## **Nivel Primary Care Database**

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

Last updated: 17/10/2024

Data source



**Primary care medical records** 

## Administrative details

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#### **PURI**

https://redirect.ema.europa.eu/resource/1111223

#### **Data source ID**

1111223

#### Data source acronym

Nivel-PCD

#### **Data holder**

Netherlands Institute for Health Services Research (Nivel)

#### **Data source type**

Primary care medical records

#### Main financial support

National, regional, or municipal public funding

#### **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.

Yes

#### **Description of the qualification**

NEN7510; ISO 27001

#### **Data source website**

https://www.nivel.nl/en/nivel-primary-care-database

#### Contact details

#### Karin Hek



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## Data source regions and languages

#### **Data source countries**

Netherlands

#### **Data source languages**

Dutch

#### Data source establishment

#### **Data source established**

01/01/2011

#### **Data source time span**

First collection: 01/01/2011

The date when data started to be collected or extracted.

### **Publications**

## Data source publications

Immediate release fentanyl in general practices: Mostly off-label prescribing

Detection of primary Sjögren's syndrome in primary care: developing a classification model with the use of routine healthcare data and machine learning

Estimating Morbidity Rates Based on Routine Electronic Health Records in Primary Care: Observational Study

Electronic Health Record-Triggered Research Infrastructure Combining Realworld Electronic Health Record Data and Patient-Reported Outcomes to Detect Benefits, Risks, and Impact of Medication: Development Study.

Pattern of oral anticoagulant prescribing for atrial fibrillation in general practice: an observational study in The Netherlands

### 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.

Yes

#### Disease details (other)

COVID-19 in a subset of approximately 400 patients (see

https://pubmed.ncbi.nlm.nih.gov/37607170/)

#### 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

No

#### **ICU** admission

Is information on intensive care unit admission available?

No

#### Cause of death

Not Captured

#### **Prescriptions of medicines**

Captured

#### **Prescriptions vocabulary**

ATC

#### **Dispensing of medicines**

Not Captured

#### 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?

Captured

#### **Indication vocabulary**

ICPC-1

#### **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**

Other

#### **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

#### **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

ICPC-1

#### **Medicinal product information**

Captured

#### Medicinal product information collected

Brand name

Dosage regime

Dose

Route of administration

St	re	n	a	th
			~	

#### **Medicinal product vocabulary**

**ATC** 

Z-index (G-standard)

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

Not Captured

#### **Lifestyle factors**

Captured

#### **Lifestyle factors**

Tobacco use

#### **Sociodemographic information**

Captured

## Sociodemographic information collected

Age

Gender

Health area

Living in rural area

## Quantitative descriptors

## Population Qualitative Data

#### **Population age groups**

Paediatric Population (< 18 years)

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)

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

8-10%

# 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)

We collect data from Dutch citizens registered at GPs participating in Nivel Primary Care Database. We do not collect data from patients of other GPs, and from patients not registrered at a GP. Almost all Dutch citizens are registered at a GP, exceptions are patients living in nursing homes for example.

## Family linkage

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

Ad hoc

## **Population**

#### **Population size**

4040000

#### **Active population size**

1851000

## Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	737000	346000
Infants and toddlers (28 days - 23 months)	96000	37000
Children (2 to < 12 years)	413000	191000
Adolescents (12 to < 18 years)	243000	124000
Adults (18 to < 46 years)	1500000	638000
Adults (46 to < 65 years)	978000	491000
Elderly (≥ 65 years)	823000	375000
Adults (65 to < 75 years)	412000	209000

Age group	Population size	Active population size
Adults (75 to < 85 years)	271000	127000
Adults (85 years and over)	138000	38000

#### Median observation time

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

4.00

Median time (years) between first and last available records for unique active individuals (alive and currently registered) capt 6.00

## 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.nivel.nl/sites/default/files/bestanden/governance-document-nzr-3.pdf

#### 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?

Yes

#### **Description of data collection**

An extraction of the GP Electronic Health Record (outpatient electronic health record) is made. We receive weekly extractions for surveillance purposes and yearly extractions that are used for other research purposes. Data are pseudonimized within the GP practice and we receive pseudonimized data, consisting of coded fields and hardly and free text fields.

## Event triggering registration

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

Insurance coverage start

Other

Practice registration

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

Start of insurance coverage is related to birth, but we do not know the exact birth date

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

Insurance coverage end

Other

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

End of insurance coverage is related to death, but we do not know the exact death date for most of the cases.

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

Prescriptions: prescription of a medicin; Contacts: claim of a contact; Journal: change in the patient record; referral: referral done via module of Zorgdomein; lab measurement: change in the lab measurement dossier

## 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

#### Linked data sources

#### Pre linked

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

No

#### Data source, other

Cancer registry (Nederlandse Kanker Registratie)

Probabilistic	
Linkage variable	
Pseudonimized combination of sex, birthdate and postal code	
Linkage completeness	
Almost 100%	
Pre linked	
Is the data source described created by the linkage of other data sources?	
No	
Data source, other	
Claims data	
Linkage strategy	
Deterministic	

## Linkage variable

Pseudonimized citizen service number

## Linkage completeness

Almost 100%

#### **Pre linked**

Is the data source described created by the linkage of other data sources?
Yes
Data source, other
GP-out-of-hours service use, paramedical health care use
Linkage strategy
Deterministic
Linkage variable
Pseudonimized citizen service number
Linkage completeness
Approximately 80% for GP out-of-hours services, and less for paramedical
services
Pre linked
Is the data source described created by the linkage of other data sources?
No
Data source, other
Pharmacy dispensing database (Stichting Farmaceutische Kengetallen)

## Linkage strategy

Probabilistic

## Linkage variable

Pseudonimized combination of sex, birthdate and postal code

#### Linkage completeness

Almost all can be linked (coverage SFK database 95%)

#### **Pre linked**

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

No

#### Data source, other

Sociodemographic data, mortality data, family linkage data (CBS)

#### Linkage strategy

Deterministic

#### Linkage variable

Pseudonimized citizen service number

#### Linkage completeness

Almost 100%

#### **Pre linked**

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

Yes

#### Data source, other

Zorgdomein (referral database)

#### **Linkage strategy**

Deterministic

#### Linkage variable

Pseudonimized citizen service number

#### Linkage completeness

Available from 2015 for approximately 100 GP practices, extended to almost 300 practices from 2021 on.

## Data management specifications that apply for the data source

#### **Data source refresh**

Yearly

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

Required for intervention studies

#### 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**

01/06/2023

## Common Data Model (CDM) mapping

#### **CDM** mapping

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

No