

# US Open Claims

**First published:** 01/02/2024

**Last updated:** 18/04/2024

Data source

Administrative healthcare claims

## Administrative details

### Administrative details

**PURI**

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

---

**Data source ID**

1111132

---

**Data source acronym**

DxHx

---

**Data holder**

[IQVIA](#)

---

**Data source type**

Administrative healthcare 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

Main

[sarah.seager@iqvia.com](mailto:sarah.seager@iqvia.com)

## 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

---

## Advance 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

---

### **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

**Active population size**

336660267

## 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) captured**

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

# 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