

NationsHealth Introduces Web-Based Data Distribution

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The market for health data in the United States is large and continuously growing. Demand for health-related data of all types has increased as health care organizations (HCOs) strive to adapt to the new health care environment. During the 1990s, organizations and individuals that historically had little interest in or need for health-related data discovered that they needed efficient analysis and data-gathering tools to maintain successful operations. Today's health care environment is demanding further improvements in the quality, quantity, and specificity of the data used for marketing, planning, and business development. More important, the market is demanding greater accessibility than ever before.

The demand for health-related data, in fact, has grown far beyond the organizations directly involved in providing health care. Health plans, employers, policy makers, health lawyers, and a variety of other interests are increasingly requiring health-related data. Entities both inside and outside of health care are now using health data for planning, marketing, and business-development activities, as well as for cost containment, quality monitoring, and legal purposes.

The U.S. health data market is estimated at \$172 billion, a number that reflects only the portion that relates to industry professionals and not consumers. While part of this market involves clinical and financial data primarily for internal use by HCOs, the real growth in demand appears to be for data to address more "external" issues. Thus, data for such activities as planning, marketing, business development, and evaluation are in greater demand.

Despite the size of this market, the large majority of the estimated one million-plus users of health marketing and planning data are not able to obtain useful data in a timely fashion. A few large data vendors offering high-end solutions have historically served this market. These established health data vendors command premium prices for geographically restricted data sets with limited cross-topic integration. Even Web-based spin-offs introduced by these vendors are not much of an improvement in terms of cost and coverage. Ultimately, these options are available to only a small number of large HCOs that have the need—and resources—for high-end solutions. The middle and lower segments of the market are poorly served—if at all—in terms of health care marketing and planning information.

The state of the art with regard to health data access became evident through a study conducted in early 2000 by Medical Services Research Group (MSRG). The findings from this study of health data users confirm the results of a 1995 MSRG study. The analysis found that organizations using health data for planning, marketing, and business development use such data frequently. They spend considerable amounts on health data annually (an average of \$132,000) and also spend a great deal on the software to manage their data.

The data interests of HCOs are broad, with an expressed need for a wide range of data rather than for limited data sets. Such users often need to access different types of data simultaneously. In fact, the variety of organizations (many of them outside health care) that are using health

data has further broadened the scope of the data desired. Unfortunately, health data users are required to obtain their data from a variety of sources with all of the problems that introduces. Only a minority of those surveyed ever utilize the established data vendors, leaving them to patch together whatever data they could obtain from disparate sources.

The survey also found that, while health data users want flexibility in terms of format, a groundswell of interest in online access is growing. A market for data in print and CD format still exists, but online access is rapidly becoming the standard. Data users also expressed interest in access to analytical modules to help them carry out various types of data analysis.

In the final analysis, however, health data users do not believe their information requirements are being met adequately. They express considerable dissatisfaction with existing options and a willingness to explore alternatives. Although health data users felt that they had often been gouged in the past by data vendors, they realize that health data is going to cost them something and are willing to pay reasonable prices. Cost becomes less of an issue if accessibility is improved.

BUILDING A BETTER MOUSETRAP

NationsHealth was established in 1998 to provide a Web-based solution for the distribution of health data that would address issues facing health data users. Funded in part by Small Business Innovative Research (SBIR) grants from the National Institutes of Health (NIH),

NationsHealth has spent four years developing the capability to provide this service. This process has involved identifying, acquiring, and implementing appropriate software and acquiring, validating, and processing the data sets required. The intent was to obtain the most comprehensive range of data possible and subsequently integrate these data sets into a Web-enabled warehouse complete with analytical capabilities.

Conceived by health data experts with decades of experience in health services research, marketing, and planning, the NationsHealth portal is expected to offer health professionals substantially improved access via the Internet to an integrated, national, affordable information resource. Its primary market for information services is expected to include hospitals, physician groups, health care consultants, health plans, and other HCOs. The data also should be useful to pharmaceutical companies, employers, universities, public libraries, public-health agencies, and health care attorneys.

In positioning itself as a unique resource, NationsHealth hopes to capitalize on numerous differentiating factors. First, the data included in NationsHealth is expected to be more comprehensive than any other source available (in any medium). The initial categories of data include demographics, vital statistics, health care resources, behavioral-risk factors, demand estimates/projections, and Medicare and Medicaid data. The NationsHealth data warehouse already includes extensive fertility and mortality data, behavioral-risk data, and health services demand data that are typically not available from other sources. Additional data sets are being added constantly.

Second, and perhaps the key feature of NationsHealth, will be the data integration that this portal will achieve. The integration feature is most valuable when users are trying to combine disparate types of data in the same report or in the same subfile for downloading. For example, if the user wanted to include demographic, mortality, and psychographic data in the same report, this could be done without leaving the active screen. Alternatively, several categories of data related to ZIP code 99899, for example, could be downloaded in a seamless manner.

Third, the data in NationsHealth are expected to be more accessible than data available from any source. Even in its earliest implementation, the user can query NationsHealth for virtually any health-related statistic for most geographic areas through its QuikStats feature. A couple of key strokes will provide that one elusive figure—the number of physicians in Utah, the infant death rate for Smith County, or the percentage of adults who are overweight in the Detroit metropolitan area. As an example, Exhibit 1 displays the results of a search for fertility/mortality data for Alabama. Another keystroke will provide a QuikReport that provides a snapshot of the geographical unit under study. NationsHealth has offered this lookup feature as a free function of the site during testing, and many of these statistics will remain accessible to guests as a free feature. More serious users will pay a nominal registration fee in order to obtain unlimited access to the various statistics within QuikStats.

This same ease of access characterizes other capabilities currently offered through NationsHealth. It can generate market profiles for any data dimension (e.g., demographics, vital statistics, behavioral risk) and for most geographies with a couple of keystrokes. Or if the user prefers to download a data set (either standard or a user-defined one), this can be easily done as well. Ultimately, access to the Internet and a current Web browser are the only capabilities needed to access NationsHealth data. No utilities or plug-ins need to be downloaded.

Fourth, NationsHealth includes certain online analytical capabilities with more such features steadily being added. Analytical modules are included to help the user perform site-selection projects, competitive analyses, community assessments, and other analytical functions. The most important of these modules is the geographic information system (GIS). NationsHealth will ultimately offer full GIS capabilities from simple map generation to sophisticated spatial analyses. The GIS application will ultimately serve as a navigation tool and data-management tool.

Fifth, users of the NationsHealth portal will be able to output data in a variety of ways, including tabular, report, graph,

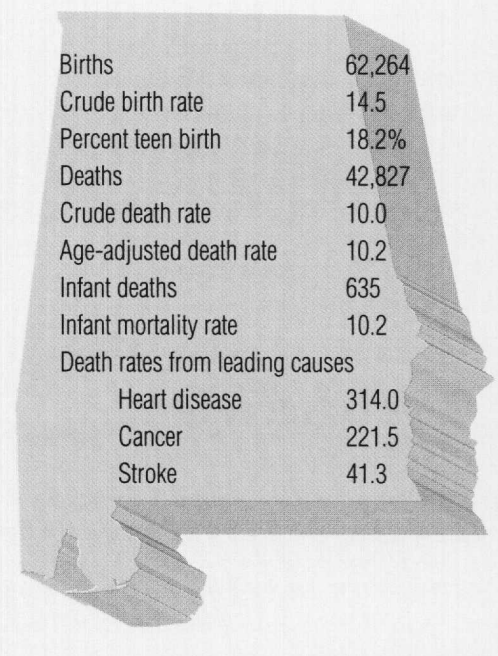
map, or statistical formats. Once the variables and geographical parameters of a user's query are determined, the user will have the option to view, print, and/or download these data in one or more formats. In addition, NationsHealth will offer mentoring services to advance the skill levels and content knowledge of both new and experienced users.

Finally, the NationsHealth site is intended to be affordable, with a certain amount of free data always available. Unlimited access to QuikStats and QuikReports will cost the user \$295 for six months or up to 20 visits. Market profiles are priced from less than \$200 to \$1,000 or more depending on the extent of the report. Data downloads are priced from \$500 and run higher because they typically include multiple geographies (e.g., all counties in a state) and more detailed data. Custom demand estimates and projections are priced starting at a few hundred dollars. These functions are automated to save the user time, hassles, and money. The option for online credit card purchases also facilitates the process.

Plans call for provision of a subscription-based service that allows unlimited

EXHIBIT 1

Fertility/mortality report for the state of Alabama (1996)



Births	62,264
Crude birth rate	14.5
Percent teen birth	18.2%
Deaths	42,827
Crude death rate	10.0
Age-adjusted death rate	10.2
Infant deaths	635
Infant mortality rate	10.2
Death rates from leading causes	
Heart disease	314.0
Cancer	221.5
Stroke	41.3

Getting the Most out of NationsHealth

A "power user" might perform the following operation with NationsHealth. In a typical application for this portal, an analyst for a hospital would be asked to determine the potential for a new urgent care center in a growing suburban area. This analysis will require a wide variety of data, certain analytical tools, and the ability to generate and output appropriate findings and recommendations to share with management. The analyst will require a profile of consumer demographics and lifestyle characteristics within the targeted geographic area; current information concerning the level/type of insurance coverage; a profile of existing services and their characteristics; estimates of the expected levels of demand for health services; and a description of the physical environment (e.g., access, traffic patterns).

Under normal circumstances, the analyst would have to access a dozen different information resources to obtain even partial data. And even then the data are not guaranteed to be accurate or compatible. The fully implemented NationsHealth portal will provide the data, analytical capabilities, and output formats for these analyses in one integrated process. One or more analytical modules could be used to assist in the analysis, and most of the necessary data would already be available through the portal. The analyst would be able to generate tables, maps, graphs, and textual reports. Rather than spending a month to assemble less-than-adequate data, an analyst with access to the NationsHealth portal could commit a few days to complete an analysis that would cost tens of thousands of dollars if contracted out.

access to all data and functionality available through NationsHealth. An annual subscription for a single site is expected to cost less than \$10,000 when the site is transferred to a subscription operation. This represents a fraction of the cost of data resources that do not compare to the features of NationsHealth.

NationsHealth has taken on the challenge of serving users all along the health data spectrum and offers a nested hierarchy of capabilities. A user requiring only one statistic can obtain that information (perhaps at no cost); someone needing frequent statistics and an occasional report can find what they need; and someone looking for detailed reports and perhaps a custom data set can also benefit. Finally, a user requiring unlimited access to data and functionality for the performance of a complex analysis will also find that information available. Thus, from the occasional user to the power user, from those with data budgets of a few hundred dollars to those with \$100,000 budgets, all should be able to use this approach.

RELATED PRODUCTS AND SERVICES

In addition to online information services, NationsHealth will offer research and planning publications, decision support products, mentoring services, analytical services, and MSRG consulting services. NationsHealth data distribution

was initiated in 1999 with the release of the publications *Health and Healthcare in the United States: County and Metro Area Data* and *Health Data Source Book*. The 2000 edition of *Health and Healthcare in the United States* has now been released. Other data sets in print and/or CD format will be released on a regular basis for those who desire these formats.

In order to support the site, Nations Health staff will offer analytical services above and beyond standard customer support. Health professionals who need additional training with regard to the use of data can obtain mentoring services. For those not in a position to learn how to use the site, NationsHealth staff can perform these services on a fee basis similar to mentoring services. Those HCOs that require more complex analyses can opt to contract with NationsHealth or one of its affiliates to perform a wide range of analyses—from market research to strategic planning to feasibility studies.

The Internet today contains striking examples of sites losing hundreds of millions of dollars with little to show in terms of present or potential revenue. Given the current the plight of many other health-related Web sites, why would NationsHealth be more successful? The primary reason for optimism on the part of NationsHealth has to do with respective target audiences. With a few exceptions, existing health-related Web sites cater to either consumers or

providers (primarily physicians). Consumers are eager to access Web sites so long as they are free, while physicians in particular are way behind the curve in accessing the Internet. (It would be interesting to view the market research that indicated that physicians were eager to get their information and perform transactions via the Internet.) Further, as it becomes necessary to charge consumers and physicians for access to the sites that cater to them, site operators are realizing that neither consumers nor physicians have line items in their budgets for Internet purchases. Physician groups in particular are likely to have paper-thin line items for such activities.

In contrast, NationsHealth is catering to user groups that have budgets for what NationsHealth has to offer. Further, these organizations are accustomed to paying inflated prices in many cases for less-than-adequate data. Thus, if Nations Health can redirect only a small fraction of the funds already being spent on health data, it stands a reasonable chance of being successful. For more information on NationsHealth online data services and other capabilities call 901/276-3009 or visit the Web site at www.nationshealthdata.com. ■

ADDITIONAL READING

Thomas, Richard K. (1995). *Problems and Needs of Health Data Users*. Memphis: Medical Services Research Group.