



PHARMANET DATA DICTIONARY

Date Range: January 1, 1996 to present date, data is provided by calendar year

Data Source: BC Ministry of Health

Description

The PharmaNet system is an online, real-time system that captures all prescriptions for drugs and medical supplies dispensed from community pharmacies in BC as well as prescriptions dispensed from hospital outpatient pharmacies for patient use at home. 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.

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

Inclusions

- All drugs dispensed in BC
- Patient demographic data: Personal Health Number, name, address and date of birth, reported drug allergies
- Drug information and drug interaction evaluations
- PharmaCare and patient paid prescription claim information for drugs, dispensing fees, special services fees

Exclusions

PharmaNet does not capture:

- Medications administered to patients when admitted to hospital
- Antiretroviral medications dispensed from the Centre of Excellence in HIV/Aids at St. Pauls Hospital
- Medications purchased without a prescription by the patient (e.g. Over the counter medications, herbal products, vitamins)
- Drugs dispensed to hospital in-patients
- Third party paid amounts

Data Changes Over Time

- Until May 1, 2003, the PharmaCare program consisted of seven separate coverage plans¹, the seniors and universal plan provided general benefits to individuals based on age, these plans were replaced by Fair PharmaCare in 2003. 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 facility pharmacies 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.
 - 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 – Children at Home; 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 severely handicapped children who would otherwise become reliant on institutional care.
 - G – No-Charge 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.
 - I – Fair PharmaCare Plan
 - 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. Plan M covers individuals for eligible medication management services provided by pharmacies 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. Plan S 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 (that is, Plan B, Plan C, Plan G 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 certain over-the-counter drugs, devices, and some health products. Plan W is funded by the First Nations Health Authority.

¹ Account level data only is released from PharmaNet, Account and Plan values are the same for all accounts with the exception of Fair PharmaCare, plan level data is not provided for Fair PharmaCare for privacy reasons due to the potential for determining family income.

Note: Seniors Plan (Account A) and Universal plan (Account E) were replaced by Fair PharmaCare on May 1, 2003.

- On May 1, 2003 Fair PharmaCare was introduced which combined the Seniors (Plan A) and Universal (Plan E) plans into a series of plans with deductibles and copay amounts based on family net income.
- Fair PharmaCare is based on family net income not individual net income. If a family has one high drug use family member, all members of the family could potentially meet the Fair PharmaCare deductible and copay 'financial threshold', providing that the high drug use item is defined as a PharmaCare benefit. Fair PharmaCare accumulated expenditure amount represents all out of pocket expenses for the 'family' not the 'individual'. Out of pocket expenses for an individual, (copay to collect / patient paid amount) must be calculated for each calendar year by adding the copay to collect amount for each claim.

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 (as opposed to PharmaCare) is a province-wide network that links all BC pharmacies to a central set of data systems. It supports drug dispensing, drug monitoring and claims processing. The PharmaNet system contains data related to both medications dispensed and PharmaCare claims. All prescription medications dispensed by 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

- More information on the PharmaCare program and the Fair PharmaCare plan is available on the BC Ministry of Health Services website at: <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents>
- More information on PharmaNet is available at: <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents>

FIELDS AVAILABLE

PATIENT INFORMATION	
FIELD NAME	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 identification study id.
Gender	Sex of the individual
Date of Birth (YYYYMM)	Date individual was born, only year and month are approved for release from PharmaNet
Age	Age is typically calculated as of Jan 1 for each year of data released, alternative mechanisms to calculate age may be considered for studies involving infants
Health Authority (HA)	There are 5 health authorities that serve geographic regions in BC; Northern, Interior, Vancouver Island, Vancouver Coastal and Fraser Health. http://www.health.gov.bc.ca/socsec/provmap.html
Health Services Delivery Area (HSDA)	There are 16 health services delivery areas in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Local Health Area (LHA)	There are 89 LHAs in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Forward Sortation Area (FSA)	Forward Sortation Area – The first three digit of the postal code

PHARMACY INFORMATION

FIELD NAME	DESCRIPTION
Pharmacy Identification Number	Pharmacy identification number (ID) is a unique identifier assigned by the Canadian Pharmaceutical Association. Pharmacy ID is replaced by a project-specific pharmacy study identification number.
Health Authority	There are 5 health authorities that serve geographic regions in BC; Northern, Interior, Vancouver Island, Vancouver Coastal and Fraser Health. http://www.health.gov.bc.ca/socsec/provmap.html
Health Services Delivery Area (HSDA)	There are 16 health services delivery areas in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Local Health Area	LHA is the lowest level of geographic data released by the PSC. There are 89 LHAs in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Forward Sortation Area (FSA)	Forward Sortation Area – The first three digit of the postal code

PRACTITIONER INFORMATION

FIELD NAME	DESCRIPTION
Practitioner Label	Label for the unique identifier, license number assigned by the governing body with which the individual is registered. Replaced by a project-specific practitioner identification study number.
Health Authority (HA)	There are 5 health authorities that serve geographic regions in BC; Northern, Interior, Vancouver Island, Vancouver Coastal and Fraser Health. http://www.health.gov.bc.ca/socsec/provmap.html
Health Services Delivery Area (HSDA)	There are 16 health services delivery areas in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Local Health Area (LHA)	There are 89 LHAs in BC. http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/Health.aspx
Forward Sortation Area (FSA)	Forward Sortation Area – The first three digit of the postal code
Practitioner identification reference	Code identifying the governing body from which practitioner receives their license
Description of Practitioner's governing body	Plain language description of the governing body code and description
Practitioner Type	Describes type of medical work performed e.g., physician, dentist, nurse practitioner, podiatrist, midwife, veterinarian, pharmacist
Practitioner Specialty Type Description	Prescriber specialty information e.g., cardiology, neurology, paediatrics, psychiatry, respiratory, urology etc.
MSP Billing Practitioner Specialty	MSP billing practitioner specialty. e.g. ophthalmology, general practice, nephrology, rheumatology)

DRUG INFORMATION

FIELD NAME	DESCRIPTION
DINPIN	The Drug Identification Number / Product Identification Number assigned by Health Canada, also referred to as Canadian Drug Identity Code (CDIC), is used to uniquely identify a particular drug by chemical, dosage, form and manufacturer
Canadian Brand Name	Name the product is marketed by in Canada
Chemical / Generic Name	Represents the chemical composition of a drug
Drug Strength	Alpha numeric description of drug potency and units e.g., 75%, 70U

DRUG INFORMATION	
FIELD NAME	DESCRIPTION
Dosage Form Description	Describes the form by which a drug is formulated.
MEDICATION REVIEW AND MEDICATION DISPENSING INFORMATION	
FIELD NAME	DESCRIPTION
Medication Review Records	Pharmacists provided details about all drugs a patient is currently taking, possible adverse affects, recommendations, etc. Medication reviews are a service provided by pharmacists. Pharmacists can then claim these and be reimbursed for this extra service
Date of Service	Date treatment, product or service was provided to the patient.
Quantity Dispensed	Quantity of medication dispensed
Days Supply	Estimate of number of days treatment contained in the dispense
CLAIMS OR COST INFORMATION	
FIELD NAME	DESCRIPTION
Date of Service	Date treatment, product or service was provided to the patient.
Account Code ² and Description	Account type under which claim adjudicated, represents type of PharmaCare plan e.g., long term care, income assistance, cystic fibrosis, mental health, Fair PharmaCare.
Quantity	The actual number of units dispensed as submitted by the Pharmacist.
Quantity Accepted	Pro-rated quantity based on days supply accepted for payment by PharmaCare
Days Supply	Estimated number of days of treatment contained in the prescription as submitted by pharmacist
Days Supply Accepted	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.
Drug Cost Claimed	Ingredient cost claimed / submitted by the pharmacist
Drug Cost Accepted	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, before adjudicating the claim the product cost is set to the appropriate base-line cost. Special Authorities may be given to have PharmaCare pay the entire price of the higher drug.
Drug Cost Paid	The amount of the submitted drug cost paid by PharmaCare.
Professional Fee	Dispensing fee cost claimed / submitted by the pharmacist for technical and professional services.
Professional Fee Accepted	Professional fee cost Pharmacare used to adjudicate the claim. If the Professional fee charged exceeded the maximum allowed for the BENEFITGRP or PHARMACY, before adjudicating the claim the professional fee is adjusted is set to the appropriate maximum allowed.
Professional Fee Paid	The amount of the dispensing fee cost amount paid by PharmaCare for technical and professional services.
Special Services Fee	The amount claimed by pharmacist for special service e.g., consulted prescriber, action Rx issue

² Different accounts target specific sub-sets of the population. Fair PharmaCare plan level data is not provided for privacy reasons due to the potential for determining family income.

CLAIMS OR COST INFORMATION

FIELD NAME	DESCRIPTION
Special Services Fee Paid	The amount paid by PharmaCare to the pharmacy for the special service e.g., consulted prescriber, action Rx issue
Copay to Collect	The amount the pharmacy collected from the patient for a claim.
Total Amount Paid	Total amount paid by PharmaCare to the pharmacy for drug 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 or not 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 expenditures up to but not including this claim. This amount is the cumulative total of the Accepted Amount but does not include the current claim.
Claim Status	Current status of the claim, reversal, or adjustment
Intervention Type Code	Identifies intervention codes for special services performed. Up to two Special Service Intervention codes are allowed per claim