



NATIONAL ASSOCIATION OF
HEALTH DATA ORGANIZATIONS

Annual Report

Fiscal Year 2021

January 2022

Mission Statement

The Association is charged with the charitable and educational purposes of assisting state health data organizations and members of the public by creating, exchanging, and providing information and resources that promote the effective collection, analysis, and dissemination of health care data.

The Association aims to meet its purpose by developing and facilitating networks of health information professionals to:

- Advocate for proper protections of health information while preserving access to such data by the appropriate users
- Promote comparability of health information through the development of guidelines and standards for data collection, analysis, and dissemination
- Share and transfer knowledge across a diverse network of individuals and organizations

About NAHDO

NAHDO is a non-profit 501(c)(3) membership and educational organization, established in 1987, to promote the public availability of healthcare data and improve statewide health care surveillance systems.

To achieve its mission, NAHDO provides technical assistance and guidance to states and advocates for uniformity in data standards. NAHDO is governed by a Board of Directors whose members are from public and private organizations and recognized nationally for their expertise in the health information industry.

NAHDO convenes experts in national meetings, testifies to national and state policymakers, and implements grants and projects consistent with its mission. Through membership, meetings, and projects, NAHDO has established working relationships with health information professionals in nearly all 50 states, including private sector and local health agencies in many of these states.

NAHDO's members are experts in health care data collection and use and represent the only community of practice dedicated to population-based healthcare data issues.

Letter from the Executive Director

Fiscal year 2021 continued to be impacted by disruptions from COVID-19. However, based on the lessons learned in the first year of the pandemic, we were able to come up with a solid plan for continuing operations and providing value to our members. This included maintaining the virtual nature of the annual conference in September 2021, but adding plans for an in-person networking event in November 2021. With increased planning and outreach, we were able to increase participation in the annual conference to 500 people (compared to a typical attendance of 150-175 and last year's online event of just over 400), while exceeding financial projections.

NAHDO made great progress with our transformation plan. With the board's support and guidance, NAHDO staff began aggressive implementation of the transformation plan that was approved by the board in September 2020. The plan includes several strategies that will lead to NAHDO's sustainability:

1. Improve NAHDO's presence, relevance, and value
2. Change NAHDO's business model
3. Increase NAHDO's capacity to deliver needed services
4. Change NAHDO's service model and how we deliver services to members
5. Expand focus to serve new types of members or service audiences
6. Form new external partnerships
7. Offer additional membership benefits

These strategies are tied directly to seven initiatives:

1. Enhance the APCD Council
2. Improve and Expand Conferences and Events
3. Expand Membership and Participation
4. Facilitate Collaboration and Networking
5. Advocacy
6. Promote Standardization and Best Practices
7. Information Gathering and Sharing

Major progress has been made on most of the seven initiatives, including a complete review and updating of the APCD Council's structure, purpose and operations; a total revision of our approach to conferences and events; a targeted approach to expanding membership and participation that has resulted in an increase over of 25%; and specific activities relating to partnerships, networking, advocacy of standardization in data collection, and other value-based activities.

As we enter a new fiscal year, COVID-19 is still here, but we are even more optimistic that changes that we have made along with many more planned for the next few years will leave NAHDO in a much stronger position to provide value to our members.

I appreciate the many people that have volunteered their time to help us manage change in a positive direction and I look forward to working in a collaborative environment for years to come!

Sincerely,

A handwritten signature in blue ink that reads "Norm Thurston". The signature is written in a cursive style with a large initial 'N' and a long, sweeping underline.

Norm Thurston
Executive Director

Projects and Collaborations

Historically, NAHDO has relied primarily on grants and contracts as its major source of revenue. For the past few years, the board has been supportive of NAHDO becoming sustainable through program revenues, decreasing reliance on grants and contracts. While that transformation is happening, NAHDO continues to be involved in existing grant and contractual relationships.

Federal Collaborations

During FY2021, NAHDO continued to collaborate with our federal partners on multi-year projects:

- The Centers for Disease Control and Prevention's (CDC) Environmental Public Health Tracking Network (EPHTN) Cooperative Agreement: NAHDO provides content expertise and technical guidance on the collection and use of administrative healthcare data to the CDC Environmental Public Health Tracking Program as described by Cooperative Agreement (CDC-RFA-EH18-180202) titled *Identifying Common and Unique Barriers to the Exchange of Hospital Inpatient and Emergency Department Data*.
- The Agency for Healthcare Research and Quality (AHRQ) Conference Grant, *Improving the Utility and Comparability of Health Care Data for Health Services Research, Policy Decisions and Transparency Reports* (5R13HS026663-03), was to improve the utility and comparability of statewide hospital and claims-based datasets for health services research, policy decisions, transparency, and other broad uses. The funding request provided a unique opportunity to leverage NAHDO conferences, its convening expertise, and sustain adjunct activities throughout the year, beyond an annual conference, to support multi-state shared solutions.
- Subcontractor to IBM Watson Health for AHRQ's Healthcare Cost and Utilization Project: Partner Technical Support and National Standards Representation (i.e., NUBC/NUCC).

Other NAHDO Projects

- **APCD Common Data Layout (APCD-CDL)[™]**
The APCD Council began developing the APCD-CDL in 2016 to harmonize efforts across states and reduce the burden of data submission. The APCD-CDL consists of technical specifications for collecting adjudicated claims data for eligible members.

The APCD Council receives maintenance and change requests and convenes the APCD-CDL Maintenance and Change Committee to review and make recommendations. APCD Council staff consults national standards and data standards maintenance organizations to clarify requests. The Maintenance and Change Committee can also establish work groups as needed. The Non-Claim Payments Workgroup was created to understand non-claim based payments data collection and propose solutions.

Every other year, maintenance and change requests are posted for public comment before the APCD Maintenance and Change Committee votes on what will be incorporated in a new version of the APCD-CDL published at the beginning of the following year.

- **Federal State APCD Advisory Committee (SAPCDAC)**

In 2021, the US Department of Labor (DOL) established the SAPCDAC to provide recommendations to the Secretary of Labor. Membership included two NAHDO board members and a Co-Chair of APCD Council. The SAPCDAC made the following recommendations for a standardized data layout:

1. In the immediate term, the DOL should use the content of the APCD-CDL as the basis for the standard reporting format for submitting self-funded plan data to APCDs. The APCD-CDL is a good starting place for states as it provides a standard set of data elements that can be readily used today.
2. Given the importance of including [non-claims payment made to health care provider] in understanding total health care spending, the DOL should work collaboratively with states to capture non-claims payments and other important variables needed to support cost and utilization analyses.
3. A detailed data dictionary should be created for the elements included in the APCD-CDL data layout. The data layout will evolve over time in response to changes in health care markets and innovations in payment policies. Accordingly, the standard data layout will require updating.

- **California Department of Health Care Access and Information**

NAHDO is contracted to provide technical and subject matter expertise to the California Department of Health Care Access and Information (HCAI). This contract is based on providing deliverables that support California's efforts to establish its Health Payments Database. NAHDO typically researches standards and practices, surveys and interviews relevant data organizations, and summarizes information delivered to HCAI.

- **Missouri Health Information Blueprint**

The Blueprint outlines a process for establishing a statewide APCD as a shared resource for improving health care value, equity, and outcomes in Missouri. The APCD Council served as a partner to the research team and recommended following a framework reflecting the wisdom of other states. Building on that framework, the Blueprint explores stakeholder engagement, use cases, governance, funding, and technical build, which together lay a foundation for planning analytics and applications development in the future.

- **NAHDO Data Quality Forum**

NAHDO established the Data Quality Forum to share effective practices for improving data quality in administrative healthcare databases and to provide opportunities to collaborate on challenges and barriers to data quality improvement. Data Quality Forum participants collaboratively investigate data quality inquiries to understand challenges and make recommendations for improvement. NAHDO receives inquiries about hospital discharge and claims data from state health data agencies and workgroups exploring change requests and emerging issues. The Data Quality Forum is open to NAHDO members, state health data agencies, and their vendors.

- **Source of Payment Typology**

The Source of Payment Typology is a standardized Payer Type classification system developed

by the Public Health Data Standards Consortium (PHDSC) Payer Typology Subcommittee. The typology includes broad hierarchical payer type categories with more specific subcategories. NAHDO has taken over maintenance and coordination from PHDSC.

Membership 2021

As of September 30, 2021, NAHDO membership totaled 47, including eight new or returning lapsed members.

Agency for Healthcare Research & Quality	Federal	Government
American Hospital Association	Association	Non-Profit
Arkansas Center for Health Improvement	Public	Government
Arkansas Department of Health	Public	Government
Arkansas Foundation for Medical Care	General	Non-Profit
California Office of Statewide Health Planning and Development	Public	Government
*CAQH CORE	General	Non-Profit
Center for Health Data at the University of Texas	General	Academic
Center for Health Information Analysis, University of Nevada Las Vegas	General	Academic
Center for Improving Value in Health Care	Public	Government
*Comagine Health	Corporate/Vendor	Non-Profit
*Connecticut Department of Health, Office of Health Strategy	Public	Government
Dallas-Fort Worth Hospital Council Foundation	Association	Non-Profit
Delaware Health Information Network	Public	Government
Florida Agency for Health Care Administration	Public	Government
Freedman Healthcare, LLC	Corporate/Vendor	For Profit
Green Mountain Care Board	Public	Government
Hawaii State Health Planning and Development Agency	Public	Government
HCCI	General	Non-Profit
Human Services Research Institute	Corporate/Vendor	Non-Profit

*IBM Watson Health	Corporate/Vendor	For Profit
*Louisiana Health Care Quality Forum	Corporate/Vendor	Non-Profit
Maine Health Data Organization	Public	Government
Manatt Health	Corporate/Vendor	For Profit
Maryland Health Care Commission	Public	Government
Massachusetts Center for Health Information and Analysis	Public	Government
MedicaSoft	Corporate/Vendor	For profit
Michigan Data Collaborative	General	Non-Profit
Milliman MedInsight	Corporate/Vendor	For profit
Minnesota Department of Health / State of MN	Public	Government
Mississippi State Department of Health	Public	Government
National Center for Health Statistics	Federal	Government
*New Mexico Department of Health	Public	Government
New York State Department of Health	Public	Government
NORC at the University of Chicago	Corporate/Vendor	Non-Profit
Onpoint Health Data	Corporate/Vendor	Non-Profit
OPTUM	Corporate/Vendor	For Profit
Oregon Health Authority, Health Policy & Analytics Division	Public	Government
Project Patient Care	General	Non-Profit
Tennessee Department of Health	Public	Government
Utah Department of Health	Public	Government
Virginia Health Information	Public	Government
Vizient	Corporate/Vendor	For profit
*Washington Health Care Authority	Public	Government
Washington State Department of Health	Public	Government

*West Virginia University Office of Health Affairs

Public

Academic

WV Department of Health and Human Resources

Public

Government

* New or rejoining lapsed members

NAHDO Board 2021

The FY2021 board elections included openings for one public member and two corporate/vendor members. Board office elections were held shortly after the board elections. Current members, terms of service and officers are as follows:

Tanya Bernstein	2020 Q4-2023 Q4	
Freedman HealthCare, Corporate/Vendor		
Janice Bourgault	2018 Q4–2021 Q4	
Onpoint Health Data, Corporate/Vendor		
Niall Brennan	2018 Q4–2021 Q4	
Health Care Cost Institute, Corporate/Vendor		
Leanne Candura	2019 Q4–2022 Q4	
Human Services Research Institute, Corporate/Vendor		
María de Jesús Díaz-Pérez	2018 Q4–2021 Q4	
Center for Improving Value in Health Care, Public		
Helen Figge	2020 Q1–2022 Q1	
MedicaSoft , Corporate/Vendor, Appointed		
Stefan Gildemeister	2018 Q4–2021 Q4	
Minnesota Department of Health, Public		
Karynlee Harrington	2016 Q4–2022 Q4	CHAIR
Maine Health Data Organization, Public		
Nikole Helvey	2017 Q4–2022 Q4	
Florida Center for Health Information and Transparency, Public, Appointed		
Kathy Hines	2018 Q4–2021 Q4	
Center for Health Information and Analysis, Public		
Starla Ledbetter	2016 Q4–2022 Q4	SECRETARY
California Office of Statewide Health Planning and Development, Public		
Michael Lundberg	2019 Q4–2022 Q4	VICE CHAIR
Virginia Health Information, Public		
Kevin McAvey	2017 Q4–2023 Q4	TREASURER
Manatt Health, Corporate/Vendor		
Patricia Merryweather-Arges	2018 Q4–2021 Q4	
Partnership for Patient Safety, General		
Kenley Money	2020 Q1–2023 Q1	
Arkansas Center for Health Improvement, Public		

Financial Report FY 2021

NAHDO ended its fiscal year on September 30, 2021 in a strong financial position. NAHDO has continued to implement cost-reductions to offset decreased grant and contract revenues. The 36th Annual Conference (Virtual) was financially successful. NAHDO has continued to maintain a position of positive net revenue for the second year after three consecutive years of operating in the red. Netting out the extraordinary revenue from COVID-19 relief funds (PPP loan forgiveness), net revenue increased from the prior year.

	9/30/2016	9/30/2017	9/30/2018	9/30/2019	9/30/2020	9/30/2021 ¹
Membership & Partnership Revenue	\$138,375	\$118,775	\$92,000	\$166,042	\$156,329	\$156,208
Grants and Contracts	\$412,033	\$200,620	\$159,171	\$309,697	\$300,162	\$223,104
Annual Conference ²	\$172,985	\$177,045	\$173,899	\$130,800	\$142,800	\$146,685
Second Conference ²	-	-	-	-	\$110,046	-
Other Income ³	\$114	\$189	\$473	\$694	\$33,688	\$72,715
Total Revenue	\$730,367	\$487,084	\$425,543	\$607,233	\$743,025	\$598,712
Total Expense	\$709,931	\$533,540	\$511,001	\$679,245	\$641,527	\$428,673
Gain/(Loss)	\$20,436	(\$46,456)	(\$85,458)	(\$72,014)	\$86,585	\$170,039
Net Assets	\$743,620	\$697,164	\$611,706	\$539,692	\$641,190	\$811,229

Notes:

- (1) FY2021 figures are from independent accountant's reviewed figures
- (2) Due to changes in the conference calendar, FY2020 includes two annual conferences. Direct expenses for the first conference were \$89,817 and for the second conference, \$5,216.
- (3) Sources of other revenue include savings interest, dividends and interest on securities, realized and unrealized investment gains/losses, PPP loan forgiveness, and liquidation of assets.