

NAHDO ANNUAL REPORT

2009-2010

October 2010

THE NATIONAL ASSOCIATION
OF HEALTH DATA ORGANIZATIONS



Vision

Improved health through a health-information rich society.

NAHDO Board, October 2001

Mission

In order to accomplish our vision, *NAHDO* recognizes that state health data agencies are an essential component of our nationwide information infrastructure. NAHDO works to strengthen state health data agencies by:

- Developing close working relationships with public and private state health agencies in order to be in a position when opportunity arises to help them increase capacity
 - Working with private and federal partners to nurture and strengthen state health data agency infrastructure
 - Bringing groups together to learn from each other and/or to work together
 - Sponsoring and supporting work to increase the consistency and predictability of statewide health data
 - Promoting standardization in data elements and methods of collecting, analyzing, and dissemination data
 - Identifying the gaps in publicly available data and promoting the closure of these gaps
- Advocating for the state health data agency role in state and national health policy development

LETTER FROM THE EXECUTIVE DIRECTOR

NAHDO is 25!!!

In 1986, did the states and purchasers think that the organization they were establishing would be around 25 years later? That its mission would remain relevant decades later? That state health care data reporting systems would not only survive the decades of managed care and budget cuts, but actually expand to include Ambulatory Surgery and Emergency Department data, and of late, All Payer Claims Data Bases?

NAHDO's founders deserve recognition for their futuristic vision in 1985 and 1986 as the structure and mission of NAHDO were deliberated and a small budget of \$110,000 was invested. NAHDO's national network of supporters, and its staff deserve credit for loyalty, sweat equity, and dedication to NAHDO's continued survival through all sorts of industry turmoil. What does not change is the strong bonds that have been forged throughout NAHDO's national network of professionals. Though today other organizations now exist with similar missions for transparency and quality measurement, often with larger staff and budgets, NAHDO's community is unique. Its members and the sense of community and passion for serving the public good cannot be easily replicated. While these qualities don't bring in huge sources of funding, in a sense they are priceless (which is good because NAHDO and its members are chronically under-funded).

So, without a lot of 'gold' in the coffers, NAHDO and its members celebrate our SILVER ANNIVERSARY as experts at spinning 'straw' (otherwise known as administrative data) into gold for public benefit.

The NAHDO staff and Board have accomplished a great deal this past year. We have teamed up with the University of New Hampshire and the APCD Council to help states implement a vital new data system. NAHDO is a partner with the Center for Disease Control and Prevention in two important Cooperative Agreements: The Environmental Public Health Tracking Network and The Assessment Initiative to improve access to and use of statewide health care data for surveillance and community assessment. And we continue to serve health data agencies throughout the country to survive and, hopefully, thrive in a dynamic environment.

We look forward to working with our valued members and supporters as we prepare for the next decade of the NAHDO journey. Join us as we celebrate 25 and counting.

Sincerely,



Denise Love

MEMBERSHIP ACTIVITIES: MAINTAINING A COMMUNITY OF PRACTICE

NAHDO's 24th Annual Meeting was held in Alexandria, VA October 2009.

NAHDO convened the Second National Hospital Readmissions Conference titled, "*Beyond Consensus: A State Roadmap for Reporting Hospital Readmissions*" on October 13 in Alexandria, Virginia, prior to its 24th Annual Meeting also in Virginia.

NAHDO Partnered with AcademyHealth State Coverage Initiatives and the Regional All Payer Health Information Council (now the All Payer Claims Data Bases Council) to convene a day-long Invitational on All Payer Claims Data Bases. Funding from the Commonwealth Fund helped support this meeting.

WEBINARS

NAHDO leverages its grant/contract funding to host seminars on priority topics to our members and users of health care data sets. Webinar topics and slides are posted on www.nahdo.org. We welcome suggestions for topics and welcome suggestions for presenters.

ALLIANCES

NAHDO is a member of the Joint Public Health Task Force (JPHIT) Steering Committee. JPHIT. JPHIT's mission is focused on advocacy and a forum for public health informatics issues across the public health enterprise, at all levels of government and often across many program areas.

PROJECTS

CDC-NAHDO Cooperative Agreement, Assessment Initiative, Year 4, Improving State and Local Health Data and Information Systems

CDC-NAHDO Cooperative Agreement, Health Data Partner in Environmental Public Health Tracking

Econometrica, Inc., Subcontractor to AHRQ, Inventories on Health Care Data Available to Inform Policymakers, Clinicians, and Consumers; APCD Standardization

National Opinion Research Center (NORC), Evaluation of State HIE Cooperative Agreement Program

California HealthCare Foundation, [a study and report on the Collection and Release Practices of Physician Identifiers in Statewide Hospital Discharge Data Reporting Systems](#)
Westat, Subcontract for the MONAHRQ Learning Network Workshop

Northrop Grumman, Hospital Discharge Data Summaries and Claims Data Bases for Cancer Registries

NAHDO PRODUCTS/PAPERS (POSTED AT WWW.NAHDO.ORG)

All-Payer Claims Databases: State Initiatives to Improve Health Care Transparency

An Issue Brief funded by The Commonwealth Fund highlighting state-run and private APCD initiatives. Authored by NAHDO and the University of New Hampshire.

http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Sep/1439_Love_allpayer_claims_databases_ib_v2.pdf

States are facing increasing health care challenges, from variable quality of care to ever-increasing costs. Comprehensive information on disease incidence, treatment costs, and health outcomes is essential for informing and evaluating state health policies, but it is not readily available. To address these information needs, some states are developing all-payer claims databases (APCDs), and these systems are proving to be valuable information sources. As more states implement APCDs, efforts will be made to standardize common data elements that will improve the comparability of data from state to state. The National Association of Health Data Organizations (NAHDO) and the Regional All Payer Healthcare Information Council (RAPHIC) are coordinating a multistate effort to support state APCD initiatives and shape state reporting systems to be capable of supporting a broad range of information needs. This brief is based on this ongoing work with states and reflects current knowledge about states' APCD initiatives.

All Payer Claims Data Bases: An Overview for Policy Makers

This brief, written by NAHDO and RAPHIC/University of New Hampshire and funded by the AcademyHealth State Coverage Initiatives program, provides an overview of statewide APCDs and covers the following topics:

- What are APCDs?
- In what states do APCDs currently exist and what states are exploring APCDs?
- Why develop APCDs?
- Who are the stakeholders of APCD systems?
- What are the major concerns or challenges related to APCDs and how they have been addressed?
- How are states using APCD information?
- How are state APCDs governed and funded?

***Consensus Building for Public Reporting on Hospital Readmission
NAHDO's Consensus Report for Coordinating State and Community based Quality
Reporting***

Consensus building among public reporting entities, providers, policy-makers, and researchers can steer discrete efforts in hospital readmission reporting towards a common goal. We conducted a multi-state consensus assessment on perceptions of readmission measures, methods of linking discharges to admission histories, the public's preferences, and possible unintended consequences.

These issues were further discussed at the first national conference on readmissions in 2008. Findings suggest that consensus is needed in understanding that readmissions are a system issue, the value of developing public reporting requirements, agreement on readmission metrics for quality improvement, and technical assistance in data linkage methods and preventing unintended consequences.

Collection and Use of Physician Identifiers in Statewide Hospital Discharge Data Reporting Systems: A NAHDO White Paper.

This paper, researched and written by the National Association of Health Data Organizations (NAHDO) and funded by the California HealthCare Foundation (CHCF), discusses the opportunities and challenges associated with the use of hospital discharge data for physician-level Reporting

The Business Case for Collecting Address Information in Hospital Discharge Databases

The addition of address to hospital discharge data bases is an important way to add value for public health uses. Based on a membership survey, the National Association of Health Data Organizations (NAHDO) found that only 19 of the 45 states had full address; the rest had zip code information as the address component in their hospital discharge databases. Based on the survey, it appeared that another four were either considering or had implementation dates for the addition of street address. NAHDO interviewed selected state organizations to assess issues, considerations, and challenges states face in collecting address information and to assess what uses were made of address information in their state. Public health surveillance applications will increasingly require patient address in hospitalization data for geospatial and linkage purposes. NAHDO recommends that state data agencies incorporate street address whenever possible.

Public Reporting of Hospital Readmissions—Pending release by The Commonwealth Fund

FINANCIAL REPORT, YTD FISCAL YEAR 2010

NAHDO'S fiscal year ends September 30, 2010. Based on Year to Date (YTD) statements through August 30, 2010, NAHDO expects to end the 2010 fiscal year in a positive financial position.

NAHDO relies on multiple sources of funding to carry out its mission to improve and strengthen health care data resources. **In 2010, 64.8% of our revenue came from grants and contracts and the remainder was generated through membership dues and meetings.** Our revenues exceeded expenses for the third consecutive year, thus permitting us to build



NAHDO Five Year Trend

	09/30/2006*	09/30/2007*	09/30/2008*	09/30/2009*	08/31/2010**
Revenue					
Membership	\$ 92,264.00	\$ 139,725.00	\$ 119,428.00	\$ 125,875.00	\$ 116,779.00
Grants and Contracts	\$ 572,694.00	\$ 339,271.00	\$ 428,431.00	\$ 446,182.00	\$ 393,000.00
Conferences	\$ 98,125.00	\$ 85,878.00	\$ 90,400.00	\$ 151,895.00	\$ 92,495.00
Other	\$ 5,513.00	\$ 9,371.00	\$ 8,252.00	\$ 2,081.00	\$ 3,372.00
Total Revenue	\$ 768,596.00	\$ 574,245.00	\$ 646,511.00	\$ 726,033.00	\$ 605,646.00
Expenses					
	\$ 743,546.00	\$ 641,394.00	\$ 617,586.00	\$ 714,096.00	\$ 544,343.00
Gain / Loss					
	\$ 25,050.00	\$ (67,149.00)	\$ 28,925.00	\$ 11,937.00	\$ 61,303.00
Fund Balance					
	\$ 345,390.00	\$ 278,241.00	\$ 307,166.00	\$ 319,103.00	\$ 380,406.00

* Indicates Audited Financial Statements

**2010 Year to Date Financial Statements

PROPOSED FY 2011 GOALS

- Assess membership and membership services and identify opportunities to expand our member base and membership revenues.
- Continue APCD implementation support activities
- APCD harmonization
- Support three new member-driven Special Interest Groups
- Assess strategies and opportunities for sustaining and growing NAHDO



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