

“Little Data”: How to create and use data from your rural or training practice

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No conflicts except RTTC travel \$

'BIG' Data

- “Healthcare big data refers to the vast quantities of data that is now available to healthcare providers...”
- <https://www.evariant.com/faq/what-is-healthcare-big-data> (accessed 5/12/19)

'Small' Data? (SD)

- SD is easy to collect and summarize
- SD immediately useful to practice or clinician
- SD never collected unless it will be used
- SD studies can often be presented at regional/nat'l mtgs

SD Principles:

- Questions generated by users—staff, administrators, clinicians
- Uses existing data or 1 page surveys or unobtrusive
- Any new data collection is time-limited
 - #s are just enough; burden is manageable
- Have plan and template to report to users
- Results will be helpful even if don't show what you want!

SD Questions and Examples

- Why don't patients show up?
- Where are the clogs in patient flow?
- What do patients need or need to know?
- How are we doing with:
 - Cancer prevention?
 - Partner violence?
 - Unmet patient needs?

Write questions down.
We'll discuss them at the end!!

- 1) Hold your questions at the end
- 2) What little study would you like to do
- What do you wish you knew re: care you provide?
- What do you wish you knew that your patients know or do?

No-shows—Inner-city Milwaukee, WI Same people? Weather? What?

- Schedulers wrote day appt was written into appt book for 2 months
- Found that frequent no-shows had more chronic problems, so more chances to not show up
- Big increase in no-show at 14 days—phoned everyone with appt scheduled that long ag
- (Gave presentation at nat'l. conf. at McMaster)

Who is making the patients wait?

Two ME FP Res. Clinics

Two ME rural health centers

- Clipboards (with clock) handed to patients on arrival
- Wrote time entered, roomed, seen, labbed, left
- Different patterns within and across sites—
different solutions
- Graphs of clinicians showed big variations!

Cancer Prevention Documentation

3 WI FP Residency sites

5 WI rural practices

- Medical record audit by students
- High variation across and WITHIN practices
- Change annual visit forms...improved if clinician agrees with prompt
- (Presentations at Nat'l STFM/NAPCRG)
- Eventually led to formation of WREN

Partner Violence
2 ME FP Residency Practices
4 ME Rural Health Centers

- Medical record audits—variation...
- Anonymous, 3 question patient surveys/tear-off
- Data presented to staff and clinicians
- Changed well-woman forms; violence coalitions
- STFM presentations
- CDC funding for 3 year study of rural networks

What do our patients need?

2 ME FP residency sites

- Medical student project in 1992: 10 item social service needs assessment from 100 consecutive patients
- High non-medical needs: medications, housing, education..
- RWJF-funded demonstration project at MD-FMR and CMMC-FPR, 1995-98
- Identified unmet needs—Rx assistance, mental care, dental care: new grants: dental trg; integrated beh. hlth...
- Social workers still in place and in many graduates' sites...

What is YOUR problem?

- Creating your own data is informative and motivational
- Have data 'collect itself'
- Get a medical student off your hands...
- Make life better for patients, staff, self...

Questions?

- Your research/practice questions?
- Contact Dan Meyer...I love this shit and I'm retired.
- Meyer Institute:
Research/Educ/Development ("Stuck? get
MIRED")
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