Think tank **IDEA at CERGE-EI** and association **Občan** invite you
to a seminar and discussion:

Big Data in Health Policy:
Developing a Microsimulation Tool for Diabetes Care from Medical Records

Velká data ve zdravotní politice: Vývoj mikrosimulačního nástroje pro péči o diabetiky na základě lékařských záznamů

Monday, May 12, 2025 from 2 p.m.

CERGE-EI | Politických vězňů 7, Prague 1
Digital Media Center #402 on the 4th floor

REGISTER for the event by filling out
on-line form at **https://idea.cerge-ei.cz/**

IN-PERSON and **ON-LINE** participation options
are available. The event will be in English.

KEYNOTE SPEAKER
Roland Sturm
Senior Economist and Professor of Policy Analysis,
RAND School of Public Policy

Data is generated at an astonishing rate, yet it is seldom utilized beyond its initial purpose. Private companies face limited incentives to repurpose data for public interest inquiries or to enhance its accessibility. Additionally, various technological, organizational, and legal challenges persist. In the healthcare sector, while electronic health records are now widely adopted, estimates for population health continue to rely on surveys, often published with significant delays of several years. This talk will highlight two projects that leverage "Big Data" to guide public health decisions. The first project assessed a rebate program designed to encourage healthy food purchases, utilizing scanner data from 400 supermarkets. The second ongoing project focuses on developing a new microsimulation tool for diabetes complications predictions, drawing from electronic health records within an integrated health system.

- Tons of health data, but little public benefit – companies have no reason to share.
- Tech, bureaucracy & law: the triple barrier to smarter health data use.
- Digital records are everywhere, yet we still rely on slow, outdated surveys.

- See "Big Data" in action: supermarket receipts reveal food choices; simulations predict diabetes risks.
- $300 billion in U.S. diabetes costs – old models can't keep up. What can we learn from real data on 150,000 patients?

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