

“The study the differences of related clinical issues by analyzing & comparing e-data from NTUH and BJH”

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01/01/2016-12/31/2016

In the past 15 years, Public health insurance databank in Taiwan provided representative evidence-based e-Data for biomedical and pharmaceutical researches and became an important research resource. Since 1998 after the establishment of the Public health insurance databank for research by National Health Research Institutes, the results derived from those researches were significant and had great impact on “Medical” policy making as one of the key references. A lot of papers with great impact and clinical implication were published since then. However, recently due to some congenital limitations of Public health insurance databank, such as the less availability of those data (limited to be used for Taiwan and the primary outcome will be only focused on the economic expense) and the queried input diagnosis (the derived outcome and result will be questioned), those papers using Public health insurance databank will face the choke point, including the quality and quantity for publication.

Barnes Jewish Hospital (BJH) is the biggest and number 1 affiliated teaching hospital of Washington University in Saint Louis. They had set up e-system and collected e-data specifically in different department for about 9 years. National Taiwan University Hospital (NTUH) is the number teaching hospital in Taiwan. E system (Portal system) had been applied clinically for almost 10 years and recently NTUH tried to decode those E data for dry-lab researches. If we can use those e-data derived from both BJH and NTUH for specific clinical topic researches (such an clinical path or SOP, standard of procedure) through point to point thoroughly discussion in different departments, we can evaluate and analyze those differences (including the procedure and outcome) from both sides and find out the key points to make the difference further and in the long round.

In this project, we will focus on the following 3 specific topics (from Anesthesiology, Orthopedics and Ophthalmology departments) to get those related e-data from BJH and NTUH to make the evaluation and analysis. We will try to figure out the

differences (including the procedure and outcome) and key points to make the difference in the long round.

- (1) Anesthesiology: the cost effectiveness analysis of aggressively postoperative nausea & vomiting prophylaxis before or during anesthesia
- (2) Orthopedics: risk factors that associated with 30-day cardiovascular events, infections, or mortality and long-term mortality after total joint arthroplasty in frail elderly subjects with osteoarthritis
- (3) Ophthalmology: analysis of Mortality, co-morbidity and end-of-life visual function in glaucoma patients

Key words: Public health insurance Data Bank, Evidence-based, E-Data