

Panel Discussion: What did I learn?

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2. Reaffirmed: Data-Significance and challenge
3. Questions to participants:
 - ▶ Who has access to healthcare (Hospital) operational data?
 - ▶ Who can cross operational and clinical data?
 - ▶ Who can give me (SAMSI) access to their data?
 - ▶ Who can give me (SAMSI) a relevant (ED, . . .) simulation model?
 - ▶ (Who has) Students trained in both OR and data-analysis?
 - ▶ Who is familiar with an RFID patient-tracking system in a hospital?

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4. Reaffirmed: Dissonance between the desired and actual (minor) role that OR/OM plays in the Healthcare world. For example:
 - ▶ Must sneak into CER/PCORI via a "back-door" (Gatsonis/PCORI):
"4. How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?"
 - ▶ Yet, in our favor: The main clinical performance measure used is operational: ReAdmissions (Shannon). (Compare with Call Centers: First-time resolution, abandonment = LWBS, LAMA)

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- ▶ Dissemination of knowledge (students, postdocs, . . .)
- ▶ Research proposal, to PCORI/NIH/. . . , jointly with local hospital/doctors
- ▶ Access to data
- ▶ Ideas for projects (e.g. undergraduate), case-studies for teaching,. . .

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6. Specific Subject(s): **Data-Based Research of Patient-Flow**

- ▶ A starting point: Shi et al (empirical foundation for Dai's lecture), Armony et al (for my tutorial); SEEStat Tutorial; PCORI
- ▶ EDA analysis: e.g. Congestion Laws
- ▶ Models: Time-Varying, Individualized, . . .
- ▶ Inference: Process (Simulation) Mining, Network (ED) Tomography, . . .
- ▶ Support:
 - ▶ Data Resources
 - ▶ Collaborative Analysis, under proprietary constraints (Extremes: OMOP's model for "patient" users, vs. SEEStat online EDA)
 - ▶ Statistics / Econometrics / Data Analysts: recruiting help (perhaps only beyond EDA)
 - ▶ Simulation: Customized, Flexible ((I used to have one)