**Chapter 7**

**Secondary Data Sources**

*Marcia Sharp, EdD, RHIA*

**Real-World Case 7.1**

Hundreds of hospitals, clinics, and health departments automatically report certain symptoms and diagnoses to the government each day. This practice of biosurveillance helps officials track the spread of flu, detect outbreaks, and watch for odd symptoms that might signal a brand new disease or bioterrorism. Although information is reported daily, doctors rarely know what their colleagues nearby are diagnosing. Instead they often call the health department to ask if anyone has heard of any outbreak of certain cases. Work is being done to create a mechanism to track diseases before they become outbreaks (CNS News 2011).

Researchers are now working on technology that will link local biosurveillance to electronic health records, and even mobile applications. Providing data on the amount of disease or infection that is spreading locally can improve diagnosis and treatment methods.

Federal health officials are working to create an easy-to-use web tool that will allow doctors and consumers to search for local surveillance information. Websites and mobile applications such HealthMap, CDC Influenza, and Flu Near You are tools used to track cases in specific areas (Arbiter Online 2015).

Arbiter Online. 2015. Phone Apps Track Influenza. https://arbiteronline.com/2015/01/23/phone-apps-track-influenza/.

# Real-World Case Discussion Questions

1. What tools are utilized to assist in tracking outbreaks? Hundreds of hospitals, clinics, and health departments automatically report certain symptoms and diagnoses to the government each day. This practice of biosurveillance helps officials track the spread of flu, detect outbreaks Researchers are now working on technology that will link local biosurveillance to electronic health records, and even mobile applications Federal health officials are working to create an easy-to-use web tool that will allow doctors and consumers to search for local surveillance information. Websites and mobile applications such HealthMap, CDC Influenza, and Flu Near You are tools used to track cases in specific areas

2. Investigate HealthMap, CDC Influenza, and Flu Near You (links below). How do these help health departments track disease outbreaks?

# Provide a tracking of flu by region or place by outbreaks each week or over a longer duration for area or region some different flu they can help by giving providers data of flu growing across country or area and making them aware of sythmns. Also can make sure a supply of vaccine provided

* <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>
* https://flunearyou.org /

**.**

3. Why is tracking diseases so important?

#  can make sure a supply of vaccine provided to stop outbreak, can alert all to the out breaks of diseases so all know to be aware can help with prevention, treatment and ease dangers of outbreaks

**Real-World Case 7.2**

Registries are an important and integral component of our healthcare system. Registries allow entities to collect data on real-world patient outcomes, create a feedback mechanism for health care providers, and facilitate changes in care based on the feedback received (Wheatley 2014).

A collaborative effort between Kaiser Permanente Institute for Health Policy, AcademyHealth, and The Pew Charitable Trust joined forces to highlight the benefits of registries and their impact on healthcare policy. Six clinical data registries were profiled: Kasier Permanente’s Total Joint Replacement Registry (TJRR), Australian Orthopaedic Association (AOA) National Joint Replacement Registry (NJRR), Transcatheter Valve Therapy (TVT), National Surgical Quality Improvement Program (NSQIP), Get with the Guidelines-Stroke (GWTG-Stroke), and the Cystic Fibrosis Patient Registry (Wheatley 2014). The information generated allows stakeholders to make informed healthcare decisions.

As more and more registries are developed, such issues as de-identification, genetic testing, and standardization need to be addressed. The Surveillance, Prevention, and Management of Diabetes Mellitus DataLink (SUPREME-DM) holds nearly 1.1 million diabetic de-identfied patient records (Hall 2012). Additionally, the National Institute of Health has an online Genetic Testing Registry which allows users to search for genetic tests using the name of the test, the provider of the test or a condition or gene that could be detected via the test (Bowman 2012).

Source: Bowman, D. 2012. NIH’s Genetic Testing Registry Up and Running. http://www.fiercehealthit.com/story/nihs-genetic-testing-registry-and-running/2012-03-05.

# Real-World Case Discussion Questions

1. Research the joint venture covered in the Real-World Case 7.2 and identify the impact that registries have had on patient care. Students can access information on the joint venture at s**aid link could not be found**

2. Investigate the National Institute of Health’s online Genetic Testing Registry at <http://www.ncbi.nlm.nih.gov/gtr/>. What did you find interesting? What value does a registry like this provide?

 **Number of labs vary by country or world region number of labs in areas I thought wouldn’t have them different # of different types of testing done in areas. A reg like this shows where lab testing is available where to get it done what areas do it and gives a result from all over the world**.

3. Investigate the research performed with the Surveillance, Prevention, and Management of Diabetes Mellitus DataLink registry data found at <http://www.supreme-dm.org/Publications.html>. What has the research shown?

# Show that treatment helps control that weight loss helps control diabetes evaluates drugs some research more on women and weight loss and drug treatment

# Application Exercises

*Instructions:* Answer the following questions.

1. Check your state’s department of health website. Determine whether your state has a state-wide cancer or immunization registry. If so, determine the source of the data included in the registries. Then, find out what diseases are on the notifiable or reportable list for your state. Found cancer reg each hospital and drs report cancer found hos have cancer reg NOTIFIABLE CONDITI

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2. Visit a cancer registry as assigned by your instructor. Review the annual report. Describe the types of information included in the report and how the information is used within the facility. Then find out whether the facility uses a vendor or a facility-specific information system for the registry. Find out why the particular system was chosen and its advantages and disadvantages. Determine what data security methods are used for the system. What measures are taken to ensure confidentiality of the data**? Was not assigned a cancer reg**

3. Visit the credentialing office of a local hospital. Discuss how it queries the National Practitioner Data Bank for credentialing and re-credentialing purposes. **It is 84 pages long it seem to follow all national practitioner data bank**

4. Using the Internet, access <https://clinicaltrials.gov/> and find a clinical trial in your city or state. Document the following information: title, condition under study, and location of the trial. Summarize the recruitment status, eligibility criteria, and phase of the clinical trial. Heart failure in maine [A Study to Assess the Effectiveness and Safety of Rivaroxaban in Reducing the Risk of Death, Myocardial Infarction or Stroke in Participants With Heart Failure and Coronary Artery Disease Following an Episode of Decompensated Heart Failure](https://clinicaltrials.gov/ct2/show/NCT01877915?term=heart+failure+maine&rank=7)

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| --- | --- |
| **Conditions:**  | Heart Failure;   Coronary Artery Disease |
| **Interventions:**  | Drug: Rivaroxaban;   Drug: Placebo;   Other: Standard of care for heart failure and coronary  |

**A Study to Assess the Effectiveness and Safety of Rivaroxaban in Reducing the Risk of Death, Myocardial Infarction or Stroke in Participants With Heart Failure and Coronary Artery Disease Following an Episode of Decompensated Heart Failure (COMMANDER HF)**

This study is currently recruiting participants. (see [Contacts and Locations](https://clinicaltrials.gov/ct2/show/study/NCT01877915?term=heart+failure+maine&rank=7#contacts))

Verified September 2016 by Janssen Research & Development, LLC

Sponsor:

Janssen Research & Development, LLC

Collaborator:

Bayer

Information provided by (Responsible Party):

Janssen Research & Development, LLC

ClinicalTrials.gov Identifier:

NCT01877915

First received: June 12, 2013

Last updated: September 30, 2016

Last verified: September 2016

[History of Changes](https://clinicaltrials.gov/ct2/archive/NCT01877915)

* [Full Text View](https://clinicaltrials.gov/ct2/show/study/NCT01877915?term=heart+failure+maine&rank=7)
* [Tabular View](https://clinicaltrials.gov/ct2/show/record/NCT01877915?term=heart+failure+maine&rank=7)
* No Study Results Posted
* [Disclaimer](https://clinicaltrials.gov/ct2/about-site/disclaimer)
* [How to Read a Study Record](https://clinicaltrials.gov/ct2/help/how-read-study)

  Purpose

The purpose of this study is to assess the effectiveness and safety of rivaroxaban compared with placebo (inactive medication), in reducing the risk of death, myocardial infarction or stroke in participants with heart failure and significant coronary artery disease following an episode of decompensated heart failure.

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| [**Condition**](https://clinicaltrials.gov/ct2/help/conditions_desc) | [**Intervention**](https://clinicaltrials.gov/ct2/help/interventions_desc) | [**Phase**](https://clinicaltrials.gov/ct2/help/phase_desc) |
| Heart FailureCoronary Artery Disease | Drug: RivaroxabanDrug: PlaceboOther: Standard of care for heart failure and coronary artery disease | Phase 3 |

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| Study Type: | Interventional  |
| Study Design: | Allocation: RandomizedEndpoint Classification: Safety/Efficacy StudyIntervention Model: Parallel AssignmentMasking: Double Blind (Subject, Caregiver, Investigator, Outcomes Assessor)Primary Purpose: Treatment |
| Official Title: | A Randomized, Double-blind, Event-driven, Multicenter Study Comparing the Efficacy and Safety of Rivaroxaban With Placebo for Reducing the Risk of Death, Myocardial Infarction or Stroke in Subjects With Heart Failure and Significant Coronary Artery Disease Following an Episode of Decompensated Heart Failure |

Resource links provided by NLM:

[MedlinePlus](https://medlineplus.gov/) related topics: [Coronary Artery Disease](https://medlineplus.gov/coronaryarterydisease.html) [Heart Attack](https://medlineplus.gov/heartattack.html) [Heart Failure](https://medlineplus.gov/heartfailure.html)

[Drug Information](https://druginfo.nlm.nih.gov/drugportal) available for: [Rivaroxaban](https://druginfo.nlm.nih.gov/drugportal/name/Rivaroxaban)

[U.S. FDA Resources](https://clinicaltrials.gov/ct2/info/fdalinks)

Further study details as provided by Janssen Research & Development, LLC:

Primary Outcome Measures:

* Time to the first occurrence of any of the following: death from any cause, myocardial infarction, or stroke [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: No ]
* Time to the first occurrence of either fatal bleeding or bleeding into a critical space with potential for permanent disability [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: Yes ]

Secondary Outcome Measures:

* Time to the first occurrence of either death due to a cardiovascular cause or re-hospitalization for worsening of heart failure [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: No ]

If both events occur (re-hospitalization and death) they will be separately counted as per outcome measures below.

* Time to death due to a cardiovascular cause [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: No ]
* Time to rehospitalization for worsening of heart failure [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: No ]
* Time to rehospitalization for cardiovascular events [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: No ]
* Bleeding requiring hospitalization [ Time Frame: Day 1 up to approximately Month 30 ] [ Designated as safety issue: Yes ]

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| Estimated Enrollment: | 5000 |
| Study Start Date: | September 2013 |
| Estimated Study Completion Date: | May 2018 |
| Estimated Primary Completion Date: | May 2018 (Final data collection date for primary outcome measure) |

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| [**Arms**](https://clinicaltrials.gov/ct2/help/arm_group_desc)  | [**Assigned Interventions**](https://clinicaltrials.gov/ct2/help/interventions_desc)  |
| Experimental: Rivaroxaban 2.5 mg Each participant will receive 2.5 mg of rivaroxaban twice daily with standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician). | Drug: Rivaroxaban Each participant, randomly allocated to the rivaroxaban arm, will receive one 2.5 mg tablet of rivaroxaban orally (by mouth) twice daily (once in the morning and once in the evening at approximately the same time each day) until the global treatment end date (GTED) (defined as the date when 984 primary efficacy outcome events have occurred). Rivaroxaban will be given with standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician).Other: Standard of care for heart failure and coronary artery disease Each participant's standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician) should be continued throughout the study. |
| Placebo Comparator: Placebo Each participant will receive matching placebo twice daily with standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician). | Drug: Placebo Each participant, randomly allocated to the placebo arm, will receive one matching placebo tablet orally twice daily (once in the morning and once in the evening at approximately the same time each day) until the GTED. Placebo will be given with standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician).Other: Standard of care for heart failure and coronary artery disease Each participant's standard of care for heart failure and coronary artery disease (as prescribed by the participant's managing physician) should be continued throughout the study. |

Detailed Description:

This is a randomized (the study medication is assigned by chance), double-blind (neither physician nor participant knows the identity of the assigned treatment), parallel group (each participant group receives different treatments simultaneously), event driven (the study duration is determined by the time taken for a specific number of events to occur), multicenter study to assess the effectiveness and safety of rivaroxaban compared with placebo, in reducing the risk of death, myocardial infarction or stroke in participants with heart failure and significant coronary artery disease following an episode of decompensated heart failure. Participants will be randomly assigned in a 1:1 ratio to receive either rivaroxaban or placebo (each in addition to standard of care for heart failure and coronary artery disease as prescribed by their managing physician). The study will consist of a screening phase, a double-blind treatment phase, and a follow-up after the sponsor-announced global treatment end date (GTED, defined as the date when 984 primary efficacy outcome events are predicted to have occurred). The double-blind treatment phase is estimated to last for 6 to 30 months. Participants will discontinue study drug after taking both their morning and evening doses on the GTED and will return to the study center for the end-of-study visit (between 15 and 45 days but no sooner than 15 days after the GTED). Patient safety will be monitored throughout the study. The study duration for each participant is expected to be approximately 16 months. The study drug, rivaroxaban, is approved in the United States and in several countries around the world for the prevention and treatment of a number of thrombosis-mediated conditions.

  Eligibility

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| Ages Eligible for Study:    | 18 Years to 95 Years   (Adult, Senior) |
| Genders Eligible for Study:    | Both |
| Accepts Healthy Volunteers:    | No |

Criteria

Inclusion Criteria:

* Must have symptomatic heart failure for at least 3 months prior to Screening
* Participants must have an episode of decompensated heart failure (index event) requiring (a) an overnight stay [that is, staying past midnight] in a hospital, emergency department, or medical facility with the capability of treating with intravenous medications and observing heart failure patients before randomization or (b) an unscheduled outpatient visit to a heart failure management center, where parenteral therapy is required for heart failure stabilization. An episode of decompensated heart failure is defined as symptoms of worsening dyspnea or fatigue, objective signs of congestion such as peripheral edema or ascites, and/or adjustment of pre-hospitalization/outpatient visit heart failure medications. Participants are eligible for randomization at discharge from the facility treating the index event and up to 30 days after discharge if they are in stable condition
* Must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40 percent (%) within 1 year before randomization
* Must have evidence of significant coronary artery disease
* Must be medically stable in terms of their heart failure clinical status at the time of randomization
* Must have a brain natriuretic peptide (BNP) level greater than or equal to (>=) 200 picogram per milliliter (pg/mL) or N-terminal-proBNP (NT-proBNP) level >=800 pg/mL (preferred assay) during the Screening period and before randomization

Exclusion Criteria:

* Any condition that, in the opinion of the investigator, contraindicates anticoagulant therapy or would have an unacceptable risk of bleeding, such as, but not limited to, active internal bleeding, clinically significant bleeding, bleeding at a noncompressible site, or bleeding diathesis within 28 days of randomization
* Severe concomitant disease such as (a) atrial fibrillation (AFib) or another condition that requires chronic anticoagulation (participants with isolated transient AFib may be allowed at the discretion of the treating physician investigator) and (b) Documented acute myocardial infarction (MI) during index event
* Prior stroke within 90 days of randomization
* Has been hospitalized for longer than 21 days during the index event
* Planned intermittent outpatient treatment with positive inotropic drugs administered intravenously

  Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies.](https://clinicaltrials.gov/ct2/about-studies/learn)

Please refer to this study by its ClinicalTrials.gov identifier: NCT01877915

Contacts

|  |
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| Contact: Use link at the bottom of the page to see if you qualify for an enrolling site (see list). If you still have questions: |  | JNJ.CT@sylogent.com |  |

[  Show 886 Study Locations](https://clinicaltrials.gov/ct2/show/study/NCT01877915?term=heart+failure+maine&rank=7&show_locs=Y" \l "locn" \o "Show 886 study locations)

Sponsors and Collaborators

Janssen Research & Development, LLC

Bayer

Investigators

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| Study Director: | Janssen Research & Development, LLC Clinical Trial | Janssen Research & Development, LLC |

  More Information

Additional Information:

[To learn how to participate in this trial please click here.](https://clinicaltrials.gov/ct2/bye/0QoPWw4lZX-3kdDxFT7aZ6cHuiYx0dcWZB-nZVLnaR4jxg4t/qHhqJdhHkwNOJQh9-noPZno3kwUPeBczEB1PznhzunoPlQ1RJioyeB7EJwhazB1gznhgvQ7gfnhkzwN8u)  

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| Responsible Party: | Janssen Research & Development, LLC |
| ClinicalTrials.gov Identifier: | [NCT01877915](https://clinicaltrials.gov/show/NCT01877915)     [History of Changes](https://clinicaltrials.gov/ct2/archive/NCT01877915)  |
| Other Study ID Numbers: | CR101940  RIVAROXHFA3001  2013-000046-19   |
| Study First Received: | June 12, 2013 |
| Last Updated: | September 30, 2016 |
| Health Authority: | Australia: Human Research Ethics CommitteeBulgaria: Bulgarian Drug AgencyGermany: Ethics CommissionGreat Britain: Medicines and Healthcare Products Regulatory AgencyHungary: National Institute for Quality and Organizational Development in Healthcare and MedicinesNetherlands: The Central Committee on Research Involving Human Subjects (CCMO)Ukraine: State Pharmacological Center - Ministry of HealthUnited States: Food and Drug AdministrationAustralia: Institutional Review BoardAustralia: Department of Health and Ageing Therapeutic Goods AdministrationGermany: Federal Institute for Drugs and Medical Devices |

Keywords provided by Janssen Research & Development, LLC:

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| --- |
| Heart FailureCoronary Artery DiseaseStrokeMyocardial InfarctionAnticoagulation |  |

Additional relevant MeSH terms:

|  |
| --- |
| Heart FailureCoronary Artery DiseaseCoronary DiseaseHeart DiseasesInfarctionMyocardial IschemiaMyocardial InfarctionCardiovascular DiseasesIschemiaPathologic ProcessesNecrosis | ArteriosclerosisArterial Occlusive DiseasesVascular DiseasesRivaroxabanFactor Xa InhibitorsAntithrombinsSerine Proteinase InhibitorsProtease InhibitorsEnzyme InhibitorsMolecular Mechanisms of Pharmacological ActionAnticoagulants |

ClinicalTrials.gov processed this record on October 21, 2016

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* [For Patients and Families](https://clinicaltrials.gov/ct2/help/for-patient)
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* [For Study Record Managers](https://clinicaltrials.gov/ct2/help/for-manager)
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* [Copyright](https://www.nlm.nih.gov/copyright.html)
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* [Accessibility](https://www.nlm.nih.gov/accessibility.html)
* [Viewers and Players](https://www.nlm.nih.gov/plugins.html)
* [Freedom of Information Act](https://www.nih.gov/icd/od/foia/index.htm)
* [USA.gov](https://www.usa.gov/)
* [U.S. National Library of Medicine](https://www.nlm.nih.gov/)
* [U.S. National Institutes of Health](https://www.nih.gov/)
* [U.S. Department of Health and Human Services](https://www.hhs.gov/)

5. Access the HCUP website at <http://www.ahrq.gov/research/data/hcup/index.html> and find out if your state participates in the HCUP program. If so, determine who the state contact is for the HCUP program.

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| **Maine** |
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6. Using MEDLINE at <https://www.nlm.nih.gov/medlineplus/>, find an article on a disease registry. Summarize the article. **I picked radon poisoning anyone anywhere is success able to disease it is in the air we breathe some jobs i.e. miners more likely to get most common place to get is in home air monitoring kits available static is show it is more prevalent in certain areas.**

**Review Quiz**

*Instructions:* For each item, complete the statement correctly or choose the most appropriate answer.

1. Which of the following has a certification program for state population-based registries?

 a. Centers for Disease Control and Prevention

 b. American College of Surgeons

 c. North American Association of Central Cancer Registries

 **d. National Trauma Registries Association**

2. Which of the following is an external user of data?

 **a. Public health department**

 b. Medical staff

 c. Hospital administrator

 d. Director of the clinical laboratory

3. Review of disease indexes, pathology reports, and radiation therapy reports is part of which function in the cancer registry?

 a. Case definition

 b. Case-finding

 c. Follow-up

 **d. Reporting**

4. What is the information identifying the patient (such as name, health record number, address, and telephone number) called?

 a. Accession data

 b. Indicator data

 c. Reference data

 **d. Demographic data**

5. Cancer registries receive approval as part of the facility cancer program from which of the following agencies?

 a. American Cancer Society

 b. National Cancer Registrar’s Association

 c. National Cancer Institute

 **d. American College of Surgeons**

6. Which national database includes data on all discharged patients regardless of payer?

 **a. Healthcare Cost and Utilization Project**

 b. Medicare Provider Analysis and Review file

 c. Unified Medical Language System

 d. Uniform Hospital Discharge Data Set

7. Which type of registry is used to collect information on an infant born with spina bifida?

 a. Operation

 b. Newborn

 **c. Birth defect**

 d. Trauma

8. What agency is responsible for developing the clinical trials database?

 **a. National Library of Medicine**

 b. Agency for Healthcare Research and Quality

 c. Healthcare Cost and Utilization Project

 d. MEDLINE

9. Which law requires the reporting of deaths and severe complications due to devices?

 a. Medical Implantation and Transplantation Act of 1986

 b. Medical Devices Reporting Act of 1972

 c. Food and Drug Modernization Act of 1997

 d**. Safe Medical Devices Act of 1990**

10. Which of the following is a database from the National Health Care Survey that uses the patient health record as a data source?

 a. National Health Provider Inventory

 **b. National Ambulatory Medical Care Survey**

 c. National Employer Health Insurance Survey

 d. National Infectious Disease Inventory

11. Which of the following contains a list maintained in diagnosis code number order of patients discharged from a facility during a particular time period?

 a. Physician index

 b. Master patient index

 **c. Disease index**

 d. Operation index

12. Which of the following contains a list maintained in procedure code number order of patients discharged from a facility during a particular time period?

 a. Physician index

 b. Master patient index

 c. Disease index

 **d. Operation index**

13. Which of the following is a collection of secondary data related to patients with a specific diagnosis, condition, or procedures?

 a. Disease index

 **b. Disease registry**

 c. Master patient index

 d. Trauma registry

14. Case finding is a method used to \_\_\_.

 **a. Identify patients who have been seen or treated in a facility for a particular disease or condition for inclusion in a registry**

 b. Define which cases are to be included in a registry

 c. Identify trends and changes in the incidence of disease

 d. Identify facility-based trends

15. In a cancer registry, the accession number \_\_\_.

 a. Identifies all the cases of cancer treated in a given year

 b. **Is the number assigned to each case as it is entered into a cancer registry**

 c. Identifies the pathologic diagnosis of an individual cancer

d. Is the number assigned for the diagnosis of a cancer patient entered into the cancer registry

16. A population-based registry \_\_\_.

 **a. Includes information from more than one facility in a particular geopolitical area, such as a state or region**

 b. Includes only cases for a particular facility such as a hospital or clinic

 c. Represents a computerized system that was developed for a particular facility

 d. Provides data for comparisons in survival rates and quality of life for patients with different treatments and at different stages of cancer

17. Which of the following is made up of claims data from Medicare claims submitted by acute care hospitals and skilled nursing facilities?

 a. NPDB

 **b. MEDPAR**

 c. HIPDB

 d. UHDDS

18. The Medicare Provider Analysis and Review file is made up of \_\_\_.

 **a. Medical malpractice payments and sanctions taken against providers**

 b. Data collected from a sample of office-based physicians

 c. Medicare claims from acute care hospitals and skilled nursing facilities

 d. Data collected on births and deaths

19. Vital statistics include data on \_\_\_.

 a. Research projects in which new treatments and tests are investigated to determine whether they are safe and effective

 b**. Births, deaths, fetal deaths, marriages, and divorces**

 c. Medicare claims

 d. Outcomes

20. Which database must a healthcare facility query as part of the credentialing process when a physician initially applies for medical staff privileges?

 a. UHDDS

 b. MEDPAR

 c. HEDIS

 **d. NPDB**

21. Integration of biomedical concepts from many sources is performed by which of the following?

a. Healthcare Cost and Utilization Project

**b. Medical Literature, Analysis, and Retrieval System Online**

c. Agency for Healthcare Research and Quality

d. Unified Medical Language System

22. Protocols are used in which of the following?

a. National Health Care Survey

b. Health services research databases

c. Vital statistics **d. Clinical trials**

23. The medical staff has asked to include benign cancers in the cancer registry. What is this process is known as?

a. Stage of the neoplasm

b. Case definition

c. Accession number

**d. Casefinding**

24. To identify the patients who had a craniotomy in the past year, what should be queried?

**a. Operation index**

b. Registry

c. Disease index

d. Physician index

25. Which is an example of aggregate data?

**a. Average length of stay**

b. Patient had a colonoscopy

c. Mary Smith had a blood transfusion

d. Patient was diagnosed with a peptic ulcer