## Big data in healthcare: What we (need to) know

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**KUALA LUMPUR, April 21** — The use of big data analytics to document, track and forecast trends is becoming increasingly popular and commonplace in every industry with the goal of increasing productivity and efficiency.

So it should come as no surprise that the government is trying its hand at the use of "big data."

Earlier this week, the Ministry of Health (MoH) launched the Malaysian Health Data Warehouse (MyHDW), which aims to connect public and private hospitals as well as clinics in order to share a variety of information and knowledge including a patient's medical records in a secured system.

According to MoH, MyHDW will synchronise patient data from public and private clinics and hospitals, including university hospitals and Armed Forces hospitals, as well as data from the National Registration Department (NRD), the Department of Statistics, and other "health-related agencies."

In explaining the reason for MyHDW, Health Minister Datuk Seri Dr S. Subramaniam described it as a one-stop centre for health-related data gathered from public and private hospitals which will eventually assist healthcare providers in making more educated decisions in the future treatment of patients.

**Right… but what do we know so far?**

There are obvious benefits using big data in healthcare. It can help enable healthcare providers to predict diseases before an epidemic breaks out, cure ailments and ultimately avoid preventable deaths.

In the case of MyHDW, what we know so far is that work on this project started in 2010. According to a project blueprint made available on their website, it was envisioned to meet the need for a timely provision of health information and management, and to act as a "trusted source of truth" which can be used to "better manage the health system, provide surveillance information and in addition provides a valuable source of data for research."

MoH's contention is the previous methods of collecting health data manually resulted in the creation of multiple systems without integration.

This was not only costly but did not allow a patient's medical records to be shared if treatment at another hospital or healthcare facility was necessary.