

# Large Texas Health System Gets Ahead of Risk with Kythera and Databricks

How Kythera's Wayfinder Platform gave a large Texas health system a view of 18,000 newly enrolled individuals, enabling earlier intervention for chronic conditions and a measurable reduction in value-based care financial exposure within a week of onboarding.

**18K new beneficiaries enrolled**

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**70% identified with at least one chronic condition**

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**<1 week to complete full population profiling**

## Unknown Risk, Immediate Exposure

When 18,000 new beneficiaries enrolled during open enrollment, this large Texas health system had limited visibility into the care needs of its newly attributed population, a significant challenge under value-based care (VBC) contracts, where financial performance depends on proactively managing patient risk. Under these models, a patient with unmanaged Type 2 diabetes who progresses to end-stage renal disease represents not just a care quality failure but a direct financial liability. Senior leadership recognized they needed to act fast to profile the population and build proactive care management plans before high-risk patients slipped through the cracks.

## The Approach

With Databricks already embedded as its enterprise data platform, the health system partnered with Kythera Labs to run a structured, sequential profiling process across all 18,000 new beneficiaries, completing it within a single week.



**Tokenization**  
De-identify & link records



**Patient Mastering**  
Resolve duplicates & gaps



**Condition Tagging**  
Match chronic diagnoses



**Risk Scoring**  
Calculate HCC & RAF



**Care Planning**  
Assign interventions

### Step 1 — Healthcare-Specific Tokenization

Kythera applied privacy-preserving tokenization purpose-built for healthcare data that must conform to HIPAA standards. This process maintains linkability across disconnected source systems, enabling the team to join enrollment files with other records into a unified patient view without exposing PHI across data domains.

### Step 2 — Patient Mastering Across Fragmented Records

Many of the 18,000 new beneficiaries appeared in multiple source systems under variant identities: different spellings, date-of-birth errors, mismatched insurance IDs. Patient mastering applied probabilistic and deterministic matching to collapse these into a single record. This is especially critical for chronic condition patients, who often have histories fragmented across specialists and primary care providers.

### Step 3 — Chronic Condition Tagging

Using Kythera's chronic condition library mapped against ICD-10 codes and evidence-based clinical groupings, each patient was evaluated for the presence of chronic conditions. The system identified 70% of beneficiaries with at least one active chronic condition, across a spectrum of complexity and acuity.

With patient profiles completed, the system could calculate risk scores. The result was a full population risk distribution, enabling the care management team to tier their outreach by acuity.

## Operationalizing Care Management

With complete population profiles, the care management team could now answer questions that were previously impossible without months of patient encounters and overcoming claims lag:

- Who is new to our network
- What conditions are present
- Individual risk scores
- Optimal care management tier
- Medication adherence gaps

## Technology Partnership: Kythera Labs + Databricks

The solution operated at scale because each technology brought a distinct capability to the joint architecture. Databricks provided the unified lakehouse platform for ingesting, storing and processing the enrollment files, claims and clinical records at enterprise scale. Kythera's Wayfinder Platform contributed healthcare-specific logic including privacy-preserving tokenization built for HIPAA contexts, probabilistic patient mastering tuned on clinical identity data, and a chronic condition taxonomy.

## Why it Matters for Value-Based Care

The financial mechanics of value-based care mean that delay is costly. Under capitation, every high-risk patient who doesn't receive proactive management is a financial risk.

By identifying 12,600 beneficiaries with at least one chronic condition within a week of enrollment and then stratifying them by risk tier, the health system could immediately prioritize care interventions, align care management resources, and reduce the probability of avoidable high-cost events including emergency admissions, preventable readmissions, and condition escalations.

The Kythera + Databricks model demonstrates that population risk intelligence doesn't require months of claims accumulation or manual chart review. With the right data infrastructure and healthcare-specific analytics, a health system can get ahead of risk from day one of a new beneficiary cohort, transforming open enrollment from a period of financial uncertainty into a structured opportunity for proactive care.