

# Big Data: How data can guide the scientific decision-making process

Professor Heiko Spallek  
Faculty of Dentistry



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Slides

<http://bit.ly/AIDPH-Spallek>



Me









DMD (1993)

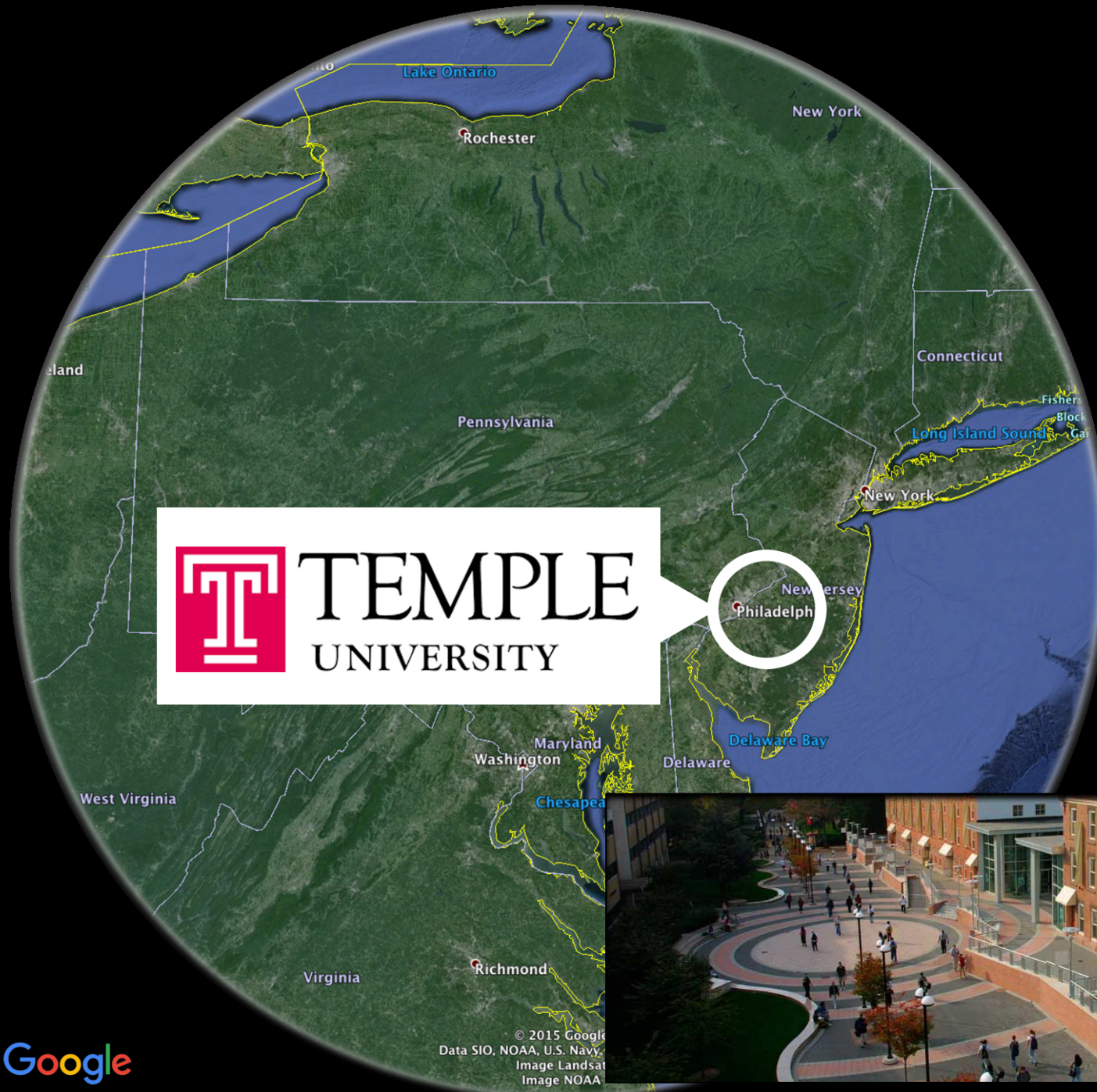
PhD (1993)











Assistant  
Professor  
(1996)

MSBA (2000)







Assistant  
Professor  
(2002)

Associate  
Professor  
(2010)

Associate  
Dean  
(2010)









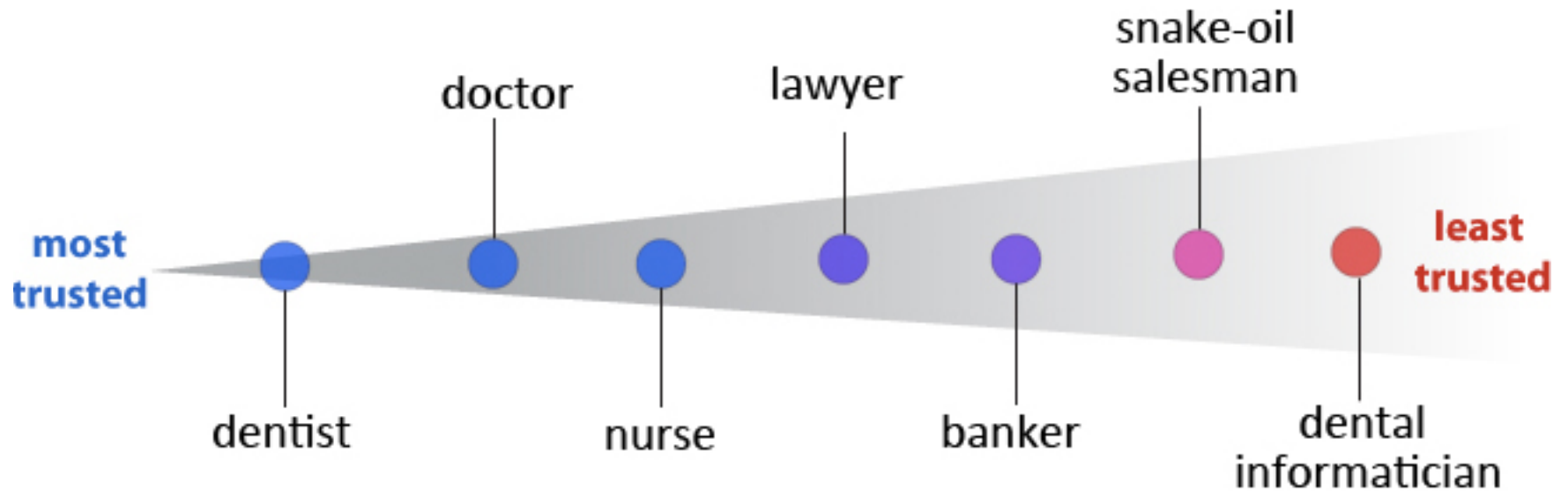
Professor &  
Pro-Dean  
(2016)



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# Dentists Trust Dentists



adapted from @David // [Armano.darmano.typepad.com](https://Armano.darmano.typepad.com)



# Disclosures

I am

- the representative of the American Association for Dental Research to serve on the American Dental Association's Standards Committee on Dental Informatics (SCDI),
- chair of the ADA SCDI Working Group 13.1 on Educational Software Used in Electronic Media and Working Group 13.4 Use of Computer-Based Resources for Access to Information Supporting Oral Healthcare,
- until recently, Board of Directors of the Consortium for Oral Health Research and Informatics (COHRI),
- member of the Advisory Council, Institute for Oral and Systemic Health (IOSH) at the Marshfield Clinic,
- until recently, member of the Board of Directors for German startup company Everbase,
- inventor of the cloud-based software products CredentialKeeper and Curriculum Management Tool with financial interest in the commercialization of these products,
- member of the Advisory Board of the Collaboration on Oral Health Technology with representatives from the Universities of Michigan, Buffalo, North Carolina Chapel Hill and Pittsburgh,
- funded by NIH as principal investigator (MPI) with \$2,488,348 for *"A Clinic-Randomized Trial of a Clinical Decision Support System to Improve Dental Provider Delivery of Brief Tobacco Interventions and Quitline Referrals"*

# Big Data: How data can guide the scientific decision-making process

## Ideas

Why record keeping?

Comparison: paper vs electronic

What do we collect?

What can we learn from it?

Data Cemeteries → Sources of Knowledge

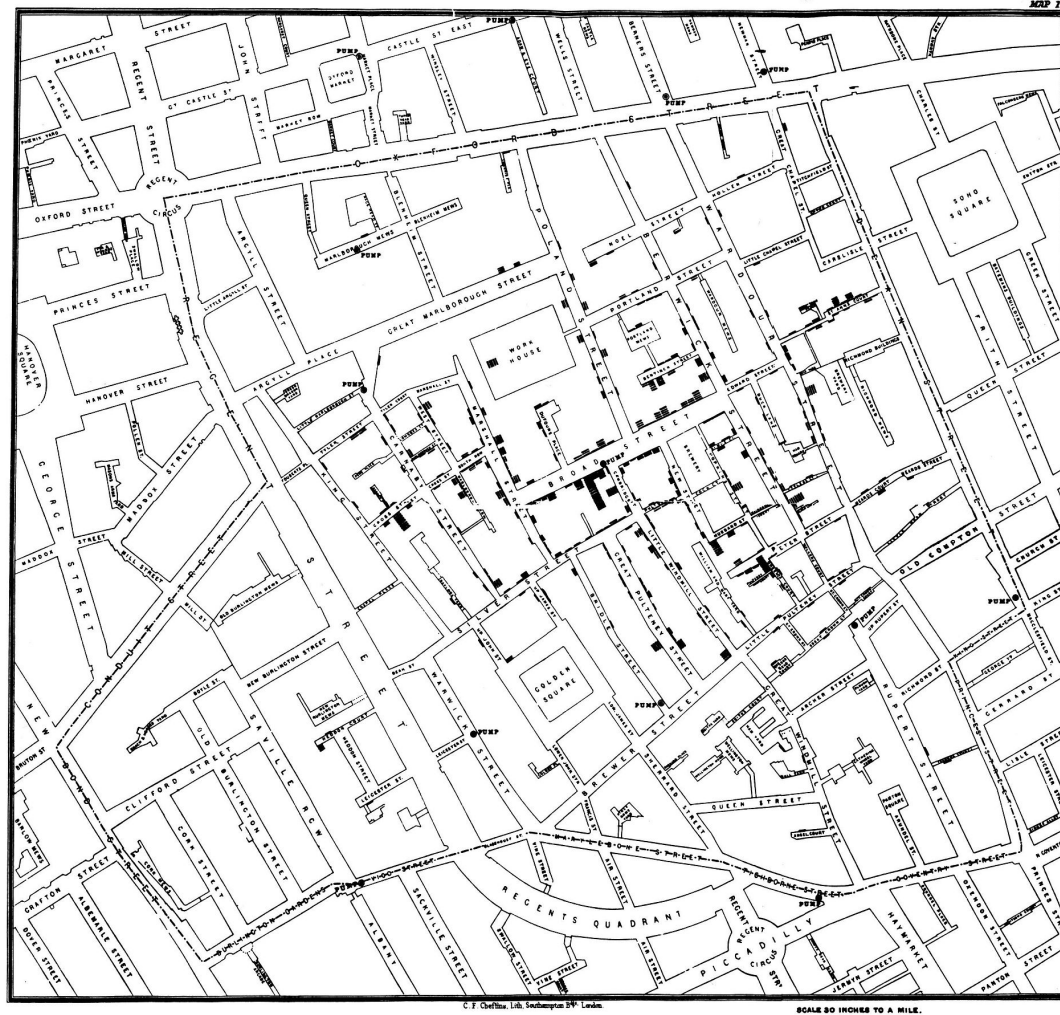
Learning Health System

Barriers



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# Why do we keep records?



“1854 Broad Street Cholera Outbreak”



What do we collect?

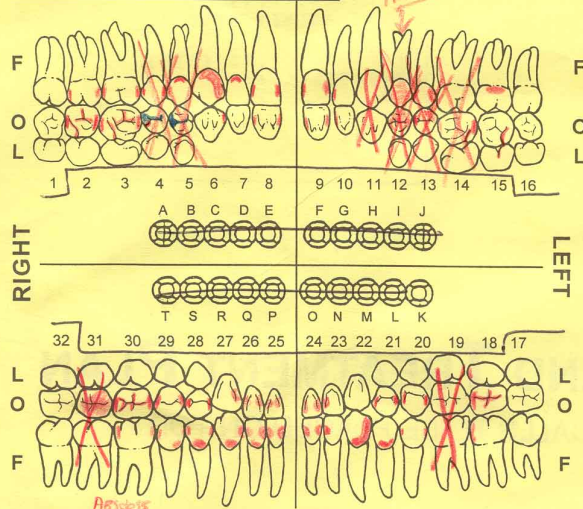


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## HARD TISSUE EXAMINATION:



## RADIOLOGY REPORT:

FINDINGS: (All areas described in radiolucent / radiopaque terms)

- ① Radiolucent: 2D, 3D, 4D, 5D, 6M, 8DM, 9MD, 10M, 12D, 13DM, 14D, 18M, 20M, 21MD, 22D, 24M, 25MD, 26MD, 27MD, 28F, 29MD, 30MD, 31DM
- ② Radiopaque: 4DD, 5DD, 24M, 26D, 27M

IMPRESSIONS: (Differential Diagnosis of findings)

- ① ① - Caries  
② - Apical bone loss
- ② ① - Amalgam  
② - Calculus

PAIN - DECAY - REDUCES PAIN

2	2	2	Periodontal Screening & Recording
3	2	3	
Sextant Score			
0	2	1	2
Month		Day	Year

KEY:

Missing Teeth: X

Caries: Red Pencil

Existing Restorations:  
Blue/Black Pencil



Metal

Other

# Hard tissue exam and radiology report

Student: \_\_\_\_\_

Faculty: \_\_\_\_\_

Date: 2/12/03

# What data do we collect?

Dental Records: WORN—write once read never

The screenshot displays the 'axiUm - OU College of Dent Student Training' software. The main window is titled 'Perio Chart (06/23/2012) - Faith, Patient (27991)'. It features a sidebar on the left with icons for Rolodex, Scheduler, Transactions, Electronic Health Record, Perio Chart, Patient Attachments, Personal Planner, and X-Ray. The main area shows a 'Maxillary' view with a grid of tooth models and data entry fields. A detailed 'Add Perio - Faith, Patient' dialog box is open for tooth 1, showing fields for Exam Type, Date, and various clinical parameters: Plaque, Bleeding, Mobility, MGJ, CAL, GM, and PD. The dialog also includes a 'Maxillary Right' view and a 'Clear' button. A table at the bottom of the dialog lists 'Value', 'Key', and 'Description' for the data entered.

Value	Key	Description
P	P	Plaque

**Did it help?**

Well...



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RESEARCH ARTICLE

Open Access

# How information systems should support the information needs of general dentists in clinical settings: suggestions from a qualitative study

Mei Song<sup>1\*</sup>, Heiko Spallek<sup>1</sup>, Deborah Polk<sup>2</sup>, Titus Schleyer<sup>1</sup>, Teena Wali<sup>1</sup>

## Abstract

**Background:** A major challenge in designing useful clinical information systems in dentistry is to incorporate clinical evidence based on dentists' information needs and then integrate the system seamlessly into the complex clinical workflow. However, little is known about the actual information needs of dentists during treatment sessions. The purpose of this study was to explore general dentists' information needs and the information sources they use to meet these needs in clinical settings in order to inform the design of dental information systems.

**Methods:** A semi-structured interview was conducted with a convenience sample of 18 general dentists in the Pittsburgh area during the summer of 2008. Interview transcripts were coded and analyzed using thematic analysis with a constant comparative method to identify categories and themes regarding information needs and information source use patterns.

**Results:** Two top-level categories of information needs were identified: clinical information needs and administrative tasks. General dentists used four types of information sources: clinical information/tasks, patient education and professional development. Major themes of dentists' unmet information needs included: (1) timely access to information on various subjects; (2) better visual representations of dental problems; (3) access to patient-specific evidence-based information; and (4) accurate, complete and consistent

## Unmet information

- timely access to information on various subjects
- better visual representations of dental problems
- access to patient-specific evidence-based information
- accurate, complete and consistent documentation of patient records



# Why did we want to have computers in the operatory?

Let's ask the dentists.



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# Clinical Computing in General Dentistry

TITUS K. L. SCHLE  
HEIKO SPALLEK, D  
PEDRO HERNANDEZ

**Abstract**

computing among  
**Design:** Telephone  
**Measurements:** A  
structure; clinical i  
(features of practic  
Internet use; and a  
**Results:** The autho  
(89.6% response ra  
for this study. The  
administration and  
other information,  
1.8% of all general  
entered most data.  
agnosis and treatm  
reliability, program  
**Conclusion:** Clinic

Data management	27%
Scheduling	11%
Retrieval	6%
Treatment planning	5%
Direct data entry	5%
Digital imaging	17%
Efficiency	12%
Current technology	9%
Minimize front desk congestion	6%
Intraoral charting	6%
Patient education	6%
Other	5%
Convenience	3%
Better communication	2%
Error reduction	1%

toward clinical  
ed States.  
technology infra-  
clinical computing  
vements); clinical  
active practice  
us were eligible  
associated with  
n the computer;  
n respondents, or  
s and hygienists,  
ons, support di-  
cient operational  
research must

## Scheduling

Titanium Web

Chairs 1-5 Select Book | Thursday, 11 June 2015

Chair 1	Chair 2	Chair 3	Chair 4	Chair 5
8 AM ✓ Todd, Gregory 094131822 01:00	✓ Dalen, Martin 0456342324	✓ Stephens, Megan 094143900		Chair Maintenance
9 AM Xuan, Vin 094143900 01:30	Smith, John +61312345678 01:00	✓ Stephens, Lucy 094143900		
10 AM DENTIST	Chipkin, Andrea 0456723923 01:00	✓ Stephens, George	Smith, Harry 01:00	
11 AM Kernaine, Justin 09414394444 01:30	Admin Meeting	Admin Meeting	Hastars, Andy 1234561	
12 PM DENTIST				
1 PM Martin, Jackie 0456763987 01:00	1 PM	Barry, John 0453627694 01:00		Stevens, Carey 0476295673 01:00
2 PM Eke, Carlos 0467673952 01:30	Linker, Wendy 0456724984 01:30	Sanchez, Miguel 01:00		
3 PM DENTIST	ANDREW			
4 PM Heng, Zhiming 0459897343 01:00				Johnson, Harry 01:30 CLAYTON

For Patient: 01:00 Sanchez, Miguel (50102366G)

Arrivals View

Date	Time	For	Patient	Provider	Service(s)
11/06/2015	9:00 AM	01:00	Smith, Mr John (4300)	ANDREW	
11/06/2015	9:30 AM	01:30	Xuan, Mr Vin (2145)	DENTIST	
11/06/2015	1:00 PM	01:00	Barry, Mr John (5362)	ELIZABETH	
11/06/2015	1:00 PM	01:00	Stevens, Dr Carey (7252)	CLAYTON	
11/06/2015	1:30 PM	01:00	Martin, Mrs Jackie (6379)	DENTIST	

# What data do we collect?

WORN—write once read never



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*Research Paper* ■

# A Qualitative Investigation of the Content of Dental Paper-based and Computer-based Patient Record Formats

TITUS SCHLEYER, DMD, PhD, HEIKO SPALLEK, DMD, PhD, PEDRO HERNÁNDEZ, DMD

- **developed a base-line dental record (BDR) from several paper records and textbooks**
- **mapped data fields to ANSI/ADA Spec. 1000: Specification for electronic health record**
- **compared BDR with information content of each PMS**

**Measurements:** We calculated frequency counts of BDR categories and data fields for all paper-based and computer-based record formats, and cross-mapped information coverage at both the category and the data field level.

**Results:** The BDR had 20 categories and 363 data fields. On average, paper records and CPRs contained 14 categories, and 210 and 174 fields, respectively. Only 72, or 20%, of the BDR fields occurred in five or more paper records. Categories related to diagnosis were missing from most paper-based and computer-based record formats. The CPRs rarely used the category names and groupings of data fields common in paper formats.

**Conclusion:** Existing paper records exhibit limited agreement on what information dental records should contain. The CPRs only cover this information partially, and may thus impede the adoption of electronic patient records.

■ J Am Med Inform Assoc. 2007;14:515–526. DOI 10.1197/jamia.M2335.





## Dentist

MEDICAL DOCTOR: \_\_\_\_\_  
MD ADDRESS: \_\_\_\_\_  
MD PHONE NO: \_\_\_\_\_

*Patients: Please fill out health history down to dashed line.*

1. What is your general state of health? Excellent    Good    Fair    Poor  
Yes / No ☐ ☐

2. Have you been in the hospital in the past two years for any reason? Reason: \_\_\_\_\_

3. Are you under the care of a physician? For what? \_\_\_\_\_

4. Are you taking medications? (please list) \_\_\_\_\_

5. Do you have any allergies? (please list) \_\_\_\_\_

6. Have you used cocaine or heroin? \_\_\_\_\_

7. Are you an alcoholic or recovering alcoholic? \_\_\_\_\_

8. Do you smoke or chew tobacco? How often? How much? \_\_\_\_\_

☐ Do you or have you had any of the following (please check yes or no at the right for each item):

CHECK EACH ITEM	Yes	No	Irregular heartbeat	Yes	No	Kidney problems	Yes	No
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Bruse/bleed easily	<input type="checkbox"/>	<input type="checkbox"/>	Veneral disease	<input type="checkbox"/>	<input type="checkbox"/>
Fainting or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	AIDS/HIV+	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema/Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>				Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis/PPD+	<input type="checkbox"/>	<input type="checkbox"/>				Prosthetic joints	<input type="checkbox"/>	<input type="checkbox"/>
			Mitral valve prolapse	<input type="checkbox"/>	<input type="checkbox"/>	Cancer/radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>						
Sinus problems	<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart lesions	<input type="checkbox"/>	<input type="checkbox"/>			
Anemia/Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis- A, B, or C	<input type="checkbox"/>	<input type="checkbox"/>	Artificial heart valves	<input type="checkbox"/>	<input type="checkbox"/>	disease, condition, or		
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Females: are you	<input type="checkbox"/>	<input type="checkbox"/>	illness not listed above?		
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	List: _____		
			(due date) _____					

## Dental School

**MEDICAL HISTORY**

PHYSICIAN'S NAME \_\_\_\_\_ DATE OF LAST PHYSICAL EXAM. \_\_\_\_\_ AGE \_\_\_\_\_

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING - INDICATE WITH A (✓)

<input type="checkbox"/> Allergies to drugs	<input type="checkbox"/> Asthma	<input type="checkbox"/> Immune System Disorders (AIDS, HIV, ARC)
<input type="checkbox"/> Allergies to anesthetics	<input type="checkbox"/> Hay fever or allergies in general	<input type="checkbox"/> Stroke
<input type="checkbox"/> Any heart ailments	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Eye disorders
<input type="checkbox"/> Neurological problems	<input type="checkbox"/> Latex sensitivity	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Radiation treatments	<input type="checkbox"/> Liver problems or hepatitis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Excessive bleeding from cut or extraction	<input type="checkbox"/> Malignancies	<input type="checkbox"/> Ulcer or colitis
<input type="checkbox"/> Anemia or blood problems	<input type="checkbox"/> Psychiatric care/emotional problems	<input type="checkbox"/> Pregnancy If so, what month _____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Venereal disease
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Sinus problems	<input type="checkbox"/> Other _____

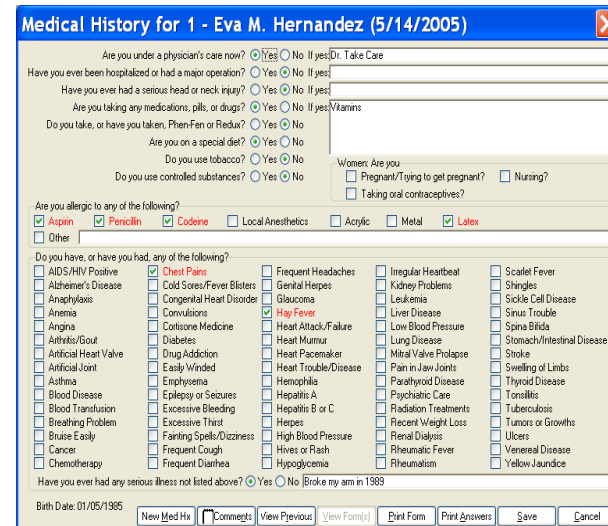
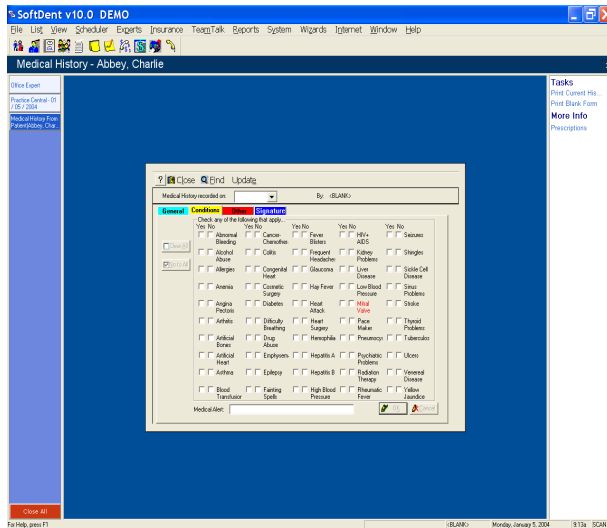
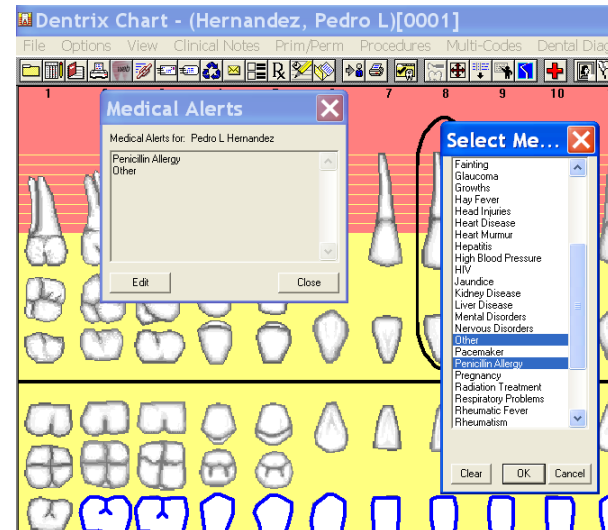
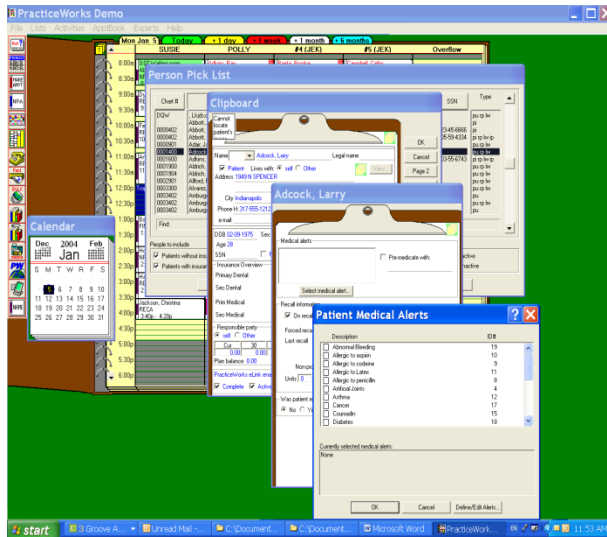
Describe any current medical treatment including drugs taken, even though not listed above \_\_\_\_\_

## Vendor

Do you have or have you ever had any of the following?

<b>RESPIRATORY (LUNGS)</b>	<b>Y</b>	<b>N</b>	<b>GENITOURINARY</b>	<b>Y</b>	<b>N</b>	<b>ENDOCRINE (GLANDS)</b>	<b>Y</b>	<b>N</b>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema / Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Transplant / Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Trouble / Goiter	<input type="checkbox"/>	<input type="checkbox"/>
Asthma / Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty / Pain on Urination	<input type="checkbox"/>	<input type="checkbox"/>	Weight Change	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>	Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Thirst	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		
			Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>			
			Syphilis	<input type="checkbox"/>	<input type="checkbox"/>			
<b>HEART / BLOOD VESSELS</b>	<b>Y</b>	<b>N</b>	Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<b>GENERAL</b>	<b>Y</b>	<b>N</b>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>	Tires Easily	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>				Weakness	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<b>BLOOD / LYMPH / IMMUNE</b>	<b>Y</b>	<b>N</b>	Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bruising / Excessive Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Persistent Fever	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Persistent Swollen Glands	<input type="checkbox"/>	<input type="checkbox"/>			
Swelling of Ankles	<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER</b>	<b>Y</b>	<b>N</b>
High / Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Congenita: Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Anemia / Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic Valves	<input type="checkbox"/>	<input type="checkbox"/>	HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>	Tumors or Growth	<input type="checkbox"/>	<input type="checkbox"/>
Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			Spleen Problems	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>
			Other _____					

## Dental School



**Mapping of paper records, textbooks  
and CPRs to the BDR**

		Baseline Dental Record (BDR) source													CPRs				
		BDR	Paper records										Text Books*			Dentrix	Eaglesoft	PW	SoftDent
			Dentists				School		Vendors				Stefanac	Clark's	Jaroski				
			D1	D2	D3	D4	DS1	DS2	V1	V2	V3	V4							
BDR Categories																			
<a href="#">Chief complaint</a>		3	1	2	2	1	2	1	1	1	2	1	n/a	n/a		0	0	0	0
<a href="#">Medication history</a>		8	5	1	1	1	6	3	2	1	2	2	n/a	n/a		0	2	1	3
<a href="#">Medical history</a>		120	25	28	50	36	54	35	70	33	61	33	n/a	n/a	n/a	36	70	19	52
<a href="#">Dental/social history</a>		78	6	25	24	9	3	14	28	28	20	30	n/a	n/a		2	14	4	6
Hard tissue and periodontal chart		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<a href="#">Intraoral soft tissue examination</a>		26	0	14	0	11	13	6	8	8	4	10	n/a	n/a		9	11	7	9
<a href="#">Extraoral head and neck examination</a>		7	0	1	0	2	6	4	1	1	1	2	n/a	n/a		1	1	1	2
<a href="#">Temporomandibular joint/occlusion</a>		32	0	20	0	8	1	5	12	9	8	8	n/a	n/a		9	9	3	11
<a href="#">Radiographic history and findings</a>		18	0	4	0	2	1	15	1	1	2	3	n/a	n/a	n/a	1	1	0	2
<a href="#">Physician information</a>		6	2	2	4	2	4	0	3	1	5	5	n/a	n/a	n/a	0	2	0	2
<a href="#">Alert/Summary box</a>		2	0	1	0	1	1	1	0	1	0	1	n/a		n/a	1	1	1	1
<a href="#">Medical history update</a>		6	0	1	0	5	0	4	2	0	0	1	n/a			0	0	0	2
<a href="#">Consultations</a>		7	0	0	0	0	5	5	3	0	1	0	n/a	n/a		3	6	0	4
Subtotal		313	39	99	81	78	96	93	131	84	106	96				62	117	36	94
<a href="#">Systemic diagnoses</a>		3	0	0	0	0	1	2	0	0	0	0	n/a	n/a		0	0	0	0
<a href="#">Dental diagnoses</a>		9	0	1	0	4	2	2	0	0	2	3	n/a		n/a	2	1	0	2
<a href="#">Problem list</a>		7	0	1	0	0	1	0	0	0	0	7	n/a	n/a		0	0	0	0
<a href="#">Prognosis, risk assessment and etiology</a>		3	0	0	0	0	1	2	0	0	0	0	n/a		n/a	1	0	0	0
Subtotal		22	0	2	0	4	5	6	0	0	2	10				3	1	0	2
<a href="#">Treatment plan</a>		21	3	7	3	6	8	3	8	0	5	6	n/a	n/a		6	8	8	7
<a href="#">Progress notes</a>		10	2	4	6	3	3	2	5	3	6	6	n/a			6	4	4	5
<a href="#">Prescriptions</a>		1	0	0	0	0	0	1	0	0	0	0	n/a	n/a		1	1	1	1
Subtotal		11	2	4	6	3	3	3	5	3	6	6				7	5	5	6
Total fields		367	85	217	177	176	216	207	280	174	233	230				150	254	90	211
Total categories			7	16	7	15	18	18	13	11	14	16				14	15	10	16

\*No numbers of data elements are reported for textbooks because they individually only cover a portion of the dental record.

<b>BDR Categories</b>
<a href="#">Chief complaint</a>
<a href="#">Medication history</a>
<a href="#">Medical history</a>
<a href="#">Dental/social history</a>
Hard tissue and periodontal chart
<a href="#">Intraoral soft tissue examination</a>
<a href="#">Extraoral head and neck examination</a>
<a href="#">Temporomandibular joint/occlusion</a>
<a href="#">Radiographic history and findings</a>
<a href="#">Physician information</a>
<a href="#">Alert/Summary box</a>
<a href="#">Medical history update</a>
<a href="#">Consultations</a>
<b>Subtotal</b>

BDR Category	Data Element	Data Type	Σ
Medication History	List any prescribed (or OTC) drugs.	text	1
	Tranquilizers	yes/no	1
	Cortisone	yes/no	1
	Anticoagulants	yes/no	1
	Aspirin	yes/no	1
	Steroids	yes/no	0
	Sedatives	yes/no	0
	Fen-Phen/Redux	yes/no	0
# of Data Elements:		<b>Total</b>	5

0	4	0	1	1	15	1	1	2	2
2	2	4	2	4	0	3	1	5	5
0	1	0	1	1	1	0	1	0	1
0	1	0	5	0	4	2	0	0	1
0	0	0	0	5	5	3	0	1	0
39	98	80	77	96	93	131	84	106	95

BDR Categories	BDR	Baseline Dental Record (BDR) Sources										CPRs			
		Dentists				Schools		Vendors				Dentrix	Eaglesoft	PracticeWorks	SoftDent
		D1	D2	D3	D4	DS1	DS2	V1	V2	V3	V4				
<a href="#">Chief complaint</a>	3	1	2	2	1	2	1	1	1	2	1	0	0	0	0
<a href="#">Medication history</a>	8	5	1	1	1	6	3	2	1	2	2	0	2	1	3
<a href="#">Medical history</a>	120	25	27	49	36	54	35	70	33	61	33	36	70	19	52
<a href="#">Dental/social history</a>	78	6	25	24	9	3	14	28	28	20	30	2	14	4	6
Hard tissue and periodontal chart	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<a href="#">Intraoral soft tissue examination</a>	26	0	14	0	11	13	6	8	8	4	10	9	11	7	9
<a href="#">Extraoral head and neck examination</a>	7	0	1	0	2	6	4	1	1	1	2	1	1	1	2
<a href="#">Temporomandibular joint/occlusion</a>	32	0	20	0	8	1	5	12	9	8	8	9	9	3	11
<a href="#">Radiographic history and findings</a>	18	0	4	0	1	1	15	1	1	2	2	1	1	0	1
<a href="#">Physician information</a>	6	2	2	4	2	4	0	3	1	5	5	0	2	0	2
<a href="#">Alert/Summary box</a>	2	0	1	0	1	1	1	0	1	0	1	1	1	1	1
<a href="#">Medical history update</a>	6	0	1	0	5	0	4	2	0	0	1	0	0	0	2
<a href="#">Consultations</a>	7	0	0	0	0	5	5	3	0	1	0	3	6	0	4
<b>Subtotal</b>	<b>313</b>	<b>39</b>	<b>98</b>	<b>80</b>	<b>77</b>	<b>96</b>	<b>93</b>	<b>131</b>	<b>84</b>	<b>106</b>	<b>95</b>	<b>62</b>	<b>117</b>	<b>36</b>	<b>93</b>



# Was it cheap?

cost of health information technology



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# Costs of Health IT: Beginning to Understand the Financial Impact of a Dental School EHR

Heiko Spallek, D.M.D., Ph.D., M.S.B.A. (CIS); Lynn Johnson, Ph.D.; Joseph Kerr, M.B.A., P.M.P.; David Rankin, M.S., PGCertIA, CGCIO, ITIL, CCNA, MCSE, CNE

*Abstract:* Health Information Technology (Health IT) constitutes an integral component of the operations of most academic dental institutions nowadays. However, the expenses associated with the acquisition and the ongoing maintenance of these

complex centers, including unmeasured central campus support, covered centrally and therefore difficult to quantify, and spread over years, denying – **100 DMD + 30 DH students; 100,000 patient visits/a dental school**  
was to understand the financial impact of Health IT. The aim of this study – **Initial acquisition:**  
Health Record (EHR), and two schools that developed their own EHR. For these schools, the costs of creating (\$2.5 million)  
and sustaining (\$174,000) custom EHR software were significantly higher than acquiring (\$500,000) and sustaining (\$121,000)  
purchased software. These results are based on historical data and should not be regarded as a gold standard for what a complete  
Health IT suite should cost. The presented data are intended to inform school administrators about the myriad of costs associated  
with Health IT and – **between US\$ 524,523 and US\$ 2,503,971**  
– **Ongoing operations/a:**  
– **between US\$ 631,816 and US\$ 848,105**

Dr. Spallek is Associate Professor, Dental Public Health, Center for Informatics in Oral Health Translational Research and Associate Dean, School of Dentistry, University of Pittsburgh Medical Center. Dr. Johnson is Professor of Dentistry, School of Dentistry, Associate Dean for Faculty Affairs and Institutional Effectiveness, and Clinical Professor, School of Information, University of Michigan. Mr. Kerr is Associate Dean for Administration, School of Dental Medicine, University at Buffalo; and Mr. Rankin is Director, Office of Computing and Information Systems, School of Dentistry, University of North Carolina at Chapel Hill. Direct correspondence and requests for reprints to Dr. Heiko Spallek, School of Dental Medicine, University of Pittsburgh, 427 Salk Hall, 3501 Terrace Street, Pittsburgh, PA 15261; 412-648-8882; hspallek@pitt.edu.



# What Data Can We Collect?

some more optimistic remarks



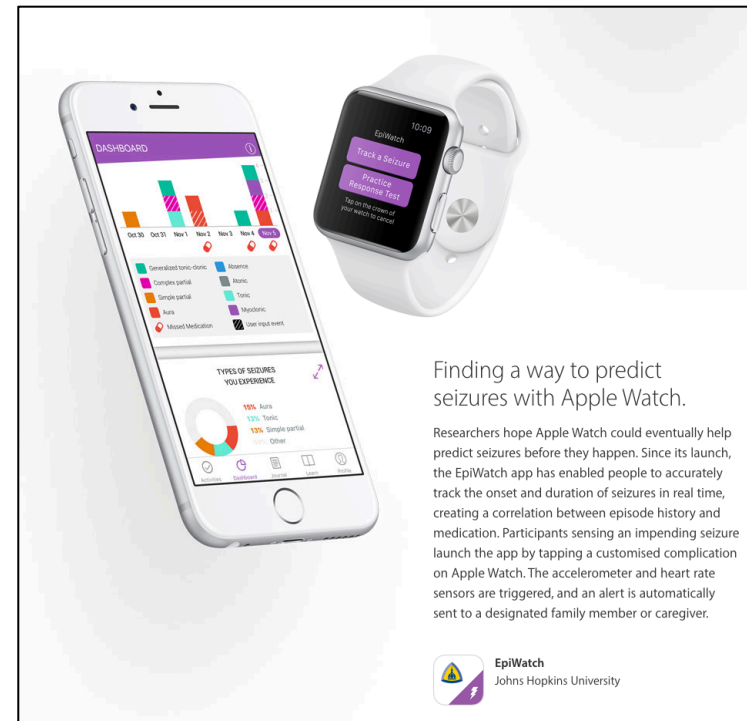
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# What data can we collect?

## Classes of data

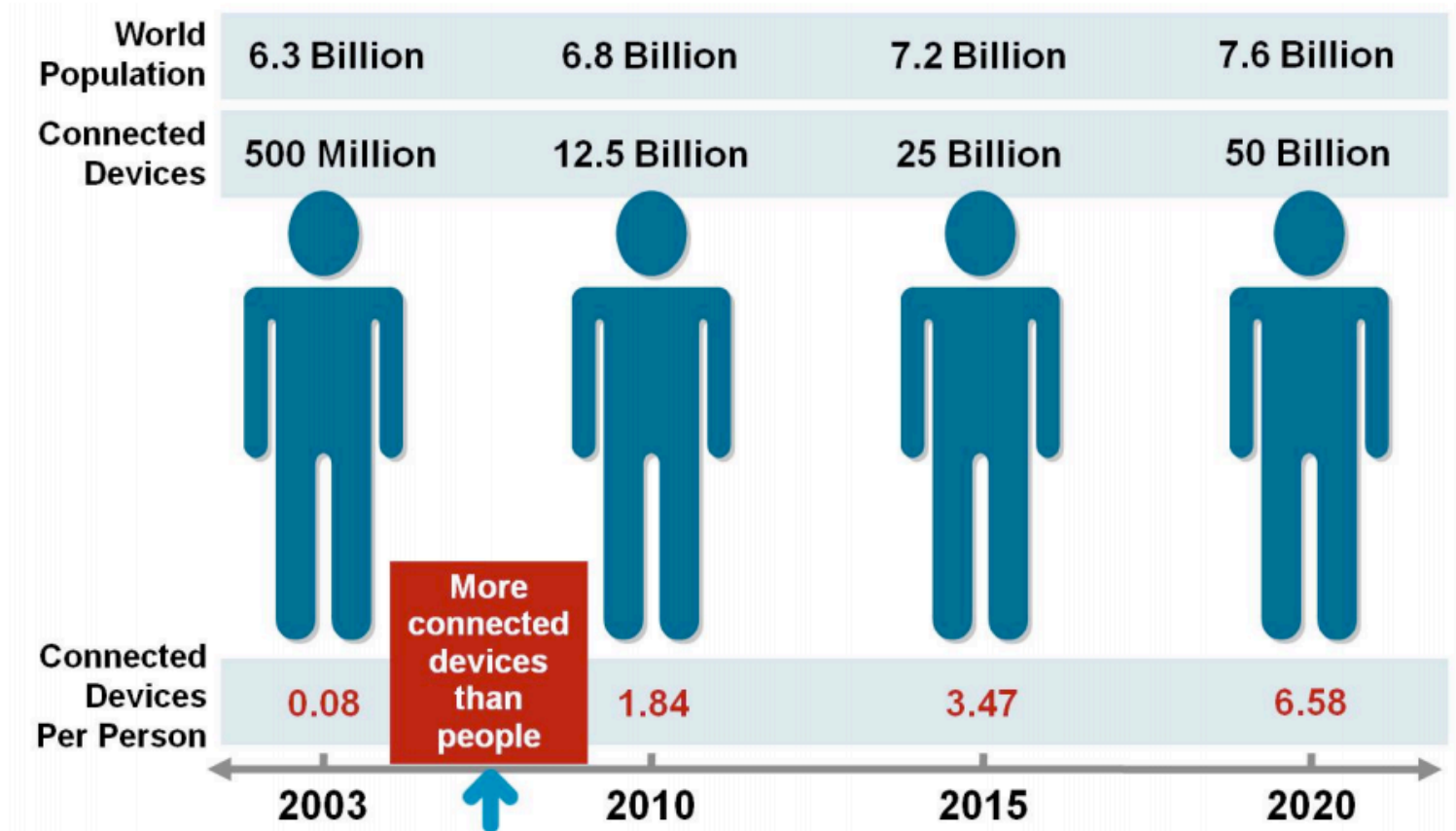
1. structured in traditional databases
2. unstructured, e.g. images, video, voice, GIS
3. Internet of Things (IoT)





# Internet of Things (IoT)

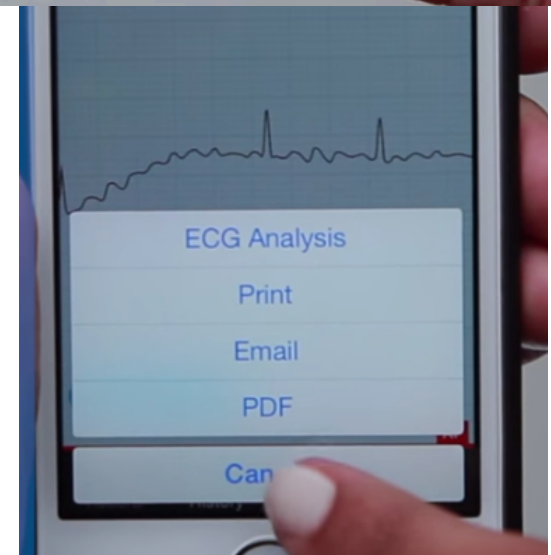
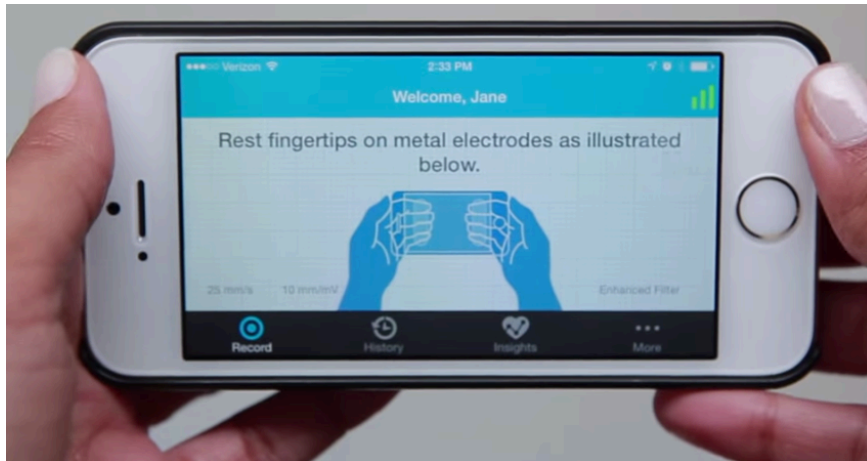
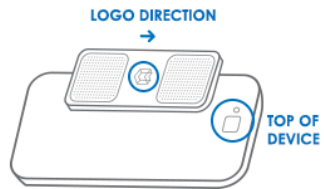
Figure 1. The Internet of Things Was “Born” Between 2008 and 2009



Source: Cisco IBSG, April 2011

# Internet of Medical Things (IoMT)

## 1 Attach the AliveCor Heart Monitor



# Internet of Dental Things (IoDT)





# Internet of Dental Things (IoDT)

**Onvi says it has created the first smart video toothbrush**



<http://www.bizjournals.com/chicago/news/2016/12/06/chicago-startup-onvi-smart-video-toothbrush.html#i1>

# What can we learn from aggregated data?

Big Data – just hype?



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# Data Cemeteries → Sources of Knowledge

"ensuring that electronic repositories become valuable resources rather than expensive investments that are quickly ignored"

Van Knippenberg, D., Dahlander, L., Haas, M., & George, G. (2015). Information, Attention, and Decision Making. *Academy of Management Journal*, 58(3), 649–657.

## Steps

- interoperability = connectedness
- standardization
- data stewardship

*We need to educate decision makers about this!*



# Atul Gawande on the potential of information for health

kinds of information that matter to your health and well-being over time, information about the state of ...

- your internal systems, e.g. imaging, lab-test results
- your living conditions, e.g. housing, environment
- the care you receive, e.g. medications, treatments
- your behaviors, e.g. sleep, exercise

*“The potential of this information is so enormous it is almost scary.”*

*Atul Gawande: The Heroism of Incremental Care, The New Yorker, 2017,  
<http://www.newyorker.com/magazine/2017/01/23/the-heroism-of-incremental-care>*

# What can be done with Big Data?

By integrating claims, clinical, socio-demographic and care management data, you receive both a retrospective and prospective view of your patients and your patient populations.

Clinical data of nearly  
**50** MILLION  
PATIENTS 

Longitudinal claims data of  
**20** YEARS 

Claims data covering over  
**109** MILLION  
LIVES 

- ▶ Identify at-risk patients earlier
- ▶ Preserve patient health
- ▶ Reduce costs
- ▶ Prevent complications

Mayo Clinic (59,000 employees) + UnitedHealth Group  
(\$122 billion corporation) + Optum Labs:

\$300m research study over 5 years:  
repeated in hours, same result

# Why data is a key economic resource



Australian Government  
Productivity Commission

**“The fact that data can be shared, used and reused an unlimited number of times (it is ‘non-rivalrous’ in consumption) makes it an especially valuable resource.”**

Data Availability and Use

Productivity Commission  
Issues Paper

April 2016





**University of Sydney submission to the Productivity Commission's inquiry into Data Availability and Use, July 2016**

.. the value of publicly funded datasets is maximised where (de-identified) data are freely available to researchers, where data is updated regularly and where investment in good data management and curation practices ensure that data is FAIR (**F**indable, **A**ccessible, **I**nteroperable, **R**eusable). Conversely, their value is greatly diminished if access is difficult or denied, or if the data are not curated well.

**For example, oral (dental) and medical clinicians are unable to share crucial healthcare information about mutual patients in their care, resulting in sub-optimal patient outcomes<sup>13,14</sup>**

research outcomes, and provide the platform for researchers to work with government to enhance productivity and economic outcomes, support consumers, and improve

# Vision of a Dental Education Data Warehouse

Credit: Marc Triola, MD  
Associate Dean for Educational Informatics  
NYU School of Medicine



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# The Big Data Context: Dental Education

North America alone

- 60+ dental schools
- 20,000 dental students
- 500 residents
- 167,000 dentists
- 50,000+ patient visits/typical dental school/year

**“big-data science for education”**

**“learning informatics”**

*The Patient Will See You Now: The Future of Medicine is in Your Hands*

Eric Topol



# The Big Data Context: Dental Education

Australia alone

- 9 dental schools
- 20,000 dentists

Sydney (WCOH)

- 500 dental students
- 371 residents, VDO & clinical educators
- 150,000 dental visits/yr

**“big-data science for education”**

**“learning informatics”**

*The Patient Will See You Now: The Future of Medicine is in Your Hands*

Eric Topol

# We collect a LOT of Data in Dental Education

- Big Data and analytics can help us produce better dentists.
- Learning analytics methods to derive actionable knowledge from a sea of data.
- Patient health outcomes are the ultimate indicator of the effectiveness of dental education.

“There’s an entire industry devoted to measuring how important my research is, with impact factors of papers and so on. Yet, we don’t even collect data on how I am teaching.”

Carl Wieman, Nobel Prize winning physicist (Science Vol 340 April 19, 2013)

## Examples: Professionalism, Admissions, Simulation

Does unprofessional behavior in medical school predict disciplinary actions by the state licensing boards?

M Papadakis et al NEJM 2005

Are DAT and GPA predictors for clinical performance?

Do virtual case simulations improve the quality of patient history taking by dental students?

Does simulation clinic performance correlate with the survival time of restorations?

# Data Cemeteries → Sources of Knowledge

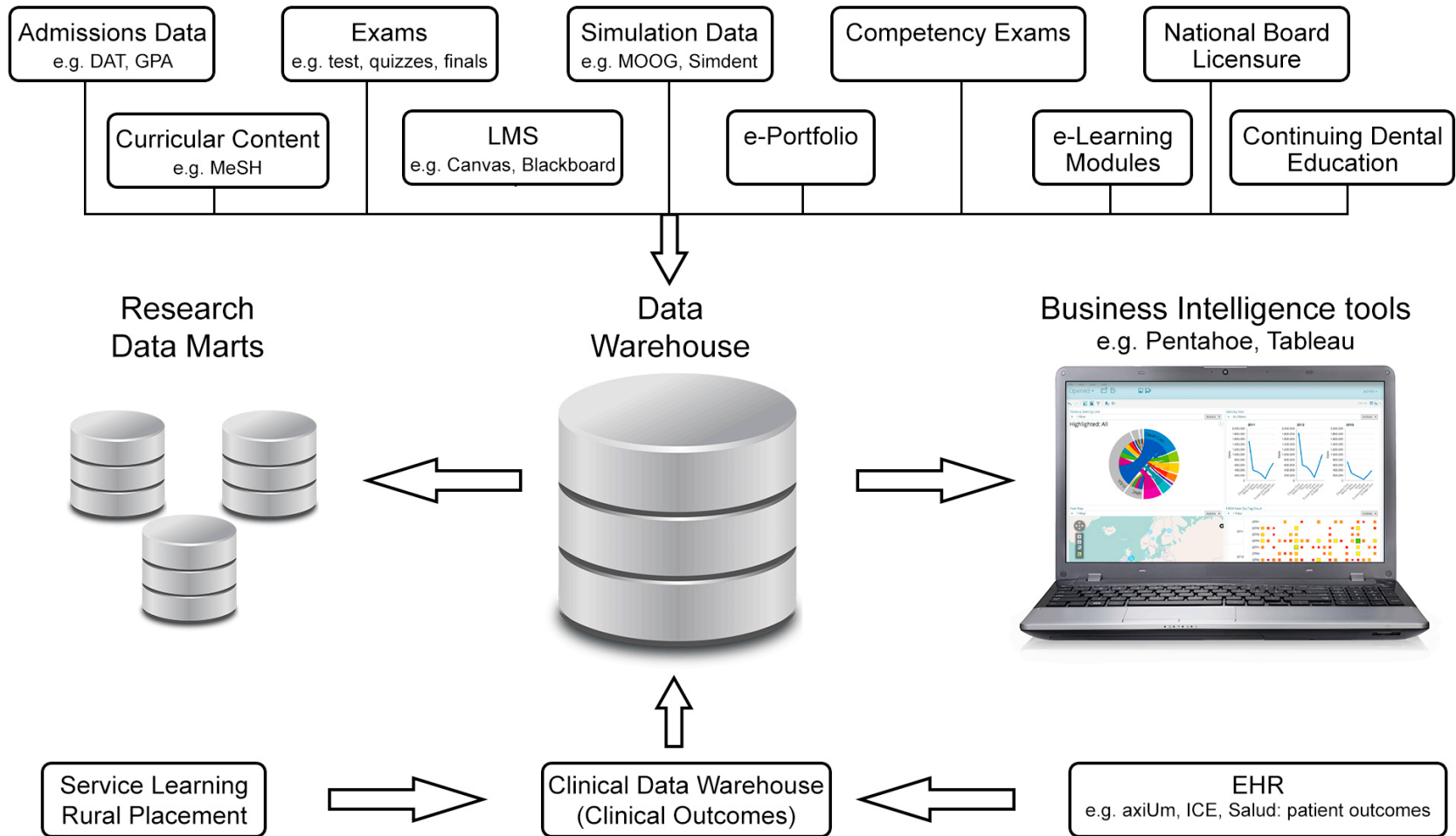
## ‘Education Data Warehouse’

- comprehensive picture of all learners
  - detailed information on the content of our curricula, assessments
  - information about a person’s performance, strengths, weaknesses, interests, experiences
  - model a student’s ‘educational genome’
- guide future learning

Marc Triola



# Dental Education Data Warehouse for "personalized learning"



# Continuous Improvements

Vision of a Learning Health System



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# Learning Health System (LHS)

*Health systems--at any level of scale--become learning systems when they can, continuously and routinely, study and improve themselves*



The NEW ENGLAND  
JOURNAL of MEDICINE

Perspective: Jan 3, 2013

“Code Red and Blue — Safely Limiting  
Health Care’s GDP Footprint”

Arnold Milstein, M.D., M.P.H.

*...U.S. health care needs to adopt new  
work methods, outlined in the Institute of  
Medicine’s vision for a learning health  
system...*

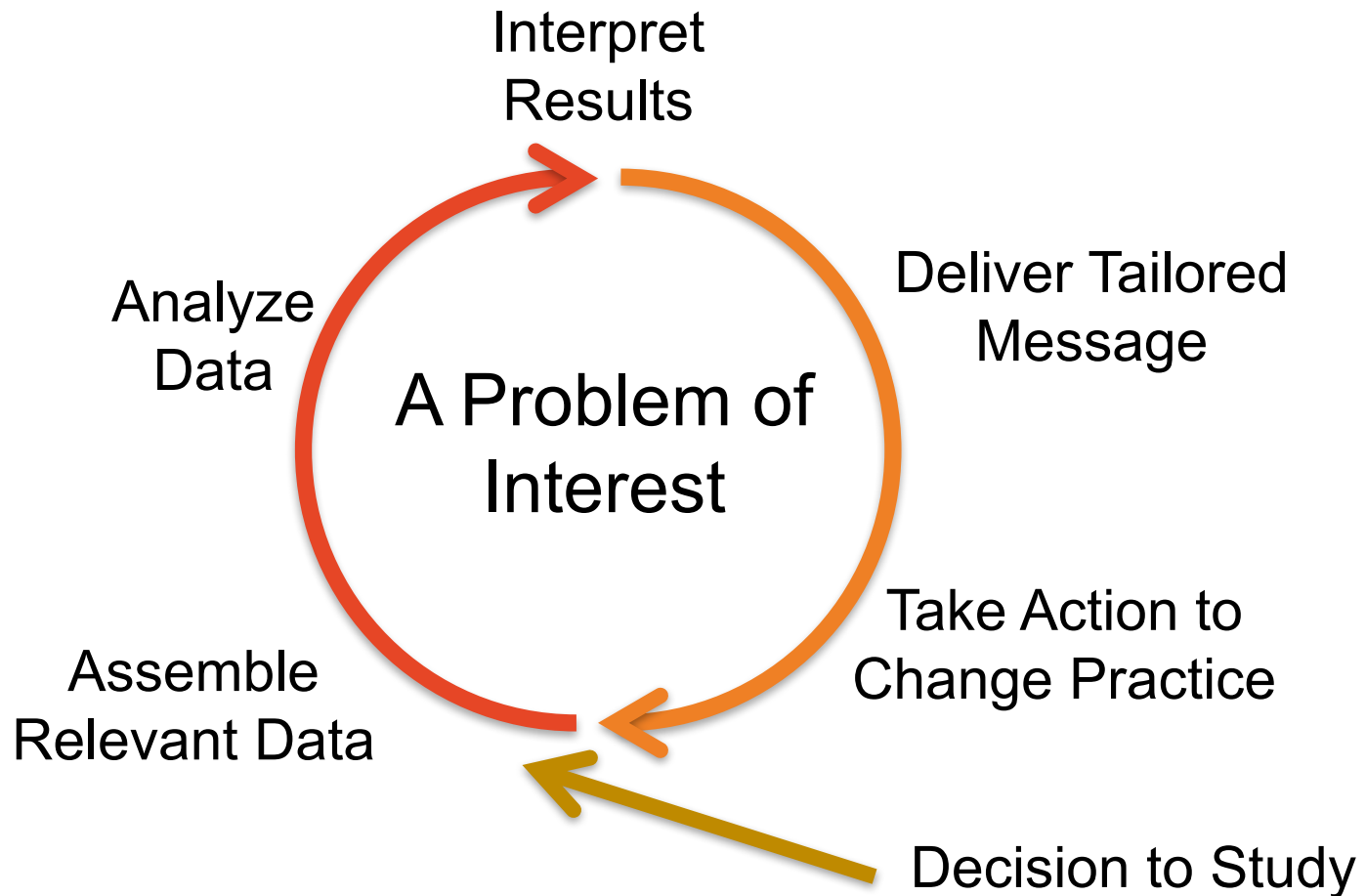
# A Health System That Can Learn

- Every patient's characteristics and experience are available for study
- Best practice knowledge is **immediately available** to support decisions
- Improvement is **continuous** through ongoing study
- This happens **routinely, economically** and almost invisibly
- All of this is part of the culture

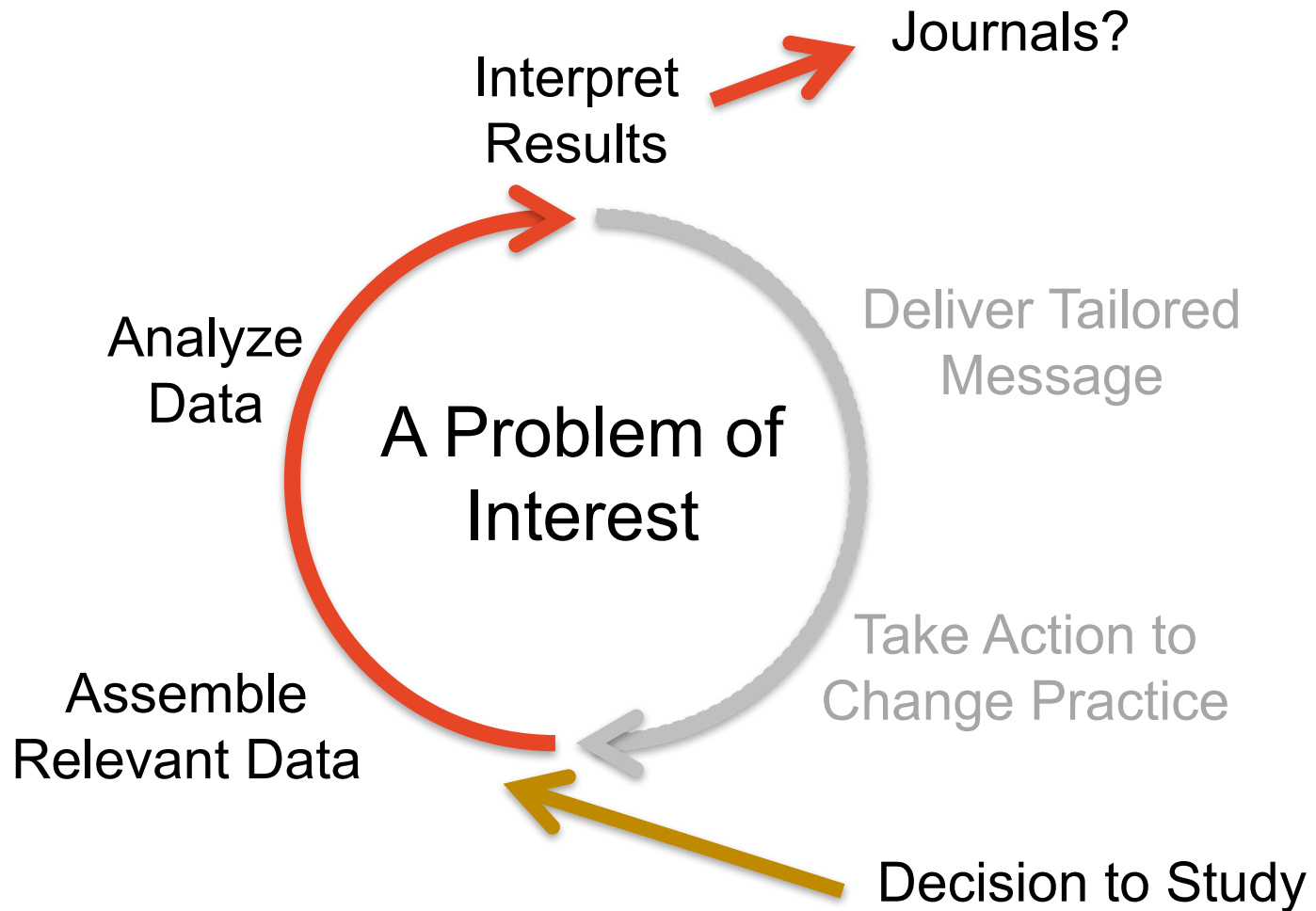
Charles P. Friedman, PhD  
Josiah Macy, Jr. Professor of Medical Education  
Chair, Department of Learning Health Sciences  
Professor of Information and Public Health  
University of Michigan



# The LHS Must Do This

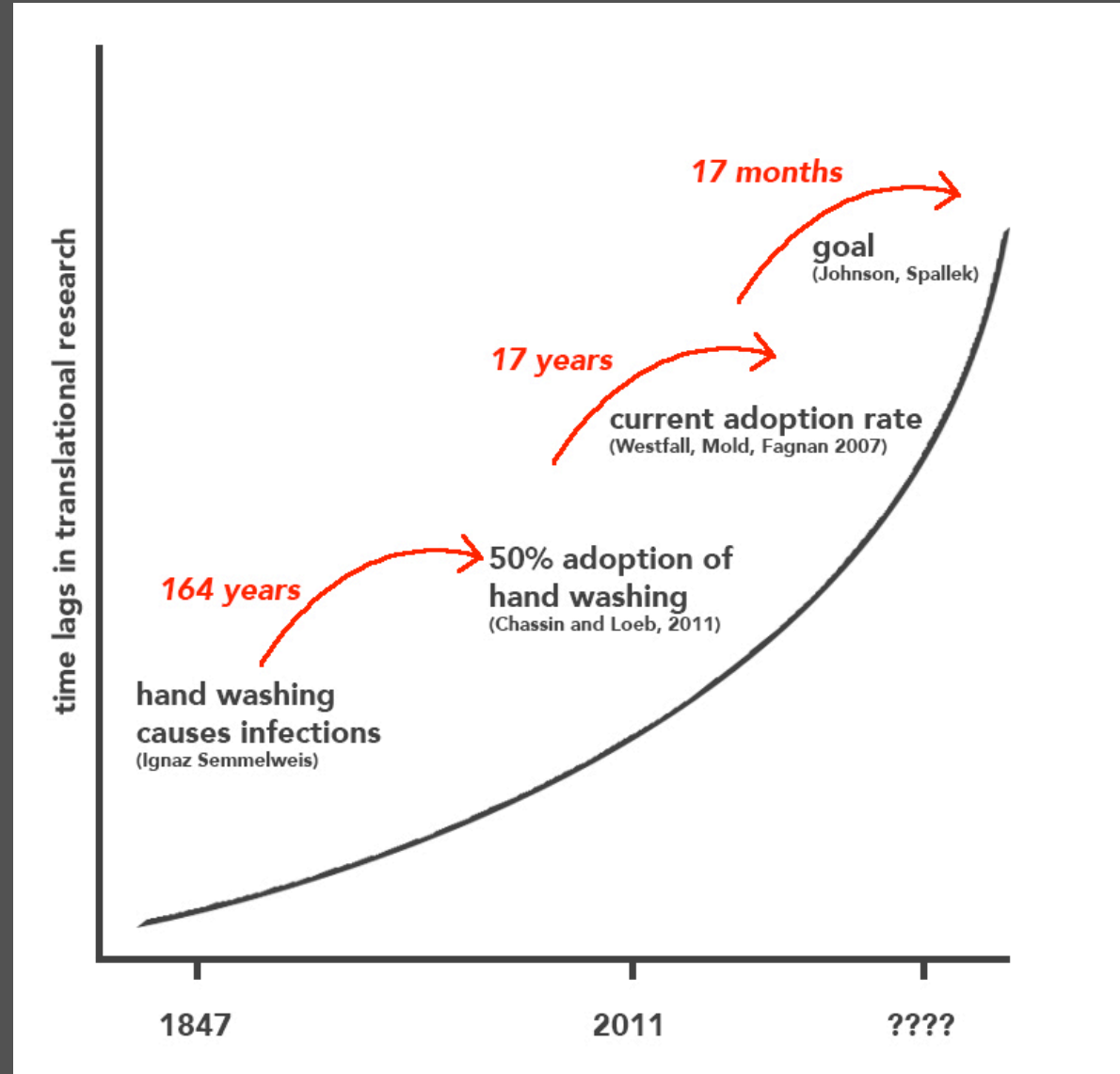
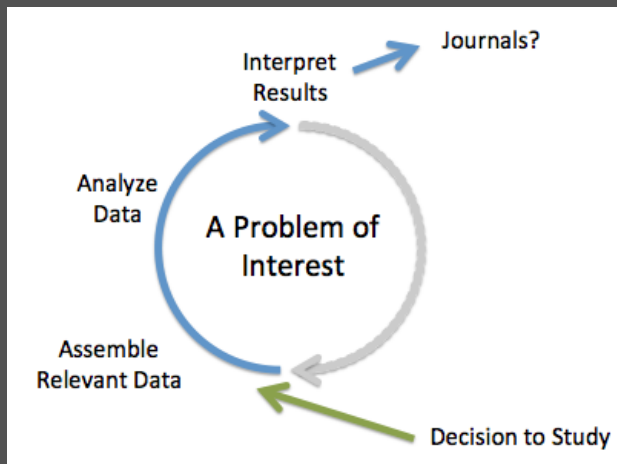
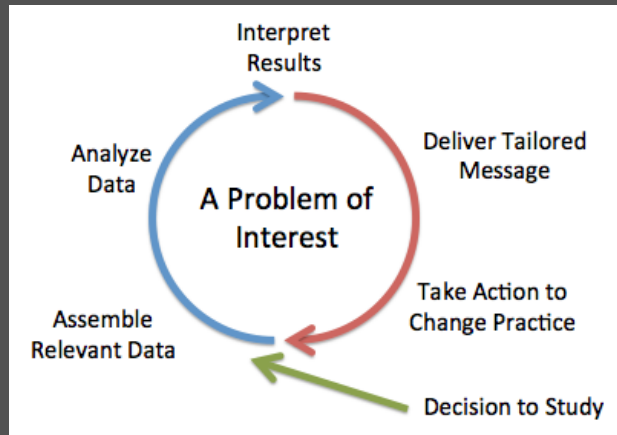


# Not This



# How can we accelerate 17 years to 17 months?

Converting data cemeteries to sources of knowledge



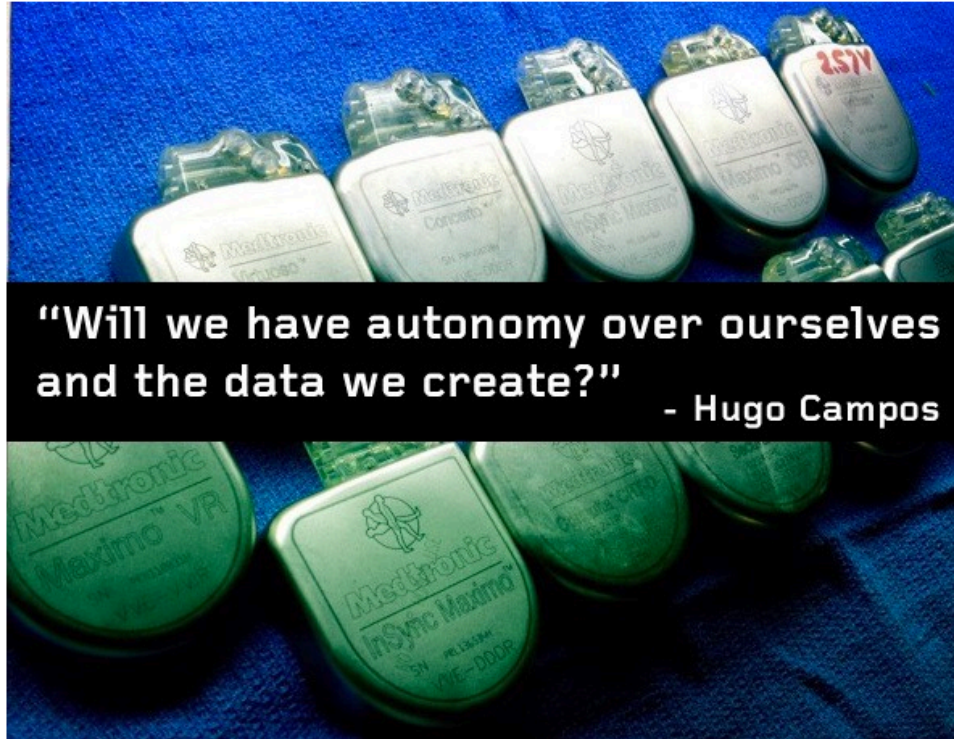
**What are the barriers?**



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# Ownership of Data



## My Device, My Body, My Data

An Access Conversation with Hugo Campos

The Patient Will See You Now: The  
Future of Medicine is in Your Hands  
by Eric Topol

# Data Stewardship

You are here: [The NHS in England](#) / [The NHS](#) / [Records](#) / [Your health records](#) / The care data system

## Your health and care records

About health records Accessing records NHS Number Care.data programme

The care data system

### The care.data programme - collecting information for the health of the nation

The care.data programme will bring together securely, health and social care information from different settings in order to see what's working really well in the NHS and what could be better. Using data in this way is known as data sharing for purposes beyond direct care. Information will only be shared if it will benefit patient care.

## Failure to Heed Patients' Privacy Requests Raises 'Big Data' Concerns in England: Offers Lessons for How Clinical Pathology Lab Test Data Should Be Protected in U.S.

Category: [Compliance, Legal, and Malpractice](#), [dark daily home page](#),

[Laboratory Management and Operations](#), [Laboratory News](#), [Laboratory Operations](#), [Management & Operations](#)

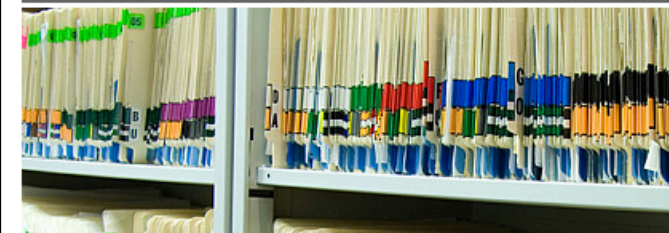
Published: August 14 2015

**National Health Service agency admits to releasing information on 700,000 patients who opted out of nation's new centralized medical-information database**

In the United States, the debate is ongoing about how healthcare data is used while at the same time protecting patient privacy. The outcome of this debate will be increasingly important for [medical laboratories](#) because—in order to deliver more value—labs will want to combine lab test data with other sources of clinical information.

Nearly 1million patients could be having their data shared against their wishes

Calls for an official investigation as it is disclosed that patients opted out to having their GP data shared with insurance firms but have their demands ignored.



## Daily Mail AUSTRALIA

Home | U.K. | U.S. | **News** | World News | Sport | TV&Showbiz | Femail | Health | Science | M  
Latest Headlines | News | World News | Sydney | Melbourne | Brisbane | Malcolm Turnbull | Headlines | Wires |

### NHS to carry on selling patients' medical data to insurance firms despite history of blunders over illegal use of the information

- NHS will continue to sell patients' medical records to insurance firms
- Data includes personal details of diagnoses, dates of birth and postcodes
- Expert said proper checks were now in place to prevent misuse of records

By BEN WILKINSON FOR THE DAILY MAIL

PUBLISHED: 13:42 EST, 27 November 2014 | UPDATED: 21:23 EST, 27 November 2014

Share Twitter Pinterest Google+ Email 17 shares View comments 66

The NHS will continue to sell patients' medical records despite its woeful history of blunders over the illegal use of private data.

The Mail revealed in June that files had been sold to insurance firms and other companies without proper checks and balances.

The data – including highly personal details of patient diagnoses, dates of birth and postcodes – was used to help calculate insurance premiums.

# Re-identification

*The Atlantic*

SUBSCRIBE SEARCH MENU≡

## Stanford Researchers: It Is Trivially Easy to Match Metadata to Real People

True, the telephony metadata that the NSA collects does not include customer names, but it's really no trouble to figure them out.

TEXT SIZE

We randomly sampled 5,000 numbers from our crowdsourced MetaPhone dataset and queried the Yelp, Google Places, and Facebook directories. With little marginal effort and just those three sources—all free and public—we matched 1,356 (27.1%) of the numbers. Specifically, there were 378 hits (7.6%) on Yelp, 684 (13.7%) on Google Places, and 618 (12.3%) on Facebook.

<http://www.theatlantic.com/technology/archive/2013/12/stanford-researchers-it-is-trivially-easy-to-match-metadata-to-real-people/282642/>



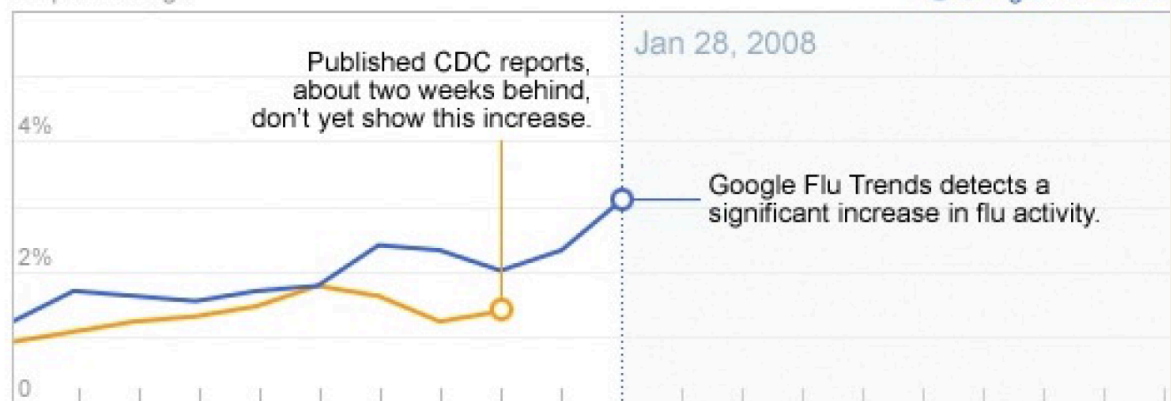
# Garbage in Garbage Out

## Social media for tracking disease outbreaks – fad or way of the future?

October 12, 2016 11.03am AEDT Updated October 13, 2016 4.05pm AEDT

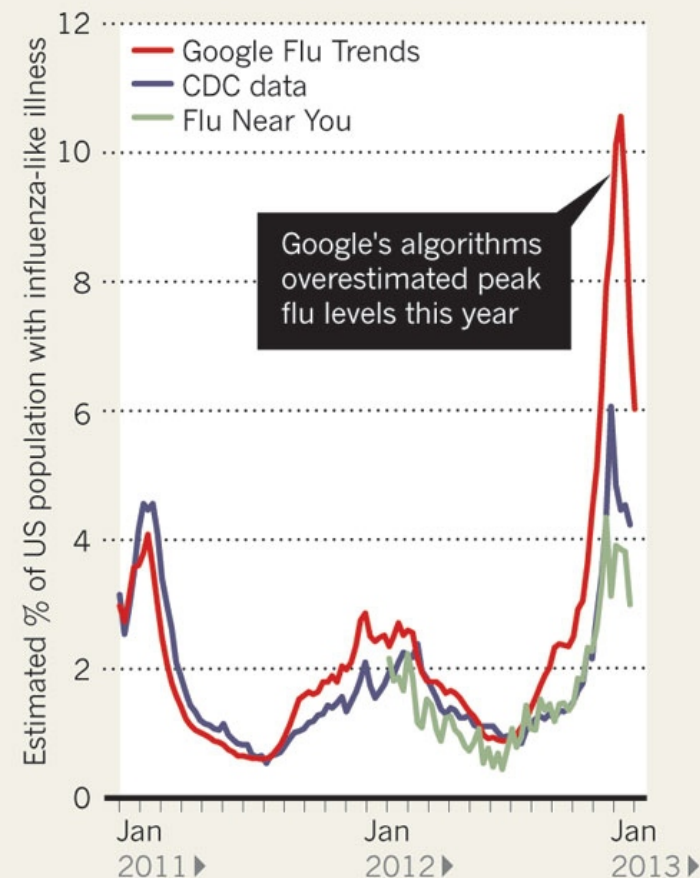
### 2007–2008 U.S. Flu Activity - Mid-Atlantic Region

ILI percentage



## FEVER PEAKS

A comparison of three different methods of measuring the proportion of the US population with an influenza-like illness.



FT Magazine: <http://www.ft.com/intl/cms/s/2/21a6e7d8-b479-11e3-a09a-00144feabdc0.html>

Nature: <http://www.nature.com/news/when-google-got-flu-wrong-1.12413#fever>

The Conversation: <https://theconversation.com/social-media-for-tracking-disease-outbreaks-fad-or-way-of-the-future-66401>



# Analyzing qualitative data

qualitative data = hows & whys

transform qualitative → quantitative: shallow shadow of original form  
e.g. toothache

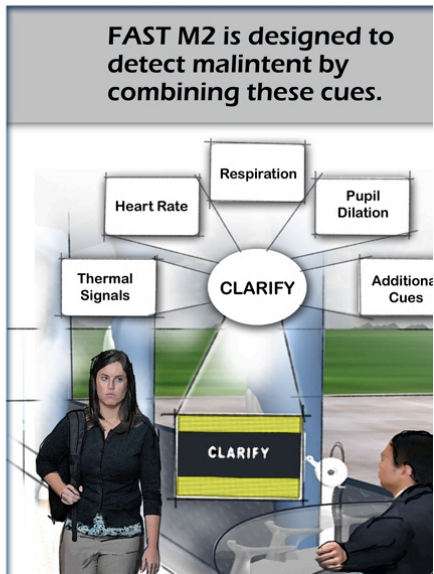
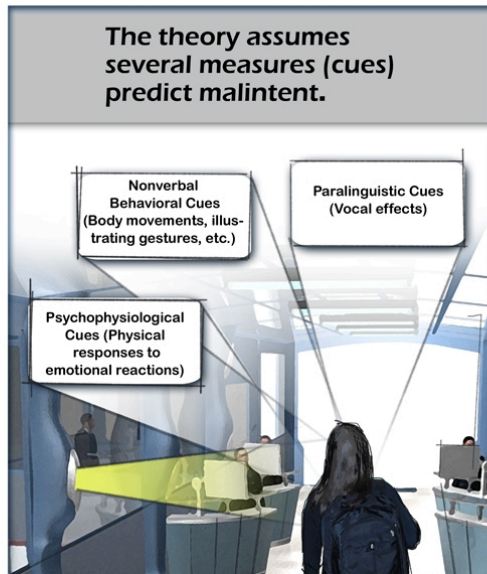
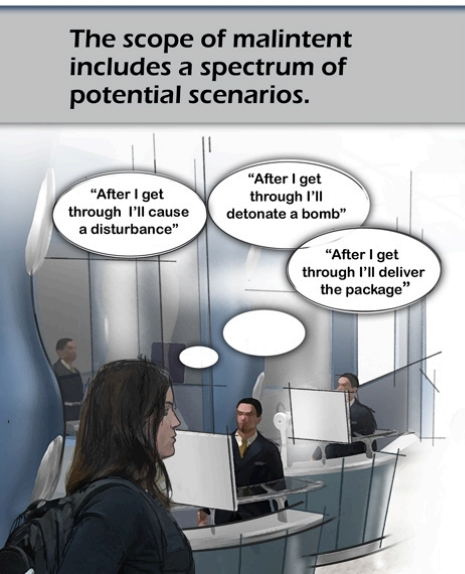
humans explain context when communicating

computers get context during design from engineers

# Privacy “big-data authoritarianism”

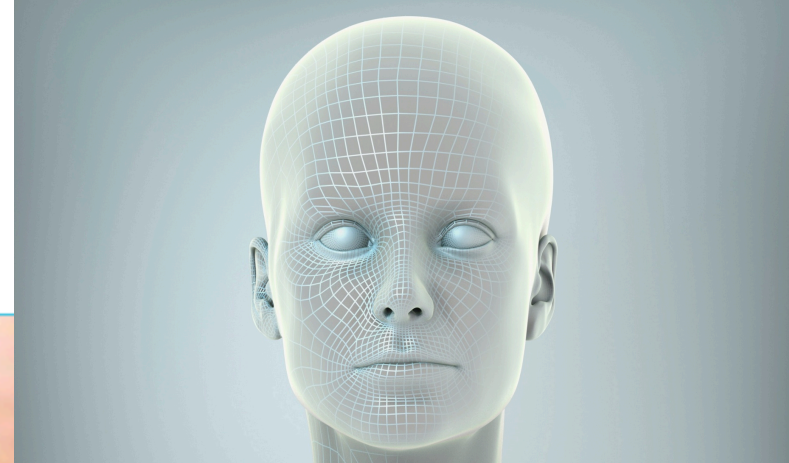


[http://en.wikipedia.org/wiki/Future\\_Attribute\\_Screening\\_Technology](http://en.wikipedia.org/wiki/Future_Attribute_Screening_Technology)



# Super AI

Bostrom, Nick: Superintelligence: Paths, Dangers, Strategies



**Artificial intelligence and nanotechnology 'threaten civilisation'**

🕒 4d 💬 54



**Artificial intelligence will become strong enough to be a concern, says Bill Gates**

🕒 29 Jan 2015



“**Artificial intelligence might be a threat to humans but not for the reasons you think**

**Nigel Shadbolt**

🕒 22 Jan 2015

**Experts including Elon Musk call for research to avoid AI 'pitfalls'**

🕒 12 Jan 2015

**When fridges attack: the new ethics of the Internet of Things**

🕒 8 Sep 2014 💬 4

**Elon Musk: artificial intelligence is our biggest existential threat**

🕒 27 Oct 2014 💬 673

## Current and Future Work

What would an EHR system look like that dentists suddenly can't live without?

Paraphrased from:

When lead engineer of I.B.M.'s Watson's health team, Eric Brown, was asked what the equivalent of the "Jeopardy!" victory would be in medicine, he responded:

"It'll be when we have a technology that physicians suddenly can't live without,"

[http://www.nytimes.com/2015/03/22/opinion/sunday/why-health-care-tech-is-still-so-bad.html?\\_r=0](http://www.nytimes.com/2015/03/22/opinion/sunday/why-health-care-tech-is-still-so-bad.html?_r=0)



# Clinical Decision Support Systems

A Clinic-Randomized Trial of a Clinical Decision Support System to Improve Dental Provider Delivery of Brief Tobacco Interventions and Quitline Referrals

Principal Investigator: Brad Rindal, Healthpartners and Heiko Spallek, University of Sydney

Funding Source: National Institute of Dental and Craniofacial Research (NIDCR) - U01DE026135

Award Period: 8/2/2016 – 7/31/2020

Award Amount: \$2,488,348

Cloud-based *Knowledge-as-a-Service* directly integrated into a dental EHR to support dental providers' delivery of tobacco cessation interventions

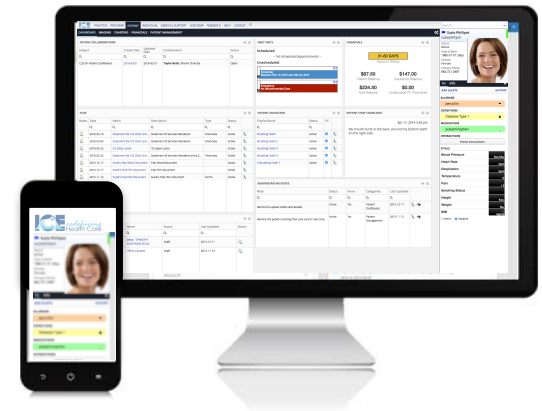
[https://projectreporter.nih.gov/project\\_info\\_description.cfm?aid=9156468](https://projectreporter.nih.gov/project_info_description.cfm?aid=9156468)

# Cloud-based Dental EHR

Dental schools at the Universities of Michigan, Pittsburgh and North Carolina have partnered with Internet2 and ICE Health Systems to develop a cloud based electronic health record for dental education.

## ICE Health Systems on Internet2

<http://www.internet2.edu/products-services/cloud-services-applications/ice-health-systems/>



**Patients** and care providers can all view the record for emergencies and consultations.

# Acknowledgement

- Tanja Bekhuis, PhD, MS, MLIS
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- Jeannie Irwin, PhD
- Lynn Johnson, PhD
- **Joseph Kerr, MBA, PMP**
- Marcos Kreinacke, PhD
- Chris Peck, DMD, PhD
- Deborah Polk, PhD
- Marnie Oakley, DMD
- Brad Rindal, DDS
- Bill Rush, PhD
- Titus Schleyer, DMD, PhD
- Mei Song, PhD
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- Benita Valappil, MPH
- Muhammad Walji, BS, MS, PhD
- Seth Weinberg, BA, MA, PhD
- Debrah Weiner, MD
- Robert Weyant, MS, DMD, DrPH
- many more...





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<http://bit.ly/Heiko-Spallek>

Today's slides:

<http://bit.ly/AIDPH-Spallek>



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