

2017

ANNUAL REPORT

*FLORIDA CENTER FOR
HEALTH INFORMATION
AND TRANSPARENCY*



Contents

Executive Summary	3
Introduction	4
Office of Data Collection and Quality Assurance	4
Inpatient Data	5
Ambulatory Surgery Data	5
Emergency Department Data	5
Office of Data Dissemination and Communication	6
FloridaHealth Price Finder.com	6
FloridaHealthFinder.gov	7
Data Requests	8
Grant Program for Community Primary Care Services	9
Office of Risk Management and Patient Safety	10
Office of Health Information Exchange and Policy Analysis	11
Health Information Exchange and Policy Analysis	11
Medicaid Electronic Health Record Incentive Program	11
Regional Extension Centers	12
Health Information Exchange	12
Business Analytics Team	13
Committees and Councils	14
State Consumer Health Information and Policy Advisory Council	14
Health Information Exchange Coordinating Committee	14
Health Information Exchange Legal Work Group	15
Telehealth Advisory Council	15
Pediatric Cardiology Technical Advisory Panel	15
Bone Marrow Transplant Advisory Panel	16
Statutorily Mandated Reporting	16

Executive Summary

The Florida Center for Health Information and Transparency (Florida Center) serves as the Agency for Health Care Administration's (Agency's) primary source for data about available health care services, providers, utilization, cost, quality, and health information technology. The Florida Center facilitates the Agency's public transparency initiatives through maintenance and support of the popular FloridaHealthFinder.gov website and the new FloridaHealthPriceFinder.com.

The Florida Center is organized into four offices: Data Collection and Quality Assurance, Data Dissemination and Communication, Health Information Exchange and Policy Analysis, and Risk Management and Patient Safety. The individual accomplishments of each office are described in this 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 health care quality measures. This report also meets that statutory requirement. Highlights from this 2017 annual report include:

- FloridaHealthFinder.gov was redesigned with an updated appearance and simplified navigation; and received a best practice award from the Association of Health Facility Survey Agencies.
- The new FloridaHealthPriceFinder.com was launched, providing public access to average commercial insurance payment amounts for up to 295 common service bundles.
- The Agency's discharge data collection rule was updated to include additional individual identifiers for off-site emergency departments, enabling users to track utilization by location.
- The first module of the new electronic Agency Incident Reporting System (AIRS) was launched, streamlining Adverse Incident reporting for providers and the Agency.
- A new statewide Health Information Exchange (HIE) and interoperability environmental scan was initiated, establishing the groundwork for the future of HIE and interoperability in Florida.
- The Telehealth Advisory Council completed its statutory work and submitted its final report of recommendations to the Governor and the Legislature.
- The new Pediatric Cardiology Technical Advisory Panel (PCTAP) was established and completed its first meeting.
- The Business Analytics Team received a Prudential Productivity Award for cost savings.

For more information about these accomplishments and the additional activities of the Florida Center, please contact us at: (850) 412-3730.

The Florida Center also supports and maintains a set of informative websites:

www.FloridaHealthFinder.gov

www.FloridaHealthPriceFinder.com

www.fhin.net

www.florida-hie.net

Introduction

The *Florida Center for Health Information and Transparency* (Florida Center) was established by §408.05, and is additionally guided by sections 408.051, 408.061, 408.0611, 408.062, 408.063 Florida Statutes. The authorizing statute was last revised in 2016 to rename the Florida Center (previously known as the Florida Center for Health Information and Policy Analysis) and to redefine its duties.

The Florida Center is charged to collect, compile, coordinate, analyze, index, and disseminate health-related data and statistics. More specifically, the Florida Center is directed to collect or compile and maintain data on health care providers and resources, health service inventories, service utilization among licensed health care facilities, health care costs and financing, public and private health insurance coverage, and quality-of-care. The Florida Center is also responsible for promoting data sharing through dissemination of state-collected health data by making such data available, transferable, and readily usable. Given the charge to ensure data sharing, the Florida Center has also become a hub for the Agency's various activities related to Health Information Technology and Electronic Health Records (EHRs).

The Florida Center is organized into four primary offices: the Office of Data Collection and Quality Assurance, the Office of Data Dissemination and Communication, the Office of Health Information Exchange and Policy Analysis, and the Office of Risk Management and Patient Safety. The individual accomplishments of each office are described in this report.

Office of Data Collection and Quality Assurance

FLORIDA CENTER DATA COLLECTION IS GUIDED BY §408.061, FLORIDA STATUTES, AND FURTHER DEFINED IN CHAPTERS 59E-7 AND 59B-9, FLORIDA ADMINISTRATIVE CODE (FAC)

The Office of Data Collection and Quality Assurance collects and maintains administrative discharge data from Florida-licensed hospitals, emergency departments (EDs), and ambulatory surgery centers (ASCs). Facilities are required to submit the data files on a quarterly basis in an Agency-defined XML format and to certify their data as accurate and complete within five (5) months of the calendar quarter that is being reported. The data undergo a comprehensive audit process upon submission, resulting in Florida's discharge data being recognized nationally for its quality and reliability. The datasets ultimately provide a statewide, standardized and integrated database for the assessment of variations in utilization, disease surveillance, access to care, and price trends.

The office updated the discharge data collection rules in 2017 to incorporate individual identifiers for offsite emergency departments, add a revenue charge category for comprehensive rehabilitation, and align with updated national coding methodologies.

Detailed information about data collection policies and procedures is located on the office's web page: <http://ahca.myflorida.com/schs/DataCollection/DataCollection.shtml>

Inpatient Data

HOSPITAL INPATIENT DATA COLLECTION IS AUTHORIZED UNDER §408.061(1)(E), FLORIDA STATUTES, AND FURTHER DEFINED IN CHAPTER 59E-7, FLORIDA ADMINISTRATIVE CODE (FAC)

The hospital inpatient datasets include discharge records for each patient stay at approximately 305 Florida-licensed acute care, long-term care, and psychiatric hospitals. The aggregate number of hospital inpatient visits reported each year has increased from 2,386,661 in 2002 to 2,837,863 discharges that occurred during calendar year 2016 (the most recent full year for which data is currently available).

The Agency's data collection analysts received and processed 4,429 inpatient data-file submissions between January 2 and December 31, 2017 - representing a 7.9 percent increase over the previous year. Of those, 3,344 files contained errors requiring correction and resubmission from the reporting facility. Agency data analysts provide technical assistance to submitting providers as needed. The Agency accepted 1,230 error-free inpatient files during 2017.

Ambulatory Surgery Data

AMBULATORY SURGERY DATA COLLECTION IS AUTHORIZED UNDER §408.061(1)(E), FLORIDA STATUTES, AND FURTHER DEFINED IN CHAPTER 59B-9, FLORIDA ADMINISTRATIVE CODE (FAC)

Data from reportable "same day surgery" visits are submitted by approximately 668 Florida facilities, including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers, and cardiac catheterization laboratories. 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.

Data collection analysts received and processed 7,851 Ambulatory Surgery and Outpatient Emergency Department data files during 2017. Of those, 5,538 contained errors requiring correction and resubmission from the reporting facility. Agency data analysts provide technical assistance to submitting providers as needed. The Agency accepted 2,530 error-free outpatient files during 2017.

Emergency Department Data

EMERGENCY DEPARTMENT DATA COLLECTION IS AUTHORIZED UNDER §408.061, FLORIDA STATUTES, AND FURTHER DEFINED IN CHAPTER 59B-9, FLORIDA ADMINISTRATIVE CODE (FAC)

The Florida Center began collecting emergency department (ED) data in 2005 as directed by §408.061(1)(a), Florida Statutes. The statute requires reporting of all ED visits where ED registration occurred but the patient was not admitted to a hospital for inpatient care. ED registration records include the acuity level, which indicates the level of seriousness of the patient's condition.

The volume of ED records collected each year grown since the inception of the program, with approximately 5.7 million records from calendar year 2005 and increasing to 8.8 million records collected from visits that occurred in 2016.

Office of Data Dissemination and Communication

DATA DISSEMINATION AND COMMUNICATION IS GUIDED BY §408.05, §408.061, §408.062, AND §408.063, FLORIDA STATUTES.

The Office of Data Dissemination and Communication performs several functions to ensure the public has access to health care data and information to assist in making well-informed health care decisions. The Office fulfills custom data requests, provides customers with technical assistance regarding Agency data, and maintains two consumer health care websites – FloridaHealthFinder.gov and the newly released FloridaHealthPriceFinder.com. The websites provide consumer-friendly access to health care data and support health care transparency. The office provides education and information about the websites to stakeholders and the public through webinars and community outreach programs.

Detailed information about available datasets can be found at:
FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx.

FloridaHealthPriceFinder.com

A CONSUMER-FRIENDLY INTERNET-BASED PLATFORM THAT PROVIDES ACCESS TO PRICING INFORMATION FOR HEALTH CARE SERVICES AND PROCEDURES, AS REQUIRED BY §408.05, FLORIDA STATUTES.

Section 408.05, Florida Statutes, was amended by the Florida Legislature in 2016 to increase transparency around health care costs. The Florida Center was charged with developing and implementing a new health care pricing transparency website for Florida consumers. The new FloridaHealthPriceFinder.com offers users a view of how much health care facilities and providers are typically paid by insurance companies for common procedures.

The introductory version of FloridaHealthPriceFinder.com, launched on November 28, 2017, displays the average amount paid within major metropolitan areas of Florida for up to 295 “bundles” of health care services, based on more than 758 million paid Florida health insurance claims. The prices can also be viewed as a range of payments within the 25th-75th percentiles. The information is searchable and displayed as bundles that comprise the most common set of services associated with a specific procedure or condition. For example, the bundle for a knee replacement consists of preoperative consultation(s) with an orthopedic surgeon, typical diagnostic imaging, pre-operative labs, costs surrounding the actual surgery, post-surgical physical therapy, and follow-up care.

The site will be updated in early 2018 to display the average payment and range of payments at the facility level for Florida-licensed hospitals and Ambulatory Surgery Centers (ASCs), following the finalization of appropriate administrative rule(s). The claims data will also be made available to authorized users for research and analysis as required in the statute. Applicable rules were developed and proposed during 2017, to be finalized for adoption in early 2018.

FloridaHealthFinder.gov

AN INFORMATION SYSTEM TO DISSEMINATE INFORMATION TO THE PUBLIC WHICH WILL ENHANCE INFORMED DECISION-MAKING IN THE SELECTION OF HEALTH CARE PROVIDERS, FACILITIES, AND SERVICES AS REQUIRED BY §408.05 AND §408.062, FLORIDA STATUTES.

The nationally recognized website, FloridaHealthFinder.gov was established in 2007 to assist consumers in making well-informed health care decisions that lead to cost reductions and improvements in the quality of care in Florida. The website provides a suite of resources for stakeholders and consumers including a facility locator with advanced search and filtering options, comprehensive facility profiles, direct access to regulatory compliance documentation, and specialized tools to compare services and performance among hospitals, ambulatory surgery centers, emergency departments, nursing homes, assisted living facilities, home health agencies, health insurance plans, and prices for prescription drugs. A separate Patient Data Query Tool provides self-serve access for researchers and professionals to extract custom reports from the Agency's facility discharge datasets.

FloridaHealthFinder.gov was redesigned in 2017, leading to the release of a new more user-friendly look and feel on November 16th. This first phase of the redesign introduces an updated brand and simplified navigation. Additional redesign phases to be completed in 2018 include streamlining navigation within the Compare and Facility Locator tools and updating the facility profile pages.

The website had an estimated three million visits in 2017. The number of unique visitor searches reached more than 1 million, reflecting a 13 percent increase in unique visits over 2016. This coincides with an increase in outreach and educational efforts by the Agency during 2017.

FloridaHealthFinder.gov received best practice recognition from the Association of State Survey Agencies in 2017 for its role in supporting the Agency's survey and certification field staff.

Community Outreach and Education

PUBLISH AND DISSEMINATE INFORMATION TO THE PUBLIC WHICH WILL ENHANCE DECISION MAKING AS DIRECTED BY §408.063(2), FLORIDA STATUTES.

The office produces a variety of outreach materials such as educational brochures, notepads, and bookmarks, which are available to all stakeholders upon request. The office distributes materials and information through participation in community outreach programs and benefit fairs, speaking opportunities and meetings and conferences, and routine webinars. The Office of Data Dissemination and Communication conducted at least 65 dedicated instructional webinars in 2017, reaching more than 2,000 individual attendees.

Data Requests

The Office of Data Dissemination and Communication processed and fulfilled approximately 5,100 routine and custom data requests in 2017. Information and prices on available data are listed in the [Data Catalog and Price List](#) on FloridaHealthFinder.gov.

Limited Data Sets

Hospital inpatient, ambulatory surgery, and ED limited (HIPAA compliant) datasets are available for purchase. To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the use of the data to the use specified in the agreement, and to limit disclosure of the data.

Standard Reports

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

- **Prior Year Report** - This hospital fiscal year financial data report is provided on standard financial worksheets. Reports are available as a printout or as an email attachment.
- **Audited Financial Statement** - A hospital financial report prepared by an independent auditor. It includes the auditor's opinion, hospital's balance sheet, statement of cash flow, statement of revenues and expenses, statement of changes in fund balance, and financial statement notes.
- **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.

Grant Program for Community Primary Care Services

The Florida Legislature issued proviso direction to the Agency in its budget for FY 2015-16 to solicit grant proposals and award approximately \$28.5 million in non-recurring General Revenue Funds to programs focused on reducing health spending while improving the health status of uninsured and underinsured persons in their communities. The Florida Center developed and issued a [Request for Applications](#) (RFA) in September 2015. The Agency received 142 grant applications and awarded 61 programs with [grants](#) in amounts ranging between \$34,500 and \$1,500,000. Recipients included 11 County Health Departments, 19 Federally Qualified Health Centers and 30 Community Health Care Clinics. Strategies for meeting the primary grant goals of primary care expansion and emergency room diversion included:

- Development and/or expansion of chronic disease management programs
- Integration of Behavioral Health services with primary care
- Integration of oral health services in primary care settings
- School-based oral health services for children

The proviso language for the Community and Primary Care Grants initially ended grant services on June 30, 2016. The Agency received legislative approval to extend the grant end date to June 30, 2017, providing grantees additional time to meet goals. As of September 30, 2017, the Agency had awarded 90.7 percent of the funds among the 61 recipients, with 92.4 percent of the awarded funds claimed and 7.6 percent of the funds not utilized. Overall, this grant increased access to more than 230,844 patients and prevented a combined total of more than 279,670 unnecessary ED visits and inpatient hospitalizations.



Office of Risk Management and Patient Safety

ADVERSE INCIDENT REPORTING IS REQUIRED BY CHAPTER §395.0197, §641.55, §400.147, AND §429.23, FLORIDA STATUTES

The Office of Risk Management and Patient Safety (RMPS) oversees statutorily defined confidential adverse incident reporting, tracking, and trending of submitted reports from hospitals, ambulatory surgical centers, assisted living facilities, nursing homes, and certain HMOs. A newly redesigned AHCA Incident Reporting System (AIRS) was launched on June 27, 2017. The new electronic reporting system was designed to streamline the report submission process and service multiple report types through a single application. The system currently supports more than 3,600 active registered users who collectively submitted more than 1,800 reports from the time of launch through December. The Office of RMPS received, reviewed, and processed 5,324 adverse incident reports in 2017 from reporting facilities for incidents meeting specific statutory outcomes as defined in the various applicable statutes.

RMPS reviews all submitted adverse incident reports for statutory compliance with the various applicable statutes. Hospitals and ambulatory surgical center reporting laws are defined in §395.0197; Health Maintenance Organizations (HMOs) in §641.55(6); nursing homes and assisted living facilities in §400.147 and §429.23, Florida Statutes, respectively. RMPS nurse consultants and analysts review each report to ensure completeness; identify whether the incident potentially involves conduct by a health care professional who may be subject to disciplinary action; and identify facts that require the reporting facility to notify additional regulatory agencies.

RMPS publishes quarterly and annual aggregate data on adverse incidents for all facility types on its webpage located at: <http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml>.



Office of Health Information Exchange and Policy Analysis

The Office of Health Information Exchange and Policy Analysis (HIEPA) provides administrative and financial support to the Agency's Health Information Technology (HIT) initiatives, statutorily required policy research, and business intelligence. The Office is guided by §408.051, 408.0611, 408.062, Florida Statutes, as well as federal regulations governing HIT.

The office is organized into two primary sections:

- Health Information Exchange and Policy Analysis
- Business Analytics Team (BAT)

Health Information Exchange and Policy Analysis

Medicaid Electronic Health Record Incentive Program

SECTION 4201 OF THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH (HITECH) ACT AUTHORIZES FEDERAL FUNDING TO SUPPORT THE ADOPTION AND MEANINGFUL USE OF CERTIFIED ELECTRONIC HEALTH RECORD (EHR) TECHNOLOGY.

HIEPA is responsible for the implementation 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 percent federal financial participation (FFP) for state expenditures for incentive payments to encourage Medicaid health care providers to adopt, implement, and demonstrate Meaningful Use of EHR technology. The HITECH Act also established a 90 percent 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 & Medicaid Services (CMS) and state Medicaid agencies. In order to implement the incentive program, the Agency was required to develop and receive CMS approval on a State Medicaid Health Information Technology Plan (SMHP). This plan was originally approved December 2, 2010 and is updated and submitted to CMS for re-approval annually.

CMS established the federal 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 have to attest to the Meaningful Use of certified EHR technology.

CMS published requirements for Stage 1 and Stage 2 Meaningful Use in September 2012, which included process measures that targeted improved care coordination, preventative care, increased privacy and security of patient records, and enabling patient use of an online health record. CMS published a Modification Rule that became effective in December 2015 and modified the measures for program years 2015 through 2017. The changes aimed to reduce the complexity of the program by removing redundant or duplicative measures. The retained measures focused on the advanced use of EHR technology to promote improved patient outcomes and health information exchange.

Florida's Medicaid EHR Incentive Program began on September 5, 2011. As of December 21, 2017, 15,304 incentive payments have been issued to 8,896 eligible professionals, along with 530 incentive

payments to 182 hospitals. Eligible Professionals (EPs) and hospitals have received an aggregate total of \$557,448,637 in incentive payments from the program's inception through 2017.

Information on eligibility for eligible professionals and hospitals and other program details can be found at www.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 HITECH Act. RECs assisted health care providers with the adoption, implementation, or upgrade of EHR software and documentation of Meaningful Use to the CMS. As of June 6, 2016, two RECs had ended their projects. Two REC organizations continue providing fee-based services: the Center for Advancement of Health IT and Health ARCH, formerly known as the University of Central Florida REC. The Agency continues to collaborate with the remaining organizations to assist providers to meet Meaningful Use requirements. HIEPA's dedicated outreach team routinely co-host webinars and events with the REC organizations.

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.

The Florida Health Information Exchange (Florida HIE) has been enabling the secure exchange of health information between health care providers since 2011. Six years into the initiative, the Florida HIE continues to offer innovative solutions to meet provider, payer, and patient needs by leveraging technology and proven national resources.

The Agency governs the Florida HIE by setting policy, convening stakeholders, providing oversight, engaging Federal partners, and promoting the benefits of health information technology to providers and stakeholders. The Florida HIE is operated under a no-cost agreement with Audacious Inquiry (AI), which provides innovative technology and strategic insight. The Florida HIE facilitates query-based exchange via the national eHealth Exchange platform (known as "PLUS"), a Direct (secure) Messaging Service (DMS), and an Event Notification Service (ENS) that provides hospital encounter alerts.

During 2017, subscribers reassessed the value proposition for the Patient Look-Up Service (PLUS) including cost, utilization levels, infrastructure maintenance, and the evolution of the national landscape. The assessment culminated in a decision by participants to expand query capabilities by connecting directly to the national eHealth Exchange. The eHealth Exchange is a network of exchange partners who securely share clinical information across the United States. This change offers providers a mechanism for sharing data that eliminates redundancy and increases connectivity at a reduced cost. Several organizations began piloting the new infrastructure by the end of 2017.

DMS encrypts electronic messages and allows secure transmission of emails, including attachments. As more EHR systems include integrated messaging, many providers no longer need separate messaging services - resulting in a modest increase in the number of subscribers to the Florida HIE Direct Messaging Service during 2017. Efforts continued throughout the year to educate providers on how Direct Services can be used to meet Meaningful Use requirements.

ENS provides subscribers with timely notifications of patient hospital encounters. The Agency piloted ENS in 2013 with one health system and one health plan. The service now supports 216 participating data source hospitals and 38 subscribing organizations including health plans, Accountable Care Organizations (ACOs), and health care providers. Approximately 5 million notifications have been sent to subscribers since 2015. The number of Florida residents covered by the service grew from 1.8 million at the beginning of 2017 to over 4.2 million at the end of the year.

The Agency conducts extensive outreach and education to inform providers about the benefits of utilizing EHRs, HIE, Telehealth, and other Health Information Technologies. The HIE outreach team attended and/or produced 62 events during 2017. The team held multiple events, including webinars, conferences, and workshops, with multiple stakeholders in attendance

Business Analytics Team

The Business Analytics Team (BAT) in HIEPA supports the Agency's business intelligence initiatives by providing technical assistance and expertise related to the utilization of data to inform and optimize internal Agency processes. The Team focuses on connecting to data and information from Agency systems to inform, monitor, and track processes and outcomes using data analytics and visualizations.

The team administers the Agency's Tableau server and supports Tableau training for Agency employees. The team also established and leads an Interagency Tableau Users Group (TUG), which is open to all Florida state agency employees and serves as a forum to exchange effective business intelligence techniques and best practices among participating Agencies. The BAT was recognized with a Prudential Productivity Award in 2017 for having achieved savings to the State of more than \$100,000 that would have otherwise been spent on training.

The BAT works with subject matter experts in each business area to develop dashboards and reports using the most appropriate tool to connect to the data sources for the specific user's needs. The team was instrumental during 2017 in the review and conversion of dozens of old Impromptu reports to more usable formats in preparation for a planned discontinuation of the Impromptu application.

Committees and Councils

The Florida Center regularly convenes and provides administrative and staff support to a variety of committees and councils. All committees and councils assigned to the Agency are required to hold open public meetings in accordance with Florida’s “Sunshine” and public records laws. More information about Florida’s open government laws is available from the [Florida Attorney General’s Office](#).

Florida Center staff work closely with committee and council chairs and members to coordinate meeting schedules, develop meeting topics and agendas, compile and produce meeting materials, ensure proper public notices and disclosures, ensure transparency, and develop and produce any committee/council work products and reports. Meetings are often scheduled in varying regions of the state to allow for wider stakeholder and public participation; requiring additional coordination with a number of external stakeholders who assist with identifying suitable meeting venues and other needed accommodations.

State Consumer Health Information and Policy Advisory Council

THE STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL IS ESTABLISHED BY AND ASSIGNED TO THE FLORIDA CENTER UNDER §408.05(6), FLORIDA STATUTES.

The mission of the State Consumer Health Information and Policy Advisory Council (Advisory Council) is to advise the Agency with regard to the collection, compilation, coordination, analyzation, indexing, and dissemination of health-related data and statistics. Advisory Council goals include identifying, collecting, standardization, sharing, and coordination of health-related data across federal, state, local and the private sectors. Required council membership is described in the statute. Members are appointed by their respective Agency directors or the Secretary of Health Care Administration. The Advisory Council meets at least quarterly, either in person or by web-conference. An ad-hoc *Data Standards and Transparency Sub-committee* convenes as needed to identify specific data types and elements for the Agency to publish on FloridaHealthFinder.gov. Advisory Council meeting information and materials can be found at: <http://ahca.myflorida.com/SCHS/CommitteesCouncils/chis.shtml>

Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee (HIECC) was created in December 2007 to advise the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records, as required by §408.062(5), Florida Statutes. The HIECC was established as a sub-committee of the Advisory Council, although there is little overlap in membership among the two groups. The HIECC members, as approved by the Advisory Council, are a wide variety of stakeholders from health care provider organizations that are actively engaged or interested in participating in health information exchange, payers, and government agencies. The HIECC meets at least quarterly, either in person or by web-conference.

HIECC meeting information and materials can be found at: <http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

Health Information Exchange Legal Work Group

The Health Information Exchange Legal Work Group is a dedicated sub-committee to the HIECC that focuses on resolving legal and privacy issues related to the Florida HIE. The work group meets in person at least annually to review and update the Florida HIE participation agreements and guide(s).

Telehealth Advisory Council

CHAPTER 2016-240, LAWS OF FLORIDA, CREATED THE TELEHEALTH ADVISORY COUNCIL (TAC) TO MAKE RECOMMENDATIONS TO THE FLORIDA GOVERNOR AND LEGISLATURE ABOUT TELEHEALTH.

The Telehealth Advisory Council (TAC) was established in July of 2016 and was charged to review survey and research findings and develop recommendations to increase the use and accessibility of services provided via telehealth in the state. The Florida Center worked closely with the Department of Health and the Office of Insurance Regulation to survey health care facilities, professionals, and insurers during the fall of 2016. Survey findings were presented to the TAC and compiled into a report that was submitted to the Governor and the Legislature on December 31, 2016.

The TAC continued to meet monthly during January-October 2017, in various regions of the state. The law required that a final report of recommendations be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 31, 2017. The TAC's final report included members' findings from detailed discussions and deliberations as informed by formal presentations from approximately 30 individual practitioners, stakeholders, and national experts, along with numerous public comments. The TAC report presents six topic areas where current opportunities were identified to support expansion of telehealth: defining telehealth, health insurance coverage, reimbursement for telehealth, health care practitioner licensure and standards of practice, patient/consumer protections, and technology. All meeting information including speaker presentations, survey results, research materials, and the TAC final report have been archived and are available on a dedicated TAC [website](#).

Pediatric Cardiology Technical Advisory Panel

THE PEDIATRIC CARDIOLOGY TECHNICAL ADVISORY PANEL IS ESTABLISHED BY AND CONDUCTED UNDER THE PROVISIONS OF CHAPTER 2017-151, LAWS OF FLORIDA.

Chapter 2017-151, Laws of Florida, became effective on July 1, 2017 and established a Pediatric Cardiology Technical Advisory Panel (PCTAP) assigned to the Agency. The Panel is charged to develop procedures and standards for measuring outcomes of pediatric cardiac catheterization and surgery programs; and to make recommendations to the Agency for rules pertaining to pediatric cardiac catheterization programs and pediatric open-heart surgery programs in the state.

PCTAP members are cardiac specialists and surgeons from the state's existing licensed hospital-based pediatric cardiac surgery programs, along with at-large representatives who are not affiliated with any of the currently licensed programs. The Chief Executive Officers of their respective hospitals appointed the ten program representatives, and the Secretary of the Agency appointed the at-large members. The Agency hosted a kick-off meeting for the PCTAP on November 2, 2017 in Jacksonville. The Florida Center has created a dedicated website for the panel, which can be found at: <http://www.ahca.myflorida.com/SCHS/PCTAP/>

Bone Marrow Transplant Advisory Panel

SECTION 627.4263, FLORIDA STATUTES, CREATED THE BONE MARROW TRANSPLANT ADVISORY PANEL

The Bone Marrow Transplant Advisory Panel (Panel) was established in 2010 and meets at least biennially to discuss findings, studies, or research of the federal Agency for Health Care Policy, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any other relevant information. The Panel also considers whether the federal Food and Drug Administration or National Cancer Institute is conducting or sponsoring assessment procedures to determine safety and efficacy. The panel reviews scientific evidence to ensure that recommendations are based on current research findings, and that insurance policies offer coverage for the latest medically acceptable bone marrow transplant procedures. The Panel provides recommendations to the Agency for procedures to be included in Florida Rule 59B-12.001 Bone Marrow Transplantation. The Panel will meet next in 2018.

Statutorily Mandated Reporting

The Florida Center produces a variety of legislatively required reports and data updates each year on behalf of the Agency. FloridaHealthFinder.gov serves as a clearinghouse for many of the current and historical reports: <http://www.floridahealthfinder.gov/researchers/studies-reports.aspx>. Additional reports and data are published on topic-specific websites. Below is a summary of the legislatively required reporting activities conducted in the Florida Center during 2017.

- **Health Care Data:** Section 408.062(j), Florida Statutes, requires the Agency to make available and update quarterly data regarding patient charges, volume, length of stay, and provider performance. This information is published through FloridaHealthFinder.gov and updated quarterly based on data submitted from health care facilities and available national quality metrics.
- **Nursing Home Guide:** Section 400.191(2), Florida Statutes, requires the Agency to publish a nursing home guide in electronic format to assist consumers and their families in comparing and evaluating nursing home facilities. The guide must be updated quarterly. The Nursing Home Guide is a permanent feature on FloridaHealthFinder.gov and is updated quarterly.
- **Prescription Drug Prices:** Section 408.062(1)(h) was revised in 2017 and requires the Agency to collect a statistically valid sample of retail prices charged by pharmacies for the 300 most frequently prescribed medicines. If the drug is available generically, price data shall be reported for the generic and brand-named drug. The prices must be for a 30-day supply at a standard dose, by pharmacy and by metropolitan statistical area or region, and updated monthly. The Agency provides this information through the [MyFloridaRx](#) website, in coordination with the State Attorney General's Office. A prominent link to MyFloridaRx is directly accessible on FloridaHealthFinder.gov
- **Adverse Incident Quarterly and Annual Reports:** Section 395.0197(8), Florida Statutes, requires the Agency to produce a summary trend analysis of reported Adverse Incidents on a quarterly basis; and requires an annual report of the number of facilities reporting and the number of incidents reported. The Florida Center Business Analytics Team developed a new electronic format for these reports during 2016-2017, allowing them to be updated automatically from the Agency's electronic reporting system. The new electronic Annual and Quarterly Adverse Incident Reports are published on the Agency's website under the [Office of Risk Management and Patient Safety](#).

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- **Health plan quality indicators:** Health plans are required to submit quality of care and patient satisfaction information to the Agency annually as specified in 59B-13 and 59B-14, Florida Administrative Code. Specifications for quality of care indicators are derived from the national Healthcare Effectiveness Data and Information Set (HEDIS), including measures for adolescent well-care visits, well-child visits, diabetes care, and other information. Data regarding member satisfaction is obtained from the national Consumer Assessment of Health Plans Survey (CAHPS®). Office of HIEPA analysts compile and perform analysis on the data, then prepare the findings for publication on the Agency's consumer Transparency website, FloridaHealthFinder.org.
 - **Florida Center Annual Report:** Section 408.062(1)(j), Florida Statutes, requires the Florida Center to submit an annual status report on the collection of data and publication of health care quality measures to the Governor, the President of the Senate, the Speaker of the House of Representatives, and substantive legislative committees.
 - **Annual Report on the Use of Emergency Department Services:** Section 408.062 (1)(i), Florida Statutes, requires the Florida Center to produce an annual report of Emergency Room utilization, with acuity levels, and provide the information to the Governor, the Speaker of the House, the Senate President, and substantive legislative committees.
 - **Florida Electronic Prescribing Annual Report:** Section 408.0611 (4), Florida Statutes, requires the Agency to produce a report of electronic prescribing rates and capabilities among health care practitioners, health care facilities, and pharmacies.
 - **State Health Expenditures Annual Report:** Section 408.063(5), Florida Statutes, requires a comprehensive report of state health expenditures that identifies the contribution of health care dollars made by all payers, and the dollars expended by type of health care service in Florida.