

What we DO with DATA to EFFECT POLICY and PRACTICE CHANGE #5

WE NEED TO FIND A **BALANCE**

WE MIGHT BE **EXPOSING** STUFF THAT WE DON'T INTEND TO... EVEN WITHOUT IDENTIFIERS

OPEN

PERSONALLY IDENTIFIABLE

WE NEED TO MESSAGE OUT CLEAR EXPECTATIONS: there WILL BE BREACHES and MISTAKES MADE

AND HERE'S WHAT WE'RE GOING TO DO WHEN IT HAPPENS:



It's based on **TRUST** and allows for **INVOLVEMENT** of the PERSON to determine what data and how it's used.

BIG RESEARCH
if you think you're working with **BIG DATA** now, just wait:



WE NEED **INTEGRATION OF ALL DATA** TO PROVIDE A **CONTINUUM OF CARE** -and- **ADVANCE INTEROPERABILITY**

the **VOLUME** of DATA will **EXPLODE!**

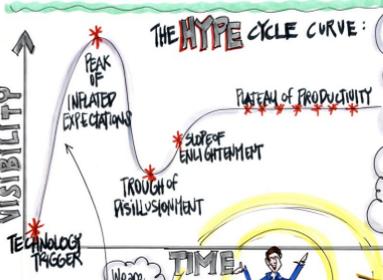
the **CONTROL** of DATA will be with the **CONSUMER**...

has potential ISSUES for MDs
so much DATA
LIABILITY
Patient Partitioning

I barely have enough TIME with the patient as it is now...

WE will find **CORRELATIONS** and even **CAUSALITY** that we didn't expect!

What can **WATSON** tell us?
I know what the bank will do if my card is stolen...
we have to **ASK** the **RIGHT QUESTIONS!**



WE MUST keep our **FOCUS** ON THE **UNBELIEVABLE POTENTIAL** OF ALL OUR DATA AS WE WORK OUR WAY THROUGH THE CYCLE

we don't even have **WORDS** yet for the **AMOUNT** of DATA that's about to happen: **NEW LANGUAGE** will arise

Petabytes (1000⁹) of data per day... from a single patient!

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