

From Cardiology Blind Spot to Competitive Clarity

How Kythera's Wayfinder Platform and DataSync gave a Louisiana health system a more complete view of their cardiac market, enabling data-informed insights into a joint venture, referral relationships, and service line strategy.

312% increased visibility into referrals for major cardiac events

389% increased visibility into cardiac procedure leakage

39% increased visibility into major cardiac events and site of care

Unknown Referral and Steering Patterns

The health system had a joint venture (JV) with a large and influential cardiac practice that operates an ambulatory surgery center (ASC). The strategy team needed to understand the volume and types of cases being referred to the ASC, validate their provider relationships, and confirm that the JV remained on solid footing.

Their existing market intelligence relied on state data, which does not include outpatient claims, meaning the team had no visibility into the substantial portion of cardiac procedures performed in ambulatory settings. Nationwide, cardiac care has shifted substantially toward ambulatory settings, and procedures once performed only in hospital ORs are now routinely performed in ASCs and outpatient labs. Referral patterns, leakage to competing systems, and the true volume flowing through the JV's ASC were all outside their line of sight. For this strategy team, working from inpatient and state data provided less than the full market visibility. Wayfinder DataSync closed this gap and gave the team a view of the market as it actually operates.

DataSync securely harmonizes internal operational and billing data with external healthcare claims data to create a trusted, analysis-ready foundation for healthcare strategy, analytics, and business planning teams.

The Approach

Using DataSync, the Wayfinder WorkBoard and its no-code query tool, the Louisiana-based team focused on four analytical dimensions across the cardiac service line: procedures performed, site of service, referral sources, and keepage and leakage patterns. Workboard's native no-code interface allowed the team to build queries across referral patterns, cardiac event volumes, sites of service, and leakage – exploring the data directly and iterating on questions as findings surfaced, without relying on data engineering resources. The result was both higher-quality analysis and a significantly faster path to insight.

What the Data Revealed

Before DataSync

State data only—inpatient claims visible, outpatient cardiac procedures invisible. Referral patterns and ASC volumes unknown. JV health unvalidated.

After DataSync

Full market view, including outpatient. Referral sources identified, leakage quantified, JV procedure mix confirmed and compared against hospital volumes.

Prior to DataSync, the system's strategy team relied primarily on state data, which provided visibility into inpatient cardiac activity but excluded much of the outpatient market. As a result, referral patterns, ambulatory procedure volumes, and leakage activity were only partially visible.

By integrating de-identified claims and state data, Kythera created a more complete view of cardiac activity across inpatient and outpatient settings. This allowed the team to compare what was visible through state data alone with what became visible through the combined dataset.

The team identified 39% more major cardiac events than were visible through state data alone. This did not represent growth in cardiac activity. Rather, it reflected a more complete accounting of procedures and encounters that had previously fallen outside the scope of the team's analysis.

Referral visibility increased by 312%, allowing the team to identify substantially more referral relationships across the cardiac service line. For the first time, leadership could see which providers were referring cardiac cases and where those patients ultimately received care, helping validate existing referral relationships and uncover previously unseen patterns.

Another significant finding was a 389% increase in visibility into cardiac procedure leakage. The team could now identify specific procedures leaving the system, understand which providers referred out of the system and determine where those patients received care. This provided an objective basis for evaluating whether leakage represented a risk to the joint venture or an expected outcome given the ASC's role within the broader cardiac network.

Together, these findings provided a far more complete picture of cardiac market activity, enabling the health system to evaluate referral relationships, validate joint venture performance, and make more informed service line decisions.

Technology Partnership: Kythera Labs + Databricks

Databricks provided the unified lakehouse platform for ingesting, storing, and processing claims data at scale. Kythera provided healthcare-specific logic, including privacy-preserving tokenization built for HIPAA contexts, patient mastering, and the Workboard no-code query tool. DataSync extended market visibility into outpatient settings. Workboard allowed the strategy team to visualize referral patterns, cardiac events, sites of service, and leakage and keepage patterns without engineering support.

Why it Matters for Hospital Strategy

Hospitals operate on thin margins, and service line strategy informed by incomplete market data carries real risk. Having a more complete view allows leadership to act by realigning resources, reinforcing strong referral relationships, and addressing vulnerabilities before they compound.

In this case, the strategy team was able to identify specific cardiac procedures migrating away from the system, understand which providers were driving that pattern, and assess the true state of their JV relationship.

The Kythera + Databricks model demonstrates that market intelligence can validate both strengths and vulnerabilities in a health system's competitive position. With the right data infrastructure and healthcare-specific analytics, hospitals and health systems can compete more effectively and make confident strategic decisions grounded in a market view that reflects how care is actually delivered.