PHARMANET DATA DICTIONARY

Date Range: January 1, 1996 to present date

Data Source: HealthIdeas, BC Ministry of Health

Description

PharmaCare is BC's public drug insurance program that assists BC residents in paying for eligible prescription drugs and designated medical supplies.

The PharmaNet system is an online, real-time system that captures all prescriptions for drugs and medical supplies dispensed from community pharmacies in BC. In addition, physicians may record medications provided to patients during an office, clinic or emergency department visit. The recording of medications by physicians is not mandatory at this time, therefore this data is not complete.

The data holdings within HealthIdeas are copies of data obtained from operational source systems across the health system (including PharmaNet) and the quality of the data in HealthIdeas is dependent on the quality of the data in the source systems.

Inclusions

- All drugs dispensed from community pharmacies in BC
- Patient demographic data: Personal Health Number, name, address and date of birth
- Product information
- PharmaCare and patient paid prescription claim information for products, dispensing fees, and special services fees

Exclusions

- Antiretroviral medications dispensed from the Centre of Excellence in HIV / Aids at St. Paul's Hospital
- Chemotherapy agents dispensed by the BC Cancer Agency
- Expensive Drugs for Rare Diseases (EDRD)
- Medications from the Provincial Retinal Disease Treatment Program
- Medications administered to hospital in-patients
- Medication samples dispensed at a physician's office (some may be entered by physicians with PharmaNet access)
- Third party paid amounts
- Financial information for federally insured individuals (Veterans, RCMP, Armed Forces and beneficiaries of Non-Insured Health Benefits)
- Medications purchased without a prescription may not be on PharmaNet (e.g. over the counter medications, herbal products, vitamins)

Data Changes Over Time

- There are currently 12 plans in the PharmaCare program. Complementary specialty plans were created to provide specific benefits to eligible individuals based on economic need and disease. Specialty plan description:
  - B – Long Term Care: provides 100% coverage for drug cost for individuals residing in a long-term care facility. PharmaCare pays a monthly capitation fee to pharmacies servicing the long-term care facilities in place of dispensing fees.
  - C – Income Assistance: provides 100% coverage of eligible prescription costs for B.C. residents receiving medical benefits and income assistance through the Ministry of Social Development and Poverty Reduction and to children and youth in the care of the Ministry of Children and Family Development.
  - D – Cystic fibrosis: provides 100% coverage for digestive enzymes and other products listed in the Cystic Fibrosis Formulary to individuals with cystic fibrosis who are registered with a provincial Cystic Fibrosis Clinic.
  - F – At Home Program: provides 100% coverage of eligible prescription drugs and designated medical supplies for children receiving full benefits or medical benefits through the Ministry of Children and Family Development's community-based, family-style care for children with disabilities age 18 or under who would otherwise become reliant on institutional care.
  - G – Psychiatric Medication Plan: provides 100% coverage of certain psychiatric medications to individuals of any age who are registered with a mental health services centre and who demonstrate clinical and financial need. As of February 1, 2017, Plan G expanded coverage to some eligible OAT drugs.

- I – Fair PharmaCare Plan: assistance for individuals is based on their family annual net income. Fair PharmaCare was introduced in 2003 as a combination of the Seniors (Plan A) and Universal (Plan E) plans with deductibles and copay amounts based on family net income.
- P – Palliative Care Plan: provides 100% coverage of medications used in palliative care for BC residents of any age who have reached the end stage of a life-threatening disease or illness and who wish to receive palliative care at home.
- M – Medication Management Services Plan: covers individuals for eligible medication management services provided by pharmacists up to certain limits. Medication management services include clinical services such as prescription renewal and adaptation and medication reviews. Most patients taking 5 or more medications are eligible for medication review services.
- S – Nicotine Replacement Therapies under the Smoking Cessation Program: covers nicotine replacement therapies for individuals eligible under the Smoking Cessation Program. The Smoking Cessation Program also covers prescription smoking cessation medications according to the rules of the primary PharmaCare plan (Plans B, C, G, W or Fair PharmaCare).
- X – BC Centre for Excellence in HIV/AIDS: BC residents infected with HIV who are eligible for health care services and benefits receive all anti-HIV medications at no cost through the centre's drug treatment program. As of 2001, PharmaCare funds the Centre for Excellence drug treatment program.
- W – First Nations Health Benefits: provides 100% coverage of eligible prescription costs and certain medical supplies and pharmacy services, as well as some over-the-counter drugs, devices, and health products. Plan W is funded by the First Nations Health Authority.
- Z – Assurance Plan: provides 100% coverage for any drugs on the Plan Z formulary to BC residents with active Medical Service Plan coverage.

NOTE: PharmaNet does not capture information regarding third party coverage; as a result, it is not apparent if the patient paid amount was paid by the patient or a third-party insurer.

Important Additional Information

- PharmaNet is a province-wide network that links all BC community pharmacies to a central set of data systems. It supports product dispensing, drug monitoring and claims processing. The PharmaNet system contains data related to both products dispensed and PharmaCare claims. All prescription medications dispensed from community pharmacies in BC are recorded in the PharmaNet system. Although the PharmaNet data is not part of the Population Data BC holdings at this time, it can be linked to data held by Population Data BC (see references below).
- Practitioner IDs in the PharmaCare data files held by Population Data BC are not currently linkable to the practitioner IDs in the PharmaNet data files.

References

- https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents
- https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/pharmanet

AVAILABLE FIELDS

DISPENSING/CLAIMS INFORMATION

DATA VARIABLE	DESCRIPTION
Date of Service	Date when treatment, product or service was provided to the patient.
PharmaCare Plan ID and Description[1]	PharmaCare plan under which the claim was adjudicated; e.g., B - Long Term Care, C - Income Assistance, F - Cystic Fibrosis, G - Mental Health, I - Fair PharmaCare, etc.
Dispensed Quantity	The actual number of units dispensed, as submitted by the pharmacist.
Accepted Quantity	Pro-rated quantity based on days supply accepted for payment by PharmaCare.

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[1]Different plans target specific sub-sets of the population. Due to data sensitivity, Fair PharmaCare detailed plan level data and Plan W claims are not provided.

DATA VARIABLE	DESCRIPTION
Dispensed Days Supply	Estimated number of days of treatment contained in the prescription as submitted by the pharmacist.
Accepted Days Supply	Pro-rated days supply based on the 'allowed' days supply. The 'accepted' days supply may be reduced from the submitted days supply based on exceeding one of the following: patient's special authority days supply, amount allowed for the plan or amount allowed for the DINPIN.
Billed Product Cost	Product cost claimed by the pharmacist.
Accepted Product Cost	Product cost that PharmaCare used to adjudicate the claim. If the product was in a Reference Based Price Category, or part of a Low-Cost Alternative group of drugs, and the price charged for the drug was greater than the base-line cost established by PharmaCare, the product cost is set to the appropriate base-line cost before adjudicating the claim. Special Authorities may be given to have PharmaCare pay the entire price of the higher drug.
Paid Product Cost	The amount of the submitted product cost paid by PharmaCare.
Billed Professional Fee	Dispensing fee cost submitted by the pharmacist for technical and professional services.
Accepted Professional Fee	Professional fee cost that PharmaCare used to adjudicate the claim. If the Professional fee charged exceeded the maximum allowed for the benefit group or pharmacy, the professional fee is adjusted to the appropriate maximum allowed before adjudicating the claim.
Paid Professional Fee	The dispensing fee amount paid by PharmaCare for technical and professional services.
Total Client Paid Amount	The amount the pharmacy collected from the patient (or third-party insurance) for a claim. Calculated as Billed Ingredient Cost + Billed Professional Fee - Paid Ingredient Cost - Paid Professional Fee. This is the difference between claimed and paid costs. Note that this is the assumed amount paid by the client.
Total PharmaCare Paid Amount	Total amount paid by PharmaCare to the pharmacy for product cost and professional fee after adjusting for maximum price rules and subtraction of the copay to collect amount.
Special Authority Flag	(Y / N) Indicates whether a special authority was in effect at the time of the claim.
Accumulated Expenditure Amount	Total dollar amount spent by, or on behalf of, the family since the start of the benefit year. The value includes accepted amounts up to, but not including, the corresponding claim. First included in 2000.
Claim Status	Current status of the claim, reversal, or adjustment. Only claims with status paid (P) or unpaid (U) are provided.
Intervention Type Code and Description	Identifies intervention codes for special services performed. Up to two Special Service Intervention codes are allowed per claim.

DRUG INFORMATION

DATA VARIABLE	DESCRIPTION
DINPIN[2]	The Drug Identification Numbers (DINs), assigned by Health Canada, also referred to as Canadian Drug Identity Code (CDIC), are used to uniquely identify a particular drug by chemical, dosage, form and manufacturer. The Product Identification Numbers (PINs) are created by PharmaCare to allow some claims to be adjudicated by the PharmaNet system (e.g. if the product is classified as an investigational drug or non-pharmaceutical product, or it needs a separate identifier for a specific use).
Canadian Brand Name	Name of the product as marketed in Canada.
Generic Drug Name	Represents the chemical composition of a drug.
Drug Strength	Alpha numeric description of drug potency and units, e.g., 75%, 70U.
Dosage Form Description	Describes the form by which a drug is formulated.

PATIENT INFORMATION

DATA VARIABLE	DESCRIPTION
Client Label	Label for the Personal Health Number used to identify residents of BC for the purposes of tracking health care treatments. Prescription medications cannot be dispensed to an individual without a PHN. Non-residents requiring prescription medications are assigned a 'temporary PHN'. The client label is replaced by project-specific patient study identification number.
Gender	Sex of the individual.
Date of Birth (YYYYMM)	Date individual was born. Only year and month are approved for release.
Age	Age of the individual at the time of dispensing.
Health Authority (HA) Code and Description[3]	There are 5 Health Authorities that serve geographic regions in BC: Interior, Fraser, Vancouver Coastal, Vancouver Island and Northern Health.
Health Services Delivery Area (HSDA) Code and Description[3]	There are 16 Health Services Delivery Areas in BC.
Local Health Area (LHA) Code and Description[3]	There are 89 Local Health Areas in BC.
Community Health Service Area (CHSA) Code and Description[3]	There are 218 Community Health Service Areas in BC.
Forward Sortation Area (FSA)	The first three digits of the individual's postal code.

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[2] Due to data sensitivity, abortion medication records are not be provided.
[3] https://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries

PHARMACY INFORMATION

DATA VARIABLE	DESCRIPTION
Pharmacy identification Number	Pharmacy identification number (ID) is a unique identifier assigned by the Canadian Pharmaceutical Association. The pharmacy ID is replaced by a project-specific pharmacy study identification number.
Health Authority (HA) Code and Description[3]	There are 5 Health Authorities that serve geographic regions in BC: Interior, Fraser, Vancouver Coastal, Vancouver Island and Northern Health.
Health Services Delivery Area (HSDA) Code and Description[3]	There are 16 Health Services Delivery Areas in BC.
Local Health Area (LHA) Code and Description[3]	There are 89 Local Health Areas in BC.
Community Health Service Area (CHSA) Code and Description[3]	There are 218 Community Health Service Areas in BC.
Forward Sortation Area (FSA)	The first three digits of the pharmacy's postal code

PRACTITIONER INFORMATION

DATA VARIABLE	DESCRIPTION
Practitioner Label	Label for the unique identifier, license number assigned by the governing body with which the practitioner is registered. The practitioner label is replaced by a project-specific practitioner study identification number.
Health Authority (HA) Code and Description[3]	There are 5 Health Authorities that serve geographic regions in BC: Interior, Fraser, Vancouver Coastal, Vancouver Island and Northern Health.
Health Services Delivery Area (HSDA) Code and Description[3]	There are 16 Health Services Delivery Areas in BC.
Local Health Area (LHA) Code and Description[3]	There are 89 Local Health Areas in BC.
Community Health Service Area (CHSA) Code and Description[3]	There are 218 Community Health Service Areas in BC.
Forward Sortation Area (FSA)	The first three digits of the practitioner's postal code.
Practitioner's Governing Body identification	Code identifying the governing body from which practitioner receives their license.
Practitioner's Governing Body Description	Name of the governing body from which practitioner receives their license.
Practitioner Type	Describes practitioner's profession (e.g., physician, dentist, nurse practitioner, podiatrist, midwife, veterinarian, pharmacist).
Recent MSP Billing Practitioner Specialty Description	Recent MSP billing practitioner specialty (e.g. ophthalmology, general practice, nephrology, rheumatology).
Recent College Practitioner Specialty Description	Recent practitioner college specialty (e.g. cardiology, neurology, paediatrics, psychiatry, respiratory, urology).