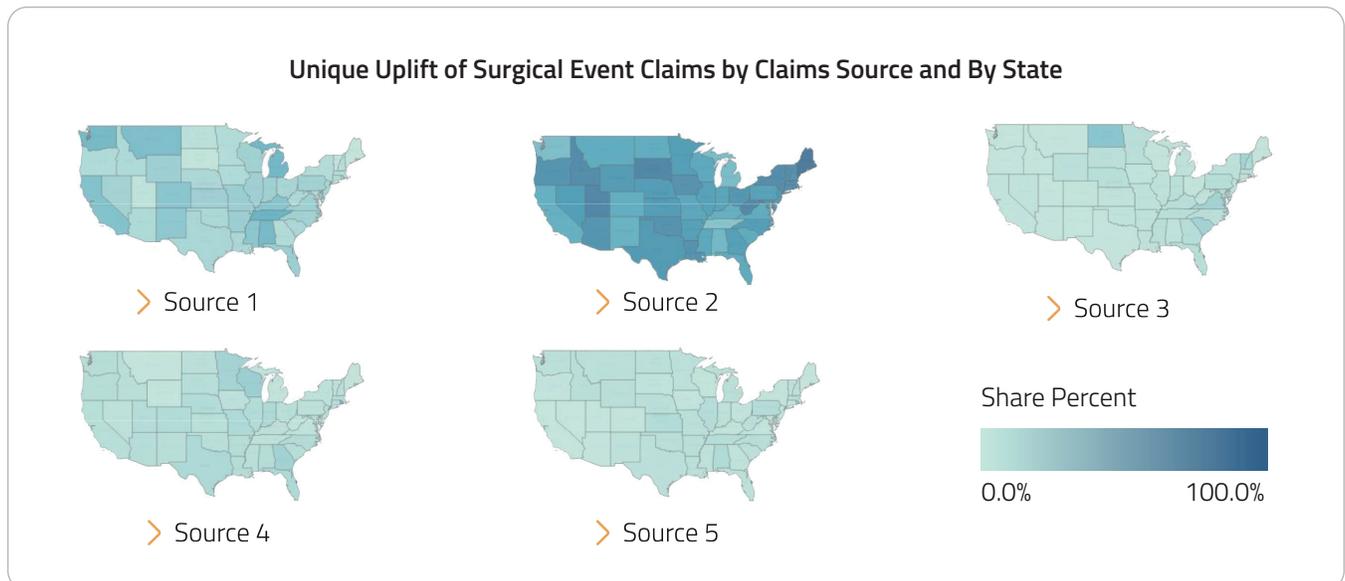# KYTHERA
DECIPHERING HEALTHCARE

Reducing Wasteful Data Spend through Source Assessment Intelligence

Background

Our customer struggled to optimize their data acquisition strategy. They were purchasing large datasets but lacked clarity on the value each source provided. This inefficiency resulted in redundant data purchases and limited their ability to identify gaps or measure the true contribution of each dataset to their business objectives.

Unique Uplift of Surgical Event Claims by Claims Source and By State

> Source 1   > Source 2   > Source 3

> Source 4   > Source 5

Share Percent

0.0%   100.0%

> Challenge

The customer found they were buying the same patients two or three times over. Without a way to measure unique encounters by data source, they couldn't make informed decisions about eliminating this redundancy or attributing value to specific datasets. Their inability to analyze data at the encounter level prevented them from determining which sources truly supported their revenue-driving CPT codes.

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⟩ Solution

To address the customer's inefficient data strategy, Kythera Labs first established a reliable foundation by cleansing, curating, and staging the customer's claims, EHR, and lab data. Improving the data quality at the outset gave a much clearer picture of each source's contributions, measured by unique patients and unique encounters, while also supporting the creation of disease-specific patient journeys.

With this foundation in place, Kythera Labs deployed its Source Assessment solution to deliver actionable insights into the value of each data source. This analysis revealed that **Source 5** could be excluded from the customer's portfolio unless specific insights into market activity in Alabama, Kansas, Illinois, or Pennsylvania were needed. The combined contributions of the other four sources provided a near-complete view of market activity across all other states.

30%
reduction

in data spend was achieved by eliminating redundancy while optimizing their data investments to better support revenue-driving CPT codes.

Additionally, while **Source 4** offered limited utility compared to other vendors, its unique value justified retention with improvements. Only 1.8% of its claims overlapped with other sources, translating to a 3.7% overlap in surgical events. To enhance the utility of Source 4, Kythera recommended the following adjustments:

- Ensure billing provider NPIs are listed on every claim.
- Strengthen the rendering provider NPI fill rate, currently at 62%.
- Include precise service-from and service-to dates instead of just the service week.
- Add referring provider NPIs to each claim.

⟩ Value Proposition

Kythera's expertise in improving data quality—through cleansing, curating, and staging claims, EHR, and lab data—creates a strong foundation for precision-driven insights. Combined with disease-specific patient journeys, this approach provides customers with the tools to assess sources based on unique patients and encounters. As a result, they can eliminate inefficiencies, optimize their data strategies, and achieve substantial cost savings.

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Uplift Analysis by Claims Source and By State

State	% of Patients Events Unique to Source 1	% of Patients Events Unique to Source 2	% of Patients Events Unique to Source 3	% of Patients Events Unique to Source 4	Maximum % of Patients Events Unique to Source 5	% of Patients Events in two or more sources
AK	34.8%	40.3%	16.2%	0.0%	5.0%	8.7%
AL	40.7%	42.0%	2.8%	7.7%	10.0%	6.8%
AR	20.1%	61.6%	3.5%	8.1%	5.5%	6.8%
AZ	10.6%	71.7%	1.1%	7.8%	1.1%	8.8%
CA	33.3%	48.2%	1.7%	6.2%	0.7%	10.6%
CO	30.2%	49.4%	1.9%	9.1%	1.8%	9.5%
CT	9.1%	75.4%	2.3%	7.6%	1.3%	5.6%
DC	3.2%	71.6%	14.7%	0.0%	0.9%	10.4%
DE	26.9%	54.4%	7.5%	1.5%	6.1%	9.7%
FL	19.9%	52.3%	6.2%	10.7%	3.7%	10.9%
GA	9.6%	61.0%	6.8%	16.5%	2.6%	6.1%
HI	5.3%	88.8%	0.0%	3.9%	0.2%	1.9%
IA	10.8%	74.2%	2.7%	4.3%	1.7%	8.0%
ID	10.7%	78.6%	0.2%	5.9%	5.9%	4.7%
IL	18.9%	60.4%	3.8%	9.5%	8.3%	7.3%
IN	18.2%	58.0%	5.5%	11.5%	3.8%	6.8%
KS	19.0%	65.1%	3.1%	6.1%	8.9%	6.8%
KY	30.1%	48.1%	5.8%	4.3%	2.2%	11.7%
LA	12.2%	72.9%	3.0%	7.4%	4.6%	4.5%
MA	7.4%	77.2%	3.9%	6.3%	5.5%	5.2%
MD	9.0%	69.2%	5.8%	4.1%	1.1%	11.9%
ME	1.1%	93.8%	0.8%	1.0%	1.2%	3.4%
MI	42.3%	38.0%	3.5%	1.7%	5.8%	14.5%
MN	9.5%	63.8%	6.0%	15.4%	4.7%	5.3%
MO	21.4%	56.5%	3.3%	11.0%	5.8%	7.8%
MS	28.5%	55.2%	5.0%	5.7%	3.5%	5.5%
MT	37.1%	57.1%	1.2%	0.9%	5.7%	9.2%
NC	17.1%	61.9%	5.0%	8.1%	5.9%	7.7%
ND	5.0%	51.2%	30.3%	4.9%	5.7%	8.6%
NE	11.9%	64.2%	6.5%	9.1%	5.2%	8.3%
NH	7.3%	73.2%	10.2%	4.4%	3.7%	4.9%
NJ	12.6%	68.3%	2.7%	6.6%	1.5%	9.8%
NM	27.2%	46.9%	0.4%	6.0%	3.7%	19.5%
NV	16.1%	62.9%	2.9%	3.7%	0.6%	14.3%
NY	8.2%	78.2%	4.0%	3.5%	2.0%	6.1%
OH	14.2%	70.2%	2.1%	6.2%	1.4%	7.4%
OK	12.5%	73.4%	2.5%	5.5%	5.8%	6.1%
OR	10.1%	72.9%	0.9%	7.7%	1.4%	8.4%
PA	16.6%	59.7%	7.0%	4.0%	8.4%	12.7%
RI	4.3%	67.2%	0.5%	24.9%	6.3%	3.1%
SC	12.0%	52.1%	15.9%	7.3%	4.3%	12.5%
SD	2.1%	83.4%	5.3%	7.3%	2.5%	1.9%
TN	45.3%	31.0%	5.2%	3.4%	6.6%	15.1%
TX	13.8%	67.3%	1.2%	11.5%	4.3%	6.2%
UT	3.2%	84.1%	0.0%	8.2%	0.9%	4.5%
VA	18.1%	51.4%	16.9%	2.7%	2.2%	10.9%
VT	1.2%	77.2%	14.8%	3.8%	3.2%	3.0%
WA	40.9%	37.3%	0.6%	7.7%	4.6%	13.5%
WI	17.4%	54.0%	1.1%	20.8%	2.1%	6.7%
WV	10.3%	80.8%	1.3%	1.3%	4.3%	6.3%
WY	19.4%	66.4%	4.7%	1.8%	6.0%	7.6%

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