



# Guide to comprehensive patient journeys

Build richer real-world datasets by expanding beyond claims

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### Introduction

Pharmaceutical innovation is accelerating, and with it the need to prove safety, effectiveness and value with stronger evidence. Regulators and payers expect clinical context around outcomes and cost — lab values, severity measures and biomarker status — which claims alone rarely capture. While claims remain essential, they can miss the details that shape real-world decisions, a far more effective strategy is to enhance claims with context from other data sources.<sup>1</sup>

Medical and pharmacy claims are a mainstay for demonstrating value, safety, efficacy, outcomes and cost effectiveness, but they are not without their limitations. In today's healthcare environment, achieving better study outcomes relies heavily on the quality and comprehensiveness of data. taXonomy Pathways is our preferred methodology for building research-ready, longitudinal datasets that move beyond a claims-only view. We unify closed payer claims with interoperable electronic health record (EHR), lab results and deidentified physician notes to reveal comprehensive patient journeys across any therapeutic area of interest.

Built on the nation's leading closed claims foundation and expanded with more than 3.6B physician notes and lab coverage from the top national suppliers, taXonomy Pathways adds the clinical depth needed for HEOR, RWE, epidemiology, safety and clinical operations.

# When you enhance claims with clinical context, your evidence gets stronger

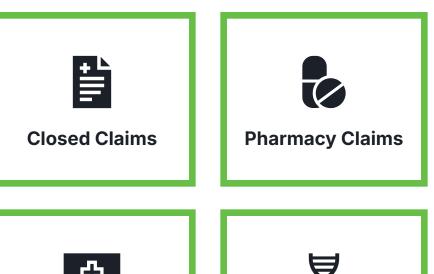


### Utilize a variety of data types

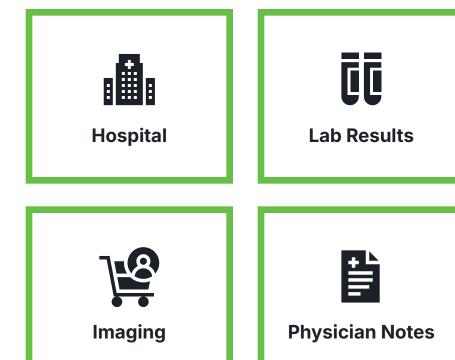
Payer claims are a mainstay in health economics and outcomes research and provide a wealth of insights, but with the complex therapies we're seeing today, a claims-only approach may not be sufficient. A combination of data types, such as EHR, hospital chargemaster data and lab results, are ideal for safety and efficacy studies and other outcomes research.

### Adding context to patient journeys

By integrating multiple payer sources, you have a broader range of claims data that ensures a more representative sample of patients of different demographics and conditions from across the country, without the worry of potential limitations brought on by specific formularies and networks. This minimizes potential biases that can occur from over-reliance on a single payer source.



**EHRs** 



### The taXonomy Pathways advantage

**Biomarkers** 

Built on the industry's strongest foundation, taXonomy Pathways combines the most comprehensive sources of closed payer claims (covering 300 payers, 9 years of history, 306M patients) with 3.6B physician notes across 340M encounters for 43M patients.2

This includes the Top-2 lab suppliers, representing more than 60% of all U.S. test results, including genetics—delivering optimized adjudicated costs for HEOR alongside deep clinical context.

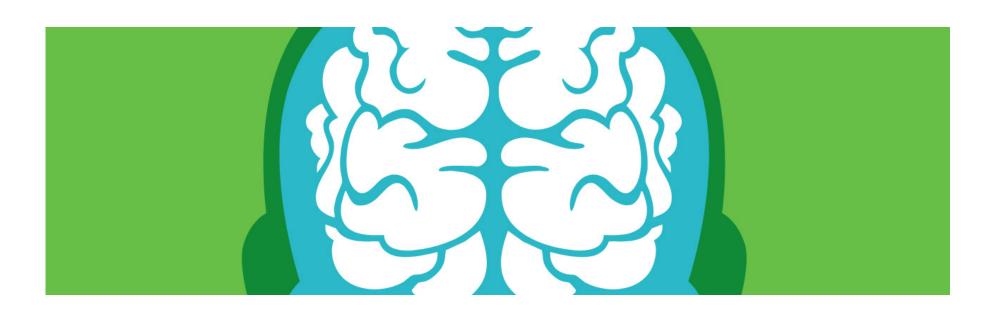






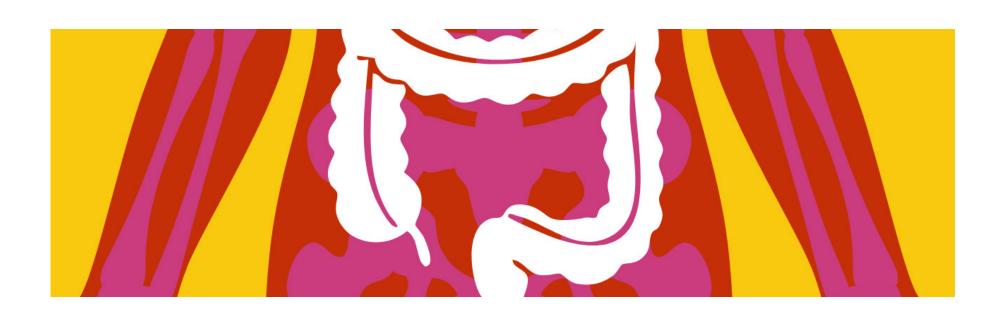
## Purpose-built for the questions in any therapeutic area

taXonomy Pathways is built to answer any core questions that epidemiology, clinical development and outcomes teams face across therapeutic areas. It adapts to the nuances of each condition so researchers can focus on the clinical signals that matter most. Whether you study metabolic disease, autoimmune conditions or neurologic disorders, this unique data strategy helps you see how patients move through care and where their journeys change.



### Alzheimer's

Cognitive scores like MMSE or MoCA appear in physician notes and also capture caregiver observations, daily functioning, and behavioral symptoms. EHR captures PHQ's and FADLs/ADLs. Labs such as APOE genotyping, P-tau or beta-amyloid markers provide a longitudinal view from diagnosis through therapy progression.



### **Ulcerative Colitis (UC)**

Unstructured text includes disease activity scores such as Mayo or partial Mayo index reflect severity and describes symptom flares and patient-reported quality of life. CRP, fecal calprotectin, and hemoglobin labs monitor inflammation and anemia, linking treatments and outcomes across settings.







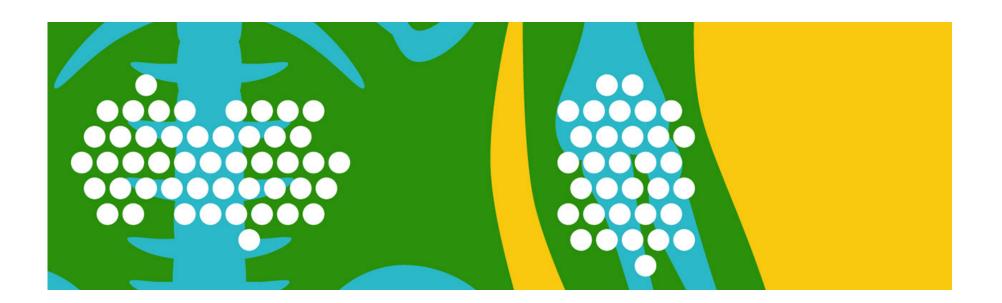
### **Obesity / GLP-1**

Repeated BMI, weight, and blood pressure readings highlight changes over time, while notes detail lifestyle interventions, adherence, and side effects. HbA1c, lipid panels, and liver enzymes reveal comorbidities like diabetes and NASH, clarifying the full impact of GLP-1 therapy.



### **Congestive Heart Failure (CHF)**

Ejection fraction values and NYHA class indicate disease severity, while notes capture dyspnea, edema, and fatigue. NT-proBNP, troponin, and renal panels track treatment response, alongside claims reflecting hospitalizations, devices, and long-term therapy adoption.



### **Psoriasis**

Severity measures such as PASI and body-surface-area involvement appear in physicians notes or registries and also reveal patient-reported symptoms, treatment response, and quality of life. CRP and lipid panels monitor systemic inflammation and cardiovascular risk, connecting disease activity to long-term outcomes.

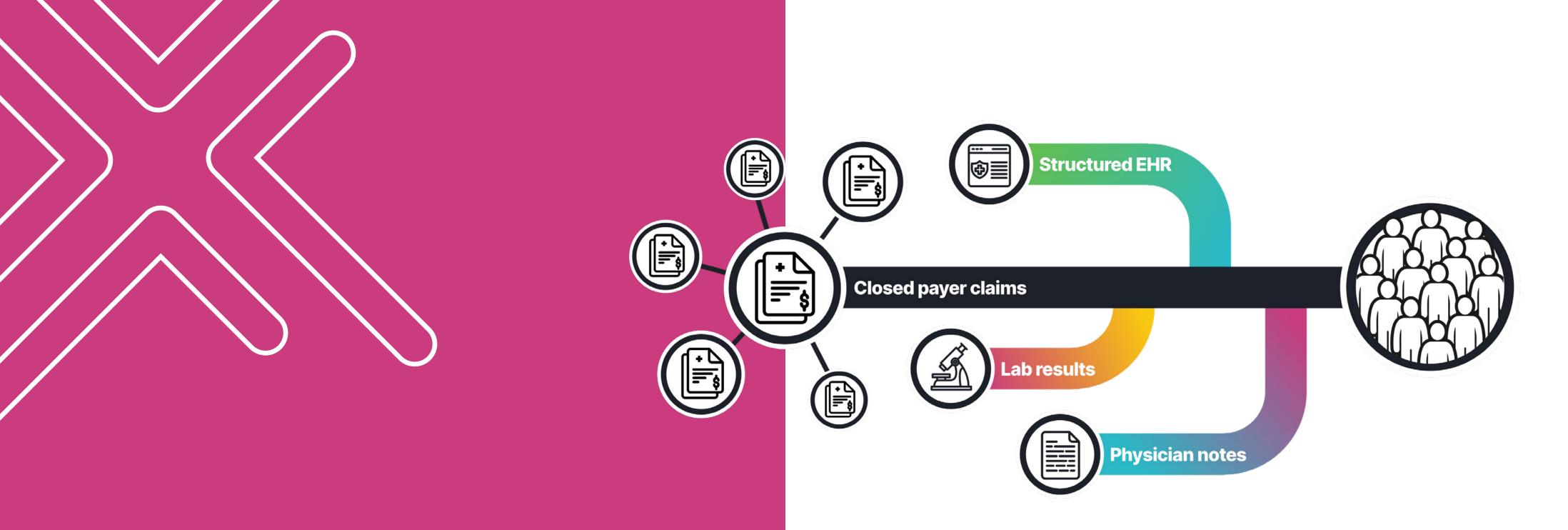


### Your therapeutic area of interest

Using taXonomy, we can build and deliver Pathways for any therapeutic area. We combine structured EHR fields for severity, vitals, and clinical measures with lab results for diagnosis and monitoring, plus de-identified physician notes for symptoms, contraindications, and reasons for change. All outputs follow the taXonomy schema with documentation, enabling consistent, repeatable analyses.







# Turn claims into comprehensive patient journeys

taXonomy Pathways is built to answer any core questions that epidemiology, clinical development and outcomes teams face across therapeutic areas. It adapts to the nuances of each condition so researchers can focus on the clinical signals that matter most. Whether you study metabolic disease, autoimmune conditions or neurologic disorders, this unique data strategy helps you see how patients move through care and where their journeys change.

### **Best practices:**

- → Start from closed claims for a volumetric cohort advantage and cost completeness
- → Add EHR structured fields that carry severity and vitals
- → Incorporate de-identified notes for symptom detail and reasons for change
- → Join labs for biomarkers and diagnostic confirmation
- → Add imaging when diagnosis and prognosis depends on it
- → Delivered in the taXonomy schema with documentation







### CONCLUSION



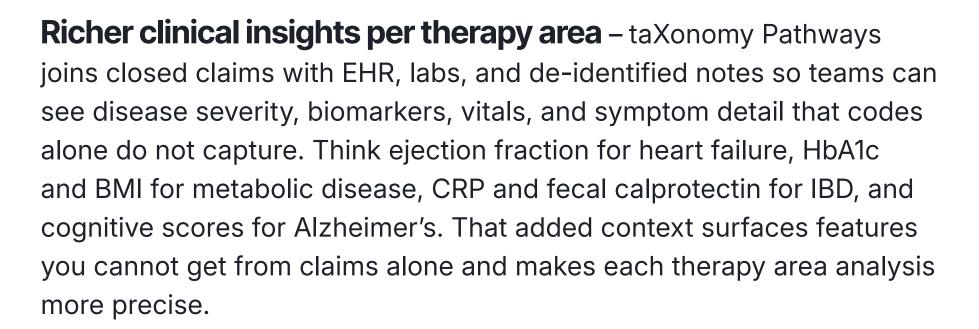
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By adopting best practices for data integration and utilization, life science companies can significantly enhance the comprehensiveness of their patient journeys.

taXonomy Pathways is built on the nation's most comprehensive, consistent and curated closed claims dataset, taXonomy and delivers richer clinical insights for any therapeutic area when combined with labs and EHR including physician notes.

**BUILD YOUR DATA** →





**Faster evidence generation** – Data arrives in a streamlined relational taXonomy schema with therapeutic area specifications, cohort logic, and variables already documented. That means less wrangling, easier ingestion, and quicker time from protocol to analysis, with cost information representative of care in the real-world to support HEOR without stitching together multiple models.

**Higher confidence in outcomes** – taXonomy Pathways pairs source transparency and HIPAA-compliant de-identification with broad, representative coverage across hundreds of payers, top national labs, and billions of physician notes. The result is longitudinal continuity and provenance you can defend in regulatory or payer settings, along with stable supply that supports repeatable studies over time.





### **About HealthVerity**

Healthverity enables organizations to discover, license and combine real-world healthcare data in an interoperable ecosystem that syncs de-identified patient records across hundreds of data sources. We give our clients a comprehensive, HIPAA-compliant view of the patient journey to advance clinical and commercial insights at record pace.

To learn more about HealthVerity, visit healthverity.com

### References

1 – HealthVerity. Open claims vs. closed payer claims: What's the difference? HealthVerity Blog. Published June 24, 2024.

https://blog.healthverity.com/open-claims-vs-closed-payer-claims

2 – HealthVerity. HealthVerity announces taXonomy Pathways: Closing evidence gaps with the most comprehensive patient journeys. HealthVerity. October 7, 2025. https://healthverity.com/news/announcing-taxonomy-pathways/



