

# CCDSS Acute Myocardial Infarction DH01c06

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# About this Codebook

This reference guide is intended for users of the CCDSS Acute Myocardial Infarction DH01c06 database, provided by the New Brunswick Department of Health. This guide provides an overview of the data, the general methodology used in its creation, and important technical information, such as table and field descriptions. The development of this document is an ongoing process and will receive updates when changes occur in the CCDSS Acute Myocardial Infarction database.

This data product is provided 'as is,' and NB-IRDT makes no warranty, either express or implied, including but not limited to warranties of merchantability and fitness for a particular purpose. In no event will NB-IRDT be liable for any direct, special, indirect, consequential, or other damages, however caused.

Due to the operational nature of administrative data sets, there is potential for discrepancies between the names of variables and their corresponding definitions. In the case of such a discrepancy, the variable definition should be considered the most accurate representation.



## Overview

The Canadian Chronic Disease Surveillance System (CCDSS) was developed by the Public Health Agency of Canada (PHAC) in partnership with provincial health ministries – including the New Brunswick Department of Health – as well as non-government organizations, clinicians, and researchers. The CCDSS uses administrative databases to provide a passive surveillance of chronic diseases. The data is processed at the provincial level and submitted to PHAC as aggregate data for national comparisons and further study. The CCDSS Acute Myocardial Infarction DH01c06 database contains individual-level surveillance data for acute myocardial infarction in New Brunswick.

#### Sample Universe

The data capture individuals living in New Brunswick who are eligible for provincial Medicare and who satisfy the screening criteria for acute myocardial infarction (see General Methodology). Records are generated per person and fiscal year and are derived from other administrative databases (see Comparison to other Products/Versions).

## **Date Range**

1995-04-01 - 2016-03-31 (Fiscal Years)

## Data Source

New Brunswick Department of Health

#### How to Cite this Codebook

New Brunswick Institute for Research, Data and Training. (2021). CCDSS Acute Myocardial Infarction DH01c06 Codebook for Years 1995-2015. Fredericton, NB: New Brunswick Institute for Research, Data and Training.

#### Acknowledgements

The CCDSS Acute Myocardial Infarction database is used with permission from the New Brunswick Department of Health.



# About this Product Purpose of the Product

The purpose of the CCDSS Acute Myocardial Infarction DH01c06 Codebook is to provide information on the linkable New Brunswick data regarding acute myocardial infarction, held at the New Brunswick Institute for Research, Data and Training (NB-IRDT). This data is accessible to researchers and is particularly relevant for research areas related to health, epidemiology, and chronic diseases.

# **Definitions and Concepts**

**Case** – A case is defined (flagged) when an individual satisfies the criteria for the specified condition (see General Methodology).

**Diagnosis** – A diagnosis is an event, such as a hospitalization or a billing record, with a code indicating that an individual assessed by a healthcare provider has a specific health condition.

**ICD** – The International Statistical Classification of Diseases and Related Health Problems (ICD) is a typology for diagnoses of illnesses and diseases. The international standard is published by the World Health Organization (WHO), and a Canadian extension – built on top of the WHO standard – is produced by the Canadian Institute for Health Information (CIHI). The most recent Canadian ICD standard is the tenth revision (ICD-10-CA); however, many data sets available at NB-IRDT use the ninth revision (ICD-9-CA).

**CCI** – The Canadian Classification of Health Interventions (CCI) is a typology of healthrelated interventions developed by the Canadian Institute for Health Information (CIHI). The current version, the tenth revision (ICD-10-CA/CCI), has been developed for use with the tenth revision of the Canadian adaptation of the ICD (ICD-10-CA).

**Fiscal Year** – A fiscal or financial year is a twelve-month period typically used for reporting or accounting purposes. In Canada, fiscal years usually run from April 1<sup>st</sup> to March 31<sup>st</sup> of the following calendar year. They are commonly referred to by the calendar years they span (ex: 2020-2021 or 2020-21) or simply by the calendar year in which they start (ex: 2020).

# Content

The CCDSS Acute Myocardial Infarction database contains individual-level data from the Canadian Chronic Disease Surveillance System and estimates the incidence and prevalence of acute myocardial infarction in New Brunswick patients.



## **General Methodology**

Data for the CCDSS Acute Myocardial Infarction database are collected passively from administrative data sets, notably the Citizen Database, the Discharge Abstract Data, and the NB Physician Billing Database, which are also held at NB-IRDT. Standardized SAS-based scripts, prepared by the Canadian Institute for Health Information (CIHI), are run periodically on the administrative data to identify cases using condition-specific algorithms.

For acute myocardial infarction, a case is defined if an individual aged 20 years or older has a hospitalization with at least one of the following ICD codes related to acute myocardial infarction.

Discharge Abstract Data Codes: ICD-9: 410 ICD-10: I21, I22

NB Physician Billing Codes: N/A

Once identified, the acute myocardial infarction condition is flagged indefinitely, resulting in a record per person, per fiscal year.

#### Limitations

Due to a progressive rollout and adoption of reporting requirements, the exhaustiveness of the earlier years of CCDSS data may be questionable. Conditions with algorithms that rely on NB Physician Billing data may also incur additional variability since these records are stored as free text instead of standardized ICD codes.

#### **Comparison to other Products/Versions**

Records in the CCDSS Acute Myocardial Infarction data set are derived from those in the Citizen Database, the Discharge Abstract Data, and the NB Physician Billing Database. They also share similar methodology with other CCDSS data related to chronic conditions, including heart failure, hypertension, ischemic heart disease, COPD, diabetes, multiple sclerosis, mood and anxiety disorders, neurological conditions, Parkinson's, and stroke.

#### Using with other Products

**DH01c01 – CCDSS Heart Failure** – The CCDSS data set for Heart Failure is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Heart failure and acute myocardial infarction are both cardiovascular conditions. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

DH01c02 – CCDSS Chronic Obstructive Pulmonary Disease (COPD) Data – The Canadian Chronic Disease Surveillance System (CCDSS) data set for Chronic Obstructive



Pulmonary Disease (COPD) is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c04 – CCDSS Hypertension Data** – The CCDSS data set for Hypertension is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Hypertension and acute myocardial infarction are both cardiovascular conditions. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c05 – CCDSS Ischemic Heart Disease** – The CCDSS data set for Ischemic Heart Disease is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Ischemic heart disease and acute myocardial infarction are both cardiovascular conditions. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c07 – CCDSS Stroke** – The CCDSS data set for Stroke is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Stroke and acute myocardial infarction are both cardiovascular conditions. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c08 – CCDSS Diabetes Data** – The CCDSS data set for Diabetes is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**Dh01c09 – CCDSS Mood and Anxiety Disorders** – The CCDSS data set for Mood and Anxiety Disorders is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c10 – CCDSS Multiple Sclerosis Data** – The CCDSS data set for Multiple Sclerosis is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH01c11 – CCDSS Parkinson's** – The CCDSS data set for Parkinson's is similar to the CCDSS Acute Myocardial Infarction data except it focuses on another chronic condition. Linking CCDSS data sets can be useful in characterizing the prevalence of certain medical conditions within New Brunswick.

**DH05 – Discharge Abstract Data** – The Discharge Abstract Data (DAD) is a collection of records of hospitalization in New Brunswick and contains details regarding patient characteristics, diagnoses, interventions, and healthcare providers. Linking the CCDSS Acute Myocardial Infarction and Discharge Abstract Data allows an individual's



hospitalization history to be associated with their chronic condition, which may be useful for understanding disease progression or treatment.

**DH08 – NB Physician Billing** – The Physician Billing data set contains records of claims for services rendered by New Brunswick healthcare providers, including licensed practical nurses, and defrayed by provincial Medicare. It has variables regarding the types of services, the providers and their specialty, as well as referral information. Combining the NB Physician Billing and CCDSS Acute Myocardial Infarction data may reveal details about the treatment paths of individuals experiencing acute myocardial infarction, such as whether they were referred to a cardiologist or other specialist.

**DH10 – Citizen Database** – The Citizen Database is a longitudinal data set of individuals living in New Brunswick, based on their eligibility for provincial Medicare. Records in the CCDSS Acute Myocardial Infarction data set are derived from those of the Citizen Database. Establishing a linkage between the two may provide additional information about censorship due to gaps in Medicare eligibility and the reason for these lapses of coverage (mobility, death, etc.).

**DH18 – Vital Statistics** – The Vital Statistics data set contains a summary of death events that occurred in the province of New Brunswick for residents and non-residents. Record details include the date of death, sex, and primary cause of death of the individual. Linking the Vital Statistics with the CCDSS Acute Myocardial Infarction data may be useful for estimating the cause-specific risks or survival of individuals with acute myocardial infarction.

**SD01 – Long-Term Care Database** – The Long-Term Care Database contains administrative data about the care received by long-term care clients in New Brunswick. Linking the Long-Term Care Database with the CCDSS Acute Myocardial Infarction data may provide insights about the treatment or support required for individuals living with acute myocardial infarction.



# **Record Layouts and Data Descriptions**

#### Overview

#	Name	Label	Туре
1	Scram_ID	Scrambled Individual Identifier	С
2	Year	Fiscal Year	Ν
3	CaseRule	Case Rule	С
4	CaseDate	Case Date	Ν
5	DiagnosisYear	Diagnosis Year	Ν
6	Sex	Sex	С
7	Age	Age	Ν
8	Birth_date	Date of Birth	Ν
9	InsuranceEndDate	Insurance End Date	Ν
10	DeadStatus	Dead Status	Ν

#### Scram\_ID

Scrambled Individual Identifier. A randomly generated code that uniquely identifies the individual (identifier).

## Year

Fiscal Year. The fiscal year to which the record corresponds (numeric).

#### CaseRule

Case Rule. The criteria or rule, identified by source of information, used to define a case.

Code	Description
Н	Hospital
I	Hospital
Μ	Medicare Physician Billing
P	Medicare Physician Billing
В	Both (Hospital and Medicare Physician Billing)
V	Vital Statistics (Death)

# CaseDate

Case Date. The date the case was first defined (date).

# DiagnosisYear

Diagnosis Year. The year the individual was first diagnosed (numeric).



## Sex

Sex. The individual's gender.

Code	Description
Μ	Male
F	Female

# Age

Age. The individual's age on the date the case was first defined (see: CaseDate) (numeric).

#### Birth\_date

Date of birth. The individual's date of birth (date).

#### **InsuranceEndDate**

Insurance End Date. The termination date of the individual's eligibility for Medicare during the fiscal year, which may be the end of the fiscal year (date).

## DeadStatus

Dead Status. An indicator for whether the individual died during the fiscal year.

Code	Description
0	Alive
1	Deceased



# **Document History**

Version	Author	Nature of Change	Date
1.0	Jonathan Boudreau	Initial draft prepared. Requires variable modalities and validation of content.	2020-06-30
1.1	Jonathan Boudreau	Draft updated using metadata from the data set.	2020-07-14
1.2	Nicholas Larade	Updated project numbers.	2021-03-30
1.2.1	Jennifer Hagen	Updated formatting and removed date ranges	2022-03-25
Approved by		Approval Date	Review Date
Andy Balzer		April 21, 2021	