

Database	Nature	LRx	EMR	PMSI	New ESND	SNDS	SNDS enriched with database	SNDS enriched with PDC
		Description	Data collected from retail pharmacies	Data collected from medical records	Hospital data collected from payers	Claims data collected from payers	Claims data collected from payers	Enriched with EMR, registries, cohorts, observatories ...
Prevalence and incidence	Dispersed prescriptions collected from retail pharmacies	Primary and secondary care physicians - patients files information	Hospital data on CASD, no linkage - standalone product	Sample based on 2/100 th French population	Exhaustive French population coverage	Medical data + SNDS matching to enrich data with existing clinical information	Primary data collection + SNDS matching to enrich data not available in secondary databases	
Target population (patient management in community and/or hospital setting)	Treatments dispensed in community setting	Diagnosis and treatments prescribed	Diagnosis at hospital	Diagnosis at hospital, long term diseases and treatments reimbursed	Diagnosis at hospital, long term diseases and treatments reimbursed	Diagnosis at hospital and by physician, long term diseases and treatments reimbursed	Diagnosis at hospital and asked to physician, long term diseases and treatments reimbursed	
Patient flow analysis/patient journey	Treatments dispensed in community area whatever the prescriber	Diagnosis and treatments prescribed by the physician only	Hospital stays only	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly	
Unmet needs	Treatments dispensed in community area whatever the prescriber	Diagnosis and treatments prescribed by the physician only, lab tests results ...	Hospital stays only	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly	Hospital stays, physicians' visits and treatments reimbursed mainly, and any situation asked to physician or patient	
Adherence/persistence to treatment	Allowed for treatments mainly dispensed in community area, whatever the prescriber	Allowed for treatments mainly prescribed by the physician	Only expensive drugs are available	Allowed for all treatments reimbursed in community area	Allowed for all treatments reimbursed in community area	Allowed for all treatments reimbursed in community area	No limitation if missing information requested with PDC	
Off-label use	Only by proxies if indication needed	Based on information available for the physician	Only for expensive drugs	Except for hospital, limited to proxies if indication needed	Except for hospital, limited to proxies if indication needed	Limitation for hospital if indication needed	No limitation if missing information requested with PDC	
Burden of disease/HCRU (health care resource utilization) & costs budget impact	Limited to treatments dispensed in community area	Limited to treatments prescribed by physician	Limited to hospitalization	Everything reimbursed to patient	Everything reimbursed to patient	Everything reimbursed to patient	Everything reimbursed to patient	
Drug safety and risk management i.e. PASS (post-authorization safety study) or DUS (drug utilization study)	-	Limited to information available for physician, including diagnosis and posology	Limited to information associated to hospitalization	Complete coverage with information associated to reimbursed HCR but for a sample of the population	Complete coverage with information associated to reimbursed HCR, including diagnosis at hospital only and without posology	Complete coverage with information associated to reimbursed HCR, including information available by physician	No limitation if missing information requested with PDC	
Patient populations and subgroup of interest identification	Limited to information associated to treatments dispensed in community area	Limited to information available for physician	Limited to information associated to hospitalization	Complete coverage with information associated to reimbursed HCR but for a sample of the population	Complete coverage with information associated to reimbursed HCR	Complete coverage with information associated to reimbursed HCR and information from physician	Complete coverage with information associated to reimbursed HCR and requested with PDC	
Patient population by indication	Based on treatments dispensed in community area whatever the prescriber, using proxies to define indication	Limited to information available for physician	Based on diagnosis at hospital	Based on diagnosis at hospital and via proxies with treatments reimbursed	Based on diagnosis at hospital and via proxies with treatments reimbursed	Based on diagnosis at hospital and by physician, and via proxies with treatments reimbursed	No limitation if missing information requested with PDC	
Outcomes studies	Based on treatments dispensed in community area whatever the prescriber	Based on information available for the physician	Limited to information associated to hospitalization	Complete coverage with information associated to reimbursed HCR but for a sample of the population	Complete coverage with information associated to reimbursed HCR	Complete coverage with information associated to reimbursed HCR and information from physician	No limitation if missing information requested with PDC	
Patient reported outcomes (PRO)	-	-	-	-	-	-	Information available if directly asked to the patient or the physician	

Research questions



Database		LRx	EMR	PMSI	New ESND	SNDS	SNDS enriched with database	SNDS enriched with PDC
		Nature	Data collected from retail pharmacies	Data collected from medical records	Hospital data collected from payers	Claims data collected from payers	Claims data collected from payers	Enriched with EMR, registries, cohorts, observatories ...
Description	Dispensed prescriptions collected from retail pharmacies	Primary and secondary care physicians - patients files information	Hospital data on CASD, no linkage - standalone product	Sample based on 2/100 th French population	Exhaustive French population coverage	Medical data + SNDS matching to enrich data with existing clinical information	Primary data collection + SNDS matching to enrich data not available in secondary databases	
Information coverage	Patient's longitudinality	✓	✓	✓	✓	✓	✓	✓
	Nationally representative	▣	▣	▣	▣	▣	▣	▣
	Date range	2012 to present	2010 to present (limited to 10 years history)	2006 to present (limited to 10 years history)	2008 to present	2008 to present	2008 to present (limited to 10 years history for EMR)	2008 to present
	Update frequency	Monthly	Monthly	Yearly	Quarterly/yearly	Quarterly/yearly	Monthly/quarterly/yearly	Quarterly/yearly
	Data lag	M+1	M+1	August Y for Y-1	M+3 (except for hospital data: August Y for Y-1)	M+3 (except for hospital data: August Y for Y-1)	M+3 (except for hospital data: August Y for Y-1)	M+3 (except for hospital data: August Y for Y-1)
	Hospital data	▣	▣	▣ (diagnosis, expensive drug, procedures, length of stay; but no lab test or exams results)		▣	▣	▣
	Indication/diagnosis availability	▣ (using proxies as drugs baskets)	▣ (no hospital diagnosis)	▣ (hospital only)	▣ (using proxies as hospital diagnosis, long term diseases, drugs baskets)		▣	▣
	Patient's profile	▣	▣	▣	▣	▣	▣	▣
	Patient's pathway	▣	▣	▣	▣	▣	▣	▣
	Treatments information (drugs & medical devices)	▣ (whatever the prescriber)	▣ (including posology)	▣ (only expensive & early access drugs)	▣ (excluding posology)	▣ (excluding posology)	▣	▣
	Exams bio & procedure	▣	▣ (including results)	▣ (only procedure, without results)	▣ (without results)	▣ (without results)	▣	▣
	HCRU & costs	▣	▣	▣	▣ (everything reimbursed to patient)		▣	▣
Administrative requirements	Requires protocol	✓ (but not mandatory)	✓ (but not mandatory)	✓	✓	✓	✓	✓
	Requires publication	✗	✗	✓	✓	✓	✓	✓
	Regulatory process (excluding physicians' implication)	Simple and fast track (MR004)	Simple and fast track (MR004)	Fast track (MR006)	Fast track vs. SNDS (CESREES + CNIL + CNAM)	CESREES + CNIL + CNAM	CESREES + CNIL + CNAM	CPP + CNIL + CNAM
	Data access timelines	Immediate	Immediate	Immediate once protocol submitted	4-6 months	8-10 months	10-16 months	18-24 months
	Data access fees (situation in 2023)	✓	✓	✓	✗	✗	✓	✗
	Study timelines	5-8 months	5-8 months	3-8 months	8-10 months	18-20 months	20-30 months	30-36 months

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Glossary

LRx = 'Longitudinal Prescription' data is a longitudinal patient prescription dataset based on retail pharmacy data. It enables the longitudinal tracking of patient prescription activity

EMR = 'Electronic Medical Records' is covering physicians' activity with access to the entire and coded medical and clinical information from the patients' files

PMSI = 'Programme de Médicalisation des Systèmes d'Information' (national hospital-discharge summaries database system) is covering hospital activity on medicine, surgery, obstetrics (MSO), post-acute care and rehabilitation (SSR), hospitalisation at home (HAD) and psychiatry (PSY)

ESND = 'Echantillon Système National des Données de Santé' is the 2/100th random permanent representative sample of health insurance database

SNDS = Système National des Données de Santé (French nationwide claims database) is the nationwide healthcare insurance system databases which provides, for defined purposes, pseudonymized individual health data from the main medico-administrative databases

PDC = Primary Data Collection is referring to observational studies using at least for a part a data collection directly asked to healthcare professionals