Conference Program and Attendee Guide

NAHDO 2023
3rd Annual Meeting and Networking Sessions

August 14-16, 2023
Boston Marriott Copley Place
Boston, Massachusetts

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ABOUT NAHDO

The National Association of Health Data Organizations (NAHDO) is a not-for-profit national membership organization. We are dedicated to improving health care through the collection, analysis, dissemination, public availability, and use of health data. NAHDO serves the interests of health data organizations, academic institutions, policy makers, healthcare systems, payers, and many others that have a common interest in the availability of high quality and timely health data to inform questions of cost, quality, and access to care. NAHDO was created in the spring of 1985 by the Washington Business Group on Health (WBGH) and the Intergovernmental Health Policy Project at George Washington University. It was designed to assist state health data organizations, state agencies, and the public by creating, exchanging, and providing information and resources that promote the effective collection, analysis, and dissemination of health care data.

Today, the membership includes state agencies, federal agencies, health care vendors, associations, consulting groups, and others interested in the collection and use of health data.

What is the APCD Council?

The All-Payer Claims Database (APCD) Council is a program of NAHDO. The APCD Council is a program of NAHDO in partnership with the University of New Hampshire's (UNH) Institute for Health Policy and Practice (IHPP) that convenes an expanding group of government, private, nonprofit, and academic organizations interested in the development and deployment of state or regional APCDs. Membership and partnership revenue also supports the APCD Council.

The APCD Council:

- Serves in an information sharing capacity for those states who have developed, or are developing, all-payer claims databases.
- Provides technical assistance to states and entities interested in developing APCDs.
- Catalyzes efforts to achieve mutual goals.

Learn more
   www.nahdo.org

   www.apcdcouncil.org

WHAT TO EXPECT

Goals and Objectives: NAHDO is hosting our annual meeting and a network workshop with topic-driven sessions designed to identify solutions to some of the current challenges facing health data organizations.

Attendees will experience the following:
- Make connections with other attendees that have similar interests, face similar challenges, or that can provide solutions to issues
- Understand how others view the topics discussed in the workshop
- Share knowledge and experience from your program
- Identify new opportunities and solutions to challenges or issues

This will be very different than a typical seminar or conference:
- No pre-scripted presentations (no slide shows)
- **Everyone** will participate, share and learn
- Ample opportunity to work on issues and challenges in small groups

Format: Sessions will be designed to maximize personal involvement and interaction by participants. Attendees should expect to make connections with other participants with similar interests. During each time slot, attendees can choose from two concurrent options.

Invited Attendees: Everyone working with administrative healthcare data is invited, including program directors and managers, data and policy analysts, consultants and advisers, researchers, and database administrators. Space is limited and filling up fast, so you will want to register now. We already have a great list of committed participants who are excited to network and share ideas:
- Several state health data organizations plan to attend, including executives and technical experts in APCD, hospital discharge, and other administrative data.
- Leaders from NAHDO, APCD Council, Agency for Healthcare Research and Quality (AHRQ), and NAHDO Members

Dress Code:
Business Casual - Professional dress appropriate for a workshop or retreat is requested.

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FULL AGENDA

Annual Meetings - Monday, August 14, 2023

8:15-10:45 a.m. NAHDO Board Meeting (invitation only)

11:00 a.m to Noon APCD CEO Roundtable (invitation only)
Lee Spangler, UTHealth
This will be the first opportunity for APCD CEOs and leaders of APDC initiatives across the country to meet in person.

Noon to 1:00 p.m. Lunch for CEO Roundtable participants and early arrivals

1:00-3:10 p.m. Affinity Meetings - Open to everyone interested in exploring specific data programs
- APCD Development Forum (for anyone involved in planning or operating at APCD)
- Hospital Data Forum (for HCUP Partners and others interested in hospital discharge data)

3:20-4:20 p.m. Data Quality Forum - A continuation of the APCD and Hospital Data affinity meetings where the focus will be on issues related to data quality
Charles Hawley, NAHDO and Amy Costello, UNH IHPP

4:30-6:00 p.m. Opening Plenary, Joint with the National Academy for State Health Policy (NASHP)

6:00-7:00 p.m. On-Site Opening Reception, Joint with NASHP

Networking Workshop Day 1 - Tuesday, August 15, 2023

8:00-8:50 a.m. Networking Breakfast

9:00-9:20 a.m. Opening Remarks and Award Presentations

9:20-10:40 a.m. Concurrent Workshops

- Multistate and Regional Data Projects **-** Kenley Money, Arkansas Center for Health Improvement (ACHI) & Elizabeth Ellis, Freedman HealthCare
- Opioids - Data and Policy - Dana Richardson, Wisconsin Health Information Organization (WHIO) & Kevin McAvey, Manatt

10:40-11:00 a.m. Networking Break

11:00-12:20 p.m. Concurrent Workshops

- Data Modernization **-** Angela Taylor, Kentucky Office of Health Data and Analytics & Andrea Clark, CareQuest Institute for Oral Health
    - Role of artificial intelligence in data analysis and collection
    - Analytics for success
    - Understanding the data - avoiding traps and errors
- Working Toward Identifying Value **-** Kathy Hines, Massachusetts Center for Health Information and Analysis (CHIA) & Jonathan Mathieu, Freedman HealthCare
    - Impacting the business community – employer-focused analytics
    - Analytics to inform the public
    - Improving health care value through analytics

12:20-1:50 p.m. Lunch

1:50-3:10 p.m. Concurrent Workshops

- Data from Non-Claim Payments or Alternate Payment Models **-** Janice Bourgault, Onpoint, Bailey Orshan, Mathematica, & Wade Iuele, California Department of Health Care Access and Information (HCAI)
- How to Engage Stakeholders **-** Jenn Toms, Onpoint & Craig Schneider, Health Management Associates (HMA)

3:10-3:30 p.m. Networking Break

3:30-5:00 p.m. Concurrent Workshops

- Operational Issues at Health Data Programs **-** Kristin Paulson, Center for Improving Value in Health Care (CIVHC) & Linda Green, Freedman HealthCare
    - Launching of new data programs
    - Moving to the cloud
    - Questions related to funding
- NASHP Cross-Over: *It's Not Common: Collecting and Curating Data to Drive Health Policy* - Linette Scott, California, Kenley Money, ACHI, Tracy Gruber, Utah Department of Health and Human Services, & Ken Geter, New Mexico Department of Health

Networking Workshop Day 2 - Wednesday, August 16, 2023

7:30-9:00 a.m. Networking Breakfast

9:00-10:15 a.m. Concurrent Workshops

- Data Sharing and Linkage **-** Kevin Rogers, Human Services Research Institute (HSRI) & Josiane Bechara, NORC
    - Efforts to Ease the Sharing of Data - Infrastructure, FHIR, HIE, interoperability
    - Addressing data gaps and new sources of data, including Census Bureau data
    - Standardization and integration to facilitate linkage
- Addressing the Data Needs of Policymakers **-** Leanne Candura, HSRI & Jeff Stoddard, BerryDunn
    - Medicaid post-PHE disenrollments

10:15-10:35 a.m. Networking Break

10:35-12:00 a.m. Concurrent Workshops

- Health Equity Data, Analytics and Policy **Sponsored by Milliman MedInsight -** Marian Wrobel, Mathematica & Sharon Ulery, HSRI
    - Social Determinants of Health & Health-Related Social Networks
    - Sexual Orientation and Gender Identity
    - Race, Ethnicity, Language and Disability
- Understanding Behavioral Health Data **-** Tanya Bernstein, Freedman HealthCare & Paul McCormick, CIVHC

12:15 p.m. Closing Networking Luncheon

PARTICIPANT GUIDES FOR EACH SESSION

APCD CEO Roundtable - In-Person Meeting (By invitation)

Agenda
- Multi-state analysis project: Charter, partners, next steps
- Federal legislative strategy (new legislation)
- Open discussion
  - New/Novel Obstacles or Problems
  - Pending threats
  - Pending opportunities
- What do you need from us in the next year?

APCD Development Forum

Session 1. APCD Council Learning Network - 40 minutes
Facilitator: Jo Porter, APCD Council

The purpose of this session is to consider how we operationally optimize the Learning Network to support what folks need going forward.

10 minutes - Welcome and Table Setting

20 minutes - Small Group Discussion
Participants will organize themselves into small groups of no more than 6-8 people to discuss one of the following topic areas:

1. The LN meetings have been a mix of sharing of use cases, discussion of emerging issues, state updates, and APCD Council updates. Is this the right mix? What else/new/different would folks like to see from the meetings?
2. What is the best way to push and pull information as needed? This includes when states need to know what other states are doing, if anyone has addressed XYZ problem. We often email a question out and gather responses as they arise. Are there better ways? Are any of the tools restricted by state government rules?
3. Any other thoughts about resources you'd like to see?

10 minutes - Report Out

Session 2. APCD Development and Updating,
Facilitators: Jo Porter, APCD Council and Karen Hampton, Oregon Health Authority
Session Format: APCD Speed Dating

Welcome and Table Setting - 5 minutes
Give an example of an APCD development or update project.

Small Group Discussion
Participants write down an APCD development or update project their organization is currently doing, then all other participants read about them and share how they can help.

1. Round 1: write down your projects - 10 minutes
2. Round 2: review projects, group similar projects, and describe anyway you might be able to support or provide valuable contributions to another project - 15 minutes
3. Round 3: read what people wrote about your project and similar projects - 10 minutes
4. After: find the people who said they could help

Session 3. APCD-CDL Adoption and Integration
Facilitators: Jo Porter, APCD Council and Nicole Fawcett, Virginia Health Information (VHI)
Session Format: Facilitated Exploration

In the session, organizers will try to answer questions people have about APCD-CDL implementation.

Welcome and Table Setting - 5 minutes

Small Group Discussion - 35 minutes
Participants will break into groups for a conversation about a specific aspect of APCD-CDL implementation and appoint a scribe to take notes to be collected by the facilitator:

- Operational considerations (e.g., payer relationships, technologies and vendors, business requirements, policy barriers)
- Content in the CDL (e.g., file types, element definitions, standard references)
- Transitioning from existing data submission guidance to the CDL (e.g., barriers, crosswalks)
- In the adoption process as part of developing a new APCD (e.g., success, challenges, lessons learned)

Hospital Data Forum

Welcome and Introductions- Pam Owens, AHRQ (10 minutes)
Review of the US Department of Health and Human Services's three cross-cutting priorities (Maternal Health, Behavioral Health, and Emergency Preparedness)

Session 1. Ongoing Issues With the Collection of Hospital Data (25 minutes)
Facilitator: Evaren Page, Oklahoma State Department of Health
Session Format: Rapid Fire Exchange

Introduction (5 minutes) - Introduce the Topic and Explain how Rapid Fire Exchange works

Breakout Discussions (20 minutes)
Breakout Groups will choose a series of potential topic areas from this list. Start by identifying who the audiences are that are invested in that topic and why, then develop one or more use cases that will provide meaningful information to them. Note: If we have a lot of people and therefore a lot of groups, we can add additional topic areas to the list.

Each table will need a scribe that can provide written notes for inclusion in the conference report

Potential Topics for Discussion
- Interplay of EHR and HDD data
  - What can EHR offer in terms of supplemental data (like sexual orientation and gender identity, or SOGI)? How does this interplay with the Office of the National Coordinator for Health Information Technology (ONC), the United States Core Data for Interoperability (USCDI) and standards development?
- Data linkage, security, and privacy
  - Granting data access while protecting privacy
  - New and novel linkages to other data sources
- Data modernization
  - Are there states that are leveraging other systems like HIE to facilitate data collection?
  - Replacing legacy systems with more modern approaches
- Issues with methodology
  - Race and Ethnicity Misclassification
    - Standardization Issues with Collection
    - How to handle multi-racial fields
  - Demographic data reporting and dealing with small *n*
  - Inconsistencies in data collection across states - need for harmonization
  - How to address coding errors
  - Monitoring compliance
  - Addressing coding errors

- ○ Missing or incomplete elements
- ○ What elements would make the data more robust?
- ○ What new elements have been added by states and how did they navigate it?

Session 2. Important Use Cases for Hospital Data (25 minutes)
Facilitators: Generosa Kakoti, Tennessee Dept of Health and Julia Tremaroli, IHA
Session Format: Rapid Fire Exchange
- Collaborating with Hospital Associations and Systems
- Quality of Care
- Patient Safety
- What else are you working on?

Introduction (5 minutes)
- Use cases are important for two interconnected reasons:
  - ○ They provide justification for funding, participation and continued operations
  - ○ They guide data analysis toward areas of value
- For today's exercise, you will first need to decide who you are talking to - what is invested in use cases?
- Remember that we are talking about hospital data which inform us about populations that are relatively intense users of healthcare resources, including those that are high cost, those that are high intensity and those with comorbidities. Keep that in mind as you are discussing use cases
- Explain how the Rapid Fire Exchange works

Breakout Groups will choose a series of potential topic areas from this list. Start by identifying who the audiences are that are invested in that topic and why, then develop one or more use cases that will provide meaningful information to them. Note: If we have a lot of people and therefore a lot of groups, we can add additional topic areas to the list.

Each table will need a scribe that can provide written notes for inclusion in the conference report

Rapid Fire session - pick a topic then talk about audience issues for the specific topic. If you complete the discussion, pick another topic and keep going. The goal is to complete discussions on as many topics as possible.

- Supply side issues, market analysis - where are resources needed?
- Patient safety indicators
- Quality measures
- System comparisons
- Public vs. private
- Identifying efficiencies and comparative advantages
- Appropriate utilizations

- High-intensity utilization
- Geographic analysis
- Resource utilization measures (e.g., HEDIS)

Session 3. Collecting Complete Data on Behavioral Health (25 minutes)
Facilitators: Jillian Capucao, VHI and Chris Krawczyk, HCAI
Session Format: Shark Tank
- Mental Health
- Substance Use Disorder
- Integration of Behavioral Health with Medical Care and Social Support Systems

Each team will have about 10 minutes to come up with the best proposal for their assigned topic. That will leave time for 3 minute presentations. If there are too many groups to hear all of the presentations, we will have them submit their ideas in writing for inclusion in the conference report.

Background - Behavioral health will be considered broadly and can include mental health, substance use disorder, and other aspects. You may also want to consider integration of behavioral and physical health in your design.

Possible Topics

1. Data submission from psychiatric hospitals - what can your health data program do to ensure that you are getting a complete census of psych discharges in your state?
2. Identifying and defining behavioral health admissions and episodes - how will you define or identify behavioral health in your data? What can the data tell you about continuity of care? What information can be inferred from source of admission or discharge destinations?
3. Social Factors - What connections can be made between behavioral health data in a hospital setting and homelessness? Where would you get data on this? How do the following social factors play into behavioral health: nutrition, crime, income/poverty, family history, etc. Where could you get data on nutrition, poverty level, etc.? How would you integrate the various data sources? How would you do the analysis particularly if it is multi-level?

Session 4. Hospital Data Through the Lens of Equity (25 minutes)
Facilitators: Sara Hallvik, Comagine Health and Mary Fields, New Hampshire DHHS
Session Format: Lightning Talks
- Collection of Race/Ethnicity Data
- Understanding and analyzing SOGI
- Urban/Rural and underserved geographies
- Homelessness (issues with the Z codes)

The goal of each group will be to prepare one of their teammates to give a 3 minute talk about their assigned topic to an audience that is not familiar with the concept. Each group will have about 15 minutes to prepare their "speaker" to represent them.

Topics Relating to Hospital Data and Equity

1. Asking the right questions -
   a. How do you define the communities that have unmet social needs?
   b. What types of entities will be acting on the data that you provide?
2. Linking Hospital Data with other sources to identify dimensions of interest
   a. Who has reliable data on the social determinants of health?
   b. How could data like that be incorporated into a hospital data program?
3. Uninsured populations and Self-pay
   a. What value is there in connecting hospital data for the uninsured or self-pay population to data on social services?
   b. How can you triangulate to identify the high-need population based on your data?
   c. Who has data on healthcare received by the uninsured or self-pay population? (See enrollment data sources and federally qualified health centers)
4. Understanding Inequities When You Don't Have Identifiers
   a. What can you do if you are prevented from collecting person-level identifiers?
   b. What types of inequities could still be discussed or analyzed?
   c. How would you do that?

Data Quality Forum

Facilitators: Charles Hawley, NAHDO, and Amy Costello, UNH
Format: Rapid Fire Exchange

<u>10 minutes - Welcome and Table Setting</u>

<u>50 minutes - Small Group Discussion</u>
Participants will organize themselves into small groups (6-8 people), select a scribe to write down any discussed data quality issues and suggested resources or solutions, then choose a topic for further discussion. Once the group has shared helpful resources and potential solutions for the selected topic, choose another and repeat the process.

1A. Multi-State and Regional Data Projects

Facilitators: Kenley Money, ACHI and Elizabeth Ellis, Freedman HealthCare
Session Format: Brain Writing

Participants will leave this session with an understanding of a design process for multi-state/regional data projects, examples of multi-state projects, and other interested parties.

10 minutes - Welcome and Stage Setting
- Explain the format and materials
- What are some examples of multi-state projects?
    - Total cost of care analysis
    - Multi-state data exchange
    - National APCD aggregation
- What is the biggest challenge participants expect to encounter?
    - Conception and execution/planning and management
    - Data engineering; using various formats across multiple states
    - Common input and output formats

40 minutes - Small Group Discussions
Groups (of 6-8 people) will address the variation in health data organizations and data management arrangements. Each group will choose someone to share insights from the group's brainwriting exercise.

1. Brief introductions - 5 minutes
2. Scoping the problem - 10 minutes
    a. As a group, choose a multi-state/regional data project from the opening discussion or from the examples above and define the context.
3. Ideate solutions - 15 minutes
    a. Each participant will choose an aspect of the group's selected project that needs to be addressed in order to be successful (stakeholder engagement, obstacle or challenge, or vision and mission, etc.)
    b. Round 1:
        i. Take 5 minutes to write down 3 ideas to address the issue.
        ii. Pass the aspect of the project you chose and 3 ideas to support success to the person seated across from you.
    c. Rounds 2 and 3:
        i. On the card you just received, take 5 minutes to write 3 ideas to support project success.
        ii. Pass to the person to your left to contribute 3 more ideas.
4. Synthesize - 10 minutes

a. As a group, discuss how to combine each participant's proposals to effectively address one or more aspects of a multi-state project plan.

30 minutes - Report Out
The best example of a proposed solution, prototype, and testing.

1B. Opioids and Data Policy

Facilitators: Kevin McAvey, Manatt; Dana Richarson, WHIO; and Laura Nasuti, Mass. Health Policy Commission
Session Format: Shark Tank Light

Objective: Understanding how to leverage existing resources to understand the crisis

Topics for Discussion
- Cross-Agency relationships for data aggregation
- What could you really do with data to make change happen?

Agenda
5 minutes - Welcome and level set (Kevin)
10 minutes - A review of what Mass. Health Policy Commission has been working on and their accomplishments (Laura Nasuti)
20 minutes - Open response: What is your state currently doing and what benefits, if any, have you experienced? (Dana Richardson)
30 minutes - Break into 3 or 4 groups of 8-10 attendees (Table hosts: Kevin, Dana, Laura, and Norm, if needed)
Discussion topic for all tables: Design the ideal multi-source data program to address opioid misuse. You may focus on any or all of these considerations:

- Data collection and acquisition needs (Filling in the data gap)
- Analytics and information creation (Turning the data into information)
- Policymaking (Informing policy and programs to address the crisis)

15 minutes - Each table reports back on their "design" - five minutes each

Note: This is kind of like a shortened version of the Shark Tank format where each group is designing the same thing, but from their experience and perspective.

2A. Data Modernization

Facilitators: Angela Taylor, Kentucky; Andrea Clark, CareQuest
Session Format: (see below)

<u>10 minutes - Welcome and Table Setting</u>

<u>40 minutes - Small Group Discussion</u>
Participants will organize themselves into small groups of no more than 6-8 people to discuss one of the following topic areas:
- The Role of Artificial Intelligence in Health Data Collection and Analysis (**Lightning Talk**)
    - Current AI means using currently available information to predict "what comes next"
    - How could AI be applied in the context of a health data organization? How has the conversation about AI affected your organization?
    - How can AI be useful? Are there health data-related tasks your organization finds are better handled by AI?
    - What are the perceived risks of AI? How do we avoid risks associated with AI development?
- Analytics for Success (**Problem Solvers**)
    - Problem to be Solved: Data have the potential to catalyze change, but to do so, they have to be converted into usable information. Your group will come up with prime examples of how data analysis can create value or promote change and identify the necessary elements to make that happen.
        - How does your program or organization define success?
        - What has been successful in terms of analytics?
        - What are the challenges to success and how are they being addressed?
- Understanding the Data and Avoiding Traps and Errors (**Problem Solvers**)
    - Problem to be Solved: Healthcare data are inherently messy. Skilled analysts need to take into account known and unknown data limitations. Your group will come up with examples of how failure to understand the data could lead to false conclusions and what steps can be taken to avoid those traps.
        - What do you need to understand about your data?
        - Share a time when you thought you found something interesting only to realize it was an artifact of a data limitation.
        - What is your past experience with "traps and errors"? How did you learn from them and adapt?
- Groups will designate someone to share insights into the group's conversation.

<u>30 minutes - Report Out</u>
- Designees share group insights with these questions in mind:
    - What comes next?

- What steps are needed to take action on today's discussion?

2B. Working Toward Identifying and Creating Value

Facilitators: Kathy Hines, CHIA; Jonathan Mathieu, Freedman HealthCare
Session Format: World Café

10 minutes - Introduction and Level set
- There is a lot already happening to promote value in healthcare
- However, there is certainly more that can be done
- What are the innovative ways your organization currently uses or has used data to
- create value for stakeholders?
- Is there additional data, not currently collected/used, that should be considered to create value for stakeholders?

60 minutes - World Café - 3 rotations of 20 minutes each. Each group will leave one person behind to help pass along their understanding and build on prior knowledge

Groups of about 10 (if we have more than 30 participants, we may need to double track and have two tables for each topic) All participants should have a chance to talk about all three aspects.

Topic 1 - Employers
- What is already being done with your data to create value for employers? Are they getting the bang for their buck that they expected?
- How can we provide even more value for these stakeholders? What types of additional
- uses/reports would you like to produce but currently cannot?
- How could the system work around those obstacles?

Topic 2 - Public Facing
- What is already being done with your data to create value for patients and the general public? Are they getting the bang for their buck that they expected?
- How can we provide even more value for these stakeholders? What types of additional
- uses/reports would you like to produce but currently cannot?
- How could the system work around those obstacles?

Topic 3 - Health Care Systems and Providers
- What is already being done with your data to create value for providers? Are they satisfied with their ability to provide a valuable service at a low price point?
- How can we provide even more value for these stakeholders? What types of additional
- uses/reports would you like to produce but currently cannot?
- How could the system work around those obstacles?

10 minutes - Reporting back

3A. Non-Claim Payments/APM

Facilitators: Janice Bourgault, Onpoint Health Data; Bailey Orshan, Mathematica
Session Format: Facilitated Exploration

<u>Welcome and Level Setting</u> - 10 minutes
- What are non-claims payments, and why are they important to collect?
- We'll take your input to the APCD Council workgroup that is developing a national standard for collecting this data
- Go over the plan for this session: five topics, three rounds, and pick your topic(s)

<u>Small Group Discussion</u> - 60 minutes
Participants will break into groups for a conversation about a specific aspect of non-claim payments/alternative payment models (APM) data. A facilitator gives a short explanation to ensure everyone has the same information, then leads a group discussion to identify solutions, find information and takeaways. After 20 minutes, participants will switch groups and facilitators, although they do not have to switch topics.

Categorizing Non-Claims Payments
- Handout: Expanded Non-Claims Payments Framework
- Topic prompts:
    - To understand how money moves in the healthcare system
    - To be more easily combined with other data (e.g., APCD, census)
    - To measure progress in adopting value-based payments
Collecting Contract-based Payments (non-member specific payments to providers)
- Handout: APCD Council Non-Claim Payments layout for Annual Payments
- Topic prompts:
    - Separating the fee-for-service (FFS) payments from their APM portion
    - How to ensure the quality of the information collected
    - Understanding the payments by collecting a contract description
Collecting Monthly, Member-Level Payments
- Handout: APCD Council Non Claim Payments layout for Member Attributable non-FFS
- Topics prompts:
    - Handling retroactive adjustments
    - Handling contract- and/or group-level adjustments
    - Using this data with APCD utilization information
Using Pharmacy Rebates
- Handout: APCD Council Non Claim Payments layout for Rx Rebates
- Topic prompts:
    - Collecting rebates, administrative fees, and all other Rx payments
    - Applying pharmacy rebate data to total cost of care and other analytics
    - Solving the plan/ pharmacy benefit manager (PBM)/ manufacturer/ pharmacy puzzle

Potpourri
- A chance for participants to opine on large, hard to solve issues around non-claims payment data.
- Topic prompts:
    - Responsible use and reporting of payment information
    - Timely data collection to support more use cases
    - Bring your own topic

Close Session - 10 minutes
Facilitators shout out some of the intriguing ideas.

3B. Engaging Stakeholders

Facilitators: Jenn Toms, Onpoint Health Data; Craig Schneider, HMA
Session Format: Variation on World Café

10 minutes - Welcome and Level Set
- Instructions for the group (Jenn Toms)
- Large Group Brainstorm - Who are the categories of stakeholders that you might interact with? (Jenn Toms)
- What are the types of issues or concerns that you might encounter with these stakeholder groups? (Craig Schneider)

60 minute (4 rounds of 15 minutes)
- Participants organize themselves into five groups of about 6-8 people
- Each table has a pre-arranged table host with a scenario (card on the table) that relates to a specific stakeholder:
- Rounds 1/2
    - Legislators (Kristin Battis) - A key chairman would like to shut off funding for a health data program
    - Data Suppliers - (A) You would like to collect SOGI data but the data suppliers are pushing back due to challenges in accessing the data and the cost of modifying systems
    - Data Suppliers/Health Plans (B) - The HDO's data specifications are different from what we provide to other data collectors. Why can't you give us the same specs?
    - Exec. Branch (Betty Harney) - The governor's office is not convinced that your project is high value and never advocates for you or prioritizes addressing your needs
    - Physician Groups - Why are we always rated so low? We are sure that the patients you are using for us are not actually people that we treat; that is, the data is wrong and the methodology is flawed.
- Rounds 3/4 (participants reorganize into new groups)
    - Hospitals - The discharge data we provide has PII in it. How can you assure us that the HDO will adequately protect our patients' data?
    - Media - Local news outlets have been running stories about the costs associated with your program, asking what the taxpayer is getting for their investment?
    - Data Users (Kristin Battis) - University researchers are frustrated that their data requests never get approved and that the cost of the data usually makes it too expensive to do the project.
    - Consumer groups - Feel like the pace of information to help patients make good choices is too slow and not helpful and are worried about data privacy/security

- - Other state agencies (Betty Harney) - Why is the HDO not providing my agency the data we need on a more timely basis?
  - The group will try to identify the key concerns for this type of stakeholder and develop messaging that will turn them from neutral or critical stakeholders into allies.

10 minutes - Panel of Table hosts
- What were some of the effective strategies that you heard from people at your table to address stakeholder concerns? (Craig Schneider)

4A. Operational Issues

Facilitators: Kristin Paulson, CIVHC; Linda Green, Freedman HealthCare
Session Format: Rapid Fire Exchange

<u>15 minutes - Welcome and Stage Setting</u>
- Introductory remarks from organizers.
    - Where do you start spending limited resources to get the most bang for your buck?
    - What are the tradeoffs? If you are not spending resources on high data quality, you can get up and running more quickly. If low quality, you might get negative public feedback or miss the original goal.

<u>40 minutes - Small Group Discussion</u>
Participants will group into tables of 6-8 people. Each table will choose no more than three topics. Groups will designate someone to take notes and share insights into the group's conversation with everyone.

Potential topics:
- Launching and maintaining data programs
    - Policy
    - Technical
    - Funding
    - Data submitter relations
    - Workforce training and education
- Data infrastructure
    - Moving to the cloud
    - Processing data
    - Structuring enclave and tools
    - Data quality control with data suppliers
- Data governance
    - Data release process for research and public use
- Analytics or outgoing reports
    - Workload prioritization and management
    - Product quality control
    - Techniques and program guidance to foster equity in reports and displays
- Public input
    - Committees and comments periods
    - How do you get consumers engaged with any of the public health data?
    - How does this affect what actually gets done?
- Communications

- How do you ensure that your data is relevant to your community? Also related to equity.
- Keeping the public informed and raising awareness about the available data and information products.

<u>35 minutes - Report Out</u>
The best example or two of a rapidly developed idea or proposal to address one of the topics or needs your group selected. With any remaining time or during the break, connect with anyone who shared interesting ideas to learn more.

4B. NAHSP/NAHDO Cross-over Session: It's Not Common: Collecting and Curating Data to Drive Health Policy

Using data is critical to inform strategies developed to reduce health disparities and improve health outcomes for all. This session will focus on how states share data, improve data quality, and leverage data to address health disparities, advance culturally responsive policy solutions, and engage key partners to advance policy goals.

- [Tracy Gruber](#), Executive Director, Utah Department of Health and Human Services
- [Kenley Money](#), Director, Information Systems Architecture, Arkansas Center for Health Improvement
- [Linette Scott](#), Deputy Director and Chief Data Officer, California Department of Health Care Services (moderator)

5A. Data Sharing and Linkage

Facilitators: Kevin Rogers, HSRI; Josiane Bechara, NORC
Session Format: Rapid Fire Exchange

Linking Data for Health Services Research: A Framework and Instructional Guide is a helpful overview developed by AHRQ and available [here](#).

10 minutes - Welcome and Table Setting

45 minutes - Small Group Discussion
Participants will form small groups (6-8 people) to discuss subtopics and potential actionable solutions. One participant in each group will serve the role of tracking the conversation to report out. Groups will choose an initial topic, discuss it to describe a solution, then choose the next subtopic to discuss with the group and repeat until there is no time remaining.

Privacy and Ethical Considerations
- Importance of trust and security
- Role of data custodians and data users
- Evaluating the potential research benefits while balancing privacy trade-offs and other risks
- Impact of linkage errors (e.g., systematic biases)

Data Governance Frameworks and Compliance Measures
- Data sharing agreements, including data use agreements (DUA) and memoranda of understanding (MOU)
- Data breach response and incident management
- Data governance oversight setups for ensuring data privacy, security, and ethical use throughout the data linkage and sharing process

Data Linkage Approaches and Issues (pre- and post-linkage)
- Use of third-party lockbox providers
- Use of finder files versus full datasets
- Choice of matching variables (discriminatory power of available direct identifiers)
- Matching on contextual factors (e.g., DX or PX codes)
- Challenges related to temporal factors (e.g., name or address changes over time)
- Deterministic versus probabilistic, pros and cons
- Privacy-preserving record linkage (PPiRL)
- Proprietary, closed software versus open or free solutions
- Managing bad data

Data Sharing and Access

- Federal policies and state statutes (CARES Act)
- Data sharing platforms
- Research benefits of robust linkage
- Stakeholder and User Management
    - Cross-sector collaborations and challenges with working with multiple stakeholders
    - Communicating changes in the linkage process to users (changes over time, confidence levels, other quality control metadata)

Data Security
- Hashing versus exchange of raw values (benefits and vulnerabilities)
- Inadvertent disclosure to third-party identify providers via file membership (i.e., imputation of cancer diagnosis due to the presence in a cancer registry)
- Preventing re-identification
- PPiRL
- Noise infusion techniques (differential privacy) and synthetic data

Federal and State Regulatory Frameworks, Policies and Compliance
- CARES Act
- Potential legal roadblocks
- HIPAA & Health Information Technology for Economic and Clinical Health (HITECH)
- Federal Information Security Modernization Act (FISMA)
- State Health Information Exchange (HIE) Laws
- Common Rule

<u>20 minutes - Report Out</u>
The best example or two of a rapidly developed proposal to address an aspect of data linkage that your group discussed.

5B. Data Needs of Policymakers

Facilitators: Leanne Candura, HSRI; Jeff Stoddard, BerryDunn
Session Format: Table Top Scenarios

10 minutes - Welcome and Level Set
- What did we learn from our discussion last year? How has that impacted your work?
- Given the policymaker in your scenario, what are their interests? What do they think they need to know? What do you think they need to know?
- Communication is key - know what the question is, who is asking the question, have the conversation about whether it can be answered/what is available, and offer an alternative as to what can be provided

60 minutes - Enough tables so that groups have no more than about 8 participants.
Each Table has a scenario that they are to work through. For each scenario, you are playing the role of a health data program manager/director. Figure out how you are going to respond or interact with this policymaker, including:
- What conversations need to happen?
- What data sources are available?
- How much of an answer can you provide?
- What resources will be needed?
- What will you communicate back to them about this request?
- How can this interaction affect the future relationship with your program?

Scenarios
- Medicaid post-Public Health Emergency Disenrollments - A state legislator has asked for an analysis of the impact of the "Winding Down" with an indication that they think the Medicaid program has been "dragging their feet" too much and should get the job done faster. In their request they mentioned understanding the impact on patients - how many were disenrolled and of those that were disenrolled, what happened to them? And they are also interested in costs - what was the cost to the state of keeping them enrolled after they were no longer eligible and what impact will the disenrollment have on various budgets (state, employers, providers, etc.)
- SUD and The Opioid Crisis - The governor's chief policy adviser wants to measure how successful your state's response to the opioid crisis has been. They suspect that it has been a big waste of time and that there are just as many people with SUD as when it all got started. They have also indicated previously that for all the money we spend collecting data, we seem to know very little about the problems that really matter. They would like to see trends of the number of people who are getting SUD treatment (especially for opioids) beginning in 2016 and data that shows whether the treatment is working (as in, patients are no longer using substances). They would really like to

redirect funds to successful programs, if they can. They think that the opioid crisis is fundamental to addressing poverty and homelessness and are sure that they are related but don't know about how that link works.

- Behavioral Health - A well-connected and very influential health system executive wants to expand integrated behavioral and mental health care, and they are planning to push for legislation that favors integration. They would like to get a broader understanding of the current system capacity for treating behavioral health, and how to tweak the system to care for more patients. They want to know about the real pain points or limitations that would prevent them from moving forward.
- Network Adequacy and Access - The insurance commissioner (and others) are very interested in creating more effective guidelines or even regulations on health plans regarding network adequacy and access, especially for rural areas of the state. They have said publicly that it's time to bring the hammer down on the health plans. They have come to you looking for data to help shape or guide their policy decision process.
- Health Disparities and Inequities - The Executive Director of the Health Department is newly interested in identifying whether your state has any meaningful disparities or inequities. They are not sure whether race/ethnicity is the right dimension and would be open to the idea of considering other alternatives. They don't have any specific diseases or conditions in mind and it sounds like maybe this is just about scoring some political points.
- Prescription Drug Pricing - A state senator is very concerned that patients are getting squeezed by drug manufacturers and they think that health plans are playing into that either intentionally or unintentionally. They are looking for ideas for ways that they can change state law to help put downward pressure on "out of control" or "ridiculously expensive" drug costs. They are concerned for employers as well as patients because this could be bad for both of them.
- Surprise Billing - A state representative is encouraged by recent federal action to help address surprise billing, but they are sure that it is very much alive and well in your state. They want to come up with a policy approach to protect patients from outrageous bills for out-of-network care that the patient had no control over. Before they get too far, they want to know more about the prevalence of surprise billing and how much money we are talking about.

10 minutes - Guided Discussion
- Facilitator asks questions about what the most important learning points were when it comes to your interaction with policymakers

6A. Health Equity Data, Analytics, and Policy

SPONSORED BY: Milliman MedInsight

Facilitators: Marian Wrobel, Mathematica; Sharon Ulery, HSRI
Session Format: Rapid Fire Exchange

NAHDO's members include state and private health data organizations that maintain statewide health care databases and stakeholders of these databases in the public and private sectors. NAHDO and its members are leaders in hospital discharge data reporting systems and emerging All-Payer Claims Data Bases (APCDs).

Categories of Health Equity data:
- REAL: race, ethnicity, and language
- SOGI: sexual orientation and gender identity, often related to sex assigned at birth
- SDOH: social determinants of health, including urban vs rural and other geographic values

10 minutes - Welcome and Table Setting
Moderators will introduce the session.

45 minutes - Small Group Discussion
Participants will form small groups (6-8 people) to discuss subtopics and potential actionable solutions. One participant in each group will serve the role of tracking the conversation to report out. Groups will choose an initial topic, discuss to describe a solution, then choose the next subtopic to discuss with the group.

Topic areas
- Current data priority. Which category(ies) of data elements is your organization prioritizing right now? Why this priority? What is your greatest challenge? Success?
- Highlight data use. Share a highlight from the past year in terms of how your organization uses health equity data for analytics or policy.
    - What is an excellent example you've seen of health equity dissemination? Why this highlight? What did you learn?
- Stakeholder concerns. What are your stakeholders' most significant goals and concerns for health equity data and analytics? How are you responding?
- Privacy risk. Choose one category of health data above.
    - What are the biggest pros and cons of collecting that data in an APCD? Overall, do the benefits of collecting it outweigh the costs and privacy risks at this time?
    - What are your stakeholders saying about privacy risks, and how are you responding to their concerns?

- <u>Algorithms for race and ethnicity</u>. There exist algorithms that aim to determine an individual's race and/or ethnicity from their name and address.
    - Are you using these tools, and what is your experience?
    - In what situations would we recommend using these to fill, out sparse data?
    - What are potential pitfalls?
- <u>Z-codes</u>: ICD-10 codes beginning with Z are non-reimbursable diagnosis codes that represent social determinants of health.
    - Are you incorporating these codes, and what is your experience? How and why are payers/providers collecting this data (if you know)? How is this data being used? How might these be used to improve the quality or completeness of health equity data? What biases might it introduce?
    - Z-codes are typically sparsely available in APCDs. What process or policy changes could incentivize more comprehensive use of this data? What are potential pitfalls?
- <u>Static versus dynamic characteristics</u>: Some data we collect about a person is consistent throughout the individual's life, such as date of birth. Other data is more accurately collected and viewed with an associated date, because it can change over time, such as address.
    - For each category of health equity data above, is it best to treat it as a static or point-in-time value?
    - Does this lead you to suggest any changes in the APCD data format (e.g., APCD-CDL) or content (e.g., training submitters)?
- <u>Rare characteristics and data presentation and reporting</u>. In the US, American Indian & Alaska Natives, Native Hawaiians and Other Pacific Islanders, and transgender individuals each account for less than 2% of the population.
    - What is your organization's approach to reporting on rare data/including it in analytic files?
    - How do you/could you present rare data without risking re-identification? How do you/could you assess and clean it, when the rate of data errors in most APCDs (1-2%) and the rate of true positives in these categories are comparable?

<u>30 minutes - Report out</u>
Best example or two of a rapidly developed proposal to answer one of the questions your group selected.

6B. Behavioral Health Data

Facilitators: Paul McCormick, CIVHC; Tanya Bernstein, Freedman HealthCare
Session Format: Problem Solvers

Attendees will be allowed to identify particular problems from a list provided in advance. They break into groups to develop solutions for their specific problem (or aspect of a problem). Sufficient time is given for reporting back to the whole group.

10 minutes - Welcome and Prolog
- What do we mean by Behavioral Health and Behavioral Health Data?
- This is regularly a top 3 priority for policymakers and data programs across the country.
- It represents a salient use case that justifies data collection efforts.
- Behavioral health data presents solvable challenges in both collection and reporting
- Presentation of "Pool" of problems

40 minutes
- Participants organize themselves into groups of about 6-8 people that have a common interest in exploring and tackling one of the proposed problems:
- Collection Issues
  - Inconsistent interpretations of restrictions by data suppliers
  - Incompleteness - How do you collect complete episodes?
  - Chronic vs. Acute - How does this aspect of care make you think differently about the data you need to collect?
  - Integration of behavioral and physical health
  - How can you work around carve-outs, self-pay, and capitation arrangements?
- Reporting Issues
  - SUD data and confidentiality (42 CFR Part 2)
  - Sensitivity of the data - In a politically charged environment, how do you avoid additional harm to disadvantaged populations?
  - What can we (and should we) be doing with this data?
- Each group comes up with existing and proposed solutions to improve the collection or reporting based on behavioral health data
- A designee will represent the group in presenting their solutions and work arounds

30 minutes - Reporting Back
- Group designees take turns reporting back on their groups progress

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Craig Schneider, HMA

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Kathy Hines, CHIA, Co-chair
Tanya Bernstein, Freedman HealthCare
Helen Figge, MedicaSoft
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Angela Taylor, Commonwealth of Kentucky
Jo Porter, University of New Hampshire

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Katie Cadigan, Comagine Health
Joanna Duncan, Onpoint Health Data
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Sara Hallvik, Comagine Health
Betty Harney, CHIA

Jennifer Harper, Oklahoma Department of Health
Alyssa Harris, Vizient
Jonathan Mathieu, Freedman HealthCare
Lori Savoie, Utah Department of Health
Jeff Stoddard, BerryDunn
Jenn Toms, Onpoint Health Data
Monique Yanni, Onpoint Health Data

NAHDO SUBJECT MATTER EXPERTS

NAHDO and our partner, the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire, will have subject matter experts on hand at the event to help guide the discussion and answer questions.

Norm Thurston, Executive Director, NAHDO
- APCD and Hospital Discharge Databases
- Project Management
- Procurement
- Public Relations, Politics, and Stakeholder Engagement
- Data Stewardship

Charles Hawley, Director of Projects, NAHDO
- APCD and Hospital Discharge Databases
- APCD-CDL™ Development and Implementation
- Data Quality
- Data Linkage

Jo Porter, Co-Chair, APCD Council
- APCD Development and Management
- Procurement
- Standardization and Uniformity
- Federal grants

Amy Costello, Director of Health Analytics and Informatics, Institute for Health Policy and Practice
- APCD-CDL™ Development and Implementation

LIST OF CONFERENCE ATTENDEES (As of 8/11/23)

Allison Adams	Chief Operating Officer, Foundation for a Healthy Kentucky
Arun Adhikari	Business Intelligence Manager, Louisiana Department of Health
Brandon Attell	Senior Research Associate, Georgia Health Policy Center
Olga Armah	Manager, Research and Planning, CT Office of Health Strategy
William Bailey	Chief Privacy Officer, Massachusetts Center for Health Information and Analysis
Kristin Battis	Data Scientist, Human Services Research Institute
Brian Beaman	Associate Manager, Center for Health Information and Analysis
Josiane Bechara	Senior Research Methodologist, NORC at the University of Chicago
Tanya Bernstein	Principal Consultant, Freedman HealthCare
Charles Betley	Sr Research Scientist, NORC
Pragya Bhattarai	Epidemiologist/Data Analyst, Texas Department of State Health Services
Erin Bonney	Director, Health Informatics and Reporting, Center for Health Information and Analysis
Janice Bourgault	Sr. Director of Process & Product Development, Onpoint Health Data
Brad Brockbank	Sr. Manager, Healthcare Data Markets, Peterson Center on Healthcare
Isabel Caceres	Special Project Manager, CHIA
Katie Cadigan	Manager of Analytics for Systemwide Quality Improvement, Comagine Health
Ray Campbell	Board of Directors, HSRI
Leanne Candura	Vice President, HSRI
Jillian Capucao	Lead Analyst, Virginia Health Information
Michael Carson	Analyst, hMetrix
Scarlett Cheung	Analyst, Center for Health Information and Analysis (CHIA)
Brian Chin	CEO, UHIN
Andrea Clark	Director, Healthcare Economics, CareQuest Institute for Oral Health
Amy Costello	CDL, APCD Council/UNH
Ioana Crisan	Director of Healthcare Reporting, Human Services Research Institute
Megan Denham	Senior Research Associate, Georgia Tech Research Institute
Graycen Dillard	Data Reporting Analyst, Virginia Health Information
Bridget Drake	Administrative Coordinator, UNH IHPP
Jon Duke	Principal Research Scientist, Georgia Tech Research Institute
Joanna Duncan	Chief Operating Officer, Onpoint Health Data
Elizabeth Ellis	Director, Data Science, Freedman Healthcare
Matt Enright	Director of Data Analytics, Delaware Health Information Network (DHIN)
Juli Farnsworth	COO, Comagine Health

Nicole Fawcett	Data Services Manager, Virginia Health Information
Karl Fernstrom	Health Care Data Service Center Manager, Minnesota Department of Health
Mary Fields	Project Manager, NH DHHS/CHIS
Helen Figge	CSO, Board Member NAHDO, MedicaSoft
Kimberley Fox	Senior Research Associate, University of Southern Maine consultant for Maine Health Data Organization
Rik Ganguly	Data Scientist & Analytics Manager, Freedman Healthcare
Lorie Geryk	Senior Program Manager, WA Health Care Authority
Stefan Gildemeister	Health Economics Program Director, Minnesota Department of Health
Lynn Goyne	VP, System13, Inc.
Deborah Gray	Director, Data Quality, Center for Health Information and Analysis
Linda Green	Executive Vice President, Freedman HealthCare
Brandon Hackett	Epidemiologist, Mississippi State Department of Health
Sara Hallvik	Vice President, Data Solutions, Comagine Health
Karen Hampton	Operations Policy Analyst, Oregon Health Authority
Betty Harney	Director of APCD Data Enhancements, Commonwealth of Massachusetts / CHIA
Karynlee Harrington	Executive Director, Maine Health Data Organization
Nerissa Harvey	Assistant Manager Hospital Discharge Data System, TN Department of Health
Charles Hawley	Director of Projects, NAHDO
Nathan Hedberg	Director, Product Strategy, hMetrix, LLC
William Hendon	APCD Project Manager, Freedman Healthcare LLC.
Kathy Hines	Senior Health Care Data Advisor, Center for Health Information and Analysis (CHIA)
Sylvia Hobbs	Associate Director of Data Strategy and User Support, Center for Health Information and Analysis
Dustin Holloway	Health Informatics Manager, CareQuest Institute for Oral Health
Jennifer Howley	Hospital Discharge Data Scientist, NH DHHS Division of Public Health Services
Gini Ingram	Business Systems Analyst Senior, Arkansas Center for Health Improvement
Wade Iuele	HPD Project Manager for HCAI (consultant), EQUANIM Technologies
Adrianna Jackson	Research Specialist, Department of State Health Services
David Jims	Health Data Analyst, Freedman Healthcare
Autumn Johnson	Client Account Manager, Onpoint Health Data

Generosa Kakoti	Director, Office of Healthcare Statistics, Tennessee Department of Health	Mel Riffe	Sr Analyst, System13, Inc
Lindsay Kill	Data Analytics & Information Chief, State of Vermont	Meredith Roberts	Executive Director, Governance and Community Engagement, Comagine Health
Elizabeth Koonce	Cross Team Project Manager, Freedman HealthCare	Kevin Rogers	Directory, Population Health Team, Human Services Research Organization
Chris Krawczyk	Chief Analytics Officer, Dept of Health Care Access and Information	Lori Savoie	Program Director, Department of Health & Human Services - Health Care Information & Analysis
KeriAnn LaSpina	Senior Researcher, Mathematica	Craig Schneider	Principal, HMA
Rob Lauder	Principal, Mercer	Maik Schutze	KENTUCKY HOSPITAL ASSOCIATION
Jeffrey Leintz	Vice President and Director, NORC at the University of Chicago	Lauren Sears	Consultant, Manatt Health
		Maria Shabanova	GHHS Industry Lead, IBM
Josh LeMaistre	Principal, Mercer Government	Sarah Shaffer	Health Data Analyst, Freedman Healthcare
Liam Lipham	Project Manager, Freedman Healthcare LLC.	Shalome Sine	Senior Analyst, CHIA
Jessica Little	Vice President, Business Development and Programs, Civitas Networks for Health	Cameron Smith	Healthcare Data Analyst, Freedman Healthcare
Lyden Marcellot	Manager, Research and Cost Trends, Health Policy Commission	Angela Snyder	Research Professor, Georgia Health Policy Center, Georgia State University
Michael Mariano	Health Data Analyst, Freedman Healthcare	Adrianna Sonnek	Data Engineer, CareQuest Institute for Oral Health
Jonathan Mathieu	Senior Consultant, Freedman HealthCare		
Kevin McAvey	Director, Manatt Health	Lee Spangler	Exec. Dir TX-APCD, University of Texas Health Science Center, Texas All Payor Claims Database
Paul McCormick	Vice President of Data Operations, Center for Improving Value in Health Care		
Frances McGaffey	Associate Manager, The Pew Charitable Trusts	Emma Spencer	Division Director, Florida Department of Health
Katie McGraves-Lloyd	Sr Health Data Analyst, Onpoint Health Data	Anup Srikumar	Director - Center for Public Health Informatics, Virginia Department of Health
Shankar Mesta	Chief, Maryland Health Care Commission	Frederica Stahl	Director, Healthcare Data Markets, Peterson Center on Healthcare
Sam Miller	Office director of public health statistics, Mississippi State Department of Health	Colin Stauffer	APCD Program Manager, Georgia Office of Health Strategy and Coordination
Kenley Money	Director of Information Systems Architecture, Arkansas Center for Health Improvement	Megan Stead	Senior Research Director II, NORC
Preston Morris Jr	President, System13, Inc.	Jeff Stoddard	Senior Manager, BerryDunn
Catherine Nwachukwu	Research Manager, Center for Health Information and Analysis	Angela Taylor	Biomed Informatics Data Architect, Office of Data Analytics
Ryan O'Connor	Technical Consultant, Freedman HealthCare	Norm Thurston	Executive Director, NAHDO
John O'Malley	Biostatistician, CareQuest Institute for Oral Health	Jenn Toms	Director of Business Development, Onpoint Health Data
Amshe Ogun	Epidemiologist, Tennessee Department of Health	Eric Tranby	Director, Analytics & Data Insights, CareQuest Institute for Oral Health
Bailey Orshan	Director, State Health, Mathematica	Julia Tremaroli	Project Manager, Integrated Healthcare Association
Evaren Page	Director of Science and IRB, Oklahoma State Department of Health		
Grace Paiva	Operations Policy Analyst, Oregon Health Authority	Sharon Ulery	Research Analyst, HSRI
		Michael Valle	Chief Information Officer, Department of Health Care Access and Information
Kristin Paulson	President & CEO, Center for Improving Value in Health Care	Madison Vinson	Health Informatics Developer, CareQuest Institute of Oral Health
Nathan Pauly	Senior Manager, Manatt	Stephanie Williams	Senior Research Analyst, Center for Health Information and Analysis
Lauren Peters	Executive Director, Center for Health Information and Analysis (CHIA)	Shandiin Wood	Acting Health Systems Epidemiology Program Manager, New Mexico Department of Health
Jo Porter	APCD Council Co-Chair, UNH Institute for Health Policy and Practice		
Erin Proven	Population Health Analyst, Louisiana Department of Health	Marian Wrobel	Principal Researcher, Mathematica
		Kenneth Yeates-Trotman	Center Director, Maryland Health Care Commission
Al Prysunka	Director, Milliman MedInsight APCD Products, Milliman	Jill Yegian	Principal, Yegian Health Insights
Dana Richardson	CEO, Wisconsin Health Information Organization	Rong Yi	Principal, Data Science, Milliman

Devin York	Senior Project Manager, UTHealth Science Center	Yuan Zhang	Director of Data Warehouse Analytics, Human Services Research Institute
Zi Zhang	Deputy Executive Director, Center for Health Information and Analysis		

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- Milliman MedInsight, Corporate/Vendor, For profit
- Onpoint Health Data, Corporate/Vendor

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- Arkansas Department of Health, Public, Government
- Arkansas Foundation for Medical Care, General, Non-Profit
- California Department of Health Care Access and Information, Public, Government
- CAQH, General, Non-Profit
- Center for Improving Value in Health Care, Public, Government
- Civitas Networks for Health, General, Non-Profit
- Connecticut Department of Public 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
- Georgia OHSC, Public, Government
- Green Mountain Care Board, Public, Government
- Hawaii State Department of Human Services, Public, Government
- Health Care Cost Institute, General, Non-Profit
- Health Management Associates, Corporate/Vendor, For Profit

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- Louisiana Health Care Quality Forum, General, 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
- Midwest Health Initiative, General, Non-Profit
- Minnesota Department of Health, Public, Government
- Mississippi State Department of Health, Public, Government
- New Hampshire APCD (Formerly Bureau of Health Statistics), Public, Government
- New Mexico Department of Health, Public, Government
- New York State Department of Health - Bureau of Health Informatics, Public, Government
- NORC at the University of Chicago, Corporate/Vendor, Non-Profit
- Oklahoma State Department of Health, Public, Government
- Onpoint Health Data, Corporate/Vendor, Non-Profit
- OPTUM, Corporate/Vendor, For Profit
- Oregon Health Authority - Health Policy & Analytics Division, Public, Government
- Penn Medicine, Corporate/Vendor, Non-Profit
- Project Patient Care, General, Non-Profit
- Tennessee Department of Health, Public, Government
- UT Health Center for Health Data, 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, Government
- Wisconsin Health Information Organization, General, Non-Profit

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- Srinivas Sridhara, Penn Medicine, Data Supplier
- Angela Taylor, Kentucky Cabinet for Health and Family Services, Public

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NAHDO relies on financial support from members, partners and sponsors at various levels. We are very appreciative of this support and thank all of our members, partners and sponsors for their interest and support. NAHDO welcomes various classes of organizations as members:

Public Members - Public members include state agencies and other health data organizations created by legislative or other governmental act, or official representatives for the state reporting system, to collect and analyze health care data on a statewide or other jurisdictional basis.

Health Care Associations - Association members consist of health care associations that represent providers that deliver health care services or collect, analyze and distribute health care data to inform providers of health care, who are not otherwise eligible as Public or Data Supplier members.

Corporate/Vendor - Corporate and Vendor members include any organization that provides health care data-related products or services for a fee.

Data Supplier - Data Supplier members include organizations that contribute healthcare data to state agencies or other health data organizations by requirement or voluntarily.

General - General members include any employer or labor organization; group of employers or labor organizations; or a business or labor coalition of employers/employees; academic; research organizations; purchasers; consumer groups; health information exchanges; health benefits exchanges; chartered value exchanges; or other interested organizations that are not eligible under any other class of members.

Corporate Partnerships
NAHDO believes in the power of partnerships and collaborative efforts. Along with sustaining membership, strategic partnerships advance NAHDO's mission and priorities, and are essential for health data organizations that need data tools and services to be responsive to their key stakeholders.

Please view our 2023 strategic partnership opportunities here.

NAHDO, including the APCD Council, welcomes the opportunity to discuss what will work best for your organization. Please email us at info@nahdo.org for more information about becoming a Corporate Partner.