

# Optimum Patient Care Research Database Australia (OPCRDA)

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

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Data source

Human

Other

Primary care medical records

## Administrative details

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#### PURI

<https://redirect.ema.europa.eu/resource/38992>

#### Data source ID

38992

#### Data source acronym

OPCRDA

#### Data holder

[Optimum Patient Care Australia](#)

#### Data source type

Other

Primary care medical records

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**Data source type, other**

Electronic health records, Patient reported information and outcomes,  
Secondary clinical care data

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**Main financial support**

Funding by own institution

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**Care setting**

Primary care – GP, community pharmacist level  
Secondary care – specialist level (ambulatory)

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**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

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**Data source website**

<https://optimumpatientcare.org.au/>

## Contact details

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## Data source regions and languages

## Data source countries

Australia

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## Data source languages

English

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## Data source regions

Australian Capital Territory

New South Wales

Queensland

South Australia

Victoria

# Data source establishment

## Data source established

15/06/2019

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## Data source time span

**First collection:** 10/07/2019

The date when data started to be collected or extracted.

# Publications

## Data source publications

[Short-acting  \$\beta\$ 2-agonist prescriptions are associated with poor clinical outcomes of asthma: the multi-country, cross-sectional SABINA III study.](#)

[Characterisation of the Australian Adult Population Living with Asthma: Severe - Exacerbation Frequency, Long-Term OCS Use and Adverse Effects](#)

Strategies that promote sustainability in quality improvement activities for chronic disease management in healthcare settings: A Practical Perspective.

## Studies

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

Characterisation of the Australian adult population living with asthma: Exacerbation frequency, long-term OCS use and adverse effects.

Five years of COPD primary care: Patterns of management of high-risk COPD and opportunities for optimising care in Australia 2015-2019 (COPD Opportunity Analysis in Australia)

An Australian based Study on the Patterns of Short Acting Beta-2 Agonist (SABA) use and Its Potential Effects on Asthma Control (SABINA Australia)

Sustainability of the Achieving Clinical Audits with Electronic Records (ACAER) Asthma and COPD Quality Improvement Program on Patient Outcomes

## 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

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## 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

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## Pregnancy and/or neonates

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

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## Hospital admission and/or discharge

Yes

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## ICU admission

Is information on intensive care unit admission available?

Yes

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## Cause of death

Not Captured

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## Prescriptions of medicines

Captured

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## Prescriptions vocabulary

other

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## Prescriptions vocabulary, other

SNOMED

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## Dispensing of medicines

Captured

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## 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

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## Contraception

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

Yes

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## Indication for use

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

Not Captured

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## Medical devices

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

Yes

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## Administration of vaccines

Yes

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## Procedures

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

Captured

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## Procedures vocabulary

Other

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## **Procedures vocabulary, other**

NSCP

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### **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

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### **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

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### **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

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### **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

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### **Biomarker data vocabulary**

Other

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### **Biomarker vocabulary, other**

Docle and Pyefinch

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### **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

Yes

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### **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

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### **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

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### **Unique identifier for persons**

Are patients uniquely identified in the data source?

No

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### **Diagnostic codes**

Captured

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### **Diagnosis / medical event vocabulary**

SNOMED

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### **Medicinal product information**

Captured

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### **Medicinal product information collected**

Active ingredient(s)

Brand name

Dosage regime

Dose



Route of administration

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**Medicinal product vocabulary**

Other

SNOMED

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**If 'other,' what vocabulary is used?**

PBS

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**Quality of life measurements**

Not Captured

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**Lifestyle factors**

Captured

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**Lifestyle factors**

Tobacco use

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**Sociodemographic information**

Captured

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**Sociodemographic information collected**

Age

Education level

Ethnicity

Gender

Quantitative descriptors

Population Qualitative Data

### **Population age groups**

Paediatric Population (< 18 years)

Adolescents (12 to < 18 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)

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

4% of the population

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### **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 - Primary care and secondary care sub-set: Full electronic medical records from primary and secondary care practices across Australia.

## **Population**

### **Population size**

960319

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### **Active population size**

322715

## Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	48508	22782
Adolescents (12 to < 18 years)	48508	22782
Adults (18 to < 46 years)	362752	134929
Adults (46 to < 65 years)	215106	72457
Elderly ( $\geq$ 65 years)	157084	44869
Adults (65 to < 75 years)	76449	25748
Adults (75 to < 85 years)	43698	13682
Adults (85 years and over)	36937	5439

## Median observation time

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

5.54

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

4.70

## 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://optimumpatientcare.org.au/opcrda/>

## **Biospecimen access**

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

No

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## **Access to subject details**

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

Yes

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## **Description of data collection**

OPCRDA collects de-identified Electronic Medical Records (EMR) patient data from GP practices and respiratory and allergy specialist practices across Australia. EMR data is supplemented with patient reported information/outcome data in a subgroup of patients.

# Event triggering registration

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

Practice registration

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

Death

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

Patient visit to the clinician, patient reported information and outcomes

## 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**

Monthly

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

Other

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### **Possibility of data validation**

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

Yes

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### **Data source preservation**

Are records preserved in the data source indefinitely?

Yes

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### **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

Yes

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### **Informed consent, other**

OPCRDA has Royal Australian College of General Practitioners (RACGP) Human Research Ethics Committee (HREC) approval to collect de-identified patient data from participating GP practices or centres, and to provide anonymised patient data for research purposes. OPCRDA has Bellberry HREC approval to collect and store anonymised patient data from participating respiratory and allergy specialist practices for research purposes.

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### **Data source last refresh**

07/08/2023

## **Common Data Model (CDM) mapping**

### **CDM mapping**

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

No