

# Florida Center for Health Information and Policy Analysis

2010 Annual Report

# Agency for Health Care Administration Florida Center for Health Information and Policy Analysis

Document Abstract  
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**Title:** Florida Center for Health Information and Policy  
Analysis 2010 Annual Report

**Summary:** This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Policy Analysis (Florida Center) from January through December 2010. Topics presented in this report include public reporting of comparative data, data collection, research publications, State Consumer Health Information and Policy Advisory Council activities, data dissemination, and health information exchange.

**Relevant  
Florida  
Statutes:** Section 408.05(5)(d), Florida Statutes, directs the Florida Center to publish and disseminate an annual report. Section 408.062(1)(j), Florida Statutes, directs the Florida Center to publish an annual status report on the collection of data and publication of performance outcome indicators. This annual report addresses both these statutory requirements.

**For More  
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[www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)

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## Introduction

The authority of the Florida Center for Health Information and Policy Analysis is established in §408.05, Florida Statutes.

The Florida Center for Health Information and Policy Analysis (Florida Center) collects, compiles, coordinates, analyzes, indexes, disseminates, and utilizes health-related data and statistics for the purpose of developing public policy and providing consumer health care information.

The Florida Center is an integral part of the Agency for Health Care Administration (Agency) and supports its mission to promote better health care for all Floridians. The Florida Center fulfills this mission through its health care transparency initiatives, public reporting of health care statistics and pricing information, data collection from health care providers, pharmacies and insurers, and the implementation of health information exchange infrastructure.

The Florida Center provides comparative health care data to consumers on hospitals, ambulatory surgery centers, emergency departments, physicians, health plans, and prescription drugs. Florida Center activities include:

- Data collection and quality assurance;
- Patient safety;
- Data dissemination and communication;
- Research and development; and
- Development of electronic health information infrastructure.

## Office of Data Collection, Quality Assurance, and Patient Safety

Data collection is guided by §408.061, Florida Statutes.

Data collection is the core of the Florida Center for Health Information and Policy Analysis (Florida Center). Accurate, timely and unbiased data is an essential component of good analyses and efforts to model and understand Florida's health care system. To that end, the Florida Center collects and maintains three major databases:

- Hospital Inpatient,
- Ambulatory Surgery, and
- Emergency Department

Detailed information about the data collected in the databases can be found at [www.FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx](http://www.FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx).

The Agency's data-based transparency and education efforts require the timeliest data possible. With that in mind, the Office of Data Collection's focus has turned to increasing efficiency in data collection and validation. In 2008, the Office of Data Collection initiated two major initiatives intended to increase the speed and reliability of data reporting. These initiatives, the Facility Outreach Program and the Guide to Patient Data Submission helped produce record levels of data quality and currency in 2009. The increase in efficiency was reflected in the five Davis Productivity Awards earned by the unit in 2008 and 2009.

In 2009, the Agency deployed a new "pd-upload" system to rapidly receive, process and move uploaded patient data files. The new system created in response to changing data standards is more able to rapidly accept and process the growing volumes of electronic data submissions while continuing to assure accuracy and validity.

### A Brief Synopsis of the Process

In accordance with Section 408.061, Florida Statutes and Chapters 59E-7 and 59B-9, Florida Administrative Code (F.A.C), the Florida Center electronically collects patient data from every Florida licensed inpatient hospital, ambulatory surgery center (ASC), emergency department, and comprehensive rehabilitation hospital. These facilities submit quarterly data describing every patient visit, based on the date of their visit or discharge.

The submitted data is validated by a custom-designed computer program that identifies any data that may have been reported incorrectly. Reports detailing identified inconsistencies are sent to the reporting facility for correction or verification. Following

appropriate facility action, the corrected data is again processed until final validation confirms the absence of errors or inconsistencies. After final validation, the facility's CEO is asked to certify the correctness of the data. Once certified, the data is added to the main database where it is available for public release.

It is important to note that the Health Insurance Portability and Accountability Act (HIPAA) restricts the release of protected patient health information; therefore, not all information collected is made available to the public. Detailed information about the handling of confidential data is presented in the "Data Dissemination and Communication" section of this report.

## New Rules

The Florida Center's data collection efforts are authorized by Chapter 408.061, Florida Statutes and implemented by Chapters 59E-7 (inpatient data) and 59B-9 (outpatient and emergency department data) of the Florida Administrative Code. In order to keep up with the state's rapidly changing health care environment, these rules are updated periodically. In the fall of 2009, the Office of Data Collection, Quality Assurance, and Patient Safety completed a comprehensive revision of the two patient data collection rules. The new rules became effective January 1, 2010. The first quarter of data submitted under the new rule was certified in September of 2010.

The primary focus of the rule update was to bring state data reporting conventions in line with the Universal Bill of 2004 claim form (UB04). The UB04 is now the basis for nearly all hospital billing throughout the country. Alignment of state data reporting with the UB04 will reduce costs and increase efficiency.

Recent changes to the UB04 and requests from stakeholder groups have required the Florida Center to promulgate amendments to the new rules. These amendments will ensure the accurate identification of inpatient admissions from emergency departments. These new rules became law on December 6, 2010 and will go into effect in 2011.

## Inpatient Data Collection

Hospital inpatient data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59E-7, Florida Administrative Code.

The hospital inpatient database contains records for each patient stay at approximately 261 acute care Florida facilities, including long-term care hospitals and psychiatric hospitals. The number of hospital inpatient discharge records submitted each year has increased from 2,386,661 in 2002 to 2,606,164 records in 2009. The 2009 data was certified as complete in 2010.

Discharge records include patient demographics, admission information, medical information, discharge information and charge data. Patient demographics include the patient's race, birth date, gender, and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes diagnosis codes, procedure codes, principal procedure date, present on admission indicators, attending and operating Florida physician license numbers.

Charge data include total charges and charges by individual revenue code charge categories. Revenue code charge categories include room and board, nursery, intensive care unit, pharmacy, medical/surgical supplies, oncology, laboratory, pathology, radiation, operating room services, anesthesia, respiratory therapy, physical and occupational therapy, emergency room services, cardiology, recovery room, labor room, trauma response, behavioral health and other categories. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization (HMO), Medicare, Medicare HMO, and Commercial HMO) are also reported.

Facilities also provide a unique hospital-generated record identification number, the patient's Social Security number, an infant linkage identification number, the reporting year, and the quarter in each record.

## Ambulatory Surgery Data Collection

Ambulatory surgery data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

The Agency's ambulatory surgery database contains "same-day surgery" data on reportable patient visits to approximately 645 Florida facilities, including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers, and cardiac catheterization laboratories. The actual number of facilities varies over time as new facilities open and others close. Each facility submits quarterly reports under a unique Agency-assigned identification number. In 2009, 3,071,154 ambulatory patient records were collected. The 2009 data was certified as complete in 2010.

Reportable ambulatory surgery visits are those that include primary procedures in the following Current Procedural Terminology (CPT™) code ranges: 10021 through 69999, 92980 through 92998 and 93500 through 93599. These codes include surgical procedures, cardiac catheterization, and lithotripsy. Facilities documenting less than 200 patient visits in a quarter may formally request, in advance of the due date, an exemption from reporting on the specified quarter.

Ambulatory surgery data records include, but are not limited to, patient demographics, medical information, and charge data. Demographics include race, birth date, gender, and zip code. Facilities also report patient visit date and license numbers for attending and operating Florida physicians. Medical data include ICD-9-CM diagnosis codes and

CPT procedure codes. Charge data include total charges and charges by CPT code. CPT procedure codes include pharmacy, medical/surgical supplies, radiation, laboratory, operating room services, anesthesia, recovery room, treatment or observation room, cardiology, and other charge categories. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid HMO, Medicare, Medicare HMO and Commercial HMO) is also reported. The data also contain individual record identification numbers and Social Security numbers.

## Comprehensive Inpatient Rehabilitation Data Collection

Comprehensive inpatient rehabilitation data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59E-7 Part II, Florida Administrative Code.

The comprehensive inpatient rehabilitation data contains patient-level discharge information from Florida's licensed freestanding comprehensive inpatient rehabilitation centers and acute care hospital distinct part rehabilitation units.

The Florida Center initiated the comprehensive inpatient rehabilitation database in 1993 as a companion to the hospital inpatient database. In 2010, comprehensive rehab reporting was integrated with the inpatient data reporting. The data now captures all comprehensive rehab services provided in the state regardless of whether they were provided in a comprehensive rehabilitation facility or an acute care facility.

This change will lead to a notably higher number of rehab visits being reported each year, which will give a clearer picture of the amount and types of rehab services Florida residents are receiving each year.

## Emergency Department Data Collection

Emergency department data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

In 2005, the Florida Center began collecting Emergency Department (ED) data as directed by §408.061(1)(a), Florida Statutes and Chapter 59B-9, Florida Administrative Code. This statute requires the reporting of all emergency department visits where ED registration occurred, but the patient was not admitted for inpatient care. Accordingly, all patients registered by the facility generate a record from the emergency departments by their acuity level using an evaluation and management (E&M) code to indicate the level of seriousness of their condition.

Data elements include the hour of arrival, the patient's chief complaint, principal diagnosis, race, ethnicity, and external causes of injury. The data elements reported are

very similar to those used for reporting ambulatory surgery data. This report is electronically transmitted by the facilities to the Agency via a secure Internet data submission system.

As of December 2009, more than 40 million emergency department records have been collected, processed, and certified by the Florida Center. The volume of Emergency Department (ED) records collected has steadily increased since the inception of the program with approximately 5.7 million records collected in 2005, 5.8 million in 2006, 5.7 million in 2007, and 6.5 million in 2009. Since the first year of reporting, the ED data collected has nearly doubled the number of records collected for inpatient admission and ambulatory surgeries over the same reporting period.

Pursuant to §408.062(1)(i), Florida Statutes, the Agency analyzes the use of emergency department services by patient acuity level and assess the impact of emergency department services on the increase in hospital costs when non-urgent care is provided in emergency departments. This analysis is provided each year to the Florida Legislature.

#### Facility Outreach Program

In 2008, the Florida Center Office of Data Collection formally announced the establishment of the Facility Outreach Program (FOP). This program displays the Florida Center's commitment to provide customer-focused support to facilities struggling with discharge data reporting. The Facility Outreach Program uses process metrics to proactively identify struggling facilities and assist them by:

- Reaching out to establish a dialogue with the facility's submission staff;
- Identifying the functions or actions at the root of the delinquency;
- Identifying the resources available to mitigate and improve deficient areas;
- Constructing a recovery plan to re-establish reporting currency; and
- Monitoring progress through regular status review calls.

With the FOP and facilities working together, there has been tremendous increase in the speed and accuracy of data collection. In June 2008, (when the outreach efforts began) 195 quarters of data from 123 facilities were past due. After four months of outreach efforts, 90% of data files were submitted and certified. In the first year-and-a-half of operation, the outreach program won two Davis Productivity Awards for its notable success in increasing data accuracy.

#### Data Guide

The administrative rules that govern the Florida Center's data collection program do not function well as guidelines to assist in the submission of patient data. The Office of Data Collection provides assistance with patient data submission through the *Guide to Submitting Inpatient & Ambulatory Discharge Patient Data* (Data Guide). The Data Guide draws upon years of questions, comments, and requests that have been received

by Agency's staff. The Data Guide represents a commitment to helping facilities with the complex task of filing discharge data.

The Data Guide helps facilities clearly understand what data to file, when to file it, and how it should be filed. The Data Guide is continually updated to reflect changes in the administrative rules or the UB04 claims form.

## Recent Developments

The demand for healthcare transparency continues to drive the Florida Center to collect growing volumes of complex data in a more efficient manner. There is a corresponding need for greater technological supports to collect, validate, and analyze the data.

It is anticipated that in 2011, the Florida Center will begin to move a significant portion of its submission and validation process online. This will increase efficiencies as the number of steps from initial data submission to public release is steadily reduced. Future goals include the movement to more "real-time" data submissions and a "universal format" where facilities can submit their data daily or weekly in the format of their choosing.

## Risk Management and Patient Safety

The Risk Management and Patient Safety Program is guided by Chapter 395 and §641.55, Florida Statutes.

The Risk Management & Patient Safety Program is housed within the Office of Data Collection, Data Quality, and Patient Safety. In 2007, the Agency's Adverse Incident Reporting Unit was transferred from the Division of Health Quality Assurance to the Florida Center. The goal of this transfer was to begin using facility adverse incident reports to provide health care facilities with quality feedback on best practices to ensure patient safety.

Adverse incidents are medical incidents as defined in §395.0197, Florida Statutes (F.S.), which result in one of the following injuries:

- Patient death;
- Brain or spinal damage to a patient;
- Removal of unplanned foreign objects remaining from a surgical procedure;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- A resulting limitation of neurological, physical, or sensory function, which continues after discharge from the facility;
- Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than

- emergency medical condition, to which the patient has not given his or her informed consent;
- Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident;
  - The performance of a surgical procedure on the wrong patient, wrong surgical procedure, wrong site surgical procedure, or a surgical procedure unrelated to the patient's diagnosis or medical condition;
  - Required surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
  - Was a procedure to remove unplanned foreign object remaining from a surgical procedure.

Hospitals and ambulatory surgical centers are required by law to report adverse incidents to the Agency, as defined in §395.0197, F.S. Health maintenance organizations are also required to report adverse incidents as defined in §641.55(6), F.S. The requirements for nursing homes and assisted living facilities to report adverse incidents are defined in §400.147, and §429.23 (2) and (3), F.S., respectively.

The Agency publishes quarterly reports on adverse incidents from hospitals, ambulatory surgical centers, health maintenance organizations, nursing homes and assisted living facilities. The reports can be viewed on the Risk Management and Patient Safety website at [www.ahca.myflorida.com/SCHS/risk/index.shtml](http://www.ahca.myflorida.com/SCHS/risk/index.shtml) or the Agency website at <http://apps.ahca.myflorida.com/dashboard/> under "Health Care Providers."

In 2009, the Risk Management & Patient Safety Program and Agency Information Technology Division collaborated to deploy a new online system by which facilities can submit their statutorily mandated annual risk management reports. This system reduced the amount of time required to submit these reports by an average of two weeks, thus saving each facility an average of more than \$4,000 in staff time. This accomplishment was acknowledged with a Davis Productivity Award.

A Risk Management newsletter is produced, on an as-needed basis, by the Risk Management & Patient Safety Program. The purpose of this newsletter is to effectively communicate with risk managers throughout the state. The newsletter contains relevant policy information, identifies any issues of concern to risk managers, provides answers to frequently asked questions, and highlights best practices in patient safety and risk management.

## Office of Data Dissemination and Communication

Data dissemination and communication is guided by §408.063, Florida Statutes. Technical assistance is provided to customers as required by §408.05(4), Florida Statutes.

The Office of Data Dissemination and Communication performs several functions to ensure the public has access to health care information to assist them in making well informed health care decisions. The public includes, but is not limited to, consumers, policymakers, the Legislature, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates.

The Office of Data Dissemination and Communication developed and maintains the consumer health care website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The website provides easy access to health care data, encourages health care transparency, and includes a variety of information to assist consumers and professionals with their medical needs and medical research.

The Office of Data Dissemination and Communication also fulfills numerous data request and provides customers with technical assistance, per §408.05(4), Florida Statutes, to address their specific health care data needs by utilizing a variety of database sources. These database sources include acute-care hospital, ambulatory surgery center, emergency department, comprehensive rehabilitation, and hospital financial data.

The Office of Data Dissemination and Communication offers consumer health care education through a Consumer Awareness Series and community outreach programs. The brochures within the Consumer Awareness Series cover topics such as Florida Medicaid, home health care, long-term care, end-of-life issues, and patient safety. The participation in community outreach programs heightens awareness about the health care information available from the Agency for Health Care Administration (Agency) and the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website.

### Data Dissemination Requests

Typically, data requests that come directly to the Office of Data Dissemination and Communication fall into the following categories:

- requests for de-identified data (limited data set);
- requests for standard reports;
- requests for ad hoc reports;
- requests for publications; and
- requests for other information.

## A Brief Synopsis of the Process

Requests for data are processed upon written request and may be submitted to the Office of Data Dissemination and Communication via mail, fax, or e-mail. Customers are required to complete a Limited Data Set Data Use Agreement form in order to receive access to de-identified patient data. Many of these data requests require a service fee.

Information on the data available and prices for data are listed in the [Data Catalog and Price List](#) on the Agency's website; however, prices for ad hoc reports are estimated based on the time required to complete the report. Completed customer orders are mailed after payment is received. Federal, state, or municipal government agencies are not charged.

Requests for data are typically filled within ten working days of payment receipt. The number of days to fill an ad hoc request is subject to the time required to run the query and check the results.

The order contains the information requested on the proper media (paper, CD-ROM, or DVD) and the invoice. Orders are available for customer pick-up or sent via e-mail (excluding confidential data), priority mail, UPS, or Federal Express. Orders sent via UPS or Federal Express are shipped at the customer's expense.

A detailed log is maintained for tracking purposes. Monies received are handled through the Bureau of Finance and Accounting within the Agency. Copies of requests, checks, invoices, and fax receipts are kept on file for each customer. For more information on ordering data, please contact the Office of Data Dissemination and Communication at 850-412-3730 or visit [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

## Requests for De-identified Data

Hospital inpatient, comprehensive rehabilitation, ambulatory surgery, and emergency department data are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data. When completed, the Limited Data Use Agreement form is forwarded to the Administrator for signature. Upon authorization, the original Agreement form is maintained in the Office of Data Dissemination and Communication, and the applicant receives a copy of the form.

The following data items are not included in the limited data set:

- patient identification (ID) number,
- Social Security number,
- masked Social Security number,
- infant linkage identification number,

- masked infant linkage identification number,
- date of admission,
- date of discharge,
- visit beginning date,
- visit ending date,
- age in days,
- payer (restricted with Social Security number and patient ID),
- date of birth, and
- procedure dates.

Calculated information is added to the database that includes the state of residence, county of residence, age at admission, age in days, days to procedure, day of week of the admission, length of stay, and Diagnostic Related Group or Medicare Severity Diagnostic Related Group (beginning with 4th quarter 2007 inpatient data). The data is further enhanced by the addition of mod code (type of facility), pro code/client code, facility county and facility region.

The patient-level limited data set is sold by quarter and is available on CD or DVD by facility, county, facility region, or statewide data. The Office of Data Dissemination and Communication processed approximately 5,690 data requests in 2010.

Confidential data are available under very strict conditions, but not to the general public. For more information, please contact the Florida Center's Security Administrator at 850-412-3730.

#### Requests for a Standard Report

The Office of Data Dissemination and Communication disseminates a number of standard reports:

- **Prior Year Report.** This hospital fiscal year financial data report is listed on standardized financial worksheets. Reports are available as a printout or as an e-mail attachment.
- **Audited Financial Statement.** This hospital financial report is prepared by an independent auditor. It includes the auditor's opinion, hospital's balance sheet, statement of cash flow, statement of revenues and expenses, statement of changes in fund balance, and financial statement notes. Reports are available as a photocopy or as an e-mail attachment.
- **Hospital Financial Data.** This hospital report contains fiscal year facility-level information and is available on CD-ROM or as an e-mail attachment. The data contain audited information on hospital revenues, expense/expenditures and depreciation, medical staff data, selected discounts and prospective payment arrangements, and other statistics and general data for each hospital.

## Requests for an Ad Hoc Report

An ad hoc report may be requested for customers looking for very specific information not included on a standard report or for customers who do not wish to purchase an entire data set to obtain information. An example of an ad hoc report request would be a request for the average length of stay of patients admitted to the hospital with diabetes as principal or secondary diagnosis, by year, from 1995 to 2000.

By nature, ad hoc requests are very precise and can be very technical. A customer requesting an ad hoc report might receive a telephone call or an e-mail from a Florida Center staff member with specific questions about the query. Completed reports may be disseminated on paper, e-mail, CD-ROM, or DVD. They vary in length, time to produce, and cost to the requester. Each report is cross-verified and reviewed before release.

## FloridaHealthFinder.gov Website

A consumer focused website displaying information on health care facilities, health plans, physicians, pharmacies, and more is required by §408.05(3)(k)(3), Florida Statutes.

The nationally recognized website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) was established to assist consumers in making informed health care decisions and lead to improvements in quality of care in Florida. This website provides a facility and provider locator and tools to compare hospitals, ambulatory surgery centers, emergency departments, hospice providers, physician volume, health plans, nursing homes, and prices for prescription drugs.

The website also provides the A.D.A.M. Multimedia Health Encyclopedia and Symptom Navigator; RSS (Really Simple Syndications) Facility Feed Builder; information about insurance, medications, seniors, medical conditions, resources for the uninsured; consumer health care publications; and information for health care professionals. The hospital and ambulatory surgery comparison tool on the “Florida Consumers” side of the website provides performance data for selected medical conditions and procedures in Florida’s hospitals and ambulatory surgery centers, including volume, charges, length of stay and a separate section for pediatric data. Additional hospital information includes rates for readmission, mortality, infections, and complications. Other comparison tools on the website:

- **Health Plan Comparison Tool** presents information on member satisfaction, coverage areas, and quality of care.
- **Hospice Comparison Tool** presents the results of surveys completed by family members of patients who received hospice care.

- **The Nursing Home Guide** allows the public to compare nursing homes based on surveys and inspections conducted by the Agency.
- **The Prescription Drug Price Comparison Tool** link takes the consumer to [www.MyFloridaRx.com](http://www.MyFloridaRx.com) where they can compare prescription retail prices at Florida pharmacies.

Health data tools on the “Researchers and Professionals” side of the website allow specialized data queries that require users to have some knowledge of medical coding and terminology. The inpatient query tool allows a user to search by diagnosis and procedure codes, as well as Medicare Severity-Diagnostic Related Group (MS-DRG codes). The outpatient query tool allows users to search by Current Procedural Terminology (CPT) procedure codes and ICD-9-CM diagnosis and procedure codes. The emergency department query tool allows users to search by the patient’s reason for visit, diagnosis, and evaluation and management codes (based on the principal CPT code).

Results from the query tools can be returned by various demographics and other criteria. The results of the queries will return the most recent four quarters (one year) of data. Note that only principal diagnoses and procedures are used. Queries using secondary diagnoses and procedures must be requested from the Office of Data Dissemination and Communication.

#### Multimedia Encyclopedia and Symptom Navigator

The A.D.A.M. Multimedia Health Encyclopedia includes information on more than 1,600 diseases and conditions, along with over 3,900 unique articles covering conditions, procedures, treatments, surgeries, tests and more. Some of the articles include links that allow users to compare health care data from Florida hospitals on a particular condition or procedure covered in the article. It also includes over 3,000 illustrations, diagrams, photos, and over 80 multimedia videos to give visitors information in various formats. The patient health care videos cover common health topics, such as tracking your blood pressure at home, the difference between a cold and the flu, and how to use an asthma inhaler.

This interactive tool also includes Care Points, which feature over 300 topics covering the most common health issues, like gallbladder removal, spine surgery, cancer, and heart failure. Care Points are designed to help patients become more active participants in their care, both before and after their doctor visits. Care Points cover four clinical areas where patients need information the most. These clinical areas include patient education on discharge information, pre-operative information and instructions, self care information, and suggested questions to ask your doctor.

The Symptom Navigator allows the user to click on a human figure, adult or child, male or female, to find information related to particular symptoms, like lower back pain, knee or elbow problems, then provides the user with a variety of links that open up articles in the Multimedia Encyclopedia related to the symptom.

## Hospitals and Ambulatory Surgery Centers Performance Data

The FloridaHealthFinder.gov website provides a clear, transparent view of performance data for over 150 selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory (outpatient) surgery centers. For either type of facility, the user can make a selection based on health care conditions or procedures, facility name, and/or the geographic location of the facility. This information is updated on a quarterly basis.

An easy-to-use navigation tool, helps consumers generate reports that compare hospital inpatient care by volume, average length of stay, range of charges, mortality, complications, infections, and readmissions. The data comparison tool for ambulatory surgery centers currently offers data on the number of visits and range of charges. Information is also provided on various conditions and procedures specific to the pediatric population, which provides parents with a powerful resource to find key information when faced with the hospitalization of a child.

When reviewing results based on your search criteria, each facility name is then linked to a Profile Page where additional information regarding that particular facility can be found. In addition to providing an interactive search that allows consumers to view and compare the information for specific facilities, the website provides a map that allows consumers to select a county or region, view descriptions of each procedure, and an explanation of why the data may differ from facility to facility.

### Hospitals – Inpatient Care

When a user selects “Hospitals – Inpatient Care” on the Web page, the user is offered the following choices:

- Hospital Performance, Health Outcome and Pricing Information; and
- Facility Profiles.

The first choice provides a search by a particular medical condition or procedure for adults or pediatrics. Both choices provide the user the option to search by geographic location or overall facility performance. The geographic option includes a search by location, facility name, or special services. Special services include those hospitals that have trauma centers, primary or comprehensive stroke centers, burn units, teaching hospitals, and more.

The health care data presented for hospitals includes volume, charges, length of stay, and readmission rates. Total hospitalizations (volume) are the total number of patients treated at that hospital for a particular condition or procedure. Charges are represented as a range with the lowest and highest charge for a particular procedure or condition for patients discharged from the hospital. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers. The hospital charge does not include physician fees, nor does it reflect the actual cost or the amount paid for the care. The amount that a patient pays depends on the type of insurance

coverage, co-payments and/or deductibles, if a patient is uninsured, or whether that patient qualifies for discounts under the hospital's discount or charity policies.

The average length of stay represents the typical number of days a patient stayed in the hospital for a particular condition or procedure. It is adjusted using the 3M APR-DRG risk adjustment methodology to account for hospitals that take care of patients who are sicker and require more treatment or resources than the "average" patient.

The Potentially Preventable Readmissions (PPRs) rate information on the website is based on patients ages 18 and older and on pediatric patients readmitted to the same facility or another short term acute care hospital within 15 days of the original admission for the same or related condition. This rate is assigned to the hospital that first admitted the patient regardless of where the patient is readmitted. Since sicker patients are more likely to be readmitted, the readmission rate is adjusted for the severity of patients' illness. Return hospitalizations are identified when readmission may have resulted from the process of care and treatment or lack of post admission follow-up rather than unrelated events that occurred post admission. This information became available for adults in June 2008 and pediatrics in April 2010.

#### Mortality Rates, Complication and Infection Rates

Along with the measures described above, the website also presents mortality (Inpatient Quality Indicators) and infection/complication (Patient Safety Indicators) rates for hospitals. These measures were developed by the Agency for Healthcare Research and Quality (AHRQ).

Inpatient Quality Indicators are a set of measures that reflect the quality of care given in hospitals. They include measures of mortality for selected medical conditions and surgical procedures; utilization of procedures for which there is overuse, underuse and misuse; and volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality.

Patient Safety Indicators are a set of measures that help identify potentially preventable complications and infections that may occur during hospitalization. These indicators provide an initial measure of inpatient complications following surgeries, medical procedures, and childbirth.

#### Ambulatory (Outpatient) Surgery Centers - Includes Hospital Based

When a user selects "Ambulatory (Outpatient) Surgery Centers - Includes Hospitals" on the website, the user is offered information on the following:

- Number of visits and charges (includes pediatrics); and
- Facility Profile.

A second set of choices allows the user to search by the geographic location of facilities, by medical conditions or procedures, or by the overall facility performance.

When a user selects the number of visits and their secondary choice is “search by medical condition/procedure,” then the user can choose from the top performed surgeries or procedures. The website reports procedures by volume and charges. Charges are represented as a range of charges with the lowest and highest charge for a particular procedure based on the interquartile range. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers.

## Florida Health Plans

The “Compare Health Plans” section of [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) displays comparative information for Florida health plans. The plans include commercial Health Maintenance Organizations (HMOs), commercial Preferred Provider Organizations (PPO), Florida Healthy Kids, Florida Medicaid and Florida Medicare managed care health plans. Comparison information includes a listing of health plans available in each Florida County (coverage areas); quality of care indicators; and member satisfaction survey results. The quality measures are used to report the performance of health plans. Consumers can use this information to help them decide which health plan to choose.

Purchasers of health care use the information to compare health plans and determine the relative value of care offered by managed care health plans. These measures allow the public to understand how well health plans achieve results that matter, such as, effective and accessible delivery of care. The data come from the Health Plan Employer Data & Information Set (HEDIS) and include measures for adolescent well-care visits, well-child visits, diabetes care, and other information.

Information on member satisfaction is obtained from the Consumer Assessment of Health Plans Survey (CAHPS). Health care organizations, health care purchasers and consumers can use CAHPS results to assess the patient-centeredness of care, compare health plan performance, and improve quality of care. Consumers can also compare health plans monthly premium rates via a link to the Office of Insurance Regulation and find additional resources on many health insurance topics.

## Hospice Providers

The hospice comparison tool presents the results of the "Family Evaluation of Hospice Care" survey. The survey is given to families whose loved one received services from Florida hospice providers. It asks family members their view on the care provided to the patient and their experience with hospice. The five satisfaction measures include meeting the patient's personal needs, respect for the patient, information provided to the family, the response of evening and weekend needs, and overall patient care.

## Facility/Provider Locator

The Facility/Provider Locator tool provides consumers with multiple search options for facilities and providers. Consumers can search by name, street address, zip code, AHCA number, license number, administrator or chief executive officer, owner, and/or emergency actions. Depending on the facility or provider type, advance search options might include: bed type, specialty license, service area, special programs and services, certification status, and other options.

From the profile page of each facility or provider, a user can link directly to our Agency's inspection reports and emergency actions (if applicable). Additionally, hospitals, hospice providers, and ambulatory surgery centers include a link to the Compare Care part of the website where health care information on volume, quality of care, and other data can be viewed; home health agencies have a link to a comparison tool for Medicare and Medicaid certified agencies; and nursing homes have links to our Agency's Nursing Home Guide and a Medicare comparison tool.

Examples of the information available on the profile pages include:

- The types and numbers of beds at assisted living facilities, hospitals, nursing homes, residential treatment facilities, and other facility types (where applicable);
- Service areas (counties) served by home health agencies, hospices, nurse registries, homemaker/companions, as well as the listing of satellite offices for home health agencies and hospice providers;
- Hospital listings which includes the Chief Executive Officer, links to hospital websites (when available), specialty programs and services, and accreditations;
- Specialty licenses for assisted living facilities; and
- Medicare and Medicaid Certification for home health agencies.

## Recent Developments

During 2010, there were many enhancements and additions to the FloridaHealthFinder website. Among, those were adding physician volume, pediatric potentially preventable readmissions, pediatric quality indicators (PDIs), consolidating and streamlining how measures are displayed, and enhancing health plan data.

In early 2010, Florida Center staff worked with the Data Standards and Transparency (DST) Committee on a pilot project to display physician volume data on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The pilot was a success and the website now includes physician volume data for total hip replacements (ICD-9 code 81.51) and total knee replacements (ICD-9 code 81.54) performed by the operating physician. It excludes those

physicians who performed less than 10 total hip and knee replacement procedures statewide.

The website also allows the user to see the information by facility (listing all the physicians performing the procedure at a particular facility) and by physician (listing all the facilities in which the physician performs the procedures). The physician volume data includes a total of 12 months of data and is updated quarterly. As recommended by the DST and the Advisory Council, it includes a landing page with information on hip and knee replacements, such as educational information, charges, readmission rates, etc. The data went live in December 2010.

The Pediatric Potentially Preventable Readmission rates (PPRs) as well as the AHRQ Pediatric Indicators (PDIs) were added to the website in early 2010. The PPRs include all conditions and procedures currently on the website, excluding cancer care. The following PDIs are displayed using 3 years of data (that incorporates the Present on Admission indicator, when applicable):

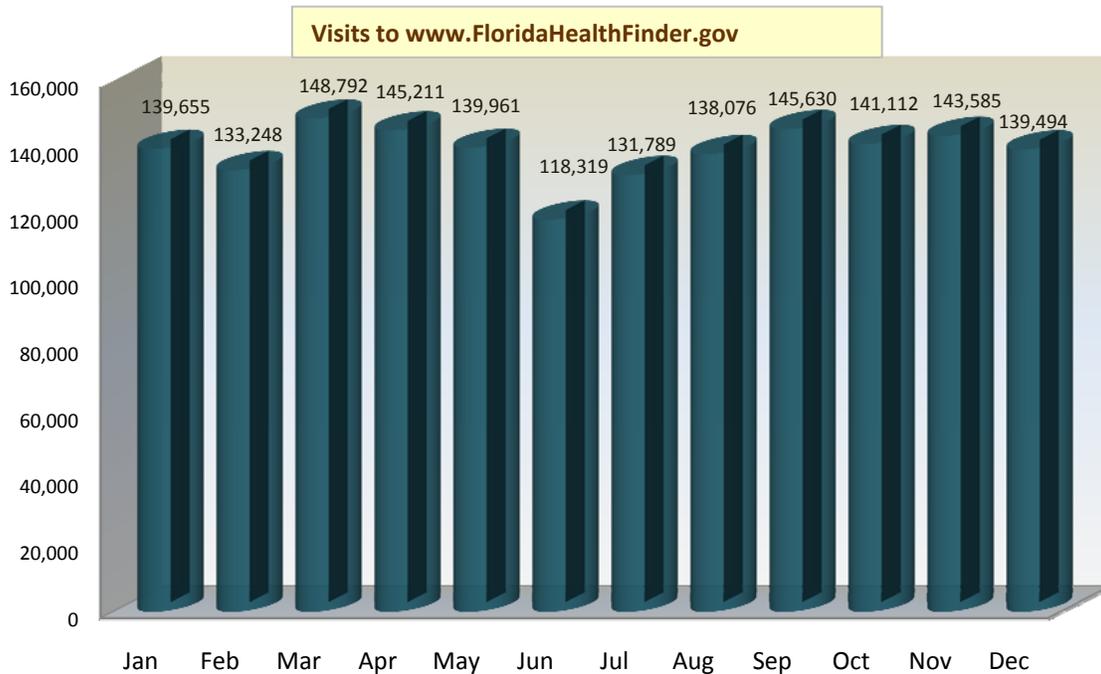
- **PDI 1** – Accidental Puncture or Laceration
- **PDI 6** – Pediatric Heart Surgery Mortality
- **PDI 7** – Pediatric Heart Surgery Volume
- **PDI 10** – Post Operative Sepsis
- **PDI 12** – Selected Infections Due to Medical Care

The PDIs are a set of measures to provide a perspective on quality of pediatric healthcare. Specifically, they screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

To enhance the display of measures on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov), the number of steps to obtain outcome information was reduced and streamlined to be more consumer friendly. Currently, six complication and infection measures results are presented on one page. In addition, the data comparison tools are continuously updated with the most current data available.

The Compare Health Plans tool was expanded in 2010 for Medicaid HMO by adding Medicaid Non-Reform HMO, Medicaid Reform HMO, Medicaid Non-Reform Provider Service Network (PSN), and Medicaid Reform PSN plans to display county coverage, HEDIS quality of care measures and CAHPS member satisfaction results.

In 2010, there were a total of 1,664,872 visits to [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) compared to 1,351,713 visits in 2009, representing an increase of 23%. The chart below shows the visit numbers per month in 2010.



## Community Outreach and Education

The Agency shall publish and disseminate information to the public which will enhance decision making as mandated by §408.063(2), Florida Statutes.

The Office of Data Dissemination and Communication provides community outreach and education through the publication of consumer materials, response to requests from the public, and participation in community outreach programs.

E-mail requests from the public received through [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) are responded to by staff from the Office of Data Dissemination and Communication. Requests include information on specific health care facilities and providers; Medicaid and other insurance questions; data requests; educational information on health care issues; and requests for referrals to meet basic needs like health care, medication, insurance, food, and shelter. In 2010, the Florida Center responded to 1,478 requests for information.

Staff from the Office of Data Dissemination and Communication also initiate and participate in community-based programs, as authorized by §408.063(3) and §408.063(6), Florida Statutes. Such programs educate the public about health care issues, make consumer brochures available, and introduce the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website.

During 2010, staff from the Office of Data Dissemination continued to provide consumer outreach and education about [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) through the distribution of website pamphlets, bookmarks, and other consumer brochures. Outreach has included participation and presentations at health and wellness fairs, employee benefit fairs, and health conferences. Brochures and pamphlets are also distributed by the Agency's Area Medicaid Offices in their outreach activities. In July 2010, training sessions about the website were conducted for staff from various health and human services agencies and the Governor's Office. Outreach efforts will continue to be a priority in 2011, as health care transparency and the availability of easy to access online information and tools will empower Floridians to become well informed health care consumers.

Staff from the Office of Data Dissemination and Communication continues to develop ideas for outreach through an Internal Communications Team charged with preparing an action plan and marketing strategies for increasing visits to the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website. This internal team works in conjunction with the State Consumer Health Information Policy Advisory Council (Advisory Council) and the Data Standards and Transparency Committee. Together, they work to expand and enhance marketing efforts by developing training videos on how to navigate the website, initiating outreach efforts through the Advisory Council members' colleagues, as well as researching and developing Web 2.0 marketing strategies.

## Consumer Awareness Series

The Consumer Awareness Series is directed by §408.063(2), Florida Statutes.

The Consumer Awareness Series is written for the health care consumer. The series consists of brochures designed to assist the public in making informed health care decisions. The brochures are 15 to 20 pages in length and are available in English or Spanish. They can be ordered by calling the Agency's Call Center and are available on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The brochures contain general information on a health care topic, as well as a resource directory for further information. From January through November 2010, 36,389 brochures were distributed. Of the brochures distributed, 85.8% were English (31,252) and 14.1% were Spanish (5,137). The brochures include:

- A Patient's Guide to a Hospital Stay;
- Assisted Living in Florida;
- End of Life Issues - A Practical Planning Guide;
- Florida Medicaid - A Reference Guide;
- Health and Human Services Programs;
- Health Care Advance Directives (available only online);
- Home Health Care in Florida;
- Long-Term Care;
- Patient Safety; and
- Understanding Prescription Drug Costs.

## Office of Health Policy and Research

Health care research, policy analysis, studies, and reports are guided by §408.062, Florida Statutes.

The Office of Health Policy and Research has many functions within the Florida Center for Health Information and Policy Analysis (Florida Center). The primary functions include the production of statutorily mandated reports, administration of the Medicaid Electronic Health Record Incentive Program, policy and analytic support for the development of Medicaid Health Information Network tools, and research and analyses of the data collected by the Florida Center to support the Agency for Health Care Administration's (Agency) mission.

The Office of Health Policy and Research is involved in analyses of other emerging health care policy initiatives and transforms the data collected by the Florida Center into information that the public can use.

The Office of Health Policy and Research also collaborates with researchers nationally to identify trends in health care utilization. Copies of any report discussed in this section are currently available at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

### Medicaid Electronic Health Record Incentive Program

Section 4201 of the American Recovery and Reinvestment Act (ARRA) authorizes federal funding for the adoption and meaningful use of certified Electronic Health Record (EHR) technology.

The Office of Health Policy and Research is responsible for the implementation of the Florida's Medicaid Electronic Health Record Incentive Program, as established by the American Recovery and Reinvestment Act of 2009 (ARRA). The ARRA provides 100 percent Federal Financial Participation (FFP) for state expenditures for provider incentive payments to encourage Medicaid health care providers to adopt, implement and operate certified Electronic Health Record (EHR) technology. ARRA also established a 90 percent FFP for state expenses related to planning and administration of the incentive payments and for promoting EHR adoption.

Eligible professionals may receive up to \$63,750 in incentive payments over 6 years. Incentive payments to eligible hospitals are based on a complex formula in which a base incentive amount for each hospital is modified by the number of Medicaid patient discharges, as well as other factors.

## Recent Developments

The Agency was awarded \$1.8 million in planning funds effective February 4, 2010. In order to implement the incentive payment program, the Agency must have a State Medicaid Health Information Technology Plan (SMHP) submitted and approved by the Centers for Medicare and Medicaid Services (CMS). This plan and a request for implementation funding were submitted to CMS on December 2, 2010.

The SMHP includes the implementation plan for the administration of the electronic health record incentive program; the Agency's oversight of incentive payments made to eligible Medicaid providers; an "As-Is" assessment for Health Information Technology (HIT) activities within the state and the Medicaid program, the development of a vision or "To-Be" for HIT activities through 2014; the identification of specific actions necessary to implement the incentive program; and the creation of a road map of steps to move from the "As-Is" to the "To-Be" HIT landscape.

In order to be approved by CMS to begin making payments, the Agency must create tools and other outreach for communication about the EHR program, post information on its website, test the exchange of information with CMS in order to accept provider registrations in the program, and make sure a system is in place to guarantee the right payments go to the right providers before payments begin. The target date for this program to be fully operational, allowing provider enrollment and incentive payments is August 2011.

Information on specific eligibility and payment for eligible professionals and hospitals can be found at <http://www.fhin.com/FHIN/MedicaidElectronicHealthRecordIncentiveProgram.shtml>.

## Personal Health Record (My Florida Health eBook)

The Medicaid Personal Health Record (PHR) is a free Web portal for Medicaid beneficiaries that offers secure access to their Medicaid claims records and allows them to enter pertinent health-related information for themselves or their family. The Medicaid PHR provides a platform for Medicaid beneficiaries to access their personal health information, which includes appointment reminders, milestone charts, information about health conditions and recommended preventive services. Beginning in 2011, the Medicaid PHR will include Medicaid claims records for Medicaid beneficiaries who register with the service.

The Medicaid PHR is made possible through an innovative partnership that includes the Agency, Availity, LLC, HealthTrio, LLC and Healthwise® - at no cost to taxpayers. Availity, LLC, is the vendor providing the Medicaid Health Information Network for physicians, and holds the contract with HealthTrio, LLC, to offer a consumer Web portal. Healthwise provides the Healthwise Knowledgebase to deliver health-related content posting in the Medicaid PHR. More information on the PHR, My Florida Health eBook can be found at <https://ahca.healthtrioconnect.com/login.cfm>.

## Health Plan Quality Indicator Data Collection

Health plan quality indicator data collection is required under §641.51(9), Florida Statutes and implemented under Chapter 59B-13, Florida Administrative Code. Information on health plans performance measures is required under §408.05(3)(k)(2), Florida Statutes.

Health plan quality indicator data are reported in a summary format by Florida's licensed health maintenance organizations for each line of business (commercial, Medicare, and Medicaid). The health plan quality data display annual statewide quality measures gathered by health plans. This reporting process began with data reported in 1999. This information was published in an HMO report card from 2000 until 2005. Information from 2006 to 2009 was previously available electronically on the website. The data from 2000-2009 is available on request. Current information from 2010 is available electronically on our website at [www.FloridaHealthFinder.gov/HealthPlans/](http://www.FloridaHealthFinder.gov/HealthPlans/).

### Data Collection Summary

Quality indicator data typically display the percentage of eligible members who have received a specific health care service during the measurement year. Quality indicator measurement specifications are prescribed in the Healthcare Effectiveness Data & Information Set (HEDIS) technical specifications manual. This manual is available from the National Committee for Quality Assurance (NCQA). Technical specifications are updated annually in order to reflect medical coding changes, to clarify requirements, and to improve the quality measures.

The indicators reported to the Agency for Health Care Administration (Agency) include measures of chronic disease management, preventive health care, prenatal care, infant checkups, children, and adolescents. Chronic disease management indicators address diabetes care, asthma medications, and controlling high blood pressure. Preventive health care indicators include breast cancer screening, cervical cancer screening, and Chlamydia screening in women.

As indicated in the HEDIS manual, selected measures are not reported annually. A rotation schedule is issued by the NCQA. This notifies health plans of the indicators that are required for the subsequent reporting cycle. Rotated measures are usually reported every two years. Quality indicator data submitted to the Agency also include supplementary information such as the number of eligible members, sample size, confidence intervals, and whether administrative or hybrid methodology were used to calculate the reported rate.

### A Brief Synopsis of the Process

The health plan quality indicator data is reported October 1st every year. The data is for the previous measurement year or other measurement period as specified by HEDIS. Since 2001, a statement from an independent auditor must certify that the indicator data

is a fair and accurate representation of the specified health care services afforded to Florida members of the health maintenance organization (HMO). The independent auditor must be approved by the Agency.

Staff within the Office of Health Policy and Research reviews the reports and certification documents for completeness and consistency with reporting requirements. Missing or small values are checked to determine whether the health plan had an eligible population of sufficient size to report a valid indicator. HMOs are asked to explain or resubmit their report if there are any irregularities. In early 2010, the Agency began posting quality indicator data for Medicaid Reform plans and Medicaid Provider Service Networks (PSN).

## Consumer Assessment of Health Plan Survey Data

An annual survey of health maintenance organization (HMO) members is required by §641.58(4), Florida Statutes. The Agency is required to conduct the survey to determine the satisfaction of health plan members. Surveying for commercial health plans is implemented under Chapter 59B-14, Florida Administrative Code. The display of health plans performance measures is required under §408.05(3)(k)(2), Florida Statutes.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) data contain the results of an annual statewide survey. Members in each Florida licensed health maintenance organization (HMO) health plan, certain preferred provider organizations (PPO), and indemnity health plans are surveyed. The Agency also surveys Florida Medicaid and Healthy Kids plans. A separate survey is conducted by commercial plans and is submitted to the Agency as required by rule. Data for members of Medicare managed care plans may be viewed on the Centers for Medicare and Medicaid Services website.

### Data Collection Summary

The CAHPS data contains the responses of members to a set of questions regarding their experience with their health plan. The CAHPS survey includes questions about health care utilization, access to care and specialists, communicating with health care providers, customer service, experience with claims processing, and overall satisfaction with the health plan.

The CAHPS survey instrument was developed by the Federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance. Public release version 4.0H was used in 2010. The Medicaid and commercial versions of the CAHPS are used, as appropriate, and a Spanish language version is also used as required. CAHPS 4.0H includes both a survey of health care for adults and a parent/child survey that contains additional questions applicable to children's health care and interaction with their child's health care providers.

## A Brief Synopsis of the Process

The adoption of an administrative rule (Chapter 59B-14, F.A.C.), changed the process for surveying different commercial plans, as opposed to the other plan types (Medicaid and Healthy Kids). Additionally, under provisions of this rule; in 2006, the Agency began publishing member satisfaction data for PPO and Indemnity plans. The rule requires that commercial health plans (HMO, PPO and Indemnity) contract with NCQA-authorized vendors to perform their survey and to send certified data results to the Agency.

In 2010, for noncommercial plans, the Agency contracted with the Survey Research Center at the University of Florida to conduct the survey by telephone interview. Member responses, excluding identifiers, were provided to the Agency in a data file.

## Recent Developments

Commercial health plans report data directly to the Florida Center. HMO plans report all items from the CAHPS survey, while PPO plans may report only eight specified CAHPS items in addition to the supplemental items. The data is certified and signed by the Chief Financial Officer, to attest that the information submitted is true and accurate. In 2010, there were a total of 18,771 completed surveys. The number of completed and reported CAHPS surveys by plan type for 2010 is shown below:

➤ Medicaid HMO surveys	8,100
➤ Healthy Kids HMO surveys	1,500
➤ Commercial HMO surveys	6,085
➤ Commercial PPO surveys	3,086

The Agency provides consumers a health plan link, [www.FloridaHealthFinder.gov/HealthPlans/](http://www.FloridaHealthFinder.gov/HealthPlans/), which displays comparative information about benefits and performance of health plans throughout Florida. The health plan website includes comparative information on performance measures, member satisfaction survey data, and county coverage areas for all managed care and most PPO and indemnity health plans in Florida.

Prior to 2008, most CAHPS items displayed were individual questions. Beginning with CAHPS survey data collected in 2008, the Agency modified some of the information that is displayed. With the more recent CAHPS data updates, many individual questions have been combined to form groups or composites of separate questions. Composites are displayed for “Getting needed care”, “Getting care quickly”, “How well doctors communicate”, “How well plans handle claims”, and “Getting help from customer service.”

The Agency believes that the consumer can obtain more information from comparing plan scores on these composite questions, rather than having to compare plans on each of the CAHPS questions underlying the composite questions. Further, many

national organizations report CAHPS data by the composites, thus comparisons can easily be made between Florida and national data.

## Publications and Reports

### Emergency Department Utilization Report

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that the Agency publish an annual report on the use of emergency department services, including an analysis of the treatment given by patient acuity level and the implications of increasing hospital costs in providing non-urgent care in emergency departments.

The Florida Agency for Health Care Administration (Agency) prepares an annual report on emergency department costs and utilization in Florida. The Agency initiated collection of all hospital emergency department (ED) records for ambulatory visits that do not result in a hospital inpatient admission beginning with visits in January 2005. This report provides patient demographic information and other characteristics of the visits to the ED for the most recent calendar year, as well as information on visits to the ED that resulted in an inpatient admission.

The analysis of the 2009 calendar year ED data, revealed that 68.2 percent of pediatric ED visits were made by children under age 9 and 73.9 percent of adult ED visits were for persons under age 55. The majority of ambulatory ED visits had a severity level of minor to moderate (pediatric 80 percent, adult 57.3 percent). Additionally, over 60 percent of pediatric and over 56 percent of adult Florida resident Medicaid ambulatory ED visits could have potentially been avoided through greater utilization of primary care services. This entire report can be accessed at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>

### Florida Electronic Prescribing Report

A report on the status of electronic prescribing (e-prescribing) is required by §408.0611(4), Florida Statutes.

The Electronic Prescribing Report presents a review of the progress of e-prescribing implementation in Florida; activities to promote e-prescribing; highlights of state, national, public, and private e-prescribing initiatives; Florida e-prescribing metrics; and recommendations to promote adoption of e-prescribing coordinated with other Agency health information technology initiatives. The fourth annual Florida 2010 Electronic Prescribing Report provides a general assessment of the status of e-prescribing in Florida. The first annual report on e-prescribing in 2007 was published in 2008, and all reports can be found at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>.

## Florida Health Care Expenditures Report

A report on the trends in expenditures for health care services, health care payers, and HMOs is required by §408.063(5), Florida Statutes.

The Florida Health Care Expenditures Report examines trends in expenditures for health care services, health care payers, and HMOs. The report focuses on data from the most recent calendar year available (2008), but also shows trends from 1992. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents. The next Health Care Expenditures report will detail spending in the calendar year of 2009. This Florida Health Care Expenditures report can be accessed on the Researcher and Professional tab under Research Studies and Reports at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>.

### Briefs

The Office of Health Policy and Research publishes statistical briefs on a variety of topics specific to inpatient and outpatient hospital utilization. The briefs provide descriptive and simple analyses of the data collected by the Florida Center and are available at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>.

## Agency for Healthcare Research and Quality Collaboration

Since 1989, the Florida Center has been a founding partner and participant in the federally funded Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality. This voluntary project builds on the data and efforts of state data organizations, state hospital organizations, and other private data organizations to create a national resource of health care data. Data from Florida, along with up to 38 other states, are combined. The personal health information is removed. This data is available for purchase to interested parties. Using this data, Florida can compare the overall performance of its facilities against that of other states, along with regional and national benchmarks.

Florida data is a key component in several Healthcare Cost and Utilization Project national databases, such as:

- National Inpatient Sample, the largest all-payer health care database in the United States;
- Kids' Inpatient Database, containing two million hospital discharges for children;
- State Ambulatory Surgery Databases; and
- State Emergency Department Databases.

Florida data are included in many publications of the Healthcare Cost and Utilization Project, including the National Health Disparities Report and the National Health Quality Report. In these reports, and related State snapshots briefs, the annual performance of

Florida facilities may be compared against the performance of other states. This allows researchers and policymakers to focus on deficient areas in Florida's health care system.

Finally, the Florida Center has partnered with the Agency for Healthcare Research and Quality and other states on various research projects. These efforts include:

- Understanding post-hospital mortality,
- The effects of vaccination on rotavirus hospital admissions,
- The use of clinical data to improve the performance of Quality Indicators, and
- Ways to improve the collection and utilization of patient racial and ethnicity data.

More information about the Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality, can be found at [www.hcup-us.ahrq.gov/overview.jsp](http://www.hcup-us.ahrq.gov/overview.jsp).

## Prescription Drug Price Website

The creation of the MyFloridaRx.com website is required by §408.062(1)(h), Florida Statutes.

The [www.MyFloridaRx.com](http://www.MyFloridaRx.com) website went live in June of 2005. The website was developed by the Agency and the Office of the Attorney General to help consumers shop for the lowest retail prices on prescription drugs in their area. The retail price is the price that an uninsured consumer, with no discount or supplemental plan, would normally pay. This is also known as the "Usual and Customary" price. The pricing information is updated on a monthly basis. In June 2010, the number of drugs displayed on the website increased from 100 to 150 of the most prescribed brand name drugs in Florida, along with their available generic drugs.

The price data is presented in a way that allows the information to be searched by:

- County;
- City; and
- Drug name.

This drug pricing website can be accessed at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) and [www.MyFloridaRx.com](http://www.MyFloridaRx.com). Individual pharmacies and their locations are listed with contact information and a map.

## State Health Data Directory

The creation of the State Health Data Directory is required by §408.05(4)(a)(7), Florida Statutes.

The State Health Data Directory was developed to assist individuals searching for health data and statistics. Its purpose is to facilitate referrals to the responsible data administrator. The administrator then provides detailed information regarding available data and promotes the efficient use of data for research and public policy purposes. The State Health Data Directory is available on our website at <http://www.floridahealthfinder.gov/StateHealthDataDirectory/Default.aspx>. The directory is updated annually by an e-mail survey of state agencies. Information is current and checked for accuracy as of the date indicated on each database entry.

There are over 110 entries in the directory that represent various health care related databases maintained by state agencies. Each entry contains information on the types of data collected, reporting entities, purpose of the database with statutory or rule reference, and contact information. If available, website references are provided.

## The Florida Center Confidential Data Review Committee

The Florida Center Confidential Data Review Committee (Committee) is coordinated through the Office of Health Policy and Research. The Committee reviews requests from governmental entities and parties under contract with the Agency. These governmental entities and parties may apply to use confidential information contained in the Florida Center databases. Data is considered confidential if it contains direct or indirect patient identifiers. The Committee reviews requests based upon their scientific merit, technical feasibility, and the lack of practical alternatives to using the confidential data.

Successful applicants must sign a Data Use Agreement that outlines the terms and conditions of their use of the Agency's confidential data. The Data Use Agreement contains provisions to ensure that the use of confidential data is consistent with state and federal law.

## State Consumer Health Information and Policy Advisory Council

The State Consumer Health Information and Policy Advisory Council is mandated by and conducted under the provisions of §408.05(8), Florida Statutes.

The mission of the State Consumer Health Information and Policy Advisory Council (Advisory Council) is to assist the Florida Center for Health Information and Policy Analysis (Florida Center) in reviewing the comprehensive health information system.

This includes the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities. The Advisory Council also recommends improvements for purposes of public health, policy analysis, and transparency of consumer health care information.

The composition and functions of the Advisory Council is described in §408.05(8) and §408.61 of the Florida Statutes. The Advisory Council is composed of fifteen members representing consumers, purchasers (employers), health insurers, local health councils, state universities, health associations, and state agencies. The Advisory Council meets quarterly each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting minutes are posted on the Internet at the link below [www.ahca.myflorida.com/SCHS/chis.shtml](http://www.ahca.myflorida.com/SCHS/chis.shtml).

The Advisory Council advises the Florida Center on their data sets, the types of data collected and their uses. The Advisory Council further advises the Florida Center on the development and implementation of a long-range plan for making health care quality measures and financial data available that will allow consumers to compare health care services. The health care quality measures and financial data include, but are not limited to, pharmaceuticals, physicians, health care facilities, health plans, and managed care entities.

The Advisory Council also provides guidance in the development of health information exchange and recommendations to enhance consumer reporting. The Advisory Council has also encouraged and participated in the continued expansion of the Agency for Health Care Administration's consumer-oriented website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

The Office of Health Policy and Research, within the Florida Center coordinates and staffs the Advisory Council and the technical workgroups organized to address specific issues in transparency of health care data reporting. The current workgroups are the Health Information Exchange Coordinating Committee (HIECC), the Health Information Exchange Legal Work Group (HIE Legal Work Group), and the Data Standards and Transparency Committee.

The Advisory Council held four meetings in 2010 and made key recommendations to the Agency for Health Care Administration (Agency) for the expansion and enhancement of public reporting of health care information on the website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Detailed information on the 2010 accomplishments of the Advisory Council can be found in the long range plan update at [www.FloridaHealthFinder.gov/researchers/studies-reports.aspx](http://www.FloridaHealthFinder.gov/researchers/studies-reports.aspx).

### Advisory Council Goals

The Advisory Council met March 26, 2010 to review the goals that were established in 2009. The identified goals and measurable objectives were prioritized by the best use of Advisory Council resources in 2010. The Agency reviewed the recommendations and

concurred that the following transparency goals be adopted by the Advisory Council for 2010:

- **Goal 1:** Improve and streamline Florida Center data collection
- **Goal 2:** Promote FloridaHealthFinder.gov
- **Goal 3:** Improve FloridaHealthFinder.gov
- **Goal 4:** Display physician volume information on FloridaHealthFinder.gov
- **Goal 5:** Pursue statewide HIE opportunities for the State consistent with national initiatives funded through the ARRA of 2009

## Technical Workgroups

In addition to the Advisory Council, the Florida Center received guidance and recommendations on a variety of topics from the Advisory Council technical workgroups during 2010. The mission of each workgroup is described below:

### Data Standards and Transparency Committee

The Data Standards and Transparency Committee (DST) was created in April 2008 to review national standards for reporting and to make recommendations to the Advisory Council on defining a standard method of reporting information for facilities, physicians and health plans. The Director of the Florida Center is the Chair of the DST. This committee meets at the call of the Advisory Council and was very instrumental in the reporting of physician volume data on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) in 2010.

### Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee (HIECC) was created in December 2007 to advise the Agency for Healthcare Administration (Agency) in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records. In 2009, Governor Crist designated the HIECC as the entity to advise the Agency on health information technology initiatives resulting from the American Recovery and Reinvestment Act.

### The Health Information Exchange Legal Work Group

The Health Information Exchange (HIE) Legal Work Group was reconstituted in 2009 on an on-going basis. The HIE Legal Work Group focuses on resolving legal and privacy issues related to Florida's health information exchange initiatives.

## Office of Health Information Exchange

Development, use and protection of electronic health records is guided by §408.062(5), Florida Statutes. Creation of a statewide health information network is guided by §408.05(4)(a)9.(b) and (c), Florida Statutes. Establishment and use of a Universal Patient Authorization Form is guided by §408.051, Florida Statutes.

In 2004, the Florida Legislature directed the Agency for Health Care Administration (Agency) to develop a strategy for the adoption and use of electronic health records. This section was amended in 2006 to include the development of an electronic health information network to exchange electronic health records among health care facilities, health care providers, and health insurers. The Florida Center for Health Information and Policy Analysis is the Division within the Agency responsible for the development and oversight of all Health Information Exchange initiatives.

In Section 408.05(4), Florida Statutes, the Legislature specified the technical assistance responsibilities of the Agency, such as administering grants for development of a health information network. Additionally, the Agency shall integrate health care data from state agencies and make the health data available to health care practitioners through a state health information network. Section 408.0611, Florida Statutes, required the Agency to collaborate with stakeholders in creating an electronic prescribing clearinghouse. The Agency is also directed to coordinate with private sector electronic prescribing initiatives to accelerate the adoption of electronic prescribing (e-prescribing).

During the 2009 Legislative Session, §408.051, Florida Statutes was created. This section required the adoption and development of a Universal Patient Authorization Form by the Agency to establish standards, as well as immunity from civil liability for accessing or releasing health information during a medical emergency.

### Florida Health Information Exchange Initiative and Cooperative Agreement

The Agency for Health Care Administration (Agency) has promoted the creation of a statewide health information network and the adoption of electronic health record systems for the past five years. The Agency's vision is to achieve relevant, secure, and sustainable approaches to health information technology adoption, utilization and exchange that drives the achievement of better health care outcomes for all Floridians and through lowered total costs, improves access to quality care. The Agency has worked with Florida stakeholders for the development of health care clinical information exchange that is sustainable, privacy-protected, and aligned with national standards.

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided the Agency with funding to begin implementation of a sustainable strategy for health information exchange. As the State Designated Entity for Florida, the Agency submitted an application for funding, which included a Strategic and Operations Plan (SOP) to the Office of the National Coordinator for Health Information Technology (ONC) in October of 2009. The Agency worked with multiple stakeholders and the State Consumer Health Information and Policy Advisory Council (Advisory Council) and Health Information Exchange Coordinating Committee (HIECC) to prepare the application.

In March 2010, the Agency was awarded \$20.7 million to complete planning and implement the Health Information Exchange (HIE) during a four-year funding period pending final ONC approval of the SOP. In 2010, the Florida Legislature directed the Agency to contract with a technology organization to implement the HIE and select the vendor through an Invitation to Negotiate (ITN) to be issued on July 15, 2010.

The Agency issued the ITN on July 15, 2010. The Agency also submitted its plan for the use of funds and the Florida HIE report to the Legislature on August 1, 2010. The ITN described the technical approach requested by the Agency and priority HIE services to be provided by the HIE Vendor. The HIE services to be provided are:

- *Patient Lookup Services* through a “Network of Provider Networks” which will also connect to the Nationwide Health Information Network (NHIN). These services enable physicians and other health professionals access to a patient’s medical record when needed and authorized; and
- Technical standards for support and participation by county health departments, federally qualified health clinics and rural or underserved providers.

On July 6, 2010, the ONC issued a Program Information Notice (PIN-001) providing further guidance that gaps in infrastructure that are barriers to electronic prescribing, electronic clinical laboratory exchange, and the exchange of clinical summaries, including the development of provider directories must be addressed in the SOP. The Agency submitted a revised SOP consistent with the ITN and requirements of the PIN-001 to the ONC on October 15, 2010.

On November 30, 2010, upon completion of the procurement process, the Agency announced the selection of Harris Corporation as the HIE vendor. The total four-year project vendor contract is \$19,013,194. The contract will be executed in early 2011 upon approval by the ONC.

The total Cooperative Agreement project budget is an estimated \$23.5 million including local matching contributions of \$2.8 million. In 2011, there is a \$1 for every \$10 match, a \$1 for every \$7 match in 2012, and a 25 percent match thereafter is required in the HITECH Act which may be private or public sources.

## Medicaid Health Information Network

In November 2009, the Agency announced the launch of the Medicaid Health Information Network (HIN), which is available at no charge through a Web portal provided by Availity, LLC. Any Florida physician or other practitioner who treats Medicaid patients can use the service at the point of care.

The HIN offers an 18 month listing of Medicaid claims-based records to any treating provider in Florida with the ability to look up eligibility and benefits for Medicaid clients. There is no cost to the provider to use the services provided by the Medicaid HIN. Records available to the treating physician include:

- Physician contact information
- Encounter histories
- Procedures
- Prescriptions
- Laboratory orders
- Hospital visits

Any provider in Florida treating Medicaid patients can gain access to the Florida Medicaid HIN by registering with Availity, LLC. Physicians can also take advantage of a no cost e-prescribing software program from Gold Standard, called eMPowerX. Once a physician has registered with Gold Standard, moving between the Medicaid HIN and Gold Standard is seamless through the link provided.

The Medicaid HIN provides information about sensitive conditions, such as mental health, substance abuse, HIV, and sexually transmitted diseases. To access patient records from the Medicaid HIN, a treating physician must obtain explicit patient authorization and attest to the patient authorization in the Medicaid HIN portal. Treating providers are permitted to access patient information without prior patient authorization in a medical emergency.

## Electronic Prescribing

Section 408.0611, F.S. was passed during the 2007 legislative session. It required the Agency to create a clearinghouse of electronic prescribing information on its website to include:

- A description of the process of electronic prescribing and the availability of electronic prescribing products, including no-cost or low-cost products;
- The advantages of electronic prescribing, including using medication history data to prevent drug interactions, allergic reactions, and deter doctor shopping for controlled substances; and

- Reference links to federal and private sector websites that provide guidance on selecting an electronic prescribing product and information on implementation and available incentive programs.

The Agency was directed to convene stakeholders on a quarterly basis to assess and accelerate the implementation of electronic prescribing. The Agency was also directed to monitor and report on the implementation of electronic prescribing and submit an annual report to the legislature by January 31 of each year.

The Agency created the website in 2007 and formed an advisory panel, the State Electronic Prescribing Advisory Panel (SEPAP) which held meetings from 2007 through 2009. The SEPAP approved the development of quarterly metrics on electronic prescribing and issued recommendations to further encourage adoption of electronic prescribing. The Agency worked with stakeholders to educate providers about electronic prescribing and federal incentive programs such as the Medicare Improvements for Patients and Providers Act of 2008 (MIPAA).

In 2010, the Agency implemented a data feed to the Surescripts pharmacy network for the Florida Medicaid program enabling electronic prescribers' access to Florida Medicaid prescription drug claims data. The inclusion of electronic prescribing in the HITECH Act of 2009 as a measure of meaningful use encourages the adoption of electronic prescribing and its integration in electronic health records and health information exchange.

In 2010, the Agency assigned responsibility for electronic prescribing promotion to the Health Information Exchange Coordinating Committee (HIECC) and added a representative of the Florida Pharmacy Association. The HIECC was formed by the State Consumer Health Information and Policy Advisory Council (Advisory Council) to advise the Agency on implementing a strategy to establish privacy-protected, secure, and integrated exchange of electronic health records among physicians involved in patient care.

The Agency plans to conduct a survey of independent pharmacies to assess readiness to adopt and any barriers that are being encountered. Outreach to independent pharmacies will continue in 2011 to encourage their participation in electronic prescribing and health information exchange.

## Regional Extension Centers

In 2010, the Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC) awarded four institutions funding to support the creation of four Regional Extension Centers in Florida, as outlined in Section 3012 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Regional Extension Centers assist health care providers with the adoption, upgrade or implementation of electronic health record (EHR) software.

Florida's Regional Extension Center Awardees include:

<b>Regional Extension Center</b>	<b>Counties</b>	<b>Total Award</b>
<b>South Florida Regional Extension Center</b> Lisa Rawlins, Executive Director	Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Miami-Dade, Monroe	\$8.5 million
<b>University of Central Florida College of Medicine</b> Karen van Caulil, PhD, Director	Lake, Volusia, Seminole, Orange, Brevard, Polk, Osceola	\$7.6 million
<b>PaperFree Florida (University of South Florida)</b> Thomas Lang, Project Manager	Levy, Marion, Citrus, Sumter, Hernando, Pasco, Pinellas, Hillsborough, Hardee, DeSoto, Highlands	\$6 million
<b>The Center for the Advancement of Health IT</b> Diane Gaddis, President/CEO	Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Gulf, Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, Taylor, Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Baker, Union, Bradford, Alachua, Nassau, Duval, Clay, Putnam, St. Johns, Flagler, Manatee, Sarasota, Charlotte, Glades, Lee, Hendry, Collier	\$11.3 million

Florida's extension centers are targeting individual and small group practices, Critical Access Hospitals, Health Clinics, and County Health Departments. Several Regional Extension Centers have selected a set of preferred EHR vendors. All Regional Extension Centers have begun signing physicians up for initial workflow assessments and planning for implementing EHRs among providers in their target counties. The Regional Extension Centers are expected to support the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Programs and the ONC Health Information Exchange Cooperative Program through education, outreach, and technical assistance to help providers successfully implement and use certified EHR.

Since 2010, the Agency and Regional Extension Centers have held monthly conference calls to discuss the best way to coordinate outreach efforts.

## State Health Policy Consortium - HIE for Disaster Preparedness

In November 2010, the Agency for Health Care Administration, as a member of the State Health Policy Consortium from the Southeast Regional HIT-HIE Collaboration (SERCH) and proposal leader of the “State Health Policy Consortium Proposal for Facilitating Cross-Border Health Information Exchange for Disaster Preparedness in the Southeast and Gulf States” was successful in securing approval from the Office of the National Coordinator for Health Information Technology (ONC) for its proposed work on Health Information Exchange (HIE) in the aftermath of disasters.

The Southeast and Gulf States project will draw from the lessons learned from earlier Office of the National Coordinator funded HIE projects of the Nationwide Health Information Network, from the State-level Health Information Exchange Consensus Project administered by American Health Information Management Association (AHIMA) and from the results of the work done during the Health Information Security and Privacy Collaboration (HISPC).

The proposed project will create a technical policy plan for cross-border integration of the HIE being developed in the Southeast and Gulf states to address access to health care information following natural disasters. The project will address technical and legal issues pertinent to the human tragedy, relocation, loss of health care continuity following a natural disaster, and to the need for an integrated interstate HIE solution. Other states participating in the project include Alabama, Arkansas, Georgia, Louisiana, Mississippi, and Texas. Funding for the project, excluding travel, was secured in the amount of \$255,000.

The Southeast and Gulf states are prone to natural disasters including hurricanes, tornadoes and flooding. These disasters contribute to the displacement of patients and providers, who often cross state boundaries to seek safety. While people move, their medical records do not, creating major problems in delivering health care during times of crisis. Disaster planning requires “preparing for your neighbor’s disaster.” No matter where patients present for care, they need to be treated. Physicians need access to information, but even certified electronic health record systems will not function in a disaster, if there is no preparation for secure interstate health information exchange. This project will focus on addressing these needs by:

- examining the most immediate potential barriers to interstate health information exchange for disaster preparedness;
- identifying existing legal gaps and obstacles between the southeast and Gulf states;
- assessing the unique technical approaches used to achieve Statewide HIE in this region; and
- identifying opportunities for creating regional exchange during a declared emergency.

The project will address these fundamental issues, which will allow states to fully develop strategies and protocols for exchange, especially in times of emergency.

The State Health Policy Consortium from the Southeast Regional HIT-HIE Collaboration (SERCH) will hold its project meetings with RTI International, who is managing the contract for ONC. The proposed in-person meetings are scheduled for 2011 in Atlanta, Georgia. The meetings will be facilitated by experts from the Vanderbilt Center for Better Health.

## Universal Patient Authorization for Health Information Exchange

During the 2009 Legislative Session, the legislature passed Senate Bill 162, the Florida Electronic Health Records Exchange Act creating §408.051, Florida Statutes. Section 408.051, Florida Statutes, removes many of the legal barriers to meaningful health information exchange and requires the Agency for Health Care Administration (Agency) to develop a standard form for patient authorization. Working with stakeholders, the Agency developed two universal patient authorization forms for the use or release of a patient's identifiable health record. The forms were incorporated by reference in the rule which was adopted July 2010. The rule and forms are located at 59B-16, Florida Administrative Code. The Patient Authorization Rule is available for review on [www.FHIN.net](http://www.FHIN.net) under the Privacy and Security Resource Center section. A question and answer document (FAQs) explaining the purposes and use of the forms is also posted on [www.FHIN.net](http://www.FHIN.net).

## Children's Health Insurance Program Reauthorization Act (CHIPRA)

In February 2010, the States of Florida and Illinois together received a grant award of \$11.3 million to improve health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The Medicaid and CHIP agencies in Florida and Illinois will use the Children's Health Insurance Program Reauthorization Act (CHIPRA) grant to improve health outcomes for children by enhancing access to information for use by providers, consumers, and state agencies.

Additionally, the CHIPRA grant will allow the States of Florida and Illinois to undertake new quality improvement activities in their Medicaid and CHIP programs. The Agency for Health Care Administration is working in collaboration with the Department of Health, providers, consumers, advocates, the Health Information Exchange Coordinating Committee (HIECC), and other stakeholders to leverage current state-wide Health Information Exchange infrastructure-building efforts to improve quality of care for children.

## Broadband Technology

The limited access to broadband Internet in some rural areas of the State poses a challenge to implementing health information exchange. The American Recovery and Reinvestment Act of 2009 appropriated \$4.7 billion to the National Telecommunications and Information Administration (NTIA) to provide grants for broadband initiatives throughout the United States, particularly in un-served and underserved areas, under the Broadband Technologies Opportunity Program (BTOP).

The Agency participated with the Florida Department of Management Services, Florida Department of Education, Workforce Florida, Florida State University, and Rural Areas of Critical Economic Concern, to submit grant proposals in the areas of Broadband Infrastructure, Sustainable Adoption, and Mapping as funded by the American Recovery and Reinvestment Act of 2009.

The Florida Rural Broadband Alliance (FRBA) is a coalition of 14 counties and tribal lands within the Northwest and South Central Rural Areas of Critical Economic Concern (RACECs). The proposed FRBA networks will receive \$23.7 million to build broadband infrastructure to anchor institutions, including health care facilities. The FRBA's Rural Middle Mile Networks project proposes to deploy a 1,800-mile network across the 14 rural counties to support and improve healthcare, educational opportunities, library services, economic development, and public safety services.

The North Florida Broadband Authority (NFBA) covers the 14 rural counties within the North Central RACEC and Wakulla County. NFBA received \$30.1 million in infrastructure funding to build the Ubiquitous Middle Mile project that plans to bring high-speed broadband services to these rural counties through the deployment of a 1,200-mile fixed wireless broadband network that will enhance economic development, health care, education, and public services throughout the region. The network plans to directly connect more than 300 community anchor institutions at speeds of 10 Mbps to 1 Gbps. These anchor institutions include healthcare facilities, public schools and universities, libraries, public safety organizations, and government agencies. The project, which was jointly created by the area's local governments, will utilize 128 existing wireless towers and sites, and is designed to withstand the weather hazards common to the region.

The Agency is working with the FRBA and the NFBA to include electronic health record (EHR) and Health Information Exchange (HIE) adoption in their marketing and education plans.

## For More Information

Most of the reports and guides presented in this report are available free-of-charge on our website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). You can view and print reports from the website and contact us via e-mail from our website.

Paper copies of the consumer brochures are available free of charge. Contact the Agency's Call Center at (888) 419-3456 to order.

If you are interested in ordering data, or making a specific data request, call the Office of Data Dissemination and Communication at (850) 412-3772. You can also find information about ordering data on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) (on the "Researchers and Professionals" page click "Order Data/Data Dictionary"). The page includes the data catalog, a price list, the status of certified data, as well as other useful information.

For more information about the Florida Center for Health Information and Policy Analysis, please visit us at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). On the [www.ahca.myflorida.com](http://www.ahca.myflorida.com) website you will find additional information about the Florida Center and the latest contact names in its offices.

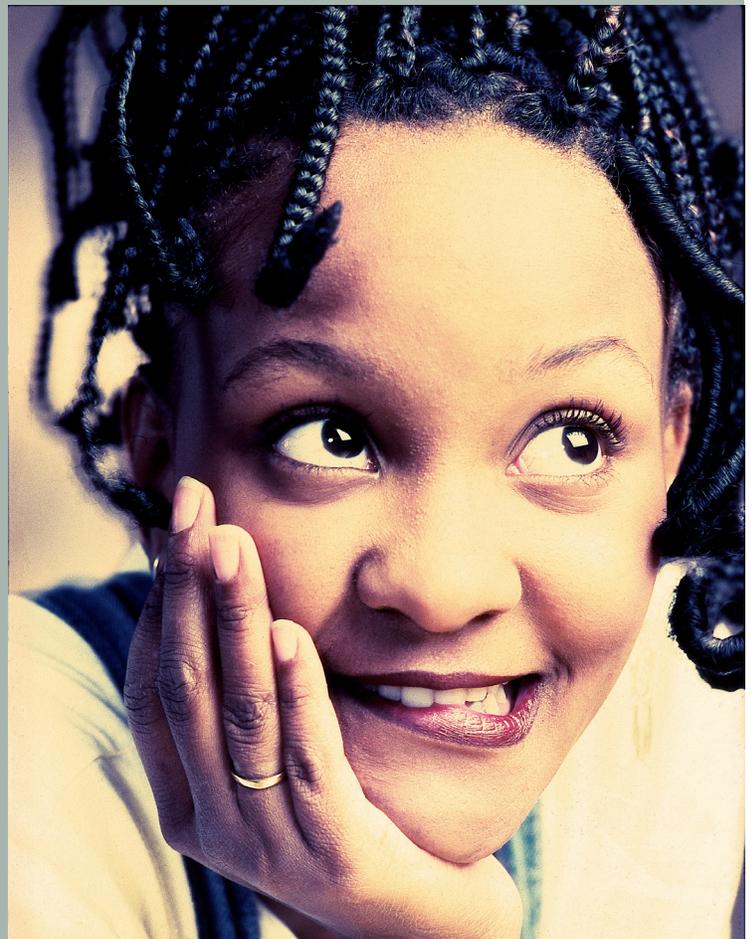
You may reach the Florida Center for Health Information and Policy Analysis at (850) 412-3730 during normal business hours (8:00 a.m. – 5:00 p.m. Eastern Standard Time, Monday through Friday, excluding official State holidays).

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