

# IQVIA Medical Research Data - OMOP

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

**Last updated:** 15/02/2024

Data source

Primary care medical records

## Administrative details

### Administrative details

**PURI**

<https://redirect.ema.europa.eu/resource/1111143>

---

**Data source ID**

1111143

---

**Data source acronym**

IMRD

---

**Data holder**

[IQVIA](#)

---

**Data source type**

Primary care medical records

---

**Main financial support**

Funding by own institution

Funding from industry or contract research

---

**Care setting**

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.

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)

Louise Pinder

Alternate

[louise.pinder@iqvia.com](mailto:louise.pinder@iqvia.com)

## Data source regions and languages

#### Data source countries

United Kingdom

United Kingdom (Northern Ireland)

---

#### Data source languages

English

## Data source establishment

#### Data source established

01/01/1990

---

#### Data source time span

**First collection:** 01/01/1990

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.](#)

Can We Rely on Results From IQVIA Medical Research Data UK Converted to the Observational Medical Outcome Partnership Common Data Model?: A Validation Study Based on Prescribing Codeine in Children. Clin Pharmacol Ther. 2020 Apr;107(4):915-925.

Comparative Effectiveness and Safety Between Apixaban, Dabigatran, Edoxaban, and Rivaroxaban Among Patients With Atrial Fibrillation: A Multinational Population-Based Cohort Study. Ann Intern Med. 2022 Nov;175(11):1515-1524. doi: 10.7326/M22-0511. Epub 2022 Nov 1.

## Studies

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

Study of exposure and use patterns of alternatives to ranitidine-containing medicines in patients treated with ranitidine (Ranitidine)

Incidence rates of morphea, systemic sclerosis and scleroderma

Incidence rates of Cutaneous T-Cell Lymphomas (CTCL) among patients with atopic dermatitis (AD)

Incidence rates of vulval ulceration following Comirnaty vaccine

Background incidence rates of Interstitial Lung Disease

Incidence rates of pemphigus and pemphigoid following COVID-19 vaccines

Incidence of phimosis and paraphimosis in patients treated with SGLT2 inhibitors

Association between exposure to GLP-1 receptor agonists and risk of suicide-related and self-harm-related events

Association between use of direct oral anticoagulants (DOACs) and increased risk of interstitial lung disease

## 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

No

---

## ICU admission

Is information on intensive care unit admission available?

No

---

## Cause of death

Captured

---

## Prescriptions of medicines

Captured

---

## Prescriptions vocabulary

RxNorm

---

## Dispensing of medicines

Captured

---

## Dispensing vocabulary

other

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?

Captured

---

### **Indication vocabulary**

SNOMED

---

### **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

---

### **Procedures vocabulary**

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?

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.

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?

Yes

---

### **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

Captured

---

## Quality of life measurements vocabulary

other

---

## Lifestyle factors

Captured

---

## Lifestyle factors

Other  
Tobacco use

---

## Sociodemographic information

Captured

---

## Sociodemographic information collected

Deprivation index  
Ethnicity  
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)

---

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

23%

---

**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)**  
General population, registered within the GP practice

## Family linkage

**Family linkage available between the following persons**

Household

## Population

**Population size**

5187327

## Active population

**Active population size**

2160606

## Median observation time

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

1717.00

---

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

2803.00

## 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.iqvia.com/locations/united-kingdom/information-for-members-of-the-public/medical-research-data>

### **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

---

### **Description of data collection**

Non-identified patient records collected from patient management software used by GPs to document patients' clinical records

## **Event triggering registration**

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

Practice registration

---

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

Death

Emigration

Other

Practice deregistration

---

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

Practice transfer

## **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?

No

## **Data management specifications that apply for the data source**

**Data source refresh**

Every 6 months

---

**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?

Yes

---

**Data source last refresh**

01/12/2022

## 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 frequency**

4,00 months

---

**Data source ETL status**

Completed