Health care utilization databases or electronic medical records can be very useful to study the use and outcomes of pharmacological and therapeutic measures. There is little information on the availability and accessibility of these types of databases for health and disease management in the Asian Pacific Region.

This study was performed to gain more insight into the availability and accessibility of health care utilization databases in AsiaPac.

**RESULTS**

- A total of 38 databases were identified in the countries of interest.
- Most of the databases originate in Japan, Taiwan, and South Korea.
- Limited number of databases is available in the other countries investigated.
- Taiwan and South Korea have a large health insurance databases covering ~98% of the population.
- Use of these databases is restricted to local researchers.

**CONCLUSION**

Several valuable health care utilization databases exist in the Asian Pacific region. Approximately half of the databases are commercially available or can be data collected upon request. Several databases have limited availability and require strict procedures and local researchers involved due to privacy protection issues. PRM62 in particular, are not easily accessible. Health Authorities should encourage the access and use of these databases as they can be very valuable in drug utilization and health outcomes research.

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**METHODS**

Searches were done using: Google, Google Scholar, PubMed, ISPOR’s International Digest of Databases, and references in publications. Different types of databases were included in the overview. These were divided into the following categories:

- Medical claims databases
- Electronic medical/health records
- Drug/Disease registries
- Large cohorts/Surveys

Information extracted was:

- Type of database
- Short description, population covered, start of data collection, variables included, accessibility, URL and English language yes/no.

Countries included were: Australia, China, Hong Kong, Japan, Singapore, South Korea, India, and Taiwan.

**OBJECTIVE**

Focussing on non-essential health care databases, the aim of this study was to identify and summarize various databases from medical institutions. Can be a useful for researchers of these databases is restricted to local researchers.

**RESULTS TABLE (easily accessible databases)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Database (Abbrev.)</th>
<th>Database (fully written)</th>
<th>Database type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>NHIS</td>
<td>National Institute of Health and Welfare.</td>
<td>Large cohort/Surveys</td>
<td>The Australian Institute of Health and Welfare is a major national information and statistics agency that provides authoritative information and statistics on Australia’s health and welfare. They are an independent government agency of the Australian Health and Welfare. The database has been used for burden of disease, safety, drug utilization studies and health economics studies.</td>
</tr>
<tr>
<td>Japan</td>
<td>MLC</td>
<td>Medical Claims database</td>
<td>Medical Claims data</td>
<td>Medicare is the primary funder of health care in Australia, funding primary health care for Australian citizens and permanent residents. Database has been used for incidence/prevalence of disease, health economics, epidemiology and population health monitoring.</td>
</tr>
<tr>
<td>China</td>
<td>China Health and Retirement Longitudinal Study</td>
<td>CHLSB</td>
<td>Large cohort/Surveys</td>
<td>CHLS collects data from patients. The data includes more than 155 disease areas and provides a variety of metrics, such as prevalence, diagnosis and treatment rates and more than 10,000 other variables not mentioned on this sheet. Primary survey research with panel members and additional patients covering US, Europe, Asia, Brazil and Russia.</td>
</tr>
<tr>
<td>Netherlands</td>
<td>NHWS</td>
<td>National Health and Wellness Survey Database</td>
<td>Large cohort/Surveys</td>
<td>NHWS collects data from patients. The data includes more than 155 disease areas and provides a variety of metrics, such as prevalence, diagnosis and treatment rates and more than 10,000 other variables not mentioned on this sheet. Primary survey research with panel members and additional patients covering US, Europe, Asia, Brazil and Russia.</td>
</tr>
<tr>
<td>Singapore</td>
<td>S3N</td>
<td>Singapore National Health and Preventive Disease Network</td>
<td>Large cohort/Surveys</td>
<td>S3N collects data from patients. The data includes more than 155 disease areas and provides a variety of metrics, such as prevalence, diagnosis and treatment rates and more than 10,000 other variables not mentioned on this sheet. Primary survey research with panel members and additional patients covering US, Europe, Asia, Brazil and Russia.</td>
</tr>
</tbody>
</table>