

# Florida Center for Health Information and Policy Analysis

2011 Annual Report

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

**Document Abstract  
February 2012**

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**Title:** **Florida Center for Health Information and Policy  
Analysis 2011 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 2011. 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)  
[www.fhin.net](http://www.fhin.net)



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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 provides comparative health care data to consumers regarding hospitals, nursing homes, ambulatory surgery centers, emergency departments, physicians, hospice providers, 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 exchange infrastructure.

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

Data collection is guided by §408.061, Florida Statutes.

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).

### 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 the patient's 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 chief executive officer (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 federal 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.

## **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 261 Florida acute care 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 2,640,090 records in 2010 which includes 35,575 comprehensive rehab records.

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, and 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 645 Florida facilities, including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers, and cardiac catheterization laboratories. Each facility submits quarterly reports under a unique Agency-assigned identification number. In 2010, 3,014,809 ambulatory patient records were collected.



Reportable ambulatory surgery visits are those that include primary procedures in 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 for 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 includes 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 hospitals 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 specialty hospital or a general acute care hospital.

This change will lead to a notably higher number of rehabilitation visits being reported each year, which will give a clearer picture of the amount and types of rehabilitation 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, each patient registered by the facility generates a record from the emergency department 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 2010, more than 40 million emergency department records have been collected, processed, and certified by the Florida Center. The volume of emergency department 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, 6.5 million in 2009, and 6.6 million in 2010.

Pursuant to §408.062(1)(i), Florida Statutes, the Agency analyzes the use of emergency department services by patient acuity level and assesses 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.

## **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 collects adverse incident reports. 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.

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;
- 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 an 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, a wrong surgical procedure, a 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.

The Agency publishes quarterly reports on adverse incidents which 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."

## 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:

- 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.
- Fulfills numerous data requests and provides customers with technical assistance to address their specific health care data needs by utilizing a variety of database sources. These database sources include hospital inpatient, ambulatory surgery center, emergency department, and hospital financial data.
- 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.

Typically, data requests 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.

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 De-identified Data**

Hospital inpatient, 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.

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

- Patient identification (ID) number,
- Medical record 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 patient-level limited data set is sold by quarter and is available on CD-ROM or DVD by facility, county, facility region, or statewide data. The Office of Data Dissemination and Communication processed approximately 6,340 data requests in 2011.

## **Standard Reports**

The Office disseminates a number of standard reports:

**Prior Year Report.** This hospital fiscal year financial data report is listed on standard 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.

## **Ad Hoc Reports**

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 2000 to 2005. Completed reports may be disseminated on paper, e-mail, CD-ROM, or DVD.

## 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 in the “Compare” section 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 include:

- **Health Plans** – presents information on member satisfaction, coverage areas, and quality of care.
- **Hospice Providers** – presents the results of surveys completed by family members of patients who received hospice care.
- **Nursing Homes** – allows the public to compare nursing homes based on surveys and inspections conducted by the Agency.
- **Prescription Drug Prices** – takes the consumer to [www.MyFloridaRx.com](http://www.MyFloridaRx.com) where they can compare prescription retail prices at Florida pharmacies.
- **Physicians** – provides physician volume information on a select number of procedures.

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 CPT procedure codes. 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.

### **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 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 features over 300 topics covering the most common health issues, like gallbladder removal, spine surgery, cancer, and heart failure. Care Points is designed to help patients become more active participants in their care, both before and after their doctor visits. Care Points covers 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](http://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.

## **Hospitals – Inpatient Care**

When a user selects “Hospitals – Inpatient Care” on the Web page, he or she 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 children. 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, licensed adult cardiovascular programs, 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<sup>TM</sup> DRG Classification System 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 provided 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’ illnesses. 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.

## **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 (PPOs), 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.

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 Healthcare Effectiveness 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 ones received services from Florida hospice providers. It asks family members their views 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 the 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 include the chief executive officer (CEO), 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.

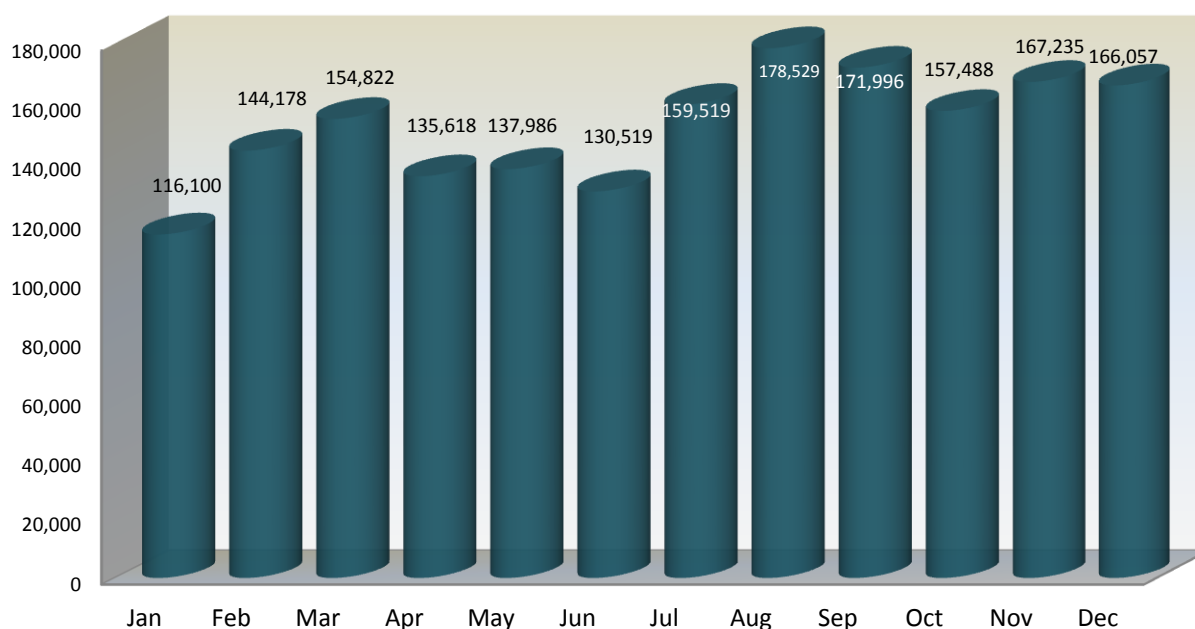
## Recent Developments

During 2011, enhancements and additions to the website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) were made. Changes included adding two new mortality measures, enhancing facility/provider locator information, and redesigning the website to consolidate and streamline how information is displayed.

In 2011, Florida Center staff worked with the Data Standards and Transparency (DST) Committee on a second physician volume pilot project to display additional physician volume data on [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The pilot was a success and the website will soon include physician volume data for coronary artery bypass graft (CABG) (principal procedure ICD-9 codes 36.10-36.19) and percutaneous transluminal coronary angioplasty (PTCA) (principal procedure ICD-9 code 00.66) performed by the operating physician. It excludes those physicians who performed less than 10 procedures statewide. This data is anticipated to go live in February 2012.

In 2011, there were a total of 1,820,047 visits to [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) compared to 1,664,872 visits in 2010, representing an increase of 9.3%. The following chart shows the visit numbers per month in 2011.

***Number of FloridaHealthFinder.gov Website Visits, 2011***



## **Collaboration with the Agency for Healthcare Research and Quality**

Since 1989, the Florida Center has been a founding partner and participator in the federally-funded Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). 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 data from 43 other states, are combined, with personal health information removed. These data are available for purchase to interested parties. Using these data, Florida can compare the overall performance of its facilities against that of other states, as well as regional and national benchmarks.

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

- National Inpatient Sample, the largest all-payer health care database in the United States; the
- Kids' Inpatient Database, containing two million hospital discharges for children; the
- State Ambulatory Surgery Databases; and the
- 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 the 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 both successful and deficient areas in Florida's health care system.

Finally, the Florida Center has partnered with AHRQ and other states on various research projects. These efforts include:

- Understanding post-hospital mortality;
- The use of clinical data in improving performance of AHRQ Quality Indicators;
- Trends in preventable hospitalization patterns; and
- Readmissions for congestive heart failure.

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

## 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 provides community outreach and education through the publication of consumer materials, responses to requests from the public, and participation in community outreach programs.

E-mail requests from the public received through the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website 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 2011, the Florida Center responded to 1,459 requests for information.

During 2011, staff continued to provide consumer outreach and education about the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website 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 2011, website bookmarks were mailed to 59 county public libraries and in 2012 mailings will be sent to additional libraries. Outreach efforts will continue to be a priority in 2012, 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.

## 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, in English or Spanish, and are available on the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website. The brochures contain general information on a health care topic, as well as website links to additional resources and information. In 2011, 36,490 brochures were distributed; 86% were English (31,396) and 14% were Spanish (5,094). During 2011, it was decided to discontinue printing the brochures and have them available only on the website. 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;
- Home Health Care in Florida;
- Long-Term Care;
- Nursing Home Care in Florida;
- Patient Safety; and
- Understanding Prescription Drug Costs.

## **Office of Health Information Exchange and Policy Analysis**

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

The Office of Health Information Exchange and Policy Analysis's primary functions include the production of statutorily mandated reports, responsibility for the State Health Information Exchange Cooperative Agreement Program, administration of the Medicaid Electronic Health Record (EHR) 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's mission.

### **Medicaid Electronic Health Record Incentive Program**

Section 4201 of the Health Information Technology for Economic and Clinical Health (HITECH) Act authorizes federal funding for the adoption and meaningful use of certified Electronic Health Record (EHR) technology.

The Office is responsible for the implementation of the Florida's Medicaid EHR Incentive Program, as established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act 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 EHR technology. The HITECH Act also established a 90 percent FFP for state expenses related to planning and administration of the incentive payments and for promoting EHR adoption.

This program is overseen by the Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies. Eligible Medicaid providers may receive up to \$63,750 for EHR technology and support services over six 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.

Eligible entities include Medicaid providers, physicians, nurse mid-wives, dentists, and nurse practitioners, where 30 percent of patient volume is paid for by Medicaid title XIX (20% for pediatricians.) For providers in federally qualified health centers, and rural health clinics the patient volume requirement is 30% needy individuals. Acute care hospitals with no less than 10 percent Medicaid patient volume, and children's hospitals, which have no volume requirements, are also eligible.

The Agency was awarded \$1.8 million in planning funds effective February 4, 2010. In order to implement the incentive payment program, the Agency was required to 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 2010 Legislature provided the Agency with funding to contract as needed with independent consultants and vendors to develop implementation plans and to implement the Medicaid EHR Incentive Program in FY 2010-2011. The Agency's Implementation Advanced Planning Document (I-APD) was approved by CMS on April 8, 2011. The 2011 Legislature appropriated \$283,611,508 to administer the program and to provide incentives during FY 2011-12.

The Medicaid EHR Incentive Program was launched on September 5, 2011. The program provides incentives to eligible professionals and hospitals that adopt and meaningfully use electronic health records. As of December 31, 2011, 2,423 providers and 140 hospitals had registered for the program. As of this same date, 890 providers and 91 hospitals had been paid a total of \$83,233,158 in incentive payments. Program metrics are posted on the Agency's dashboard at <http://apps.ahca.myflorida.com/dashboard/>.

Information on specific eligibility and payment for eligible professionals and hospitals can be found at <http://ahca.myflorida.com/medicaid/ehr/>.

## **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 EHR software.

**Florida's Regional Extension Center  
Status as of December 2011**

<b>Regional Extension Center</b>	<b>Counties</b>	<b>Enrolled Providers</b>
<b>South Florida Regional Extension Center</b> Lisa Rawlins, Executive Director	Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Miami-Dade, Monroe	2,185
<b>University of Central Florida College of Medicine</b> Karen van Caulil, PhD, Director	Lake, Volusia, Seminole, Orange, Brevard, Polk, Osceola	1,069
<b>PaperFree Florida (University of South Florida)</b> Thomas Lang, Project Manager	Levy, Marion, Citrus, Sumter, Hernando, Pasco, Pinellas, Hillsborough, Hardee, DeSoto, Highlands	1,034
<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	1,388

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 coordinating with and supporting 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 software.

## **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. In 2011, preparatory work to include Medicaid claims records for Medicaid beneficiaries who register with the service was completed.

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 <http://ahca.myflorida.com/Medicaid/MediPass/aboutCare.shtml>.

## **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, and
- Hospital visits

Any provider in Florida treating Medicaid patients can gain access to the Florida Medicaid HIN by registering with Availity, LLC. 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.

## 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.

The Office is responsible for collection and analysis of health plan quality indicator data. Health plan quality indicator data are reported in a summary format by Florida's licensed managed care organizations for each line of business (commercial, Medicare, and Medicaid). The data display annual statewide quality measures gathered by health plans. This reporting process began with data reported in 1999. This information was published as a hardcopy HMO *report card* from 2000 until 2005. Information from this time period is available on request. Information from the most recent data year (2010) is available electronically at <http://www.floridahealthfinder.gov/HealthPlans/Default.aspx>.

### 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 include measures of chronic disease management, preventive health care, prenatal care, and infant, child and adolescent health checkups. 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 was used to calculate the reported rate.

## 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 Office is responsible for collection and analysis of Consumer Assessment of Healthcare Providers and Systems (CAHPS) data. CAHPS data contain the results of an annual statewide survey. Members in each Florida licensed health maintenance organization (HMO) health plan and certain preferred provider organization (PPO) health plans were surveyed. Included in this category are Florida Medicaid and Healthy Kids plans. There was a separate survey for members of commercial plans. Data for members of Medicare managed care plans may be viewed on a website of the Centers for Medicare and Medicaid Services.

### Data Collection Summary

The CAHPS data contain 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 2011. The Medicaid and commercial versions of the CAHPS survey are used as appropriate, and a Spanish language version is 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. Additionally, the Agency added three supplemental questions to the surveys focused on overall satisfaction with their plan.

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 plans also provide certification, signed by the chief financial officer, that the information submitted is true and accurate. In 2011, there were a total of 17,552 completed surveys. The number of CAHPS surveys by plan type that were completed and reported in 2011 is shown below:

- Medicaid HMO surveys 7,775
- Healthy Kids HMO surveys 1,555
- Commercial HMO surveys 5,643
- Commercial PPO surveys 2,579

Beginning with CAHPS survey data collected in 2008, the Agency has modified some of the information that is displayed. Prior to 2008, most CAHPS items displayed were individual questions. 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.

## **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 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 2010 calendar year ED data, published in 2011, revealed that 68.5 percent of pediatric ED visits were made by children under age 9 and 72.89 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 81.2 percent, adult 55.7 percent). 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 e-prescribing initiatives; Florida e-prescribing metrics; and recommendations to promote adoption of e-prescribing coordinated with other Agency health information technology initiatives. The Florida Electronic Prescribing Annual Report for 2011 provides a general assessment of the status of e-prescribing in Florida. The first annual report on e-prescribing for 2007 and all subsequent reports submitted to the Legislature can be found at <http://www.fhin.net/content/eprescribing/fleprescribingRpts.shtml>.

## Florida Health Care Expenditures Report (published September 2011)

A report on health care expenditures in Florida 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 (2009), 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 calendar year 2010. The Florida Health Care Expenditures Report can be viewed at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>.

### Briefs

One brief was published in 2011, *Inpatient Procedures in Florida Hospitals, by Payer, 1998-2008*. Briefs can be viewed at <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>.

## 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 at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The directory is updated annually by an e-mail survey of state agencies and contains over 110 entries. 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.

## 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 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 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. The Agency is directed to 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 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 over a four-year funding period. The Agency was directed to complete planning and begin implementing the Florida Health Information Exchange (HIE) pending final ONC approval of the SOP. 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).

The Agency issued the ITN on July 15, 2010, and submitted a 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. 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 was executed February 4, 2011.

On July 6, 2010, the ONC issued a program information notice (PIN-001) providing further guidance addressing the gaps in infrastructure which are barriers to electronic prescribing, electronic clinical laboratory exchange, and the exchange of clinical summaries, 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 which was approved by the ONC for implementation February 10, 2011.

The total cooperative agreement project budget is an estimated \$24.6 million including local matching contributions of \$2.8 million. There is a \$1 for every \$10 match in 2011, 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.

During 2011, Harris Corporation implemented two health information exchange services for the Florida HIE. Patient look-up (PLU) is a service that connects HIE networks with other HIE networks, expanding the landscape of information exchange. This project is in its initial phase and is anticipated to be completed by 2013. Direct secure messaging (DSM) is a service that allows providers to send and receive secure, encrypted e-mail messages with personal health information as well as attachments, continuity of care documents, lab results, and discharge summaries. This service is

currently available to all eligible providers that have an Internet connection. The Agency developed a subscription agreement for each of the services that must be signed by the participants describing their roles and responsibilities.

The ONC directed that 2% of the HIE project funding should be used for program evaluation. The Agency entered into a contract with Florida International University (FIU) for the evaluation in July 2011. FIU will be conducting interviews and surveys of health care providers and other stakeholders. A final deliverable is a metrics dashboard for tracking adoption and use of Florida HIE services.

## **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 (e-prescribing) information on its website to include:

- A description of the process of e-prescribing and the availability of e-prescribing products, including no-cost or low-cost products;
- The advantages of e-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 e-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 e-prescribing. The Agency was also directed to monitor and report on the implementation of e-prescribing and submit an annual report to the Legislature by January 31 of each year.

The Agency formed an advisory panel, the State Electronic Prescribing Advisory Panel (SEPAP) which held meetings from 2007 through 2009. In 2010, the Agency assigned responsibility for e-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 inclusion of e-prescribing in the HITECH Act of 2009 as a measure of meaningful use encourages the adoption of e-prescribing and its integration in electronic health records and health information exchange.

In 2011, the Agency conducted a survey of independent pharmacies to assess readiness to accept e-prescriptions and any barriers that are being encountered. Outreach to independent pharmacies will continue in 2012 to encourage their participation in electronic prescribing and health information exchange. The Agency



continued enabling prescriber access to Florida Medicaid prescription drug claims and eligibility information through the Surescripts pharmacy network. The e-Prescribing Clearinghouse and metrics on e-prescribing adoption are posted on [www.FHIN.net](http://www.FHIN.net).

## **State Health Policy Consortium - HIE for Disaster Preparedness**

In November 2010, the Agency and other members of the Southeast Regional HIT-HIE Collaboration (SERCH) who submitted the “State Health Policy Consortium Proposal for Facilitating Cross-Border Health Information Exchange for Disaster Preparedness in the Southeast and Gulf States” received 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. Other states participating in the project include Alabama, Arkansas, Georgia, Louisiana, Mississippi, and Texas.

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. 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.

At the project’s end in November 2011, the project issued a White Paper that focused 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 White Paper addressed these fundamental issues, and made recommendations which will allow states to fully develop strategies and protocols for exchange, especially in times of emergency. When available for release, the White Paper will be posted on [www.FHIN.net](http://www.FHIN.net).

## **State Health Policy Consortium – Behavioral Health Data Exchange**

In October 2011, the Agency signed a memorandum of understanding to participate in a multi-state consortium sponsored by the Office of the National Coordinator for Health Information Technology (ONC). The purpose of the project is to pilot the interstate exchange of behavioral health treatment records among treating health care providers using secure e-mail that follows Nationwide Health Information Direct protocols. The consortium will draft policies and procedures for such exchange and pilot one or more interstate exchanges.

The focus of the project is on meeting the requirements of federal law 42 CFR Part 2 governing the proper handling of substance abuse treatment records and meeting the respective state mental health laws of consortium participants. The policies and procedures developed will include the drafting of a patient authorization/consent form. Specific elements of the forms required to meet federal and consortium state laws will be identified as a set of core elements.

Also participating are representatives of ONC, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Legal Action Center, and subject matter technical experts on the NwHIN Direct protocols. Consortium states are Alabama, Florida, Kentucky, Michigan, and New Mexico.

## **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 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 on [www.FHIN.net](http://www.FHIN.net) under the privacy regulations section. A question and answer document (FAQs) explaining the purposes and use of the forms is also posted. One of the authorization forms (the "Florida Form") adopted in rule meets the requirement of the Florida HIE subscription agreement for Patient look-Up. Providers may also use their own authorization form but it must be legally equivalent to the Florida Form.

## **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.

The Agency 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 statewide health information exchange infrastructure-building efforts to support better coordination of care and improve quality of care for children. The Agency is coordinating efforts to engage pediatricians and other care providers in health information exchange through outreach to promote adoption of direct secure messaging and electronic health records.

## **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 regions within the state designated as 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. More information can be found on Florida-funded projects through resource links posted on [www.FHIN.net](http://www.FHIN.net).

## **Committees and Councils**

### **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 are described in §408.05(8) and §408.61 of the Florida Statutes. The Advisory Council is composed of 15 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 [www.ahca.myflorida.com/SCHS/chis.shtml](http://www.ahca.myflorida.com/SCHS/chis.shtml).

The Advisory Council advises the Florida Center on 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 which 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 (Agency) consumer-oriented website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

The Office of Data Dissemination and Communication, 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 Office of Health Information Exchange and Policy Analysis coordinates the health information exchange committees. 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 (DST).

The Advisory Council held four meetings in 2011 and made key recommendations to the 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 2011 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 June 22, 2011, to review the 2011 goals that were established in 2010. The Agency reviewed the recommendations and concurred that the following transparency goals be adopted by the Advisory Council for 2012:

- **Goal 1:** Improve and streamline Florida Center data collection.
- **Goal 2:** Promote and improve FloridaHealthFinder.gov .
- **Goal 3:** Pursue statewide Health information Exchange (HIE) opportunities for the State, consistent with national initiatives funded through the HITECH Act of 2009 through a public-private partnership.

### **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 2011. The mission of each of the three workgroups 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. This committee meets at the call of the Advisory Council and was instrumental in the redesign and enhancements to [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) in 2011. The DST also recommended that coronary artery bypass surgery (CABG) (Principal Procedure codes 36.10-36.19) and percutaneous transluminal coronary angioplasty (PTCA) (Principal Procedure code 00.66) be added to the physician volume data on the website. This is anticipated to go live in February 2012.

## **Health Information Exchange Coordinating Committee**

The Health Information Exchange Coordinating Committee (HIECC) was created in December 2007 to advise the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records. During 2011, the HIECC received quarterly updates on the implementation status of Florida HITECH programs and recommended goals for 2012.

## **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. During 2010 and 2011 the HIE Legal Work Group reviewed the development of subscription agreements for the health information exchange services implemented in 2011.

## **For More Information**

Most of the brochures, reports, and guides mentioned in this report are available free-of-charge at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Reports can be viewed and printed from the website. Contact information is also provided on the website.

Call the Office of Data Dissemination and Communication at (850) 412-3772 to order data or submit a specific data request. Information on how to order data can be found at [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 [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) or the Agency's website, [www.ahca.myflorida.com](http://www.ahca.myflorida.com).

The Florida Center for Health Information and Policy Analysis may be reached 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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