

PMSI-MCO - Medicalisation programme for acute healthcare information systems in medicine, obstetrics and dentistry

Head : Agence Technique de l'Information sur l'Hospitalisation (ATIH)

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General

Identification

Detailed name	Medicalisation programme for acute healthcare information systems in medicine, obstetrics and dentistry
Sign or acronym	PMSI-MCO

General Aspects

Medical area	Anatomy - Cytology Biology Cancer research Cardiology Emergency medicine Endocrinology and metabolism General practice Geriatrics Hematology Immunology Infectious diseases Internal medicine Neurology Nuclear medicine Odontology Ophthalmology Otolaryngology or ENT Physical medicine and rehabilitation Pneumology Psychology and psychiatry Radiology and medical imaging Rare diseases Rheumatology Study of allergies Traumatology Urology, andrology and nephrology
Pathology (details)	Chronic diseases
Health determinants	Addictions Iatrogenic Intoxication Nutrition

Keywords	Medicine, obstetrics, stay, hospital, Medicine-Surgery-Obstetrics (MCO) clinic, emergency departments, surgery
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Scientific investigator(s) (Contact)

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Organization	Agence Technique de l'Information sur l'Hospitalisation

Collaborations

Funding

Funding status	Public
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Details	State and health insurance
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Governance of the database

Sponsor(s) or organisation(s) responsible	Agence Technique de l'Information sur l'Hospitalisation (ATIH)
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Organisation status	Public
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Additional contact

Main features

Type of database

Type of database	Health relevant administrative databases
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Additional information regarding sample selection.	complete collection of all hospital stays that ended during the year under consideration
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Database objective

Main objective	PMSI is a medical-economic analysis tool for hospital activity. For acute hospital stays: medicine, surgery, obstetrics and dentistry (MCO). This analysis is based on the systematic collection of a small amount of administrative and medical information, which forms the standardised discharge summary
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(RSS).
The information collected are processed automatically, leading to RSS classification for a voluntarily restricted number of groups that are coherent from a medical and cost standpoint: the diagnosis-related groups (DRG).

Inclusion criteria collection of all MCO hospital stays that ended during the year

Population type

Age Newborns (birth to 28 days)
 Infant (28 days to 2 years)
 Early childhood (2 to 5 years)
 Childhood (6 to 13 years)
 Adolescence (13 to 18 years)
 Adulthood (19 to 24 years)
 Adulthood (25 to 44 years)
 Adulthood (45 to 64 years)
 Elderly (65 to 79 years)
 Great age (80 years and more)

Population covered General population

Gender Male
 Woman

Geography area National

Detail of the geography area place of residence and place of hospitalisation of those hospitalized

Data collection

Dates

Date of first collection (YYYY or MM/YYYY) 1998

Size of the database

Size of the database (number of individuals) Greater than 20 000 individuals

Details of the number of individuals about 13 million people each year

Data

Database activity Current data collection

Type of data collected Clinical data

Paraclinical data
Biological data
Administrative data

Clinical data (detail) Direct physical measures
Medical registration

Paraclinical data (detail) file items for non-physician professionals, radiology

Biological data (detail) biological examination results

Administrative data (detail) sex, age, geographical code, entry mode, source,
discharge mode, destination, length of stay

Presence of a biobank No

Health parameters studied Health event/morbidity
Health event/mortality
Health care consumption and services

Care consumption (detail) Hospitalization
Medical/paramedical consultation
Medicines consumption

Procedures

Data collection method Medical economic standardised individual collection. Since 2001, a procedure for linking stay summaries has been implemented. This makes it possible to link together, thanks to an anonymous linking number, the various hospitalisations for the same patient, regardless of the type of establishment (public or private), and the hospitalisation sector (MCO or hospitalisation at home (HAD) or follow-up and rehabilitation care (FRC) or psychiatry).

Classifications used WHO International Classification of Diseases 10th Revision (ICD-10) for coding the collected diagnostics (principal, linked and associated). Common Classification of Medical Acts (CCAM) for coding diagnostic and therapeutic acts performed during the stay.

Participant monitoring No

Links to administrative sources Yes

Linked administrative sources (detail) SNIIR-AM for health insurance

Promotion and access

Promotion

Link to the document <http://www.atih.sante.fr/index.php?id>

Link to the document <http://www.atih.sante.fr/?id>

Link to the document <http://www.ncbi.nlm.nih.gov/pubmed?term>

Access

Terms of data access (charter for data provision, format of data, availability delay)

1) Access to anonymised individual data:
- no access for private individuals
- for authorised requesting structures, obtaining individual data is subject to a declaration with the CNIL and obtaining approval from the latter; in addition, certain variables can be modified according to the needs of the requestor or constraints may be imposed by the CNIL (ages in five-year brackets, residence code limited to the département, replacing the death discharge mode with a domicile discharge mode)
All of these methods for accessing anonymous databases from the ATIH are described on its online website:
<http://www.atih.sante.fr/index.php?id=0001900001FF>

2) Access to aggregate data:
Cumulative data can also be accessed (by establishment, region, category, diagnosis, record, etc.) from the ATIH website for the years 1995 until the latest collection year:
<http://www.atih.sante.fr/?id=0004400001FF>

Access to aggregated data Free access

Access to individual data Access on specific project only