



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

Fiscal Year 2011



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

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

ADVOCACY AND MEMBERSHIP HIGHLIGHTS

NAHDO is an advocate for public-available health care data at the state and national levels.

In Fiscal Year 2011, NAHDO worked to advance health care data reporting programs

State Advocacy

NAHDO alone, or in collaboration with the APCD Council, makes numerous presentations to state health data boards and stakeholders on topics related to APCD Implementation, Hospital Discharge Data Improvements, and stakeholder support.

NAHDO consults and submits comments to proposed or existing legislation and/or funding support on behalf of health data reporting programs.

National Testimony (www.nahdo.org):

- National Committee on Vital and Health Statistics (NCVHS) Privacy and Confidentiality and Population Subcommittees
- National Committee on Vital and Health Statistics, APCD Overview (www.nahdo.org)

Submission of Comments on behalf of state health data programs (www.nahdo.org):

- CMS NPRM 42 CRF Part 401: Availability of Medicare Data for Performance Measurement
- CMS NPRM CMS-9975-P; Subpart D- State Standards Related to the Risk Adjustment Program
- National Quality Forum, Votes on endorsed measures (e.g. Surgery Maintenance 2010 and other relevant standards)
- Meaningful Use Comments to the Office of the National Coordinator

Key Partnerships

All Payer Claims Databases Council (APCD Council)
Joint Public Health Informatics Task Force (JPHIT)

Membership Website (www.nahdo.org)

NAHDO redesigned its website to be more user-friendly and promote membership benefits. A members-only portal provides access to NAHDO reports, papers, state profiles, and member forums.

We are seeking volunteers for special workgroups and forum moderators. Contact Emily Sullivan for more information (esullivan@nahdo.org)



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

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

"Thank you NAHDO for convening the release guidelines workgroup. Each workgroup call has informed our agency as we move forward with plans for the release of a public use file".

STANDARDS DEVELOPMENT HIGHLIGHTS

In Fiscal Year 2011, NAHDO continued national standards activities on a range of fronts ranging from APCD core standards development to harmonization of hospital discharge data and national cancer registries.

All-Payer Claims Databases (APCD) Core Standards

As a part of the APCD Council, NAHDO with funding from a Task Order from AHRQ, established a Technical Advisory Panel (TAP) including members from organizations like AHIP, AHRQ, NCSL, NAIC, NGA, UnitedHealth, Wellpoint, Kaiser Permanente, and Aetna. Also, during January, the APCD standards effort was announced at the ASC X12 standing meeting; in response, it was discovered that Medicaid and Medicare may have similar reporting needs.

X12N Post Adjudicated Claims Data Reporting Guide (PACDR)

NAHDO and the APCD Council are actively participating in this forum to develop a *Uniform Medical Claims Payer Reporting Standard*.

ASC X12N Membership

Accredited Standards Committee (ASC) X12 builds and supports electronic exchange standards, related documents, and products intended for worldwide use such as the 837-Transactional Claim. NAHDO members are members of ASC X12N (for more information info@nahdo.org)

National Quality Forum Membership

Denise Love was appointed to the NQF Care Coordination Steering Committee and Barbara Rudolph (NAHDO's consultant) is a member of the Consensus Standards Approval Committee (CSAC)

NAHDO Workgroup on State Data Release Guidelines

State members seeking guidance on Public Use File release practices resulted in a workgroup to propose guidelines for PUF release. A draft will be disseminated to our members for comments and approval later in 2011.



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

.....Share and transfer knowledge across a diverse network of individuals and organizations

NAHDO participates in monthly APCD calls, ASC X12 PACDR forum, and the NQF Public/Community Health Council

KNOWLEDGE TRANSFER HIGHLIGHTS

NAHDO is known for its high-quality meetings and workshops. NAHDO's grants and projects are designed to promote and strengthen health care data use across the system.

NAHDO's 25th Annual Meeting: Health Care Data: The Silver Bullet for Reforming the Health Care System

Salt Lake City, Utah, October 2010

150 attendees from state, federal, and private sector agencies. Sessions were focused on the role of state health care data organization in the implementation of healthcare reform such as public reporting to increase transparency and how healthcare data may contribute to Accountable Care Organizations.

Seventy people attended the pre meeting workshop on states Master Patient Index (MPI) initiatives.

Fourth National All Payer Claims Databases Conference

Held in partnership with AcademyHealth's State Coverage Initiatives and the APCD Council, Salt Lake City, Utah

105 Attendees from 20 states. The first half of the meeting open to general NAHDO meeting attendees covered a broad overview of APCDs including recent developments and applications. The second day was closed to state teams only and included a more hands-on planning and state specific technical assistance.

Membership Webinars:

- Emergency Department Data for the CDC Environmental Public Health Tracking Program
- Considerations in Implementing a Master Patient Index (MPI)
- Membership Webinar Forum

NAHDO Projects

- NAHDO-CDC Assessment Initiative Cooperative Agreement
- NAHDO-CDC Environmental Public Health Tracking Network Cooperative Agreement
- The Commonwealth Fund: Opportunities to Improve Cost Performance: A State Resource Center
- Econometrica: What Health Care Data are Collected and Available to Inform Policymakers, Clinicians, and Consumers?
- Northrup-Gruman, CDC Cancer Registries and Hospital Discharge Data Systems
- Multi-claims Data Base Project subcontract to OptumInsight
- Global Task Force for Public Health: Improving use of Medicaid data by State Medicaid Offices and Health Departments

TREASURER'S REPORT, FISCAL YEAR 2011

NAHDO'S fiscal year ended on September 30, 2011. For the fourth year NAHDO ended the year in a positive financial position and increased NAHDO's financial reserves by 48% over 2010. These reserves are essential to weathering today's unpredictable economic climate. Total revenues increased by 26% over 2010 and were driven by increases in membership and grants and contracts.

NAHDO Financial Report

| | 9/30/2007 | 9/30/2008 | 9/30/2009 | 9/30/2010 | 9/30/2011* |
|----------------------|-------------|------------|------------|------------|-------------------|
| Revenue | | | | | |
| Membership | \$ 139,725 | \$ 119,428 | \$ 125,875 | \$ 123,008 | \$ 137,417 |
| Grants and Contracts | \$ 339,271 | \$ 428,431 | \$ 446,182 | \$ 411,935 | \$ 564,788 |
| Conferences | \$ 85,878 | \$ 90,400 | \$ 151,895 | \$ 92,494 | \$ 92,245 |
| Other | \$ 9,371 | \$ 8,252 | \$ 2,081 | \$ 3,423 | \$ 786 |
| Total Revenue | \$ 574,245 | \$ 646,511 | \$ 726,033 | \$ 630,860 | \$ 795,236 |
| Expenses | \$ 641,394 | \$ 617,586 | \$ 714,096 | \$ 588,171 | \$ 622,006 |
| Gain/Loss | \$ (67,149) | \$ 28,925 | \$ 11,937 | \$ 42,689 | \$ 173,230 |
| Fund Balance | \$ 278,241 | \$ 307,166 | \$ 319,103 | \$ 361,792 | \$ 535,022 |

In 2011, 71% of NAHDO's revenues came from grants and contracts which reduces pressure on membership fees and allows NAHDO to keep conference fees as low as possible. The percentage of membership revenue remains stable, while conference revenues decline (from 19% in 2010 to 12% in 2011) due to increases in other categories.

