SNDS, the French nationwide claims database: A powerful tool for Pharmacoeconomics and Pharmacoepidemiology

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Abstract

Objectives: The use of medico-administrative database is now essential for pharmacoeconomics and pharmacoepidemiology. Recently, the French law expanded the access to the National Claims database of 66.6 millions people. Methods: Describe the SNDS French National claims database. Results: The French healthcare system offers universal coverage. The SNDS database links claims with hospital-discharge summaries (PMSI) and the national death registry, using a pseudonymisation of the unique national identifier. It now covers 99% of the French population, over 65 million persons, from birth or immigration to death or emigration, making it one of the world’s largest continuous homogeneous claims database. The database includes demographic data, date and cause of death, Long Term Disease (LTD) registration for full reimbursement (mainly for chronic and costly diseases), outpatient reimbursed healthcare encounters such as physicians or paramedical visits (e.g. nursing, physiotherapy), prescriptions (prescribed, medical devices, lab tests, but not medical indication, or lab test results) with costs: all private and public hospitalisations with primary, and linked associated ICD10 diagnoses, procedures, duration, and cost coding system (Diagnostic Related Group), as well as most very expensive drugs. The power of the database is its homogeneity, and its representativeness is guaranteed. The French law regulates the SNDS access with a well-defined process (through INDS, the national institute of health: EGB (Études Générales de Beneficiaires)) is the 150th random representative sample of SNDS. It is easier to access, but its power is less (780 000 subjects) that could be enough for population description, drug pattern or disease burden of common problems, while SNDS is more for rare diseases or outcomes. Conclusions: The development and availability of SNDS brings another international major actor to Pharmacoeconomics and pharmacoepidemiology, providing a nationwide resource with tremendous power.

Declaration of interest

- None

Results

Hospital discharge summaries database (PMSI)
- Includes ICD-10 codes for primary diagnosis, associated diagnosis, and linked diagnosis for ICD-10 Z-codes (e.g. chemotherapy), for all private and public medical, obstetric and surgery hospitalizations, with the date and duration of hospitalization, medical procedures, and cost coding system (Diagnostic Related Group), as well as most very expensive drugs. The hospital discharge database includes the medical unit summaries
- Data from psychiatry, and rehabilitation centers are also available but not in EGB
- PMSI data are available yearly in the SNDS, during the third trimester of current year (data from previous years (during the first trimester of following year in the EGB)
- National death registry (CépiDC)
- It provides data of death and causes of death, starting to be included (at this time years 2013 – 2015)
- SNDS access - https://www.snds.gouv.fr/SNDS/Accueil

France key demographics
- 66.6 Million inhabitants
- 219 834 Physicians
- 102 140 General Practitioners
- 14 831 Psychiatrists
- 102 163 Nurses
- 67 039 Medical
- 2 289 Neurologists
- 6 796 Cardiologists
- 4 076 Dermatologists
- 3 570 GE/Hep
- 2 566 Rheumatologists
- 2 289 Neurologists

Conclusion

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