HSRN NEWSLETTER

About the Health Services Research Network
Begun as a collaborative relationship with a small number of researchers around the country, the IMS Health Services Research Network (HSRN) has expanded to include academic researchers who use IMS Health data to examine important areas of health care financing or delivery. The mission of the Network is to support empirically rigorous, policy-relevant studies to improve the quality and cost effectiveness of health care. We invite you to learn more about the activities of the Network and the resources available.

The network at a glance

- Network is directed and administered by IMS Health’s Office of Academic Affairs with assistance provided by the University of Chicago
- Steering Committee includes nine academicians with experience using IMS data assets who provide strategic guidance regarding Network research priorities and activities
- Network represents a variety of academic departments and disciplines including pharmacy, medicine, law, economics, business, and public policy
- Steering Committee member institutions reflect leading universities and medical centers including: Columbia University, Harvard University, Mayo Clinic, MIT, St. Jude Children’s Research Hospital, Stanford Medical School, University of Chicago, University of Illinois at Chicago, and University of Wisconsin Hospitals & Clinics
- More than 80 peer-reviewed manuscripts spanning a diversity of clinical areas have been published based on Network supported research since 2003

Research Proposal Submissions

The following is a brief description of the study criteria for research proposals.
Proposals to support academic research are evaluated by the Academic Affairs team at IMS Health based on their overall scientific and technical merit. The Office of Academic Affairs evaluates study proposals and considers project significance, the experience and track record of the investigational team, the project’s level of innovation, the scientific approach, the institutional research environment, and the current and potential future funding to support the work. Proposals with direct implications for ongoing health care reform are of greatest interest, as are protocols that capitalize on the unique data available through IMS Health.
Member spotlight

In this section, we briefly introduce a current HSRN member and the work he or she is doing.

Rajender R. Aparasu, MPharm, PhD is a Professor and Division Head of Pharmacy Administration and Public Health in the College of Pharmacy at the University of Houston. He has worked extensively on the quality of pharmaceutical care related to elderly patients and children, primarily focusing on psychopharmacotherapy.

Dr. Rajender Aparasu and his colleagues used the IMS LifeLink™ Health Plan Claims to compare the safety profiles of atypical and typical antipsychotic agents. The investigators conducted a retrospective cohort design study using propensity score matching to evaluate the risk of cerebrovascular adverse events among community dwelling elderly. The findings, published in the Journal of Clinical Psychiatry, revealed increased risk of cerebrovascular events with long term antipsychotic use, but no significant differences in the strength of this association between atypical and typical therapies. A second report, recently published in Drugs & Aging, suggested similar rates of falls and fractures among atypical and typical users.

Key Data Assets

IMS has a variety of data assets that are used by academic investigators. Some of the most commonly used data are described below.

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<tr>
<th>Data Asset</th>
<th>Type/ Representation</th>
<th>Description</th>
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<tbody>
<tr>
<td>National Prescription Audit™</td>
<td>Prescription Data National</td>
<td>Provides weekly and monthly analyses of prescription activity for all products, reflecting what the pharmacist dispenses to the consumer; stratification by some patient and physician characteristics possible.</td>
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<tr>
<td>Xponent™</td>
<td>Prescription Data Available at local level</td>
<td>Provides comprehensive prescriber data based on actual prescription activity within the retail, mail service, long-term care, and specialty retail markets; projects prescriptions generated across all prescription channels, payment types (cash, Medicaid and third-party) and product level for more than 800,000 prescribers monthly.</td>
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<tr>
<td>National Disease and Therapeutic Index™</td>
<td>Office-based Audit National</td>
<td>Provides data from nationally representative audit of office-based physicians; focus on patterns of treatment and disease, similar in design and scope to the National Ambulatory Medical Care Survey (NAMCS).</td>
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<tr>
<td>National Sales Perspective™</td>
<td>Sales Data National</td>
<td>Provides weekly sales activity for all products from all pharmaceutical channels, including retail, non-retail, mail-service, hospital, and long-term care facilities.</td>
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<tr>
<td>Integrated Promotional Services™</td>
<td>Promotional Data National</td>
<td>Provides analyses of what, how, when, and how much promotional activity is occurring for pharmaceutical products (e.g., office detailing, free samples, medical journal advertising, direct-to-consumer advertising).</td>
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<tr>
<td>LifeLink™ Health Plan Database</td>
<td>Medical and Pharmacy claims data National</td>
<td>The IMS LifeLink (TM) Health Plan Claims data is fully HIPAA compliant fully adjudicated medical and pharmaceutical claims for over 60 million unique anonymous patients from over 90 health plans across the US. The data base is representative of the national, commercially insured population on a variety of demographic measures.</td>
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Recent Publications using IMS data.

Over 80 peer reviewed publications have been produced by Network members since 2004. Here are some examples of a few recent reports. The complete Annotated Bibliography is available here.


The authors used IMS National Disease and Therapeutic Index™ to estimate the number of monthly office visits in which influenza was diagnosed and the proportion of visits in which an antiviral was prescribed between October 2006 and March 2010. Despite large increases in influenza visits, there was no change in the likelihood of antiviral use during the H1N1 epidemic compared with previous years. Abstract


The authors used the IMS Health Medicine Cabinet™ database to determine the top selling nonprescription products and to assess the clarity and consistency of dosing directions and measuring dose devices at the time the FDA issued guidelines concerning dosage labels. They found top-selling therapies had highly variable and inconsistent measuring devices and instructions. Abstract


The authors used the IMS Health National Prescription Audit™ to examine the impact of trials comparing rate vs. rhythm control for atrial fibrillation on the use of rhythm control therapies and hospitalizations in the United States. Use of rhythm control therapies declined significantly after publication of the AFFIRM and RACE trials until 2005, when trends reversed and an increase in the use of catheter ablation for atrial fibrillation was also observed. Abstract

Funding Opportunities

Robert Wood Johnson Foundation Changes in Health Care Financing and Organization- MULTIPLE DEADLINES

This funding opportunity supports “policy analysis, research, evaluation and demonstration projects that provide policy leaders timely information on health care policy and financing issues” The Call for Proposals is intended to support projects that: 1) examine significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and 2) explore or test major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.


This funding opportunity is soliciting proposals for research that emphasizes “the use of regulatory legal and policy solutions to improve public health.” Applicants will propose projects that inform questions such as: “How does law influence health and health behavior? Which laws have the greatest impact? Can current laws be made more effective through better enforcement, or do they require amendment?”

NIH National Institute on Drug Abuse (NIDA) Prescription Drug Misuse - EXPIRES MAY 8, 2011

This funding opportunity seeks research applications to reduce prescription drug misuse while supporting the appropriate medical use of therapeutic agents that carry an abuse liability. “Research is needed to understand the factors contributing to prescription drug abuse, to characterize the adverse medical, mental health and social consequences associated with this abuse, and to develop effective prevention and service delivery approaches . . . Applications are encouraged across a broad range of experimental approaches including basic, clinical, epidemiological, and economic studies.”
IMS Academic Affairs and Professional Relations

We would like to take a moment to introduce you to the people that make this network possible.

Randy Frankel is Vice President, External Affairs for IMS Health. He is responsible for Government Affairs, Professional and Academic Relations, and leadership of the IMS Health Services Research Network, an effort to advance healthcare research and practices. Randy has spent 37 years in health care, at Merck, Medco (Merck-Medco), WebMD, Pharmetrics, and IMS Health. Randy is also a Senior Fellow with the Jefferson School of population health at Thomas Jefferson University.

Serving as IMS’s primary liason with clinicians, professional organizations and academic researchers nationwide, Bob Hunkler has been the Director of Professional Relations since 1999. During an administrative fellowship, Bob caught the spark of using pooled patient and provider data to help understand real world treatments and outcomes. Decades later, Bob’s professional passion remains the drive to make better use of objective information and evidence-based methods toward the optimization of clinical, financial and policy decision-making.

Cathy Cabrey serves as the Director of External Affairs Operations which involves managing resources, operational processes, and system and data applications related to academic research projects. Previously, Cathy had similar responsibilities overseeing the operational management of all aspects of the NDTI data including physician recruitment, panel management, data collection, coding and database creation. Cathy has also been involved in developing and implementing qualitative and quantitative primary research projects to address a broad range of business issues encompassing new product launches, market dynamics, product performance, and promotion effectiveness.

Stu Feldman started his career in city government and then worked for the Prudential Insurance Company. For the past 37 years, Stu has worked in health care. He has been in both the pharmaceutical industry and in managed care and has held senior management positions at Merck, Medco (Merck-Medco), WebMD, Andrx Pharmaceuticals, and IMS Health. Currently the Director of Communications for Academic Affairs, Stu applies his communication, research, and analytical expertise to helping academic health services researchers optimize the use of IMS data in their development of policy-relevant studies.

About IMS

IMS is a healthcare informatics organization providing market research and consulting expertise to the health care industry in over 100 countries. With over 7000 employees IMS serves the full continuum of information needs across the healthcare industry. IMS captures 70% of pharmaceutical sales worldwide, including more than 90% of sales and 70% of dispensed prescriptions in the US. IMS serves as a key resource for academic research such as the work supported through the HSRN.