State Consumer Health Information and Policy Advisory Council
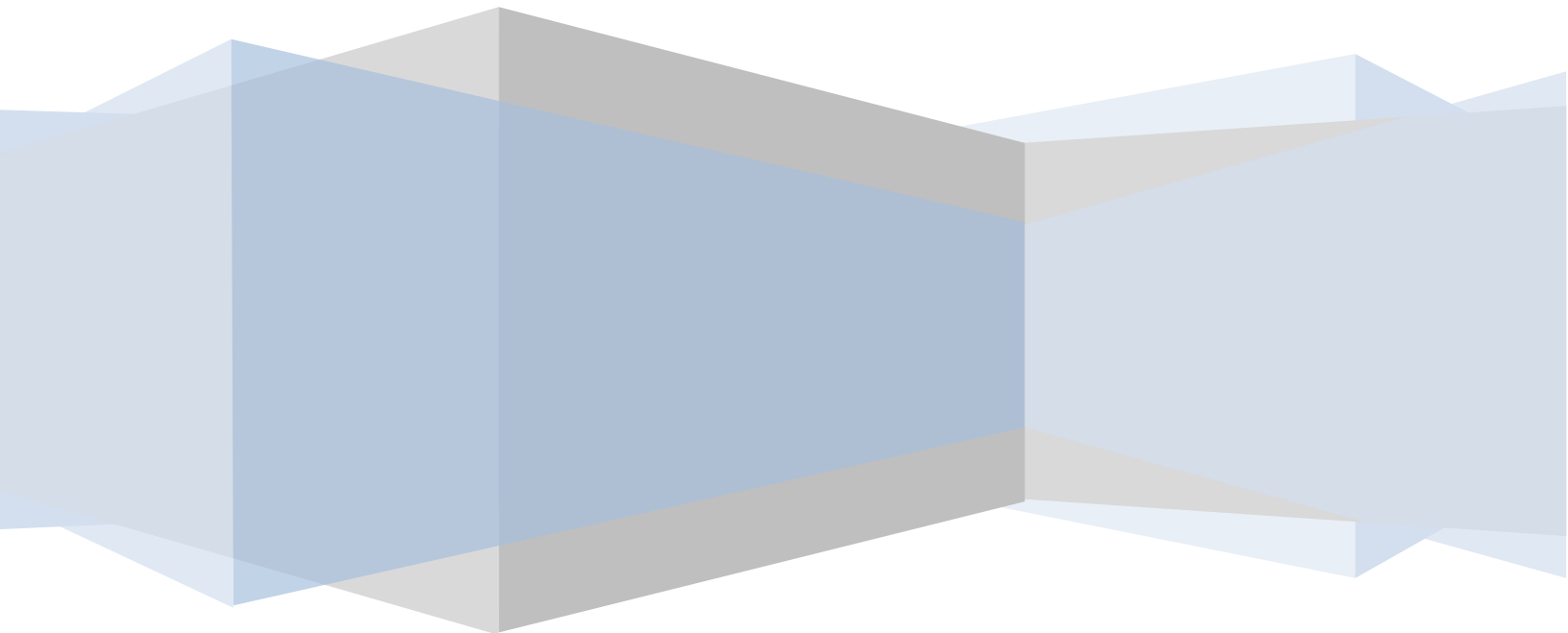
2011 Long Range Plan

Update and Implementation Status Report

By: Florida Center for Health Information and Policy Analysis, Office of Data Dissemination

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1. Introduction

In 2004, new legislation required the Agency for Health Care Administration (Agency) to develop a transparent, health care performance and web-based reporting system. The State Consumer Health Information and Policy Advisory Council (Advisory Council) is to make recommendations to the Florida Center for Health Information and Policy Analysis (Florida Center) to accomplish these legislative mandates.

Section 408.05, Florida Statutes, states, in part, that the Agency shall "….*develop, in conjunction with the State Comprehensive Health Information System Advisory Council, and implement a long-range plan for making available performance outcome and financial data that will allow consumers to compare health care services. The performance outcomes and financial data the agency must make available shall include, but is not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities*."

§408.05(3) (k), F.S., further states that the Agency is required to update the Long Range Plan on an annual basis. This report provides an update of the status and implementation of the Long Range Plan and the goals established by the Agency in 2010.

During its first quarterly meeting of 2011, the Advisory Council reviewed the established goals and accomplishments of 2010. The Agency provided a status report of the past goals and the Council offered recommendations for amendment and/or clarifications and proposed new goals for 2011. Throughout the year, the Advisory Council will continue to review and update the goals, and as such, the goals may be amended and/or additional goals adopted. Measurable objectives have been established for each of the adopted goals.

2. Background Information

The Advisory Council was established to make recommendations to the Florida Center to accomplish the requirements of §408.05, Florida Statutes. This statute directs the Agency to make available health care quality measures and financial data including but not limited to data on pharmaceuticals, physicians, health care facilities, health plans, and managed care entities. This statute also directs the Agency to make available patient safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities and to determine which conditions, procedures, health care quality measures, and patient charge data to disclose with input from the Advisory Council. The statute sets specific requirements for the publication of infection rates, mortality rates, readmission rates, and complication rates, and further requires that the Agency make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to Chapter 627 and Chapter 641, Florida Law. The Agency determines which health care quality measures and member and subscriber cost data to disclose with input from the Advisory Council.

The Agency determines the method and format for public disclosure of data with input from the Advisory Council. The statute specifies that, at a minimum, the data shall be made available on the Agency's

website, FloridaHealthFinder.gov, in a manner that provides consumers the opportunity to conduct an interactive search that allows them to view and compare the information for specific providers. The website must include such additional information as is determined necessary to ensure the improvement of decision making among consumers and health care purchasers. The website must also include appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider.

With the assistance of the Advisory Council, the Agency has developed and refined goals that address opportunities for expanding available consumer information related to hospitals, other facilities, physicians, and health plans. These goals enhance the Agency's effectiveness in providing transparent health care price and quality information to the general public by providing the clear communication of essential information that consumers need to make choices about their health care.

In addition, the Agency establishes strategic goals for the promotion of health information technology and health information exchange, such as electronic health records and health information exchange between providers, which is a related responsibility of the Florida Center that supports both transparency and Florida's health care infrastructure.

✓ **The State Consumer Health Information and Policy Advisory Council**

The mission of the State Consumer Health Information and Policy Advisory Council is to assist the Florida Center for Health Information and Policy Analysis in reviewing the comprehensive health information system, including 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 State Consumer Health Information and Policy Advisory Council (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 also charged with advising the Florida Center on the development and implementation of a long range plan for making available health care quality measures and financial data that will allow consumers to compare health care services.

In addition, the Advisory Council advises the Florida Center in the development and implementation strategies for the adoption and use of electronic health records, including the development of an electronic health information network for the sharing of electronic health records among health care facilities, health care providers, and health insurers.

The Advisory Council meets quarterly, or at the request of the Chair, at the Agency offices in Tallahassee, Florida, or at other locations in the state. Meetings are noticed in the Florida Administrative Weekly and are open to the public in accordance with the Florida Sunshine Law.

✓ **Technical Workgroups**

The Advisory Council delegates special projects to ad-hoc technical workgroups that meet on an as-needed basis. The current technical workgroups are the Data Standards and Transparency Committee (DST), the Health Information Exchange Coordinating Committee (HIECC), and the Health Information Exchange Legal Work Group (HIE Legal Work Group).

Data Standards and Transparency Committee: The Data Standards and Transparency Committee (DST) reviews national standards for reporting and makes recommendations to the Advisory Council to assist in defining a standardized method of data reporting for all facilities, physicians, health plans and other providers.

The DST advises the Advisory Council and Florida Center regarding the development and implementation of data reporting standards 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 duties and responsibilities of the DST include, but are not limited to, the following:
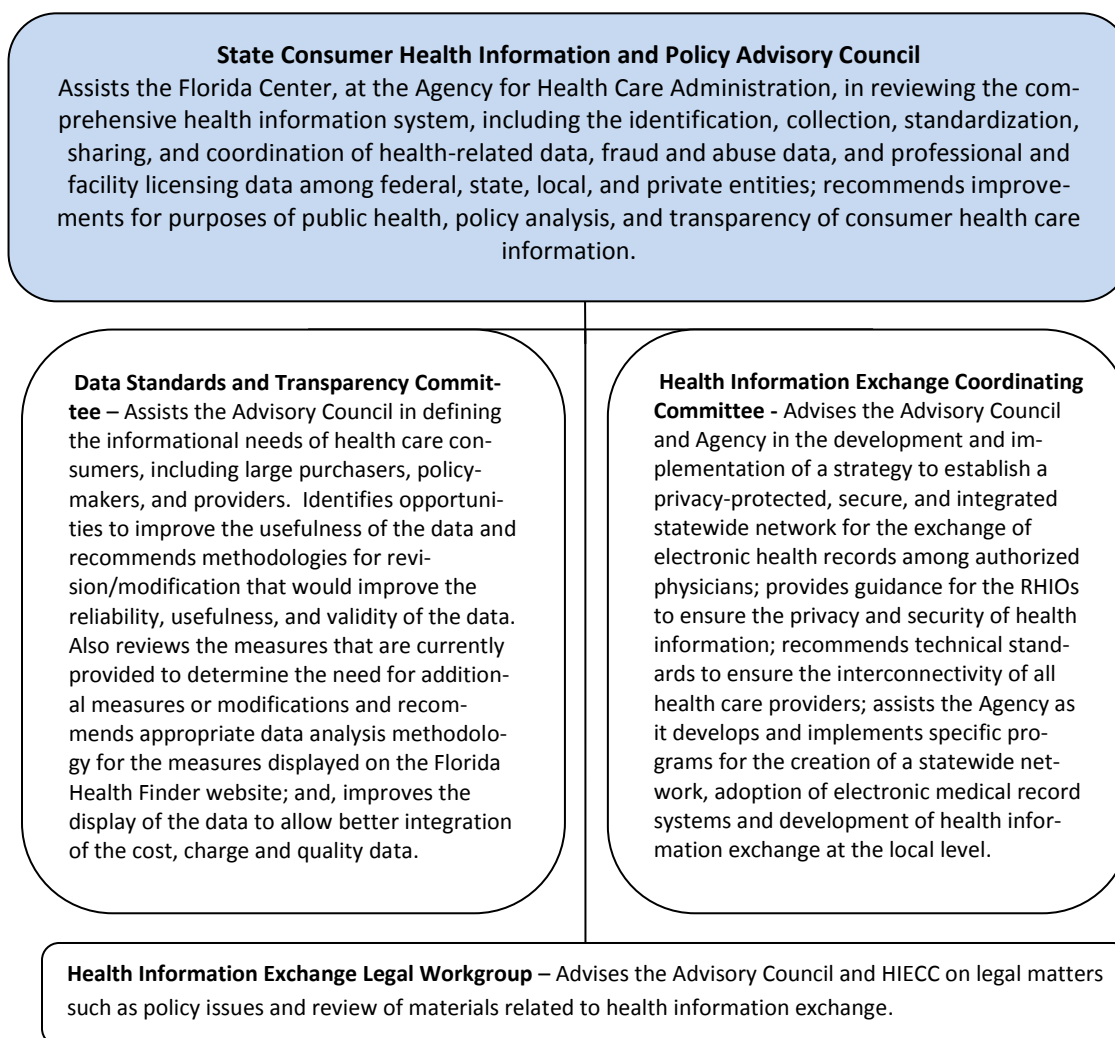
1. Improve and streamline data analysis methodology (small numbers, appropriate display of information, which measures to display, etc.);
2. Find ways to standardize the sharing of data across different types of entities (hospitals, health plans, physicians);
3. Identify external organizations that are measuring similar data to avoid unnecessary duplication of reporting efforts;
4. Consider what information is most useful to consumers who are making comparisons among providers and plan other tasks as the Advisory Council and/or Committee may determine; and
5. To broaden consumer awareness by developing strategies for the promotion of the FloridaHealthFinder.gov website.

Health Information Exchange Coordinating Committee (HIECC): The HIECC advises and supports the Agency in the development and implementation of a strategy for establishing a privacy-protected, secure, and integrated statewide network for the communication of electronic health records among authorized parties. The HIECC functions as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council (Advisory Council).

The HIECC is responsible for leading statewide federally funded health information technology initiatives. The HIECC also assists the Agency as it develops and implements specific programs for the creation of a statewide network, adoption of electronic health record systems, and the development of health information exchange at the local level.

Health Information Exchange Legal Work Group: The HIE Legal Work Group, originally established in 2006 to advise the Health Information Security and Privacy Collaboration (HISPC), currently advises the Agency on legal matters such as policy issues and review of materials related to Florida's health information exchange initiatives.

Advisory Council and Technical Workgroups Structure

State Consumer Health Information and Policy Advisory Council
Assists the Florida Center, at the Agency for Health Care Administration, in reviewing the comprehensive health information system, including 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; recommends improvements for purposes of public health, policy analysis, and transparency of consumer health care information.

Data Standards and Transparency Committee – Assists the Advisory Council in defining the informational needs of health care consumers, including large purchasers, policymakers, and providers. Identifies opportunities to improve the usefulness of the data and recommends methodologies for revision/modification that would improve the reliability, usefulness, and validity of the data. Also reviews the measures that are currently provided to determine the need for additional measures or modifications and recommends appropriate data analysis methodology for the measures displayed on the Florida Health Finder website; and, improves the display of the data to allow better integration of the cost, charge and quality data.

Health Information Exchange Coordinating Committee - Advises the Advisory Council and Agency in the development and implementation of a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians; provides guidance for the RHIOs to ensure the privacy and security of health information; recommends technical standards to ensure the interconnectivity of all health care providers; assists the Agency as it develops and implements specific programs for the creation of a statewide network, adoption of electronic medical record systems and development of health information exchange at the local level.

Health Information Exchange Legal Workgroup – Advises the Advisory Council and HIECC on legal matters such as policy issues and review of materials related to health information exchange.

3. Past Accomplishments

In October 2009, the Agency and the Florida Center were recognized and honored with the National Association of Health Data Organizations' (NAHDO) 2009 Innovation in Data Dissemination Award. This national award recognizes the importance of effectively communicating health data to the public. The dissemination of all Florida Center data and health information is done through the consumer website FloridaHealthFinder.gov (launched in November 2005 as FloridaCompareCare.gov.)

Pharmaceuticals: In June 2005, as a result of a collaborative effort by the Agency and the Office of the Attorney General, MyFloridaRx.com went live helping consumers shop for the lowest prescription drug prices in their area. The Florida Prescription Drug Price website provides pricing information for the most commonly used prescription drugs in Florida. The prices are the "usual and customary prices," also known as retail prices. The prices listed represent the price that an uninsured consumer, with no discount or supplemental plan, would normally pay.

Consumer Education: FloridaHealthFinder.gov enhances the decision-making of consumers and health care purchasers, and includes guidance on how to use the data and explains why measures can differ among providers. The website features the user-friendly A.D.A.M. Multimedia Health Encyclopedia, a state-of-the-art medical, multimedia encyclopedia that engages visitors with interactive tools to access comprehensive online health information and the Symptom Navigator. The multimedia encyclopedia gives visitors the opportunity to research a disease or condition, lookup a symptom, learn about a medical test, prepare for a surgery or procedure, and much more through articles, illustrations, and videos. The Symptom Navigator offers an interface which allows users to click on a picture of a human body, indicate where it hurts, and find out more about the symptoms.

Links are also provided from the encyclopedia articles to the health care data on certain medical conditions and procedures, when available, such as hospitalizations and readmission rates in Florida, as well as the average length of stay and ranges of charges for those conditions or procedures.

The new high-definition health videos include helpful demonstrations such as "how to use an asthma inhaler," "tracking your blood pressure at home," and others. The multimedia encyclopedia also features Care Points, designed to help patients become more active participants in their health care, before and after visits to their physicians. Care Points provide patient education about discharge information, pre-operative information and instructions, self-care information and suggested questions for patients to ask their physician.

Other enhancements to the website include an online health care facility complaint form, provider inspection reports, links to the Florida Medicaid Health Information Network and the MyFlorida Health eBook, as well as additional research studies and reports.

Health care quality measures: The Florida Center contracts with I.S. Consulting, Inc. which utilizes methodologies from the Agency for Healthcare Research and Quality (AHRQ) and 3M Health Systems to report risk adjusted hospital and ambulatory surgical center health outcome, performance and pricing data on FloridaHealthFinder.gov. The facility discharge data collected by the Agency from hospitals and ambulatory surgery centers is used to calculate these measures. The data are risk-adjusted using methodologies from 3M and AHRQ to produce rates of readmission, mortality, complication and infection. Ambulatory surgical center data are risk adjusted utilizing the 3M Enhanced Ambulatory Patient Groups for reporting volume and charges for select procedures.

Performance and pricing information: FloridaHealthFinder.gov now includes performance and pricing information on over 150 conditions/procedures for hospitals and ambulatory surgery centers, including adults and pediatrics. The Florida Center publishes the definitions of all the data, descriptions of each condition and procedure, and an explanation about why the data may differ from provider to provider. In addition, users may view and compare information for specific facilities when utilizing the interactive search tool and map.

Health plans: Data collected on health plans can also be found on FloridaHealthFinder.gov. The health plan consumer search tool provides information on member satisfaction, quality of care, available health plans, and coverage areas that consumers can access through an interactive map. This allows consumers to compare information among health plan providers. The health plan data has been enhanced with the addition of the Medicaid Reform Managed Care and Provider Service Network quality measures. The Advisory Council provides input on the method, measures and format of the health plan data published on the website.

Financial performance for health plans: Information on financial performance and claims payment for Florida health plans is provided through a link to the Office of Insurance Regulation at the Florida Department of Financial Services. The site allows the user to view a set of financial indicators for health insurance plans. These indicators include enrollment, gross annual premium, and reported average days to pay claims. The Office of Insurance Regulation also provides a website that allows the user to view average health insurance premium rates (small group) for selected health insurance plans.

Additional financial information is available through a link to the National Association of Insurance Commissioners. The site allows the user to view a set of financial indicators such as premiums earned, medical loss ratio, capital and surplus, assets and liabilities, and current ratio for a chosen health insurance company. The site also provides health plan complaint information. Additionally, a link is provided to the National Committee on Quality Assurance Health Plan Report Card. This is an interactive tool designed to help consumers find a health plan. A link is also provided to the Centers for Medicare and Medicaid Services that allows consumers to compare Medicare health plans on costs, benefits, quality of care, and member satisfaction.

Financial information for hospitals: FloridaHealthFinder.gov reports hospital-specific audited financial data submitted to the Agency. The report covers the twelve months preceding the hospitals' fiscal year end date. Some hospitals have filed partial year reports due to fiscal year or ownership changes. Throughout the reports, the aggregate data are compared with data reported for previous years so trends become more evident. The reports answer the following questions for a given year: What was the financial position of Florida hospitals to fund capital projects? Who was utilizing Florida hospital services? What was the impact of hospital charges? What was hospital reimbursement in the past year and what was the cost of hospital services? It also addresses the question of how well have hospitals managed receivables and payables? This report is an excellent tool to help consumers know about the facilities they are utilizing so they may make better health care choices.

Health Information Exchange: 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 approval of the Strategic Operating Plan (SOP) by the Office of the National Coordinator for Health Information Technology (ONC). 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) issued on July 15, 2010. The Agency 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, which include *Patient Lookup Services* through a "Network of Provider Networks" which will connect to the Nationwide Health Information Network (NHIN). These services will enable physicians and other health professionals to access a patient's medical record when needed and authorized; the ITN included requirements for support and participation by county health departments, federally qualified health clinics and rural or underserved providers.

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 and was 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.

Electronic Prescribing: 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).

The Agency subsequently 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.

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 eligibility and medication 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.

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.

4. 2010 Goals and Accomplishments

The Florida Center and Advisory Council adopted five goals and objectives for FloridaHealthFinder.gov in 2010. Below is an outline of those goals and objectives, and how they were met:

- **Goal 1: Improve and streamline Florida Center data collection**

  In 2010 the Florida Center revised the patient dataset it collects from reporting facilities. The dataset was updated to better align with hospital billing standards with the expectation that these changes would improve data accuracy while decreasing the submission "hassle factor" for reporting facilities. While historical experience indicated that on-time data collection performance would suffer as facilities adjusted to the new dataset and accompanying XML schema, the Florida Center was committed to maintaining the currency gains achieved in 2009 to the extent possible. To that end, facility outreach and support was enhanced while internal Agency systems and workflows were updated and reinforced.

  Those strategies ultimately proved highly successful as inpatient data currency held steady at 2009 levels of effectively 100% on-time performance. Currency levels in the more change-sensitive ambu-

latory data arena also maintained 2009 levels (never falling below 97% on-time performance). Ultimately, the updating of the dataset was completed with no lag in data publishing schedules.

Also in 2010, the Florida Center sought to continue increases in the speed and reliability of the collection of adverse incident data from hospitals, HMOs, and long-term care facilities. Along with AHCA IT, the Florida Center completed a "beta" version of a new online adverse incident reporting system to complement the highly successful annual report submission module. Scheduled to be deployed in 2011, the new online reporting system for adverse incidents will continue to make adverse incident data available faster.

Data collection improvements achieved in 2010 includes:

✓ Roll out of new data collection Web pages.

✓ Completion of AHCA computer system updates that allow the Agency to process data submitted in accordance with the new data collection administrative rules 59B-9 and 59E-7 by April 1.

✓ Processing first quarter 2010 data with little to no decrease in data currency (percentage of facilities completing their data submission by certification deadline). Outpatient data currency never fell below 97%. Inpatient data currency remained near 100%.

Patient Data Collection: On-Time Performance 2010
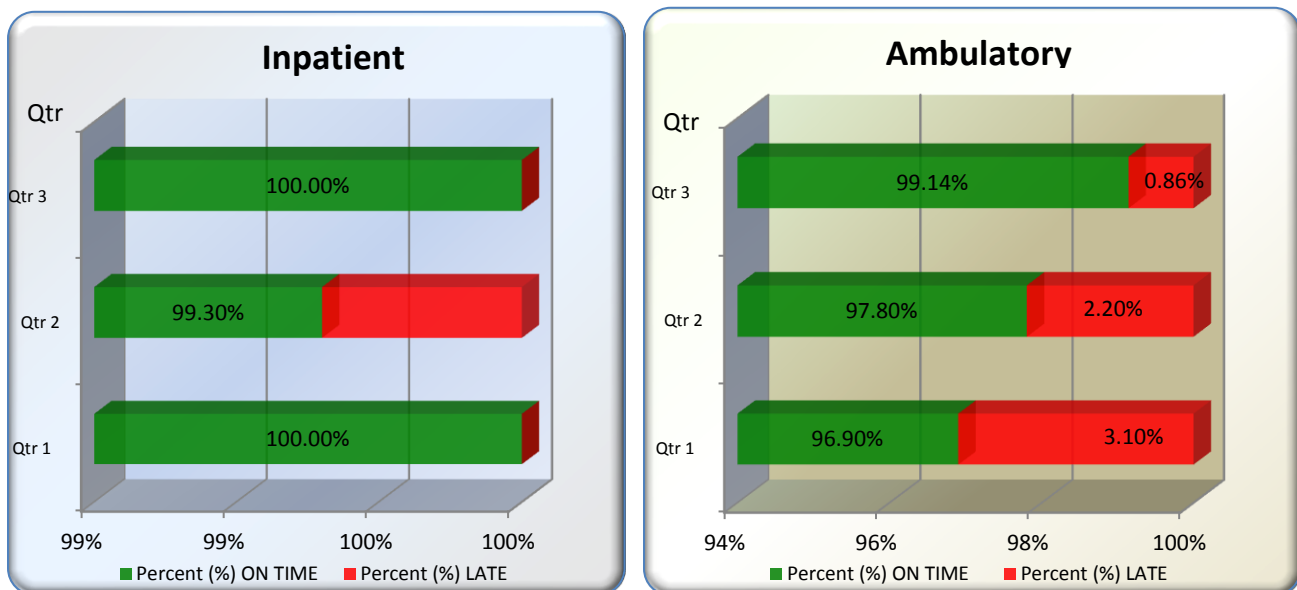
✓ Work toward network deployment of its data auditor with the development of an "online" version. Full-scale testing of a "beta" of the new software has been delayed until the details of the manner in which confidential data can be safely audited in internet space are negotiated with the developer, Aspen Healthcare Metrics. The resulting landmark agree-

ment has been completed and signed as of April of 2011. Now that the agreement is in place, the Agency is looking forward to beta testing and "client-side" remapping and revisions. Agency staff is optimistic that the new Auditor will be in place by late 2011 (though running redundantly with the legacy software for at least one quarter).

✓ Updating both inpatient and ambulatory data collection rules to address national changes in ED visit reporting conventions. Note: the Agency has formally withdrawn Rule 59B-9.032 (which removed the reporting exemption for ambulatory surgical centers) after strenuous objection from the Small Business Regulatory Advisory Council due to its financial impact on small businesses.

- **Goal 2: Promote FloridaHealthFinder.gov**

The Florida Center and the Agency's Office of Communications began developing a strategic plan for FloridaHealthFinder.gov promotional efforts. The Florida Center partnered with other state agencies to identify state, regional, and local agencies and organizations to promote the website. The Florida Center also provided tutorials to the identified parties so they could promote the website within their agency or organization and their constituents.   The following objectives were met for 2010:

✓ The number of visits to the website increased from 1.35 million in 2009 to 1.67 million. Although short of the initial goal of 1.75 million visits, overall visits to the website increased by over 15%.

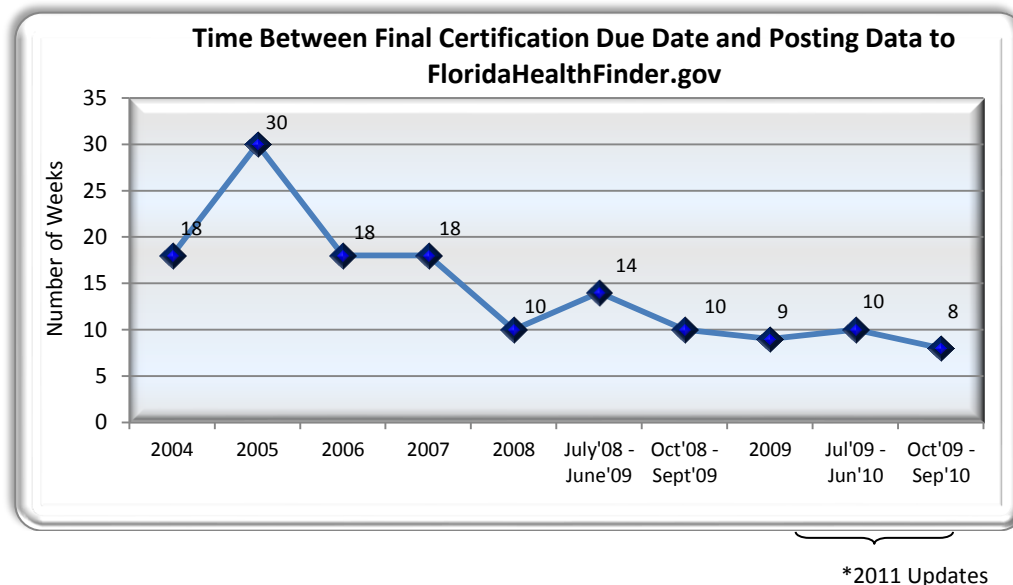### *FloridaHealthFinder.gov Website Visits, 2008 - 2010*
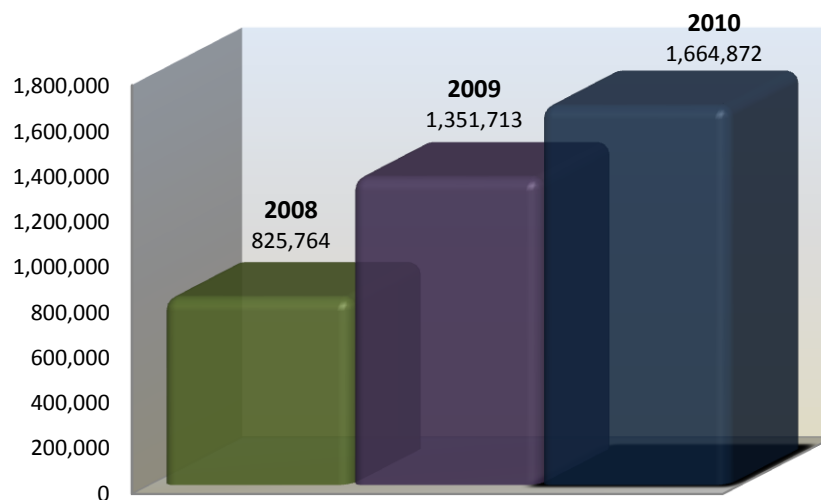
✓ The number of visits to Compare Hospitals and Ambulatory Surgery Centers dipped slightly in 2010 as compared to 2009. Increasing these visits will be a priority in 2011.

✓ The number of visits to Compare Health Plans increased by 12.2 % from 2009 to 2010.

- **Goal 3**: **Improve FloridaHealthFinder.gov**

The Advisory Council approved recommendations to add AHRQ pediatric quality indicators to the information displayed on the website and were added in 2010. These indicators include accidental puncture or laceration, pediatric heart surgery mortality, pediatric heart surgery volume, post-operative sepsis, and selected infections due to medical care. Pediatric readmission rates were also added to FloridaHealthFinder.gov for all of the current pediatric conditions and procedures reporting, excluding cancer care. Objectives for 2010 relating to this goal were:

- ✓ Reducing the number of steps to obtain outcome information. This was done by consolidating the six complication/infection measure results onto one page. Information was streamlined and displayed on numerous pages to be more consumer friendly (easier to find and read).

- ✓ To increase transparency efforts, all existing data reported for ambulatory surgical centers include the number of quarters reported.

- ✓ The addition of Pediatric Quality Indicators and Pediatric Potentially Preventable Readmissions on FloridaHealthFinder.gov accomplished the goal to add health outcome and performance data, specific to the pediatric population.

- ✓ Tools for comparing Medicaid Health Plans were greatly enhanced by expanding Compare Health Plans (Medicaid HMO) to add 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.

- ✓ Improving the posting of performance measures in 2010 within 8-10 weeks of the final 2010 certification date also enhanced and improved the site. The last two updates in 2010 were done in 10 and 9 weeks respectively**.**

Time Between Final Certification Due Date and Posting Data to FloridaHealthFinder.gov

*2011 Updates

- **Goal 4: Display physician volume on the FloridaHealthFinder.gov website**

A pilot project was initiated in 2010 to analyze one procedure that is common to most facilities. The pilot allowed a quality assurance assessment of the data linking providers to procedures and was conducted for each acute care hospital statewide. At the recommendation of the DST Committee, physician volume for total hip and total knee replacements by provider and by facility are now displayed on FloridaHealthFinder.gov. Detailed information about the pilot and the results are available on the website. Objectives met for this goal include:

✓ In December 2010, the site provided consumers with an easy access point to information on hip and knee replacements.

✓ Also in December, consumers were provided with total physician volume for total hip and total knee replacements to allow for comparison.

- **Goal 5: Pursue statewide Health Information Exchange (HIE) opportunities for the State consistent with national initiatives funded through the American Recovery and Reinvestment Act (ARRA) of 2009 and assist the Agency in the implementation of the State Health Information Exchange Cooperative Agreement Program.**

Objectives for 2010 were completed as follows:

✓ The Health Information Exchange Legal Work Group advised on the development of a standard HIE participation agreement that will be used for the electronic exchange of health information.

✓ The Health Information Exchange Coordinating Committee (HIECC) also participated in the development of the State Medicaid Health Information Technology Plan. This plan details the implementation of the Medicaid Electronic Health Record Incentive Payment Program as provided for by Section 4201 of the American Recovery and Reinvestment Act of 2009.

✓ An Invitation to Negotiate (ITN) was issued to select the HIE Vendor to build the state health information exchange infrastructure for the "network of networks." The Agency received eight responses. Harris Healthcare Solutions demonstrated the expertise to design and create a statewide infrastructure for health information exchange through an integrated solution that ensures interoperability with the established Nationwide Health Information Network using national standards. Their solution includes open source technologies and enables interoperability with existing and future electronic patient medical records, while giving high priority to privacy and security. The award to Harris Corporation was announced November 30, 2010 and a contract was executed February 4, 2011.

✓ An objective to have six to eight early adopters (e.g. hospital systems, provider networks, clinics, RHIOs, county health departments) of the HIE Participation Agreements completed by January 1, 2011 was not met. It was determined that it was not feasible to execute participation agreements until after the selection of a Health Information Exchange vendor and the release of technical requirements for participation by the vendor. As such, this objective will be moved forward into goals and objectives for 2011.

✓ In response to the objective to increase the number of pharmacies and percent of physicians within the state that are actively engaged in electronic prescribing, pharmacy participation increased from 3,605 to 3,817, 1st to 4th quarter 2010. Prescribers increased from 9,296 to 12,703, a 31% increase.

Active Electronic Prescribers in Florida
October 2009 to December 2010
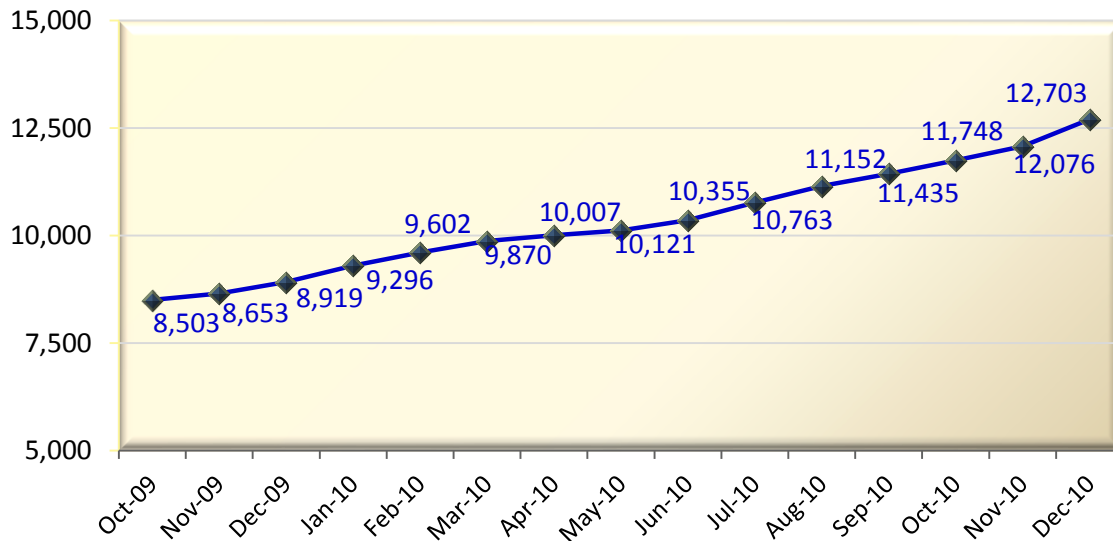
Electronic Prescriptions in Florida
October 2009 to December 2010
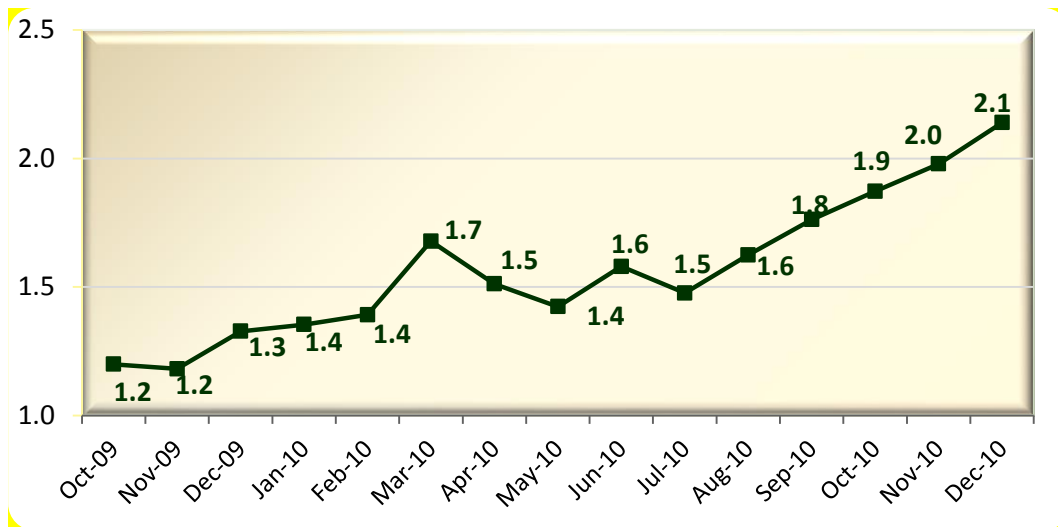
✓ A final objective to complete the State Medicaid Health Information Technology Plan that would provide a comprehensive plan for the participation of Florida Medicaid providers in health information exchange through the adoption and use of electronic health records was met when the State Medicaid Health Information Technology Plan was submitted to CMS December 2, 2010 and approved effective February 9, 2011. The plan includes detailed steps for implementing the Medicaid Electronic Health Record Incentive Program.

5. Long Range Planning Process

The Advisory Council met November 18, 2010, to review the 2010 goals, some of which were originally established in June 2007 and expanded upon each year thereafter. The Council then met in March 2011 and recommended adopting new goals and/or continuing prior objectives for the year 2011. The identified goals were prioritized as to the best use of the Agency's and Advisory Council resources.

6. 2011 Goals and Objectives

The Agency and Advisory Council reviewed the 2010 Accomplishments at the March 31, 2011 meeting and concurred that the following transparency goals be continued and/or adopted by the Advisory Council for 2011, with modification. The Council also recommended that these goals be reported on and reviewed annually and modified as needed during the upcoming year:

- **Goal 1: Improve and streamline Florida Center data collection**

The first quarter of 2011 kicked off the transition to a new internet-deployed data auditor with the finalization of an agreement on the details of how confidential data could be safely audited in internet space with the developer, Aspen Healthcare Metrics. It is anticipated that the resulting landmark agreement will produce the first significant upgrade to the auditing software in the history of the patient data collection program. The new auditor promises to provide greater accuracy and service at lower costs. In the near term, implementation of the new auditor will require significant testing and a re-engineering of AHCA-based systems and workflows.

In 2011, the Florida Center will complete the implementation of the patient data rule updates providing for more effective capture of more informative Emergency Department data. As with the 2010 transition, the Agency will be providing enhanced outreach and support to facilities coping with mastering new XML schemas and data formats.

2011 will also bring plans to increase the speed and reliability of the collection of adverse incident data from hospitals, HMOs, and long-term care facilities. In 2011, it is anticipated that the Florida Center and AHCA IT will begin testing of a new online reporting system for adverse incidents and annual reports that will complement the highly successful annual report submission module.

Measurable Objectives for 2011:

- Work with vendor on producing production-ready online auditor and transition to full use of online auditor by December 31, 2011.

- Update internal AHCA computer systems to allow the Agency to process data submitted in accordance with the new data collection administrative rules 59B-9 and 59E-7 by December 31, 2011.

- Complete the processing of all data quarters with little to no decrease in data currency (percentage of facilities completing their data submission by certification deadline).

- Continue to address submission difficulties experienced by facilities (such as mastery of XML formatting) through increased Agency outreach.

- Invite interested parties to participate in an *ad hoc* workgroup that can assist in identifying best practices while providing facilities input into data collection streamlining efforts by December 31, 2011.

- Complete and deploy (with AHCA IT) a new online reporting system for adverse incident reports by December 31, 2011.

- **Goal 2: Promote FloridaHealthFinder.gov**

The Florida Center will work with the Advisory Council and the Data Standards and Transparency Steering Committee to develop and implement a Communications Plan to promote awareness of FloridaHealthFinder.gov.

Measurable Objectives for 2011:

1. Increase the number of visits from 1.66 million in 2010 to 2.0 million in 2011.

2. Increase the number of visits to Compare Hospitals and Ambulatory Surgery Centers by 5%.

3. Increase the number of visits to Compare Health Plans by 5%.

- **Goal 3: Improve FloridaHealthFinder.gov**

The Florida Center will continue to work with the Data Standards and Transparency Steering Committee to develop new ways to improve and enhance FloridaHealthFinder.gov. This may include additional procedures for physician volume reporting, additional quality measures for facilities and health plans, and pricing information.

Measurable Objectives for 2011:

1. Continue to make FloridaHealthFinder.gov more user-friendly and enhance navigation. Redesign will be posted by fall 2011.

2. Post performance measures within 8-10 weeks of the final certification date on a quarterly basis. Shorten timeframe by cutting the review time for hospitals to one week. Will implement this change for data through 3rd quarter 2010.

3. Provide comparison data differently such as trending the data and providing short reports by fall 2011, focusing specifically on health outcome and performance measures.

4. Post additional HEDIS measures on 'Compare Health Plans' by July 1, 2011.

5. Work with the DST workgroup on a second pilot project for providing physician volume data on an additional surgical procedure, i.e. coronary artery bypass graft (CABG), hysterectomy, deliveries, etc. Complete pilot project by December 31, 2011.

6. Work with DST workgroup on posting additional information such as HCAHPS and/or Process of Care measures by fall 2011.

- **Goal 4: 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.**

1. The Health Information Exchange Coordinating Committee (HIECC) will assist the Agency in the implementation of the State Health Information Exchange Cooperative Agreement Program.

2. The Health Information Exchange Legal Work Group will advise on the implementation of the Florida Health Information Exchange Participation/Subscription Agreement that is used to describe the rights and responsibilities of participants in the electronic exchange of health information.

3. The HIECC will also participate in the implementation of the State Medicaid Health Information Technology Plan. The plan describes the details of the implementation of the Medicaid Electronic Health Record Incentive Payment Program as well as the future of Medicaid Health Information Technology and how the Medicaid program will operate in conjunction with the larger health system and Statewide HIT efforts.

Measurable Objectives for 2011:

1. Implement secure messaging using national direct standards including a provider directory of registered physicians and other providers to support Florida eligible providers in meeting the requirements for electronic health record meaningful use incentive by July 1, 2011.

   Measure – Register 500 health care providers in the provider directory by January 1, 2012.

2. Identify early adopters (e.g. hospital systems, provider networks, RHIOs, county health departments) to participate in the health information exchange roll-out in 2011.

   Measure - Six to eight early adopter HIE Participation Agreements will be completed and of these, two to three will be implemented for data sharing by January 1, 2012.

3. Increase the volume of electronic prescriptions and number of electronic prescribing physicians within the state and increase the participation of independent pharmacies in electronic prescribing.

   Measure - Increase the electronic prescriptions by 25% and electronic prescribing physicians by 10% within the state from 2010 to 2011 and increase the participation of independent pharmacies in electronic prescribing.

4. Achieve meaningful use of certified electronic health records among Florida eligible professionals that meet or exceed national averages.

   Measure - Achieve a proportion of eligible professionals that are engaged in meaningful use of a certified electronic health record and/or adoption, implementation, upgrade of certified electronic health records that meets or exceeds the national average reported by Centers for Medicare and Medicaid in 2011.

5. Implement the Florida Medicaid Electronic Health Record Incentives Program by September 2011.

Measure – Make payments to eligible hospitals and eligible professionals that register and qualify by September 2011.

7. Barriers to Implementation

Section 408.05(3)(k), F.S., provides that the Agency shall identify any barriers to implementation, and shall make recommendations of changes in the law that may be enacted by the Legislature to eliminate the barriers.

Risks and barriers associated with the implementation of the overall goals have been explored by the Agency and the Florida Center. These efforts include determining the feasibility of collecting claims data to effectively report price information to consumers. Price data currently collected is limited to Medicaid claims which show the amount paid by the Medicaid program. The hospital inpatient, emergency department, and ambulatory surgery data include charges - not paid amount. The pharmacy price data displayed on MyFloridaRx.com includes the usual and customary price as reported on the Medicaid claims. There is a fiscal barrier to implementing the collection of claims data from other insurers which would provide price information as well as to collecting pricing information from hospitals and other facilities.

The risks and barriers associated with the implementation of the HIE goals are:

Issue	Risk	Mitigation Strategy
Obtaining agreement of key stakeholders and their continued support is critical to project success.	Inability to meet timelines for FHIE development and implementation of HIE.	Continue implementing timeline through a transparent process with clear decision junctures to gain support.
Concerns about patient privacy.	Slow rates of provider participation; limited data sharing.	Establish uniform approaches for patient permission that provides structural protections for patients and balances need for clinical functionality.
Technical solution does not meet stakeholder needs.	Delay in implementation, costs to correct performance problems, and user dissatisfaction impact ability of FHIE to achieve sustainability.	The Agency researched technical solutions through an RFI and utilized national experts in its ITN process for development and evaluation of vendor proposals.

Issue	Risk	Mitigation Strategy
Failure to develop a viable business plan that minimizes provider costs.	Organization and its services cannot be sustained after funding ends.	Identify essential functions that can be efficiently performed and necessary for meaningful use.
Stakeholders concerns about medical liability.	Limited stakeholder participation prevents optimal use of the network for patient care and public health.	The FHIE must employ nationally recognized security standards procedures to control liability.

There are also fiscal barriers to adding new tools, applications, measures, functions and expanding content on FloridaHealthFinder.gov that limit any extensive expansion or changes to the current site. As such, the Florida Center continues to research ways to update and upgrade the site with no cost or low cost partnerships.

The Agency is also continuing to research methods to update and upgrade the Florida Center patient data collection and quality control systems, within current budget constraints or with minimal incremental expenditures.

The addition of a professional in the field of communications and marketing to the DST Committee will aid in developing new approaches to overcome the fiscal restraints inherent to the project.

8. FloridaHealthFinder.gov

A review of the current quality measures on FloridaHealthFinder.gov:

Quality and Outcome Measures	
Overall Facility Performance	Volume, Range of Charges, and Risk Adjusted Average Length of Stay
Hospital Inpatient Medical Conditions and Procedures - Adults	Volume, Range of Charges, Risk Adjusted Average Length of Stay - includes Potentially Preventable Readmissions (excluding deliveries and cancer related conditions/procedures except mastectomy)
Hospital Inpatient Medical Conditions and Procedures – Pediatrics	Volume, Range of Charges, Risk Adjusted Average Length of Stay, and Potentially Preventable Readmissions
Hospital Inpatient Medical Conditions and Procedures – Deliveries and Newborns	Volume, Range of Charges and Risk Adjusted Average Length of Stay
Inpatient Mortality Data for Adults (AHRQ IQIs)	Inpatient Quality Indicators (IQIs) developed by AHRQ reflect quality of care inside hospitals, including inpatient mortality for medical conditions and surgical procedures

Quality and Outcome Measures (cont.)	
Inpatient Infection/Complication Data for Adults (AHRQ PSIs)	Patient Safety Indicators (PSIs) are developed by AHRQ to reflect quality of care inside hospitals and focus on potentially avoidable complications, infections and iatrogenic events
Inpatient Pediatric Quality Indicators (AHRQ PDIs)	Pediatric Quality Indicators (PDIs) are developed by AHRQ to reflect quality of care for neonates and children inside hospitals and identify potentially avoidable hospitalizations
Physician Volume Data	Total Hip and Total Knee Replacements
Health Plan Quality of Care Indicators (HEDIS® Measures) and Health Plan Member Satisfaction Indicators (CAHPS® Measures)	**HEDIS** are a set of measures that are used nationally to report the performance of health plans. Consumers can use this information to help them to 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. The measures allow the public to understand how well health plans achieve results that matter, such as how effective and accessible is the care delivered. **CAHPS** information provides a general indication of how well the plan meets the members' expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Health care organizations, health care purchasers and consumers use CAHPS® results to (1) assess the patient-centeredness of care, (2) compare health plan performance, and (3) improve quality of care.
Hospice	The survey, "Family Evaluation of Hospice Care," is given to families whose loved one received hospice care. It asks family members about their view on the care provided to the patient, as well as their own hospice experience. This comparison tool, submitted voluntarily by Florida licensed hospice providers, presents the results of that survey and can help you compare hospice providers.
Nursing Homes	Florida's *Nursing Home Guide* (the *Guide*) is part of AHCA's ongoing effort to provide information to consumers faced with difficult health care decisions. This website allows you to search for a nursing home by geographic region or by the characteristics of the nursing homes.
Prescription Drugs	Developed by the Office of the Attorney General and the Agency for Health Care Administration (AHCA) to help consumers shop for the lowest price in their area for their prescription drugs. The Florida Prescription Drug Price website provides pricing information for the 150 most commonly used prescription drugs in Florida. The prices are the "usual and customary prices," also known as retail prices, reported monthly by pharmacies.

Hospital Inpatient Medical Conditions and Procedures

Hospital Inpatient Medical Conditions and Procedures – Adults - Includes Potential Preventable Readmissions (PPRs) except Cancer (excluding Mastectomy)

Bones and Joints
1. **Back Problems -** APR-DRG code 347
2. **Disc Surgery -** APR-DRG code 310
3. **Femur Fracture Surgical Repair -** APR-DRG code 308
4. **Fracture of Pelvis or Dislocation of Hip -** APR-DRG code 341
5. **Hip Replacement -** APR-DRG code 301
6. **Knee Replacement -** APR-DRG code 302
7. **Leg Amputation -** APR-DRG code 305
8. **Shoulder, Upperarm and Forearm Procedures -** APR-DRG code 315
9. **Spinal Fusion -** APR-DRG codes 303, 304 and 321
10. **Tibia/Fibula Fracture Repair -** APR- DRG code 313

Brain and Nervous System
1. **Craniotomy (brain surgery) -** APR-DRG codes 20 and 21
2. **Stroke -** APR-DRG codes 44 and 45
3. **Transient Cerebral Ischemia -** APR-DRG code 47

Cancer
1. **Acute Leukemia -** APR-DRG code 690
2. **Bone Marrow Transplant -** APR-DRG code 3
3. **Brain Cancer -** APR-DRG code 41
4. **Chemotherapy -** APR-DRG code 693
5. **Digestive System Cancer -** APR-DRG code 240
6. **Female Reproductive Cancer -** APR-DRG code 530
7. **Kidney / Ureter Removal -** APR-DRG code 442
8. **Leukemia / Lymphoma, Non – Surgical -** APR-DRG codes 691 and 694
9. **Leukemia / Lymphoma, Surgical -** APR-DRG code 681
10. **Liver/Pancreatic Cancer -** APR-DRG code 281
11. **Lung Cancer -** APR-DRG code 136
12. **Mastectomy -** APR-DRG code 362

Diabetes/Endocrinology/Metabolism
1. **Diabetes** - APR-DRG code 420

General Medical Information
1. **Acute Pancreatitis -** APR-DRG code 282
2. **Cellulitis -** APR-DRG code 383
3. **Convulsions (Seizures) -** APR-DRG code 53
4. **Diverticulosis / Diverticulitis -** APR-DRG code 244
5. **Gastrointestinal Hemorrhage -** APR-DRG codes 241, 242 and 253
6. **Hypovolemia (Low Blood Volume) -** APR-DRG code 422
7. **Inflammatory Bowel Disease -** APR-DRG code 245
8. **Migraine and Other Headaches -** APR-DRG code 54
9. **Non-Bacterial Gastroenteritis, Nausea and Vomiting -** APR-DRG code 249

10. **Renal Failure -** APR-DRG code 460
11. **Septicemia (blood poisoning) -** APR-DRG codes 720 and 724
12. **Sickle Cell Disease -** APR-DRG code 662
13. **Syncope (fainting) -** APR-DRG code 204
14. **Urinary Stones -** APR-DRG code 465
15. **Urinary Tract Infection -** APR-DRG code 463

Heart and Circulatory System

1. **Angina Pectoris and Coronary Atherosclerosis -**APR-DRG codes 198
2. **Angioplasty -** APR-DRG codes 174 and 175
3. **Cardiac Catheterization -** APR-DRG codes 191 and 192
4. **Cardiac Defibrillator and Heart Assist Anomaly -** APR-DRG code 161
5. **Cardiac Pacemaker Implant -** APR-DRG code 171
6. **Cardiac Valve Procedures without Cardiac Catheterization -** APR-DRG code 163
7. **Chest Pain -** APR-DRG code 203
8. **Coronary Bypass Surgery -** APR-DRG codes 165 and 166
9. **Heart Attack -** APR-DRG code 190
10. **Heart Failure -** APR-DRG code 194
11. **High Blood Pressure -** APR-DRG code 199
12. **Irregular Heartbeat -** APR-DRG code 201
13. **Major Thoracic and Abdominal Vascular Procedures -** APR-DRG code 169
14. **Peripheral Vascular Disease (PVD) -** APR-DRG code 197
15. **Pulmonary Edema and Respiratory Failure -** APR-DRG code 133

Lungs

1. **Asthma -** APR-DRG code 141
2. **Chronic Obstructive Pulmonary Disease, COPD (pulmonary disease) -** APR-DRG code 140
3. **Lung and Chest Procedures -** APR-DRG codes 120 and 121
4. **Pneumonia -** APR-DRG code 139
5. **Pneumonitis, Aspiration -** APR-DRG code 137

Surgery

1. **Appendectomy -** APR-DRG code 225
2. **Arteriovenostomy (renal dialysis) -** APR-DRG code 444
3. **Gall Bladder Removal -** APR-DRG 262
4. **Heart and/or Lung Transplant -** APR-DRG code 2
5. **Hernia Repair -** APR-DRG code 227
6. **Inguinal, Femoral and Umbilical Hernia Procedures -** APR-DRG code 228
7. **Kidney/Pancreas Transplant -** APR-DRG codes 6 and 440
8. **Laparoscopic Gall Bladder Removal -** APR-DRG code 263
9. **Liver Transplant -** APR-DRG code 1
10. **Major Small and Large Bowel Procedures -** APR-DRG code 221
11. **Major Stomach, Esophageal and Duodenal Procedures -** APR-DRG code 220
12. **Minor Small and Large Bowel Procedures -** APR-DRG code 223
13. **Obesity Procedures -** APR-DRG code 403
14. **Peritoneal Adhesiolysis -** APR-DRG code 224
15. **Radical Prostatectomy -** APR-DRG code 480
16. **Thyroid, Parathyroid and Thyroglossal Procedures -** APR-DRG code 404
17. **Transurethral Prostatectomy -** APR-DRG code 482
18. **Urethral and Transurethral Procedures -** APR-DRG code 446

Women's Health

1. **Hysterectomies and Other Uterine and Adnexa Procedures -** APR-DRG codes 511, 512, 513 and 519

Hospital Inpatient Medical Conditions and Procedures - Deliveries and Newborns

1. **Baby with Complications -** APR-DRG codes 583, 588, 589, 591, 593, 602, 603, 607, 608, 609, 611, 612, 613, 614, 621, 622, 623, 625, 626, 630, 631, 633, 634, 636, 639, 640 (APR-DRG 640 is limited to Severity Levels 2, 3 and 4)
2. **Cesarean Section Delivery -** APR-DRG code 540 - The data for cesarean deliveries include all ages.
3. **Normal Baby -** APR-DRG code 640 (limited to Severity Level 1)
4. **Vaginal Delivery -** APR-DRG code 560 - The data for vaginal deliveries include all ages.

Hospital Inpatient Medical Conditions and Procedures – Pediatrics – Includes PPRs except Cancer Care, New April 2010

1. **Appendectomy** – Ages 1-17 years - APR-DRG code 225 (limited to Severity Level 1, minor) – Ages 1-17 years
2. **Asthma** – Ages 2-17 years - Inclusions: ICD-9-CM principal diagnosis codes of asthma, 49300, 49301, 49302, 49310, 49311, 49312, 49320, 49321, 49322, 49381, 49382, 49390, 49391, and 49392. Exclusions: Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system. Excludes transfers from other institutions. Excludes cases ages 0-1. Excludes cases in MDC 14 (obstetrics).
3. **Brain Surgery** – Ages 0-17 years - APR-DRG codes 20, 21, and 22 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
4. **Bronchiolitis and RSV Pneumonia** – Ages 0-4 years - APR-DRG code 138 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
5. **Cancer Care** – Ages 0-17 years - APR-DRG codes 680, 681, 690, 691, 692, 693, 694, and 41 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
6. **Cellulitis** – Ages 0-17 years - APR-DRG code 383 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
7. **Convulsions (Seizures)** – Ages 0-4 years and 5-17 years - APR-DRG code 53 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old) and ages 5-17.
8. **Diabetes** – Ages 6-17 years - Inclusions: All non-maternal discharges ages 6 to 17 years with ICD-9-CM principal diagnosis codes for short-term complications (ketoacidosis, hyperosmolarity, coma) including 25010, 25011, 25012, 25013, 25020, 25021, 25022, 25023, 25030, 25031, 25032, and 25033. Exclusions: Excludes transfers from other institutions. Excludes cases in MDC 14 (obstetrics).
9. **Fever and Infectious Illness** – Ages 0-17 years - APR-DRG codes 722, 723, and 113 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
10. **Gastroenteritis** – Ages 1 year – 4 years and 5-17 years - Inclusions: All non-maternal discharges ages 1 year-4 years and 5-17 years with ICD-9-CM principal diagnosis code for gastroenteritis or with a secondary diagnosis code of gastroenteritis and a principal diagnosis code of dehydration. ICD-9-CM gastroenteritis diagnosis codes 00861, 00862, 00863, 00864, 00865, 00866, 00867, 00869, 0088, 0090, 0091, 0092, 0093, and 5589. ICD-9-CM dehydration diagnosis codes 27650, 27651, 27652, and 2765. Exclusions: Excludes transfers from other institutions. Exclude those with a diagnosis code of gastrointestinal abnormalities or bacterial gastroenteritis. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
11. **Pneumonia, Other** – Ages 2-17 years - APR 139. Inclusions: Includes ages 2-17. Exclusions: Excludes transfers from other institutions. Exclude cases in MDC 14 (obstetrics). Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system.
12. **Sickle Cell Disease** – Ages 1-17 years - APR-DRG code 662 – Ages 1-17.

13. **Spinal Fusion** – Ages 5-17 years - APR-DRG codes 303, 304, and 321 – Ages 5-17 years.
14. **Urinary Tract Infections** – Ages 1 year to 17 years - Inclusions: All non-maternal discharges ages 1 year to 17 years with ICD-9-CM urinary tract principal diagnosis codes 59010, 59011, 5902, 5903, 59080, 59081, 5909, 5950, 5959, 5990.   Exclusions: : Excludes transfers from other institutions. Exclude those patients with a diagnosis code of kidney/urinary tract disorder and with a diagnosis code of high or intermediate-risk immunocompromised state. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
15. **Viral Meningitis** – Ages 0-17 years - APR-DRG code 51 – Ages 0-17 years (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).

AHRQ Mortality Measures for Inpatient Procedures

1. **Abdominal Aortic Aneurysm Repair (AAA) Mortality - IQI 11**
2. **Coronary Artery Bypass Graft (CABG) Mortality - IQI 12**
3. **Craniotomy Mortality (Surgical opening of the skull) - IQI 13**
4. **Esophageal Resection Mortality (Surgical Removal of the Throat) - IQI 8**
5. **Hip Replacement Mortality - IQI 14**
6. **Pancreatic Resection Mortality (Surgical Removal of the Pancreas) - IQI 9**

AHRQ Mortality Measures for Inpatient Conditions

1. **Acute Myocardial Infarction (Heart Attack) - IQI 15**
2. **Acute Myocardial Infarction (Heart Attack), Without Transfer Cases - IQI 32**
3. **Acute Stroke Mortality - IQI 17**
4. **Congestive Heart Failure (CHF) Mortality - IQI 16**
5. **Gastrointestinal (GI) Hemorrhage Mortality - IQI 18**
6. **Hip Fracture Mortality - IQI 19**
7. **Pneumonia Mortality - IQI 20**

AHRQ Patient Safety Indicators - Complication and Infection

1. **Decubitus Ulcer - PSI 3**
2. **Iatrogenic Pneumothorax - PSI 6**
3. **Infections Due to Medical Care - PSI 7**
4. **Postoperative Hip Fracture - PSI 8**
5. **Postoperative Pulmonary Embolism or Deep Vein Thrombosis - PSI 12**
6. **Postoperative Sepsis - PSI 13**

AHRQ Pediatric Quality Indicators – New April 2010

1. **Accidental Puncture or Laceration - PDI 1**
2. **Pediatric Heart Surgery Mortality - PDI 6**
3. **Pediatric Heart Surgery Volume - PDI 7**
4. **Postoperative Sepsis - PDI 10**
5. **Selected Infections Due to Medical Care - PDI 12**

Ambulatory (Outpatient) Surgery Centers Procedures/ Surgeries – Adults

Levels of complexity

Level I	– Short treatment time in the operating room. Few laboratory tests or radiology procedures ordered. Few expensive disposable devices used, if any.
Level II	– Laboratory tests and radiology procedures typically ordered as part of procedure. Disposable devices may consume significant resources. Increased length of time in the operating room.
Level III	– Laboratory tests and radiology procedures ordered as part of a procedure. Disposable devices consume significant resources. Longer stay in the operating room than levels I and II.
Level IV	– Procedure of major complexity. Treatment and resources used are extensive. Thus, Level IV EAPGs are frequently performed in an inpatient setting, not in an outpatient setting.

Bones and Joints

1. **Arthroscopy, Level I** – EAPG 37
2. **Arthroscopy, Level II** – EAPG 38
3. **Bunion Procedures** – EAPG 45
4. **Open or Percutaneous Treatment of Fractures** – EAPG 43

Digestive System

1. **Colonoscopy, Therapeutic** – EAPG 137
2. **Endoscopy of the Lower Airway** – EAPG 64
3. **Endoscopy of the Upper Airway, Level I** – EAPG 62
4. **Endoscopy of the Upper Airway, Level II** – EAPG 63
5. **Hernia Repair, Level I** – EAPG 139
6. **Hernia Repair, Level II** – EAPG 140
7. **Lower Gastrointestinal Endoscopy, Diagnostic** – EAPG 136
8. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic** – EAPG 134
9. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic** – EAPG 135

Eyes

1. **Cataract Procedures** – EAPG 233
2. **Laser Eye Procedures** – EAPG 232
3. **Vitrectomy** – EAPG 242

General Surgery

1. **Facial and Ear, Nose and Throat Procedures, Level I** – EAPG 252
2. **Facial and Ear, Nose and Throat Procedures, Level II** – EAPG 253
3. **Facial and Ear, Nose and Throat Procedures, Level III** – EAPG 254
4. **Facial and Ear, Nose and Throat Procedures, Level IV** – EAPG 255
5. **Tonsil and Adenoid Procedures** – EAPG 256

Heart and Circulatory System

1. **Cardiac Catheterization, Diagnostic** – EAPG 84
2. **Pacemaker Insertion and Replacement** – EAPG 86

Kidneys and Urologic System

1. **Bladder and Kidney Procedures, Level I** – EAPG 163
2. **Bladder and Kidney Procedures, Level II** – EAPG 164
3. **Bladder and Kidney Procedures, Level III** – EAPG 165
4. **Extracorporeal Shock Wave Lithotripsy** – EAPG 160

Skin

1. **Excision and Biopsy of Skin and Soft Tissue, Level I** – EAPG 9
2. **Excision and Biopsy of Skin and Soft Tissue, Level II** – EAPG 10
3. **Excision and Biopsy of Skin and Soft Tissue, Level III** – EAPG 11
4. **Skin Debridement and Destruction, Level I** – EAPG 6
5. **Skin Debridement and Destruction, Level II** – EAPG 7
6. **Skin Debridement and Destruction, Level III** – EAPG 8

Women's Health

1. **Breast Procedure, Level I** – EAPG 20
2. **Breast Procedure, Level II** – EAPG 21
3. **Breast Procedure, Level III** – EAPG 22
4. **Hysteroscopy** – EAPG 200

Ambulatory Surgery Centers Procedures/ Surgeries – Pediatrics

Bones and Joints

1. **Arthroscopy, Level I** – EAPG 37
2. **Arthroscopy, Level II** – EAPG 38
3. **Open or Percutaneous Treatment of Fractures** – EAPG 43

Digestive System

1. **Endoscopy of the Lower Airway** – EAPG 64
2. **Endoscopy of the Upper Airway, Level I** – EAPG 62
3. **Endoscopy of the Upper Airway, Level II** – EAPG 63
4. **Hernia Repair, Level I** – EAPG 139
5. **Hernia Repair, Level II** – EAPG 140
6. **Lower Gastrointestinal (GI) Endoscopy, Diagnostic** – EAPG 136
7. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic** – EAPG 134
8. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic** – EAPG 135

Eyes

1. **Strabismus (Repair of Cross-Eyed) and Muscle Eye Procedures** – EAPG 239

General Surgery

1. **Circumcision** – EAPG 181
2. **Facial and Ear, Nose and Throat Procedures, Level I** – EAPG 252
3. **Facial and Ear, Nose and Throat Procedures, Level II** – EAPG 253
4. **Facial and Ear, Nose and Throat Procedures, Level III** – EAPG 254
5. **Facial and Ear, Nose and Throat Procedures, Level IV** – EAPG 255
6. **Tonsil and Adenoid Procedures** – EAPG 256

Health Plan Quality Measures

Health Plan Quality of Care Indicators (HEDIS® Measures)

These are a set of measures that are used nationally to report the performance of health plans. Consumers can use this information to help them to 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. The measures allow the public to understand how well health plans achieve results that matter, such as how effective and accessible is the care delivered. Data for these measures come from the Healthcare Effectiveness Data and Information Set (HEDIS®). These measures are available only from managed care health plans, mainly HMOs.

HEDIS® Measures (2009 Measurement Year):

1. Asthma Medications for Long-Term Control
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Chlamydia Screening in Women
5. Diabetes Care: Lipid Profile Performed
6. Diabetes Care: Lipids Controlled
7. Diabetes Care: Dilated Eye Exam Performed
8. Diabetes Care: Kidney Disease Screening
9. Well-Child Visits, First 15 Months of Life
10. Well-Child Visits, Ages 3-6 Years

Health Plan Member Satisfaction Indicators (CAHPS® Measures):

Obtaining information on a member's satisfaction with a particular health plan is a key component in the decision of choosing a health plan. This information provides a general indication of how well the plan meets the members' expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Health care organizations, health care purchasers and consumers use CAHPS® results to (1) assess the patient-centeredness of care, (2) compare health plan performance, and (3) improve quality of care. Below are descriptions of the specific CAHPS® questions that are displayed on the website:

CAHPS® Measures (2009 Survey):

1. Overall Plan Satisfaction
2. Ease in Getting Needed Care
3. Ease in Getting Care Quickly
4. How Well Doctors Communicate
5. How Well Plan Processes Claims
6. Getting Help from Customer Service
7. Rate the Number of Doctors to Choose From
8. Recommend Health Plan to Family or Friends
9. Would You Select Your Current Plan Again?

Hospice Provider Quality Indicators

Family Evaluation of Hospice Care (FEHC) Satisfaction Survey Tool

The Family Evaluation of Hospice Care (FEHC) is a survey given to families who participated in hospice care, after their loved one has died. It asks family members about their view on the care provided to the patient, as well as their own hospice experience.

1) How often were the patient's personal care needs - such as bathing, dressing, and changing bedding - taken care of as well as they should have been by the hospice team? (% Favorable – Always or Usually)

2) How often did the hospice team treat the patient with respect? (% Favorable – Always or Usually)

3) How often did the hospice team keep you or other family members informed about the patient's condition? (% Favorable – Always or Usually)

4) Overall, how would you rate the care the patient received while under the care of hospice? (% Favorable – Excellent, Very Good, or Good)

5) How would you rate the way the hospice team responded to your needs in the evenings and weekends? (% Favorable – Excellent, Very Good, or Good)

Prescription Drug Pricing

The 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.

Physician Volume Reporting – New December 2011

1. **Total Hip Replacement – Principal Procedure ICD-9 Code 81.51**
2. **Total Knee Replacement – Principal Procedure ICD-9 Code 81.54**

Appendix B:

State Consumer Health Information and Policy Advisory Council Member List

Elizabeth Dudek, Secretary, Agency for Health Care Administration

James Bracher, M.B.A., Vice Chair, Representative of Florida Association of Health Plans;
Appointed by the Secretary, Agency for Health Care Administration

Chanta Combs, Representative of health care purchasers
Appointed by the Secretary, Agency for Health Care Administration

Susan Douglas, An employee of the Department of Education
Appointed by the Commissioner of Education

Michael L. Epstein, M.D., Chair, Pediatric Representative of Health Care Coalition
Appointed by the Secretary, Agency for Health Care Administration

Diane Godfrey, Representative of professional healthcare related association
Appointed by the Secretary, Agency for Health Care Administration

Meade Grigg, Representative of the Department of Health
Appointed by the Secretary, Agency for Health Care Administration

Jane Johnson, An employee of the Governor's Office of Policy & Budget
Appointed by the Governor

Charles Milsted, Representative of Consumers, A.A.R.P.
Appointed by the Secretary, Agency for Health Care Administration

Ebrahim Randeree, M.B.A, Ph.D. Representative of a state university
Appointed by the Secretary, Agency for Health Care Administration

Gerry Smith, C.P.M, A.I.R.C., A.I.S., An employee of the Office of Insurance Regulation
Appointed by the Director of the Office of Insurance Regulation

Kim Streit, C.H.E., M.B.A., M.H.S. Representative of professional health care related association
Appointed by the Secretary, Agency for Health Care Administration

Michael Wasylik, M.D. Representative of professional health care related association
Appointed by the Secretary, Agency for Health Care Administration

Sally West, Representative of Florida Association on Business/Health Coalitions
Appointed by the Secretary, Agency for Health Care Administration

Appendix C:

Health Information Exchange Coordinating Committee Member List

Elizabeth Dudek, Chair - Secretary, Agency for Health Care Administration; Member of State Consumer Health Information and Policy Advisory Council

Bill Bell - Florida Hospital Association; Representative of an association supporting electronic health record systems

Ronald Burns, D.O. - University Family Medicine Center, PA; Representative of physicians utilizing an advanced electronic health records system in his or her practice

Allen Byington - Big Bend Regional Healthcare Information Organization; Representative of the Florida Association of RHIOs

Nadine Dexter - University of Central Florida, College of Medicine; Representative of best practices work in the health information technology field supporting health information exchange sustainability and business development

Matt Doster – ITFlorida; Representative of information technology development

Robert Harmon, M.D. - Duval County Health Department; Representative of the Florida Department of Health

Nikole Helvey, MS, H.S.A. - Health Planning Council of Northeast Florida, Inc.; State Consumer Health Information and Policy Advisory Council Liason

Michael Jackson -Florida Pharmacy Association; Representative of an association supporting electronic health record systems

Kevin Kearns -Health Choice Networks; Representative of a federally qualified health center or other rural health organization utilizing electronic health records, telemedicine, or telehealth systems

Karen Koch, M.S.W, M.Ed. - Florida Council for Community Mental Health; Representative of a statistically significant consumer population in Florida

Peter Kress - Florida Association of Homes and Services for Aging; Representative of an association supporting electronic health record systems

Health Information Exchange Coordinating Committee

Member List (cont.)

Julie Meadows-Keefe, P.A. - Florida Department of Health; Representative of health information technology/privacy security law

Linda McMullen - Florida Medical Association; Representative of an association supporting electronic health record systems

Catherine Peper - Blue Cross and Blue Shield of Florida; Representative of the health insurance industry

Dennis Saver, M.D. - Florida Academy of Family Physicians; Representative of physicians utilizing an advanced electronic health records system in his or her practice

Reginald Smith - Mayo Clinic; Representative of a hospital or clinic system utilizing an advanced electronic health records system

Duane Steward, Ph.D. -Nemours and Healthcare Information and Management Systems Society (HIMSS); Representative of a hospital or clinic system utilizing an advanced electronic health records system

Phil Williams - Assistant Deputy Secretary for Medicaid Finance-AHCA Division of Medicaid; Representative of Florida Medicaid

Appendix D:

Legal Work Group Member List

Bill Bell -Representative of Florida Hospital Association

Carol Berkowitz -Representative of Florida Association of Homes & Services for the Aging

John Collins, Chair - Representative of Agency for Health Care Administration

Craig Dalton - Representative of Pensacola Chamber of Commerce

William Dillon - Representative of Messer, Caparello & Self, P.A.

Diane Gaddis - Representative of Community Health Centers Alliance

Heidi Garwood - Representative of Humana

Diane Godfrey - Representative of Florida Hospital and State Consumer Health Information and
        Policy Advisory Council Liaison

Jan Gorrie - Tampa Bay RHIO; Representative of Carlton Fields

Sandra P. Greenblatt - Representative of Sandra P. Greenblatt, PA

Rodney Johnson - Representative of Florida Department of Health

Karen Koch - Representative of Florida Council for Community Mental Health

Dr. Maureen Levy - Representative of KePRO

Julie Meadows-Keefe -   Representative of Florida Department of Health

Lynn McCartney - Representative of Florida Justice Association

Holly Miller - Representative of Florida Medical Association

Lisa Rawlins - South Florida Regional Extension Centers; Representative of Broward Health

Annette Riley - Representative of Holmes Regional Medical Center

Nick Romanello - Representative of the Health Care District of Palm Beach County

Appendix E: Data Standards and Transparency Committee

Member List

Beth Eastman, Chair - Representative of Florida Agency for Health Care Administration

James Bracher - Representative of Florida Association of Health Plans

Mary Jane Branch, R.N., M.S., H.S.A. - Representative of Humana

Ronald Burns, D.O. - Representative of physicians utilizing an advanced electronic health records system in his or her practice

Nikole Helvey, MS, H.S.A. - Representative of local Health Planning Council of Northeast Florida, Inc.

Tait J. Martin, Ph.D **-** Representative of InSight Cooperative

Denise R. Remus, Ph.D., R.N. - Representative of BayCare Health System

Kim Streit, C.H.E., M.B.A., M.H.S. - Representative of Florida Hospital Association

Michael Wasylik, M.D.- Representative of Florida Medical Association