# **US Open Claims**

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Data source

Human

Administrative healthcare records (e.g., claims)

# Administrative details

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# PURI

https://redirect.ema.europa.eu/resource/1111132

# Data source ID

1111132

#### Data source acronym

DxHx

## Data holder

**IQVIA** 

## Data source type

Administrative healthcare records (e.g., claims)

# Main financial support

Funding by own institution Funding from industry or contract research

# **Care setting**

Hospital inpatient care Hospital outpatient care Primary care – GP, community pharmacist level Primary care – specialist level (e.g. paediatricians) Secondary care – specialist level (ambulatory)

# Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

No

## Data source website

https://www.iqvia.com/solutions/real-world-evidence/real-world-data-and-

insights

# Contact details

# Sarah Seager



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# Data source regions and languages

## **Data source countries**

**United States** 

**Data source languages** 

English

# Data source establishment

Data source established 15/06/2000

# Data source time span

**First collection:** 01/01/2001 The date when data started to be collected or extracted.

# **Publications**

# Data source publications

Rates of Antipsychotic Drug Prescribing Among People Living With Dementia During the COVID-19 Pandemic. AMA Psychiatry. 2023 Mar 1;80(3):211-219.

Unraveling COVID-19: A Large-Scale Characterization of 4.5 Million COVID-19 Cases Using CHARYBDIS. Clin Epidemiol

International cohort study indicates no association between alpha1 blockers and susceptibility to COVID19 in benign prostatic hyperplasia patients. Front. Pharmacol. 13:945592

# Studies

# List of studies that have been conducted using the data source

Hydroxychloroquine safety and potential efficacy as an antiviral prophylaxis in light of potential wide-spread use in COVID-19: a multinational, large-scale network cohort and self-controlled case series study

# Data elements collected

# The data source contains the following information

## **Disease information**

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

No

#### **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

#### **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

#### Hospital admission and/or discharge

Yes

### **ICU** admission

Is information on intensive care unit admission available?

Yes

# **Cause of death**

Not Captured

### **Prescriptions of medicines**

Captured

#### **Dispensing of medicines**

Captured

#### **Dispensing vocabulary**

RxNorm

#### Advanced therapy medicinal products (ATMP)

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

No

#### Contraception

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

Yes

#### Indication for use

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

## **Medical devices**

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

Yes

# Administration of vaccines

Yes

### **Procedures**

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

#### Healthcare provider

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available? The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

#### **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

No

## **Genetic data**

Are data related to genotyping, genome sequencing available?

#### Not Captured

#### **Biomarker data**

Does the data source capture biomarker information? The term "biomarker" refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

#### Not Captured

#### **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

No

#### **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

#### Units of healthcare utilisation

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

Yes

#### Unique identifier for persons

Are patients uniquely identified in the data source?

Yes

#### **Diagnostic codes**

Captured

## Diagnosis / medical event vocabulary

SNOMED

#### **Medicinal product information**

Captured

#### Medicinal product information collected

Active ingredient(s)

Brand name

Route of administration

Strength

# Medicinal product vocabulary

Other

RxNorm

# If 'other,' what vocabulary is used?

CVX

# **Quality of life measurements**

Not Captured

## Lifestyle factors

Not Captured

# Sociodemographic information

Captured

## Sociodemographic information collected

Gender

# Quantitative descriptors

# Population Qualitative Data

## Population age groups

Paediatric Population (< 18 years) Children (2 to < 12 years) Adolescents (12 to < 18 years) Adults (18 to < 46 years) Adults (46 to < 65 years) Elderly (≥ 65 years) Adults (65 to < 75 years) Adults (75 to < 85 years) Adults (85 years and over)

Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)

Insured population

# Population

#### **Population size**

829894536

#### Active population size

336660267

# Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	175637939	64329553
Children (2 to < 12 years)	91395957	35627829
Adolescents (12 to < 18 years)	55289858	22627045

Age group	Populationsize	Active populationsize
Adults (18 to < 46 years)	311139642	116951583
Adults (46 to < 65 years)	178644675	81936192
Elderly ( $\geq$ 65 years)	164472280	73442939
Adults (65 to < 75 years)	93752040	40355590
Adults (75 to < 85 years)	60599786	23204192
Adults (85 years and over)	10120454	9883157

# Median observation time

Median time (years) between first and last available records for unique individuals captured in the data source 1282.00

Median time (years) between first and last available records for unique active individuals (alive and currently registered) capt 3673.00

# Data flows and management

# Access and validation

## **Governance details**

Documents or webpages that describe the overall governance of the data source and processes and procedures for data capture and management, data quality check and validation results (governing data access or utilisation for research purposes).

https://www.pharmacoepi.org/resources/policies/guidelines-08027/

### **Biospecimen access**

Are biospecimens available in the data source (e.g., tissue samples)?

No

# Access to subject details

Can individual patients/practitioners/practices included in the data source be contacted?

No

# Event triggering registration

# Event triggering registration of a person in the data source

Insurance coverage start

## Event triggering de-registration of a person in the data source

Death Emigration Insurance coverage end Loss to follow up

## Event triggering creation of a record in the data source

Reinbursment purpose

# Data source linkage

Linkage

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

# Data management specifications that apply for the data source

# Informed consent for use of data for research

Not Required

## Possibility of data validation

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

No

## Data source preservation

Are records preserved in the data source indefinitely?

Yes

# **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

No

# Common Data Model (CDM) mapping

# **CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

Yes

**CDM Mappings** 

#### **CDM name**

OMOP

# **CDM** website

https://www.ohdsi.org/Data-standardization/

# Data source ETL CDM version

5.3.1

## Data source ETL frequency

4,00 months

#### Data source ETL status

Completed