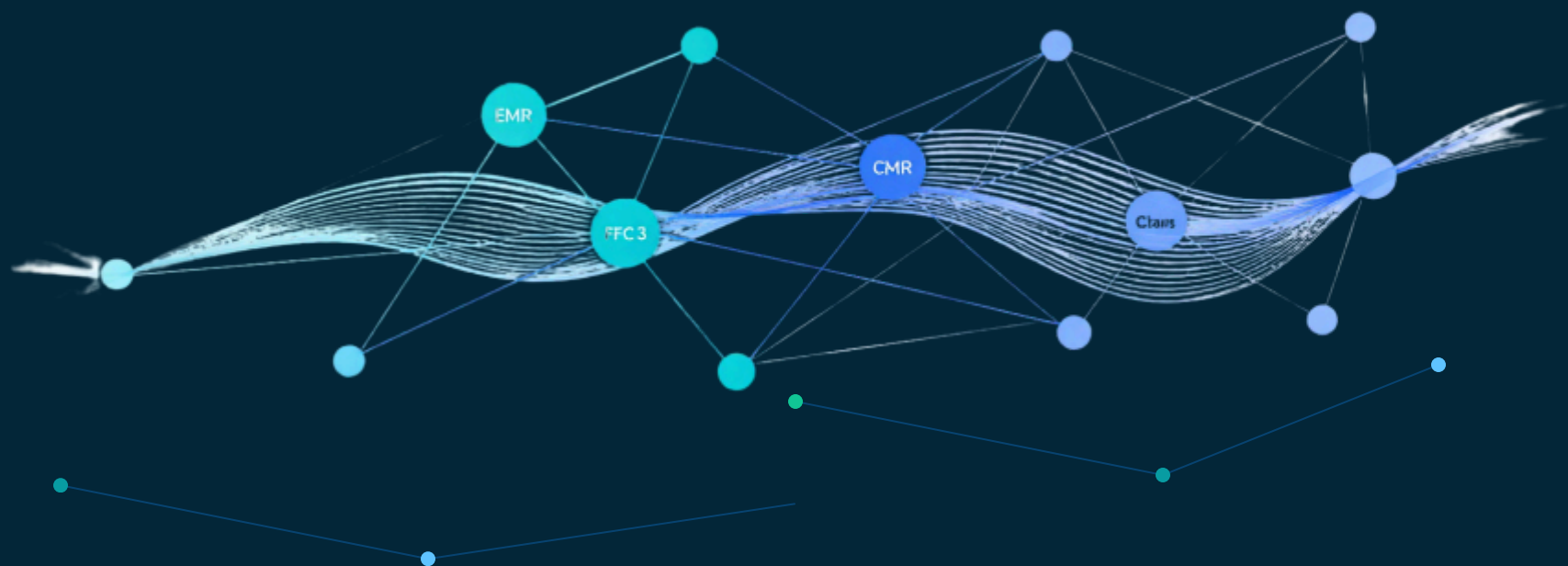


EMR and claims are not interchangeable.

Understanding the architecture of healthcare data
is the first step to building reliable evidence.



EMR

Electronic Medical Records

- Clinical detail: diagnoses, labs, vitals, notes
- Captured at point of care by clinicians
- Depth over breadth — rich but siloed
- Structured + unstructured data mix



CLAIMS

Administrative Claims Data

- Billing-driven: procedures, costs, encounters
- Longitudinal patient journey across providers
- Breadth over depth — wide but shallow
- Standardised coding (ICD, CPT, DRG)



REGISTRIES

Patient Registries

- Disease-specific populations tracked over time
- Outcomes-focused with defined endpoints
- Curated cohorts with inclusion criteria
- Bridges clinical practice and research



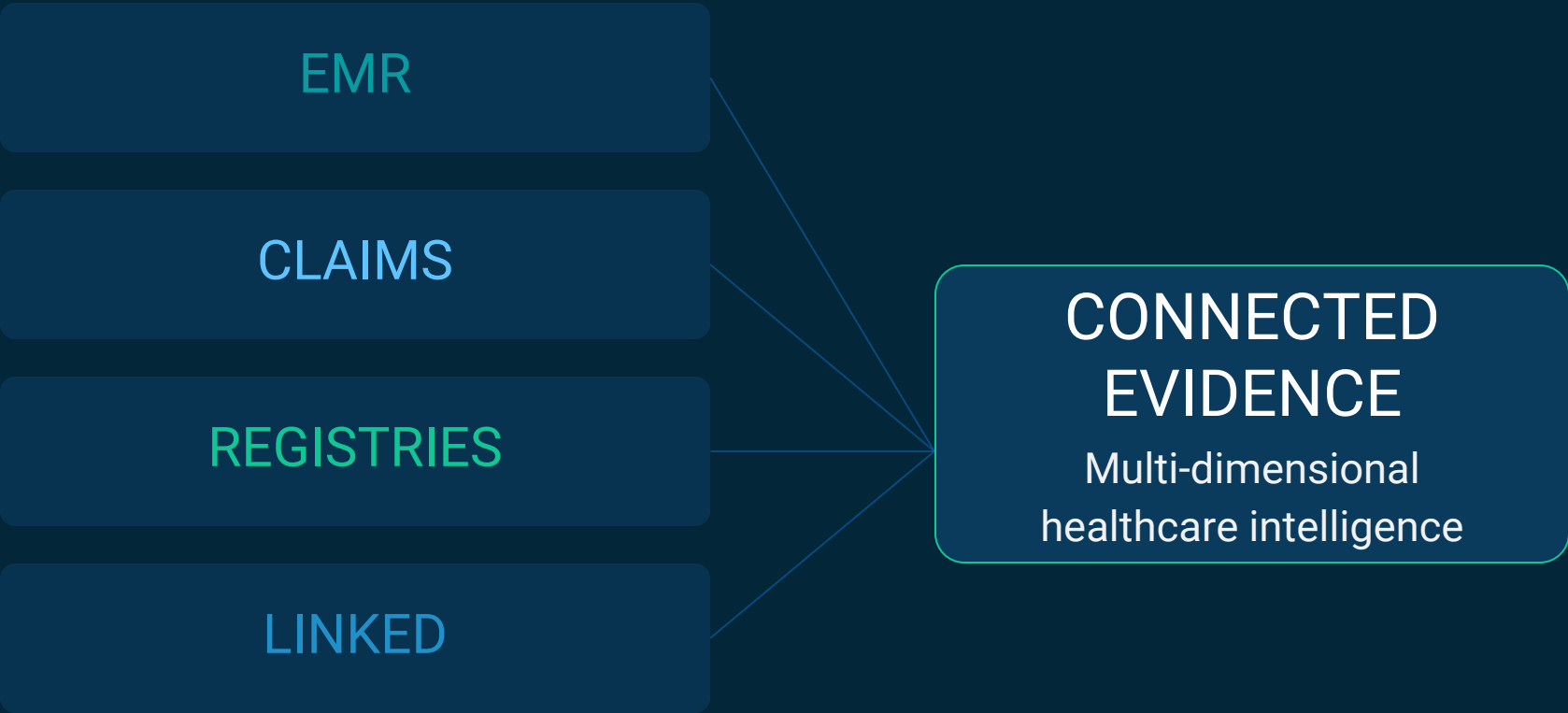
LINKED

Linked & Integrated Sources

- Deterministic or probabilistic patient matching
- Combines breadth of claims + depth of EMR
- Enables longitudinal, multi-dimensional views
- Higher evidence grade for regulatory submissions



Linked data changes the evidence level.



When sources are architecturally linked, the resulting evidence moves from descriptive to decision-grade.



Where does your current data architecture have blind spots?

Aurumetrics helps pharmaceutical teams build connected evidence architectures that turn fragmented data into decision-grade intelligence.

aurumetrics.com



The challenge is no longer whether healthcare data exists.

It is whether the right evidence can be generated fast enough?

Yes, it can.

Aurumetrics supports pharmaceutical and life sciences teams with real-world data intelligence, strategic commercial insight and evidence generation.

GLOBAL MARKET FOOTPRINT

APAC-focused with evidence and data partnerships spanning:

China • Australia • Japan • South Korea • Taiwan • New Zealand

Additional support across the UK, EU, US, and other global markets on an ad hoc basis.

CAPABILITIES

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