



Annual Report

Fiscal Year 2016

**National Association of
Health Data
Organizations (NAHDO)**



**NAHDO's purpose is to
develop and facilitate
networks of health
information professionals to:**

*.....Advocate for proper
protections of health information
while preserving access to such
data by the appropriate users.*

NAHDO's MISSION

The National Association of Health Data Organizations (NAHDO) is a national, not-for-profit membership organization dedicated to improving health care through the collection, analysis, dissemination, public availability, and use of health data.

NAHDO provides information on current issues and strategies to develop a nationwide, comprehensive, integrated health information system. NAHDO also sponsors educational programs, provides assistance, and fosters collaboration for the exchange of ideas and experiences. By doing so, NAHDO works to enhance the understanding of health data systems and increase the usefulness of health data.



Milliman MedInsight - Since 1997



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CONFERENCES

NAHDO celebrated 30 years at its 30th Annual Meeting. Willis Goldbeck, NAHDO's Founder validated NAHDO's mission and challenged the health data community to lead boldly for the public good.

The 9th APCD Workshop was also held in conjunction with the general sessions

Omni Shoreham Hotel
Washington, DC
October 28-30, 2015

NAHDO experienced record attendance for the meetings:

*Yesterday's Vision, Today's Reality,
Tomorrow's Opportunities*

*Patrick Miller was awarded the All-Payer Claims
Database Pioneer Award 2015*



facebook.com/NAHDONews
twitter.com/NAHDONews

Most useful is the opportunity to meet and hear from a variety of people who are "on the ground" doing the work needed to accelerate adoption of APCDs.

The conference is a chance to network with colleagues from other states/agencies that are grappling with big data issues, particularly the struggle between data transparency and confidentiality for patient data.



GRANTS & CONTRACT HIGHLIGHTS

NAHDO's grants and contracts help sustain the organization and promote NAHDO's mission. All grants and contracts are aligned with NAHDO's mission and are geared to improving the health data infrastructure.

Technical Assistance to CDC Surveillance Programs for ICD-10 Transition

CDC programs use ICD-9-CM codes to conduct surveillance (e.g., chronic disease and injury surveillance, health care utilization, health care-associated adverse events), for case finding lists to identify cases of reportable cancers and certain birth defects, disabilities, and blood disorders, and to provide public use data files for public analysis. With the University of California Davis (UCD) Team as subcontractors to provide clinical and coding expertise, NAHDO is working with high-priority programs to assess readiness and map source data sets and analytic concepts into the ICD-10 structures.

NAHDO-CDC Environmental Public Health Tracking Network

NAHDO continues to facilitate the access to and use of hospital discharge and claims databases for creating standardized health indicators measuring morbidity and health outcomes related to environmental exposures. Goals for the project include:

- Promoting access to and the use of health care data in tracking applications
- Providing education and outreach on priority topics
- Facilitating CDC tracking program goals

Healthcare Cost and Utilization Project (HCUP) Standards HCUP-US Partner Website Support to Partners

The Healthcare Cost and Utilization Project (HCUP) has engaged NAHDO for data standards work related to the Healthcare Cost and Utilization Project (HCUP). This work is funded through a subcontract with Truven Health Analytics under the HCUP contract. NAHDO's Data Measurement Scientist Consultant, Barbara Rudolph, Ph.D. serves as the state voting member on the National Uniform Billing and Claims Committees (NUBC) and (NUBC). This representation is important to promote standards that align with state administrative data practices and analytic uses.

Inventory and Prioritization of Measures to Support the Growing Effort in Transparency Using All-Payer Claims Databases (APCD)

Agency for Healthcare Research and Quality/Stanford University

NAHDO and the APCD Council are subcontracted to provide guidance and input to develop and facilitate the use of evidence-based health care quality and efficiency measures.



GRANTS & CONTRACT HIGHLIGHTS

New Mexico Human Services Department, All Payer Claims Database (APCD) Planning Consultant
NAHDO and the APCD Council conducted a comprehensive planning process and implemented activities directed to development of a plan for a statewide All-Payer Claims Database (APCD) in New Mexico.

Contract for Health Insurance Database Consultant for the Commonwealth of Pennsylvania, PA Insurance Department
Facilitating and coordinating the planning for a statewide claims reporting system

**You guys rocked
on all the help
and input you
provided for the
self-funded rule!**



NAHDO is a co-leader and founder of the All Payer Claims Database Council to promote the implementation of statewide APCDs.

"The APCD Council team has been supporting Maryland's development of two new APCD reports. In addition to providing valuable technical knowledge, they leveraged their learning network of state APCD's to enrich our analysis and ability to collaborate with other states and insurance carriers."

KEY PARTNERSHIPS

All-Payer Claims Database Council

NAHDO is a Co-Leader and Co-Founder of the APCD Council. The APCD Council is a collaboration between the New Hampshire Institute for Health Policy and Practice (NHIHPP) at the University of New Hampshire (UNH) in Durham, New Hampshire, and NAHDO.

NAHDO works closely with the APCD Council to advocate for and provide technical assistance to states planning and implementing statewide APCD systems. While the Council's work is not funded (provided by in-kind services from UNH and NAHDO), the Council has received funding for specific deliverables.

During 2016, **NAHDO / APCD COUNCIL CONTINUED TO ADVOCATE FOR THE STATE HEALTH DATA ENTERPRISE**

POLICY RESPONSES

Comments on Department of Labor Notice of Proposed Rulemaking, Docket # EBSA-2016-0010; RIN 1210-AB63

CMS-5517-P - Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

Comments to SAHMSA Regarding Proposed Changes to 42 CFR Part 2

TESTIMONY

The Select Committee on Affordable Healthcare Access of the Florida House of Representatives, Tallahassee, FL January 2015

Wyoming Joint Labor, Health and Social Services Interim Committee, Casper, WY, April 2015





NAHDO strategic direction survey

63 responses

(sent to approximately 1000)

- 31 NAHDO members (32 not members)
- Main reason cited for not being a member been was cost

WEBSITE

- 54 respondents have visited the website- with the main reason being to access resource materials (44) and annual meeting (26)
- Website suggestions included linking more with APCD council, contact information of members available to other members (1 non-member wants full website access)

TECHNICAL ASSISTANCE

- 15 respondents have received TA from NAHDO. 16 respondents did not know it was available

EDUCATIONAL & TRAINING OPPORTUNITIES

- NAHDO conference (44) and webinars (36) had the highest participation
- Suggestions- catalogue/review best practices for standard operating procedures for states (data intake, quality etc),
- assistance in seeking out national grant opportunities,
- more on; public reporting, impact of federal laws, data standards

APCD COUNCIL

- 26 respondents reported participation in APCD council activities and 35 said they were aware NAHDO membership supports the APCD Council

COMMUNICATION

- NAHDO & APCD council news/web announcements and emails are the communication channels most were aware of.
- Respondents indicated they prefer NAHDO news and direct emails as a preferred communication method.
- Social media (facebook/twitter) was not preferred
- Most informative communication are; White papers and issues briefs, annual meeting information, webinars, notice of federal rules.

“I’ve been part of the organization since the early 90's when working for a state health data agency. NAHDO meeting had tremendous value to me in that role. The connections I've made over the years are extremely important, and the content still has relevance although I no longer work for a health data agency.”



NAHDO strategic direction survey

DATA STANDARDS SUPPORT

- Continue with webinars and issues briefs and consider workshops at NAHDO meetings and leading standards adoption and certification

RFI LIBRARY

- Most reported this would be a useful service, with some indicating they could supply their RFPs

GRANT BROKER SERVICE

- Reported this to be somewhat useful, several saying not at all useful

The NAHDO Board of Directors met in Chicago, IL for a two-day strategic planning retreat. An agency credentialing program was proposed and a membership and organizational framework was approved.

NAHDO Board Framework

- I. Assist Members
 - I. *Solving priority problems*
 - II. *Providing targeted technical assistance*
- II. Data Standards and Effective Practices
 - I. *Consensus-building*
 - II. *Education*
- III. Advocacy
 - I. *Collective voice on national issues of common concern*
 - II. *Educate local stakeholders*
- IV. Strategic Partnerships and Collaboration
 - I. *ERISA example*

TREASURER'S REPORT, FISCAL YEAR 2016

NAHDO'S fiscal year ends September 30, 2014, after the publication date of this annual report. NAHDO continues its solid financial performance by ending the year in a positive financial position, thus building organizational financial reserves.

	9/30/2012	9/30/2013	9/30/2014	9/30/2015	YTD 2016	
Revenue					Unaudited	
Membership	\$130,375	\$152,042	\$150,208	\$151,126	\$141,292	
Grants and Contracts	\$362,556	\$234,427	\$388,487	\$640,399	\$344,576	
Conferences	\$90,425	\$119,350	\$122,567	\$172,985	\$177,045	
Other	\$318	\$146	\$335	\$848	\$105	
Total Revenue	\$583,674	\$505,965	\$661,597	\$965,358	\$663,018	
Expenses	\$539,671	\$430,276	\$685,093	\$875,755	\$629,220	
Gain/Loss	\$44,003	\$75,689	(\$23,496)	\$89,603	\$33,798	
Fund Balance	\$581,388	\$657,077	\$633,581	\$723,184	\$756,982	

*Year-to-date numbers and not audited.

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NAHDO gives special thanks to:

The University of New Hampshire Institute for Health Policy and Practice for their collaboration in all things APCD.

NAHDO members and supporters throughout the country who believe in the power and value of publicly available health care data bases and the importance of quality, pricing, and health system performance reporting.

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