



Annual Report of the National Association of Health Data Organizations (NAHDO)

Fiscal Year 2013



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

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, sponsors educational programs, provides assistance, and serves as a forum to foster collaboration and the exchange of ideas and experiences among collectors and users of health data. By doing so, NAHDO works to increase the state of knowledge.



NAHDO's purpose is to:

....Promote comparability of health information through the development of guidelines and standards for data collection, analysis, and dissemination

MEMBERSHIP AND EDUCATION

NAHDO maintains a national learning network of health care data experts, including collectors and users of large-scale health care data bases. NAHDO works to facilitate state-to-state exchange of best practices and technical resources.

NAHDO is known for its high-quality meetings and workshops and for the past seven years, has incorporated All-Payer Claims Database workshops into general NAHDO meetings.

NAHDO's 27th Annual Meeting: The Power of Data Connections: Renewing the Health Data Grid

New Orleans, Louisiana, October 2012

146 attendees from state, federal, and private sector agencies.

In 2012, as in past years, NAHDO was awarded conference support grants which provided state travel subsidies for these workshops.

Agency for Healthcare Research and Quality - Small Conference Grant 2012: Laying the Groundwork for Consumer Reporting on Cost and Quality: Putting APCD Systems to Work

New Orleans, Louisiana, October 2012

118 Attendees

A product of this meeting is the report: ***Analytic Plan Guidance Document: For States Developing All-Payer Claims Database Analytic Plans (available at www.nahdo.org).***

Membership Updates:

NAHDO currently offers three types of membership:

- Public
- Non-profit Healthcare Organizations
- Corporate

NAHDO has experienced increases in all three categories in the past year.



"I found much of the content a useful summary of concerns related to data release and the desire some providers have to vet data on quality and cost reports. The goal of transparency in these types of measures can sometimes encounter road blocks that are directly related to issues/concerns about accidental spills of direct and indirect identifiers as well as re-identification problems in the data vetting process. This is a helpful resource towards achieving a better understanding of that tension."

MEMBERSHIP AND EDUCATION CONTINUED...

Webinars:

- NAHDO Webinar of State APCD Development (April 19, 2012)
- ICD-10 Webinar (September 6, 2012)
- Crossborder Hospital Discharge Data Exchange Webinar (January 24, 2013)
- Dataset Workgroup Webinar (April 8, 2013)
- AHRQ AcademyHealth Webinar (April 24, 2013)
- HQPC Webinar (July 11, 2013)
- APCD 101 Webinar (Multiple)

Publications:

- NAHDO Public Release File Bulletin: Media Talking Points (Based on the PUF Guidance document released in 2012)
- Analytic Plan Guidance Document: For States Developing All-Payer Claims Database Analytic Plans (September 9, 2013)
- Developing an APCD Request for Proposal: Guidance for State Agencies (November 8, 2013)*
- APCD Legislation: Review of Current Practices and Critical Elements (November 11, 2013)*
- Review: All Payer Claims Database Development (Funded by the Robert Wood Johnson Foundation)*

*Co-Authored with the APCD Council

Testimony (www.nahdo.org):

National Committee on Vital and Health Statistics
Subcommittee on Standards, Hearing on Public Health Data Standards
Presented by: Denise Love, National Association of Health Data Organizations (NAHDO)
November 12, 2013
<http://www.ncvhs.hhs.gov/131112ag.htm>

National Committee on Vital and Health Statistics
Subcommittee on Population Health; Subcommittee on Privacy, Confidentiality, and Security; and Subcommittee on Standards
Joint Roundtable on Health Data Needs For Community-Driven Change
April 30–May 2, 2013
<http://www.ncvhs.hhs.gov/130430sm.pdf>



GRANTS AND CONTRACTS

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 care data infrastructure.

CDC ICD 10 Transition

The Department of Health and Human Services (HHS) has mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must all transition to a new set of codes for electronic health care transactions on October 1, 2014. 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 findings 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.

NAHDO is subcontracting with the Task Force for Global Health's Public Health Informatics Institute (PHII) to provide technical assistance and resources to selected CDC surveillance programs to make the transition to ICD-10. NAHDO will conduct activities under this project with consultants at the University of California's Center for Health Policy and Research (CHPR) who are national and international experts in the science of outcomes measurement and administrative data coding.

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.

California Health Care Foundation – California Health Database Inventory (CHDI)

CHDI is a project to map the availability of relevant public and population health data sources in California and create a database that catalogues the attributes of these data sets for use by multiple community stakeholders.

HCUP Standards

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. The NAHDO team will represent the Public Health Data Standards Consortium, states and state issues on the National Uniform Billing Committee (NUBC) and National Uniform Claims Committee (NUCC). NAHDO's Data Measurement Scientist Consultant, Barbara Rudolph, Ph.D. will be the lead representative to the content committees, with NAHDO's National Standards Consultant, Robert Davis, as the alternate representative.

Other grants and contracts that are completed include:

- DHHS Multi-payer Claims Database (MCDB)
- Alaska State Hospital and Nursing Home Association (ASHNHA)
- Utah APCD Technical Assistance Consultation



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

"Since your presentation, the (governing body) decided at our last meeting to include a recommendation that our State develop an All-Payers Claims Database"

KEY PARTNERSHIPS

All-Payer Claims Database Council

NAHDO is a Co-Leader and Co-Founder of the APCD Council. The APCD is a collaboration between the New Hampshire Institute for Health Policy and Practice (NIHPP) at the University of New Hampshire (UNH) in Durham, NH, and the National Association of Health Data Organizations (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 2012, in collaboration with the APCD Council, NAHDO has recently put out a number of papers featuring APCD topics.

APCD Vendor Sponsorships funded priority topics:

- *APCD Legislation: Review of Current Practices and Critical Elements* (November 11, 2013)
- *Developing an APCD Request for Proposal: Guidance for State Agencies* (November 8, 2013)

Robert Wood Johnson Foundation has funded an update of APCD Initiatives in States---this paper will be released in December 2012.

Joint Public Health Informatics Task Force (JPHIT)

NAHDO is a founding and voting member organization of the Joint Public Health Informatics Taskforce (JPHIT). JPHIT is a collaboration of public health associations committed to improving population health through informatics, health IT and information exchange, serving as a thought leader on emerging informatics issues for public health. Board member, Pat Merryweather, is serving with Denise Love on this task force.

TREASURER'S REPORT, FISCAL YEAR 2012

NAHDO'S fiscal year ends September 30, 2013. NAHDO continues its solid financial performance by ending the year in a positive financial position, thus building organizational financial reserves.

NAHDO Financial Report

	9/30/2009	9/30/2010	9/30/2011	9/30/2012	9/30/2013*
Revenue					
Membership	\$ 125,875	\$ 123,008	\$ 133,667	\$ 130,375	\$ 152,042
Grants and Contracts	\$ 446,182	\$ 411,935	\$ 572,736	\$ 362,556	\$ 234,427
Conferences	\$ 151,895	\$ 92,494	\$ 92,245	\$ 90,425	\$ 119,350
Other	\$ 2,081	\$ 3,423	\$ 2,089	\$ 318	\$ 146
Total Revenue	\$ 726,033	\$ 630,860	\$ 800,737	\$ 583,674	\$ 505,965
Expenses	\$ 714,096	\$ 588,171	\$ 625,144	\$ 539,671	\$ 429,979
Gain/Loss	\$ 11,937	\$ 42,689	\$ 175,593	\$ 44,003	\$ 75,987
Fund Balance	\$ 319,103	\$ 361,792	\$ 537,385	\$ 581,388	657,375

*Not Audited

Although grant and contract funding continues to decline, these revenues have been offset by increasing membership and conference revenues and the organization's ability to control costs in response to shifting revenues.

