Mortality Information System

First published: 01/02/2024

Last updated: 17/10/2024

Data source | Human | Administrative healthcare records (e.g., claims)

Administrative details

Administrative details

Data source ID

24585

Data source acronym

MIS

Data holder

Department of Epidemiology of the Regional Health Service - Lazio

Data source type

Administrative healthcare records (e.g., claims)

Main financial support

Funding by own institution

Care setting

Other

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.deplazio.net

Contact details

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Main

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Data source regions and languages

Data source countries

Italy

Data source languages

Italian

Data source regions

Lazio

Data source establishment

Data source established

01/01/1987

Data source time span

First collection: 01/01/1987

The date when data started to be collected or extracted.

Last collection: 31/12/2019

If data collection in the data source has ceased, the date new records last entered the data source.

Publications

Data source publications

Belleudi V, Di Martino M, Cascini S, Kirchmayer U, Pistelli R, Formoso G, Fusco D, Davoli M, Agabiti N OUTPUL Study Group. The impact of adherence to inhaled drugs on 5-year survival in COPD patients: a time dependent approach.Pharmacoepidemiol Drug Saf. 2016 Nov25(11):1295-1304. doi: 10.1002/pds.4059. Epub 2016 Jul 11.

Kirchmayer U, Cascini S, Agabiti N, Di Martino M, Bauleo L, Formoso G, Voci C, Pistelli R, Patorno E, Davoli M, and on behalf of the OUTPUL study group. One-year mortality associated with COPD treatment: a comparison oftiotropium and long-acting beta2-agonists in three Italian regions:results from the OUTPUL study. Pharmacoepidemiol Drug Saf. 2016 May25(5):578-89. doi: 10.1002/pds.3961. Epub 2016 Jan 29.

Di Martino M, Ventura M, Cappai G, Lallo A, Davoli M, Agabiti N, Fusco D. Adherence to Long-Acting Bronchodilators After Discharge for COPD: How Much of the Geographic Variation is Attributable to the Hospital of Discharge and How Much to the Primary Care Providers? COPD. 2017 Feb14(1):86-94. doi: 10.1080/15412555.2016.1202225. Epub 2016 Jul 15.

Colais P, Agabiti N, Fusco D, Pinnarelli L, Sorge C, Perucci CA, Davoli M.Inequality in 30-day mortality and the wait for surgery after hip fracture: the impact of the regional health care evaluation program in Lazio (Italy).Int J Qual Health Care. 2013 Jan 18

Mayer F, Kirchmayer U, Coletta P, Agabiti N, Belleudi V, Cappai G, Di Martino M, Schneeweiss S, Davoli M, Patorno E. Safety and Effectiveness of Direct Oral Anticoagulants Versus Vitamin K Antagonists: Pilot Implementation of a Near-Real-Time Monitoring Program in Italy. J Am Heart Assoc. 2018 Mar 107(6). pii: e008034. doi: 10.1161/JAHA.117.008034.

Studies

List of studies that have been conducted using the data source

Comparative Effectiveness and Safety of Drugs used in Rare Neuromuscular and Neurodegenerative Diseases (CAESAR)

Comparative Effectiveness and Safety of Immunosuppressive Drugs in Transplant patients (CESIT)

The BRodalumab Assessment of Hazards: A Multinational Safety (BRAHMS) study in electronic healthcare databases

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)?

No

Hospital admission and/or discharge

No

ICU admission

Is information on intensive care unit admission available?

No

Cause of death

Captured

Cause of death vocabulary

ICD-10

ICD-9

Prescriptions of medicines

Not Captured

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?

No

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?

No

Administration of vaccines

No

Procedures

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

Not 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.

No

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.

No

Unique identifier for persons

Are patients uniquely identified in the data source?

Yes

Diagnostic codes

Not Captured

Medicinal product information

Not Captured

Quality of life measurements

Not Captured

Lifestyle factors

Not Captured

Sociodemographic information

Captured

Sociodemographic information collected

Age

Gender

Country of origin

Marital status

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

100%

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)

Regional sub-set - Lazio region

Population

Population size

6983762

Active population size

5599534

Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	953684	846375
Preterm newborn infants (0 – 27 days)	73	73
Term newborn infants (0 – 27 days)	1388	1388
Infants and toddlers (28 days – 23 months)	72000	69342
Children (2 to < 12 years)	516696	463290
Adolescents (12 to < 18 years)	363527	312282
Adults (18 to < 46 years)	2114341	1722877
Adults (46 to < 65 years)	1953805	1710593
Elderly (≥ 65 years)	1961932	1319689
Adults (65 to < 75 years)	754897	645999
Adults (75 to < 85 years)	622617	466321
Adults (85 years and over)	584418	207369

Median observation time

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

2.00

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

2.00

Data flows and management

Access and validation

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

GP fill in the Death certificates, which are registered ad the residential municiplaities and then sent to the Italian Institute of Statistics. Here the data are recorded and the ciauses of death are coded. Annually data are sent to DEP

Event triggering registration

Event triggering registration of a person in the data source

Other

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

Death

Event triggering creation of a record in the data source

Not applicable

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, possible linkage

Death records can be linked to all other available information systems (hospital admissions, emergency room visits, specialist ambulatory care, drug claims information system) through an individual patient code

Linked data sources

Pre linked

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

No

Data source, other

All other available information systems (hospital admissions, emergency room visits, specialist ambulatory care, drug claims information systems, regional cancer registry)

Linkage strategy

Deterministic

Linkage variable

The linkage variable is called CODSIS and is calculated on the basis of individual anagraphic data

Linkage completeness

Depends on the availability of CODSIS

Data management specifications that apply for the data source

Data source refresh

Yearly

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)?

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?

No

Data source last refresh

31/12/2019

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 (other)

Brahms