The Difference Between "Open" and "Closed" Claims Data *(and Why You Need Both)*

The healthcare data that drives decision-making across Life Sciences can be grouped into two broad categories: "open" and "closed." Each possesses unique value and, simultaneously, shortcomings. To ensure you're maximizing the value of what each brings to the table — both separately and in combination — it's essential to understand the differences.

Not Just Claims Data

Usually, the terms "open" and "closed" are associated with administrative claims data:

- Open = documentation for services and products that providers (e.g., hospitals, physicians, pharmacies) submit to insurance companies for payment
- Closed = documentation of the payer's final assessment of charges and payment (remittance)

However, open data also includes provider sources that are not claims-related, such as EHRs.

Data Type	Open	Closed
Common Sources	• EHR systems • Clearinghouses ("switches") • Physician billing systems • Pharmacies • Independent laboratories	• Payers (e.g., insurance companies, third-party administrators such as pharmacy benefit managers)
Lag Time	Near real time	90 days (on average)
Status/Accuracy	Mix of fully adjudicated and submitted claims	Fully adjudicated claims
Data Capture	Interaction "snapshots" across time	All interactions within a defined time period
Claims Volume	Higher patient counts	Lower patient counts

Both open and closed data offer insights essential to understanding population health, disease incidence, treatments, care delivery, health outcomes, and cost. **But on its own, neither type is sufficient for meeting all the needs of Life Sciences teams.**

Open Data

- One of the strengths of open data is its **near real-time availability**. Since "time is of the essence" in every stage of the product life cycle, being able to see changes in the population and market in near real time enables pharma companies to pivot, adjust strategies, and accelerate processes.

- Open claims data is generated by diverse providers. This yields **a very high volume that captures a significant percentage of the patient population**. This translates to better national coverage and representation compared to closed claims data and is thus helpful in forming initial inferences of patterns and trends.

- Another "plus" for open data is that it offers **details not always available in closed data**. For example, data gleaned from open claims includes negotiated costs, secondary payers, and the use of cash payments for prescriptions, and data culled from EHRs contains information such as body mass index and patient survey responses.

Open Claims Data Provides a "Snapshot in Time" View
(Pieces of the Puzzle)

First sign of health issue

Second-line therapy

Here are a few examples of how open data supports teams across the life cycle:

- **Commercial:** Monitor therapy uptake to measure marketing campaign impact in real time and make necessary adjustments.

- **HEOR:** Ability to quickly evaluate a patient population for a new therapy in market (when sufficient closed claims data not yet available)

- **Medical Affairs:** Monitor changes in clinical behavior as they occur to measure impact of medical strategies/MSL engagement and adjust in real time.

- **Clinical Development:** Get real-time clinical alerts that indicate a patient might be eligible for a clinical trial based on recent healthcare interactions.

Closed Data

- Because it captures every interaction within a defined time period, the greatest advantage of closed claims data is its **high degree of completeness**. Unlike open data, teams don't have to worry about what interactions aren't being surfaced that could be crucial to understanding the patient journey or market dynamics.

- Since closed claims data captures the complete patient journey across **all care settings, healthcare providers, and healthcare organizations**, it delivers an in-depth understanding of the path to diagnosis, line of therapy decisions, HCP referral patterns, market share, and health outcomes.

Closed Claims Data Captures All Clinical Interactions
for a Comprehensive Understanding of the Patient Journey

First sign of
health issue

Second-line
therapy

The comprehensive nature of closed claims data enables teams to connect the dots between clinical interactions. Here are a few examples of how closed claims data supports teams across the life cycle:

- See the complete patient journey across months/years vs. point in time — essential to gaining an accurate understanding of disease incidence, the path to diagnosis, long-term health outcomes, etc.

- Captures all Mx and Rx interactions and surfaces what interactions are missing from the standard pathway. This view is key to: understanding therapy adherence; driving HCP education, clinical trial recruitment, and therapy adoption; and conducting HEOR studies.

- Understand HCP decision-making and referral networks, including changes over time, which is key to identifying KOLs, HCP targeting, etc.

- See the impact of market access decisions, including over time.

Newly Available: Patient-Level Enrollment Data Solves the "Payer Switch" Conundrum

One of the limitations of closed claims data is that it only captures healthcare interactions within the finite period of a patient's coverage. Since patients switch insurance providers fairly frequently, their healthcare journeys could suddenly disappear from the radar screen. This makes seeing the pathway to a diagnosis or tracking long-term outcomes challenging.

Komodo overcomes this deficiency by integrating patient-level enrollment data with claims data, an innovative approach that seamlessly captures the patient journey across payers, time, and geography.

This continuity prevents erroneous insights, such as mistaking a therapy start as a new patient simply because the individual switched payers or providers.

Komodo's Continuous Enrollment Data Captures the Complete Longitudinal Patient Journey
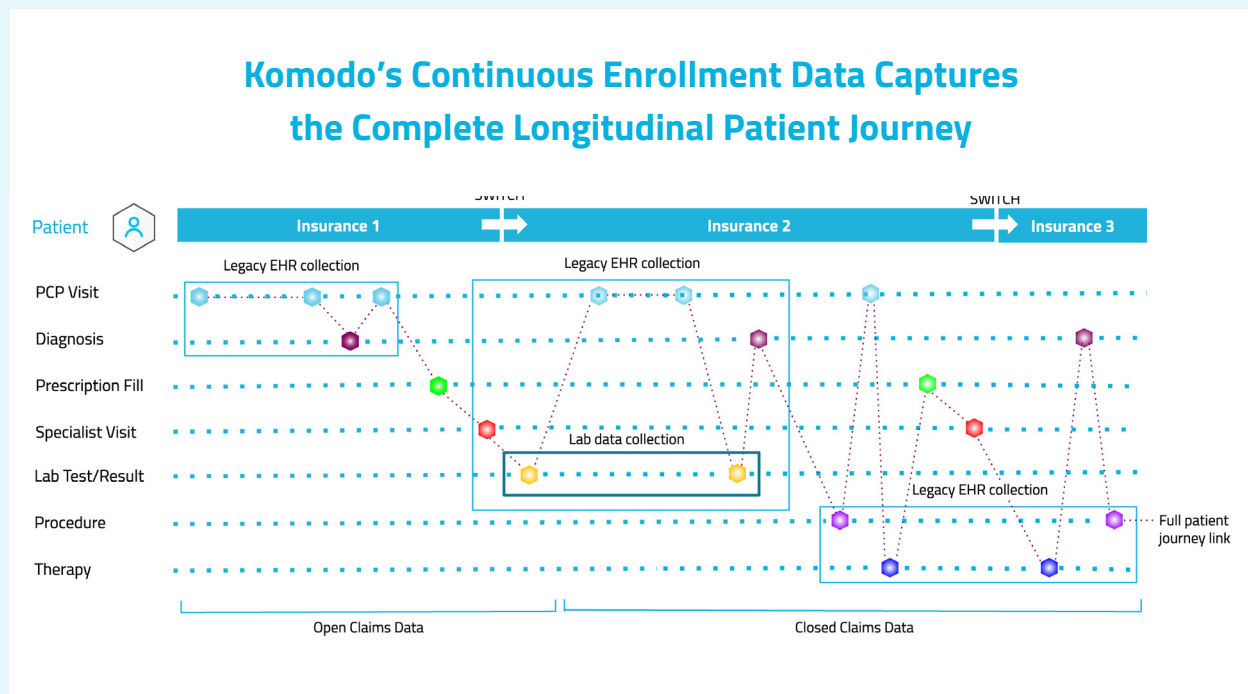
The Power of Combining Open and Closed Data

While each type of data has strengths aligned to specific use cases, using a combination enables teams to compensate for the weaknesses of one type with the strengths of the other and leverage insights captured in one to validate inferences drawn from the other.

For example, Komodo Patient Insurance leverages a combination of open and closed claims data to obtain the most in-depth and accurate view of the payer landscape. Payer enrollment files from closed data providers offer insight into enrollment periods, payer names, and channels. Open data provides key payer information to unlock secondary payer, employer, and other sponsor-type insights. The combination provides a more continuous, holistic view of a patient's insurance status over time.

The Risk of Settling for "Good Enough"

Because open data is readily available — *and the pressure to accelerate the product life cycle is immense* — Life Sciences teams often rely on these "directionally accurate" insights alone for decision-making. Likewise, teams accustomed to trusting the completeness of closed claims data may be reticent to deviate from what has historically been considered best practice. The reward for those who are open to using a combination of data: A more complete and precise view of the patient journey and the market landscape.

Learn more about leveraging Komodo's comprehensive Healthcare Map™ and pre-integrated specialty data to get the richest, most accurate data insights.