

# Health Data Research Platform of the Balearic Islands (PRISIB)

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

**Last updated:** 18/06/2025

Data source

Human

Hospital inpatient records

Pharmacy dispensing records

Primary care medical records

## Administrative details

### Administrative details

**Data source ID**

1111142

---

**Data source acronym**

PRISIB

---

**Data holder**

[Balearic Islands Public Health System \(IBSalut\)](#)

---

**Data source type**

Hospital inpatient records

Pharmacy dispensing records

Primary care medical records

---

## Main financial support

National, regional, or municipal public funding

---

## Care setting

Hospital inpatient care

Primary care – GP, community pharmacist level

---

## 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.

Yes

---

## Description of the qualification

EHDEN data partner certification

---

## Data source website

[IdISBa - PRISIB](#)

## Contact details

PRISIB IdISBA [idisba.prisib@ssib.es](mailto:idisba.prisib@ssib.es)

Main

[idisba.prisib@ssib.es](mailto:idisba.prisib@ssib.es)

Pau Pericàs [pau.pericas@ibsalut.es](mailto:pau.pericas@ibsalut.es)

Alternate

[pau.pericas@ibsalut.es](mailto:pau.pericas@ibsalut.es)

## Data source regions and languages

## Data source countries

Spain

---

## Data source languages

Catalan

Spanish

---

## Data source regions

Illes Balears [Islas Baleares]

## Data source establishment

### Data source established

15/06/2013

---

### Data source time span

**First collection:** 15/06/2005

The date when data started to be collected or extracted.

## Publications

### Data source publications

[Geographical Distribution and Social Justice of the COVID-19 Pandemic: The Case of Palma \(Balearic Islands\)](#)

[Health and access to healthcare in homeless people](#)

[Analysis of the impact of social determinants and primary care morbidity on population health outcomes by combining big data: A research protocol](#)

[Development and Evaluation of a Digital Health Intervention to Prevent Type 2 Diabetes in Primary Care: The PREDIABETEXT Study Protocol for a Randomised](#)

Clinical Trial

Health Ministry Precision Medicine infrastructure (Infraestructura de Medicina de Precisión asociada a la Ciencia y la Tecnología - IMPaCT)

## Studies

List of studies that have been conducted using the data source

DARWIN EU® - Capturing suicidality and depression related variables in databases

DARWIN EU® - Population demographics and disease frequency across the DARWIN EU® network

## 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.

Yes

---

## **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**

Captured

---

## **Cause of death vocabulary**

Not coded (Free text)

---

## **Prescriptions of medicines**

Captured

---

## **Prescriptions vocabulary**

ATC

other

---

## **Prescriptions vocabulary, other**

National Drug Registry

---

## **Dispensing of medicines**

Captured

---

## **Dispensing vocabulary**

ATC

other

---

## **Dispensing vocabulary, other**

National Drug Registry

---

## **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?

No

---

## **Indication for use**

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

Captured

---

## **Indication vocabulary**

ICD-9-CM

ICPC-2

SNOMED

---

## **Medical devices**

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

No

---

## **Administration of vaccines**

Yes

---

## **Procedures**

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

Captured

---

## **Procedures vocabulary**

ICD-10

ICD-9-CM

SNOMED

---

## **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?

Yes

---

## **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

---

## **Genetic data vocabulary**

Other

---

## **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.

Captured

---

## **Biomarker data vocabulary**

Other

---

## **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**

ICD-10

ICD-9-CM

ICPC-2

SNOMED

---

### **Medicinal product information**

Captured

---

### **Medicinal product information collected**

Active ingredient(s)

Brand name

Dose

Formulation

Route of administration

---

### **Medicinal product vocabulary**

ATC

---

### **Quality of life measurements**

Captured

---

### **Quality of life measurements vocabulary**

Not coded (Free text)

---

### **Lifestyle factors**

Captured

---

### **Lifestyle factors**

Alcohol use

Diet

Tobacco use

---

## **Sociodemographic information**

Captured

---

## **Sociodemographic information collected**

Age

Country of origin

Deprivation index

Health area

Living in rural area

Pharmaceutical copayment

Sex

## Quantitative descriptors

## Population Qualitative Data

### **Population age groups**

Paediatric Population (< 18 years)

Neonate

Preterm newborn infants (0 - 27 days)

Term newborn infants (0 - 27 days)

Infants and toddlers (28 days - 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adult and elderly population ( $\geq 18$  years)

Adults (18 to < 65 years)  
Adults (18 to < 46 years)  
Adults (46 to < 65 years)  
Elderly ( $\geq$  65 years)  
Adults (65 to < 75 years)  
Adults (75 to < 85 years)  
Adults (85 years and over)

---

**Estimated percentage of the population covered by the data source in the catchment area**

100% (Actually, we have access to data of a lot of visitors that are not part of the permanent population)

## Family linkage

**Family linkage available in the data source permanently or can be created on an ad hoc basis**

Ad hoc

## Population

**Population size**

2500000

---

**Active population size**

1300000

## Population by age group

| Age group                                  | Active population size |
|--|------------------------|
| Paediatric Population (< 18 years)         | 208048                 |
| Term newborn infants (0 - 27 days)         | 551                    |
| Infants and toddlers (28 days - 23 months) | 15411                  |
| Children (2 to < 12 years)                 | 113563                 |
| Adolescents (12 to < 18 years)             | 77834                  |
| Adults (18 to < 46 years)                  | 491139                 |
| Adults (46 to < 65 years)                  | 356066                 |
| Elderly ( $\geq$ 65 years)                 | 207988                 |
| Adults (65 to < 75 years)                  | 109968                 |
| Adults (75 to < 85 years)                  | 67933                  |
| Adults (85 years and over)                 | 30087                  |

## Data flows and management

### Access and validation

#### Biospecimen access

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

Yes

---

#### Biospecimen access conditions

Our research institute has a Biobank. With proper Ethics approval this specimens could be accessed

---

### **Access to subject details**

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

Yes

---

### **Description of data collection**

EHR in public primary care and hospitals

## Event triggering registration

### **Event triggering registration of a person in the data source**

Birth

Insurance coverage start

Practice registration

Residency obtained

---

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

Being in the census or any contact with the public health system

## 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

---

### **Linkage description, pre-linked**

Across the different systems and tables there are a few unique identifiers for every record.

---

### **Linkage description, possible linkage**

We can link every user with the coordinates of their home or place of care. By having the National ID number or passport of every user we can match any other public source

## Linked data sources

### **Pre linked**

Is the data source described created by the linkage of other data sources?

No

---

### **Data source, other**

Census

---

### **Linkage strategy**

Deterministic

---

### **Linkage variable**

DNI

---

### **Linkage completeness**

The access to personal data from the national statistics institute is restricted, so may be needed to aggregate users in order to match with those sources.

### **Pre linked**

Is the data source described created by the linkage of other data sources?

Yes

---

**Data source, other**

CMBD – Codification of Hospital Care episodes

---

**Linkage strategy**

Deterministic

---

**Linkage variable**

Health Record Number (NHC), Health Card registration number(CIP), National ID (DNI), Unique Personal Identification numbre (UIP)

**Pre linked**

Is the data source described created by the linkage of other data sources?

No

---

**Data source, other**

Continous Home Survey

---

**Linkage strategy**

Deterministic

---

**Linkage variable**

DNI

---

**Linkage completeness**

The access to personal data from the national statistics institute is restricted, so may be needed to aggregate users in order to match with those sources.

**Pre linked**

Is the data source described created by the linkage of other data sources?

Yes

---

**Data source, other**

Electronic prescription system

---

**Linkage strategy**

Deterministic

---

**Linkage variable**

Health Record Number (NHC), Health Card registration number(CIP), National ID (DNI), Unique Personal Identification numbre (UIP)

**Pre linked**

Is the data source described created by the linkage of other data sources?

Yes

---

**Data source, other**

ESIAP - Primary Care Information System

---

**Linkage strategy**

Deterministic

---

**Linkage variable**

Health Record Number (NHC), Health Card registration number(CIP), National ID (DNI), Unique Personal Identification numbre (UIP)

---

### **Linkage completeness**

By design, all records should be completely linked across the systems

### **Pre linked**

Is the data source described created by the linkage of other data sources?

No

---

### **Data source, other**

GIS

---

### **Linkage strategy**

Deterministic

---

### **Linkage variable**

DNI

---

### **Linkage completeness**

The access to personal data from the national statistics institute is restricted, so may be needed to aggregate users in order to match with those sources.

## Data management specifications that apply for the data source

### **Data source refresh**

Quarterly

---

### **Informed consent for use of data for research**

Waiver

---

### **Possibility of data validation**

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

Yes

---

### **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?

Yes

---

### **Data source last refresh**

28/05/2025

## **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**

5.4

---

**Data source ETL frequency**

3,00 months

---

**Data source ETL status**

Completed

---

**Data source ETL specifications (link)**

<https://hdl.handle.net/20.500.13003/20361>