DATA2VALUE INITIATIVE

# A Strategy Against Value Leakage in Hospitals

How data exploration at scale can lead to a culture of **continuous and measurable improvement**

**A background discussion with Aaron Galaznik**

Chief Medical Officer, MDClone

June 2026

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# Introduction

*Healthcare organizations have spent decades building data infrastructures – collecting, securing, and governing vast amounts of clinical information. Yet the ability to turn that information into measurable improvement has remained out of reach for most.*

*The gap is not one of data volume. It is one of access, speed, and organizational readiness to act on what the data already reveals.*

*In my conversation with Aaron Galaznik, Chief Medical Officer at MDClone, we talked about why the next frontier of healthcare innovation is not about collecting more data, but about unlocking the value of what already exists.*

*At the center of this discussion lies a structural challenge: hospitals lack a data-based continuous improvement strategy, which makes them particularly vulnerable to* ***value leakage*** *– each and every day.*

*Enjoy reading!*

**Artur Olesch**
Journalist

# Healthcare Is Data-Rich but Improvement-Poor

**Healthcare organizations already possess much of the information needed to improve care, advance research, and operate more effectively. The difficulty lies in putting that information into the hands of the people who can act on it.**

Hospitals and research centers face thousands of micro-decisions every day. Why do outcomes differ between patient populations? Which care pathways deliver the best results? Where do inefficiencies slow patient flow? Which research opportunities deserve further investigation?

The information needed to answer these questions is usually already available, but accessing it often requires navigating governance processes, waiting for analyst support, submitting requests, and going through multiple approval steps.

Aaron Galaznik, Chief Medical Officer at MDClone, argues that the familiar description of healthcare as “data-rich but insight-poor” no longer fully captures the challenge. In many cases, the answers already exist within an organization’s data – the difficulty lies in finding and turning them into measurable improvements.

**Aaron Galaznik**
Chief Medical Officer, MDClone

"There is a disconnect between the people who understand problems best and the information that could help solve them."

The result is *dark data*: information that is collected, governed, secured, and stored, yet rarely explored. Healthcare organizations devote significant resources to maintaining these datasets through infrastructure, cybersecurity, compliance, and data management. But when the information remains unused, its value remains locked away. It becomes a liability, not an asset.

## THINK. ACT. HEALTH.

1. **Healthcare organizations already possess vast amounts of valuable information.**
2. **The challenge is not collecting more data but using existing data more effectively.**
3. **Dark data creates value leakage when information remains inaccessible or unused.**
4. **Continuous improvement begins when people can use data to answer real-world questions.**

### The people closest to the problem should have access to the data

For decades, healthcare analytics has largely operated through a *request-and-response* model. While it supports oversight and security, it slows the pace of learning.

*"If people have to wait weeks or months every time they want to explore a question, many opportunities simply disappear."*

"Organizations lose momentum, and improvement efforts stall before they can generate meaningful results.", Galaznik says.

The challenge affects organizations of every size, but large academic medical centers and hospital groups, with their high volume of data are particularly affected. While they may have sophisticated analytics capabilities, the lack of a data-based continuous improvement strategy makes them particularly vulnerable to value leakage – day after day.

This is why Galaznik believes healthcare organizations should rethink who gets to work with data. Instead of concentrating analytical capabilities within a small group of specialists, organizations can enable a broader range of users to explore information while maintaining appropriate safeguards.

Over time, data becomes part of everyday decision-making rather than a resource accessed only through formal requests. Organizations that embrace this approach are often better positioned to improve outcomes, advance research, and respond to new challenges.

Building that capability requires more than technology. Leadership support, governance, and visible examples of success help create a culture where evidence becomes part of how decisions are made.

## THINK. ACT. HEALTH.

1. **Governed self-service combines broad access with strong oversight.**
2. **Data becomes more valuable when clinicians, researchers, and operational teams can use it directly.**
3. **Sustainable improvement depends on creating a culture of continuous learning.**

# Where Value Leakage Happens – and How to Stop It

**How can data be used more effectively in practice? Aaron Galaznik, Chief Medical Officer at MDClone points to several examples where hospitals started with a specific question and used data to guide decisions.**

One healthcare organization focused on reducing hospital length of stay, recognizing that unnecessarily long stays affect both patient experience and operational performance. By bringing together teams from multiple departments and examining existing care pathways, the organization identified opportunities projected to generate nearly $8 million in savings.

The project also created a repeatable process for identifying problems, testing interventions, and measuring results. The organization gained a framework that could also be applied to future challenges.

Another example involved elderly surgical patients. Clinicians wanted to understand whether older patients experienced different outcomes than younger populations and whether care pathways should be adjusted accordingly. By analyzing outcomes across age groups, the team identified opportunities to redesign parts of the surgical process.

## The results: Length of stay decreased by approximately one-third, while readmission rates fell by nearly 50 percent.

What makes this example particularly interesting is that no new data had to be collected – the value came from asking a new question and using the findings to guide changes in clinical practice.

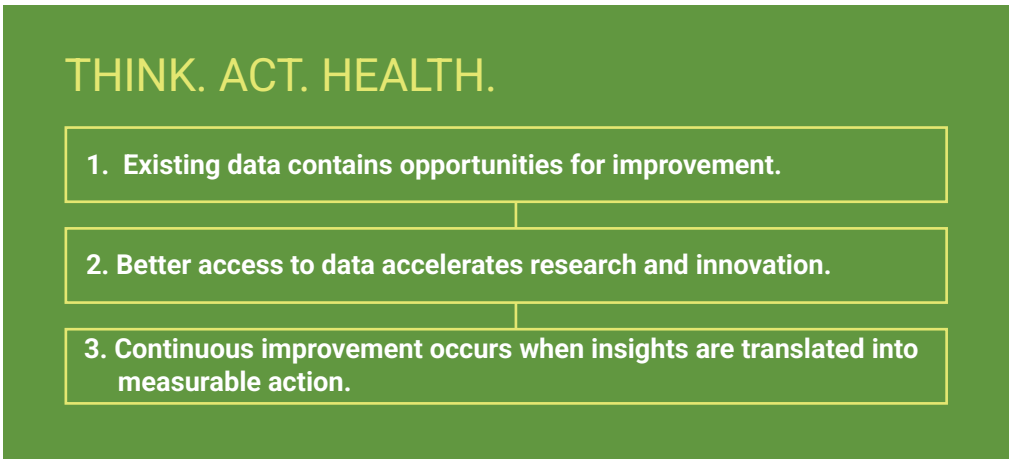
### The same principle applies to research

Many healthcare organizations invest heavily in research programs, yet researchers often spend considerable time determining whether a study is feasible and whether suitable patient populations exist. Several research institutes and universities have addressed this challenge by giving researchers faster ways to explore data and assess feasibility early in the process.

This allows them to prepare stronger grant applications, evaluate more opportunities, and pursue more research initiatives. In a highly competitive funding environment, even modest gains in speed can have a meaningful impact on research productivity.

Data can also support predictive analytics. One healthcare organization investigated whether routinely collected clinical and laboratory data could identify patients at risk of requiring unplanned dialysis. Using their available data, researchers developed a predictive model that achieved approximately 92 percent accuracy.

The next step is to evaluate the model's performance in real-world clinical settings and determine how it can support day-to-day decision-making. Earlier identification of at-risk patients could enable more proactive intervention and better use of healthcare resources.




**From Insight to Action: Closing the Loop**

"The report is not the outcome," Galaznik says. "Many healthcare organizations are able to identify important questions and generate valuable insights. "

"Too often, projects end when the analysis is completed and the findings are presented."

"The real opportunity begins when insights lead to action" – this principle sits at the center of MDClone's ADAMS framework: Ask, Discover, Act, Measure, and Share. The process starts with a question. Data is explored, patterns are identified, and insights are generated. For many organizations, that is where the journey ends.

According to Galaznik, value is created when insights change practice. Organizations redesign workflows, adjust care pathways, introduce new protocols, and address specific challenges. The next step is measuring whether those changes actually improved outcomes.

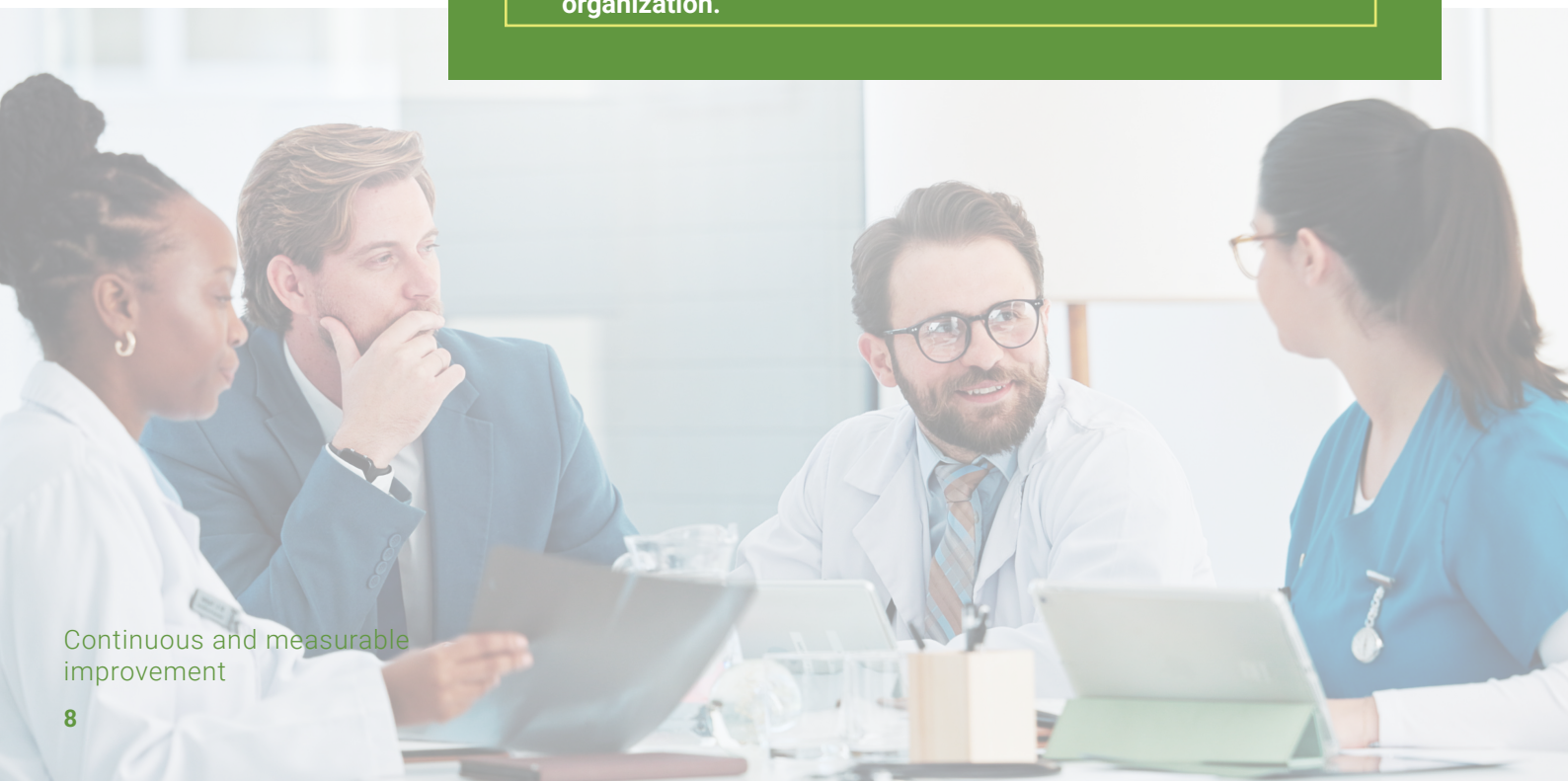
Without measurement, it is difficult to distinguish between assumptions and results. Evaluation creates a feedback loop that helps organizations understand what worked, refine interventions, and build confidence in future decisions.

The final step is sharing. Many healthcare organizations generate valuable knowledge through local improvement projects, yet the lessons often remain within a single department. As a result, similar challenges are solved repeatedly across the same organization.

Galaznik sees significant opportunity in making successful approaches easier to share and replicate. When teams can build on previous experience rather than starting from scratch, improvement spreads more quickly and becomes embedded across the organization.

## THINK. ACT. HEALTH.

1. **Many organizations generate insights but fail to translate them into action.**
2. **ADAMS creates a structured pathway from questions to outcomes.**
3. **Measurement provides evidence that change is creating value.**
4. **Shared learning allows improvement to spread across the organization.**



# Making Improvement a Habit, Not a Project

**Healthcare organizations operate under similar regulations, face comparable workforce challenges, and serve similar patient populations. Yet their ability to adapt and evolve often differs significantly.**

## “Organizations that improve consistently tend to treat data as part of routine decision-making. "

"They create structures that encourage experimentation, support evidence-based decisions, and help effective ideas spread beyond a single team or department. Without those structures, valuable experience remains local.”

This observation helped shape MDClone’s  ADAMS Center model. Technology provides access to information, but organizations also need leadership support, governance, operational processes, and internal champions who can move ideas into practice.

Measurement is equally important. Without clear metrics, it is difficult to determine whether an intervention delivered better results. Ongoing evaluation helps organizations refine approaches and build on successful experiences.

Over time, knowledge spreads across the organization rather than remaining within individual teams. For Galaznik, this is where the greatest value of healthcare data is realized: when organizations can repeatedly turn evidence into action and make improvement part of everyday operations.

## THINK. ACT. HEALTH.

1. **Continuous learning requires culture, governance, and leadership support.**
2. **Feedback loops help organizations measure what works.**
3. **Successful interventions should be shared and scaled.**
4. **Learning health systems improve faster because improvement becomes part of everyday operations.**

# Synthetic Data Accelerates Learning

**Synthetic data is often discussed in the context of privacy and compliance. But its greatest contribution may be speed, says Aaron Galaznik, Chief Medical Officer, MDClone .**

By working with realistic datasets that preserve the statistical characteristics of the original information, researchers and innovators can begin exploring ideas immediately rather than waiting for access to real-world data. This allows organizations to assess feasibility, test concepts, and identify promising opportunities much earlier, focusing resources where they are most likely to create value.

Research offers a good example. Many grant applications require evidence that a suitable patient population exists and that a proposed study is feasible. Several universities and hospitals use the ADAMS platform's synthetic data to answer these questions much faster, allowing them to explore cohorts, refine study designs, and prepare stronger proposals.

The same principle applies to predictive analytics and AI development. Building useful models requires experimentation. Teams need opportunities to test assumptions, compare approaches, and refine methodologies before moving into production environments.

## "Synthetic data does not replace real-world data. What changes is the path to validation."

Models intended for clinical or operational use still need to be validated against actual datasets. Performance must be measured and results confirmed before implementation. For Galaznik, the broader significance of synthetic data lies in its ability to accelerate learning. Organizations can assess ideas, test assumptions, and focus resources on the most promising opportunities much earlier in the process. In a healthcare environment facing increasing complexity and growing pressure to improve outcomes, speed can become a significant advantage.

# Why the Pressure to Improve Is No Longer Optional

**Healthcare providers are expected to improve outcomes, operate more efficiently, accelerate research, and care for growing patient populations, often without a corresponding increase in resources. At the same time, the environment in which they operate is becoming more complex.**

According to Aaron Galaznik, three trends are making better use of data increasingly important:

1. The first is the ***growing complexity of medicine***. New therapies are introduced every year, diagnostic capabilities continue to improve, and diseases are understood at a much more granular level than they were only a decade ago. Oncology illustrates this shift well. Conditions once grouped into a handful of categories are now divided into numerous subtypes based on genetic and molecular characteristics. This makes treatment decisions increasingly dependent on detailed patient information.
2. The second trend is ***demographic change***. Patients are living longer and increasingly present with multiple chronic conditions that require long-term management and coordinated care. Healthcare organizations must support larger and more complex patient populations while making effective use of limited resources.
3. The third challenge is ***workforce capacity***. Healthcare systems around the world continue to face shortages of physicians, nurses, and other healthcare professionals. As a result, organizations are looking for ways to reduce administrative burden and help clinicians spend more time on patient care. Technologies such as ambient listening and AI-assisted documentation have attracted growing interest for precisely this reason.

As clinical complexity rises, patient populations become more challenging to manage, and workforce pressures persist, healthcare organizations need to make better use of the information they already possess.

"The ability to turn data into practical action is becoming increasingly important across both healthcare and research."

- Aaron Galaznik, Chief Medical Officer at MDClone

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