Background

Population claims databases usually have the advantage of large sizes and exhaustiveness of data, but may suffer from uncertain representativeness when the presence in the database depends on factor such as employer, social status or age. Universal medical coverage as in Canada for instance avoids these limits, but representativeness of data coding or structure requires residing in the use of common data models. In this context, France key demographics

• 66.6 Million inhabitants
• 219 834 Physicians
• 117 694 Specialists
• 66.6 Million inhabitants

France nationwide healthcare data system (SNDS)

• Contains continuous data on about 99% of the 66.6 million persons of the French population from birth (or immigration) to death (or emigration), making it one of the world’s largest homogeneous claims database
• Merges several databases using unique patient numbers
• Outpatient claims database (SNIIRAM), not yet available
• EGB is a 1/79 permanent random sample of the SNDS

The Outpatient claims database (SNIIRAM) includes

• Gender, date of birth, localization of residence, indicator of low income
• Long Term Disease (LTD) registration with start and end dates (costly procedures, most prescribed drugs, including some also available OTC)
• Hospitalisation summaries database (PMSI)
• Data from psychiatry, and rehabilitation centers are also available but not yet in EGB
• PMI is available yearly, in the third trimester for the previous year

National death registry (CépidC)

• To date, only data of death is available in the SNDS. Causes of death are scheduled to be available soon (end of 2017 / beginning of 2018)

SNDS access

• Access to SNDS data is for research with public health interest
• Access to SNDS itself is subject to approval from national data protection agency (CNIL) and of course patient consent
• Data access can be requested by any legitimate entity, public or private, as long as the study objectives are in the interest of public health, and means are provided to ensure confidentiality, integrity, and traceability of data and the use of administrative information is restricted for drug promotion
• Pharmaceutical companies can access SNDS via accredited public or private research organizations or directly if they can ensure they cannot use the data to promote their drugs

The development and availability of SNDS brings another major actor to the landscape, providing a nationwide resource with tremendous power. The main difficulties are time to access, and complexity of the data, with a steep learning curve. Considering the tremendous efforts put in by its managers over the last years, SNDS is poised to take its place as a major participant in future collaborative studies.


ICPE – August 26-30, 2017 – Montreal, Canada