



**University of
Zurich** ^{UZH}

Institute for Social & Preventive Medicine

Swiss Health Data Time to Color a Blank Spot

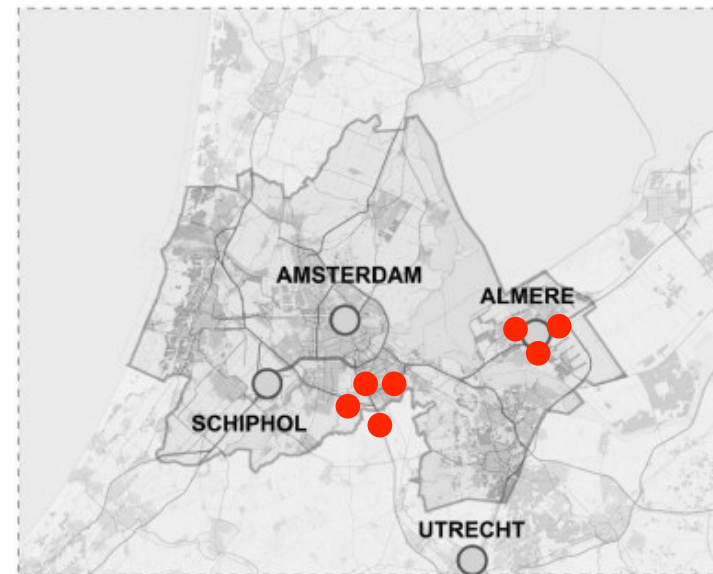
SAMW Symposium Versorgungsforschung

6.11.2013

Milo Puhan, MD, PhD



2008: Setting up a COPD cohort in primary care



Electronic health records



Easily recruited 251
patients in 12 months



In Switzerland...



Identification very challenging



➔ Recruited 158 patients in 15 months



In Switzerland...

- **Underdiagnosis of COPD**
- **Major inconsistencies in basis for diagnosis, smoking history & key indicators for COPD severity**
- **Accessibility of health data challenging**

But, great willingness for collaboration!





Research in primary care possible, but challenging

Entire data collection done by research team with

rich data (5 years of FU. Detailed „phenotyping“)

high retention: >80% of living patients in study after 4 ½ years

high quality data (e.g. centrally adjudicated exacerbations)



**Nice model for an epidemiologic study
but not for health services research**



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The health data problem in Switzerland



Imagine we want to learn about chronic disease care in Switzerland

**Almost impossible
because data are**

incomplete

incorrect

not linkable

not comparable

not available

not longitudinal

Manifest



Improve completeness
(e.g. large population-based studies, integration of general practitioners)

Improve availability
(e.g. utilization of individual patient data)



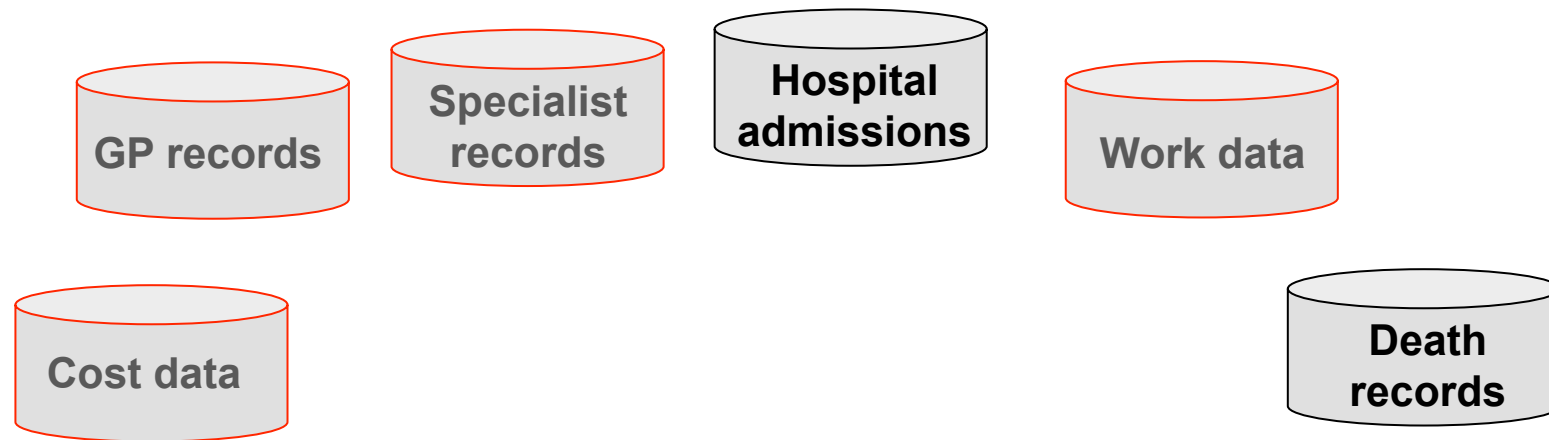
Improve linkability
(e.g. unified ID number for anonymization)

Improve comparability
(e.g. standardization of data on risk factors, diagnoses, treatments)



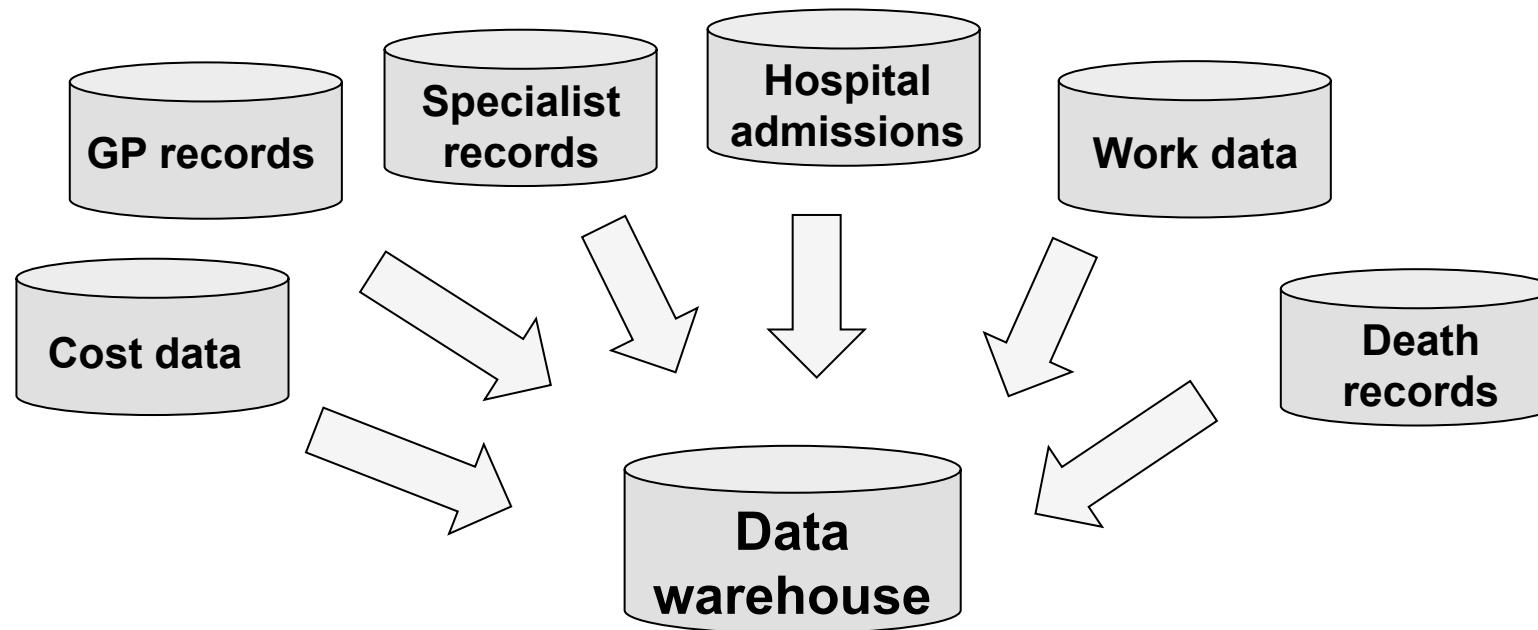


Availability of data



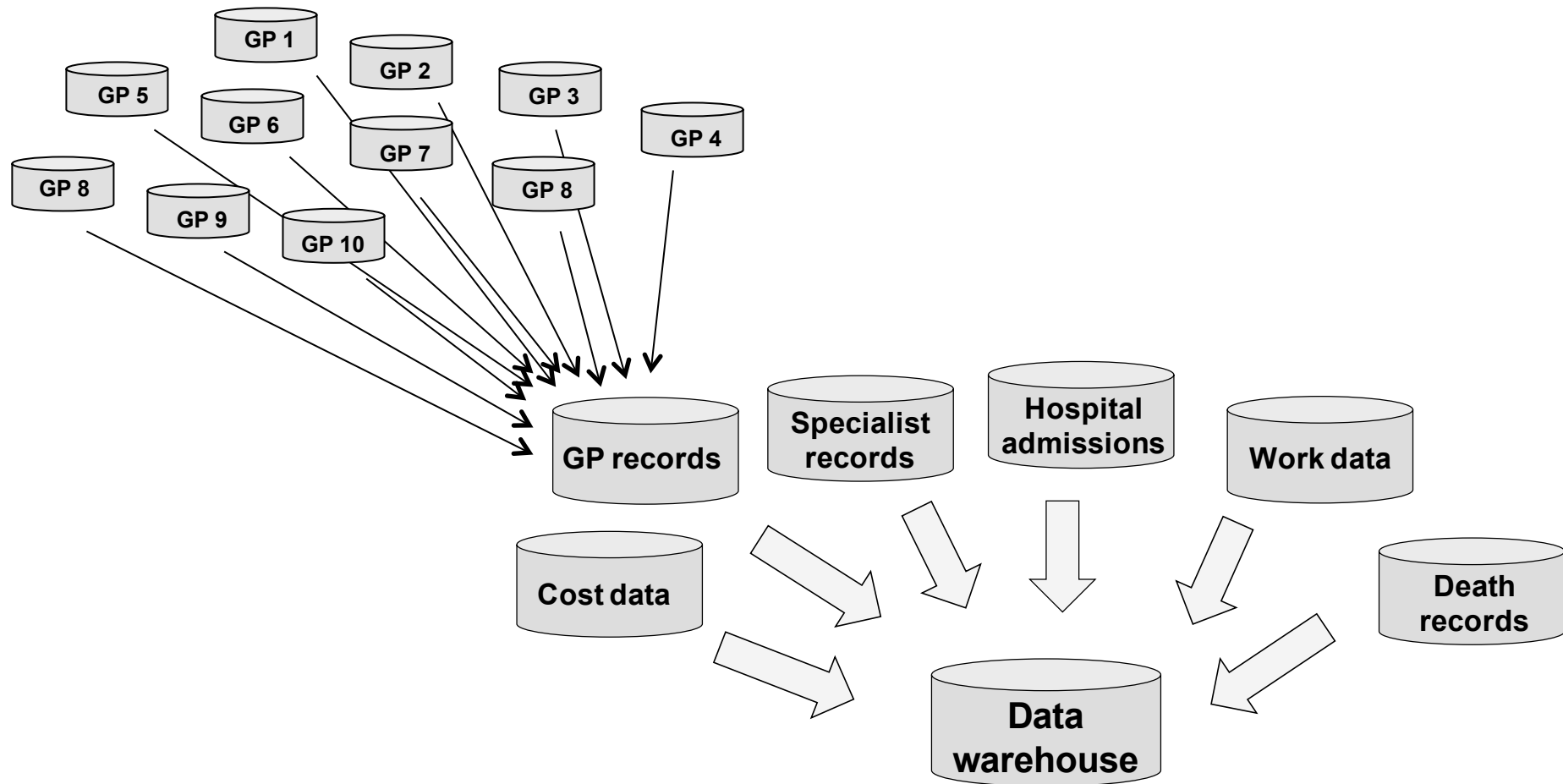


Ability to link data from different sources





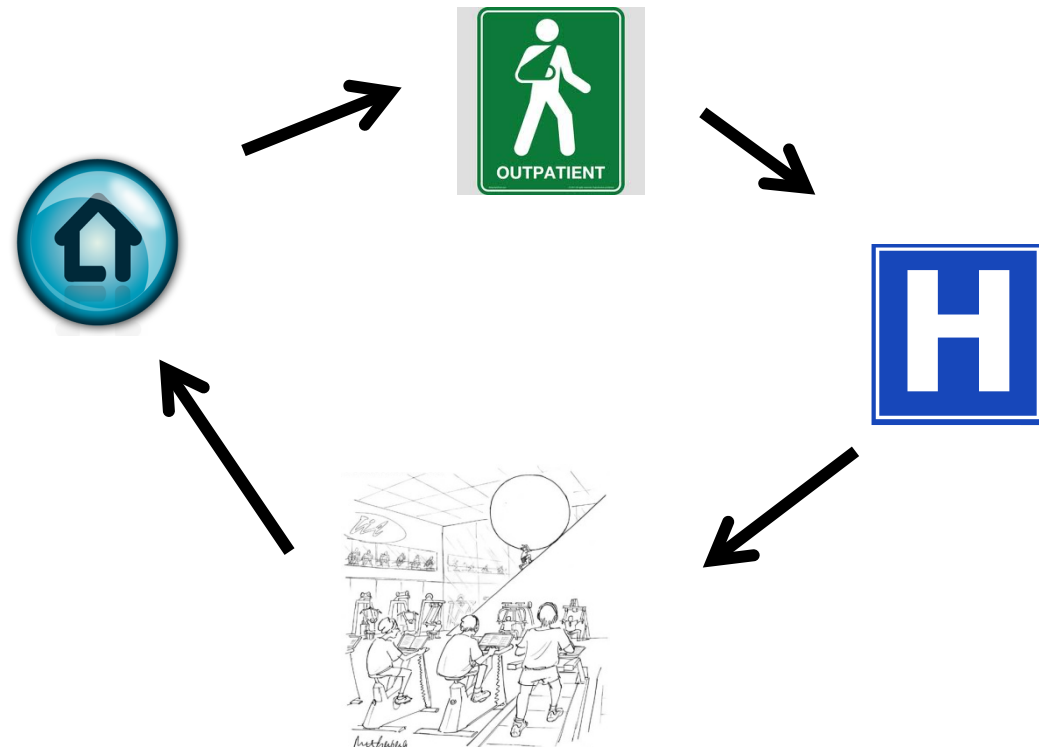
Harmonize data capture





Improve completeness

For example, tracking over time



Manifest



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Four specific suggestions that must be in compliance with data protection regulations

4. Swiss universities organizes a large scale, population based cohort

1. Swiss confederation and cantons introduce unique identification number

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Improve availability
(e.g. utilization of individual patient data)



Improve linkability
(e.g. unified ID number for anonymization)

Improve comparability
(e.g. standardization of data on risk factors, diagnoses, treatments)

3. Patients make routine data available for research

2. Swiss confederation pushes harmonization of data