

EGB - SNIIR-AM - Generalist Sample of Beneficiaries - SNIIR-AM (National Health Insurance Cross-Schemes Information System)

Head :Direction de la stratégie des études et des statistiques de la CNAMTS

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General	
Identification	
Detailed name	Generalist Sample of Beneficiaries - SNIIR-AM (National Health Insurance Cross-Schemes Information System)
Sign or acronym	EGB - SNIIR-AM
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	(Ministerial decree reference)
General Aspects	
Medical area	General practice
Keywords	health insurance, social security, heath care consumption, SNIIR-AM
Scientific investigator(s) (Contact)	
Name of the director	Direction de la stratégie des études et des statistiques de la CNAMTS
Collaborations	
Funding	
Funding status	Public
Details	CNAMTS
Governance of the database	
Sponsor(s) or organisation(s) responsible	Caisse Nationale d'Assurance Maladie des Travailleurs Salariés (CNAMTS)
Organisation status	Public
Additional contact	

Main features

Type of database

Type of database

Health relevant administrative databases

Additional information regarding sample selection.

EGB is a sample with a 1/97 representation of the social security number (NIR) for health insurance recipients, whether they are main beneficiary or dependents, and lists nearly 600,000 beneficiaries. EGB beneficiaries are those for whom the control key number of the NIR is equal to a given value, which is confidential. A study prior to sampling, due to two Chi2 statistical tests, ensure that:-the population living in France is equally distributed according to the NIR control key for individuals. The NIR control key number varies from 1 to 97. EGB beneficiaries are those for whom the NIR control key is equal to only one of these values. As such, the sampling rate for the EGB is 1/97; - distribution by 5-year age brackets and by sex for the population living in France is independent of the individual NIR control key of the individuals and is consequently representative of the national distribution. This verification was essential given the determining influence of the age and gender of the population on health costs. EGB is a living sample: at the end of every calendar quarter, the information for the entire EGB (already present or new arrivals) are extracted from the health insurance administrative databases. New keys are added to the sample every month from foreigners who have come to work in France and their dependents. On the other hand, deceased individuals (the date of death is mentioned in the EGB guideline) or foreigners returning to their country of origin are considered as having left. However, their information is retained in the sample database for the purposes of carrying out longitudinal studies and characterisation.

Database objective

Main objective

The generalist sample of beneficiaries (EGB) is a 1/97 sample of data from the SNIIR-AM.

The EGB enables a sufficiently large population to be brought together (over 600,000 beneficiaries of the general MSA and RSI plans, identified anonymously, and monitored over 20 years) in order to answer the majority of questions concerning population healthcare behaviour. As such, it is possible to study the amount borne by the patients, the

average level of healthcare consumption according to various criteria (age, sex, care for long duration disease (LDD), affiliation with Supplementary Universal Health Insurance (CMUC), follow-up of populations with LDD, such as diabetes (13,000 people in the EGB in 2007), severe chronic respiratory insufficiencies (2,500 people) and Alzheimer's disease (2,000 people).

The EGB random selection method, based on the individual NIRs, largely facilitates longitudinal studies. As the individual's NIR remains the same throughout their entire life, an EGB beneficiary may be identified in the same way from birth until death. When this sample is opened to all of the social security schemes, the included individuals will only leave due to death or departure abroad. Therefore, treatment plans for various cohorts of individuals can be monitored with ease.

This sample will make it possible to reconstitute the entire treatment plan for patients over a long period of time, as healthcare consumption data from the SNIIRAM involving general practice and private hospitalisation, are supplemented with reimbursement data for hospitalisations in public institutions, formerly based on global allocation, as well as medical-based hospital information from the PMSI. This reconstitution will be facilitated by the development of the SNIIRAM, which also includes the EGB.

Inclusion criteria

Health insurance beneficiaries, whether they are the main beneficiary or dependents. The EGB currently covers the general scheme, except for civil servants and students, the French Independent Workers' Health Insurance Scheme (RSI), and the French Agricultural Social Insurance Fund (MSA).

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	Metropolitan France and overseas departments.
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	2003
Size of the database	
Size of the database (number of individuals)	Greater than 20 000 individuals
Details of the number of individuals	600,000
Data	
Database activity	Current data collection
Type of data collected	Administrative data
Administrative data (detail)	On the patients: age, sex, notion of CMU-C, LDD diagnosis, département and region of residence, date of death. On the consumption of general practice healthcare: all reimbursed healthcare services with detailed benefit coding (medical procedures with CCAM code, biology, medical devices, medication CIP code) (details according to treatment date and reimbursement date). On the consumption of establishment care: PMSI data (MCO) for all healthcare institutions (medical purpose, CCAM acts, length of stay, discharge method, etc.), activity outside of hospitals (since 2009), Additional invoiced medication and devices for flat-rate arrangements (DRG). On treated diseases: ICD-10 codes for patients with LDD (ALD30): 8 million people. PMSI ICD-10 codes for hospital stays (main, related and associated diagnostics). Information on medical nature (DRG, tracer medication, technical procedures performed by the healthcare professionals, biological examinations or medical devices).
Presence of a biobank	No
Health parameters studied	Health event/morbidity

Health event/mortality
Health care consumption and services

Care consumption (detail)

Medical/paramedical consultation
Medicines consumption

Procedures

Participant monitoring

Yes

Details on monitoring of participants

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Links to administrative sources

Yes

Linked administrative sources (detail)

PMSI data since 2007 is integrated into EGB.

Promotion and access

Promotion

Access

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

? Access authorisation to EGB data:
1/ Affiliation with a legally-authorized body: Data can be accessed by certain bodies, which are mentioned in the list established by the order mentioned in Article L. 161-28-1 of the Social Security Code (cf. list provided in the Appendix of this sheet in the "Find Out More" section). Rights are specific to each body. As such, each person belonging to one of these bodies wishing to access EGB data must be authorised by his/her affiliated supervisor.

2/ Be trained and authorised to access the SNIIR-AM data:
Training is provided in Paris on the CNAMTS premises. A profile attribution request form that is part of an SNIIR-AM project will be distributed to the participant following training.

For more information, contact: sniir-am.formation@cnamts.fr or gipids@gip-ids.fr

? Practical conditions for querying EGB data:

1/ Access to data via technical interface: SNIIRAM portal.

2/ Good usage practices:

Data extracted from the SNIIR-AM can only be used for knowledge-driven objectives regarding AMO expenses, the activity and prescriptions of healthcare professionals or healthcare institutions, and risk management or public health.

SNIIR-AM data cannot be divulged or transmitted to unauthorised individuals or entities.

Cross-referencing sensitive data (town of residence, year and month of birth, treatment date, date of death): Cross-referencing these 4 variables is prohibited (except in specific cases); as well as cross-referencing sensitive data, e.g., "town of residence" with "medical" data (LDD codes, ICD10 codes, PMSI diagnosis, DRG no.).

Access to aggregated data

Access on specific project only

Access to individual data

Access on specific project only