



Surescripts Medication History for Health Systems 2022

Enhancing Medication Reconciliation by Closing Gaps in Medication History



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Why This First Look?

Acquiring an accurate medication history from a patient requires a lot of time from providers. Surescripts Medication History aims to lighten that load by collating records from outside pharmacies and pharmacy benefit managers as well as closing gaps in records so providers can more easily reconcile medication information. This report evaluates customer satisfaction with Medication History and validates customer adoption. All customers interviewed use Epic as their EMR.

What Does Medication History Do?

(A Customer Explains)

"Surescripts provides us with medication history, including pharmacy dispensers and insurance claims. Medication History is used by our providers to see a patient's compliance in terms of getting their medications. The product also helps providers calculate certain metrics from the medication and clinical aspects of a patient's condition, including what a patient's medications are and how that patient's condition responds to the medication."
—Analyst/coordinator

Bottom Line

Overall, most customers are satisfied with Medication History; that satisfaction is driven by the ability to achieve outcomes with the solution, including increased patient safety and the closing of medication-history gaps. Clients are generally satisfied with Surescripts' service and support, including proactivity during implementations; however, customers desire improved responsiveness and timeliness after the go-live. Some respondents want improved usability through the addition of filters to the medication history.

Key Competitors (as reported by Surescripts)
Cureatr, HIEs

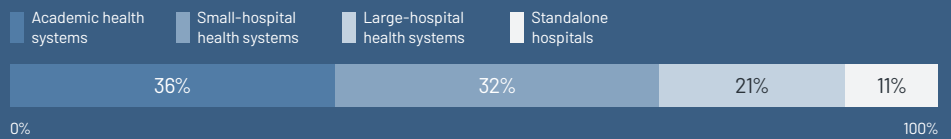
Number of Customers Interviewed by KLAS

20 individuals from 20 unique organizations (Surescripts shared a list of 189 unique organizations; the list represents 83% of the customers that are eligible for inclusion in this study)

Top Reasons Selected

EMR vendor's preferred partner, recommendation/reputation of the ePrescribing tool, and already having the ePrescribing tool

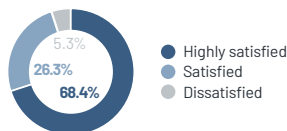
Survey Respondents—by Organization Type (n=19)



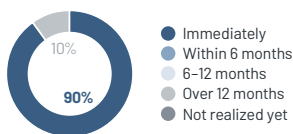
Surescripts Medication History

Customer Experience: An Initial Look

Overall Customer Satisfaction (n=19)



Time to See Outcomes (n=10)

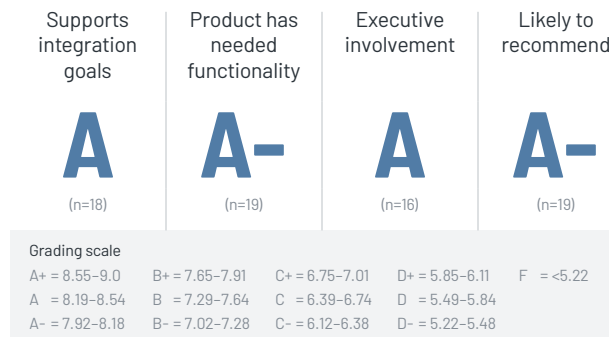


Outcomes Expected by Customers

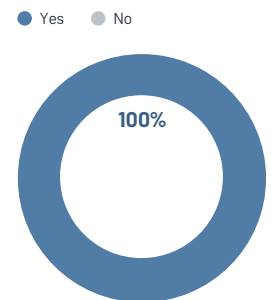
- Achieved
- Unexpected outcome
- Pending
- Not achieved

- Closing of gaps in patient medication histories
- Visibility of medications filled outside of the organization
- Improved patient safety
- Medication ePrescribing to pharmacies
- Volume of reconciliation needed with the received information

Key Performance Indicators (1-9 scale)

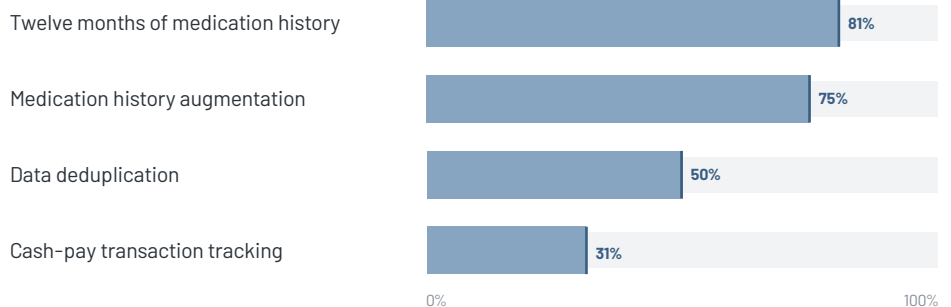


Would you buy again? (n=17)



Adoption of Key Functionality—by Organization

Percentage of interviewed customers using functionality (n=16)



Strengths

Vendor proactively looks for and notifies customers about issues



"When something is not working, Surescripts devotes the necessary resources to troubleshoot. There have been instances where Surescripts has seen the problem before we have and alerted me. There are lots of instances where we are not sure what happened between us and the pharmacy, and Surescripts tracks things down and tells us what the problem is at no cost." —Manager

Reliable product connections

"Medication History is reliable. The information is instantaneous. We were expecting to receive patients' medication histories, and that was achieved. We haven't had many issues with connectivity. The system is not perfect, but overall, the data seems to be coming and going through well. The product integrates with our EMR nicely, and the workflow to reconcile the data is simple." —Analyst/coordinator

Very helpful support staff during implementations

"With our most recent rollout, our Surescripts representative did a fantastic job at communicating and helping to support us. Once the build went live, we continued to have troubleshooting meetings with an issues log. The representative attended those meetings and tried to help us work through issues even if the issues weren't fully Surescripts related." —VP/executive

Opportunities

There could be a better method to filter histories



"Sometimes, the medication history information is overwhelming because some of it is old or not valid. I wish there were a way to filter that information. The vendor gives us what we need, but there is such a wealth of data that it can be hard to tell whether all the information is accurate." —VP/executive

Timeliness of support could be improved

"Once we escalate issues, Surescripts' escalation process takes our issues upward with greater visibility and response. But depending on the issue, the turnaround time for initial call responses and SLAs is 24 hours. Most of the time, that response time might not be sufficient because medication history and medical orders are done in real time." —Analyst/coordinator

Some aspects of the product could be easier to use or come with more training

"Entering case information and navigating the dashboards and workbenches are a little clunky. If we have an issue, we can log in to enter case information, and that is a little bit clunky. It would be nice to either have additional training for those situations or tell the vendor to enhance things and make the navigation and entry of case information easier for new users." —Analyst/coordinator

KLAS' Points to Ponder

The Positives: Surescripts Medication History complements Surescripts' other medication services by eliminating the gaps in patient medication management. The ability to sort patient medication data by dispensing entity and to view medication data from claims improves the medication reconciliation processes. That ability also provides the data needed for the more complete evaluation of medication usage and compliance for specific patient outcomes. With complete medication history data, providers can more efficiently triage patient populations for risk and better support outcomes research for high-risk patients.

Organizations should consider the following:

The Solution's Long-Term Viability in Healthcare

A key component for controlling healthcare costs is medication management that improves patient safety, treatment outcomes, and patient compliance. Currently, payers and PBMs control medication transactions that may prevent provider organizations from having a complete list of active or past medications for patients. It is necessary to integrate the medication history into the EHR for medication reconciliation, medication management, population health management, and contract risk reduction. Surescripts Medication History provides a foundation to assist provider organizations in accessing more complete medication transactions.

Impacts and Trade-Offs of the Underlying Technology

Surescripts uses a nonpublic cloud environment to host their solutions but uses standard database, application, interfacing, and security components. There are no native or web-enabled mobile applications for the medication history service. Clients report that case information entry and dashboard navigation need to be more intuitive and efficient. Clients also identify

incomplete data that makes it challenging to find needed medication information (e.g., start/end dates). Data searches would be improved with broader search capabilities. Currently, the testing tools and environment are evolving to meet client needs.

Medication Data Interoperability Considerations

Patient medication data must be complete in order for providers to perform accurate medication reconciliation processes as patients change modalities of care. For medication management and reconciliation, EHR interoperability designs are crucial for ensuring an intuitive design that meshes with the EHR applications. Poor interoperability design with the EHR results in lower adoption and usage by clinicians and physicians, and that impacts patient safety and the cost of care. Interoperability with enterprise business intelligence solutions is also important to ensure medication data is normalized and can be combined with other associated patient data.



Mike Davis

HCIT market research and analysis expert with 40+ years of experience

Medication Data Supporting CMS Medicare-Medicaid Reimbursement

The CMS 2022 Medicare-Medicaid Plan provides guidance on what medication data needs to be captured to support provider reimbursement. There are several areas where patient medication data is needed, including the management of diabetes, hypertension, cholesterol, statin use for diabetics, and antidepressant medication management. Processes such as post-discharge medication reconciliation and medication therapy management are also identified for needed medication data. The Surescripts Medication History solution will improve the ability of provider organizations to conform to the CMS regulations.

Surescripts: Company Profile at a Glance

Year founded

2001

Headquarters

Arlington, VA

Number of Medication

History customers

229 unique customers,

46 under contract

Number of employees

600+

Healthcare market

National

Revenue model for

Medication History

Per transaction or per staffed bed

Target customer

Health technology vendors, including EHR and analytics solution vendors, as well as health systems, pharmacies, PBMs, and health plans



Healthcare Executive Interview

Andrew Mellin,

MD, CMIO

Why was Surescripts started?

In 2001, pharmacy associations formed SureScript Systems, enabling ePrescribing as a replacement for paper prescriptions. That same year, the three largest PBMs formed RxHub to connect payers and prescribers. In 2008, these organizations formed Surescripts. We work across a variety of areas, including our best-in-class Medication History for Reconciliation solution, to deliver the right information for the right purpose at the right time while maintaining the highest standards for network access, security, and performance. Leveraging technologies like these, healthcare professionals are able to access information more easily. The Surescripts Network Alliance is helping them understand patients' health faster in a healthcare system where few care teams have time to spare.

What is Surescripts's biggest differentiator?

Our biggest differentiators are our people and the network we convene. Our purpose is to serve the nation through simpler, trusted health intelligence sharing. Unlike other vendors, we bring together nearly all EHR vendors, PBMs, pharmacies, and clinicians as well as health plans, long-term and post-acute care organizations, specialty hubs, and specialty pharmacy organizations. We connect more than 1.89 million healthcare professionals and organizations with trusted healthcare intelligence for over 99% of American patients. In 2021, we processed 20.4 billion health information transactions, including 2.36 billion medication histories that include both pharmacy fill and PBM claims data.

What is in store for your company's future?

We remain committed to our purpose—to serve the nation through simpler, trusted health intelligence sharing and to continue to increase patient safety, lower costs, and improve the quality of care. Our innovation is focused on driving safer, more affordable prescriptions and arming healthcare professionals with the patient intelligence they need to close information gaps and make more informed care decisions. Our work is achieved via partnerships with our customers across the healthcare ecosystem. We remain committed to continually advancing the security and performance of the network and ensuring that our customers realize demonstrable value.

Solution Technical Specifications (provided by Surescripts)

Cloud environment

N/A

Development platform

Java and .Net

Database environment

Dual data centers configured around an Oracle infrastructure with other database environments, depending on the solution

Mobile application environment

Partnered with some organizations that leverage mobile technologies

Security platform

NIST CSF

Confidentiality

HIPAA-compliant messaging and business associate and nondisclosure agreements

Data encryption

Multiple data encryption standards

Integration approach

HL7 FHIR, HL7 v.2.X, IHE, Direct standard, Direct XDR protocol, and proprietary connectivity

HITRUST certification

Yes

AI

N/A

Report Information

Surescripts Performance Overview

All standard software performance indicators

Culture		
Proactive service (1-9 scale)	(n=19)	B+
Keeps all promises (percent of respondents that answered yes)	(n=18)	100%
Product works as promoted (1-9 scale)	(n=19)	A

Loyalty		
Would you buy again (percent of respondents that answered yes)	(n=17)	100%
Part of long-term plans (percent of respondents that answered yes)	(n=18)	100%
Forecasted satisfaction (1-9 scale)	(n=19)	A
Overall satisfaction (1-9 scale)	(n=19)	A
Likely to recommend (1-9 scale)	(n=19)	A

Operations		
Quality of training (1-9 scale)	(n=16)	B+
Quality of implementation (1-9 scale)	(n=18)	A-
Ease of use (1-9 scale)	(n=18)	A-

Grading scale				
A+ = 8.55-9.0	B+ = 7.65-7.91	C+ = 6.75-7.01	D+ = 5.85-6.11	F = <5.22
A = 8.19-8.54	B = 7.29-7.64	C = 6.39-6.74	D = 5.49-5.84	
A- = 7.92-8.18	B- = 7.02-7.28	C- = 6.12-6.38	D- = 5.22-5.48	

Product		
Overall product quality (1-9 scale)	(n=19)	A
Product has needed functionality (1-9 scale)	(n=19)	A-
Supports integration goals (1-9 scale)	(n=18)	A
Delivery of new technology (1-9 scale)	(n=17)	A-

Relationship		
Quality of phone/web support (1-9 scale)	(n=18)	B+
Executive involvement (1-9 scale)	(n=16)	A

Value		
Money's worth (1-9 scale)	(n=16)	A
Avoids nickel-and-diming (percent of respondents that answered yes)	(n=12)	83%
Drives tangible outcomes (1-9 scale)	(n=18)	A



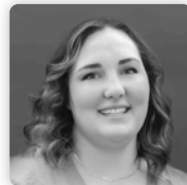
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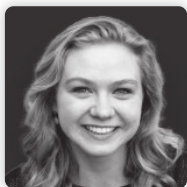


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Our Mission

Improving the world's healthcare through collaboration, insights, and transparency.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to klasresearch.com/faq.

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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.

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