

HCP Data Providers: U.S. Market, Compliance & Best Practices

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HCP data

provider directories

compliance

pharma IT

data governance

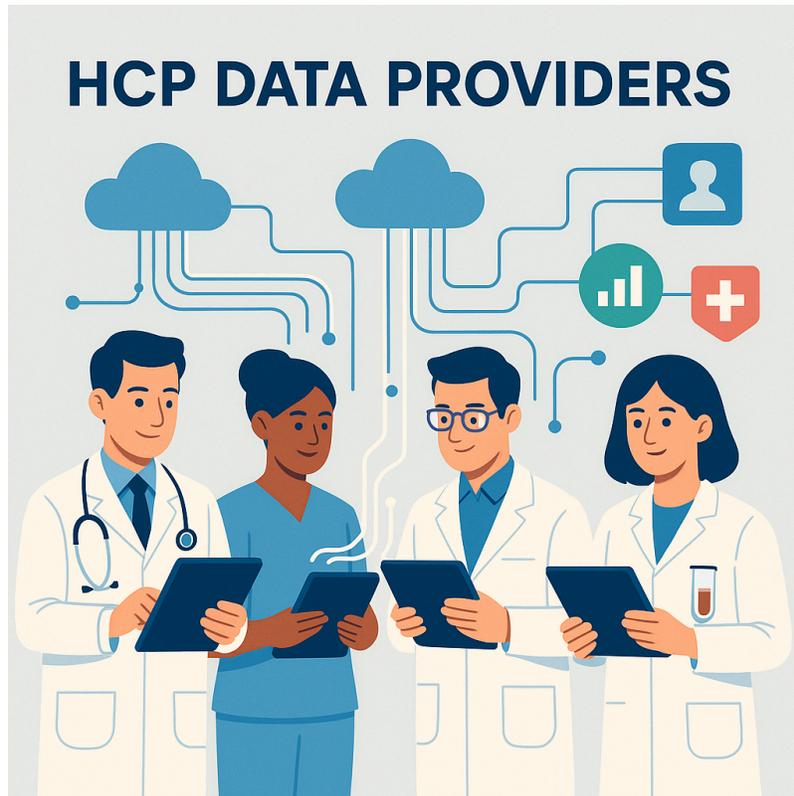
HIPAA

Sunshine Act

CCPA

CRM

MDM



HCP Data Providers

The U.S. life sciences market relies on numerous specialized vendors for **Healthcare Professional (HCP) data**. Major commercial providers include:

- **IQVIA (OneKey)** – A legacy of IMS Health, IQVIA's OneKey database claims over *10.9 million* HCP records worldwide (including ~1.2M U.S. physicians) ([OneKey List Finder - IQVIA](#)). It collects rich provider profiles (names, practice addresses, business emails/phones, specialties, roles) and is updated daily. OneKey is ISO 9001 certified and audited by the Alliance for Audited Media, reflecting its quality emphasis ([OneKey List Finder - IQVIA](#)) ([OneKey List Finder - IQVIA](#)). IQVIA also offers prescription/dispensing datasets (e.g. **Xponent** and **LRx**), covering ~90–93% of U.S. retail pharmacy claims for prescriber-level analysis ([Available IQVIA Data - IQVIA](#)).
- **Definitive Healthcare** – A privately held analytics firm, with ~2.65 million U.S. HCP profiles ([FAQs-Definitive Healthcare](#)). Its data include clinician demographics (NPI, name, specialties, affiliations, practice address), business contact info (email, phone) and extensive claims/prescribing records (nearly 28 billion annual Rx claims) ([FAQs-Definitive Healthcare](#)) ([FAQs-Definitive Healthcare](#)). Definitive updates in real time and claims to be one of the few vendors linking 28B Rx and 12.5B medical claims to identifiable providers ([FAQs-Definitive Healthcare](#)) ([FAQs-Definitive Healthcare](#)).
- **Veeva Systems (OpenData)** – A major CRM/MDM vendor for pharma. Veeva's **OpenData Network** contains ~12 million global healthcare records (HCPs and HCOs), with detailed fields (names, business addresses, emails, phone numbers, specialty, license/DEA numbers, affiliations, and compliance flags). It integrates with Veeva CRM and Vault for pharma marketing. (Veeva's 2023 revenue was ~\$2.16B ([Veeva Announces Fourth Quarter and Fiscal Year 2023 Results](#)).)
- **LexisNexis Health Care (Enclarity)** – Builds HCP profiles by linking professional licensure, legal and financial records. Its data set can include ~125 fields per provider, combining claims and licensing data with consumer credit/financial attributes ([Master data management \(MDM\) takes center stage](#)). LexisNexis attaches a **confidence score** to each profile to indicate completeness ([Master data management \(MDM\) takes center stage](#)). (Note: LexisNexis acquired Health Market Science and Cegedim's data units.)
- **MedPro Systems** – A provider of verified contact and license data for HCPs. MedPro aggregates from 800+ state regulatory sources ([Master data management \(MDM\) takes center stage](#)) to deliver comprehensive profiles. Its records contain up to *300 data fields* per provider ([Master data management \(MDM\) takes center stage](#)) (address, email, phone, license status, sanctions, affiliations, etc.). MedPro specializes in license verification and sanctions screening under laws like DQSA ([Master data management \(MDM\) takes center stage](#)).

- AMA Physician Masterfile** – The American Medical Association maintains a registry of licensed U.S. physicians. It covers over *1.4 million* current and historical MD/DO records (names, specialty, practice locations, education/training) ([American Medical Association \(AMA\) - Health, United States](#)). Pharma firms often license AMA Masterfile snapshots as a baseline contact list (though it may lack some direct emails or mobile numbers).
- H1 (H1Insights)** – A newer data platform aggregating global HCP information. H1 claims profiles on *11+ million* providers worldwide ([Creating a Healthier Future-H1](#)), including doctors’ specialties, institutional affiliations, publication and clinical trial records, and peer network data. It is marketed as an AI-driven “expert discovery” network for life sciences.
- AcuityMD** – A surgical/medical device intelligence provider. Its U.S. dataset focuses on clinicians (especially surgeons) and facilities, with procedure volumes, referral networks, payer mixes and affiliations. AcuityMD has ~90,000+ profiles (e.g. orthopedic, spine, cardiovascular specialists) ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)), with custom data like procedure counts and patient demographics (sourced from public/private claims and state databases) ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)) ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)).
- MedTechIntel, MedScout, MedicoReach** – Specialized healthcare data vendors. For example, MedTechIntel (musculoskeletal focus) lists ~90K+ surgeons, ASCs and distributors ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)). MedScout offers HCP, patient and referral data (including prescription and payment trends) ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)). MedicoReach aggregates *8+ million* global HCP/HCO contacts (physicians, dentists, nurses, etc.) with 90%+ email accuracy ([8 Best Healthcare Database Providers in the USA-Alpha Sophia](#)). These niche vendors often target device and biotech marketing needs with tailored analytics.

In addition to private vendors, **public sources** exist. For example, the U.S. NPI Registry (CMS) is a free database of all covered providers’ identifiers, practice addresses and taxonomy codes (currently several million NPIs active ([What is an NPI & How to Apply & Search the NPPES Registry - ProviderTrust](#))). State medical licensing boards and hospital directories also supply partial data. Many vendors (MedPro, Definitive, etc.) incorporate these public records into their proprietary files.

Provider	Data Types	U.S. Coverage	Distinctive Features
IQVIA (OneKey)	Provider identity (NPI, name), business addresses, emails, phone numbers, 248+ specialties; plus prescribing/dispensing	10.9M+ HCP records globally (includes U.S.) (OneKey List Finder - IQVIA)	ISO 9001-certified, annually audited, deep analytics, integrated CRM.

Provider	Data Types	U.S. Coverage	Distinctive Features
	(Xponent/LRx) (OneKey List Finder - IQVIA) (Available IQVIA Data - IQVIA)		
Definitive Healthcare	Provider identity (NPI, name), practice locations, emails, phones, specialties, affiliations; clinical/quality metrics; claims and 28B+ pharmacy dispense records (FAQs-Definitive Healthcare) (FAQs-Definitive Healthcare)	~2.65M U.S. HCP profiles (FAQs-Definitive Healthcare)	Real-time updates, linkage of prescribers to claims, HCO connections.
Veeva (OpenData)	Names, business addresses, emails, phone, specialty, license/DEA#, affiliations (HCP/HCO)	12M+ HCP/HCO worldwide	Integrated with Veeva Network MDM; aligned to CRM and clinical trials.
LexisNexis (Enclarity)	Names, addresses, license/credentials, affiliations; enriched with claims and financial data; confidence scores (Master data management (MDM) takes center stage)	Not publicly disclosed	Up to 125 data fields/provider; emphasis on data quality scoring (Master data management (MDM) takes center stage).
MedPro Systems	Provider identity, mailing/email, phone, medical licenses, sanctions, affiliations	Not published	300+ data fields per provider (Master data management (MDM) takes center)

Provider	Data Types	U.S. Coverage	Distinctive Features
			stage) from 800+ government sources (Master data management (MDM) takes center stage).
AMA Masterfile	Physician/trainee roster: names, specialty, education, practice address, license info	~1.4M U.S. MD/DO records (American Medical Association (AMA) - Health, United States)	Official AMA registry (current/historical); widely licensed baseline list.
H1 (H1Insights)	Biographical/research data (specialty, publications, trial roles), affiliations, contact info	~11M HCP globally (Creating a Healthier Future-H1)	AI/ML-driven profiles, global scope, focus on expertise networks.
AcuityMD	Provider procedures, referral networks, hospital affiliations, payer mix, patient volumes	~90K physicians/ASCs (orthopedic, spine, CV) (8 Best Healthcare Database Providers in the USA-Alpha Sophia)	Procedural and procedural data analytics for MedTech marketing (8 Best Healthcare Database Providers in the USA-Alpha Sophia).
MedicoReach	HCP contact lists (email, phone, address) across specialties; global email campaigns	8M+ HCP/HCO records (131 countries) (8 Best Healthcare Database Providers in the	Customized email lists (90%+ accuracy) (8 Best Healthcare Database Providers in the USA-Alpha

Provider	Data Types	U.S. Coverage	Distinctive Features
		USA-Alpha Sophia	Sophia); broad global coverage.
NPI Registry (CMS)	NPI, provider name, practice address, taxonomy	~7–8M active U.S. NPI records (periodic releases) (What is an NPI & How to Apply & Search the NPPES Registry - ProviderTrust)	Public federal data; free directory of all active provider identifiers (What is an NPI & How to Apply & Search the NPPES Registry - ProviderTrust).

U.S. Laws and Regulations Governing HCP Data

Legal requirements in the U.S. cover various aspects of HCP data use. Key rules include:

- HIPAA Privacy Rule** – Primarily protects patients’ health information, not providers’ business data. In general, pure HCP contact data (name, business address, specialty) is *not* PHI. However, HIPAA *does* affect any marketing that uses patient health data. For example, targeted outreach based on patient health records (or sharing PHI in testimonials) must follow HIPAA authorization rules ([The Role of HCP Marketing in Successful Drug Launches](#)). In practice, pharma marketing teams avoid using identifiable patient records without consent. Any HCP data derived from healthcare transactions (e.g. prescribing patterns linked to patient claims) must be de-identified or handled by business associates under HIPAA compliance.
- CAN-SPAM Act (2003)** – Governs all commercial email in the U.S. Any marketing email to HCPs must identify the sender clearly, use accurate headers/subject lines, and include a conspicuous “unsubscribe” option ([12 HCP Email Marketing Best Practices-Health Union, LLC](#)). Misleading or deceptive content is prohibited, and opt-out requests must be honored promptly ([12 HCP Email Marketing Best Practices-Health Union, LLC](#)). For example, an email blast to physicians must allow recipients to easily decline further mail (and must not use false “reply” addresses).
- TCPA (Telephone Consumer Protection Act, 1991)** – Limits telemarketing calls and texts. It prohibits using an automatic telephone dialing system or prerecorded voice to call or text *cell phones* without the recipient’s prior consent ([TCPA Compliance, Opt-out and Consent Requirements](#)). (Calls to landlines have more exemptions, but federal “Do Not Call” rules still

apply.) In practice, pharma companies must document any consent (often written) before auto-dialing a physician's mobile. Cold-calling or texting HCPs' cell phones without express permission can incur heavy fines ([TCPA Compliance, Opt-out and Consent Requirements](#)).

- **Physician Payments Sunshine Act** – Part of the ACA (implemented 2013), it requires manufacturers of drugs, devices or biologics to track and report almost all payments or transfers of value to U.S. physicians and teaching hospitals. CMS publishes this data annually on the *Open Payments* website. Over 2013–2019, CMS published ~84.0 million payment records (totaling \$72.8 billion) to covered recipients ([Open Payments Covered Recipients-CMS](#)). Pharma companies must maintain auditable records of consulting fees, research grants, speaker honoraria, meals, travel and other transfers to HCPs, so that they can be reported accurately and reviewed by the HCPs.
- **State Privacy Laws (e.g. CCPA/CPRA)** – Broad consumer privacy laws (California, Virginia, Colorado, Connecticut, Utah, etc.) regulate personal data of residents. California's CCPA/CPRA (effective 2020/2023) gives Californians the right to know, delete, and opt-out of "sale" or sharing of their personal information ([California Consumer Privacy Act \(CCPA\)-State of California - Department of Justice - Office of the Attorney General](#)). Although these laws exempt medical *PHI* held by HIPAA-covered entities ([How State General Privacy Laws Apply to Healthcare Providers-Davis Wright Tremaine](#)) ([How State General Privacy Laws Apply to Healthcare Providers-Davis Wright Tremaine](#)), they generally apply to non-HIPAA personal data. Thus, if a company stores HCP personal info (e.g. personal email or home address) and meets the statutory threshold, it must provide privacy notices and respect opt-out/deletion requests ([California Consumer Privacy Act \(CCPA\)-State of California - Department of Justice - Office of the Attorney General](#)). For example, a California-licensed physician could request deletion of a personal email address from a vendor's database under CCPA.

These laws operate alongside industry codes of conduct (e.g. the AdvaMed or PhRMA Codes) and FDA/FTC advertising rules. All promotional and data practices must comply with anti-kickback statutes and truthful marketing requirements as well.

Compliance Requirements (Pharma/IT) with Examples

Pharmaceutical companies and their IT teams must translate these laws into concrete practices. Key compliance steps include:

- **Email Marketing Compliance:** Always honor CAN-SPAM opt-outs. For example, every promotional email to HCPs should contain a clear unsubscribe link and truthful sender information ([12 HCP Email Marketing Best Practices-Health Union, LLC](#)). Marketers must never use misleading subject lines. E-mail tracking should flag any bounce or opt-out to remove that physician from future lists.

- **Telephone/Texting Rules:** Before calling or texting providers on mobile phones, confirm **prior express consent** as required by TCPA ([TCPA Compliance, Opt-out and Consent Requirements](#)). Maintain a do-not-call list for HCPs who have opted out. For any automated outreach (e.g. appointment reminders, product updates), ensure the dialer system is compliant and records consent documents. Failing to vet a physician's number (e.g. dialing reassigned personal numbers) can lead to violations ([Link](#)).
- **HIPAA/Privacy Safeguards:** Ensure no protected patient data is used in HCP campaigns. For instance, if a sales CRM holds de-identified prescribing data, it must remain unlinked to patient identities. IT systems should encrypt any PHI and enforce role-based access controls (HIPAA requires minimum necessary use). Any health data used for targeting must be fully de-identified or used under business-associate agreements ([The Role of HCP Marketing in Successful Drug Launches](#)).
- **Sunshine Act Recordkeeping:** Track all transfers of value to HCPs with precision. Systems must record the HCP's legal name, NPI, affiliated institution and payment details. Before reporting, manufacturers must allow physicians to review and dispute the data. For example, if a rep provides a physician with an iPad for presentations, IT should ensure that expense is captured and coded correctly so it shows up in the physician's Open Payments record.
- **CCPA/State-Law Compliance:** If handling HCPs' personal data (especially of residents in regulated states), update privacy policies accordingly. Provide mechanisms for physicians to exercise rights – e.g. a public "Do Not Sell My Info" notice, and procedures to locate and delete a provider's personal info on request ([California Consumer Privacy Act \(CCPA\)-State of California - Department of Justice - Office of the Attorney General](#)). Log data processing activities and obtain consents where needed for analytics or data enrichment.
- **Consent & Preference Management:** Implement explicit consent tracking for outreach. For example, use MDM tools (like Veeva Network) to flag each HCP's *communication preferences*. The Align Biopharma consortium (led by Veeva) is developing a standard so HCPs can specify which communications they accept ([Streamlining pharma-HCP communications with a common identity standard](#)). Even today, pharma IT should store opt-in/opt-out flags (e.g. physician registered/not registered for email campaigns) and respect them across systems.

Taken together, these requirements mean that IT systems must combine **data governance** with compliance logic. For example, customer master data applications should enforce validation rules (no adult patient PHI fields in provider profiles) and filter out any non-business addresses. In marketing automation, transactional data flows should include consent checks and suppression lists. Audit trails are critical: every use of HCP data should be logged so that compliance officers can demonstrate adherence (e.g. which email blasts went to which physicians and when they opted out).

Market Size and Industry Statistics

The market for HCP data and analytics is significant and growing. Industry reports estimate the global **healthcare provider data management** software market was about **\$3.2 billion in 2024**, projected to reach ~\$6.5 billion by 2033 ([Healthcare Provider Data Management \(PDM\) Software Market Size, Insights, Demand, & Forecast 2033](#)). This includes MDM, CRM and analytics solutions that underpin HCP data. In the U.S., major companies' financials illustrate the scale: IQVIA reported **\$14.98 billion** in revenue for 2023 ([IQVIA Holdings Inc. - IQVIA Reports Fourth-Quarter and Full-Year 2023 Results; Issues Full-Year 2024 Guidance](#)), and Veeva Systems reached **\$2.155 billion** in FY2023 ([Veeva Announces Fourth Quarter and Fiscal Year 2023 Results](#)). By comparison, Definitive Healthcare's 2024 revenue was **\$252 million** ([Definitive Healthcare Reports Financial Results for Fourth](#)), reflecting its niche focus.

As context for data volumes: a CDC analysis notes the AMA Masterfile contains 1.4 million active physicians and residents in the U.S. ([American Medical Association \(AMA\) - Health, United States](#)). Definitive Healthcare alone profiles ~2.65 million U.S. providers (including allied health) ([FAQs-Definitive Healthcare](#)). Veeva's network spans 12+ million HCP/HCO global records, and H1 aggregates ~11 million worldwide ([Creating a Healthier Future-H1](#)). Meanwhile, the CMS Open Payments database has recorded **84 million** payment transactions to U.S. doctors and hospitals (totaling \$72.8 billion from 2013–2019) ([Open Payments Covered Recipients-CMS](#)), underscoring the volume of pharma–HCP financial interactions.

In summary, the HCP data solutions sector (provider directories, prescribing databases, CRM/MDM platforms) represents a multibillion-dollar industry. The U.S. life sciences field continually invests in these tools – for example, IQVIA's R&D/analytics business grew 6% in 2023 ([IQVIA Holdings Inc. - IQVIA Reports Fourth-Quarter and Full-Year 2023 Results; Issues Full-Year 2024 Guidance](#)) – reflecting the strategic value of accurate provider information.

Best Practices and Data Governance in Pharma IT

To ensure compliance and ethical use of HCP data, IT departments in pharma companies should adopt robust data governance and security practices:

- **Data Classification & Minimization:** Define data categories (e.g. "business contact," "licensure data," "sensitive personal") and only collect fields needed for a purpose. Avoid storing non-work personal identifiers (like home addresses) when possible. This limits exposure under privacy laws. Keep an inventory (data map) of all HCP information sources and flows.
- **Strong Access Controls:** Implement role-based access and multi-factor authentication for all HCP databases ([Data Quality Governance in Pharma: Compliance and Integrity](#)). For example, marketing teams might see only business contact info, while legal/compliance roles can access payment records. Regularly review permissions (e.g. employee/partner offboarding).

- **Encryption and Security:** Encrypt HCP data at rest and in transit ([Data Quality Governance in Pharma: Compliance and Integrity](#)) ([Data Quality Governance in Pharma: Compliance and Integrity](#)). Use VPNs or secure APIs for data sharing. If a breach occurs, encryption ensures intercepted records remain unintelligible. Patch and harden servers storing sensitive data.
- **Data Quality & Master Data Management:** Use MDM systems (e.g. Veeva Network, Reltio) to deduplicate and unify HCP identities. Regularly cleanse lists against up-to-date sources (e.g. NPI updates, state board feeds). High-quality data helps compliance (e.g. sending emails to valid addresses avoids spam issues) and analytics accuracy.
- **Audit Logging & Monitoring:** Maintain detailed logs of data access and transactions. Real-time monitoring or anomaly detection platforms can alert on unusual activity (e.g. bulk downloads) ([Data Quality Governance in Pharma: Compliance and Integrity](#)). Conduct periodic audits of data usage, permissions, and third-party vendor compliance. For example, verify that a mailing list vendor is not including opted-out HCPs.
- **Consent and Preference Tracking:** As noted above, record each HCP's communication preferences ([Streamlining pharma-HCP communications with a common identity standard](#)). For instance, if a doctor declines email marketing, flag their record so all systems honor that choice. Embed consent options in digital signup forms (e.g. allow HCPs to select topics of interest). This not only aids TCPA/CAN-SPAM compliance, but also aligns with ethical marketing.
- **Governance Policies and Training:** Develop written policies covering HCP data handling (e.g. "No PHI in Marketing Collateral"). Train sales, marketing and IT staff on these policies and relevant laws. For example, ensure reps know not to capture patient stories without HIPAA-compliant approvals. Review and update policies when regulations change.
- **Vendor Due Diligence:** When licensing HCP lists or analytics from third parties, require contractual assurances of legal sourcing and data accuracy. Evaluate vendors' privacy/security certifications. For instance, if a vendor claims to use "publicly scraped" email addresses, confirm that this complies with data protection rules.

By combining these practices, pharma IT can build a compliant, secure infrastructure for HCP data. For example, a best-in-class approach might use a data governance platform that automates data quality checks and lineage tracking, while business rules enforce that any outbound marketing contact list is pre-screened against opt-out flags ([Data Quality Governance in Pharma: Compliance and Integrity](#)) ([Data Quality Governance in Pharma: Compliance and Integrity](#)). Ongoing review and cross-functional oversight (including legal, medical affairs, IT and marketing) ensure that HCP data drives business value **safely** and in accordance with U.S. law.

Sources: Authoritative industry and government publications (e.g. IQVIA and Definitive earnings reports ([IQVIA Holdings Inc. - IQVIA Reports Fourth-Quarter and Full-Year 2023 Results; Issues Full-Year 2024 Guidance](#)) ([Definitive Healthcare Reports Financial Results for Fourth](#)), CMS/CDC statistics ([American Medical Association \(AMA\) - Health, United States](#)) ([Open Payments Covered Recipients-CMS](#)), verified market research ([Healthcare Provider Data Management](#)

(PDM) Software Market Size, Insights, Demand, & Forecast 2033), and compliance guides (12 HCP Email Marketing Best Practices-Health Union, LLC) (TCPA Compliance, Opt-out and Consent Requirements)) were used to compile this report. Each provider and legal requirement is cited to credible sources as noted.

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