

Wireless Trends and Expenditures: US Healthcare

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Wireless Data Spending to Exceed Wireless Voice Spending

This report forecasts the spending for wireless services and equipment among healthcare firms in the US. The wireless services include wireless voice and mobile data. This report also presents data about wireless data adoption and applications used.

While growth in wireline services spending stagnates, wireless services spending continues to be strong, with a CAGR of 12% through 2011 among healthcare firms. These two trends are expected to lead to wireless services spending exceeding wireline services spending in the healthcare vertical by 2010. Wireless data services are expected to see particularly strong growth through 2011 in the healthcare vertical, with a CAGR of 34% and increasing from 4% of voice and data services in 2007 to 14% in 2011.

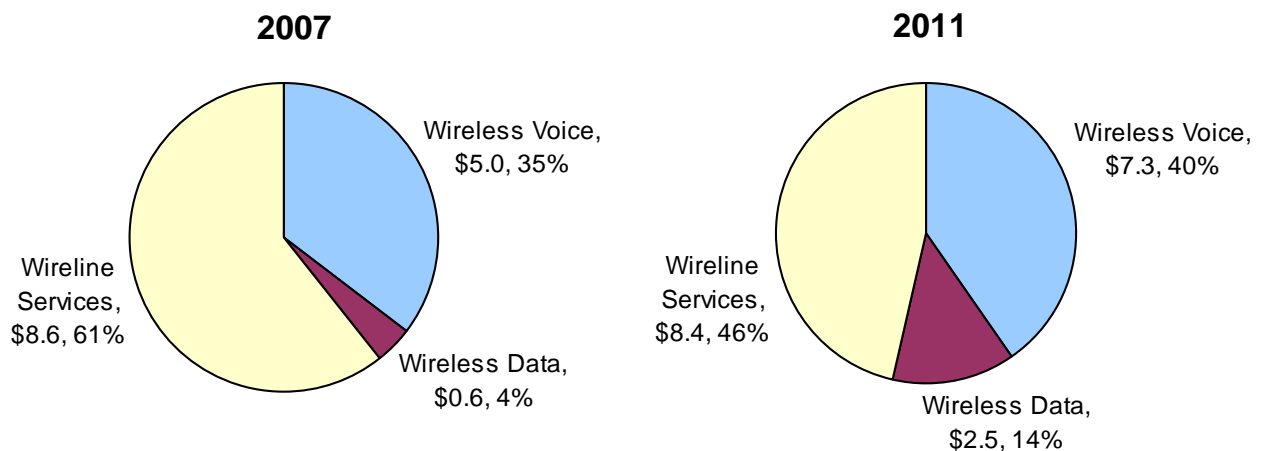
A significant majority of organizations have at least some employees who use wireless data. In-Stat found that 90% of the 79 healthcare firms surveyed have implemented wireless data technology for at least some applications or are in pilot phases.

The remaining organizations responded that they are planning to deploy wireless data technology or are in the process of evaluating options.

HIGHLIGHTS

- Healthcare firms will spend more on wireless services than on wireline services by 2010.
- Mobile data is the fastest growing area of spending among healthcare firms.
- Many organizations have ambitious plans to add more wireless data applications.
- The spending for wireless voice services will increase slightly as increasing usage will exceed the decreasing cost per minute.

Figure 1. Wireless and Wireline Services Spending Allocation—Healthcare, 2007 and 2011 (US\$ in Billions)



Source: In-Stat, 9/07

The most popular applications in use today are horizontal, where there is not customization to suit a particular vertical market. For example, roughly 80% of healthcare respondents indicated that their organization allows access from a wireless device to email and to Internet and/or Intranet.

Vertical applications may never see adoption at the same level as horizontal applications due to their industry-specific nature, but many are poised for great growth. At least 54% of healthcare respondents indicate current use of scheduling and patient record applications with wireless access, with another 25% indicating plans to use each of those applications.

Healthcare firms will continue rapid implementation of wireless data solutions and expand the number of applications made available to their employees. This will lead to impressive growth in wireless data services spending, and along with strong growth in wireless voice services spending, wireless services spending will exceed wireline services by 2010.

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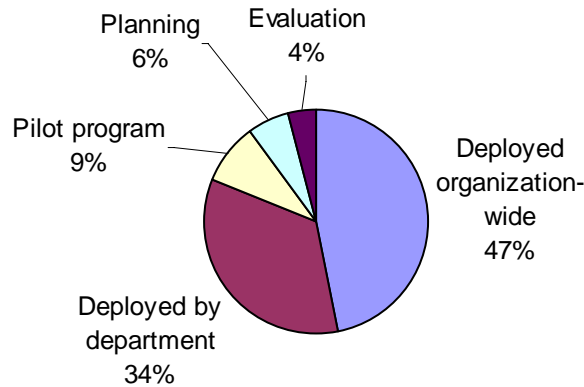
Applications of Wireless Data in Healthcare

Deployment of Wireless Data in Healthcare

As shown in Figure 2, 81% of healthcare respondents indicated employees in their organization use wireless data services, either organization-wide or by department, with 9% reporting that a pilot program has been implemented.

Another 6% of respondents report that their organizations are planning to deploy wireless data equipment and services, and 4% indicated that employees in their organization do not currently use wireless data equipment and services, but that the organization is in the process of evaluating the implementation of this technology.

Figure 2. Status of Wireless Data Deployment—Healthcare, 2007



Source: In-Stat, 6/07

n=79

Deployment of Industry-Specific Applications

The companies in the healthcare vertical make use of many applications that benefit from wireless data, many of which are targeted applications, specifically tailored for the healthcare vertical. The adoption status of these applications is found in Figure 3. There is a fair amount of adoption across most of the applications asked about in the survey, but two stand above the rest. A majority of respondents indicated that their firms have implemented wireless automated scheduling and wireless access to patient records, and another quarter reported plans to add these applications.

Following these two applications, roughly 40% of the respondents have implemented the applications for patient tracking and patient information. Another 20% of respondents plan to add these applications.

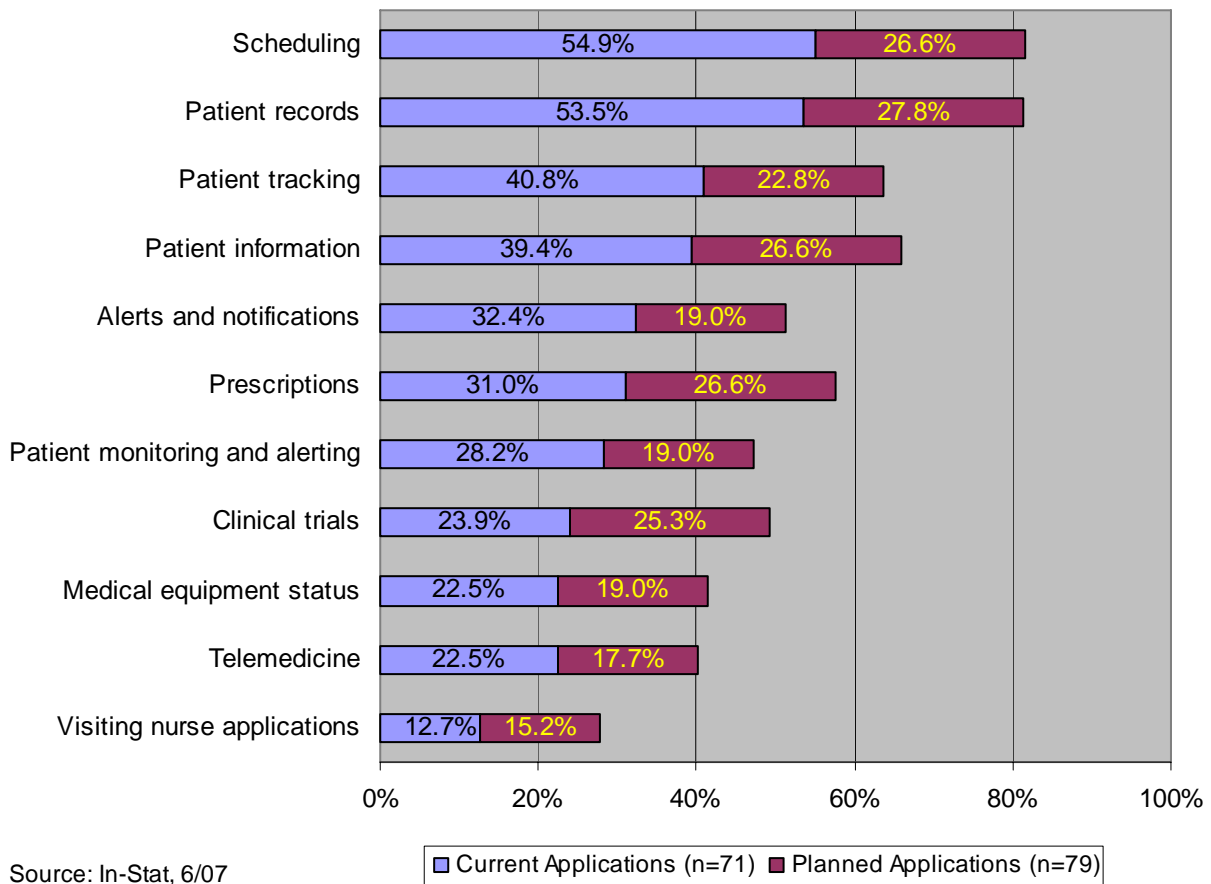
Respondents were least likely to indicate adoption of visiting nurse applications. Although visiting nurse applications could be ideal for wireless data use, in this year's study, and in past studies, it falls at the bottom of the list, despite respondents' reports of plans to adopt. While visiting nurse applications may be ideal for wireless data use, they are not a priority for adoption in the vast majority of healthcare organizations.

Healthcare industry-specific applications include the following:

- **Scheduling**—Before wireless data, caregivers could not schedule their own appointments. Clerical workers were needed to manage schedules to avoid the problems of double-booking. Wireless data synchronizes the server-based master schedule and the caregiver's portable schedule.
- **Patient records**—Billing is often a problem within healthcare. It is done most accurately when reported at the time the procedure is done. Wireless data makes this process more effective by finding potential omissions and errors immediately.
- **Patient tracking**—Patients often need the care of multiple specialists in a series of sessions. No two procedures are the same, so one way to schedule a patient is to assume that extra time is needed each step of the process. It is more efficient to dynamically reschedule. This can be done easily with an automated scheduling system.
- **Patient information**—Caregivers need to review previous notes and tests to give the best care. It is often a challenge to keep track of paper notes, particularly if a patient needs to visit with multiple specialists. As clinics and hospitals became automated, there were efforts to provide bedside terminals, but wiring was often a problem and it was annoying for the users to have to continuously sign on and off. Offering caregivers a wireless connection to patient information has proven to be both convenient and inexpensive.
- **Alerts and notifications**—Once there is notification of an abnormal condition, a team needs to be assembled. Traditionally, this was done via paging. However, if the message was not received for some reason, valuable time could be lost. Wireless data allows caregivers to acknowledge receipt of the message.
- **Prescriptions**—Paper prescriptions can be lost or stolen. Electronic prescriptions reduce transcription errors and can more easily identify drug interaction issues.

- Patient monitoring and alerting—Many patients prefer monitors that allow them some mobility. The challenge is making sure that alerts of abnormal conditions can get to someone that can take action. Wireless data enable this transfer of information to take place.
- Clinical trials—It is more efficient to collect patient records for use in clinical trials when the data are all electronic. Wireless data makes this process go faster.
- Medical equipment status—Some of the equipment in a hospital is both costly and has the ability to monitor itself for abnormal conditions. Wireless data gives maintenance personnel information about any problems.
- Telemedicine—Telemedicine allows specialists to consult on a case when they are not physically present. Ideally, this involves a video conference with local caregivers and the patient. Wireless data allows the specialists to be available sooner and with the ability to be mobile.
- Visiting nurse applications—Visiting nurses meet with patients at their home. Carrying information electronically is more convenient than using paper records.

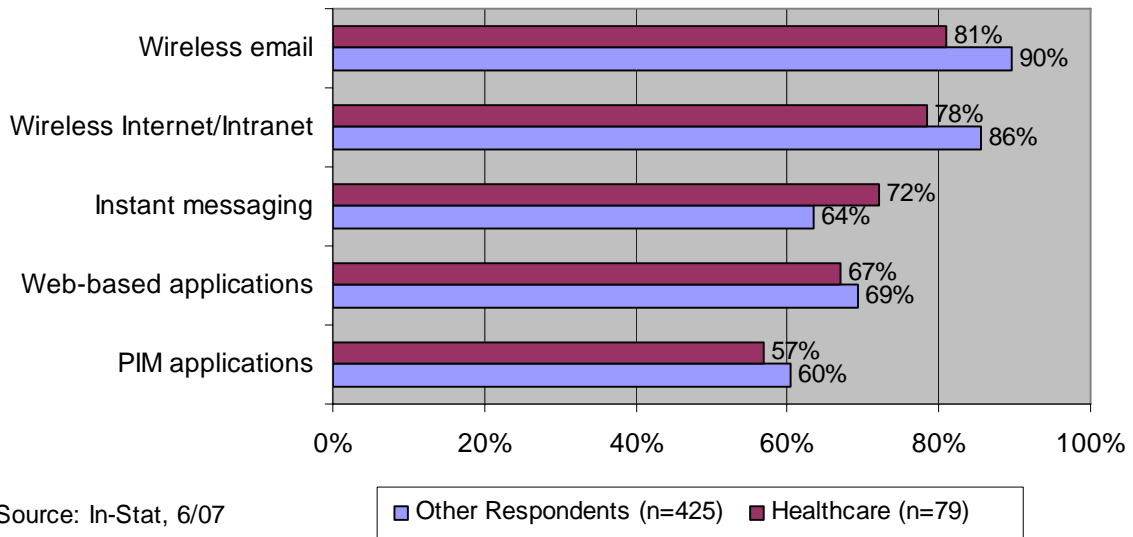
Figure 3. Deployment of Industry-Specific Applications—Healthcare, 2007



Deployment of Horizontal Applications

Figure 4 shows the adoption of horizontal applications reported by respondents in the healthcare vertical compared to that by other respondents. Healthcare respondents were less likely to indicate that employees in their organization were currently able to access email and Internet/Intranet from a wireless device than respondents from other verticals. However, healthcare respondents were more likely to report use of wireless instant messaging. This is to be expected, given the comparatively high need for immediate information exchanges in healthcare. Healthcare firms appear to use wireless Web-based applications and PIM applications slightly less than other firms.

Figure 4. Deployment of Horizontal Applications—Healthcare, 2007

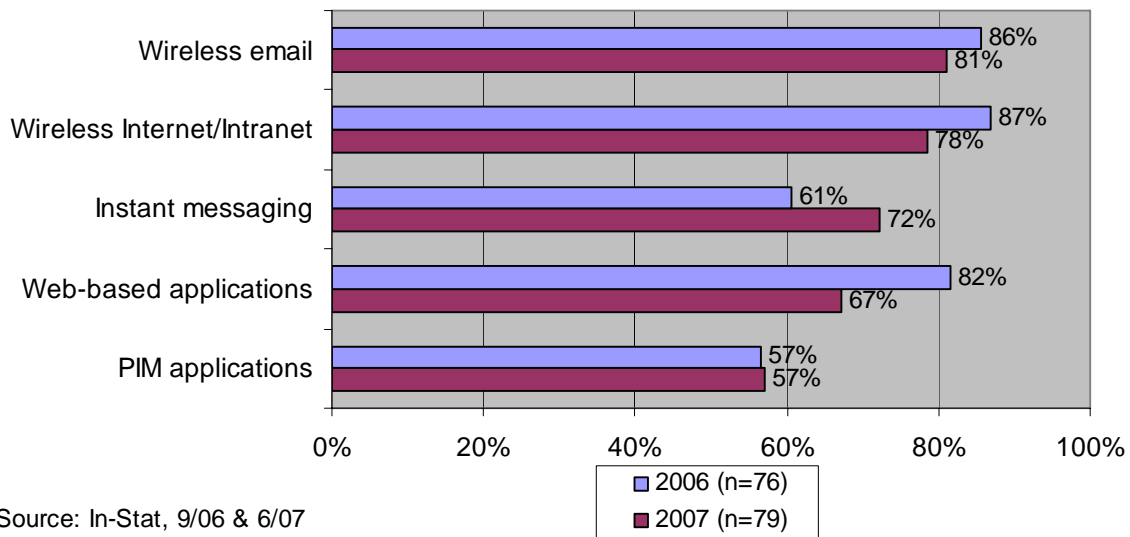


Source: In-Stat, 6/07

Figure 5 shows the adoption of horizontal applications reported by respondents in the healthcare vertical, in 2007, compared to what healthcare respondents reported in 2006. Compared to 2006, in 2007, fewer respondents indicated implementation of wireless access to email, Internet/Intranet, and Web-based applications. A decline in the actual use of wireless email or wireless Internet/Intranet would be surprising. This result is more likely due to the comparison of two different survey sample groups. A decline in web-based applications may be due to increased use of custom-built applications in the healthcare vertical, where web-based applications had previously been used as the more expedient solution.

The reported deployment of wireless instant messaging increased from 2006, indicated by an additional 10% of respondents in 2007. Wireless access to PIM applications stayed at roughly the same level in 2007 as in 2006.

Figure 5. Deployment of Horizontal Applications—Healthcare, 2006 and 2007



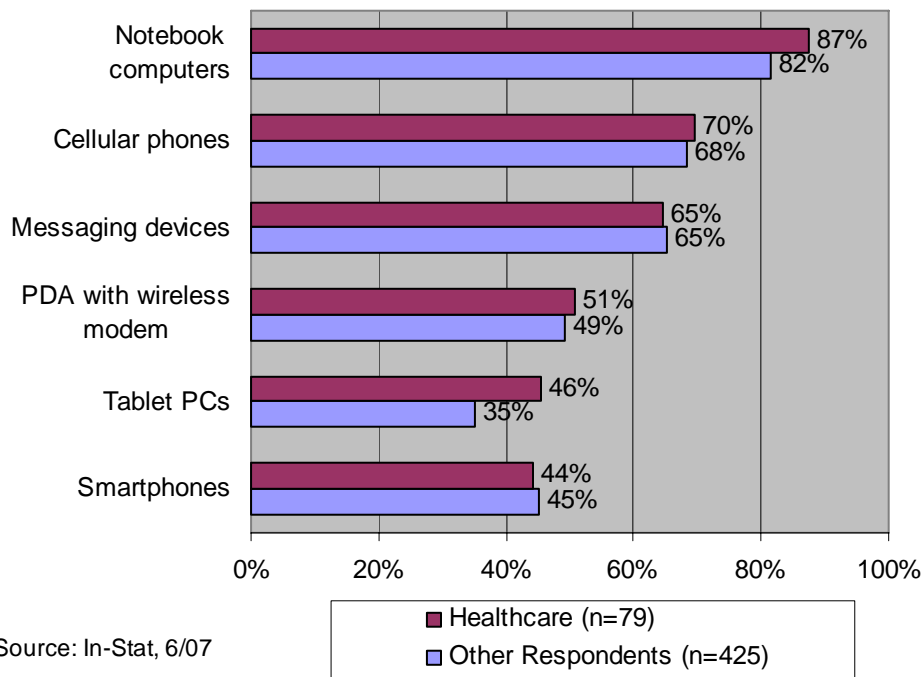
Source: In-Stat, 9/06 & 6/07

Wireless Data Devices Used

The results shown in Figure 5 illustrate that healthcare firms most often provided wireless WAN access to corporate systems via notebook computers. While respondents from other firms also indicated providing wireless WAN access via notebook computers more often than through other devices, healthcare respondents were more likely to indicate notebooks, at 87% compared to 82%.

Cellular phones and messaging devices were the next most popular devices that healthcare firms provided with wireless WAN access. The largest difference from other verticals occurred regarding tablet PCs, where healthcare respondents were more likely to indicate that their firm provided wireless WAN access to corporate systems through these devices.

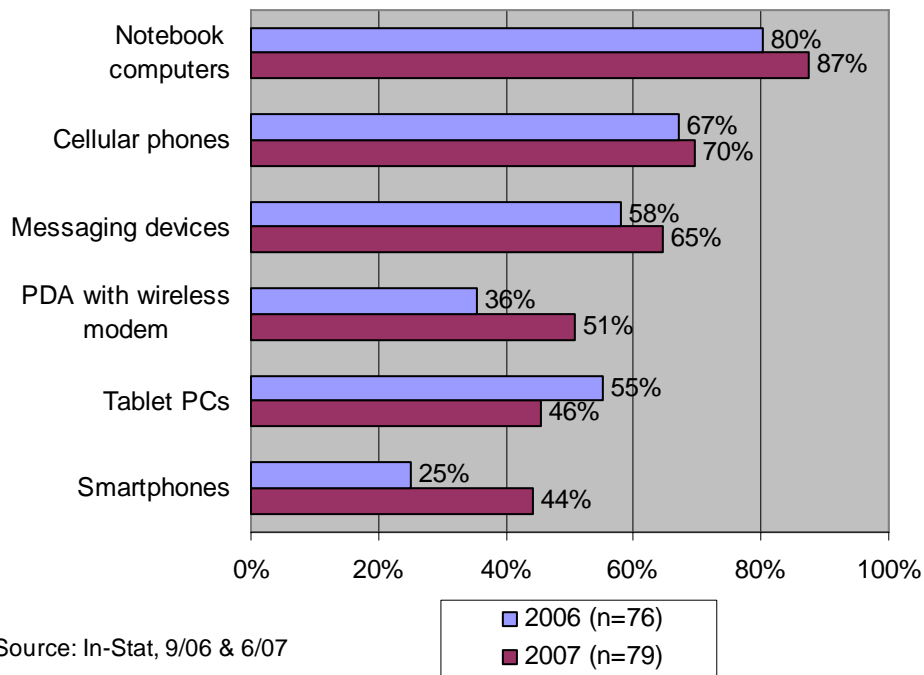
Figure 6. Wireless Data Devices Used—Healthcare, 2007



In 2006, healthcare respondents indicated most often that their firm provided wireless WAN access to corporate systems via notebook computers. This is again true in 2007, with an even greater percentage of respondents indicating such. Smartphones saw the biggest increase in number of firms providing access via this type of device, moving from 25% of respondents in 2006 up to 44% this year. PDAs with wireless modems also received a fairly large bump in use this year. Messaging devices and cellular phones were used more for wireless access to corporate systems this year, but the increase was smaller.

Fewer respondents indicated use of tablet PCs to wirelessly access corporate systems in 2007, compared to 2006. With increases seen in all other devices, the decline in tablet PC use could be a matter of fashion, healthcare users having tried tablet PCs may have developed preferences for other devices.

Figure 7. Wireless Data Devices Used—Healthcare, 2006 and 2007



2007 US Healthcare Wireless Spending

In-Stat forecasts that spending on wireless services by healthcare firms is already more than 70% of that for wireline services. In-Stat projects that wireless spending will exceed wireline spending by 2010.

This is significant because US businesses tend to treat wireless spending much more casually than wireline spending. In a study of spending behavior, only 44% of healthcare firms assumed corporate liability for the wireless services used by their employees. The other 56% either had employees submit wireless bills on expense reports or did not reimburse employees for this expense at all. (The data in this report are corporate-liable expenses that are paid directly by the company to the wireless carrier).

The forecasts in this report break out the spending by size of business, and for the categories of wireless voice, mobile data, and wireless equipment. The underlying assumptions are as follows:

- Historical trends show that demand for wireless voice services over the past decade is somewhat less than unit elastic. As the price-per-minute of airtime has come down about 30%, annually, the average monthly minutes-of-use (MoU) of airtime have gone up almost as much. The net result is a small decrease in average revenue per user (ARPU) among business users for voice services.
- The decline in overall ARPU has been mitigated by increases in the use of mobile data services. Business users have been adopting mobile data applications, in general, and smartphones, in particular, over the past few years. These trends will continue.
- As new devices are launched by carriers, they tend to have similar price points as existing devices, but offer more functionality. The additional functionality often requires the user to add data services.
- In addition, the wireless industry has seen double-digit increases in the number of subscribers. Much of the growth in the US has been among business users, as more firms are providing corporate-liable devices and mobile data applications to their employees.
- The surveys of end-users closely examined the adoption of wireless technologies that serve as an alternative to wireless voice and cellular data. The dominant alternative for cellular data was Wi-Fi hotspots. In addition, the future looks promising for WiMAX. The forecasts in this document incorporate adoption trends based upon demand characteristics found in In-Stat surveys and the likely roll-out of capabilities for the respective technologies.
- The rapid changes among wireless data alternatives are the greatest source of uncertainty in these forecasts. Wi-Fi systems are dominant today, but their ease-of-use has allowed users to inadvertently make their systems vulnerable to security threats. There are also usage scenarios, such as for outside salespeople who are unable to use Wi-Fi at customer sites, which favor cellular data over Wi-Fi. As of now, mobile data is sufficiently new that these preferences are in the process of working their way into customer usage patterns. This forecast assumes that Wi-Fi will continue to grow, but that cellular data will grow faster than Wi-Fi.
- Another significant variable in the growth of, and ARPU associated with, mobile data among cellular carriers is the growth of WiMAX carriers that are not cellular carriers. If all players are rational, there is

enough room for growth for all players. However, the mix of multiple players, and the high fixed costs to roll-out a system, could lead to hyper-competition over the period of this forecast. If this occurs, cellular data spending will be less. Lower prices benefit the user, but there are limits to how much faster organizations can implement new applications.

The result of having several, attractive mobile data alternatives is that mobile data prices could drop faster than predicted in this forecast, with the result being lower data ARPU. The demand side will adopt new applications as fast as it can, and significantly lower prices will not hasten this process during the timeframe of this forecast.

Healthcare Spending Allocation Among Services and Equipment

Table 1. Wireless Voice, Data, and Equipment Spending Allocation—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 5,772	\$ 6,518	\$ 7,464	\$ 8,525	\$ 9,376	\$ 10,193	12%
% Change		13%	15%	14%	10%	9%	
Wireless Voice Services	\$ 5,019	\$ 5,413	\$ 5,912	\$ 6,480	\$ 6,906	\$ 7,341	8%
% Change		8%	9%	10%	7%	6%	
% Healthcare	87%	83%	79%	76%	74%	72%	
Wireless Data Services	\$ 562	\$ 861	\$ 1,256	\$ 1,712	\$ 2,113	\$ 2,470	34%
% Change		53%	46%	36%	23%	17%	
% Healthcare	10%	13%	17%	20%	23%	24%	
Wireless Equipment	\$ 192	\$ 243	\$ 297	\$ 334	\$ 358	\$ 381	15%
% Change		27%	22%	13%	7%	7%	
% Healthcare	3%	4%	4%	4%	4%	4%	

Source: In-Stat, 9/07

Table 2. Wireless and Wireline Services Spending Allocation—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 14,188	\$ 14,941	\$ 15,849	\$ 16,843	\$ 17,586	\$ 18,254	5%
% Change		5%	6%	6%	4%	4%	
Wireline	\$ 8,607	\$ 8,667	\$ 8,681	\$ 8,652	\$ 8,567	\$ 8,443	0%
% Change		1%	0%	0%	-1%	-1%	
% Healthcare	61%	58%	55%	51%	49%	46%	
Wireless	\$ 5,580	\$ 6,274	\$ 7,168	\$ 8,192	\$ 9,019	\$ 9,812	12%
% Change		12%	14%	14%	10%	9%	
% Healthcare	39%	42%	45%	49%	51%	54%	

Source: In-Stat, 9/07

Wireless Services and Equipment Spending

Table 3. Wireless Services and Equipment Spending by Size of Business—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 5,772	\$ 6,518	\$ 7,464	\$ 8,525	\$ 9,376	\$ 10,193	12%
% Change		13%	15%	14%	10%	9%	
SOHO Business	\$ 387	\$ 430	\$ 485	\$ 546	\$ 592	\$ 636	10%
% Change		11%	13%	13%	9%	7%	
% Healthcare	7%	7%	6%	6%	6%	6%	
Small Business	\$ 1,669	\$ 1,869	\$ 2,123	\$ 2,405	\$ 2,627	\$ 2,836	11%
% Change		12%	14%	13%	9%	8%	
% Healthcare	29%	29%	28%	28%	28%	28%	
Mid-Sized Business	\$ 1,414	\$ 1,596	\$ 1,826	\$ 2,083	\$ 2,289	\$ 2,486	12%
% Change		13%	14%	14%	10%	9%	
% Healthcare	24%	24%	24%	24%	24%	24%	
Enterprise	\$ 2,302	\$ 2,624	\$ 3,031	\$ 3,491	\$ 3,868	\$ 4,235	13%
% Change		14%	16%	15%	11%	9%	
% Healthcare	40%	40%	41%	41%	41%	42%	

Source: In-Stat, 9/07

Wireless Voice Services Spending

Table 4. Wireless Voice Services Spending by Size of Business—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 5,019	\$ 5,413	\$ 5,912	\$ 6,480	\$ 6,906	\$ 7,341	8%
% Change		8%	9%	10%	7%	6%	
SOHO Business	\$ 338	\$ 360	\$ 388	\$ 421	\$ 443	\$ 465	7%
% Change		6%	8%	8%	5%	5%	
% Healthcare	7%	7%	7%	6%	6%	6%	
Small Business	\$ 1,454	\$ 1,556	\$ 1,685	\$ 1,833	\$ 1,938	\$ 2,043	7%
% Change		7%	8%	9%	6%	5%	
% Healthcare	29%	29%	29%	28%	28%	28%	
Mid-Sized Business	\$ 1,231	\$ 1,327	\$ 1,447	\$ 1,583	\$ 1,685	\$ 1,788	8%
% Change		8%	9%	9%	6%	6%	
% Healthcare	25%	25%	24%	24%	24%	24%	
Enterprise	\$ 1,996	\$ 2,171	\$ 2,391	\$ 2,644	\$ 2,841	\$ 3,045	9%
% Change		9%	10%	11%	7%	7%	
% Healthcare	40%	40%	40%	41%	41%	41%	

Source: In-Stat, 9/07

Wireless Data Services Spending

Table 5. Wireless Data Services Spending by Size of Business—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 562	\$ 861	\$ 1,256	\$ 1,712	\$ 2,113	\$ 2,470	34%
% Change		53%	46%	36%	23%	17%	
SOHO Business	\$ 41	\$ 60	\$ 84	\$ 112	\$ 135	\$ 155	31%
% Change		48%	41%	32%	21%	15%	
% Healthcare	7%	7%	7%	7%	6%	6%	
Small Business	\$ 171	\$ 258	\$ 370	\$ 498	\$ 609	\$ 708	33%
% Change		51%	44%	35%	22%	16%	
% Healthcare	30%	30%	29%	29%	29%	29%	
Mid-Sized Business	\$ 137	\$ 210	\$ 308	\$ 420	\$ 519	\$ 607	35%
% Change		54%	46%	36%	24%	17%	
% Healthcare	24%	24%	25%	25%	25%	25%	
Enterprise	\$ 213	\$ 333	\$ 494	\$ 682	\$ 849	\$ 1,000	36%
% Change		56%	48%	38%	25%	18%	
% Healthcare	38%	39%	39%	40%	40%	40%	

Source: In-Stat, 9/07

Wireless Equipment Spending

Table 6. Wireless Equipment Spending by Size of Business—Healthcare, 2006–2011 (US\$ in Millions)

	2006	2007	2008	2009	2010	2011	CAGR
Healthcare	\$ 192	\$ 243	\$ 297	\$ 334	\$ 358	\$ 381	15%
% Change		27%	22%	13%	7%	7%	
SOHO Business	\$ 8	\$ 10	\$ 12	\$ 13	\$ 14	\$ 15	13%
% Change		23%	19%	11%	6%	6%	
% Healthcare	4%	4%	4%	4%	4%	4%	
Small Business	\$ 44	\$ 56	\$ 67	\$ 75	\$ 80	\$ 85	14%
% Change		25%	20%	12%	7%	6%	
% Healthcare	23%	23%	23%	22%	22%	22%	
Mid-Sized Business	\$ 46	\$ 58	\$ 71	\$ 80	\$ 85	\$ 91	15%
% Change		27%	22%	12%	7%	7%	
% Healthcare	24%	24%	24%	24%	24%	24%	
Enterprise	\$ 93	\$ 119	\$ 147	\$ 166	\$ 178	\$ 191	15%
% Change		28%	23%	13%	7%	7%	
% Healthcare	49%	49%	49%	50%	50%	50%	

Source: In-Stat, 9/07

Methodology

In-Stat surveyed executives from 504 businesses, representing a number of vertical markets, in July 2007. This included 79 respondents from the healthcare vertical. The respondents answered questions about the use of wireless data for applications relevant to their organizational type.

The forecasts start with baseline information from several surveys¹ of end-users and management. These data are extrapolated to all US businesses and segmented by size of business and vertical market using data published by the US Bureau of Labor Statistics (BLS) and US Census. These data are harmonized with historical data from the Cellular Telephone Industry Association Forecasts (CTIA) to incorporate information from industry trends and In-Stat's survey information. Lastly, estimates and data are calculated to a higher degree of precision than shown. As a result, some estimates may not sum exactly.

The spending forecasts in this report were updated based on information gathered in surveys conducted by In-Stat in December 2006 and March 2007 that included information about US business users. The December 2006 survey included 1064 end-users, and inquired about their wireless voice and mobile data usage. The survey in March 2007 involved 606 US business decision-makers. The respondents were questioned about upcoming telecom spending activities.

The definition of business spending in this report explicitly includes only corporate-liable spending on wireless services.

Update to Methodology

This report differs from the previous year's reports due to several adjustments:

- **New vertical segmentation:** This year, we are presenting our forecasts with a different vertical segmentation. Forecasts will be presented for the following verticals: utilities, manufacturing, retail trade, transportation, information, finance and insurance, professional services, healthcare, government, and other. The vertical segmentation continues to be based on the North American Industry Classification System (NAICS), however, a different set of verticals are now presented versus what were presented in the past. Due to changes in economic trends, these vertical segments should be most relevant to understanding on-going trends in communication and network spending by vertical industry. The definition for healthcare is presented below.
- **Adjustment to employment and firm segmentation:** In some data the Bureau of Labor Statistics and Census present differing totals for employment. Previously the difference was reflected in the way that In-Stat counted self-employed workers. However, a new analysis of the data reveals that the difference is related to government employment. In correcting how this relates to In-Stat's demographic forecasts, we have adjusted upward the total employment and shifted both employment and firms from the SOHO

¹ The surveys were used in the following reports, *Wireless Data in the Enterprise: The Hockey Stick Arrives* (#IN0602901MBM) from December 2006 and *Corporate Buying of Wireless Services and Equipment* from April 2007.

and small business segments to the mid-sized business and enterprise markets. The spending forecasts presented in this report reflect this shift in employment and number of firms.

Definitions

Wireless Voice Services: dial tone related services, where voice calls are delivered over a wireless network. This category includes per-minute charges, base charges in flat-rate plans, and for-fee, value-added services related to wireless voice transport, i.e., voice-activated dialing, voicemail, call forwarding, call waiting, and caller ID.

Wireless Data Services: for-fee data transport services over a wireless network, even when sessions are terminated on a wireline network. This category includes fixed wireless; satellite broadcast Internet services; wireless Web services, and private/proprietary wireless data network services, as well as one-time, service-related charges, such as equipment set up (not related to applications integration). This category does not include hosting fees for wireless-accessible applications, one-time applications integration, or equipment rental.

Wireless Equipment: wireless handsets, mobile computing devices, and accessories.

Healthcare: The healthcare vertical includes firms providing health care and social assistance for individuals. This includes ambulatory healthcare services, hospitals, nursing and residential care facilities, and social assistance. The healthcare vertical includes NAICS code 62.

Enterprise: This includes all firms with 1,000 or more US employees. This segment is divided into sub-segments of 1,000 to 4,999 employees; 5,000 to 9,999 employees; and more than 10,000 employees.

Mid-Sized Business: This includes all firms with anywhere from 100 to 999 US employees. This segment is divided into sub-segments of 100 to 249 employees, 250 to 499 employees, and 500 to 999 employees.

Small Business: This includes all firms with 5 to 99 US employees. This segment is divided into sub-segments of 5 to 9 employees, 10 to 19 employees, 20 to 49 employees, and 50 to 99 employees.

SOHO Business: This includes the self-employed and firms with 1 to 4 US employees.

Related In-Stat Reports

- #IN0703472MBM *Wireless Data in Vertical Markets: Passing the Blue Line*, February/2007
<http://www.instat.com/catalog/ecatalogue.asp?id=229#IN0703472MBM>
- #IN0602901MBM *In-Depth Analysis: Wireless Data in the Enterprise: The Hockey Stick Arrives*, December/2006
<http://www.instat.com/catalog/ecatalogue.asp?id=229#IN0602901MBM>
- #IN0703572EM *Share of Wallet: US Enterprise Wireless Telecom Spending (1,000+ Employees)*, May/2007
<http://www.instat.com/catalog/Ecatalogue.asp?id=73#IN0703572EM>
- #IN0703573MT *Share of Wallet: Mid-Sized US Business Wireless Telecom Spending (100 to 999 Employees)*, May/2007
<http://www.instat.com/catalog/Ecatalogue.asp?id=100#IN0703573MT>
- #IN0703586SB *Share of Wallet: US Small Business Wireless Telecom Spending (5 to 99 Employees)*, May/2007
<http://www.instat.com/catalog/Ecatalogue.asp?id=90#IN0703586SB>
- #IN0703426SH *Share of Wallet: US SOHO Wireless Telecom Spending (1 to 4 Employees)*, May/2007
<http://www.instat.com/catalog/Ecatalogue.asp?id=43#IN0703426SH>
- #IN0703562DDPS *Wireless Trends and Expenditures: US Professional Services*, October/2007
- #IN0703793DDGV *Wireless Trends and Expenditures: US Government*, October/2007
- #IN0703784DDED *Wireless Trends and Expenditures: US Education*, December/2007

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