Territory analysis with healthcare and demographic data

Build a territory brief from provider, facility, licensing and population data, and compare areas while keeping source periods and estimates in view.

Healthcare marketing managers, territory planners, and analysts

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Original educational guide. Product capabilities and data coverage depend on your plan and available sources.

What should a territory analysis answer?

A territory analysis should answer one stated planning question, such as where to focus outreach or whether a neighboring county deserves research. A county boundary is a convenient starting point for research, but it is not automatically the boundary of a workable market. People, organizations, and professional relationships cross county lines. Begin by stating what the analysis should support: prioritizing outreach in an existing service area, comparing two neighboring areas, or deciding where more research is justified.

List the practical constraints before comparing figures. Service coverage, travel, staffing, and the organization's ability to maintain relationships affect the usefulness of a territory. Market data can describe part of the landscape; it cannot decide whether your organization is operationally prepared to serve it.

Build a source inventory

Use provider identities and practice information to research the organizations and professionals in an area. NPPES downloadable files can support this work, while CMS facility and other datasets add information appropriate to their reporting purpose. State licensing files may provide additional context for personal care homes and other licensed settings. Their availability and definitions differ by state.

For each measure, capture the source, geography, reporting period, import date when available, and any obvious coverage limitations. A recent import does not make an older reporting period current. Keeping those dates separate prevents a familiar but misleading interpretation of data freshness.

- What population or provider group does the source describe?

- What time period does the measure cover?

- Does the same definition apply to each area being compared?

How should population estimates be used?

Population estimates describe a territory; they do not count the people who need a service. The American Community Survey provides estimates that can help describe a territory, including age and household characteristics. Measures such as the population aged 65 or older, the population aged 85 or older, and older adults living alone may be relevant to a market brief. They are contextual measures rather than a count of people who need a particular service.

Review the estimate's period and uncertainty before drawing conclusions from small differences. Do not mix different ACS products or reporting periods casually. When a difference is narrow or the underlying population is small, describe the finding as tentative and identify what additional information would help.

How do supply, use and demand differ?

Supply is what providers can offer, use is the care people received, and demand is the wider question of who would use a service. Provider counts, licensed beds, and observed utilization answer different questions. A count of licensed beds describes recorded capacity under the source's definition. It does not establish that those beds are staffed, available today, or occupied. Similarly, historical Medicare utilization describes reported use within a particular covered population and period.

Demand is a broader planning question that also depends on eligibility, preferences, access, payment, and operational factors. A territory with more providers is not automatically saturated, and a territory with fewer providers is not automatically an expansion opportunity. State the observation first, then make the planning interpretation conditional.

Choose measures that match the care setting

For home health and hospice research, available Medicare measures can provide context alongside provider and facility information. Nursing-home research may draw on local facility supply, relevant utilization, and hospital context. Hospital marketing analysis can examine surrounding organizations and available post-acute information. Personal care homes require a different emphasis: licensed-home and bed information, older-adult demographics, and local relationship research.

Avoid comparing unlike measures as if they were a common score. A residential-care planning question should not inherit Medicare post-acute rankings simply because those rankings are available. Explain why each selected measure belongs in the brief.

Create a brief that supports action

A useful territory brief should explain what the area looks like, which accounts deserve closer research, and what remains unknown. Keep observed figures separate from interpretations. Add a short list of practical next steps, such as verifying a facility's current details or researching which practices operate in a specific part of the county.

Market data patterns and opportunity scores are planning signals, not confirmed referral relationships. Do not present them as a list of referrals your organization will receive. Confirmed referral reporting requires the organization's own recorded or imported facts, with a clear understanding of how those records were collected.

Use the analysis as a working document

CareMetric Intel provides care-setting research profiles, county context, and provider and facility discovery subject to available sources and plan coverage. Record the question that prompted your analysis and retain the source periods when sharing findings. AI-assisted summaries, where available, should be checked against the underlying information before they inform a decision.

Return to the brief after outreach or a source update. Record what changed, which assumptions were supported, and which require further research. A territory analysis becomes more useful when it documents uncertainty and learning rather than presenting a single ranking as a permanent answer.

Sources and further reading

CMS provider data catalog

https://data.cms.gov/provider-data/

CMS NPPES data dissemination

https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/data-dissemination

Understanding and using American Community Survey data

https://www.census.gov/programs-surveys/acs/library/handbooks/general.html

CareMetric Intel data sources and use

https://caremetricintel.com/data-use