

CHINA HEALTHCARE DATA

China is data-rich. Access is the challenge.

The problem is access architecture.



Technology is not the main constraint

Hospitals generate structured healthcare data.
Analytics tools exist.

The real barriers are governance, relationships
and jurisdictional variation.

Data availability is not the same as data usability.



Hospital-level custodianship

Data is often held institutionally, requiring specific local agreements.

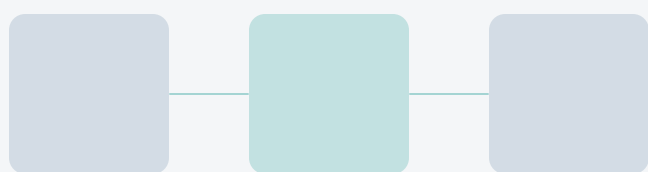
Access must be built locally.



Provincial variation

What works in one province may not transfer cleanly to another.

China is not one data access environment.



Language and coding complexity

Chinese clinical terminology, ICD adaptations and local data structures require specialist interpretation.

Translation is not enough. Harmonization matters.



From data exists to insight delivered

Governance, de-identification, coding, ethics and local clinical interpretation sit between raw data and evidence.



| The access pathway is the capability.



The China RWD question is practical

Which evidence questions are visible in theory but inaccessible in practice?

What China evidence question has your team had to leave **unanswered**?

#ChinaHealthcare #RealWorldData #GreaterChina
#PharmaceuticalStrategy #HEOR #RWE #MarketAccess



The challenge is no longer whether healthcare data exists.

It is whether the right evidence can be generated fast enough?

Yes, it can.

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