



ValidationInstitute

2024 Validation Report

Review for: Embold Health
Validation Achieved: Metrics
Valid through: October 2025



Company Profile



Category:	Health Analytics
Website:	https://emboldhealth.com/
Public or Private:	Private
Year Established:	2017
CEO	Daniel Stein, MD, MBA
Company contact:	https://emboldhealth.com/contact

Description Provided by the Company:

Embold Health is a doctor-led, doctor-founded group of healthcare advocates leading a community to improve healthcare for all. Through rigorous data analytics, **Embold** has developed the gold standard in defensible and actionable doctor ratings that are completely visible to all healthcare stakeholders. The result is higher quality care from providers, more appropriate care for members, and lower overall costs for employers.

Founded in 2017, **Embold Health** was built with a mission to bring clarity and trust to healthcare decisions. The company focuses on using data-driven insights to assess physician performance based on factors like clinical outcomes, adherence to evidence-based medicine, and the overall value of care. By identifying and promoting physicians who provide high-quality, efficient care, Embold Health helps employers reduce unnecessary costs





Company Profile

while improving employee health outcomes through navigation tools such as Provider Guide.

Core business operations include partnering with employers, health plans, and provider organizations to offer tools and resources that guide employees and members to quality providers. **Embold's** proprietary methodology evaluates physicians across specialties and geographies, giving users personalized recommendations based on data-backed quality metrics. This not only improves individual health experiences but also contributes to reducing healthcare waste, ensuring patients receive appropriate care without overuse of tests and procedures.

Embold's commitment to transparency and empowering informed healthcare decisions continues to shape innovation in the healthcare technology landscape.





Claim Assertion for Validation

Embold Health's Provider Guide uses credible, reliable data sources and applies valid clinical, financial, and outcome measures to select high-performing physicians. Embold Health's process for refreshing the data ensures that the algorithm stays accurate over time.



Method / Calculation / Examples

Embold submitted the following documents for review.

- An overview of performance measures in 17 specialties (e.g., primary care, dermatology, surgery). Each specialty had on average 15 measures. Sources and references were given for each.
- An overview of 39 cost measures (e.g., cost within the first year of joint pain) with published literature sources.
- A description of the nationally representative claims data source and the method for designating provider specialty, standardizing costs, and calculating performance.
- A description of methods for weighing different measures to create composite scores.

In addition, Embold submitted coding details on five randomly selected measures:

- Hip or knee replacement within one year of new osteoarthritis diagnosis
- Complication rate after foot or ankle surgery
- Complication rate after sleeve bariatric procedure
- Complication rate after appendectomy
- Cost Per Member Per Year for dermatology.



Findings & Validation

For its Provider Guide program, Embold Health's data sources, methods, and processes are credible and thorough. They apply valid statistical methods to calculate performance. Health plan clients can choose to give certain measures more or less weight in a composite score; however, Embold maintains control over the measures, preventing clients from creating invalid results.

Validation Institute reviewers found that the sample measures were correctly applied and used the most up to date coding. The measures accurately reflected clinical guidelines to the extent possible given the limits of the data source. For example, health plan claims do not reflect certain surgical complications that would be in patient's medical record.

In addition, the statistical methods ensure that low-volume providers are scored accurately or excluded. Thus, only providers who have enough data are scored and scores accurately represent performance.

The Provider Guide program refreshes the nationally representative health and pharmacy claims data annually. It does not use claims data from the groups that are using the Provider Guide program; this would, over time, distort the analysis.





Limitations

A health plan's membership may differ from the national population whose claims are used as the foundation of the performance measures.





Validation and Credibility Guarantee

Embold Health's Provider Guide has achieved validation for **Metrics**.

Validation Institute is willing to provide up to a \$100,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit

<https://validationinstitute.com/credibility-guarantee/>.

Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

Outcomes

Product/solution has measurably improved an outcome (risk, hba1c, events, employee retention, etc.) of importance.

Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.





CERTIFICATE OF VALIDATION

Applicant: **Embold Health, Inc.**
1801 West End Avenue, Suite 800, Nashville, TN
37203

Product: Provider Guide

Claim: Embold Health's Provider Guide uses credible, reliable data sources and applies valid clinical, financial, and outcome measures to select high-performing physicians. Embold Health's process for refreshing the data ensures that the algorithm stays accurate over time.

Validation Achieved: **Validated for Metrics**

Award Date: October 2024

Linda K. Riddell, MS
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Validation Institute

Vidar Jorgensen
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Validation Institute



About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.