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Summary: This panel introduces a number of Internet resources that may be useful to health actuaries, including data sources; discussion areas regarding health insurance and managed care topics; current news services; and the home page established by the Society of Actuaries (SOA), the American Academy of Actuaries (AAA), and the Canadian Institute of Actuaries (CIA). Discussion includes the use of the Internet as a marketing tool.

Mr. Jeffrey G. Allen: There are a number of themes that run through a meeting like this. One of the themes that I heard frequently repeated in every session that I've attended is the issue of the lack of good health data.

We're going to spend some time talking about the type of health data that is, and isn't, available on the Internet.

Jim Weiss, is the director of information services center at the SOA. Jim has been on staff at the SOA for 11 years. Before that, he was a data processing (DP) consultant for the SOA for five years. Jim has been instrumental in the development

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of the Actuaries Online forum on the CompuServe system, and he has also more recently been involved in the development of the SOA Web Page.

Mark Epstein is executive director of the National Association of Health Data Organizations (NAHDO) located in Falls Church, Virginia. Mark is a senior health executive with more than 21 years of experience in health policy, health care information management and analysis, health data collection, integration analysis and dissemination, strategy, and planning.

We hope that as many of you do go home after you have seen this session and sign on and start making your way around the Internet. We will be running a live demonstration.

Mr. James R. Weiss: What I'm going to try to do before we really get started looking at the data and so forth that is available is just show the SOA web site. How can a web site be set up to provide you with links. It has many pieces of information. However, we can connect you to sites such as the NAHDO site where the information becomes more focused.

The Internet is a dynamic database of information, but it is not just in one place. It's housed in many different sites. So through the computer link, you go to the source of the information.

In addition to the way a web site might be set up directing you to information, there are several search engines available. There are a great number of search engines on the Internet, and there are several search engines available. The web sites that have information on the Internet provide key words to these search engines, and you can access these search engines through our site or by dialing them directly using their uniform resource locator address.

We've reached a point where the Web has information overload. It was recently said that the information is doubling every 63 days on the Web. So you can see that you need to have the tools to access, identify, and reach sites with good information quickly because if you do a search and get a result screen with 100 different sites identified, you can spend a lot of time searching through those sites without really finding anything. So when you can narrow the search down and you learn how to use a search engine, it can be very helpful to you to direct you to relevant information.

Mark will now start the presentation on the NAHDO site. Later we can actually go out and get the data once we're connected to the Internet.

Mr. Mark Epstein: While I believe in technology, I also feel it's important to have a backup system. Before I start, I want to give you an overview of what I'm going to say, some realities or observations about the Internet, and then take you into some actual examples.

I think as far as some general observations or realities, one can spend as much time and energy as you want on the Internet. I think that's what Jim said. With material doubling so fast, it's going to be increasingly more difficult to find those nuggets.

One of the things that's difficult is to know whether there's any quality to the items that are selected through the use of a search engine, which is something you should keep in the back of your mind. You'll be able to make a lot of hits in the jargon, but we don't necessarily know about the quality of what some of this information is unless some other group, and we've tried to do that with one of our sites, provides information on the quality of the data.

Let me see a show of hands of how many of you have been on the Internet. Oh, great. How many like it? Have you searched around trying to find some data? Good. Have you come to the either the NAHDO home page, or have you ever heard of the National Health Information Research Center (NHIRC)? No one.

Those of you who have tried it, probably liked it, and the worse that can happen with the Internet is you turn it off. You know, sometimes we find that people are afraid to use it. They're afraid they're going to break something. That isn't going to happen. You just exit.

Those of you that have been on the Internet know that it has its own language and terminology. I don't understand all of it. In fact, when I was invited to come out here, the people around the office said, "They want you to come out and demonstrate this?" I probably have the least proficiency of anyone in the office, but I think that shows the confidence that they have that I can navigate around the Internet.

The Internet is a good start. There's a lot of information, but it's not a be all or an end all. I would certainly encourage you to not use the Internet as your only resource, to continue to use other electronic and nonelectronic sources, like verbal sources of information to find data. We can also help in that regard. So don't throw everything away yet.

Let me make a few comments about numbers and types of sites. There are a lot out there. We heard they're increasing. Material is being continuously updated, and that's something to look at when you look at a site. Sometimes they have dates

indicating when the last update was, and that's important. One of the things that we find is people may hit on one of our sites, but if it's not interesting, they may not come back. You always want repeat business. So it's a matter for those who are managing the site to continue to put new information on to make it attractive, or to have other bells and whistles or services that may be useful to you. We've tried to do this in our NHIRC site as well.

There's the issue of dynamic versus static sites, particularly, regarding health data or health information. Most of the sites are what I would call static; that is, there's information or there are data, or there are places and names to go to get the information. There are very few sites right now that actually have data that you can play with.

Two of them that are kind of ground breakers, according to our way of thinking, are sites that are maintained by the Utah Office of Health Information and the Wisconsin Office of Health Care Information. They actually have subsets of their hospital discharge data set online. You can manipulate the data, ask questions, and so forth. I think that's an example of things to come.

Other sites, for the most part, will show you static information. Some can be downloaded. In other instances, there are names and phone numbers you can call to get the information. Much of what I'm saying is on our web site.

Data sources are public and private. They're state agencies and federal agencies. Some of the data are online and, in other cases, with some of the states, or with some of the federal agencies, you can call and actually get a data tape or data report.

In the private sector, data isn't so readily accessible. There are groups, however, that will sell you their products and services. Some of the big groups gather and combine data and will make it available to you at a price. Some actually manipulate some of the information. It's kind of interesting.

Now, just a few words about technology, which I try not to talk about too much. Let's discuss system capacity. When you're using the Internet, perhaps downloading data or playing with it, you'll need certain bytes and memory and modem speeds, and all that. One of the things that I found is that, in some of the sites, they require you to have something that's called the Acrobat Reader so that you can actually look at the information. In most cases, and certainly on our sites, they also provide a way to download that piece of software so that you can actually use the information.

I want to take you to the NAHDO site. If you enter the address www.nahdo.org, you'll reach NAHDO's web site. It is updated on the 15th of the month. It tells a little bit about us. It has different sections, and if you hit anything that's underlined, like what's new, or the NAHDO history, you'll go to a screen behind it and it will pop up and you'll see the NAHDO history in detail. The membership will tell who our members are. On our membership directory, we have information, about a page, on all of our members. Our members include both the public and the private sectors. So we have state agencies that have data like the Illinois Health Care Cost Containment Council, the Florida Agency For Health Administration, and federal agencies like Health Care Financing Administration (HCFA), and the Agency for Health Care Policy and Research.

On the private side, we have a variety of groups that have an interest in data, and some of them warehouse it and make it accessible. They included HCIA, MEDIQUAL, the MEDSTAT Group, Milliman & Robertson, the Joint Commission, the Washington Business Group on Health, and the National Association of Home Health Care Agencies. It's quite a select and diverse group.

I think we're unique in the sense that we have both public and private members, and we're interested in improving health care through the collection, analysis, and dissemination of data. One of the ways that we do this is through the web site. I encourage you to visit us.

Where can I go to get data from ambulatory sources? We compiled some information with the help of a contract we were working on with the Agency for Health Care Policy Research (AHCPH), and we have obtained, at least from a state perspective, who has what type of ambulatory care data and we know what it looks like.

You can get to the NHIRC through the NAHDO web site. As Jim said, you can get to NAHDO through the SOA web site, so you don't have to leave your computer.

Let's go to publications on the web site. Health statistics, reports, and data are examples. Let's hit health statistics. Here's the type of data upon which California has vital statistics tables. These are all out of their department of health. They tend to be morbidity, mortality information, and vital statistics. It's either accessible on the Internet or you can get it from the state.

Let's go to MEDIQUAL. I just find this one interesting in that they've taken some of the data that they had and they've actually done something with it. I'm not going to talk about the quality of the data or what they've done with it, but it's just interesting to see. Here's an application of the information.

MEDIQUAL does a lot of severity adjustment systems. Let's look at the best outcome benchmarks. There are 16 treatments. They've developed benchmarks from their data set. Let's take heart bypass. They've selected 5% of hospitals from over 500 that have the lowest mortality and shortest length of stay.

Let's go now to the NHIRC. We see two things. One, a hub of information about information. Two, we see it as interactive, and we want your participation. We want active participation in looking at it, and also contributions to it.

What we found is that many people called us and asked for information about certain things. Who's doing work on so and so, and what have you? While we have a lot of it in our heads, it's a lot easier to put it together on the Internet site. We approached the Robert Wood Johnson Foundation, which gave us a small grant to take this idea that we had and try to build a web site. We also talked with the SOA, which gave us money to take it to another level.

We had a technical advisory panel that consisted of medical librarians, Internet experts, and Richard Kipp, who represented the SOA and is with Milliman & Robertson. He also happens to be a member of the NAHDO board of directors, which helped us make this user friendly.

Tell us what type of information would be useful. We're always looking for ways to improve it, and we hope that after you take a look at it, you communicate with us about how we can improve it.

There are basically six modules in the NHIRC services. Health data sites and project abstracts is where we'll spend a lot of time, and where the activity is. We also have what's called data news. Again, we're looking to you to help us put information up.

If you have questions about policy forms or you want to know who's doing what, there's an opportunity to do that. The marketplace is where organizations can put up a paragraph or so on their activities. Hopefully they'll get some hits out of that. NHIRC Connections is kind of like a bulletin board system. Online conferencing is a capacity that we have, and we intend to have our first conference later in the fall.

In order to get onto this, you have to have a password to log on. There's no charge. Let's show gaining access. This is probably important. What you have to do is go through this system. We need your last name, your first name, your organization, and an e-mail address. You fill this out. You put in your code name, your ID name, and a password, and it will confirm it. Then you can get on. Now, we can go back

to the go to services, and we can go to the project abstract. In large print, you type your password and then your password again. This is confidential and private.

These are projects that people have submitted. The staff screened them to see if they're appropriate, and then we put them on. If you hit list projects, you'll get an alphabetical list of the projects. I think we have close to 100 project abstracts that have something to do with health information. The first screen will give you type of project, who's the sponsor, the status, the type of data that they're collecting, and the availability.

If we go to the Utah Health Information, you'll see that Denise Love is the e-mail contact. They deal with hospital discharge statistics. It's interactive and it's available. There is a little blurb about the project itself and the challenges that they faced in putting this together.

You can obtain hospital discharge data, descriptive statistics, hospital rates, external injury, mortality data, and population projections as well as reports.

If you just hit the first one, hospital use profile, you can generate your tables from the information. It's listed by major disease classification. It's really interesting. Other states are looking to Utah to see if they can put their information up. It will take it down to the hospital level.

From The Floor: Let me comment that the state legislature tried to shut her department down this past year, and ended up just cutting the budget in half.

Mr. Epstein: Yes. These agencies are political state creatures and go from year to year. Denise's group did survive to at least play for another year. It's important to generate support for these agencies. If you look at this and think that what they have is useful, let people know about it. One of the things we try to do is generate support. This information, you know, is often acquired by some of the proprietary firms. It is then packaged and sold to you at a much higher cost than what you can get it for directly from Utah.

Now, there are problems, and we'll tell you quickly about another project put together by the Agency for Health Care Policy and Research. It developed a multi-state hospital discharge database using a sample of 20 some states. Here we have more than 150 sites. If you hit search database, you get a description in sequence of 140 databases.

There are a couple of sites or projects of which you should be aware. One, is the National Medical Expenditure Survey for which you can get data from the Agency

for Health Care Policy and Research. It's a sample survey of the household level of expenditures and use, and so forth. It's a very good resource at the national level. It's not as good at the state level. The other is what we call the Health Care Cost and Utilization Project (HCCUP).

This will tell you about the information and where you can get that information. Both the National Medical Expenditure Panel Survey and the HCCUP are publicly available. The HCCUP project will let you do state-to-state comparisons, and do some analysis by different diagnostic related groups (DRGs) and so forth. It's extremely valuable.

Now, the other limitation is that the data are not as current as you would like them to be because they're working off of state level data, either from states or hospital associations. These data tend to be lagged, and what's available right now goes through about 1994. The states are usually a year to 18 months behind where we want to be. It's a limitation, but you know that going into it.

Not all of the sites have data. They have information about data. You may actually be able to get information from them or you may not. Some of them actually have the data, or you can get it in some form.

Here's another thing that a lot of these states have. They not only have links to their information, but they have information for state health policy which is a project that's funded by the Robert Wood Johnson Foundation. We have it on our site. It'll take you into other sites. It'll take you into other states as well as into other sites that have information about something to do with health information. If you're interested in federal legislation, there's a site called Thomas', which has all the current federal legislation. So you can really spend a lot of time looking for information. The NHIRC makes an attempt to put in one place some of the information about other sources of information so people don't have to search all over the place.

We'll go to the Pennsylvania Health Care Cost Containment Council. This is a group that received a lot of attention. They were just ten years old.

They're in health reform. This is an example of what states could do with some hospital discharge information. What they didn't know, while that was going on, was that the legislature was considering not funding them.

These agencies are always at risk. They have a good source of information that enables you to look at hospitals within their states. The difficulty is that when you put several of these together, there can be problems. HCCUP is an example of how

that has been done, and that's publicly available. You can go to some private sources like MEDSTAT or HCIA.

Reports are available. I'll give you an example. There is heart attack information in a table. It's a hospital-by-hospital comparison. This was a breakthrough study when it came out, and they used the MEDIQUAL severity adjustment indicator that has been refined for this particular study even more. There's background information about it. But this is an example of data, actual data on the Internet that can be downloaded. You can go to the Cost Containment Council for more information.

So those are examples of what you find from the NHIRC. We hope you would go to it and look at it. Tell us how it meets your needs, or if it meets your needs, or what you think should be done. We know a number of things that need to be done to improve it.

Those of you who have been on the web know that you can get overwhelmed by this device. You can go all over the place and end up at the Louvre while you're talking about health data, so watch out.

We've tried, through the NHIRC, to focus your energy and help you get some good hits that would be useful. Remember, don't throw your Rolodex away. You still need to talk to people to find out about information. You must find out about the quality of the information, how useable it is, or some of the limitations. For some of these sources, I always caution people or encourage them to talk with the people who are collecting the data. Find out the strengths and limitations, the time period that's collected, and all those types of things. Just because they're collected by state agencies, there is variation from state to state, and little things such as fiscal year will differ. Have patience, don't worry. You won't break it. Finally, tell us how we can improve it.

Mr. Weiss: Peggy Grillot is going to help with the hands-on for this part of the presentation. Peggy is the online systems manager of the SOA, and it's her daily responsibility to keep the web site up and running and make sure useable data and information is available.

For my part of the presentation, I want to try to show how search engines can be used to access this information. But not in such a general way that you get so many hits or that you actually waste your time on the system. So we're going to go into a search engine. Let's try Alta Vista.

Many hands went up when Mark asked how many people had been on the Internet. So it seems we have some fairly seasoned users here who have used search engines. However, everyone has learned by experience, which means each of us has learned differently. If you have any suggestions or any hints that you think might be helpful to others please feel free to say something.

What I wanted to start with is to type in something that would be so general that we get too many hits. We had a message earlier. We got so many hits, it said, maybe you want to use the help menu. Click on help to see if that might get you where you want to go.

So why don't you just type in health, and we'll just search for health. We're going to get a tremendous amount of hits. Now, the search engines won't find the same information. You won't get the same results from searching for the same search arguments on every search engine. Not every site is on every search engine. We got eight million hits on "health."

We have to see health and data. So has it narrowed it down? It's narrowed down a bit. Now we can narrow it down again. So I need a suggestion as to how to narrow it down further. Did I get a suggestion from somebody? Cancer. We'll put in "plus cancer." It's bringing it down more and more. By scrolling down, you can see some of the results. Obviously, you would use these. At any time, you could start looking at the brief descriptions of the hits, and then you can go back and submit a narrower search.

All of the search engines work basically the same. Some may have some things that are unique to them. You'll always find on the help menu some hints of how to use them, like the plus sign. You could put minus a search argument and it will eliminate those from the results screen. If you're using more than one word that you want to hit, you enclose that in quotes and it will search for that string to make that connection. So there's a number of different ways to search.

Let's try health plus, and then in quotes, put "data organization." Let's see where we go with that one. Much of this comes from data organizations and not health data organizations. Let's try another search. We go back and include health in the string. So we'll do health data organizations and take out the plus, and move the quote to the front. There are eight matches.

We really narrowed it down after five or six tries. This was a lot easier than actually surfing from site to site to site. Like Mark said, you could end up at the Louvre web site. So if you can stay with the search arguments in your search engine, it's a lot easier to direct your search.

We'll go to the Yahoo search engine. Some of these search engines try to put categories up front so that helps you to try to narrow it. The categories are arts and humanities, business economy, recreation sports, computer, Internet, and so forth. So you put in your search argument and you click on that. It's narrowed it down to begin with, so you don't have to do that within your search argument. They're not all inclusive.

Why don't we type in health data organizations on this one. We'll probably get a different set of results. It is important to know the way the information is sitting out on the search engine. When the SOA started the web site, we contacted major search engines, and we gave them a few words to put into their site so that we would be identified when people search. We gave them words such as "actuary," "insurance," "health," and "pension".

But there are search engines that are called crawlers, and they will go out to a web site, read every bit of information it can on that site, and create its own database. It's really based on the number of occurrences of a word as opposed to what you may think is important. But it's another way of creating these searches.

We certainly got something different. So with the same search argument, it did come up with one—the National Association of Data Organization's Home Page. We've been there. That's why it's highlighted or it can also change color. But you can see by using the same argument and a different search engine, you can get different results.

There's another search engine that has recently become popular, and it is a search engine for search engines. You reach that at www.search.com. It actually searches the other search engines. That is another site that has been created to help you get through all of the information. Now, I'm not sure how they set this up, but my guess is that they've extracted what they felt was important from the other search engine sites. So they did a crawl through the other sites.

Let's try health data organizations. We'll search many search engines. Now, it comes up on the top on this one. So you can see that we're able to search many search engines at one time. Now, we'll open this up. Are there any sites that Mark might not have covered, or something we might not have seen up here that you've experienced that you would like to share? Are there places where you've gone where you found helpful information?

There is the HCFA.

Mr. Epstein: Updated May 22.

Mr. Weiss: How have you used this site?

From The Floor: To find information on Medicare.

Mr. Weiss: Medicare? Will we find data or we will find reports?

From The Floor: You'll find data.

Mr. Weiss: This is active and terminated Medicare contracts. So there are, again, so many sites and so many places to find information. Many of you may have gone to this site, but those of you who haven't, can see the types of things that are there. Are there any other sites?

From The Floor: The Bureau of Labor Statistics has a site.

Mr. Weiss: Mark, would you like to actually take them out to one of the sites so that they can look at the data and actually see some of that work.

Mr. Epstein: Sure.

Mr. Weiss: There's actually a button for data on this site. Is there anything in particular that you would like to look at?

From The Floor: I think so. Yes.

Mr. Weiss: On many sites you can also go to their own search vehicles. So once you get to that site, you can then search through that site. You can go further and deeper into the site and gain access to more information. I think it's important to understand that if you don't have every bit of information, it's not the worse thing. Obviously, there are some people who haven't been to this site. There are probably some people who haven't been able to hit this site. Some haven't been to data organizations.

There's just so much information that you'll have trouble finding it all. So you don't have to worry about seeing everything. Use the search engines to get you close enough to find information that's useful to you. No one has all of the information at his or her fingertips. It's just a matter of using these techniques to find this information.

From The Floor: Something that I find very useful is that some of these sites will send you e-mail reports to tell you that they've added data or information.

Mr. Weiss: On a service like that, I'm guessing that they probably have a list server, and you added your e-mail address to the list server. You're registered with the list server and then they automatically send you the reports through e-mail.

Ms. Anna M. Rappaport: I have a couple of questions about the NAHDO site, and also questions for the people here. About three years ago, Steve Brink identified that one of the things that health actuaries needed was a good catalog of data sources. At that time, there were discussions on trying to create that. So then we discovered that this NHIRC project was happening, and it seems that this project was going to be a much better alternative than trying to do it over.

It strikes me that one of the things it's missing and that we would want to put in if we were creating the catalog is information about the quality control that was involved in the data collection and the validation processes. Could the people that are submitting data be asked to add that? Do they think that's feasible?

The question that I have for all of you is, do we need a process to find out whether people are satisfied? What else do they need in order to be satisfied with regard to that? I think, that's a really important issue.

At another session, on managed care effectiveness we had quite a lot of discussion about data. That discussion focused on the fact that if you think about a community, you have a bunch of providers and a bunch of health plans. Nobody really has enough data to fight fair in the negotiations in terms of the negotiating situation in the community. Everybody has different pieces of data, and it seems that the politics is really more of an obstacle than the technology of sharing it.

I'm wondering, if we should try to join these discussions. People have suggestions about that because people believed that that was what was really needed to have powerful support for all the stakeholders in the health community.

Mr. Weiss: I can answer or respond to a couple of them. We could get those who have data. The people in the public sector are more likely to comment or to be able to comment about the quality control and the validation method. The states deal with that. They can tell you, if it's not on there, what processes they use.

You're probably unlikely to get that information from the private sector. In most cases, if you look at what's available, the private sector isn't putting its data up. Those are good questions and should be asked whenever you get the data, or before you get data from a source. But we could certainly try to add that information from those data sets that would provide it to us.

The politics of data is certainly an issue that we see all the time. I think the issue of Utah almost going under this year was, in part, a response by the managed care industry to not have patient satisfaction information released publicly. This was a project that they had been involved with for at least a year. So it wasn't a surprise that the data were being collected.

What we are seeing more often across the country is managed care plans not wanting information about them to be publicly accessible. The plans were successful a couple of years ago in killing the Colorado Health Data Commission for precisely that reason. So it's a big issue and, as I've told people earlier, my feeling is that the managed care plans are much more formidable than hospitals ever were when we're talking about getting data. That's particularly true when speaking from our reference point, which is as public agencies collecting and disseminating.

You have not only privacy and confidentiality issues, but you have a new proprietary issue. Most people will agree that there has been a good first step to get information, but it's not anywhere close to what's going to be needed.

I think getting or obtaining data from managed care plans is very political and will only become even more so within the industry. To obtain some type of core or common data sets from plans is something that's going to take some type of leadership direction, vision, and mandates. I don't see that happening yet, certainly not at the federal level.

I'll turn the discussion over to the audience for a response to your comment about the utility of the information.

From The Floor: My comment would be to go to more than one source. You must go to as many sources as you can until you feel like you hit the correct part of the bell curve. More consistency normalizes the data. When you have differences, you can explain them. That helps normalize the data.

Mr. Weiss: Mark could you demonstrate the actual use of some of these online interactive sites.

Mr. Epstein: This is a site developed by the Department of Health and Human Services. It has over 500 links. It might not have data numbers, but it's a source of sources that can take you to information about particular categories.

It has libraries in here that have information about information. The National Library of Medicine is a source that's often overlooked for information. It may not be what you're looking for because it is very research or clinically oriented.

Also, you can search this by diseases and get institutes within the National Institute of Health, for example. They have good data on various diseases. So that's one source I wanted to make you aware of.

Another is an online source from the Centers For Disease Control. It's their wonder system that has public health statistics.

The wonder system is a "communications system." It can be accessed through the Web, and it has information that you can actually manipulate. But it's something to be aware of if you're not already aware of it. It's a good source of information.

We can go up north to Wisconsin. This is a site of the Wisconsin Office of Health Care Information. They became very excited when they saw the Utah site, and they replicated it with a few tweaks up north. They're very proud of what they have. I think it's a great site. You can actually get to the data. They have an online interactive question and answer system.

Other states still have the information, and you can get it through a tape or other electronic media, or you can get a report. They may even do a special run for you. There are reasons given online for inpatient hospitalization. Take heart or cardiovascular disease. There are various reasons, and you can select cardiac bypass without catherization. You can identify a subset.

Then you'll see how many hospitalizations there were for this population. What was the average charge? How long were the patients hospitalized? Let's take that one. This is what we asked for, and this is actually going into their database. So there's a live demo.

I guess, the caution is that these are two states out of roughly 30 that are collecting hospital discharge data that have an interactive site. Most of them don't. There are also concerns that states have, even though it obviously can be protected, about privacy and confidentiality, and getting into their data sets. There are concerns about technology about fire walls and those types of things to protect individual confidentiality and privacy. But the states do recognize the need to disseminate information, and more and more are using the Internet to disseminate information to you and to others. I think that what we saw earlier was federal agencies, like the Department of Health and Human Services and the Department of Labor, and state agencies are really sources where you're more likely to get actual data. The private sector, you'll find out about their products and services, but you won't get the data. You'll get teasers, but you'll be able to find who may be able to help you.

I would go back to, in our case, our list of members. Many of them are the leaders in the field, and they have big data sets. Some of them may be able to help you through what they already have as their products and services.

From The Floor: I'm working with Wisconsin. If one likes tables, you certainly can get tables out of there. If you ask a very specific question, you will get a specific answer in six days.

But if you configured your search a little bit differently (for example, if you asked for all DRG's by county), you'd get 450 lines of information.

You can ask, for example, to separate the payers out if you don't want the government payers, if you're working for a private population. So you certainly can create big tables if you have a database from which to work.

From the Floor: I'm sure it probably states it some place, and we might have missed it, but how current is the data in, for instance, Wisconsin? It sounds like they're leading the way here in allowing people to get to their data. I would say it's at least six months out. There might be other data that may be as current as six months, but that would be pretty good for a state.

From The Floor: Is there any dental information on any of these sites? Is it just medical?

Mr. Epstein: A good question. I don't think so. There may be some other sources on those hot link sites that may have some dental information.

Mr. Allen: I think I'd just like to go back to the question Anna raised earlier. I think we've shown that there are data out on the Internet. Are there other things that you feel that the SOA should do in terms of helping the actuary access this data? Please talk to me or Jim Murphy, our vice president of the health practice area, or Anna.

Ms. Rappaport: The other comment I'd like to make is that we said that there was tremendous opportunity for actuaries over the next few years in health care, but it is dependent on having the right kind of data? What is it that we need to do to help the actuarial profession have that power to be a major player in health care? That's really the broader question.