

SETTING THE STAGE FOR THE DATA ECO-SYSTEM:

HOW DATA BECOMES APPLICATION

Dr. Michael Pine (Michael Pine and Associates Consulting) set the stage for a series of panels with a metaphor for our current healthcare system:

“When you’re up to your neck in alligators, it is very hard to remember your original purpose was to drain the swamp.”

Important issues the healthcare field is facing today are how to make sure data are valid and then how to transform data into useable information. Dr. Pine reminded the audience that it is all about analyzing the **context**. “Evaluate how data will be used, how the environment is likely to change, and how those changes in the environment will actually affect the data enterprise”.

Dr. Pine presented a framework and suggested data agencies understand what they do in the *context* of this framework. Use of a framework helps to “make sure you’re not heading east when the rest of the world is heading west” (i.e., moving in the right direction).

Data collection and use should flow in a circular pattern, from data to information that facilitates understanding and supports decisions that guides action. Of course, action invites evaluation, and proper evaluation requires data.

The first session, *From Data to Database*, addressed a core problem; how do you create a useable database, one that is consistent over time? The second session, *From Data to Information* focused on how to use the database to get useful information. Understanding creates value and leads to effective action, but requires you understand your users and their needs. This leads into the last session, *From Information to Application*, where the application and use of data are evaluated. Once you have information, what can you actually do with it?

Health care is more than twice as difficult as education. While education has “3 R’s”, healthcare has “7 R;s”:
Risk, Results, Responsibilities, Rewards, Resources, Roles, Relationships.

All of healthcare is about risks and results. What would happen if we did nothing? And how do we change this scenario when we intervene? We currently have structure, process, and outcomes expectations and people are rewarded for these responsibilities with the largest reward of all, money. Acquiring resources, assigning roles, and creating relationships creates the process. This is all of healthcare, in 7 Rs. But how do we make sure we are linking results to rewards?

Payment reform influences data for All-Payer Claims Databases (APCDs) and the quality of that data. Put it into the *context* of health and payment reforms, because that might have a lot more effect on the data you’re going to be putting in your database and its validity than all other checks and validity pieces that we often deal with.

In short, “These are the alligators in our swamp”.

