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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. The Florida Center units include:

- Data Dissemination and Communication
- Health Information Exchange and Policy Analysis
- Data Collection and Quality Assurance
- Risk Management and Patient Safety

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 2015. 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.

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 these statutory requirements.
Special Projects

Governor’s Commission on Healthcare and Hospital Funding

On May 5, 2015, Governor Rick Scott issued Executive Order 15-99, appointing a Commission on Healthcare and Hospital Funding to investigate and advise on the role of taxpayer funding for hospitals, insurers, and health care professionals, and the affordability, access, and quality of health care services they provide to Florida families as a return on taxpayer investment. The Governor appointed nine Floridians to serve on the Commission; along with Dr. John Armstrong, Florida’s State Surgeon General and Elizabeth Dudek, Secretary of the Agency for Health Care Administration, who were appointed as co-Executive Directors.

The Commission held 15 public meetings between May 20, 2015 and January 19, 2016. The meetings were conducted in a variety of healthcare markets around the state including the Agency for Health Care Administration’s offices and the Capitol in Tallahassee; the Florida Department of Health in Orange County, the University of Central Florida in Orlando, the University of South Florida (Tampa), Miami-Dade College (Miami), Jacksonville University (Jacksonville), and Florida Gulf Coast University (Ft. Myers). The Florida Center for Health Information and Policy Analysis served as the administrative and staff support for the Commission throughout its process, coordinating meeting logistics, more than 25 guest speakers, and serving as a communication liaison for members. A website, www.HealthandHospitalCommission.com, was developed to serve as a repository of interactive information for Commission members, the media, and the public.

The Commission delivered a final Summary of Observations to the Governor on January 21, 2016.

Grant Program for Community Primary Care Services

Approximately $28.5 million in General Revenue funds was appropriated by the Florida Legislature for FY2015-16 to be granted to community healthcare services providers in an effort to increase access to primary care services in the state and to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. The Agency for Health Care Administration was directed to solicit grant proposals, and to award grants of up to $1.5 million each to programs focused on reducing health spending while improving the health status of uninsured and underinsured persons in their communities.

The Florida Center for Health Information and Policy Analysis developed a Request for Applications (RFA) that was issued in September, 2015. Eligible applicants included Community Health Centers/Federally Qualified Health Centers, which are non-profit clinical care providers that operate under comprehensive federal standards; Community Health Care Clinics, which are community-based or faith-based organizations that provide healthcare services at reduced rates (often on a sliding fee scale) or at no charge to low-
income, uninsured and underserved individuals (these providers often rely heavily on volunteer healthcare professionals and community partnerships); and County Health Departments, which are authorized under Chapter 154.001, Florida Statutes, to promote, protect, maintain, and improve the health and safety of all citizens and visitors of our state. The Florida Department of Health maintains County Health Departments in all 67 of Florida's counties.

A total of 142 grant applications were received and evaluated by the Agency, requesting more than $193 million in funding for a wide variety of projects. Grants in amounts ranging between $34,500 and $1,500,000 were awarded to a total of 61 programs whose applications demonstrated the greatest ability to reduce unnecessary Emergency Department visits and preventable hospitalizations through disease management, improving patient engagement, and coordinating care including physician, diagnostic, dental, nurse practitioner, pharmaceutical, and other supporting services. The Florida Center for Health Information and Policy Analysis has designated a team of contract managers to actively engage with grantees during the development, negotiation, execution, and monitoring of the individual grant agreements, and throughout the funding period.

Data Collection and Quality Assurance Unit

Data Collection is guided by §408.061, Florida Statutes, and Chapters 59E-7 and 59B-9, Florida Administrative Code (FAC)

The Florida Center for Health Information and Policy Analysis (Florida Center) collects and maintains three major databases:

- Hospital Inpatient
- Ambulatory Surgery
- Emergency Department

Accurate, timely, and unbiased data is an essential component of good analyses and efforts to model and understand Florida's health care system. The data provides a statewide integrated database for the assessment of variations in utilization, disease surveillance, access to care and cost trends.

Detailed information about the data collected in the databases can be found at FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx.
Inpatient Data Collection

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

The hospital inpatient database contains records for each patient stay at approximately 296 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 2,704,155 records in 2014, which includes 44,500 comprehensive rehabilitation facility 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.

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 for Health Care Administration’s (Agency) ambulatory surgery database contains “same-day surgery” data on reportable patient visits to approximately 668 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 2014, 2,899,969 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 93451 through 93462. 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.
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 for Health Information and Policy Analysis (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 ED 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 ED by their acuity level using an evaluation and management (E and M) code to indicate the level of seriousness of their condition.

As of December 2014, over 52 million ED records have been collected, processed, and certified by the Florida Center. The volume of ED records collected has steadily increased since the inception of the program with approximately 5.7 million records collected in 2005, 5.8 million in 2006, 5.7 million in 2007, 6.5 million in 2009, 6.6 million in 2010, 6.9 million in 2011, 7.4 million in 2012, and 8.3 million in 2014.

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

Data Dissemination and Communication Unit

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 Data Dissemination and Communication Unit performs several functions to ensure the public has access to health care information to assist in making well-informed health care decisions.

The unit fulfills numerous data requests and provides customers with technical assistance and maintains the consumer health care website, FloridaHealthFinder.gov. The website provides easy access to health care data, and encourages health care transparency. The unit also offers consumer health care education through a Consumer Awareness Series, webinars and community outreach programs.
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), FLORIDA STATUTES.

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

The website also provides the A.D.A.M. Multimedia Health Encyclopedia, Wellness Tools and Symptom Navigator; consumer health care publications, and information for health care professionals such as the newly redesigned Patient Data Query Tool. 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 data on seniors and pediatrics. Additional hospital information includes rates for readmission, mortality, infections, and complications.

Recent Accomplishments

The popularity of FloridaHealthFinder.gov is continually growing. In 2015 there were a total of 3.7 million visits to FloridaHealthFinder.gov compared to 3.3 million visits in 2014, representing an increase of 12%. FloridaHealthFinder.gov celebrated its 10-year anniversary in November 2015. Enhancements and additions to the website in 2015 include the following:

- FloridaHealthFinder.gov was recognized as one of the ‘11 Best of the Best 2015 Technology Stories’ in Technology Florida, published by the Florida State University Center for Academic & Professional Development.

- The Medicaid Consumer Report Card was added to the Health Plan landing page in February 2015. The Report Card presents a summary of quality, access and timeliness of performance for Florida’s Managed Care plans, to help consumers determine relative value of care offered by managed care health plans; and choose the plan that’s right for them.

- The Assisted Living Facility Comparison Tool was launched in October 2015 and allows consumers to compare inspection results, sanctions/final orders, deficiency information, and fine amounts, if any. It also provides information on nurse availability, special programs and services, activities offered, payment forms accepted, bed size and more for over 3,000 facilities.
Hospital and Ambulatory Surgery Center Performance Data

The FloridaHealthFinder.gov website provides performance data for over 150 selected medical conditions and procedures in Florida’s short-term acute care hospitals and ambulatory (outpatient) surgery centers. The performance data is updated on a quarterly basis and an easy-to-use navigation tool allows consumers to create reports that allow for performance comparison for ambulatory surgical centers and hospitals.

Ambulatory Surgery Centers

The information for freestanding ambulatory surgery centers and hospital-based surgery centers includes the number of visits and charges (includes pediatrics) and the range of charges.

Hospitals

To compare hospital (inpatient care) data, users may search by a particular medical condition or procedure for adults or children, overall facility performance, or geographic location. The following information may be found for adults, seniors or pediatrics:

- Volume and utilization
- Health outcome measures such as readmission, mortality, complication, and infection rates
- Range of charges and average length of stay
- Patient Satisfaction scores

Florida Health Plans

Health plan quality indicator data reporting is required under §408.05(3)(k)(2), Florida Statutes, and implemented under Chapter 59B-13, Florida Administrative Code.

The “Compare Health Plans” section of 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 Health Information Exchange and Policy Analysis Unit is responsible for collection and analysis of health plan quality indicator data. The specification for the data is derived from the Healthcare Effectiveness Data and Information Set (HEDIS) and includes measures for adolescent well-care visits, well-child visits, diabetes care, and other information.

Health plan member satisfaction reporting is required under §408.05(5)(A). Surveying for commercial health plans is implemented under Chapter 59B-14, Florida Administrative Code.

Information on member satisfaction is obtained from the health plans based on 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.

Facility/Provider Locator

The facility/provider locator tool, updated nightly, provides consumers with multiple search options for health care facilities and providers regulated by the Agency. Users can search by name, street address, zip code, AHCA file number, license number, administrator or chief executive officer (CEO), owner, and/or emergency actions. Depending on the facility or provider type, advanced search options might include bed type, specialty license, service area, special programs and services, certification status, hospital off-site emergency departments, nursing homes on the Watch List, and other options.

Additionally, consumers can use the AHCA mobile Facility Locator smartphone application to find and learn about Florida health care facilities and providers, and get directions “on the go”. The application is free and available for Apple products through iTunes and Android products through the Google Play store.

Consumer Awareness Series

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

The Consumer Awareness Series consists of brochures designed to assist the public in making informed health care decisions. The brochures are 15 – 20 pages in length, in English or Spanish, and are available at FloridaHealthFinder.gov. The available brochures include:

- A Patient’s Guide to a Hospital Stay
- Assisted Living in Florida
- End of Life Issues - A Practical Planning Guide
Community Outreach and Education

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

Through publication of educational brochures and consumer materials, webinars, and participation in community outreach programs and benefit fairs, the Data Dissemination and Communication Unit continues to increase public awareness of resources available to consumers through FloridaHealthFinder.gov.

Data Requests

The Data Dissemination and Communication Unit processed 4,685 data requests in 2015. Information and prices on available data are listed in the Data Catalog and Price List on the Agency’s website. Typically, data requests fall into the following categories:

De-identified Data

Hospital inpatient, ambulatory surgery, and ED data are available for sale 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.

Standard Reports

The Data Dissemination and Communication Unit 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 email attachment.

Hospital Financial Data – A hospital report containing fiscal year facility-level information. The report covers general data for each hospital, audited information on hospital revenues, expenditures and depreciation, medical staff data, selected discounts, and prospective payment arrangements.

**Ad Hoc Reports**

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

**Risk Management and Patient Safety Unit**

**Adverse Incident Reporting is required by Chapter §395.0197, §641.55, §400.147, and §429.23, Florida Statutes**

The Risk Management and Patient Safety (RMPS) Unit collects and reviews adverse incident reports required by Florida law to be submitted by the reporting facility to the Agency for Health Care Administration (Agency). In 2015, the RMPS unit received and reviewed approximately 6,000 adverse incident reports, submitted by five different facility types totaling 4,506 facilities statewide. Hospitals and ambulatory surgical center’s reporting laws are defined in §395.0197, Florida Statutes. Health maintenance organizations (HMOs) are required to report adverse incidents as defined in §641.55(6), Florida Statutes. Adverse incident reporting requirements for nursing homes and assisted living facilities are defined in §400.147, and §429.23, Florida Statutes, respectively.

The RMPS Unit reviews all submitted adverse incident reports for compliance with statutory reporting requirements as outlined in the various statutes. This includes, but is not limited to, determining whether any of the reviewed adverse incident reports potentially involve conduct by a health care professional who may be subject to disciplinary action, and identifying other reportable events that require the reporting facility to notify additional regulatory agencies.

RMPS publishes quarterly and annual aggregate data reports on adverse incidents for hospitals, ambulatory surgery centers, and HMOs. To access these reports, select the appropriate hyperlink in the local navigation section of the RMPS’s webpage located at: ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.
Health Information Exchange and Policy Analysis Unit

Health Information Exchange

Creation of a statewide health information network including adoption and use of electronic health records is guided by §408.062(5), Florida Statutes. Establishment and use of a Universal Patient Authorization Form is guided by §408.051, Florida Statutes.

In March 2010, under a federally funded four-year project, the Agency was directed to complete planning and begin implementing the Florida Health Information Exchange (Florida HIE) funded through a Cooperative Agreement with the Office of the National Coordinator for Health Information Technology (ONC). The Florida Legislature directed the Agency to contract with a technology organization to implement the Florida HIE and select the vendor through an Invitation to Negotiate (ITN). The Agency contracted with Harris Corporation in February 2011 to build the Florida HIE infrastructure.

In August 2013, the Agency requested an early (September 30, 2013) termination of the Cooperative Agreement to enable the Agency to begin transition to its sustainability plan for the Florida HIE. In June 2014, the Agency and Harris Corporation renewed the Florida HIE contract through June 2017. Harris Corporation, as the HIE vendor, is responsible for the collection of user fees from participants to maintain current services under its contract with the Agency. The Agency will continue to support the governance of the Florida HIE.

The Florida HIE is currently providing health care professionals in Florida with a timely, secure, and authorized exchange of patient health information through three services: Patient Look-Up (PLU), Event Notification Service (ENS) and Direct Messaging.

PLU is a “network of networks” that brings existing provider networks together to provide a statewide information highway for Florida’s health care professionals. By the end of 2015, ten organizations are in production with data available for sharing with other participants.

The ENS provides notification to health plans and accountable care organizations about their members’ hospital encounters. The health plan then provides this information to the patient’s primary care provider for care coordination. In FY 2014-15 and FY 2015-16, the ENS program was a requirement for hospitals to receive Low Income Pool funding. As of December 31, 2015, 202 hospitals are production as data sources for ENS. Four health plans and 10 Accountable Care Organizations have subscribed to the service. As of the end of 2015, over 50,000 alerts per months are being delivered to subscribers.

Direct Messaging is a secure email service that allows participants to send and receive email messages and attachments containing a patient’s clinical data. The Direct Messaging service enables exchange with other accredited services on a nationwide basis. Additional information about these and other services offered by the Florida HIE is posted on the website at florida-hie.net/.
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 Health Information Exchange and Policy Analysis Unit is responsible for the administration of the Florida Medicaid Electronic Health Record (EHR) Incentive Program, as established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provides 100% federal financial participation (FFP) for state expenditures for incentive payments to encourage Medicaid health care providers to adopt, implement, and meaningfully use EHR technology. The HITECH Act also established a 90% FFP for state expenses related to the administration of the incentive program and for promoting EHR adoption.

This program is overseen by the Centers for Medicare and Medicaid Services (CMS) and state Medicaid agencies. Eligible Medicaid professionals may receive up to $63,750 over six years for the adoption and subsequent meaningful use of certified EHR technology. 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 professionals include Medicaid-enrolled physicians, nurse mid-wives, dentists, and nurse practitioners with a 30% Medicaid patient volume. Pediatricians can qualify with 20% Medicaid volume. For professionals 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% Medicaid volume, and children’s hospitals (which have no volume requirements) are also eligible.

In order to implement the incentive program, the Agency was required to have a state Medicaid Health Information Technology Plan (SMHP) submitted and approved by CMS. This plan was originally approved December 2, 2010 and is updated annually.

CMS established the rule for meaningful use that includes a set of standards, implementation specifications, and certification criteria for EHR technology. In the first program year, Medicaid eligible professionals and hospitals only have to demonstrate that they have adopted, implemented, or upgraded to certified EHR technology. In order to receive payment in subsequent participation years, they will have to attest to the meaningful use of certified EHR technology. CMS published requirements for meeting Stage 1 and Stage 2 meaningful use requirements in September 2012, which includes process measures that target improved care coordination, preventative care, increased privacy and security of patient’s records, and enabling patient use of an online health record. CMS published a Modification Rule that became effective December 15, 2015 that modifies the measures providers are required to meet for program years 2015-2017. The changes aim to reduce the complexity of the program by removing redundant, duplicative, or topped out measures. All providers are shifted to a single set of Modified Stage 2 measures. The
measures focus on the advanced use of EHR technology to promote improved patient outcomes and health information exchange.

Florida’s Medicaid EHR Incentive Program was launched on September 5, 2011. As of December 31, 2015, 11,718 incentive payments had been made to eligible professionals and 499 incentive payments paid to hospitals. Also as of this date, 7,497 individual providers and 178 hospitals were paid a total of $503,753,174 in incentive payments.

Information on eligibility for eligible professionals and hospitals can be found at 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 funding to four Regional Extension Centers (REC) in Florida, as outlined in Section 3012 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. RECs assist health care providers with the adoption, implementation, or upgrade of electronic health record (EHR) software and documentation of meaningful use to the Centers for Medicare and Medicaid Services (CMS).

Florida’s RECs are targeting individual and small group practices, critical access hospitals, health clinics, and county health departments. Several RECs have selected a set of preferred EHR vendors. The RECs are coordinating with and supporting the CMS EHR Incentive Program and the ONC Health Information Exchange Cooperative Program through education, outreach, and technical assistance to help providers successfully implement and use certified EHR technology. During 2015, the RECs continued efforts to reach target milestones in coordination with the Agency for Health Care Administration. The REC contracts with the ONC were due to expire in April 2015. However, the Center for the Advancement of Health IT, PaperFree Florida, and the University of Central Florida College of Medicine entered into a no cost extension on their contract with the ONC through April 2016. South Florida Regional Extension Center retains its functionality, but did not exercise the no-cost extension option. RECs continue to transition to provide fee-based services. The Agency continues to collaborate with the organizations to assist providers to meet meaningful use criteria. Additional information on the RECs can be found at fhin.net/rec/index.shtml.
Florida's Regional Extension Centers

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<th>Regional Extension Center (REC)</th>
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<tr>
<td>South Florida Regional Extension Center</td>
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<tr>
<td>Meredith Marsh, Director</td>
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<td>University of Central Florida College of Medicine</td>
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<td>Kathy Wilkes, Executive Director</td>
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<td>PaperFree Florida (University of South Florida)</td>
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<td>Rebecca Brown, Project Manager</td>
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<td>The Center for the Advancement of Health IT</td>
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<td>(Community Health Centers Alliance)</td>
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<td>Diane Gaddis, President/CEO</td>
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Business Intelligence Competency Center

In April, 2015, the AHCA Business Intelligence Competency Center (BICC) was created to integrate information and data that the Agency collects and maintains. A Business Intelligence (BI) environment allows us to understand and improve the quality of our delivery system, understand and improve internal performance, eliminate redundant systems and processes resulting in cost savings, and leverage opportunities for drawing federal match for systems enhancements.

The goals of the BICC are to:

- Be aware of and review procurements with a technology component.
- Participate in project teams for development and design of proposed technology projects to assure that enterprise needs are considered.
- Develop and maintain a survey of existing BI infrastructure and identify additional needs or potential efficiencies.
- Establish a sole source of truth among data resources and work to assure their integration at the enterprise level.
- Recommend industry best practices in data governance and data access policies.
Publications and Reports

Emergency Department Utilization Report

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that the Agency for Health Care Administration 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 for Health Care Administration (Agency) prepares an annual report on emergency department (ED) costs and utilization in Florida. The Agency initiated collection of all hospital 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 ED visits that resulted in an inpatient admission or were non-urgent. Reports can be found at floridahealthfinder.gov/researchers/studies-reports.aspx.

Florida Electronic Prescribing Report

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

The Florida Electronic Prescribing Annual Report provides a general assessment of the status of electronic prescribing (e-prescribing) in Florida. The 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 in coordination with other health information technology initiatives overseen by the Agency. Reports can be found at fhin.net/eprescribing/fleprescribingRpts.shtml.

Florida Health Care Expenditures Report (published May 2013)

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 health maintenance organizations. The report focuses on data from the most recent calendar year available, but also shows trends from 1992. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents. The Florida Health Care Expenditures Report can be viewed at 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 MyFloridaRx.com website was created in June of 2005. The website was developed by the Office of the Attorney General using data from the Agency for Health Care Administration 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. The website currently displays 150 of the most prescribed brand name drugs in Florida, along with their available generic drugs. The retail pharmacies appearing on the website are those that dispensed at least one of the top 150 posted drugs to a consumer receiving Medicaid assistance to purchase that medication.

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

- County;
- City; or
- Drug name.

This drug-pricing website can be accessed at FloridaHealthFinder.gov and 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 is a compilation of information about health care data resources available from various state agencies, intending to promote the efficient use of data for research and public policy purposes. Its purpose is to facilitate referrals to the responsible data administrator. The administrator then provides detailed information regarding available data. The State Health Data Directory is available at FloridaHealthFinder.gov. The directory is updated as needed and annually by an email 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.
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.

In addition to the State Consumer Health Information and Policy Advisory Council (Advisory Council), the Florida Center for Health Information and Policy Analysis (Florida Center) received guidance and recommendations on a variety of topics from the Advisory Council technical workgroups during 2015. 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.

Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee (HIECC) was created in December 2007 to advise the Agency for Health Care Administration in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records.

Health Information Exchange Legal Work Group

The Health Information Exchange Legal Work Group focuses on resolving legal and privacy issues related to Florida’s health information exchange (HIE) initiatives.

For more information, please contact the Florida Center for Health Information and Policy Analysis, (850) 412-3730 or visit our websites:

floridahealthfinder.gov  fhin.net  florida-hie.net

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