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COLLECTION, ANALYTICS, & REPORTING

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DATA ORGANIZATIONS

29TH ANNUAL CONFERENCE

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Health care data systems are critical to our health information infrastructure.

A strong membership with the National Association of Health Data Organizations (NAHDO) will enhance the visibility of present and future health care data systems.

We thank you for your continued support through membership!

About NAHDO

NAHDO is the only national association dedicated solely to the improvement of health care data reporting programs maintained by state and private health data organizations. As a non-profit, NAHDO relies on its members and its partners to assure that the state and private health data reporting systems remain a foundation of information for local, state, and federal purposes, including measuring and monitoring health care cost, quality, and access. Our core membership has sustained NAHDO for over 25 years.

Your NAHDO Membership Benefits

Through NAHDO membership, you join a national community of practice on all things related to health care data collection and receive the following benefits:

- Organizational and professional visibility
- Inside intelligence on national and local health data policies and practices
- Participation in shaping state responses to federal policies affecting state/private data systems
- Dissemination of innovative models of health care data reporting practices across the country

As a member of NAHDO, you have access to a national network of experts and leaders in the collection and use of health care data. NAHDO offers a series of *services* to our members:

- Leadership opportunities through NAHDO committees, Board of Directors, and task forces
- Direct technical assistance (as a recipient or provider of expert advice to peers)
- Full access to the membership module on NAHDO's newly-designed website
- Advocacy for health data policies to legislative bodies and other entities
- Membership webinars (as an attendee or presenter)
- Discounts to NAHDO conferences
- Membership to ASC X12N
- Representation of health care/administrative data systems at the National Quality Forum and the Public Health Data Standards Consortium
- Preferred priority for travel scholarships
- Direct input to national data standards through the National Uniform Billing Committee (NUBC), National Uniform Claims Committee (NUCC)and ASCX12N
- Opportunities to represent NAHDO in national expert panels, task forces, and in testimony

Explore the NAHDO Website

As a member of NAHDO, you have full access to our website at www.nahdo.org. Some of the member only features include:

- Access to State Data Agency Profiles
- Ability to view, comment, and post in NAHDO forums
- Access to the NAHDO webinar archive

For website inquiries, and general membership information, contact NAHDO at 801-532-2299 or email info@nahdo.org

Innovations in Health Care Data Collection, Analytics, and Reporting

The National Association of Health Data Organizations
29th Annual Conference
The Westgate Hotel, San Diego, California
October 8-9, 2014

<u>**NAHDO General Session Agenda**</u>

<u>Wednesday, October 8</u>

7:30-8:30 am	**Continental Breakfast**	**Exhibit Hall**

8:30-8:45 am   **Welcome**   **Versailles Ballroom**
Michael Lundberg, Virginia Health Information

8:45-9:30 am   **Keynote Address:** Transparency and All-Payer Claims Databases
R. Adams Dudley, University of California, San Francisco

Sponsored by California Office of Statewide Health Planning & Development

9:30-10:30 am   **CMS SIM and Exchange Investments to Build States' Data Infrastructure**
Sponsored by Freedman Healthcare

Moderator: *John Freedman*, Freedman Healthcare

Sheirin Ghoddoucy, California Department of Insurance
Marilyn Kramer, MA Center for Health Information and Analysis
Katie Johnson, California Health and Human Services
Karynlee Harrington, Maine Health Data Organization

10:30 – 10:45 am   **Break**   **Exhibit Hall**
Sponsored by System13

10:45 – 11:00 am   **Setting the Stage: How Data Becomes Application**   **Versailles Ballroom**

Michael Pine, Michael Pine & Associates

11:00 – 12:15 pm   **From Data to Database**

Moderator: *Joseph Greenway*, University of Nevada, Las Vegas

Leanne Candura, Human Services Research Institute
Deborah Green, American Health Information Management Association
Tracey Campbell, Center for Improving Value in Health Care
Joseph Eberle, CTG Health Solutions

12:15 – 1:45 pm	**Luncheon Award Ceremony**	**Le Fontainebleau**

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Introduction
Treo Solutions, 3M HIS

Elliot M. Stone Award of Excellence in Health Data Leadership
Presented to *Karen Bell*, Director, Center for Sustainable Health and Care, JBS International, Inc.
Presenter: *Craig Schneider*, Mathematica Policy Research

Innovation in Data Dissemination Award
Presented to Consumer Reports
Presenter: *Samuel Hohmann*, University HealthSystem Consortium

1:45 – 3:00 pm	**From Database to Information**	**Versailles Ballroom**

Moderator: *Carolina Herrera,* Health Care Cost Institute

Manuela Staneva, Mississippi State Department of Health
William D. Marder, Truven Health Analytics
Katharine McGraves-Lloyd, Onpoint Health Data
Joseph Parker, Office of Statewide Health Planning and Development

1:45 - 4:30 pm	**Data De-Identification Workshop** *provided by Privacy Analytics*	**Embassy**

*Additional Registration Required

3:00 - 3:15 pm	**Break**	**Exhibit Hall**

3:15 - 4:30 pm	**From Information to Application**	**Versailles Ballroom**

Moderator: *Michael Pine*, Michael Pine & Associates

Tamim Ahmed, Access Health CT
Christopher Goggin, FAIR Health
Jonathan Mathieu, Center for Improving Value in Health Care
Mark Tobias, Pantheon, on behalf of the Agency for Healthcare Research & Quality

4:30 – 5:30 pm	**Conference Reception**	**Exhibit Hall**

Sponsored by Onpoint Health Data

6:00 pm	**Harbor Cruise Networking Dinner**

| 7:30 – 8:30 am | **Continental Breakfast** | **Exhibit Hall** |

| 8:30 – 9:00 am | **Medicare's Transparency Activities**
Niall Brennan, Centers for Medicare & Medicaid Services | **Versailles Ballroom** |

9:00 – 10:30 am   **Transparency**
Brought to you by the Gary and Mary West Health Policy Center

Introduction & APCD Manual Announcement
Nick Valeriani, Chief Executive, West Health

Moderator: *Joseph Smith*, Chief Medical and Science Officer, West Health

Niall Brennan, Centers for Medicare & Medicaid Services
Doris Peter, Consumer Reports
Ernie Valente, Pacific Business Group on Health
Jo Porter, APCD Council, University of New Hampshire

| 10:30 – 10:45 am | **Break** | **Exhibit Hall** |

| 10:45 – 11:45 am | **Free the Data, Manage the Risks** | **Versailles Ballroom** |

Sponsored by California HealthCare Foundation

Moderator: *Andy Krackov*, California HealthCare Foundation

Khaled El Emam, Privacy Analytics
Daniel Barth-Jones, Columbia University
Barbara Rudolph, National Association of Health Data Organizations

11:45 – 12:45 pm   **State Reaction Panel**

Moderator: *Claudia Steiner*, Agency for Healthcare Research & Quality

Donna Courtney, Arizona Department of Health Services
Joseph Greenway, Center for Health Information Analysis, UNLV
Mary Beth Conroy, New York State Department of Health
Lauren Jenks, Washington State Department of Health

| 12:45 – 1:45 pm | **Consumer Reports Luncheon** | **Le Fontainebleau** |

| 1:45 – 3:00 pm | **Data Needs of Accountable Care Organizations** | **Versailles Ballroom** |

Karen Bell, Center for Sustainable Health and Care, JBS International, Inc.
Craig Schneider, Mathematica Policy Research
Wayne Knight, North Coast Medical

Tamim Ahmed
Executive Director, Access Health CT

Tamim Ahmed is the Executive Director of All-Payer Claims Database (APCD) for Connecticut. He has 20+ years of experience in delivering strategic and tactical business information to the health plan, employer and health insurance industry. Dr. Ahmed led informatics groups at Aetna, CIGNA, United Healthcare (Optum) and SCIO Health Analytics. His work has been published in various peer-reviewed healthcare journals such as Health Affairs, Medical Care and Journal of Managed Care Pharmacy. His specialties include health services research, advanced clinical predictive modeling for patient risk, provider analytics, health-plan analytics, pharmacoeconomics, customer segmentation, Medicaid and Medicare healthcare utilization.

Daniel Barth-Jones
Assistant Professor, Columbia University

Daniel Barth-Jones, M.P.H., Ph.D., is a HIV and infectious disease epidemiologist and statistical disclosure control expert. His work in the area of statistical disclosure control and implementation under the HIPAA Privacy Rule provisions for de-identification is focused on the importance of properly balancing competing goals of protecting patient privacy and preserving the accuracy of scientific research and statistical analyses conducted with de-identified data. Dr. Barth-Jones is an Assistant Professor of Clinical Epidemiology at the Mailman School of Public Health at Columbia University in New York and an Adjunct Professor and Epidemiologist at the Wayne State University School of Medicine in Detroit, Michigan. Dr. Barth-Jones received his Master of Public Health degree in General Epidemiology and Ph.D. in Epidemiologic Science from the University of Michigan.

Karen M. Bell
Director, Center for Sustainable Health and Care, JBS International

Dr. Bell is currently the Director of the Center for Sustainable Health and care at JBS International, a company that has focused on improving the health of vulnerable populations in the US and worldwide. She brings her expertise and experience in clinical practice, academic medicine, health information technology (HIT), quality assurance, and public health in both the private and public sectors in support of health care transformation across all sectors in the health care industry.

Dr. Bell currently serves on the Boards of several state HIE organizations and data analytics companies. She also continues to participate on the FACA committees advising HHS on ways in which health data and health information technologies can better support health reform and accountable care.

Niall Brennan
Acting Director, Offices of Enterprise Management, Centers for Medicare and Medicaid Services

Niall Brennan was named Acting Director of the Office of Enterprise Management on November 5, 2013. In this capacity, Niall oversees leading-edge research and analysis published by CMS, as well as efforts to make its considerable data sets available to external researchers seeking to promote better understanding of health care in the United States. Prior to being named acting director, Niall served as Director of the Office of Information Products and Data Analytics where he oversaw agency efforts on data storage and dissemination, analytics, and the creation of information products. Prior to CMS, Niall worked at the Brookings Institution, the Medicare Payment Advisory Commission, the Congressional Budget Office, and the Urban Institute. He is a graduate of University College Dublin, and earned a master's degree in Public Policy from Georgetown University.

Tracey D. Campbell
Director of APCD, Center for Improving Value in Health Care (CIVHC)

Tracey is a senior healthcare executive with over 25 years in the healthcare technology and information systems industry. Tracey's leadership experience encompasses all sectors of the industry: payers, providers and hospital systems, government agencies, consumers, and pharmaceutical companies. She has a successful track record of bringing effective change and improved business practices through the use of information technology. Tracey previously was the Director of National Sales for Numera, an innovative telehealth company providing solutions for care management and wellness programs. Prior to Numera, Tracey was the head of Business Development for HealthTrio, the leading EHR/PHR provider of ehealth solutions to organizations that manage care. Tracey also spent 14 years at McKesson as an Account Executive selling enterprise-wide solutions for clinical and financial decision-making to Integrated Delivery Systems. Tracey has a Bachelor of Science degree from the University of Kansas. Tracey lives in Denver and has two grown daughters.

Leanne Candura
Health Data Team Lead, Human Services Research Institute (HSRI)

Ms. Candura has more than 10 years of experience in the field of public health research with a focus on health data. She has managed the ramp-up and implementation of multiyear, multimillion-dollar projects, including the Data Analysis Coordination and Consolidation Center for SAMHSA's Center for Substance Abuse Prevention—a 5-year, $25 million project. Currently, Ms. Candura serves as project manager for the Data Warehouse for the Maine Health Data Organization, managing the development of a highly secure and robust system to collect and house Maine healthcare claims data. She also serves as project manager for the State of Maine Data Center Enhancement to Improve Health Cost Transparency—a grant-funded project that builds on the Data Warehouse efforts to distribute comprehensive, useful information on healthcare costs and quality in Maine.

Mary Beth Conroy
Director, Bureau of Health Informatics, New York State Department of Health

Ms. Conroy has 25 year experience at the New York State Department of Health and currently serves as the Director of the Bureau of Health Informatics. As Bureau Director, she oversees a large group of project managers, project coordinators, epidemiologists, statisticians, researchers, programmers and data analysts. Functional areas within the Bureau include New York's all payer hospital discharge data cooperative (SPARCS), the Cycle III Price Transparency grant, New York Health Profiles, data release and data governance policies, health care quality, efficiency and cost analytics, outcomes research and the continued development and maintenance of a Medicaid Data Mart. She has experience in APCD development, financial risk adjustment methodologies, quality measurement, quality improvement and strategic planning. Ms. Conroy holds a Master of Public Health degree with a concentration in Health Policy and Management and is a member of the NAHDO Board of Directors.

Donna Courtney
Program Administrator, Arizona Department of Health Services

R. Adams Dudley
Associate Director, Philip R. Lee Institute for Health Policy Studies, University of California San Francisco

Dr. Dudley has been a major contributor to health care reform for 15 years. His research has changed the way insurers, hospitals, and physicians are paid and contributed to a dramatic increase in transparency about the quality, cost, and value of care. He has collaborated with consumer groups (e.g., Consumer Reports), major employers (GM, Ford, GE, etc.), labor unions, and >20 insurance companies. In 2004, he founded the California Hospital Assessment and Reporting Taskforce, labeled the best hospital transparency initiative in the country by the Center for Studying Health System Change. In 2014, he was selected to lead federal and state efforts to increase price transparency in California.

Joseph A. Eberle
Delivery Director, CTG

Over his 30-year career, Mr. Eberle has led CTG's development in ontology-based software engineering, applied business intelligence for medical outcomes analytics, accountable care management systems, disease risk registries, drug risk reconciliation, and population-based predictive health profiling against large sets of claims. Mr. Eberle currently leads the project team that develops medical informatics software for healthcare industry clients of various types. This a multi-faceted team of more than 12 people and features researchers, business analysts, senior healthcare subject matter experts, and software developers and testers In the past, Mr. Eberle has architected door-to-door transportation logistics systems, anti-terrorism systems, and complex database design and applications. He is responsible for delivering consulting and software services and solutions to clients to help them achieve their business goals through IT.

Khaled El Emam
CEO, Privacy Analytics

Dr. Khaled El Emam is the founder and CEO of Privacy Analytics Inc. As an entrepreneur, Khaled helped found five companies involved with data management and data analytics. He has worked in technical and management positions in academic and business settings in England, Scotland and Japan.

Khaled is also a senior scientist at the Children's Hospital of Eastern Ontario (CHEO) Research Institute and Director of the multi-disciplinary Electronic Health Information Laboratory (EHIL) team, conducting academic research on de-identification and re-identification risk. He is a world-renowned expert in statistical de-identification and reidentification risk. He is one of only a handful of individual experts in North America known to be qualified to certify the anonymization of Protected Health Information under the HIPAA privacy law.

In 2003 and 2004, Khaled was ranked as the top systems and software engineering scholar worldwide by the Journal of Systems and Software based on his research on measurement and quality evaluation and improvement.

John Freedman
Principal, Freedman HealthCare

John Freedman MD MBA has 25 years' experience in performance measurement & improvement, health IT, care delivery, and health care reform. Before founding Freedman Healthcare in 2006, he held leadership roles at Kaiser Permanente, Tufts Health Plan, and Massachusetts Health Quality Partners. While at Tuft, Dr. Freedman helped them climb to a #2 national NCQA quality ranking. Dr. Freedman graduated Harvard College, U. of Pennsylvania School of Medicine, and the U. of Louisville School of Business. Freedman Healthcare is a leading consulting firm in health care reform, health policy analysis and development, and has been engaged in many states to create all-payer claims databases, implement health insurance exchanges, and support health care transformation.

Sheirin Ghoddoucy
Attorney, California Department of Insurance

Sheirin Ghoddoucy directs and oversees healthcare price and quality transparency initiatives and policy at the California Department of Insurance (CDI), including the development and implementation of CDI's healthcare price and quality transparency project, and coordination with other state health reform and transparency initiatives. She also manages CDI's federal grants under the Health Insurance Rate Review Grant Program administered by the Centers for Medicare & Medicaid Services (CMS).

Sheirin also works on state health policy and implementation of federal health reform in California. Prior to joining CDI, Sheirin was an associate at a San Francisco law firm, where she worked on matters pertaining to insurance coverage and corporate transactions. Sheirin holds a J.D. from the University of California, Davis, and a B.A. from the University of California, Berkeley.

Christopher Goggin
Chief Information Officer, FAIR Health

Chris Goggin has over 25 years of experience in management and information technology leadership within the healthcare, travel and manufacturing industries. At FAIR Health, he champions product development, seeks out strategic change in the data methodologies, roadmaps our web portals and product releases. As Chief Data Officer, he leads the statistical and analytic product creation, explores partnerships with other companies, and derives methodologies with FAIR Healths's 17B claims. Previously with Emdeon, he was responsible for setting the overall direction of technology utilization and development for the Payer Services organization ($520MM annual revenues) and enterprise-wide databases for use across Emdeon, and launched the Payment Integrity business. Mr. Goggin has also previously held senior leadership positions at UnitedHealth Group, Trisept Solutions, Humana and the Eaton Corporation.

Deborah Green
EVP/Operations and COO, American Health Information Management Association (AHIMA)

Deborah K. Green, MBA, BS, RHIA, is the Executive Vice President and Chief Operating Officer of AHIMA. Her career has been equally divided across health information management (HIM) and health information technology (HIT). In both areas, she has held leadership positions with large multi-facility provider organizations in settings across the delivery system. She served for 10 years as CIO for a large long-term care provider with a presence in 20 states. She was honored with the National Visionary Award in 2000, and was nominated for the Georgia Woman of the Year in Technology in 2004.

Joseph Greenway
Director, Center for Health Information Analysis

Joseph Greenway is the Director and Co-founder of the Center for Health Information Analysis, of the University of Nevada Las Vegas. He has a Master's in public health and more than 20 years of experience in the health data field. Mr. Greenway's recent projects have concentrated on the examination and analysis of readmission rates, Potentially Preventable Conditions, and healthcare quality measures. His latest efforts include advancing health data transparency in Nevada, including the collection, analysis and public posting of hospital and ambulatory surgery center data.

Karynlee Harrington
Executive Director, Maine Health Data Organization

Karynlee Harrington is the Executive Director of the Maine Quality Forum, the State organization responsible for the analysis of health quality data and promotion of health quality initiatives and the Acting Executive Director of the Maine Health Data Organization, the State's health data center. Prior to joining state government, Ms. Harrington served as the Vice President of Sales & Customer Support for CIGNA HealthCare of Maine and New Hampshire. Ms. Harrington has over 20 years' experience working in health care. She earned her B.S. from the University of New Hampshire in Health Management and Policy.

Carolina-Nicole Herrera
Director of Research, Health Care Cost Institute

Carolina-Nicole Herrera, MA, is the director of research at the Health Care Cost Institute. She leads HCCI's research efforts, including national and state reporting on the privately insured and Medicare populations. Prior to joining HCCI, Ms. Herrera was a health economist at the George Washington University and the University of California-San Francisco, whose research focused on the nursing workforce and the relationships between nurse education, staffing, quality, and patient outcomes. She received her MA in International and Development Economics from the University of San Francisco after completing a BA in Political Science at the University of Chicago.

Lauren Jenks
Health Statistics Manager, Washington State Department of Health

Lauren Jenks is the Health Statistics Manger in the Department of Health Center for Health Statistics. She received her MPH at Temple University. Following that, she became a Public Health Prevention Specialist at the Centers for Disease Control and Prevention and was placed at the WA State Dept of Health. She joined the Dept of Health in 2003 as an epidemiologist, working on a variety of maternal and child health, cancer and environmental health projects before becoming the Health Statistics Manager in 2011.

Katie Johnson
Deputy Secretary, California Health and Human Services Agency

Katie Johnson's portfolio includes the Department of Health Care Services, the Managed Risk Medical Insurance Board, the Department of Managed Health Care, and the Office of the Patient Advocate. Previously, she served as Principal Consultant to the Senate Appropriations Committee from 2008 – 2011 on the health assignment. Katie also worked as an Associate at the public affairs firm The Dewey Square Group in 2007 and was a 2006-2007 California Senate Fellow/Legislative Aide for then-Senator Tom Torlakson. She has a Bachelor of Arts and Sciences degree in Biochemistry and Molecular Biology and Comparative Literature from the University of California, Davis.

Andy Krackov
Senior Program Officer, California HealthCare Foundation

Andy Krackov is a senior program officer for California HealthCare Foundation's Market and Policy Monitor program, which promotes greater transparency and accountability in California's health care system. Within that program, he manages the foundation's Free the Data initiative, which seeks to unlock the potential of government health data by catalyzing development of tools to better access, analyze, and communicate information.

Marilyn Schlein Kramer
Deputy Executive Director, Massachusetts Center for Health Information and Analysis

Marilyn Schlein Kramer is Deputy Executive Director for Health Information at the Massachusetts Center for Health Information and Analysis ("CHIA").   CHIA's mission is to monitor the Massachusetts health care system and to provide reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes.

Marilyn oversees the Massachusetts All Payer Claims Database which receives claim-level data on a monthly basis from more than 80 payers and supports the work of multiple state agencies and numerous researchers.
An economist by training, Ms. Kramer was previously CEO of DxCG (now VeriskHealth) She received her MBA from the University of Chicago and her BA from Harvard University.

William D. Marder
Senior Vice President, Truven Health Analytics

William D. Marder, PhD, is Senior Vice President of Custom Services at Truven Health Analytics. He is a health economist whose work has focused on issues pertaining to physician behavior and medical markets. His group provides key interdisciplinary health services research and software development talent to many customer engagements. In addition, Dr. Marder continues his leadership role in the development and deployment of the Truven Health MarketScan research databases. Dr. Marder holds a PhD in economics from the University of Chicago.

Jonathan Mathieu
Director of Data and Research at the Center for Improving Value in Health Care (CIVHC)

Jonathan Mathieu currently serves as the Director of Data and Research at the Center for Improving Value in Health Care (CIVHC). In this capacity, he is responsible for providing quantitative and analytical support for CIVHC's strategic initiatives. Prior to joining CIVHC, Jonathan was employed as a Water Resource Economist at The Nature Conservancy in Boulder, Colorado. Dr. Mathieu also served as an Economist at the U.S. Food and Drug Administration where he provided analytical support for FDA policy initiatives affecting prescription drug, biologic product and medical device manufacturers, as well as for the Prescription Drug User Fee Act (PDUFA). Jonathan was also employed as an Assistant Professor of Public Policy at Georgetown University in Washington, D.C. Dr. Mathieu holds M.A. and Ph.D. degrees in Economics from the University of Colorado, Boulder, and a B.S. in Applied Mathematical Economics from Oswego State University.

Katharine McGraves-Lloyd
Health Data Analyst, Onpoint Health Data

Katharine M. McGraves-Lloyd is a Health Data Analyst at Onpoint Health Data, a Maine-based non-profit providing comprehensive data integration and reporting services. She serves as Onpoint's project lead for the evaluation and analytic support of Vermont's Blueprint for Health program, a nationally recognized advanced primary care initiative, where a primary data source is the statewide APCD along with clinical registry data. She earned her Bachelor of Science in Biostatistics and Public Health from Simmons College (Boston, MA) and is just completing her Masters of Science in Statistics from the University of Southern Maine (Portland, ME). She is co-author of "Evaluating Health Care Delivery Reform Initiatives in the Face of 'Cost Disease,'" due for publication in Population Health Management (Winter 2014). She is an active member of both the American Statistical Association and the SAS User's Group of Maine.

Joseph Parker
Manager, Healthcare Outcomes Center, California Office of Statewide Health Planning and Development

Mr. Parker directs the Healthcare Outcomes Center at the California Office of Statewide Health Planning and Development, where he has worked for 14 years. He oversees the center's public reporting on hospital and surgeon quality for heart bypass surgery and other medical conditions and procedures. Previously, he worked as a biostatistical consultant in Southern California. He received his Doctoral Degree from the University of Southern California in 2000. His research interests and academic publications center on assessing the quality of provider care using administrative and clinical data. Key interests include the role of palliative care in assessing quality and the enhancement of administrative data sources to improve risk-adjustment.

Doris Peter
Director of the Consumer Reports Health Ratings Center

Doris Peter, PhD is the Director of the Consumer Reports Health Ratings Center, part of the nonprofit organization, Consumer Reports. She leads multidisciplinary teams that develop consumer-friendly translations and presentations of data to help consumers understand comparisons of the quality and value of health care products (e.g., drugs) and services (e.g., hospitals, physicians, insurance plans). These communications reach millions of consumers through Consumer Reports' media channels, and through those of Consumer Reports' partners. Dr Peter is also the Principal Investigator of a grant from the Consumer and Prescriber Education Grant Project (Consumer Reports Best Buy Drugs) that helps consumers understand the safety, effectiveness, and cost of prescription and over-the-counter drugs by translating and disseminating comparative effectiveness research into actionable advice. Prior to joining Consumer Reports, she was an editor, and then Publisher at the non-profit organization The Medical Letter. Dr Peter has more than 15 years of experience in communicating health-related data to both physician and consumer audiences.

Michael Pine
President and Founder of Michael Pine Associates

Michael Pine Associates is an innovative consulting firm that specializes in measuring and improving the clinical quality of health care across the nation. Since 1988, his team has assisted clinicians, hospitals, professional societies, insurers, governmental agencies, and public interest groups analyze and evaluate data on clinical quality and healthcare delivery and utilize findings to guide decision making. His innovations include a measure for adverse outcomes that is more objective than reported complications, separate length-of-stay indicators for effectiveness and efficiency, and risk-adjusted episode-based analytic systems to support global payments for healthcare services.

Dr. Pine is a leading authority on the design and use of healthcare databases to monitor clinical quality. His research on and use of the present-on-admission modifier helped make it a national standard. His studies of the cost-effectiveness of combining administrative and numerical laboratory data to support measurement of risk-adjusted clinical outcomes have been instrumental in promoting the use of clinically-enhanced databases. Dr. Pine received the National Association of Health Data Organizations Elliot Stone Award of Excellence in Health Data Leadership for his contributions to this field.

Dr. Pine is a graduate of Harvard Medical School and the University of Cincinnati's School of Business and has served on the medical faculties of Harvard, the University of California at Irvine, the University of Cincinnati, and the University of Chicago. He is the author of numerous publications in basic science, clinical medicine, medical decision making, and quality measurement and improvement. He is a Fellow of the American College of Physicians and the American College of Cardiology.

Jo Porter
Deputy Director, Institute for Health Policy and Practice, University of New Hampshire

Jo Porter, MPH, is the Deputy Director for the Institute for Health Policy and Practice at the University of New Hampshire. Ms. Porter is also the co-chair of the All-Payer Claims Database (APCD) Council. Her research interests are in health data collection and dissemination, and using data to effectively improve health care quality. Ms. Porter earned her B.S., Summa Cum Laude, in Microbiology, with a Minor in Health Management and Policy from the University of New Hampshire, and a M.P.H., with Honors, with concentrations in Epidemiology/Biostatistics and Social/Behavioral Health from Boston University.

Barbara A. Rudolph
Senior Scientist at the University of Wisconsin-Madison, Center for Health Systems Research and Analysis

Barbara A Rudolph, Ph.D., MSSW, is a Senior Scientist at the University of Wisconsin-Madison, Center for Health Systems Research and Analysis in the College of Engineering. She is under contract to provide technical assistance and consultation services to the National Association of Health Data Organizations on quality and efficiency measurement issues and on data collection and information dissemination. She also currently serves as the Public Health Representative for States on the National Uniform Billing Committee and the National Uniform Claim Committee.   Dr. Rudolph has served on a number of national measurement committees and expert panels focused on quality and safety of healthcare. Her high profile work on hospital quality, safety, and public reporting initiatives includes co-development of the methodology for US News & World Report "Best Hospitals", Senior Science Director for the Leapfrog Group Hospital Survey, and Expert Advisor to the Canadian Broadcasting Corporation's, *Vital Signs: Inside Canada's Hospitals*, the fifth estate. She previously served as: Lead Scientist for the County Health Rankings & Roadmaps, Senior Science Director for the Leapfrog Group, Director of the Wisconsin Bureau of Healthcare Information (BHI), Deputy Director of the Wisconsin Office of Healthcare Information (OHCI), and Senior Study Director at the National Opinion Research Center (NORC). Her research interests include survey and ranking methodologies, statistical issues related to public reporting of health and healthcare related data, and hospital quality performance measurement. She earned her PhD and MSSW from the University of Wisconsin-Madison.

Craig D. Schneider
Senior Health Researcher, Mathematica Policy Research

Craig Schneider, Ph.D is a Senior Health Researcher at Mathematica Policy Research. He is currently Project Director for the Center for Medicare and Medicaid Innovation Learning Systems for ACOs project, and Deputy Project Director for Minimizing Disclosure Risk in Open Data for HHS ASPE. His former position was Director of Health Policy at the Massachusetts Health Data Consortium, where he chaired several learning collaboratives related to payment reform, electronic health record implementation, quality reporting, all-payer claims databases, and data analytics, and organized five conferences each year. Previously, Dr. Schneider worked at the CMS Boston regional office for 14 years in various positions encompassing quality improvement, provider reimbursement, and beneficiary services and outreach.

Joseph Smith
Chief Medical and Science Officer, West Health

Dr. Joseph M. Smith is chief science and medical officer of the West Health Institute, West Health Policy Center, West Health Investment Fund and West Health Incubator, four West Health entities with a common mission — pioneering new and smarter technologies, policies and practices, to make high-quality healthcare more accessible at a lower cost to all Americans. Dr. Smith has an extensive career at the intersection of clinical medicine and engineering. Prior to joining West Health, he was vice president of emerging technologies for Johnson & Johnson and senior VP and chief medical officer of Guidant/Boston Scientific's Cardiac Rhythm Management. Dr. Smith was a practicing cardiologist for almost two decades, starting at the Brigham and Women's hospital in Boston. Dr. Smith holds a B.E.S from The Johns Hopkins University; a Ph.D. in medical engineering and medical physics from the Harvard-MIT Division of Health Sciences and Technology; and an M.D. from Harvard Medical School. He is a fellow of the American College of Cardiology, the American Heart Association and the American Institute for Medical and Biological Engineering.

Manuela Staneva
Epidemiologist, Mississippi State Department of Health

Manuela Staneva is an epidemiologist for the Mississippi State Department of Health, where she evaluates, analyzes, and interprets hospital discharge data. In addition to producing annual reports, she uses hospital discharge data to build surveillance and monitoring systems for issues of public health interest such as chronic diseases, maternal morbidity, infant mortality, and drug abuse. She has a medical degree from Sofia Medical University in Bulgaria and a MPH in epidemiology and biostatistics from the University of Southern Mississippi. Before coming to the United States, Ms. Staneva worked as a primary care physician and as an infectious disease doctor in her native Bulgaria.

Claudia Steiner
Senior Research Physician, HCUP/CDOM/AHRQ

Claudia A. Steiner M.D., M.P.H. is a research medical officer with the Center for Delivery, Organization and Markets (CDOM), within the Agency for Healthcare Research and Quality. Dr. Steiner is an internist who conducts and manages research for the Center. She helps with the design, management and dissemination of the Healthcare Cost and Utilization Project (HCUP). Her research interests include the influence of ambulatory surgery on standards of care, utilization and clinical outcomes; the epidemiology of infectious diseases, including healthcare associated infections; and the prevalence and factors associated with readmissions to the acute care setting, and the use and impact of new medical technologies. Dr. Steiner has experience with both primary and secondary data, including a national survey of health insurers, and the administrative databases of HCUP.

Dr. Steiner has published in The New England Journal of Medicine, The Journal of the American Medical Association, The Journal of General Internal Medicine, The International Journal of Technology Assessment in Health Care, The American Journal of Managed Care, and Medical Care. She referees papers for these same journals.

Dr. Steiner received her medical degree and completed residency training in Internal Medicine at the University of Colorado Health Sciences Center. Subsequently, she obtained a Masters of Public Health at the Johns Hopkins School of Hygiene and Public Health while completing a research fellowship through the Department of Medicine at Johns Hopkins University. She is licensed to practice medicine in Maryland, and continues to see patients part-time within the Johns Hopkins Medical Institutions.

Mark Tobias
President, Pantheon

Mark Tobias is President of Pantheon (panth.com), a technology consultancy in Arlington, VA. With more than 15 years of experience, Mark has led the development of innovative technology solutions for the nation's top health care policy organizations, including the Agency for Healthcare Research and Quality (AHRQ), the Robert Wood Johnson Foundation's Aligning Forces for Quality, National Quality Forum, American Pharmacists Association, Minnesota Community Measurement, and URAC. Making health data actionable for key decision makers and users is central to Mark's leadership and Pantheon's approach. Recent projects include technology solutions for performance measurement, public reporting, policy maker networks, and accreditation.

Ernie Valente
Senior Director, Pacific Business Group on Health

Nicholas J. Valeriani
Chief Executive, West Health

Nicholas J. Valeriani brings expertise in engineering, operations and medical devices and diagnostics to drive West Health's mission to pioneer new and smarter technologies, policies and practices, to make high-quality healthcare more accessible at a lower cost through the Gary and Mary West Health Institute, Gary and Mary West Health Policy Center, Gary and Mary West Health Investment Fund and the West Health Incubator. He is the CEO of the Institute and the chair of West Health's executive committee.

Valeriani is a visionary healthcare leader with 34-years of experience at Johnson & Johnson, serving on its executive committee as corporate VP of human resources; worldwide chairman of medical devices & diagnostics; and as VP of the Office of Strategy & Growth. He was instrumental in developing new wellness, prevention and digital health business opportunities.

He has a BS in engineering and an MBA from Rutgers University, and is on Robert Wood Johnson University Hospital's board.

From Data to Database
October 8, 2014 11:00 am - 12:15 pm
Moderator: Joseph Greenway, University of Nevada, Las Vegas

Presenters:
    Leanne Candura, Human Services Research Institute
    Deborah Green, American Health Information Management Association
    Tracey Campbell, Center for Improving Value in Health Care
    Joseph Eberle, CTG Health Solutions

Abstract #1

Title: Improving Transparency in the Collection and Validation of Healthcare Claims Data
Authors: Leanne Candura & Kevin Rogers, Human Services Research Institute;
      Karynlee Harrington, Maine Health Data Organization
Presenter: Leanne Candura, Human Services Research Institute

Abstract: In early 2013, the Maine Health Data Organization partnered with two nonprofits, Human Services Research Institute and NORC at the University of Chicago, to transform Maine's All-Payer Claims Database (APCD). A previously commissioned external review of the prior system had raised issues that led MHDO to seek a more transparent process in order to improve data quality. That review, along with stakeholder interviews conducted during the design phase of the new system, made it clear that data users needed a better understanding of the data collection and validation processes, as well as the project's overall data quality standards. This presentation focuses on the strategies developed for Maine's APCD to improve transparency and how this has resulted in improvements to data quality.

As mentioned, stakeholder interviews were integral to the design of the new data warehouse system—a system for the transmission, storage, and analysis of confidential healthcare claims. These stakeholders, including members from the Maine Health Data Organization, the health plans, and data users, brought to light the need for an improved data submission, evaluation, and feedback process. Therefore, it became a project priority to develop a strategy to better define and assess data quality and make the operations around collecting, validating, and reporting the data as transparent as possible. Not only would this help data submitters better understand the submission process, it would also allow the system developers and the State to determine whether process improvements and increased transparency resulted in higher quality data. Metadata became a vital element of this process and allowed the Maine Health Data Organization to capture and communicate information about the data limitations to users.

The hallmark of the new submission process and data quality strategy is the ability to immediately validate data being transferred by payers to the data warehouse, to make the data validations available to data submitters, and to capture the metadata about the submission to allow the users better understand the data being accepted into the APCD. Data quality definitions and increased transparency provide data submitters with record-level information about their data, making it easier and faster to identify claims data issues before the data is accepted into the APCD. This allows them to fix errors and avoid similar issues with future submissions.

By increasing transparency, this project ultimately improved the data quality of the Maine APCD. As an important part this process, Human Services Research Institute worked with the Maine Health Data Organization and various data user groups to define and create standards for the following characteristics of data quality: accuracy, completeness, integrity, validity, consistency, reliability, relevance, and timeliness. The definitions that are being used, along with the standards for each characteristic, will be presented to offer guidance to other states who are working to increase transparency and improve data quality.

In addition to describing the data quality metrics of the Maine APCD, feedback from both the data submitters and the data users will be presented as anecdotal evidence of our success in improving the transparency of the APCD.

Abstract #2

Title: Results of the First Benchmarking Survey of Information Governance in Healthcare
Author & Presenter: Deborah Green, MBA, RHIA
    EVP and Chief Operating Officer
    American Health Information Management Organization (AHIMA)
    Presentation may be delivered by AHIMA President and Chairman of the Board or other
    senior leader of AHIMA

Purpose:
The impetus for the survey and resulting white paper is the recognition that information governance underscores the value of information as an asset essential for advancing the goals and priorities of healthcare organizations. Information is necessary for safe and effective patient care and operational excellence. Information management and control is an undeniable healthcare imperative. The goal of the effort has been to establish a benchmark to guide IG adoption efforts and to enable measurement of adoption efforts over time.

Description:
This presentation provides the findings from the first major survey of information governance practices at healthcare organizations. It is a landmark survey, undertaken I March and April of 2014 by the American Health Information Management Association (AHIMA) in conjunction with Cohasset Associates. The presentation will feature results included in a resulting white paper which evaluates and quantifies the state of information governance (IG) maturity and effectiveness, while explicitly addressing the information challenges facing the healthcare industry.

The presentation will include authoritative, up-to-date benchmarking metrics on information lifecycle practices in healthcare. These will include:
• Incisive and comprehensive measures of the maturity of information governance adoption.
• Details on successes, obstacles and opportunities for more effective information lifecycle management.
• Actions to respond to today's information governance challenges.
• Comparisons made to IG practices survey results for other information-intensive organizations.

Evaluation of Outcomes:
High level survey results provide evidence that:

1. Overall, IG programs are less prevalent and less mature in healthcare organizations than is
warranted, given the importance of information.
2. Most organizations have not yet established a comprehensive strategy for information governance.
3. The information governance framework and its foundational components call for strengthening and expansion.
4. Information lifecycle management practices related to core functions require improvement.

The presentation will review these results as well as supportive findings.

Abstract #3

Title: Helping Colorado Citizens Drive, Deliver, and Buy Value in Health Care Using APCD Data
Author & Presenter: Tracey D. Campbell

Purpose: The Colorado All Payer Claims Database (APCD) is the state's most comprehensive source of health care cost, quality and utilization claims data and combines millions of claims from Medicaid, Medicare and the largest 19 commercial payers in the state. We use the data in the APCD to unlock information and insights that guide how health care gets delivered, used and paid for in the state of Colorado. We bring together organizations and individuals who share our cause, to design and drive collective change. Our statewide cost and utilization data has been available publicly since November 2012, and in July of 2014 we updated the site and launched the version of our consumer-focused reports on the public website, www.comedprice.org., The site currently allows consumers to find prices for hospital-based medical procedures including vaginal and cesarean births and total knee and hip replacements. The website shows the median price insurance companies and patients combined actually pay for specific services at named facilities; provides a cost calculator to help patients estimate their own potential out-of-pocket share; and includes information on the quality of the services and facilities depicted. We plan to expand the site significantly by the end of the year to include additional services and facility types including ambulatory surgery center and outpatient procedures.

To support long-term sustainability, CIVHC (Center for Improving Value in Health Care) must release non-public data in exchange for fees to support ongoing APCD operations. In discussions with stakeholder groups, CIVHC encountered significant challenges associated with a lack of understanding of data available in the CO APCD and the value of this information in addressing a variety of health care reform and improvement needs. Thus far we have fulfilled 14 data analysis requests, and have provided non-public release of data to health care providers & facilities, businesses, insurers, policy makers, government agencies, researchers, and health care advocacy organizations. The data collected on a monthly basis from 19 commercial health plans, Medicaid, and Medicare has helped stakeholders advance health care improvement initiatives around efficacy of care, market share analysis and benchmarking in a specific region, rates/1000 of specific procedures benchmarked against peers, "leakage" or outmigration analysis, alternative payment analysis, as well as payment reform analytics for reference-based pricing and analysis of Episodes of Care/Bundles by insured market segment.

Description: CIVHC creates reports and analytics for specific market segments to advance the goals of the Triple Aim: better health, better care, and lower costs while also supporting its funding model and sustainability model. A majority of CIVHC's initial releases of data in the first two years have been custom data sets. The stakeholders have had specific purposes in mind for leveraging the value of the data and were able to successfully apply for data and use it to fulfill their health care improvement purposes. Other stakeholders often didn't know what information was in the APCD or what types of analyses could be supported using this data. Although many stakeholders were intrigued by the idea of having access to the data, they were overwhelmed at the thought of preparing a written application requesting data for a specific purpose – a requirement under APCD regulations governing the non-public release of data. Recognizing the need to meet both types of data requestors, CIVHC worked with our data manager, Treo Solutions, to generate processes and approval mechanisms to support more sophisticated data requestors for Limited Data Sets and full, PHI data requests. For organizations that needed more support, CIVHC and Treo together created market basket reports that address the specific analytic needs of various stakeholder groups.

After multiple iterations, CIVHC and TREO designed summary reports specific to providers, brokers, and health systems to answer the following questions:
- What is my current market share and how has this changed over time?
- Which service lines are being impacted by migration of patients out of my service area?
- What opportunities exist to expand or add new service lines?

CIVHC and Treo are actively developing additional standard and non-standard reports and analytics which highlight the APCD's capabilities, such as peer benchmarking, comparison of costs for procedures across settings of care, analysis of care migration patterns, variation in utilization and spending for top MS-DRGs and reference pricing based on analysis of acute care bundles.

Evaluation and Outcomes: December will mark nearly two years of providing both public and non-public data. CIVHC believes that presenting this information to stakeholders will provide valuable insights in order to see actionable changes in the way health care is delivered, purchased, and paid for by Coloradans. CIVHC has learned invaluable information on how to develop standard reports and analytics in addition to custom data requests to drive faster adoption and use of the APCD. Ultimately, we believe the availability of reports, analytics, and insights of the APCD will stimulate data requests thereby generating additional value to Colorado organizations and residents. This goal will also validate the vision of the legislators who supported the creation of the APCD while also enabling a model that drives innovation and value for all stakeholders. CIVHC will be sharing early results of the last two years of APCD extracts and the ways in which they support the Triple Aim at the NAHDO conference.

Abstract #4

Title: Using Advanced Data Analytics to Improve Care Evaluation, Management and Outcomes of Chronic Kidney Disease Patients

Author & Presenter: Joseph Eberle
        Principal Consultant and Chief Solutions Architect for Data Analytics Solutions
        CTG Health Solutions

Focus/Subject	■ Health Care Data Collection, Analytics, and Reporting
	■ APCD Applications and Use Cases
Body ■ Purpose -- What was the intent/goal of the project? What problem was addressed? ■ Description -- What was the solution? How was it developed and implemented? ■ Evaluation and Outcomes -- What were the outcomes of the project? How was success measured?	The speaker will present a case study detailing how CTG collaborated with the University at Buffalo (UB) to develop big data analytics for chronic kidney disease (CKD) under the New York State HEAL 10 and 17 grants. The focus of the project was improvement of outcomes for patients with chronic kidney disease (CKD) and end-stage renal disease in Western New York based on integration and analysis of community-wide claims and clinical data. UB and CTG established a productive public–private partnership to complete the grant requirements, which entailed developing and configuring tools to provide clinically significant insight into the management of CKD and related conditions. UB and its partners contributed data on over three million patients along with clinical and scientific expertise, while CTG provided technical and analytic capability. The project team integrated clinical and claims data from multiple sources, normalized and validated the data sets, and developed baselines for various measures. The study found that a better method is needed for managing increasing complexities and comorbidities across the CKD population in Western New York. The speaker will highlight some of the key quality improvement and cost savings opportunities: ■ Under-testing (lab testing) and under-diagnosis of CKD has resulted in missed opportunities to treat and/or slow progression of the disease ■ Many patients were not seen by a kidney specialist until after advanced stage CKD was diagnosed, often resulting in traumatic and expensive hospitalizations that may have been avoidable ■ Many patients begin dialysis unprepared and uninformed as to their options, due to a lack of access to comprehensive education and advanced planning As part of this project, the team developed analytics that enable prediction of issues that are especially prevalent among this population: crashes (when dialysis is initiated on an emergency basis), hospitalizations, readmissions, and infections. **This case study underscores how analysis of clinical and claims data can help the industry dramatically improve care quality, prevent or delay onset and progression of certain diseases, and maximize adherence to evidence-based care guidelines.**

From Database to Information
October 8, 2014 - 1:45 pm - 3:00 pm
Moderator: Carolina Herrera, Health Care Cost Institute
Presenters:
Manuela Staneva, Mississippi State Department of Health
William D. Marder, Truven Health Analytics
Katharine McGraves-Lloyd, Onpoint Health Data
Joseph Parker, Office of Statewide Health Planning and Development

Abstract #1

Title: The Implementation of Hospital Discharge Data for Identifying, Measuring and Monitoring Chronic Conditions and Chronic Comorbidities in Mississippi
Author & Presenter: Manuela Staneva, MPH, Mississippi State Department of Health

Purpose: Across the United States and in Mississippi, healthcare providers and public health agencies face the challenge of controlling the escalating financial and health-related cost of chronic diseases. While there is an urgent call for building chronic disease prevention programs and chronic disease surveillance systems, there is a paucity of chronic disease data sources. Collected for the first time in 2010, Mississippi's hospital discharge data presents a comprehensive, cost-effective and evidence-based way to study both index diseases and comorbid conditions. Described in this abstract are two projects that were implemented to capture and measure chronic diseases and chronic comorbidities among hospitalized patients in Mississippi.

Description: Chronic conditions are a broad group of pathological disorders with different etiologies, clinical manifestations and levels of severity. This creates a problem for capturing and monitoring these conditions as a group. To address this issue the Chronic Condition Indicator, an algorithm that categorizes ICD-9-CM diagnoses into two mutually exclusive groups, chronic and non-chronic was implemented for a project that intends to monitor chronic disease hospitalizations in Mississippi. A chronic condition in this classification system is defined as any medical condition that lasts for 12 months or more, and might result in limitations on self-care and/or ongoing medical intervention. To compute the weighted scores and numbers of coexisting chronic morbidities, the Charlson/Deyo Comorbidity Index, a risk-adjustment algorithm based on seventeen major chronic conditions was implemented. The Chronic Condition Indicator and the Charlson/Deyo Comorbidity Index are free analytical tools validated for use with hospital discharge data.

Outcomes: The prevalence and distribution of hospitalizations for chronic conditions were computed and presented as a part of the Mississippi hospital discharge data annual reports in 2010 and 2011. The findings demonstrated that around 40% of all hospital admissions in the state were due to chronic conditions. Among them, mood disorders were the most prevalent group (8%), followed by congestive heart failure (7%), and chronic obstructive pulmonary disease (6%).
The comorbidity burden was computed with the Charlson/Deyo Comorbidity Index for the entire hospitalized population and presented in the 2011 annual report. The findings revealed that 45% of all hospitalizations had a comorbidity score ≥ 1. Diabetes was the leading comorbidity and a concomitant diagnosis in nearly one fifth (18%) of all hospitalizations, while chronic pulmonary disease (12%), congestive heart failure (11%), and renal diseases (9%) were the second, third, and fourth leading comorbidities.

Evaluation: The use of the Chronic Condition Indicator demonstrated a comprehensive method for clustering and studying the in-hospital epidemiology of chronic conditions. The implementation of the Charlson/Deyo Comorbidity Index defined the state-level comorbidity burden and comorbidity patterns among hospitalized patients. These projects underscore the usefulness of hospital discharge data, a readily-available data source, for identifying and monitoring chronic conditions and chronic comorbidity at a state-level. Such knowledge could help states design new initiatives that support the effective management of complex medical conditions.

Abstract #2

Title: Leveraging an APCD to Improve Access, Cost, and Quality
Author: William D. Marder, Beth Schneider, and Mahil Senathirajah, Truven Health Analytics
Presenter: William D. Marder

Abstract:
Truven Health Analytics will describe its experiences building and analyzing multi-payer claims databases with special emphasis on the opportunities and challenges facing state governments as they commission all-payer claims databases. The focus will be on identifying people as they transition from one payer to another and on providers and their evolving delivery system affiliations.

Abstract #3

Title: All-Payer Primary Care Profiling for Vermont's Blueprint for Health
Author & Presenter: Katharine McGraves-Lloyd, Onpoint Health Data

APCDs provide a rich source of data for profiling primary care providers, practices, affiliations, and organizations on a regional and statewide basis, unencumbered by small numbers and other limitations of payer-specific reporting.

Blueprint for Health is a state-led health reform initiative transforming the way that health services are delivered in Vermont. In 2010, as part of the Center for Medicare and Medicaid Multi-Payer Advanced Primary Care Demonstration, Vermont legislation called for statewide expansion of the program. By the end of 2012, all major components of the Blueprint program were operating statewide.

Blueprint for Health generates practice profiles for over 120 adult and pediatric practices in Vermont and rolls up practices by practice organization (e.g. parent network), practice affiliation (e.g. FQHC), Accountable Care Organization (ACO), and Health Service Area (HSA). Commercial and Medicaid data were used in the first two years of practice reporting and Medicare was added this past year. Using claims-based attribution, members are assigned to a provider and practice. Practice profiles include 25 expenditure measures, 15 utilization measures, and 11 effective and preventive care measures based on HEDIS specifications. Blueprint has incorporated HealthPartners' Total Cost of Care measurement system to evaluate total resource use by practice and is now integrating clinical data to enable Medicare Shared Savings Program ACO Quality Measures, which rely on linkage of the program's clinical registry database to the ACPD. Onpoint is currently generating a complementary ACO dashboard incorporating these measures.

Measures in Blueprint profiles are risk-adjusted using demographics and health status as well as additional predictor variables. These variables include consideration of Medicaid and Medicare as a predictor at the patient and practice levels. Profiles are stratified for the pediatric and adult populations and practices are compared to statewide and geographical peers. Profiles provide graphical displays of the relationships between risk-adjusted total expenditures and risk-adjusted total resource use.

A sample profile will be presented and practice variation and drivers of variation will be discussed. The Blueprint profiles have been well-received by users in Vermont as they significantly enhance the information previously available from individual payers. They provide a single tool for identifying improvement opportunities in the areas of care quality and cost effectiveness.

Abstract #4

Title: Adapting the AHRQ Inpatient Mortality Indicators for Public Reporting in California – Batteries Not Included

Authors: Joseph Parker, PhD. California Office of Statewide Health Planning and Development; Ying Yang, M.S., OSHPD, Merry Holliday-Hanson, PhD, OSHPD.

Presenter: Joseph Parker, Office of Statewide Health Planning and Development

PURPOSE:
Provide attendees an understanding of some of the challenges and opportunities California faced in adapting the Agency for Healthcare Research and Quality (AHRQ) Inpatient Mortality Indicators for statewide public reporting. In addition, present recent analyses that both point to the strength and validity of the current indicators and identify some potential biases inherent in the measures.

DESCRIPTION:
OSHPD has been required by state law to produce hospital level risk-adjusted outcome reports on specific medical conditions since the early 1990s. However, OSHPD and its advisory bodies initially set very high standards for measure validity and data reliability before approving release of public reports. Consequently, only two statewide hospital outcome reports - 30-day mortality post admission for heart attack and community acquired pneumonia - were produced with any regularity until 2004. In 2006, OSHPD's advisory panels recommended that OSHPD publish the AHRQ Inpatient Mortality Indicators in order to meet its statutory mandate to produce at least 9 risk-adjusted hospital outcome reports. After considerable analysis and discussion, 12 of the measures were judged to be sufficiently valid and useful (one with modification) to merit publication. Since their initial release, OSHPD analyses and feedback from hospitals have revealed methodological issues that required consultation with AHRQ and University of California health services researchers and stakeholders. These resulted in several OSHPD modifications to the software which were sometimes implemented in subsequent AHRQ version updates.

EVALUATION AND OUTCOMES:
Recent analyses using several years of data have shown patterns of indicator performance that are fairly consistent both within individual hospitals and for hospitals over time. That is, hospitals that were performance outliers in one year were much more likely to repeat that performance in the next year than hospitals rated as not different from the state average. In addition, hospitals that were performance outliers on one indicator were much more likely to be outliers on other indicators – in the same direction – than average hospitals. In fact, very few hospitals had mixed results -were rated significantly better and significantly worse on indicators. These findings support the validity evidence for the indicators and speak to their relative maturity. However, larger issues related to potential biases remain and are due to fundamental characteristics of the indicators themselves.

From Information to Application
October 8, 2014   3:15 pm - 4:30 pm
Moderator: Michael Pine, Michael Pine & Associates
Presenters: *Tamin Ahmed*, Access Health CT *Christopher Goggin*, FAIR Health *Jonathan Mathieu*, Center for Improving Value in Health Care *Mark Tobias,* Pantheon, on behalf of the Agency for Healthcare Research & Quality

Abstract #1

Title: The Consumer Approach to Making Health Insurance Plan Choice and Medical Service Price Comparison Decisions

Author & Presenter: Tamim Ahmed, PhD, Executive Director, Access Health CT (i.e., HBE for Connecticut), Hartford, CT 06103 (email: Tamim.ahmed@ct.gov)

Topic: Insurance Market, Healthcare Services Research, HBE products, Focus- Group Research, APCD

Purpose: Develop capabilities and analytic tools to guide consumers in purchasing the right health plans from HBE; enable subscribers in HBE and other HDPs to look up costs and quality transparency information on the public website.

Description: Over the last decade, health insurance coverage has gradually transitioned to include increasingly high deductible plan (HDP) coverage as employers strive to increase employee cost sensitivity for the purpose of reining in unbridled medical costs. Following the introduction of the Health Benefit Exchange (HBE) as an integral component of the ACA in 2014, a favorable enrollment growth trend is expected to emerge in the individual health insurance market. As a result of both - proliferation of HDP plans and growth of enrollment via HBE - subscribers need to make certain decisions regarding health care insurance and service purchases. This paper will provide insights about the consumer decision process for both health insurance purchases and uses of healthcare (medical and pharmacy) services. Consumers decide to buy healthcare products based on plan benefit features (e.g., deductibles, copays, coinsurance and out-of pocket maximum coverage), and their personal knowledge about own and family's health and wellness disposition. In addition, consumers who have to fund significant amount of medical services from out-of-pocket before meeting the deductible ceiling tend to be more acceptable to seek out information on cost and quality for services they seek to purchase. The information that consumers seek, on both choices for insurance products or for medical services, needs to be easily available, understandable and actionable to be useful to them.

Evaluation & Outcomes: This research attempts to integrate survey results from focus groups to the discipline of behavioral economics to address the following – (i) determine how consumers with average healthcare knowledge buy health insurance from HBE?, and (ii) learn and apply (from focus group research) how such consumers would use costs transparency tools to minimize their costs? This research work will attempt to provide the foundation for a comprehensive solution package for any successful HBE, using the All-Payer Claims Database (APCD) as their underlying source of information. Using the analytic tools and information on costs and quality for medical services, developed in this project, consumers will be able to choose the right metal plan from HBE, and would also be able to minimize their out-of-pocket expenses by intelligent comparison shopping for medical and pharmacy services.

Abstract #2

Title: Democratizing the Data: The Importance of Providing Contextualized Data for All Healthcare
Stakeholders
Presenter: Christopher Goggin, FAIR Health

Focus: APCD Applications and Use Cases

Overview: A national, independent, not-for-profit corporation, FAIR Health was formed in 2009 with the mission to bring fairness and transparency to healthcare costs and health insurance information. We have viewed that charge as not simply collecting, validating and aggregating the data contributed by leading payers, but also to make that data universally useful to all stakeholders. That goal has required that we continually consult with industry experts, including our numerous Advisory Boards, to identify the particular needs of each constituent group—from government entities to insurers, providers, policy makers, researchers and individual consumers—and to either acquire, or design and create the technological means to give each group the data they need in the format most useful to them. In this session, FAIR Health will discuss specifically how our suite of products and services has grown from offering benchmark database modules to customized data analytics for each stakeholder group and will explore the ways in which stakeholders rely on the data for myriad insights on healthcare utilization and cost trends.

Abstract #3

Title: The Healthcare Regional Cost Measurement and Transparency (HRCMT) Project: Opportunities and
Challenges
Author: CIVHC Analytics
Presenter: Jonathan Mathieu

The HRCMT project seeks to implement an NQF endorsed Total Cost of Care (TCoC) and Relative Resource Use (RRU) measure set across multiple states/regions and develop national and regional benchmarks that facilitate meaningful comparisons of physician performance. TCoC and RRU index values, on a risk adjusted and attributed patient basis, will be generated and reported to Primary Care Physician (PCP) groups along with benchmark data intended to help practices better understand their performance relative to that of their peers. The initial reports, based on analysis of complete 2013 claims data, will be distributed to PCP practice groups in December 2014 along with additional metrics and other information intended to help facilitate understanding of the results. The goal is to make comparative cost and resource information available to PCP groups to provide a sense of relative performance and to allow identification of opportunities to improve care and reduce costs. Without such information, PCP practices are not aware of their relative performance and unable to identify potential opportunities for improvement.

My brief 5-minute or so 'presentation' will provide high-level background regarding the HRCMT project and then discuss (summarized on one slide) the major technical and practical challenges encountered in implementing the TCoC and RRU measures across multiple states/regions on a consistent basis and in a way that facilitates meaningful comparisons. Briefly, these challenges include:

1. Standardization and QA/validation of raw claims data inputs across multiple regions
2. Risk Adjustment
3. Attribution Methodology
4. Processing of data to generate the measures, interpretation and QA/validation of results, identification of potential
problems and inconsistencies
5. Development of state, regional and national benchmarks
6. Development of PCP level report format and content to make this information actionable

Abstract #4

Title: *MONAHRQ Software*: Quickly Turn Health Care Data into Useful (and Evidence-Based) Reports and
     Websites

Author & Presenter: Mark Tobias, Pantheon, on behalf of the Agency for Health Care Research and Quality
     (AHRQ)

MONAHRQ software, developed by AHRQ, enables evidence-based use of health care data in public or private reporting websites to increase transparency and support improvement in quality, safety and affordability. The free software is an innovative way to enable organizations to use hospital inpatient discharge data– such as their own HCUP or APCD data, or Hospital Compare data from the Centers for Medicare & Medicaid Services – to generate customizable websites and reports that reflect the latest evidence regarding measures and effective report design. Even with a near-universal imperative for transparency to inform and support new delivery models and payment reform, most organizations have limited financial and technical resources for the activities that MONAHRQ can do nearly automatically. This includes importing measure results from local and/or national data; designing researched-based reports for distinct audiences (e.g., consumers, providers, policy leaders, purchasers); and, programming the website structure with an intuitive layout, search and comparison functions, and understandable explanations.

This presentation will unveil the latest features of MONAHRQ and a sneak preview of future features, such as an open-source framework to enable more innovative use of a wider range of data sources by allowing custom data input and report output. These changes are the direct result of ongoing development based on input from state policy leaders and others in the field who use or want to use MONAHRQ. This ensures that MONAHRQ is increasingly intuitive and provides value for transparency and quality improvement, while staying the leading edge of research in the use of data, application of measures, and presentation of results for key audiences. Its success is reflected, in part, by the growing use of MONAHRQ by state and local agencies, business coalitions, hospitals and others.

MONAHRQ is the product of AHRQ, which brought together two AHRQ data tools and products to create the software: the Healthcare Cost and Utilization Project (HCUP), the largest all-payer database in the United States with hospital discharge data; and the AHRQ QIs, a set of standardized, evidence-based quality measures that can be used with hospital inpatient discharge data. MONAHRQ continues to be shaped by AHRQ's expertise in quality measurement and reporting, with major upgrades released annually.

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American Health Information Management Association
230 North Michigan Avenue, 21st Floor
Chicago, IL 60601
www.ahima.org

Founded in 1928, AHIMA is the premier resource for health information governance. The association's more than 71,000 members, representing health information professionals across the globe, are the stewards of healthcare data and information. Healthcare needs are evolving from simply translating data, to having instant access to intelligence that can drive clinical and administrative decision-making in real time. AHIMA provides health information professionals with the skills, tools, and resources to lead in the areas of healthcare data analytics and informatics, assisting their organizations achieve the triple aims of reduced costs, better care, and improved population health. AHIMA offers the only health data analysis certification, Certified Health Data Analyst (CHDA), in the industry, and supports healthcare professionals through education, training, certification, and advocacy.

California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612
www.chcf.org

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care.
- Innovations for the Underserved, which focuses on reducing barriers to efficient, affordable health care for the underserved.
- Better Chronic Disease Care, which focuses on improving clinical outcomes and quality of life for Californians with chronic disease.
- Market & Policy Monitor, which focuses on promoting greater transparency and accountability in California's health care system.
- Health Reform & Public Programs Initiative, which supports the implementation of national health reform and advances the effectiveness of public coverage programs.

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www.oshpd.ca.gov

The Office of Statewide Health Planning and Development (OSHPD) was created in 1978 to provide the State with an enhanced understanding of the structure and function of its healthcare delivery systems. Since that time, OSHPD's role has expanded to include direct delivery of various services designed to promote healthcare accessibility within California. OSHPD is the leader in collecting data and disseminating information about California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes.

OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to facilitate the capital needs of California's not-for-profit healthcare facilities. These programmatic functions are distributed across five divisions and one foundation, are advised by five boards and commissions, and are supported by the Office's Administrative Services Division.

DataBay Resources
500 Commonwealth Drive
Warrendale, PA 15086
www.databayresources.com

DataBay Resources is a national provider of health care market analysis, data cleansing and data warehousing tools supporting the strategic planning function of hospitals in a SaaS model.
Our products provide valuable, tailored healthcare market intelligence software, reporting services and analysis tools to drive improved market and financial positions of hospitals, health systems and ambulatory surgery centers. DataBay delivers a robust data cleansing solution, inclusive of rules checking, data correction workflows and data warehouse automation via our CheckNet product. Reporting, ad hoc query and dashboard capabilities are provided through our NavigateNet 2.0 solution allowing our customers generate complex analytics through and easy to use web interface.

Fair Health
575 Fifth Ave., 22nd Floor
New York, NY 10017
www.fairhealth.org

FAIR Health is a national, independent not-for-profit corporation whose mission is to bring transparency to healthcare costs and health insurance information through comprehensive data products, consumer resources and support for scientific and economic research on medical and dental care. FAIR Health uses its database of billions of billed medical and dental services to power a free website that enables consumers to estimate and plan their medical and dental expenditures. The website also offers clear, unbiased educational articles and videos about the healthcare insurance reimbursement system and can be private-labeled by organizations that wish to provide engagement tools to their stakeholders. With its professional staff of experts in healthcare, statistics, technology and communications, FAIR Health strives to offer accurate, consistent and timely information to all stakeholders in the healthcare system.

Freedman Healthcare
29 Crafts Street, Suite 550
Newton, MA 02458
www.freedmanhealthcare.com

Since 2005, Freedman HealthCare has offered a team of senior level consultants who combine quantitative and qualitative research with a deep understanding of the economic, political, and clinical forces shaping healthcare. FHC assists diverse stakeholder groups in adopting policies and programmatic changes that can drive cost containment, better patient outcomes, and improved quality of care. Clients benefit from FHC's objectivity, expertise, market knowledge, and creative problem solving. The team's commitment to healthcare improvement echoes through FHC's concentration on mobilizing health data to leverage change.

The firm's experience with clients across the nation -- each with different political climates, legislative requirements, and approaches to healthcare reform -- has shown the importance of developing client-specific and state-specific processes. FHC's approach emphasizes principles of development, such as the importance of a collaborative stakeholder process, rigorous data quality, and transparent reporting strategies. FHC brings unparalleled expertise in All Payer Claims Databases, having formally provided expert services to ten states and one regional collaborative launching multi payer claims database and analytics projects.

Healthcare Cost & Utilization Project (HCUP)
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov/research/data/hcup/index.html

The Healthcare Cost and Utilization Project (HCUP) is a family of healthcare databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of HCUP Partners to create the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information, enabling research on a broad range of health policy issues.

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JEN Associates, Inc.
5 Bigelow Street
Cambridge, MA 02139
www.jen.com

JEN Associates is a health data analytics firm that seeks to inform health care policy through effective data analyses. Our focus is analyzing large health databases including health claims, assessment and clinical data on Medicare, Medicaid and commercial populations. JEN has developed specialized risk adjusters for predicting risk of nursing home entry for frail elders and adults with disabilities and risk of hospitalization for adults with serious mental illness. The company licenses two core products: ADIT, a data integration tool specifically designed for health data, and iMMRS, a secure web-accessible analytical tool with an intuitive interface that aggregates detailed data on demand, producing charts, tables and statistics. Using JEN's tools, analysts can track populations dynamically over time, test policy models and measure therapy efficacy using standardized and user-specified variables.

Milliman MedInsight
1301 Fifth Avenue, Suite 3800
Seattle, WA 98101
www.medinsight.milliman.com

Milliman MedInsight® offers one of the industry's most adopted portfolios of solutions and services for data warehousing, data management and healthcare analytics. Based in Seattle, Washington, the Milliman MedInsight practice assists All Payer Claims Databases and community coalitions by providing customized consulting, expertise in data integration, data management, and a unique technological platform to support data sharing and reporting. By providing a range of services and solutions to successful community health exchanges and All Payer Claims Databases, Milliman has gained a deep understanding and skill set for these unique types of organizations.

MONAHRQ
540 Gaither Road, Suite 2000
Rockville, MD 20850
http://monahrq.ahrq.gov

The Agency for Healthcare Research & Quality (AHRQ) is a federal agency whose mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with others to ensure that the evidence is understood and used. AHRQ produces MONAHRQ®, which is innovative, free, website-generating software that enables any organization to create a public or private website quickly and easily with understandable, evidence-based health care reports for consumer, providers, policy makers and others. MONAHRQ® analyzes, summarizes, and presents information in a format ready for use by consumers and other decision makers on quality of care at the hospital level, health care utilization at the hospital and emergency department level, preventable hospitalizations at the area level, rates of conditions and procedures at the area level and estimated costs and cost-savings related to the quality of care. MONAHRQ provides an efficient and cost-effective way for organizations to understand and share information with others about the quality, safety, affordability and patient experience in health care, to facilitate transparency and spur improvement.

Onpoint
16 Association Drive
P.O. Box 360
Manchester, ME 04351
www.onpointhealthdata.org

Onpoint Health Data is an independent nonprofit offering a comprehensive set of health data management and analytic services -- from data integration and warehousing through Business Intelligence and customized analysis and reporting. Onpoint is the national front-runner in the development and operation of APCDs, having deployed the majority of the nation's implemented statewide APCDs. The systems that we manage have been operating steadily since the mid-1990s and are continuously enhanced to meet the evolving needs of our clients.

Onpoint's APCD solutions are supporting some of the most advanced analytic applications on the market, including the Dartmouth Institute's multi-state Atlas reporting, a national demonstration of HealthPartners' Total Cost of Care, the Vermont Blueprint for Health's practice profiles, and Minnesota's Provider Peer Grouping system. Our APCD capabilities span data integration, standardization, and enhancement; the generation of a wide array of nationally recognized performance measures and benchmarks, including HEDIS, AHRQ, CMS, and ACO measures that leverage administrative and clinical data; access solutions that include consumer portals, Business Intelligence systems, and analyst enclaves; clinical and other health data integration services; population- and provider-based analysis and reporting; and program evaluation and special study development.

Onpoint offers unmatched APCD expertise and contemporary tools that enable faster start-up, rigorous quality assurance, efficient access, and expert support for follow-on analytics.

Privacy Analytics
800 King Edward Ave, Ste3042
Ottawa, Ontario, Canada K1N 6N5
www.privacyanalytics.ca

Privacy Analytics provides organizations with enterprise software to safeguard and enable data for secondary purposes. PARAT automates the masking and de-identification of data using a risk-based approach that optimizes the analytic utility of anonymized data sets. PARAT enables the analysis of data for secondary purposes by integrating the anonymization of structured and unstructured information from multiple sources in compliance with HIPAA and other regulatory requirements. It is the only company to offer its customers software, peer-reviewed methodology and valued-added services that protect the privacy of individuals while allowing organizations to share data for research and analytic purposes.

Qualified Entity Certification Program
10420 Little Patuxent Parkway, Suite 300
Columbia, MD 21044
www.qemedicaredata.org

The Centers for Medicare & Medicaid Services' Qualified Entity Medicare Data Sharing Program makes Medicare fee-for-service (FFS) claims data and Part D prescription drug event data available to "qualified entities" (QEs) to produce publicly available provider performance reports. QEs are organizations deemed qualified to receive Medicare data to produce fair and reliable provider performance reports while ensuring beneficiary privacy and data security. The program aims to increase transparency in health care performance, provide information for employers and consumer groups to make more informed health care decisions, and spur innovation in performance measurement. Visit www.QEMedicareData.org and @QEMedicareData for more information.

SAS Technologies, Inc.
100 SAS Campus Drive
Cary, NC 27513
www.sas.com

SAS is the leader in business analytics software and services, and the largest independent vendor in the business intelligence market. SAS helps organizations understand their business and mission drivers and create answers to complex problems. Founded in 1976, SAS is the largest privately held software company in the world, with more than 50,000 government, university and business sites in more than 100 countries, including all 50 states and all 15 federal departments.

With the rise in All-Payer Claims Databases, the SAS® Claims Analytics for APCD provides a comprehensive solution to help states improve transparency of health care cost and quality. With reliable access to comparative information, policymakers are better informed and consumers have the power of choice. And both of these things play a role in improving quality of care and reducing health care costs. What sets the solution apart is that it's based on SAS® Visual Analytics, which has a visual interface that makes it easy for anyone – technical background or not – to discover new insights.

Our longevity is a testament to our superior software and customer service, and we strive to be the most valued tool in government decision making. SAS helps state governments prevent fraud, enhance public safety, improve program performance and enable a higher degree of transparency. With our analytic solutions, governments increase their efficiency and effectiveness in delivering services by creating a holistic view of individual citizens, thereby ensuring programs and services address their overall needs. For more information visit sas.com/NAHDO.

Social & Scientific Systems

8757 Georgia Avenue
Silver Spring, MD 20910
www.s-3.com

Social & Scientific Systems, Inc. (SSS)—an employee-owned company—has supported public and private sector programs since 1978. SSS' mission is to improve public health worldwide by providing technical, research, and program management services to government and other clients. The support that SSS provides enables policymakers, scientific researchers, medical professionals, communities, and citizens to improve public health knowledge and to mitigate the effects of devastating diseases. SSS achieves its mission through significant contributions to public health research, international health programs, and health information dissemination. SSS develops systems, tools, and reports that enable policymakers to make smarter choices on high-priority public health issues. They create strategic software systems to manage clinical trials data, facilitate real-time reporting and analysis of health indicators data, and assess and improve program operations and management. They specialize in customized web-based systems that are rapidly deployed and cost-effective and can provide public access to important data. SSS' statistical programming expertise is vital to unlocking the power of extensive nationwide data sets that policymakers rely on to make the decisions necessary to direct the nation's health care systems.

SSS has over 35 years of experience managing health care data, including large volumes of Medicare, Medicaid, and private claims; hospital discharge data; and national survey data. SSS has worked extensively on transforming raw data into analytic files that serve as the database for research or data dissemination at the national and state levels. They have instituted standard practices and developed an infrastructure that supports the secure management and efficient processing of data.

System13

1648 State Farm Boulevard
Charlottesville, VA 22911
www.system13.com

System13, Inc. provides services for data collection, warehousing, and analysis of state health data. Our expertise is in all aspects of patient level data. We have collected, analyzed, and reported on tens of millions of inpatient, ambulatory, and outpatient claims from hospitals, clinics, ASCs and practitioners in many different formats. Our state-of-the-art web software for data entry, correction, and reporting reflects our mission to "Improve the quality of health care by facilitating health care data analysis and sharing."

System13 offers quality solutions and services at affordable prices. We have provided services to VHI (Virginia) since 1993, to THCIC (Texas) since 1998, and to the Tennessee Department of Health since 2007. System13 would be a value-added asset for your organization's automation and reporting needs. We look forward to seeing you at NAHDO's 29th Annual Conference.

Treo Solutions
125 DeFreest Drive
Troy, NY 12180
www.treosolutions.com

Treo Solutions, part of 3M Health Information Systems (3M HIS), leverages enhanced data assets to deliver analytics and business intelligence to its payer and provider clients. Treo works with government organizations across the nation to fulfill healthcare reform mandates while improving population health. Treo's highly scalable tools, optimized claims database of over 45-million covered lives, and expertise in collaborative care logistics enables clients to create new risk-sharing and total cost-of-care models. Treo's focused experience and agility allows clients to anticipate—and rapidly react to—a constantly changing market.

3M HIS delivers innovative software and consulting services designed to raise the bar for clinical documentation improvement, computer-assisted coding, performance monitoring, and terminology management. 3M patient classification tools and methodologies are used by healthcare providers, commercial payers, and government agencies for quality outcomes reporting and healthcare payment.

Truven Health
6200 S. Syracuse Way, #300
Greenwood Village, CO 80111
www.truvenhealth.com

Truven Health Analytics provides intelligent information to better manage the cost and quality of healthcare. We partner with 30 states, every federal healthcare agency and more than 100 of the Fortune® 500 companies to increase quality, improve outcomes and reduce costs. Our analytic consulting experts can help you identify and implement the best course of action to achieve your healthcare program objectives. Truven Health Analytics is the leader in health data management. Solutions such as our Advantage Suite® and the Marketscan® Research Databases provide decision support, market intelligence, benchmarking, and analysis to help you find efficiencies and increase the effectiveness of your healthcare programs.

West Health
10350 North Torrey Pines Road
La Jolla, CA 92037
www.westhealth.org

West Health is four organizations with a common mission—pioneering new and smarter technologies, policies and practices, to make high-quality healthcare more accessible at a lower cost to all Americans.
- The Gary and Mary West Health Institute is a nonprofit medical research organization working to create new, more effective ways of delivering care.
- The Gary and Mary West Health Policy Center is a nonprofit resource in Washington, D.C., providing policy education and proposals.
- The for-profit Gary and Mary West Health Investment Fund provides investments to businesses that share our mission.
- The for-profit West Health Incubator offers expertise and resources to young businesses who share our mission.

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NAHDO's 29th Annual Conference
The Westgate Hotel

2nd Floor Hotel Map

Versailles Ballroom

Fleur de Lis

Elevators

Le Fontainebleau

Exhibit Hall

Restrooms

3rd Floor Hotel Map

Restrooms

Envoy

Coronet

Elevators

Riviera Fountain Terrace

Ambassador

Embassy
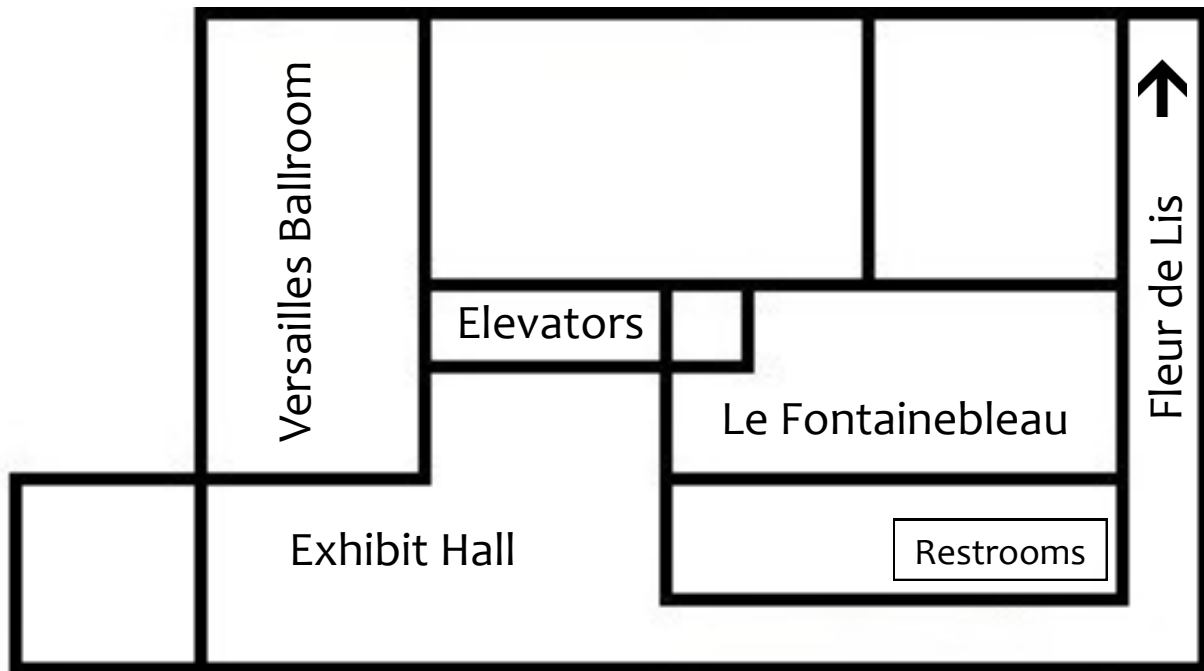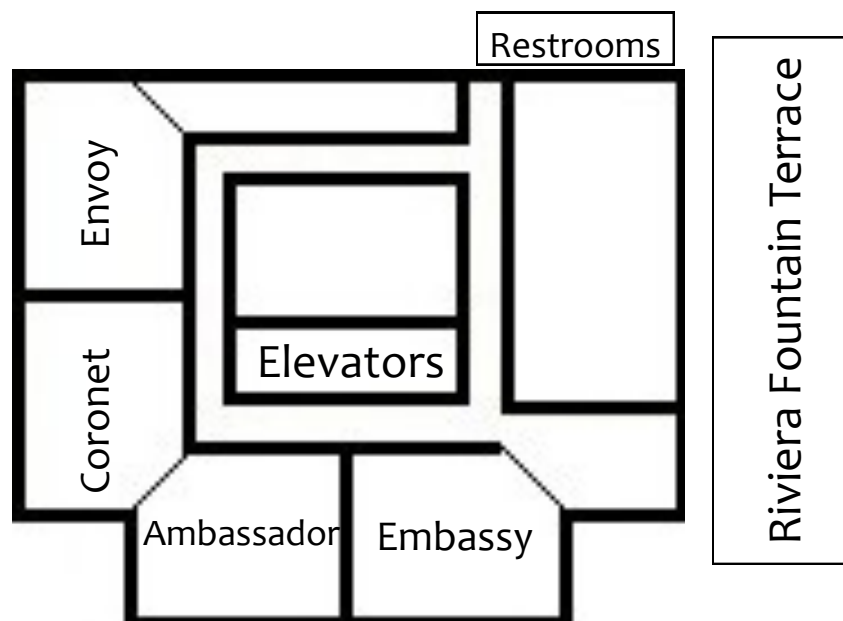
October 8-9, 2014 San Diego, California

NAHDO 2013 Exhibit Hall Map

Versailles Ballroom

Le Fontainebleau

Elevators

Booths: 1, 19, 18, 2, 17, 3, 16, 4, 15, 14, 5, 13, 12, 11, 10, 6, 7, 8, 9
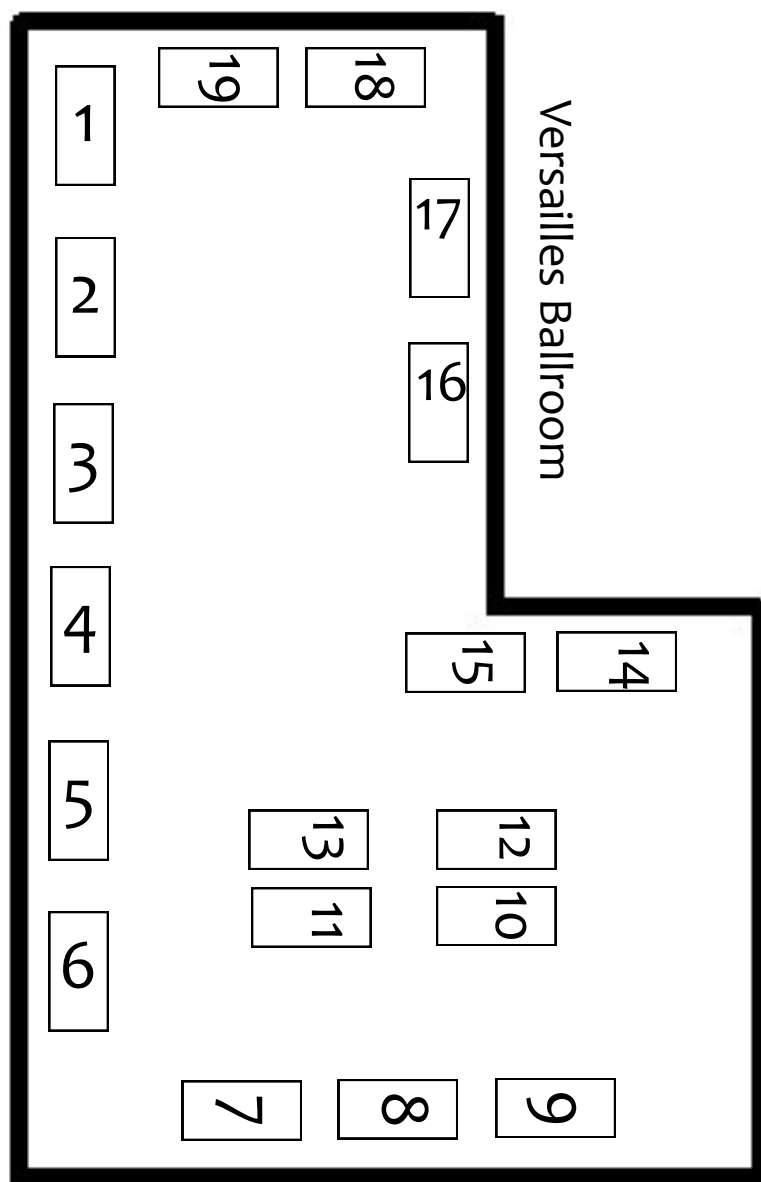
1. SAS

2. HCUP

3. Freedman Healthcare

4. FAIR Health

5. Milliman

6. Truven Health Analytics

7. SS&S

8. OSHPD

9. NAHDO

10. Qualified Entity

11. AHIMA

12. NCHS

13. Privacy Analytics

14. JEN Associates

15. MONAHRQ

16. DataBay Resources

17. Onpoint Health Data

18. 3M

19. Treo Solutions

Elliot M. Stone Award of Excellence in Health Data Leadership

THE 2014 ELLIOT M. STONE AWARD OF EXCELLENCE IN HEALTH DATA

In keeping with Elliot Stone's vision, this award is presented to those who have made significant contributions to the field of health services research and data-driven health care improvements. NAHDO is honored to present the 2014 Elliot M. Stone Award of Excellence in Health Data Leadership to Dr. Karen M. Bell. Dr. Bell is currently the Director of the Center for Sustainable Health and Care at JBS International, a company that focuses on improving the health of vulnerable and underserved populations in the US and worldwide. She brings her expertise and experience in clinical practice, academic medicine, health information technology (HIT), quality assurance, and public health in support of health care transformation across all sectors in the health care industry. She has been ranked among the top 25 physician executives by Modern Healthcare.

Dr. Bell was the Chair of the Certification Commission for Health Information Technology from 2009 through 2013, during which time she was primary author on the first publicly available consensus developed in support of clinician readiness to successfully assume financial risk. She currently serves on the boards of several state health information exchange organizations and data analytic companies. She also continues to participate on committees for the Federal Advisory Committee Act, advising Health and Human Services on ways in which health data and health information technologies can better support health reform and accountable care. Her recent engagement on the ACO Workgroup of the Federal Advisory HIT Policy Committee led to the recommendation that CMS, through its State Innovation Model (SIM) Grant process, should support the funding of APCDs throughout the states, with the understanding that these APCDs would share data and information with the accountable care organizations in that state.

She received her medical degree from Tufts University School of Medicine, Boston, Massachusetts, and her master of medical science degree from Brown University, Providence, Rohde Island. She has clinical experience as a board certified physician in internal medicine, having practiced in both a rural office in western New York and General Medical Associates, an internal medicine practice based at Massachusetts General Hospital in Boston, Massachusetts. She was an Associate Professor at the University of Rochester, and Clinical Instructor at Harvard University School of Medicine where she continues to conduct seminars and workshops for clinicians of all types interested in improving the health and welfare of their patient populations.

Prior appointments held by Dr. Bell include Director, Office of Health Information Technology Adoption of the Office of the National Coordinator, U.S. Department of Health and Human Services where she focused on programs to support integration of HIT into clinical practice (2005-2008). During her time there she was also asked to assume the role of National Coordinator as Acting Deputy when the first coordinator stepped down from that position; Senior Vice President, HIT Services, Masspro; Division Director, Quality Improvement Group, Office of Standards and Quality for the Centers for Medicare and Medicaid Services (2004-2005); Medical Director of Blue Cross Blue Shield (BCBS) of Rhode Island (2004) and of Anthem BCBS of Maine (2001-2004). Associate Medical Director, Partners Community Healthcare, Inc., Boston, Massachusetts; Medical Director, BCBS of Massachusetts; Associate Medical Director, Harvard Community Health Plan/Pilgrim Health Care, Boston, Massachusetts; and Deputy and Acting Health Director, Monroe County Health Department, Rochester, New York.

With this award, Dr. Bell joins an esteemed group of leaders who have made tremendous contributions to the field of health data and health services research.

ABOUT THE ELLIOT M. STONE AWARD OF EXCELLENCE IN HEALTH DATA LEADERSHIP

For many years, the National Association of Health Data Organizations (NAHDO) has presented the NAHDO Award of Excellence in Health Data Leadership to an individual who represents the highest ideals in data collection, analysis, or outcomes measurement and whose creative efforts have made outstanding contributions to improvements in the collection, application, and/or dissemination of health data. Until his passing in 2006, Elliot Stone helped NAHDO select awardees who made significant contributions to the health information field and who exhibited characteristics of quality, excellence, and passion in their work---characteristics that Elliot himself embodied.

In 2006, following Elliot Stone's untimely passing, the NAHDO Board renamed its annual award the "Elliot Stone Award of Excellence in Health Data Leadership" in honor of Elliot and in acknowledgement of his generosity, care, and diligence to the field and to his colleagues. Elliot set the highest standards for his own performance and for others to follow. At NAHDO's 20th Anniversary Meeting in Washington, D.C., the first Elliot Stone Award of Excellence was presented posthumously by NAHDO to Elliot's wife and sons.

THE ELLIOT M. STONE AWARD OF EXCELLENCE IN HEALTH DATA LEADERSHIP HISTORY

2013 – Richard E. Johannes

The ninth Elliot M. Stone Award of Excellence in Health Data Leadership was presented to Dr. Richard Johannes. Dr. Johannes has over 30 years in health services research as well as a practicing physician. As Vice President for Clinical Research at CareFusion, he leads a team that includes biostatisticians, analysts, pharmacists, and a medical nosologist. The group publishes extensively on clinically-based risk adjustment outcome metrics for use in comparative hospital performance reporting. Most recently, the group has focused on the epidemiology and economics of hospital-acquired infections. Dr. Johannes also maintains an appointment in gastroenterology at Brigham and Women's Hospital, Harvard Medical School. Prior to joining CareFusion in 2000, he was Vice President of Clinical Development at Datamedic in Waltham, MA where he lead two NIST Advanced Technology Program grants. From 1979-1989, Dr. Johannes was a faculty member in Gastroenterology and Biomedical Engineering at The Johns Hopkins University School of Medicine.

2012 –WILLIAM F. DAVENHALL

Bill has spent four decades in the field of health data, and he continues to be an outspoken advocate for greater innovation in the access and use of all types of health relevant data, particularly the vast collections of data generated by governments, hospitals, physicians, payors, and social service providers. For the last fifteen years Bill has championed the need for more geographically accurate health and human services data through the wider use of geographic information system technology. Bill's expertise in the field of health data has been focused on the secondary use of health and health relevant data collected by large scale national data collection efforts, such as those of the National Center for Health Statistics (NCHS), and the Centers for Medicare and Medicaid Services (CMS). Since joining Esri in 1997, Bill has made geographic information systems a household word in the health and human services field across the globe. In 2011, Bill served as a steering committee member of the Health Data Initiative that held the Health Datapalooza III, a co-sponsored event by the Department of Health and Human Services (DHHS), the Institute of Medicine (IOM), several Foundations and corporate sponsors. In early 2012, Bill was also appointed to a new working group on "HHS Data Access and Use" that will make recommendations to the public advisory committee (National Committee of Vital and Health Statistics (NCVHS) who in turn make recommendations to the Secretary of DHHS on health data, statistics and national health information policy.

2011–MARJORIE S. GREENBERG

Ms. Greenberg has dedicated her career to improve health information infrastructure, and public health information systems in the U.S. and globally. As Chief of the Classifications and Public Health Data Standards Staff at the National Center for Health Statistics and as Executive Secretary of the National Committee on Vital Health and Statistics she has elevated the importance of standards and consistency across public and private data system including promoting the publication of the Uniform Hospital Discharge Data Set. She has been Head of the World Health Organization Collaborating Center for the Family of International Classifications for North America since 1996 and has chaired the WHO-FIC Education Committee since its inception in 1999. Marjorie has truly been a pioneer and a leader in promoting the use of data standards to improve data streams for use by public health organizations. She has advocated for using existing standards to improve the quality and completeness of public health and research data as demonstrated by her support as a founding member of the Public Health Data Standards Consortium. Marjorie's commitment and passion to the cause of standards has earned her the respect of her national and international peers.

2010 - CAROLYN M. CLANCY, MD

Dr. Carolyn M. Clancy was honored for a career of service to health services research and the use of clinical data to improve quality of care. Dr. Clancy is the Director of the Agency for Healthcare Research and Quality (AHRQ), and has held this position under two Presidents since February 2003. Her leadership and vision have focused AHRQ's research initiatives during the past few years on comparative effectiveness research, health information technology, patient safety, prevention and

2009 - ARNOLD MILSTEIN, MD

Dr. Milstein is a measurement and transparency leader, co-founding The Leapfrog Group and the Consumer-Purchaser Disclosure Project with roots in the employer coalition community and with a mission to promote the public availability and uniformity of health care data. He has been recognized as a "pioneer" in health care accountability and transparency. He is the Medical Director of the Pacific Business Group on Health (PBGH) and in 2009 was the Chief Physician at Mercer Health & Benefits. Dr Milstein has long been an advocate for state health data agencies, writing letters of support during times of crisis, and rallied others to do so.
care management, and value research. She launched the first annual report to Congress on healthcare disparities and healthcare quality.

2007-DAVID CARLISLE, MD, PhD	**1996 - BRUCE VLADECK, PhD**
2006-DAVID NASH, MD	**1995 - WILLIS GOLDBECK**
2005 – ELLIOT M. STONE	**1994 - DOROTHY RICE, ScD**
2004 – ROBERT DAVIS	**1993 - KERR WHITE, MD**
2001 – DR. LOUIS SULLIVAN	**1992 - ROBERT FETTER, PhD AND JOHN D. THOMPSON, MS**
2000 - SENATORS KASSEBAUM AND KENNEDY	**1991 - WILLIAM ROPER, MD, MPH**
1997 - ERNEST SESSA	**1990– DR. JOHN E. WENNBERG**

Innovations in Health Care Data Collection, Analytics, & Reporting

October 9, 2014

7:30-8:30 am	**CONTINENTAL BREAKFAST: EXHIBIT HALL**
8:30-9:00 am **Versailles Ballroom**	**MEDICARE'S TRANSPARENCY ACTIVITIES** NIALL BRENNAN, CENTERS FOR MEDICARE & MEDICAID SERVICES
9:00-10:30 am **Versailles Ballroom**	**INTRODUCTION & APCD MANUAL ANNOUNCEMENT** NICK VALERIANI, CHIEF EXECUTIVE, WEST HEALTH **TRANSPARENCY: CATALYZING CHANGE WITH DATA** *BROUGHT TO YOU BY THE GARY & MARY WEST HEALTH POLICY CENTER* NIALL BRENNAN, CENTERS FOR MEDICARE & MEDICAID SERVICES DORIS PETER, CONSUMER REPORTS ERNIE VALENTE, PACIFIC BUSINESS GROUP ON HEALTH JO PORTER, APCD COUNCIL, UNIVERSITY OF NEW HAMPSHIRE MODERATOR: JOSEPH SMITH, CHIEF MEDICAL AND SCIENCE OFFICER, WEST HEALTH ○ westhealth
10:30-10:45 am	**BREAK: EXHIBIT HALL**
10:45-11:45 am **Versailles Ballroom**	**FREE THE DATA, MANAGE THE RISKS** KHALED EL EMAM, PRIVACY ANALYTICS DANIEL BARTH-JONES, COLUMBIA UNIVERSITY BARBARA RUDOLPH, NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS MODERATOR: ANDY KRACKOV, CALIFORNIA HEALTHCARE FOUNDATION *Sponsored by:* CALIFORNIA HEALTHCARE FOUNDATION
11:45-12:45 pm **Versailles Ballroom**	**STATE REACTION PANEL** DONNA COURTNEY, ARIZONA DEPARTMENT OF HEALTH SERVICES JOSEPH GREENWAY, CENTER FOR HEALTH INFORMATION ANALYSIS, UNLV MARY BETH CONROY, NEW YORK STATE DEPARTMENT OF HEALTH LAUREN JENKS, WASHINGTON STATE DEPARTMENT OF HEALTH MODERATOR: CLAUDIA STEINER, AGENCY FOR HEALTHCARE RESEARCH & QUALITY
12:45-1:45 pm **Le Fontainebleau**	**CONSUMER REPORTS LUNCHEON**
1:45-3:00 pm **Versailles Ballroom**	**DATA NEEDS OF ACCOUNTABLE CARE ORGANIZATIONS** KAREN BELL, CENTER FOR SUSTAINABLE HEALTH AND CARE, JBS INTERNATIONAL, INC. WAYNE KNIGHT, NORTH COAST MEDICAL CRAIG SCHNEIDER, MATHEMATICA POLICY RESEARCH

Join us for our *Pearl* Anniversary!
NAHDO's 30th Annual Conference
October 27, 28, &29, 2015
Alexandria, Virginia

View conference updates here ➡

Wednesday, October 8, 2014

Agenda at a Glance

Innovations in Health Care Data Collection, Analytics, & Reporting

October 8, 2014

7:30-8:30 am	**CONTINENTAL BREAKFAST: EXHIBIT HALL**
8:30-8:45 am **Versailles Ballroom**	**WELCOME: MICHAEL LUNDBERG, VIRGINIA HEALTH INFORMATION, NAHDO BOARD CHAIR**
8:45-9:30 am **Versailles Ballroom**	**KEYNOTE ADDRESS** R. ADAMS DUDLEY, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO *Sponsored by:* OSHPD
9:30-10:30 am **Versailles Ballroom**	**CMS SIM AND EXCHANGE INVESTMENTS TO BUILD STATES' DATA INFRASTRUCTURE** SHEIRIN GHODDOUCY, CALIFORNIA DEPARTMENT OF INSURANCE MARILYN KRAMER, MA CENTER FOR HEALTH INFORMATION AND ANALYSIS KATIE JOHNSON, CALIFORNIA HEALTH AND HUMAN SERVICES KARYNLEE HARRINGTON, MAINE HEALTH DATA ORGANIZATION MODERATOR: JOHN FREEDMAN, FREEDMAN HEALTHCARE *Sponsored by:* Freedman HEALTHCARE
10:30-10:45 am	**BREAK: EXHIBIT HALL** *Sponsored by:* system13 *Making technology your best friend.*
10:45-11:00 am **Versailles Ballroom**	**SETTING THE STAGE: HOW DATA BECOMES APPLICATION** MICHAEL PINE, MICHAEL PINE & ASSOCIATES
11:00 am-12:15 pm **Versailles Ballroom**	**FROM DATA TO DATABASE** LEANNE CANDURA, HUMAN SERVICES RESEARCH INSTITUTE DEBORAH GREEN, AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION TRACEY CAMPBELL, CENTER FOR IMPROVING VALUE IN HEALTH CARE JOSEPH EBERLE, CTG HEALTH SOLUTIONS MODERATOR: JOSEPH GREENWAY, UNIVERSITY OF NEVADA, LAS VEGAS
12:15-1:45 pm **Le Fontainebleau**	**LUNCHEON AWARD CEREMONY** INTRODUCTION, DAVID WETHERELT, TREO SOLUTIONS, 3M HIS **THE 2014 ELLIOT M. STONE AWARD** PRESENTED TO KAREN BELL, DIRECTOR, CENTER FOR SUSTAINABLE HEALTH AND CARE, JBS INTERNATIONAL, INC. PRESENTER: CRAIG SCHNEIDER, MATHEMATICA POLICY RESEARCH **ANNUAL INNOVATION IN DATA DISSEMINATION AWARD** PRESENTED TO CONSUMER REPORTS PRESENTER: SAMUEL HOHMANN, UNIVERSITY HEALTHSYSTEM CONSORTIUM *Sponsored by:* Now Proudly Part of the 3M Company TREO SOLUTIONS

1:45-3:00 pm **Versailles Ballroom**	**FROM DATABASE TO INFORMATION** MANUELA STANEVA, MISSISSIPPI STATE DEPARTMENT OF HEALTH WILLIAM D. MARDER, TRUVEN HEALTH ANALYTICS KATHARINE MCGRAVES-LLOYD, ONPOINT HEALTH DATA JOSEPH PARKER, OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT MODERATOR: CAROLINA HERRERA, HEALTH CARE COST INSTITUTE	**DATA DE-IDENTIFICATION WORKSHOP** **1:45-4:30 PM EMBASSY**
3:00-3:15 pm	**BREAK: EXHIBIT HALL**	*Provided by:*
3:15-4:30 pm **Versailles Ballroom**	**FROM INFORMATION TO APPLICATION** TAMIM AHMED, ACCESS HEALTH CT CHRISTOPHER GOGGIN, FAIR HEALTH JONATHAN MATHIEU, CENTER FOR IMPROVING VALUE IN HEALTH CARE MARK TOBIAS, PANTHEON, ON BEHALF OF THE AGENCY FOR HEALTHCARE RESEARCH & QUALITY MODERATOR: MICHAEL PINE, MICHAEL PINE & ASSOCIATES	PRIVACYANALYTICS *Data Anonymization Solutions* *Additional Registration Required*

4:30 pm	**CONFERENCE RECEPTION: EXHIBIT HALL**	*Sponsored by:* ONPOINT Health Data
6:30 pm	**NETWORKING DINNER HARBOR CRUISE: MEET IN HOTEL LOBBY**	