 2020 drove gains in several states, including **North Carolina, Iowa and Arizona**, which moved to ranks 3, 4 and 5. In fact, North Carolina claimed the highest prescriber enablement rate in the nation.

Oklahoma moved up 12 spots to sixth place, sending nearly 84.8% of controlled substance prescriptions via EPCS. Rhode Island rose from 17th place to seventh.

Washington also jumped up 10 spots with 55% of controlled substance prescriptions sent via EPCS. Although the state's e-prescribing mandate had an original compliance date of January 1, 2021, the deadline was extended to September 30, 2021, due to the COVID-19 pandemic.

*Calculation based on data shared by the National Association of Chain Drug Stores, 2018

TRACKING EPCS PRESCRIBER ENABLEMENT

Mandate in Effect
— NY
— VA
— MN
— NC

Mandate Pending
-- CO
-- CA
-- MD

No Mandate
⋯ HI
⋯ OH
⋯ NE
⋯ OR
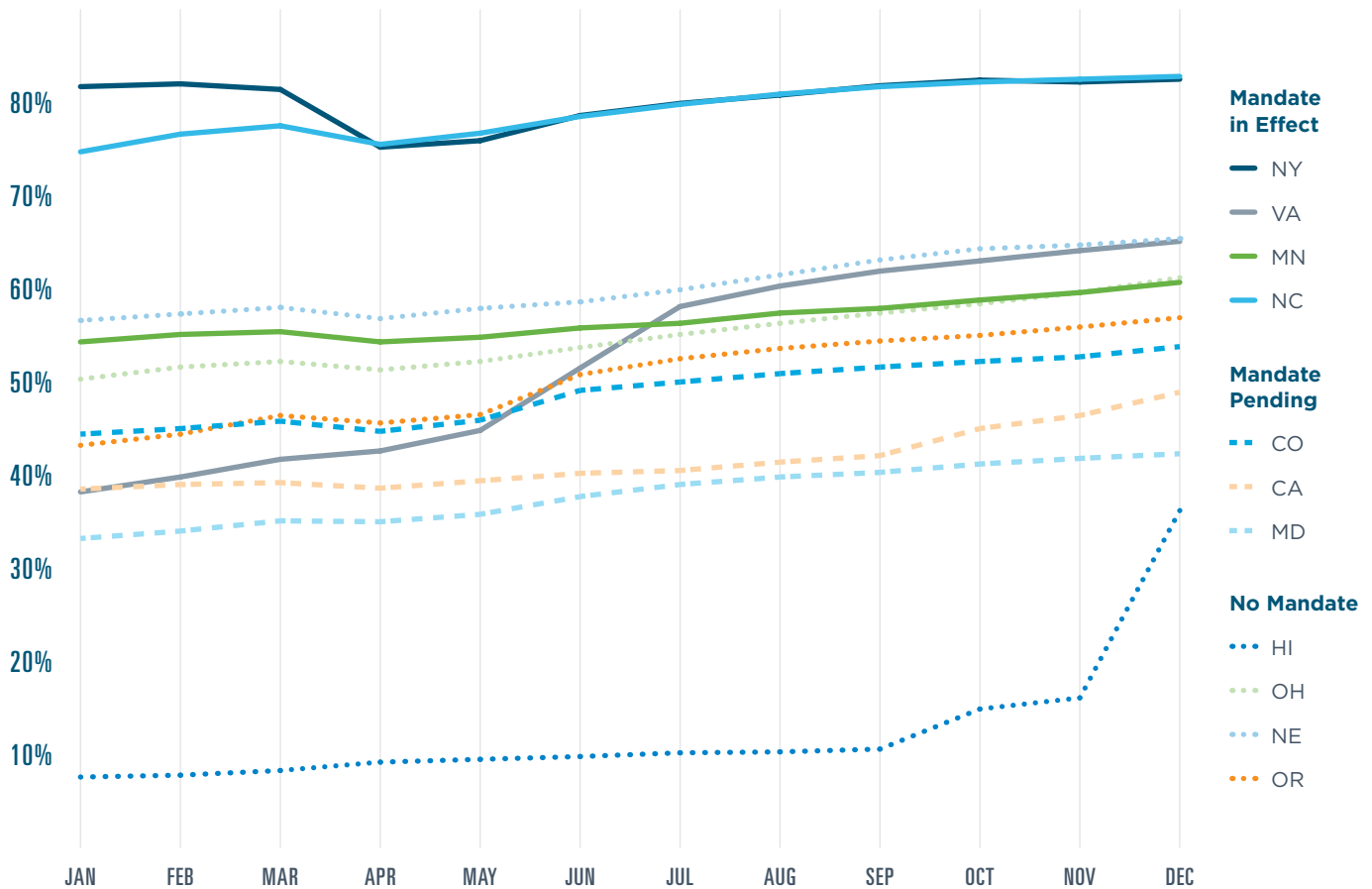
Although EPCS legislation has proven powerful, state-level trends in 2020 suggest that prescriber enablement is increasing even in states without mandates. Prescriber enablement in **Nebraska**, **Ohio**, and **Oregon**—three states without mandates—surpassed several states where mandates are pending. EPCS adoption by several large health systems likely drove increases in **Ohio** and **Hawaii**. Prescriber enablement in Hawaii surged from 7.6% to 36.2% despite the lack of a state mandate.

ELECTRONIC PRIOR AUTHORIZATION

Surescripts continued to improve the prior authorization experience in 2020 by streamlining workflows and expanding the network to include new data suppliers.

98% of U.S. patients covered by contracted health plans and PBMs

83% of U.S. prescribers served by EHRs enabled for the service

43.2% increase in prior authorizations processed electronically

7.6% more prescribers using Electronic Prior Authorization
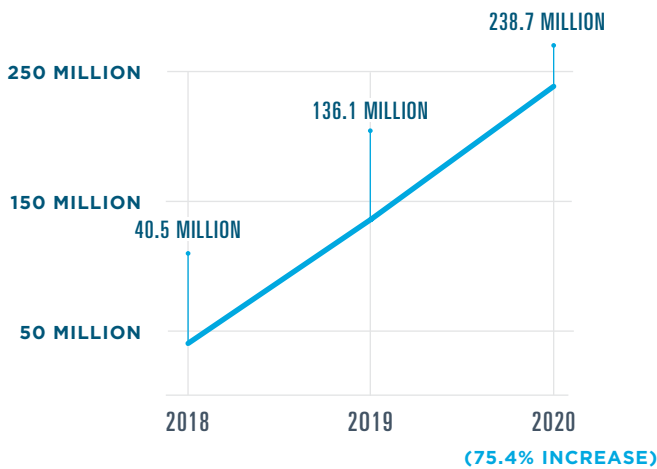
REAL-TIME PRESCRIPTION BENEFIT

Real-Time Prescription Benefit delivers patient-specific benefit and cost information at the point of prescribing, empowering clinicians to address cost concerns and support better medication adherence. Use of Real-Time Prescription Benefit among prescribers increased significantly in 2020.

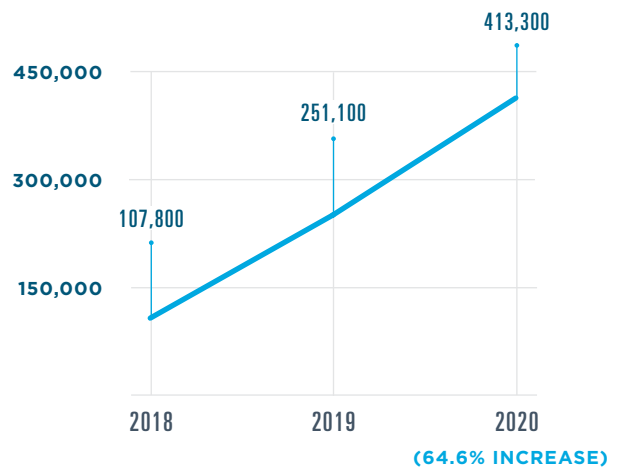**82% of U.S. patients covered** by contracted PBMs and health plans

95% of U.S. prescribers served by contracted EHRs

<1.5 seconds average time to receive cost and coverage information in the e-prescribing workflow

REAL-TIME PRESCRIPTION BENEFIT RESPONSES DELIVERED TO PRESCRIBERS

238.7 MILLION

136.1 MILLION

40.5 MILLION

250 MILLION
150 MILLION
50 MILLION

2018   2019   2020

(75.4% INCREASE)

PRESCRIBERS USING REAL-TIME PRESCRIPTION BENEFIT

413,300

251,100

107,800

450,000
300,000
150,000

2018   2019   2020

(64.6% INCREASE)

AVERAGE SAVINGS PER PRESCRIPTION WHEN A LOWER-COST ALTERNATIVE IS CHOSEN

BY PROVIDER SPECIALTY		BY THERAPEUTIC CLASS	
FAMILY PRACTICE	$50	ANTIFUNGALS	$77
INTERNAL MEDICINE	$36	ANTIDEPRESSANTS	$55
OBSTETRICS AND GYNECOLOGY	$82	BLOOD PRESSURE LOWERING MEDICATION (ANTIHYPERTENSIVE AGENTS)	$20
PSYCHIATRY	$76	LIPID MODIFYING AGENTS	$22
CARDIOLOGY	$28	PEPTIC ULCER THERAPY	$45

Note: Listed in order of volume. Classification based on pharmacologic class.

FROM THE FIELD:

REAL-TIME PRESCRIPTION BENEFIT MAKES AN IMPACT AT PHARMACIES

In 2020, Real-Time Prescription Benefit became available for pharmacies, helping patients benefit from cost and coverage insights at every step of their care journey. One independent pharmacy owner who adopted the solution was Priyank Patel, owner of three pharmacies in New York City. The impact was significant:

Medication adherence increased to nearly 90%, up from 60–70%

Prescription processing time dropped 75%, averaging 5 minutes compared to 20 minutes.[16]

" With the push of a single button, our staff now has immediate access to each patient's benefit information. Information that used to require multiple steps and several minutes to gather now appears right away.

—PRIYANK PATEL, PHARM.D.

SPECIALTY PATIENT ENROLLMENT

By adopting technologies like Specialty Patient Enrollment, the Surescripts Network Alliance worked to automate the specialty prescribing and fulfillment process and reduce time to therapy in 2020.

214.5% increase in prescribers enabled

167% increase in specialty hubs contracted

69% increase in medications covered

DISEASE STATES COVERED BY SPECIALTY PATIENT ENROLLMENT

HIV/AIDS	CROHN'S DISEASE (NEW IN 2020)
MULTIPLE SCLEROSIS	OSTEOPOROSIS (NEW IN 2020)
RHEUMATOID ARTHRITIS	PULMONARY ARTERIAL HYPERTENSION (NEW IN 2020)
MIGRAINE	OPTHALMIC (NEW IN 2020)
PSORIASIS (NEW IN 2020)	

In 2020, Surescripts further streamlined the specialty medication process with two new network services, Specialty Medications Gateway and Electronic Prior Authorization for specialty pharmacies. Specialty pharmacies can now gather clinical information and conduct prior authorizations within their workflow, enabling patients to get on therapy faster and giving specialty pharmacists more time to serve as trusted partners and resources for patients with serious and complex illnesses.

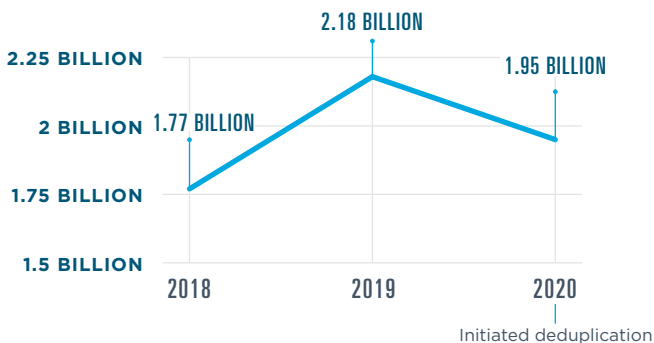# EXPANDING INTEROPERABILITY ACROSS HEALTHCARE

MEDICATION HISTORY

Medication History gave clinicians a more complete and accurate electronic picture of medication use for individuals and populations in 2020, making for better-informed care decisions across care settings, including acute and long-term and post-acute care.

We continued to improve quality and accuracy with the adoption of Medication History v3—supported by NCPDP SCRIPT standard v2017071—which deduplicates records for medications with the same NDC, reducing overall transaction volume. Analyzing one month of Medication History data in 2020 found a significant impact:
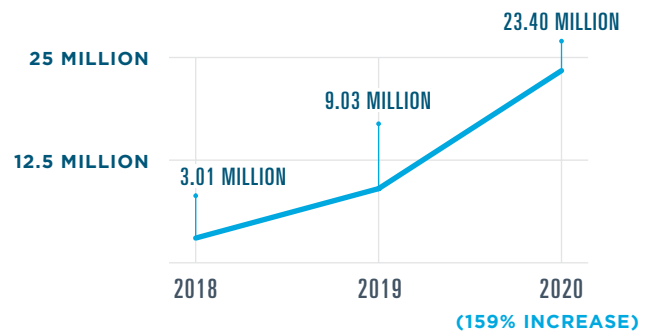
62% of Medication History responses deduplicated

29% of medications deduplicated

MEDICATION HISTORY TRANSACTIONS

2.18 BILLION

1.95 BILLION

1.77 BILLION

| | 2018 | 2019 | 2020 |

2.25 BILLION
2 BILLION
1.75 BILLION
1.5 BILLION

Initiated deduplication

MEDICATION HISTORIES FOR POPULATIONS DELIVERED

23.40 MILLION

9.03 MILLION

3.01 MILLION

25 MILLION
12.5 MILLION

| | 2018 | 2019 | 2020 |

(159% INCREASE)

Note: Includes medication history data supplied by PBMs and delivered in ambulatory, acute and long-term and post-acute care settings. Surescripts previously reported the number of patients whose medication histories were delivered via Medication History for Populations. Going forward, we are reporting the number of times patient medication histories were delivered, as a single patient's medication history may be accessed multiple times in the course of a year.

FROM THE FIELD:
MEDICATION HISTORY IMPROVES ADHERENCE & QUALITY SCORES FOR ACOs

Aledade, a physician-led network of accountable care organizations, sought a way to close care gaps and improve outcomes for patients at risk of medication nonadherence. They developed a pilot program using Surescripts Medication History for Populations to more accurately pinpoint nonadherence for diabetes, cholesterol and hypertension—three-triple weighted measures that account for up to 30% of Aledade's ratings under the CMS Five-Star Quality Rating System for Medicare Advantage contracts. With this solution in place, they met quality goals while working more efficiently:
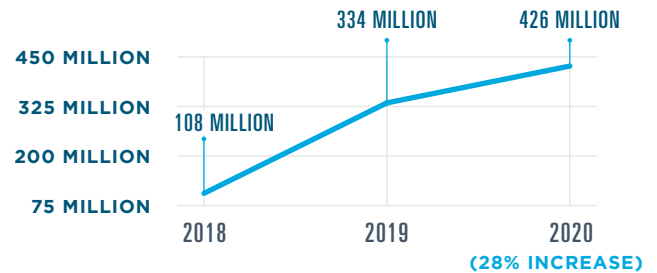
Reduced false positives for medication non-adherence by 26% by eliminating 585 unnecessary patient interventions out of 2,235 opportunities identified from payer claims data

Achieved ratings of 4, 4, and 5 stars for diabetes, cholesterol and hypertension, resulting in pay-for-performance bonuses[17]

RECORD LOCATOR & EXCHANGE

Record Locator & Exchange leverages the Carequality framework so healthcare providers can quickly see where patients have received care and locate medical records, regardless of care setting and EHR. In 2020, it was used by **more than 137,000 clinicians** from **23,414 organizations** spanning all **50 states** and Washington, D.C.
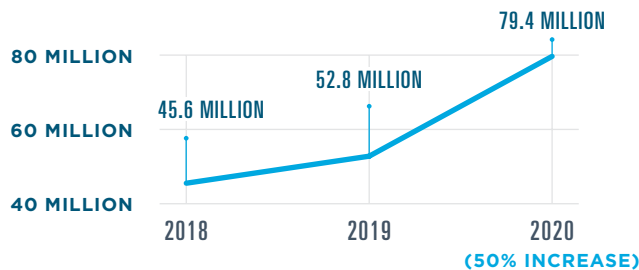
LINKS TO CLINICAL DOCUMENT SOURCES SHARED

450 MILLION
325 MILLION
200 MILLION
75 MILLION

108 MILLION
334 MILLION
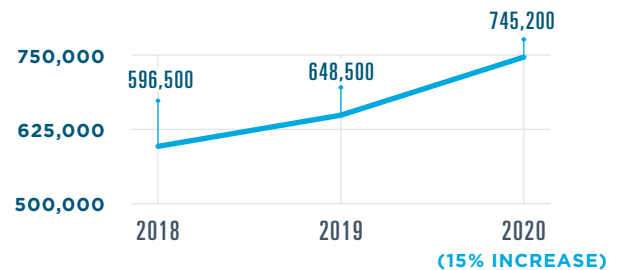426 MILLION

2018   2019   2020

(28% INCREASE)

CLINICAL DIRECT MESSAGING

Clinical Direct Messaging connects the healthcare ecosystem through the exchange of secure, HIPAA-compliant protected health information across multiple clinical scenarios—including COVID-19 case reporting.

CLINICAL DIRECT MESSAGING TRANSACTIONS SENT & RECEIVED

80 MILLION
60 MILLION
40 MILLION

45.6 MILLION
52.8 MILLION
79.4 MILLION

2018   2019   2020

(50% INCREASE)

INDIVIDUALS & ORGANIZATIONS USING CLINICAL DIRECT MESSAGING

750,000
625,000
500,000

596,500
648,500
745,200

2018   2019   2020

(15% INCREASE)

Note: Surescripts previously reported the number of Clinical Direct Messaging transactions sent. Going forward, we are reporting the number of transactions sent and received.

FROM THE FIELD:
CLINICAL DIRECT MESSAGING FUELS THE FIGHT AGAINST COVID-19

The need for standards-based interoperability tools shone brighter than ever as healthcare organizations and public health agencies strove to share information and coordinate a response to the COVID-19 pandemic. In 2020, Clinical Direct Messaging was used to quickly and securely transmit COVID-19 diagnosis reports to public health agencies for review and action. This solution also proved helpful in managing treatment and vaccinations: pharmacies, PBMs and health plans used Clinical Direct Messaging to alert prescribers about formulary changes and immunizations, including the flu and COVID-19.

**35 healthcare organizations enabled** for electronic case reporting for COVID-19

5.97 million COVID-19 case reports sent to 61 jurisdictions nationwide

122,688 physician notifications delivered

INSIGHTS FOR MEDICATION ADHERENCE

In 2020, Insights for Medication Adherence helped more clinicians identify adherence issues and gaps in care with patient-specific medication summaries and real-time messages from PBMs and health plans.

CLINICAL INTERVENTIONS SUPPORTED

300,000
200,000
100,000

117,600
120,400
261,000

2018   2019   2020

(117% INCREASE)
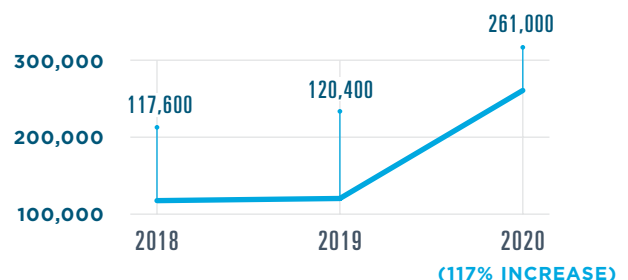
REFERENCES

1. Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," CommonwealthFund.org, May 19, 2020, https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits.

2. Dulce Gonzalez et al., " Delayed and Forgone Health Care for Nonelderly Adults During the COVID-19 Pandemic," Urban Institute, February 16, 2021, https://www.urban.org/research/publication/delayed-and-forgone-health-care-nonelderly-adults-during-covid-19-pandemic.

3. Dulce Gonzalez et al., "Delayed and Forgone Health Care for Children During the COVID-19 Pandemic," Urban Institute, February 16, 2021, https://www.urban.org/research/publication/delayed-and-forgone-health-care-children-during-covid-19-pandemic.

4. The Physicians Foundation, "The Physicians Foundation 2020 Survey of America's Physicians: COVID-19 Impact Edition," December 14, 2020, p. 1, https://physiciansfoundation.org/wp-content/uploads/2020/12/2020-Survey-of-Americas-Physicians_Exec-Summary.pdf.

5. Paul M. Robelia et al., "Information Transfer and the Hospital Discharge Summary: National Primary Care Provider Perspectives of Challenges and Opportunities," *The Journal of the American Board of Family Medicine 30*, no. 6 (November 2017), https://doi.org/10.3122/jabfm.2017.06.170194.

6. Sarah Kliff and Margot Sanger-Katz, "Bottleneck for U.S. Coronavirus Response: The Fax Machine," *The New York Times*, July 13, 2020, https://www.nytimes.com/2020/07/13/upshot/coronavirus-response-fax-machines.html.

7. Surescripts, "Prescription Price Transparency and the Patient Experience," February 2020, p. 2–3, https://surescripts.com/docs/default-source/pressrelease-library/2020_price-transparency_data-brief-patient-survey.pdf.

8. Surescripts, "Prescription Price Transparency and the Patient Experience," February 2020, p. 2–3, https://surescripts.com/docs/default-source/pressrelease-library/2020_price-transparency_data-brief-patient-survey.pdf.

9. Surescripts, "Provider Perspectives on Specialty Prescribing," March 2019, p. 3, https://surescripts.com/docs/default-source/default-document-library/2019_04_specialty-prescribing-data-brief.pdf.

10. Surescripts, "Provider Perspectives on Specialty Prescribing," March 2019, p. 3, https://surescripts.com/docs/default-source/default-document-library/2019_04_specialty-prescribing-data-brief.pdf.

11. Leslie Kane, "Medscape U.S. and International Physicians' COVID-19 Experience Report: Risk, Burnout, Loneliness," Medscape, September 11, 2020, https://www.medscape.com/slideshow/2020-physician-covid-experience-6013151?faf=1#9

12. Jennifer Barrett, "2020 Pharmacy Salary Survey Results: Salaries Stabilize as Stress and Job Dissatisfaction Soar," *Drug Topics* 164, no. 12 (December 2020), p. 9–10, https://cdn.sanity.io/files/0vv8moc6/drugtopics/4e935a07bfdcfc0dfe447d7690652fcc5286c95b.pdf.

13. Surescripts, "Data Brief: How Patient Benefit Data Enhances E-Prescribing," January 2021, p. 2, https://surescripts.com/docs/default-source/intelligence-in-action/2021_surescripts_patient-benefit-data-enhances-e-prescribing.pdf.

14. Surescripts, "Data Brief: How Patient Benefit Data Enhances E-Prescribing," January 2021, p. 2, https://surescripts.com/docs/default-source/intelligence-in-action/2021_surescripts_patient-benefit-data-enhances-e-prescribing.pdf.

15. Centers for Medicare & Medicaid Services, "Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021," December 1, 2020, https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1.

16. Heather Martin, "Big Savings in the Big City," *Intelligence in Action*, November 18, 2020, https://surescripts.com/news-center/intelligence-in-action/price-transparency/big-savings-in-the-big-city/.

17. Surescripts, "Case Study: How Aledade Improved Quality Scores and Star Ratings with Medication History," November 2020, https://surescripts.com/news-center/intelligence-in-action/interoperability/how-aledade-improved-its-star-ratings-with-enhanced-medication-history/.

surescripts®