
UpToDate

September 2025



Wolters Kluwer Clinical Solutions

World-leading clinical effectiveness solutions including UpToDate

Wolters Kluwer Health

FY 2024 Revenues

€1,584 million



- UpToDate® Clinical Decision Support (Enterprise, Pro)
- UpToDate® Lexidrug™ and Lexidrug Pro
- UpToDate® Patient Engagement
- Medi-Span®
- Sentri7 Surveillance and Sentri7 Drug Diversion (formerly Invistics)
- Simplifi+® Pharmacy Compliance
- Health Language

UpToDate® Clinical Decision Support

- Circa **10%** of Wolters Kluwer revenues
- Circa **80%** of revenues from institutional and enterprise customers
- **50,000+** institutional sites globally
- **191** countries; search in 20 languages
- **3m+** users globally
- **7,600+** expert contributors and reviewers
- **50-60 million** queries per month
- Renewal rate over **90%**
- NPS score **70+**
- Over 100 research studies conclude that UpToDate is associated with **improved outcomes**

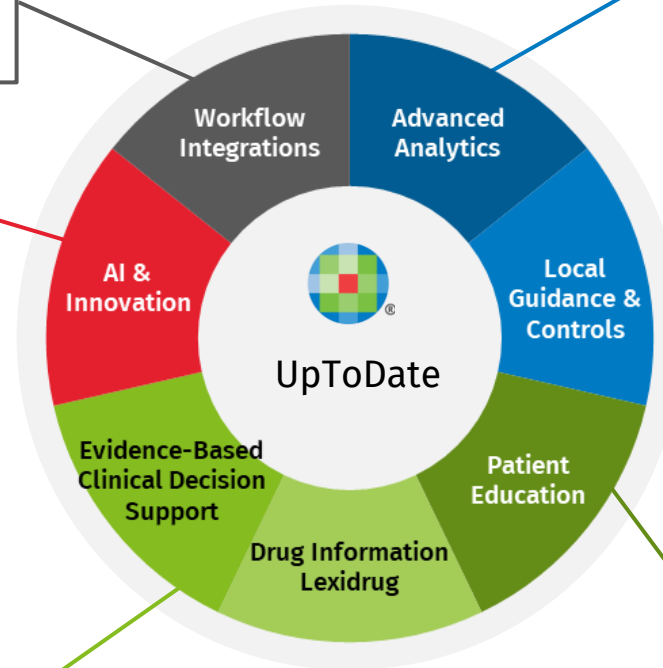
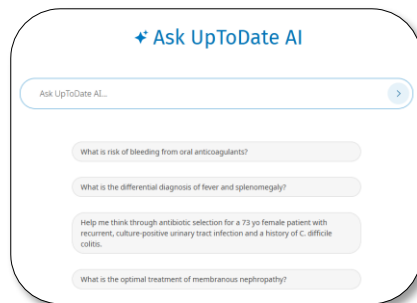
Clinical Solutions: **c.99%** subscription

UpToDate® Enterprise

AI-powered enterprise platform for health systems, providing clinical decision support, drug information, patient support, data analytics and more

Workflow integration access via Electronic Health Record (EHR/EMR) system, mobile, desktop, and other partner platforms

Responsible, expert-guided AI features and other innovations



Advanced Analytics dashboard for health system executives and administrators



Evidence-based clinical information synthesized and designed for point-of-care

Evidence-based patient engagement and education resources integrated into the workflow to support care teams (patient education leaflets, videos and interactive programs, patient outreach, engagement, and automation)

Launched March 2024; Enhanced October 2024

UpToDate

Trusted, expert-validated, proprietary content: by doctors, for doctors

UpToDate Proprietary Content

Coming soon: full generative AI-enabled conversational search
Current search by topic, symptom, disease, drug, procedure etc.

Sources & Inputs:

UpToDate exclusive:

- Clinical experience from c. 7,600 world medical experts
- Approx. 100 in-house physicians, nurses, and pharmacists
- Clinical guidelines and taxonomies
- UpToDate user input

Primary/public:

- Medical journals
- Clinical trial data
- Drug labelling
- Pharmacology studies
- MEDLINE abstracts
- Other

Evidence-based clinical information synthesized and designed for **point-of-care**
Rigorously reviewed and **expert-validated by external network of 7,600 physicians globally**
Covering 25 medical specialties

Independent, authoritative **drug reference** information

Patient education and engagement content

- Rigorous editorial process
- Continuously updated
- Unified, harmonized content
- Curated, peer-reviewed, actionable content

Customers:

- Hospital systems
- Ambulatory care centers
- Medical clinics
- Individual doctors
- Nurses and other caregivers
- Hospital and retail pharmacies
- Third-party payers

Workflow Integration & Partnerships:

- **EMR integration w/ key vendors**, e.g.,: Epic, Cerner, athenahealth, etc.
- **Partners:** clinical notes (ambient listening): Abridge, Suki, Dragon Co-Pilot Studio

Workflow integration and partnerships

Integration is critical to effectiveness and efficiency

UpToDate®

Medi-Span®

Sentri7®

(Invistics)

Ambient
Technology

EMR (Epic Native
Patient Education)

EMR (Chronic
Condition Care)

EMR (Drug Dosing &
Interactions)

Drug Diversion
Solution

UpToDate®

READY TO DIG DEEPER?

Ask a question and enhance your note with knowledge from UpToDate.

What are some of the []

TRANSCRIPT SERVICE SUMMARY BETA

Linked Evidence

meantime?

For managing your heart failure, keep an eye out for any new symptoms like swelling or unexpected weight gain.

Clinical References

Master Index Resume Search Rx Search

Document Preview Additional Search

Abdomen

Age 23 Language English

Sex Female

Abdomen

ABDOMINAL AORTIC ANEURYSM (STABLE)

ABDOMINAL PAIN, ADHESIONS

ABDOMINAL PAIN POSSIBLE APPENDICITIS (FEMALE)

Document Preview Patient Instructions

Language English

Patient education: Appendicitis in adults (The Basics)

View in Spanish

Written by the doctors and editors at UpToDate

What is the appendix?

The appendix is a long, thin pouch that is shaped like a finger. It hangs down from the large intestine, which is also called the colon (Figure 1).

EHR Home Schedule

SUSAN SMART

Female, 56 y.o., 06/May/1965

MRN: 123456 Code: Full (has ACP docs)

UpToDate® Advisory: Hypertension. Beta blocker suggested.

UpToDate® Advisory: Hypertension. MRA suggested.

UpToDate® Advisory: Hypertension. Laboratory orders suggested.

Order Do Not Order Eplerenone 25mg

Treatment TEST, AC Sep 1, 2020 (2 yo M) Acc No. 9146

Pt. Info Encounter Physical Hub

By Dx By Category Dx Rx Labs Diagnostic Imaging Procedures Referrals

Amoxicillin Oral

Recommended Dosing Favorites ?

DOB: 05

Dosing Based On:

20 mg/kg/Day	25 mg/kg/Day	30 mg/kg/Day	37.5 mg/kg/Day	50 mg/kg/Day	75 mg/kg/Day
125 MG/5ML	250 MG/5ML	375 MG/5ML	400 MG/5ML	500 MG/5ML	750 MG/5ML

Round down to the nearest half

Reconstituted

7 mL (175 mg)

3.402 mL (170.12)

2.127 mL (170.12)

HEAT Score

(Highest Evidence of Activity to Investigate)

Username	Total HEAT Score	Highest CA HEAT	# of C
DENK, PAUL (EDC101)	10.3	10.3	1
GONZALEZ, RICARDO A (RTF106)	7.2	7.6	2
CONN, RICHARD A (ALE119)	7	7	1
DALBEY, MATTHEW L (CMD6)	5.9	5.9	1
COOK, TERRY L (AMP175)	5.9	5.9	1
TERRI LOWRY	5.7	5.7	1

Missing Drug Alerts

4000

3000

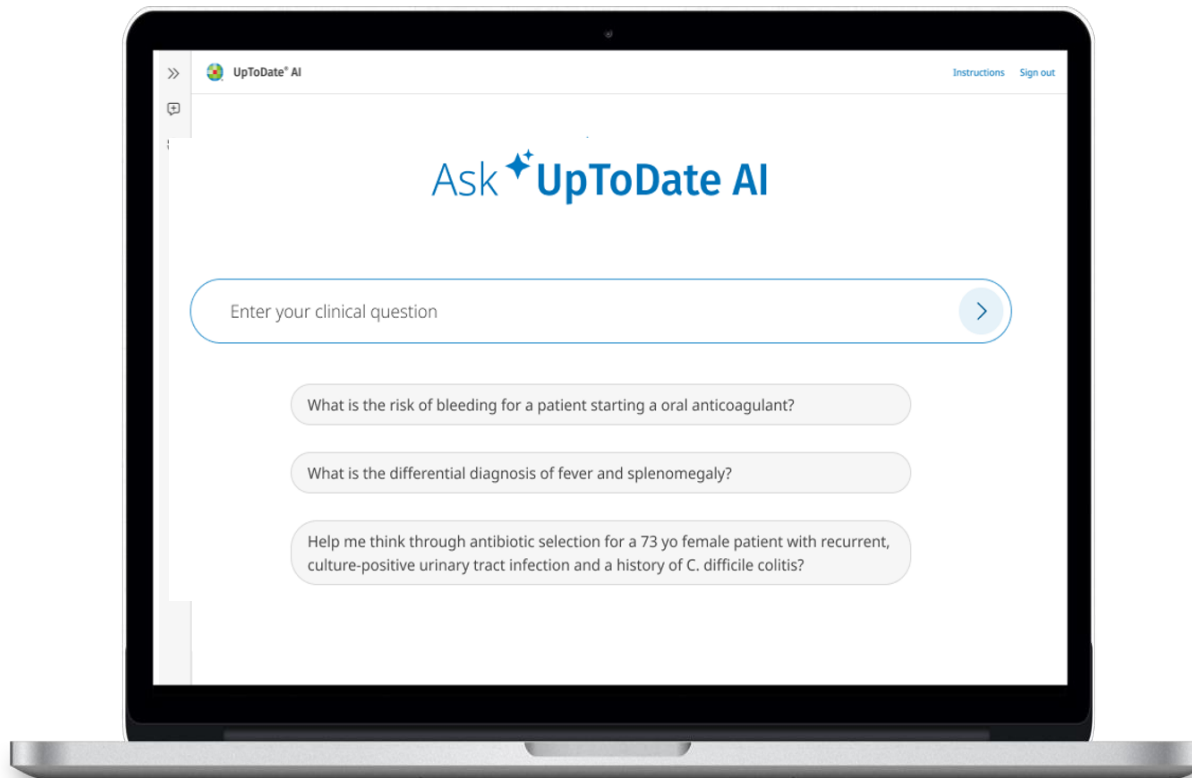
2000

1000

0

UpToDate AI

Full generative-AI conversational functionality developed organically over 2 ½ years in collaboration with customers (AI Labs)



- Full generative AI conversational interface
- Seamless **workflow integration**
- **Fast, trustworthy** guidance
- A proprietary **Thinking Mode** provides real-time insights to aid clinical decision making (patent pending)
- Each step of algorithm designed by experts, uniquely reflects how **clinicians reason and act**
- More than a fine-tuned LLM, UpToDate content dynamically **drives model reasoning** and **validates** every GenAI response

Currently in pre-release; limited market release planned for October 2025

Help me think through antibiotic selection for a 73 yo female patient with recurrent, culture-positive urinary tract infection and a history of *C. difficile* colitis.

AI Generated Response

> Show thinking (147 steps)

Feedback



CLINICAL CASE ALERT

Clinical judgement required: AI can provide general information but may not fully account for clinical nuance or patient-specific factors and may contain errors. **Think critically.** Use this information as a starting point, not a substitute for clinical judgement.

Assumptions provided

ASSUMPTIONS: The patient is a 73-year-old female with recurrent, culture-positive urinary tract infection (UTI) and a history of *C. difficile* colitis. I am assuming she is not currently immunocompromised, is not pregnant, and does not have severe renal impairment or other major comorbidities unless otherwise specified. The focus here is on antibiotic selection for recurrent UTI in the context of prior *C. difficile* infection, which increases the risk of recurrence with further antibiotic exposure.

Key Points

- Confirm true symptomatic UTI before treating; avoid treating asymptomatic bacteriuria [3].
- Use culture-guided, narrow-spectrum antibiotics for treatment; avoid high-risk agents for *C. difficile* when possible [1][9][10].
- Prioritize non-antibiotic preventive strategies (fluids, vaginal estrogen, methenamine, cranberry) [6][7][8].
- Reserve antibiotic prophylaxis for select cases with severe, frequent recurrences unresponsive to other measures [8].
- Monitor for *C. difficile* recurrence with any antibiotic use [2].

Fast, actionable clinical response

Learn More

Would you like to learn more about:

- What if the patient has significant renal impairment?
- What if the patient is not postmenopausal?
- What if the patient has a severe allergy to nitrofurantoin or other first-line agents?
- What if the patient has a history of multidrug-resistant organisms?
- What if the patient is immunocompromised?

Let me know if you have other patient-specific factors to consider or need guidance on a specific antibiotic regimen based on culture results.

UpToDate® Sources

1. Clostridioides difficile infection in adults: Epidemiology, microbiology, and pathophysiology > RISK FACTORS > Antibiotic use
2. Recurrent simple cystitis in women > ADDITIONAL INTERVENTIONS FOR FREQUENT RECURRENCE > Antimicrobial prophylaxis in selected cases > Adverse effects
3. Approach to infection in the older adult > SPECIFIC INFECTIOUS SYNDROMES > Urinary tract infection
4. Recurrent simple cystitis in women > EVALUATION > Confirming the diagnosis
5. Acute simple cystitis in female adults > DIAGNOSTIC APPROACH > Performing and interpreting urine studies > Urine culture
6. Recurrent simple cystitis in women > INITIAL APPROACH TO PREVENTION
7. Recurrent simple cystitis in women > INITIAL APPROACH TO PREVENTION > Topical estrogen for postmenopausal women
8. Recurrent simple cystitis in women > ADDITIONAL INTERVENTIONS FOR FREQUENT RECURRENCE > Selecting a strategy

Suggested follow up questions to pursue “Nudges”

Transparency of sources referring to UpToDate trusted proprietary content

Customer feedback

Customer feedback underscores the importance of trust, editorial rigor, expert validation, workflow integration

"UpToDate AI builds on a trusted foundation—delivering faster, smarter answers when they matter most. It's a meaningful step forward in supporting confident, evidence-based care."

Clinician, U.S. Academic Medical Center

"UpToDate has always been a go-to resource for our clinicians, and UpToDate AI takes that to the next level. It's not just a tech upgrade – it's a smarter, faster way to get trusted answers when they're needed most. We're rolling this out because it aligns with how we deliver care: quick, reliable, and grounded in evidence. It's another step forward in making sure our teams have the right tools at the point of care."

Clinician, U.S. Academic Medical Center

"I really like that it's grounded in UpToDate...in articles that are vetted and immediately available."

Chief Medical Officer, Large U.S. Regional Hospital

"It has a nice ability to synthesize a short question and get behind what you might be asking even without specifics."

Clinician, Major U.S. Academic Medical Center

"UpToDate AI is a smarter, faster way to deliver trusted answers – right when clinicians need them. It's a natural extension of how we deliver care: quick, reliable, and evidence-based."

Clinician, U.S. Academic Medical Center

"This is really compelling! People trust UpToDate and if we're able to limit responses to UpToDate and really make it trustworthy...I think that's fantastic!"

CMIO, Prominent U.S. Academic Health System

Forward-looking statements

This presentation contains forward-looking statements. These statements may be identified by words such as "expect", "should", "could", "shall", and similar expressions. Wolters Kluwer cautions that such forward-looking statements are qualified by certain risks and uncertainties that could cause actual results and events to differ materially from what is contemplated by the forward-looking statements. Factors which could cause actual results to differ from these forward-looking statements may include, without limitation, general economic conditions, conditions in the markets in which Wolters Kluwer is engaged, conditions created by global pandemics, such as COVID-19, behavior of customers, suppliers and competitors, technological developments, the implementation and execution of new ICT systems or outsourcing, legal, tax, and regulatory rules affecting Wolters Kluwer's businesses, as well as risks related to mergers, acquisitions and divestments. In addition, financial risks, such as currency movements, interest rate fluctuations, liquidity and credit risks could influence future results. The foregoing list of factors should not be construed as exhaustive. Wolters Kluwer disclaims any intention or obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.