I am confident that our readers have been following the literature on the use of electronic medical records (EMRs) in improving the quality and safety of health care. Of course, federal stimulus funds are expected to accelerate the exponential growth of data and create great opportunities for the secondary use of health data. What is meant by secondary data use, and what is its connection to the work of P&T committees?

A report on the health industry from PricewaterhouseCoopers (PwC), published in 2009, tackled this question.1 I’d like to address the impact on P&T committees. In the report, secondary use of data was defined as:

- clinical, financial, administrative, and self-reported data which are aggregated, analyzed, and presented in a concise, actionable format for the purpose of identifying trends; predicting outcomes; and influencing patient care, drug development, and therapy choices.1

Researchers at PwC believe that we’ve wandered into uncharted territory by using health data for secondary purposes, such as validating clinical studies and conducting postmarketing surveillance of drugs. They believe that in the near future, organizations might actually be asked to submit secondary health data in order to participate in key initiatives or collaborations. Organizations might use their data to create new business opportunities, but before any of these scenarios can occur, we must first address the barriers and facilitators that predict how secondary data will be used.

To tackle this question, PwC conducted an online survey last summer. The survey was sent to more than 700 participants, consisting of more than 110 pharmaceutical and life sciences companies, 130 payers, and 480 health care providers. All of these participants were asked a number of wide-ranging questions of various types.

Not surprisingly, many of the respondents noted some significant problems in the appropriate use of secondary data. In decreasing order of importance, these barriers included (1) an insufficient level of detail in integrating the data, (2) a lack of timely data, (3) incomplete data, and (4) data that were difficult to aggregate. I presume that our readers are familiar with these obstacles. Additional challenges included (1) an inability to link EMRs to the right patients, (2) systems without the capability to aggregate the data, and (3) concerns about security and privacy.

After the survey was disseminated and evaluated, PwC convened a group of nationally prominent policy leaders in health care to further analyze the barriers and facilitators in the secondary use of data. The in-person advisory board raised the larger question of whether some attributes of an enterprise might be created for those practitioners (namely physicians in small practices) who don’t have goals in common.

Although physician distrust in hospital-created networks that reach out to the physician community demands an alternative model, Margaret O’Kane says, “The jury is really out on whether we can create a model that works for all of these different players.”1 She is founder and President of the National Committee for Quality Assurance in Washington, D.C.

On the other hand, dissenting members of the advisory board, including leaders from several global pharmaceutical companies, noted clear benefits in the secondary use of the data for drug safety and research and development (R&D) in the pharmaceutical market.

The PwC report concludes with a series of recommendations, divided into categories of stakeholders, including health care providers, payers, and pharmaceutical companies. As revealed by the survey’s responses, drug companies typically use secondary data for performing product R&D, analyzing trends for populations, testing the efficacy of specific treatments, identifying markets and sales opportunities, and gathering competitive intelligence.1

Among the health industry stakeholders, drug companies are the most supportive of commercializing data, but the survey revealed that they have limited access to the data and little knowledge of how to use the information. As a result of these limitations, the advisory board members, who had been brought together to critique the PwC survey, concluded that pharmaceutical companies should do the following:

- partner with health systems and payers and with industry groups
- deploy a neutral third party to facilitate these partnerships
- expand the data focus
- create an infrastructure that lets patients collect data via mobile technologies and social networking sites

I’m intrigued by the potential for evaluating secondary health data. I agree with PwC about the role of the pharmaceutical industry, and I’d like to reach out to its leaders to help them achieve the goals described in the PwC report.

What is your P&T committee doing about the use of secondary data? How do you see the ability of the data to refer back to studies involving the validation and postmarketing surveillance of particular products? I hope that we will be able to continue the dialogue started by these intriguing survey results.

As always, I’m interested in your views. My e-mail address is david.nash@jefferson.edu. Please also visit my blog at http://nashhealthpolicy.blogspot.com.

REFERENCES