

Breadth, Depth, and Timeliness: How to Overcome the Insurance Data Dilemma

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As healthcare industry professionals, it is good practice to periodically remind ourselves of the many ways HCP and HCO reference data can be used to help us do our jobs better — how it enhances market understanding so we can reach the right people at the right time.

Typically, HCP and HCO reference data is applied in four interconnected ways.

- First, and perhaps most obviously, it is used for outreach. Think market testing and lead generation.
- Second, it aids relationship mapping, helping to understand who is driving treatment paths and decision making, to track institutional mergers and acquisitions, and recognize how professionals and organizations are affiliated with one another.
- Third, reference data can be applied to market penetration and resource planning.
- Last but not least, it is used for essential compliance and validation, to authenticate the credentials of an individual and organization.

This is a compelling list, not only for those in the insurance industry, nor only for those inside the sector with marketing and/or research responsibilities. Leaning on strategic insights and market research activities, and sensitive to the need for critical and continual analysis of risk through the insurance sphere, these are roles that are particularly dependent on timely and reliable intelligence.

But there are a few problems with this scenario. Just as reference data has multiple applications, the insurance consultant faces multiple obstacles to success. Some of the obstacles are broad, including the increasing inaccessibility of doctors and other medical professionals as time pressures become more severe. They also include a perception of healthcare insurance as a “grudge” purchase.

Equally, some of the obstacles are data-specific. Much of the available data is fragmented, outdated at delivery and disconnected consumer technology. This points to a wider challenge of data accuracy and quality, exacerbated by restrictive regulations. Privacy surrounding healthcare adds complexity to surveys, focus groups, and other customer observations.

So, what’s the solution? At IQVIA OneKey, we provide the three essential variables when it comes to data: breadth, depth, and timeliness. IQVIA OneKey delivers insight into more than 10.8 million HCPs and 700,000 organizations across the United States, and identifies the affiliations linking them together. That illustrates our breadth and depth. When it comes to timeliness, IQVIA OneKey is powered by a unique ecosystem that continuously enriches its data. OneKey offers 785 experienced researchers across the world who have country-specific knowledge and coordinate over 1.5 million updates each month. With these real-time inputs and harmonized data, OneKey provides trusted — and timely — information.

In our recent eBook, [“Extend, Connect, Understand: A Practical Guide to Getting the Most Out of Healthcare Data,”](#) we address the issues explored in this blog in greater detail. Among the questions the authors address is “What makes good data in the first place?”

For the director of marketing research working inside insurance, and for a wide array of industries, this is an excellent question to ask and an excellent place to start.

To find out more about how reference datasets can revolutionize the way you work, download [“Extend, Connect, Understand: A Practical Guide to Getting the Most Out of Healthcare Data”](#) now.



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