
When Analytics Doesn't Show The Real Picture



Recent changes to the Patient Protection and Affordable Care Act are intended to further strengthen efforts to improve patient care in the U.S. As a result, hospitals in the country are required to be paid based on how much they improved their patients' health and not on the number of tests and procedures performed.

Some data brokers or vendors were quick to cash in on opportunities spawned by those changes. They have started creating risk profiles of patients based on information collated from patients' public records, payment card data and even loyalty programmes. For example, they track an asthmatic person's purchases of cigarettes or prescription drugs, if any, to check compliance.

These risk profiles are then sold to hospitals and other healthcare organisations for use in making care decisions. However, as the individual information is processed and analysed by the data broker or supplier, who presents the data into a series of risk numbers, the hospital is not made aware of the public record/purchase facts that went into those crunched numbers. "In other words, the hospital won't be told that a gym membership lapsed or that 20 pizzas are being ordered a week, but will solely see that weight gain risk increased," wrote Evan Schuman in an article published in Healthcare IT News.

Analysis May Be Inaccurate

Moreover, some experts have expressed concern over the effectiveness of such data collection and analysis. A patient may be purchasing a certain product that is not necessarily for his or her personal use, they point out.

An individual's credit card and loyalty programme data can be misleading and don't say that much about one's behaviour, according to Pam Baker, a business data analyst. The card holder may be making fast food purchases and buying snacks for children in the house and not eating any of the food themselves, said Baker who has published a new book entitled *Data Divination: Big Data Strategies*.

Michael Dulin, chief clinical officer for analytics and outcomes research at Carolinas HealthCare, argued though that such data on consumer spending are useful in that they present a complete picture compared to bits of information doctors get during a consultation or through laboratory findings. Carolinas Healthcare is a user of those analytics supplied by vendors.

The problem is that there is a disconnect, Schuman said, noting that the brokers are able to only deliver risk numbers and not specifics. When a patient is not refilling a key prescription, the brokers don't go as far to explain the specific reasons (eg, Has the patient fallen on bad economic times and needs financial assistance to buy medications?). Without those details, such prescription refill problems would not be revealed to the doctors, Schuman explained.

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