

MarketScan database

The MarketScan [database](#) is a collection of healthcare [data](#) that is used for [research](#) and [analysis](#) purposes. It contains de-identified patient-level data from commercial insurance claims, [Medicare](#) claims, and [electronic health records](#) (EHRs) from over 250 million individuals in the United States.

The MarketScan database is maintained by [IBM Watson Health](#) and is widely used by healthcare researchers, policymakers, and industry professionals. The data in the database includes information on patient demographics, medical diagnoses, procedures, prescriptions, and healthcare utilization, such as hospitalizations and outpatient visits.

Researchers can use the MarketScan database to study various aspects of healthcare, such as disease prevalence, treatment patterns, healthcare costs, and patient outcomes. The database can also be used to evaluate the effectiveness and safety of new medical treatments and interventions.

Access to the MarketScan database is available through a licensing agreement with IBM Watson Health. Researchers must abide by strict data use and privacy policies to ensure that patient information remains confidential and secure.

[MarketScan database](#) were queried using the [ICD-9/10](#) and CPT 4th edition, 2000-2020. They included patients ≥ 18 years of age with the diagnosis of VS who underwent clinical [observation](#), [surgery](#), or [Stereotactic Radiosurgery](#) (SRS) with at-least 1-year follow-up. They looked at healthcare outcomes and MHD at 3-month, 6-month, and 1-year follow-ups.

A [cohort](#) of 23376 patients was identified from the database. Of these, 94.2% (n=22041) were managed conservatively with clinical observation at the initial diagnosis, and 2% (n=466) underwent surgery. The surgery cohort had the highest incidence of new-onset [Mental Health Disorder](#) followed by SRS and clinical observation at 3 months (Surgery 17%, SRS 12% and clinical observation 7%), 6 months (Surgery 20%, SRS 16% and clinical observation 10%) and 12 months (Surgery 27%, SRS 23% and clinical observation 16%), $p < 0.0001$. The median difference in combined payments between patients with and without MHD was highest in the surgery cohort followed by SRS and clinical observation at all time points, [(12 months: Surgery \$14469, SRS \$10557, clinical observation \$6439), $p = 0.0002$].

Compared to clinical observation only, patients who underwent [Vestibular Schwannoma surgery](#) were twice more likely and those who underwent SRS were 1.5 times more likely to develop MHD with a corresponding increase in health care utilization at one-year follow-up ¹⁾

¹⁾

Sharma M, Wang D, Kaoutzani L, Ugiliweneza B, Boakye M, Andaluz N, Williams BJ. Impact of Management Strategies on New Onset Mental Health Disorders (MHD) and Associated Health Care Utilization in Patients with Vestibular Schwannoma. World Neurosurg. 2023 Feb 14:S1878-8750(23)00187-0. doi: 10.1016/j.wneu.2023.02.048. Epub ahead of print. PMID: 36796626.

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