

# Florida Center for Health Information and Policy Analysis

2014 Annual Report



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

Document Abstract  
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**Title:** Florida Center for Health Information and Policy Analysis 2014 Annual Report

**Summary:** This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Policy Analysis (Florida Center) from January through December 2014. Topics presented in this report include public reporting of comparative data, data collection, research publications, State Consumer Health Information and Policy Advisory Council activities, data dissemination, and health information exchange.

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

**For More Information Contact:** Florida Center for Health Information and Policy Analysis, (850) 412-3730. Please visit our websites:  
[www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)  
[www.fhin.net](http://www.fhin.net)  
[www.florida-hie.net](http://www.florida-hie.net)

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## Introduction

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

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

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

- Data collection and quality assurance;
- Patient safety;
- Data dissemination and communication;
- Research and development; and
- Development of electronic health information exchange infrastructure including the administration of the Medicaid Electronic Health Record Incentive Program.

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

Data collection is guided by §408.061, Florida Statutes.

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

- Hospital Inpatient
- Ambulatory Surgery
- Emergency Department

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

### A Brief Synopsis of the Process

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

The submitted data are validated by a custom-designed computer program that identifies any data that may have been reported incorrectly. Reports detailing identified inconsistencies are sent to the reporting facility for correction or verification. Following appropriate facility action, the corrected data are again processed until final validation confirms the absence of errors or inconsistencies. After final validation, the facility's chief executive officer (CEO) is asked to certify the correctness of the data. Once certified, the data are added to the main database where it is available for public release.

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

## **Inpatient Data Collection**

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

The hospital inpatient database contains records for each patient stay at approximately 300 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 2,673,851 records in 2013, which includes 40,906 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. Revenue code charge categories include room and board, nursery, intensive care unit, pharmacy, medical/surgical supplies, oncology, laboratory, pathology, radiation, operating room services, anesthesia, respiratory therapy, physical and occupational therapy, emergency room services, cardiology, recovery room, labor room, trauma response, behavioral health, and other categories. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization (HMO), Medicare, Medicare HMO, and Commercial HMO) are also reported.

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

## **Ambulatory Surgery Data Collection**

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

The Agency for Health Care Administration's (Agency) ambulatory surgery database contains "same-day surgery" data on reportable patient visits to approximately 670 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 2013, 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. Demographics include race, birth date, gender, and zip code. Facilities also report patient visit date and license numbers for attending and operating Florida physicians. Medical data include International Classification of Disease, 9th edition, Clinical Modification (ICD-9-CM) diagnosis codes and CPT procedure codes. Charge data include total charges and charges by CPT code. CPT procedure codes include pharmacy, medical/surgical supplies, radiation, laboratory, operating room services, anesthesia, recovery room, treatment or observation room, cardiology, and other charge categories. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid health management organization (HMO), Medicare, Medicare HMO, and Commercial HMO) is also reported. The data also contain individual record identification numbers and Social Security numbers.

## **Comprehensive Inpatient Rehabilitation Data Collection**

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

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

The Florida Center for Health Information and Policy Analysis initiated the comprehensive inpatient rehabilitation database in 1993 as a companion to the hospital inpatient database. In 2010, comprehensive rehabilitation reporting was integrated with the inpatient data reporting. The data now capture all comprehensive rehabilitation services provided in the state regardless of whether they were provided in a specialty hospital or a general acute care hospital.

## **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&M) code to indicate the level of seriousness of their condition.

Data elements include the hour of arrival, the patient's chief complaint, principal diagnosis, race, ethnicity, and external causes of injury. The data elements reported are very similar to those used for reporting ambulatory surgery data. This report is electronically transmitted by the facilities to the Agency for Health Care Administration (Agency) via a secure Internet data submission system.

As of December 2013, over 50 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 7.5 million in 2013.

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](http://FloridaHealthFinder.gov).

## Office of Risk Management and Patient Safety

Adverse Incident Reporting is required by Chapter §395.0197, §400.147, §429.23(2) and (3), and §641.55(6) Florida Statutes

The Office of Risk Management & Patient Safety (RMPS) collects adverse incident reports required by law to be submitted to the Agency for Health Care Administration (Agency). Hospitals and ambulatory surgical center's reporting laws are defined in §395.0197, Florida Statutes. Health maintenance organizations (HMOs) are also required to report adverse incidents as defined in §641.55(6), Florida Statutes. The requirements for nursing homes and assisted living facilities to report an adverse incident are defined in §400.147, and §429.23(2) and (3), Florida Statutes, respectively.

The Agency publishes quarterly reports on adverse incidents for hospitals, ambulatory surgery centers, and HMOs which can be viewed on the Office of RMPS's page of the Agency website at: [www.ahca.myflorida.com/SCHS/RiskMgtPubSaftey/RiskManagement.shtml](http://www.ahca.myflorida.com/SCHS/RiskMgtPubSaftey/RiskManagement.shtml).



## Office of Data Dissemination and Communication

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

The Office of Data Dissemination and Communication performs several functions to ensure the public has access to health care information to assist in making well-informed health care decisions:

- Fulfill numerous data requests and provide customers with technical assistance to address specific health care data needs by utilizing a variety of database sources. These database sources include hospital inpatient, ambulatory surgery center, emergency department (ED), and hospital financial data;
- Maintain the consumer health care website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The website provides easy access to health care data, encourages health care transparency, and includes information to assist consumers and professionals with their medical needs and medical research; and
- Offer consumer health care education through a Consumer Awareness Series, webinars and community outreach programs. The brochures within the Consumer Awareness Series cover topics such as Florida Medicaid, home health care, long-term care, end-of-life issues, and patient safety. The participation in community outreach programs heightens awareness about the health care information available from the Agency for Health Care Administration (Agency) and the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) website.

### Data Requests

The Office of Data Dissemination and Communication processed 4,685 data requests in 2014. Typically, data requests fall into the following categories:

- Requests for de-identified data (limited data set);
- Requests for standard reports; and
- Requests for ad hoc reports.

Information and prices on available data are listed in the [Data Catalog and Price List](#) on the Agency's website. The patient-level limited data set is sold by quarter and is available on CD or DVD by facility, county, facility region, or statewide data. However, prices for ad hoc reports are based on the time required to complete the report. Federal, state, or municipal government agencies are not charged. Completed customer orders are mailed after payment is received.

### De-identified Data

Hospital inpatient, ambulatory surgery, and ED data are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited

Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data.

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

- Patient identification (ID) number;
- Medical record number;
- Social Security number;
- Masked Social Security number;
- Infant linkage identification number;
- Masked infant linkage identification number;
- Date of admission;
- Date of discharge;
- Visit beginning date;
- Visit ending date;
- Age in days;
- Payer (restricted with Social Security number and patient ID);
- Date of birth; and
- Procedure dates.

Calculated information is added to the database that includes the state of residence; county of residence; age at admission; age in days; days to procedure; day of week of the admission; length of stay; and Medicare Severity Diagnostic Related Group (MS-DRG beginning with 4th quarter 2007 inpatient 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 listed 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. Reports are available as a photocopy or as an email attachment.
- **Hospital Financial Data** – A hospital report containing fiscal year facility-level information, available on CD-ROM or as an email attachment. 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, from 2008 to 2012. Completed reports may be disseminated on paper, email, CD, or DVD.

## FloridaHealthFinder.gov Website

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

The nationally recognized website, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) was established to assist consumers in making well-informed health care decisions and lead to improvements in quality of care in Florida. This website provides a facility/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.

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

- Landing pages – A landing page is any web page that a visitor can arrive at that provides consolidated information regarding a particular subject, in minimal clicks. [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) currently has landing pages covering deliveries and newborns; hospitals and ambulatory surgical centers; assisted living facilities; and nursing homes and health plans.
- Nursing Home Guide – allows the public to compare nursing homes based on surveys and inspections conducted by the Agency for Health Care Administration (Agency);
- Prescription Drug Prices – takes the consumer to [www.MyFloridaRx.com](http://www.MyFloridaRx.com) where they can compare prescription retail prices at Florida pharmacies;
- Physicians Volume – provides physician volume information on a select number of procedures; and
- Assisted Living Facilities Guide – includes information on the different types of assisted living facilities, sanction history, emergency actions, and important links and numbers.

The Patient Data Query Tool, available on the “Researchers and Professionals” section of [FloridaHealthFinder](#), was revised in May 2014. It is designed to engage researchers, professionals and consumers and allows for efficient data searches on health care utilization in multiple facility types, including hospitals (short-term acute care and long-term care hospitals, short and long-term psychiatric hospitals, and specialty hospitals), freestanding and hospital-based ambulatory surgery centers, and EDs (including off-site locations). The results of a query tool search can be filtered to display health care utilization by patient and facility demographics such as payer mix, discharge status, race, and facility area (statewide or by county), through multiple drill downs and sortable reports, in minimal clicks. Users may also use query tool data to:

- Detect hospitals with the highest and lowest utilization;
- View the total charges as well as the top Medicare Severity Diagnostic Related Groups reported; and
- Show the top external causes of injury and surgical procedures performed.

An interactive video tutorial on the basics of using the query tool is available to help users become familiar with sorting columns, scrolling through data results, interacting with reports to change views, and drilling down into the data to show more detail.

### **Multimedia Encyclopedia and Symptom Navigator**

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

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

The symptom navigator allows the user to click on a human figure (adult or child, male or female) to find information related to particular symptoms (lower back pain, knee or elbow problems). Users are then provided with a variety of links that open up articles related to the symptom in the multimedia encyclopedia.

### **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 each facility type: ambulatory surgical centers and hospitals.

### **Ambulatory Surgery Centers**

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

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

A second set of choices allows the user to search by the geographic location of facilities, by medical conditions or procedures, or by the overall facility performance. When a user selects the number of visits and their secondary choice is “search by medical condition/procedure,” then the user can choose from the top performed surgeries or procedures. The website reports procedures by volume and charges. Charges are represented as a range of charges with the lowest and highest charge for a particular procedure based on the interquartile range. Information is also provided on various conditions and procedures specific to the pediatric population, which provides parents with a powerful resource to find key information when faced with the hospitalization of a child. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers.

### **Hospitals**

To compare hospital (inpatient care) data, users may search by a particular medical condition or procedure for adults or children, overall facility performance, and geographic location. The geographic option includes a search by location, facility name, or special services. Special services include those hospitals that have trauma centers, primary or comprehensive stroke centers, licensed adult cardiovascular programs, burn units, teaching hospitals, and more. To filter results on the Compare page, users are offered the following choices:

- Quality of Care, Pricing, and Patient Satisfaction; and
- Facility Profiles.

The health care data presented includes volume, charges, length of stay, and readmission rates. Total hospitalizations (volume) are the total number of patients treated at that hospital for a particular condition or procedure. Charges are represented as a range with the lowest and highest charge for a particular procedure or condition for patients discharged from the hospital. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers. The hospital charge does not include physician fees, or reflect the actual cost or amount paid for care. The average length of stay represents the typical number of days a patient stayed in the hospital for a particular condition or procedure. It is adjusted using the 3M™ All Patient Refined Diagnosis Related Groups (APR™ DRG) Classification System to account for hospitals that take care of patients who are sicker and require more treatment or resources than the average patient.

The potentially preventable readmission (PPR™) rate information provided on the website is based on patients ages 18 and older and pediatric patients readmitted to the same facility or

another short-term acute care hospital within 15 days of the original admission for the same or related condition. This rate is assigned to the hospital that first admitted the patient regardless of where the patient is readmitted. Since sicker patients are more likely to be readmitted, the readmission rate is adjusted for the severity of patients' illnesses. Return hospitalizations are identified when readmission may have resulted from the process of care and treatment or lack of post admission follow-up, rather than unrelated events that occurred post-admission.

## **Mortality, Complication, and Infection Rates**

Along with the measures described above, [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) also presents mortality (inpatient quality indicators) and complication (patient safety indicators) rates for hospitals, and measures for Healthcare-Associated Infections.

Inpatient quality indicators are a set of measures developed by the Agency for Healthcare Research and Quality (AHRQ), and correlate to the quality of care given in hospitals. They include measures of mortality for selected medical conditions and surgical procedures; utilization of procedures for which there is overuse, underuse, and misuse; and volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality.

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

Healthcare-associated Infection (HAI) measures, developed by the Centers for Disease Control (CDC) and collected through the National Healthcare Safety Network (NHSN), provide information on infections that occur while the patient is in the hospital. These infections can be related to devices, such as central lines and urinary catheters, or spread from patient to patient after contact with an infected person or surface.

## **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 [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) displays comparative information for Florida health plans. The plans include commercial health maintenance organizations (HMOs), commercial preferred provider organizations (PPOs), Florida Healthy Kids, Florida Medicaid, and Florida Medicare managed care health plans. Comparison information includes a listing of health plans available in each Florida County (coverage areas); quality of care indicators; and member satisfaction survey results. The quality measures are used to report the performance of health plans. Consumers can use this information to help them decide which health plan to choose. These measures allow the public to understand how well health plans achieve results that matter, such as effective and accessible delivery of care.

The Office of Health Information Exchange and Policy Analysis is responsible for collection and analysis of health plan quality indicator data. The data come from the Healthcare Effectiveness

Data & Information Set (HEDIS) and include measures for adolescent well-care visits, well-child visits, diabetes care, and other information.

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

## **Hospice Providers**

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

## **Facility/Provider Locator**

The facility/provider locator tool 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.

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

Examples of the information available on the profile pages include:

- The types and number of beds at assisted living facilities, hospitals, nursing homes, residential treatment facilities, and other facility types (where applicable);

- Service areas (counties) served by home health agencies, hospices, nurse registries, homemaker/companions, as well as the listing of satellite offices for home health agencies and hospice providers;
- Hospital listings which include CEO information, links to hospital websites, specialty programs and services, and accreditations;
- Specialty licenses for assisted living facilities;
- Medicare and Medicaid certification for home health agencies; and
- Emergency actions against a license (moratorium, revocation, or suspension), legal actions, and/or bankruptcy, when applicable.

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.

## Recent Developments

The popularity of [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) has grown. In 2014 there were a total of 3,295,662 visits to [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) compared to 2,578,443 visits in 2013, representing an increase of 27.81%. The Agency continues to improve access to health care information through updates made to the website. Enhancements and additions to the website in 2014 included:

- A Health Plan landing page, added to [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) in January 2014. The landing page provides data that allows consumers to compare health plans, including Medicaid, Medicare, and all Florida-licensed HMOs/PPOs with at least 5,000 covered lives in Florida. Medicaid HEDIS quality indicators were also expanded on the Health Plan landing page to include breast and cervical cancer screenings and prenatal care frequency. [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov)'s Health Plan landing page will be updated to include a Medicaid Health Plan Report Card in early 2015.
- Additional HAI measures added to the [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) website at the recommendation of the Advisory Council include measures for Methicillin-resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff.). HAI measures are reported to the NHSN by hospitals and provide a more accurate view of infections that are occurring at hospitals. The additional measures compliment HAI measures that were previously reported on the website: Central Line-Associated Bloodstream Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Surgical Site Infections from colon surgery (SSI: Colon), and Surgical Site Infections from abdominal hysterectomy (SSI: Hysterectomy).
- Spinal Fusion procedures were added to the Physician Volumes landing page to complement current volumes presented on [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov): total hip and total knee replacement, coronary artery bypass graft (CABG), and percutaneous transluminal coronary angioplasty (PTCA).
- The patient data query tool was updated with three years of data, from 2010 to 2013, for hospitals, ambulatory surgery centers and emergency departments; and was enhanced to



allow researchers, consumers and professionals to filter, drill down, and sort through health care utilization data in minimal clicks. An interactive tutorial on using the query tool was also added.

## 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 Office of Data Dissemination and Communication continues to increase public awareness of resources available to consumers through [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov).

In 2014, staff provided [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) webinars to over 172 people. The webinars provide a virtual guided tour of the website and include a personalized question and answer session for the consumer. The webinar is available in Spanish and English. Staff participated in health and employee benefit fairs at Florida State University, Florida A&M University, Leon County Civic Center and the City of Tallahassee, attended by approximately 4,000 people.

Additionally, staff continued consumer outreach and education about the [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) website through the distribution of notepads, bookmarks, and consumer brochures. Staff worked with the Agency for Health Care Administration's Multimedia Design team to create new brochures covering the website in general and Long-Term Care Services. The brochures were also distributed through multiple mail outs.

## 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 to 20 pages in length, in English or Spanish, and are available at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). The brochures contain general information on a health care topic, as well as links to additional resources and information. The available brochures include:

- A Patient's Guide to a Hospital Stay;
- Assisted Living in Florida;
- End of Life Issues - A Practical Planning Guide;
- Florida Medicaid;
- Health and Human Services Programs;
- Health Care Advance Directives;

- Home Health Care in Florida;
- Long-Term Care;
- Nursing Home Care in Florida;
- Patient Safety; and
- Understanding Prescription Drug Costs.

## Office of Health Information Exchange and Policy Analysis

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

The Office of Health Information Exchange and Policy Analysis’s primary functions include the production of statutorily mandated reports; administration of the Medicaid Electronic Health Record (EHR) Incentive Program; governance of the Florida Health Information Exchange (Florida HIE) – including policy and analytic support; and research and analyses of the data collected by the Florida Center for Health Information and Policy Analysis to support the Agency for Health Care Administration’s mission.

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

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

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

information during a medical emergency. The Agency adopted rules establishing authorization forms in 2010 and adopted revised forms in 2012 which are posted on [www.fhin.net](http://www.fhin.net).

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) pending final approval of the strategic and operational plan (SOP) by 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 Cooperation Agreement originally scheduled to end March 2014 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 health plans and health care providers to maintain current services under its contract with the Agency through June 2017. 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. In July 2014, the Florida HIE joined the eHealth Exchange which enables nationwide exchange with authorized participants.

The ENS provides notification to health plans about their members’ hospital encounters. The health plan then provides this information to the patient’s primary care provider for care coordination. In FY 2014-2015, the ENS program was a requirement for hospitals to receive Low Income Pool funding. As of December 31, 2014, 202 hospitals had subscribed to be data sources for ENS and 66 hospitals were in production and capable of providing alerts.

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 [www.florida-hie.net](http://www.florida-hie.net).

The ONC directed that 2% of the HIE project funding should be used for program evaluation. The Agency entered into a contract with Florida International University (FIU) for the conduct of an independent evaluation in July 2011. Effective March 1, 2014, the contract was renewed as a no-cost contract through June 30, 2015. FIU developed a metrics dashboard for tracking adoption and use of Florida HIE services which the Agency assumed ownership at the onset of contract renewal. The dashboard can be viewed at <http://www.fhin.net/kms/index.shtml>. FIU has conducted and will continue to conduct interviews and surveys of health care providers and other stakeholders. During 2014, FIU surveyed Health Information Exchange Coordinating Committee members, behavioral

health providers, Federally Qualified Health Clinics, and pharmacists in order to assess HIE awareness and satisfaction.

## **Universal Patient Authorization for Health Information Exchange**

Section 408.051, Florida Statutes required the Agency for Health Care Administration (Agency) to develop a standard form for patient authorization to release health information. Working with stakeholders, the Agency developed two universal patient authorization forms for the use or release of a patient's identifiable health record. The forms were incorporated by reference in the rule which was adopted July 2010. In 2012, the Agency adopted revisions to the forms including Spanish language versions.

The rule and forms are located at 59B-16, Florida Administrative Code. The patient authorization rule is available on [www.fhin.net](http://www.fhin.net) under the privacy regulations section. A question and answer document (FAQs) explaining the purposes and use of the forms is also posted. One of the authorization forms (the "Florida Form") adopted in rule meets the requirement of the Florida Health Information Exchange's subscription agreement for the Patient Look-Up service. Providers may also use their own authorization form but it must be legally equivalent to the Florida Form.

## **Children's Health Insurance Program Reauthorization Act**

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

The Agency for Health Care Administration (Agency) is working in collaboration with the Florida Department of Health (DOH), providers, consumers, advocates, the Health Information Exchange Coordinating Committee (HIECC), and other stakeholders to leverage current statewide health information exchange infrastructure-building efforts to support better coordination of care and improve quality of care for children. The Agency is coordinating efforts to engage pediatricians and other care providers in health information exchange (HIE) through outreach to promote adoption of electronic health records (EHRs) and HIE services as appropriate.

In December 2012, the South Florida Regional Extension Center (SFREC) was funded through the CHIPRA grant to begin conducting outreach to pediatricians in south Florida regarding the Florida HIE's Direct Secure Messaging service (DSM – a secure email service which has subsequently been transitioned to Direct Messaging). Through their contacts with the pediatricians, the regional extension center registered over 300 pediatricians and pediatric ancillary providers in DSM during 2013.

In November 2014, the Center for the Advancement of Health IT (AHIT) was funded through the CHIPRA grant to perform outreach activities for the registration of pediatric practices in a

Hybrid Patient Look-Up service and technical assistance to engage the practice in querying for patient information. The primary use case for this project is access by pediatricians to newborn and other patient records from hospitals participating in the Patient Look-Up service.

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

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

The Office of Health Information Exchange and Policy Analysis 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% 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 & 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. 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 for Health Care Administration (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 has published requirements for meeting Stage 1 and Stage 2 meaningful use requirements, which include 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.

Florida's Medicaid EHR Incentive Program was launched on September 5, 2011. As of December 31, 2014, 9,345 incentive payments had been made to eligible professionals and 452

incentive payments had been made to hospitals. Also as of this date, 6,519 individual providers and 172 hospitals had been paid a total of \$458,442,321 in incentive payments. Program metrics are posted on the Agency's dashboard at <http://apps.ahca.myflorida.com/dashboard/>.

Information on specific eligibility and payment for eligible professionals and hospitals can be found at [www.ahca.myflorida.com/medicaid/ehr/](http://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 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 Regional Extension Centers

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

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 2014, the RECs continued efforts to reach target milestones in coordination with the Agency for Health Care Administration. The REC contracts with the ONC end by April

2015. The RECs may transition to provide fee-based services. The Agency will continue to collaborate with the organizations to assist providers to meet meaningful use criteria. Additional information on the RECs can be found at <http://fhin.net/rec/index.shtml>.

## **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. Previous reports can be found at <http://www.FloridaHealthFinder.gov/researchers/studies-reports.aspx>.

The analysis of calendar year 2013 data reveals that 68.9% of pediatric ED visits were made by children under the age of 10, and 63.6% of adult ED visits were made by persons under the age of 55. More than 30% of pediatric ambulatory ED visits and more than 15% of adult ambulatory ED visits were low acuity visits. Visits per capita are more frequent in counties with lower median household incomes.

### **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 for 2014 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. Previous reports (2007-2013) can be found at <http://www.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 [www.FloridaHealthFinder.gov/researchers/studies-reports.aspx](http://www.FloridaHealthFinder.gov/researchers/studies-reports.aspx).

## Prescription Drug Price Website

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

The [www.MyFloridaRx.com](http://www.MyFloridaRx.com) website 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 [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) and [www.MyFloridaRx.com](http://www.MyFloridaRx.com). Individual pharmacies and their locations are listed with contact information and a map.

## State Health Data Directory

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

The State Health Data Directory 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 [www.FloridaHealthFinder.gov](http://www.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.

The composition and functions of the Advisory Council are described in §408.05, Florida Statutes. The Advisory Council is composed of 14 members representing consumers, purchasers (employers), health insurers, local health councils, state universities, health associations, and state agencies. The Advisory Council meets quarterly each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting minutes are posted at <http://www.ahca.myflorida.com/SCHS/CommitteesCouncils/chis.shtml>.

The Advisory Council advises the Florida Center regarding with respect to the development and implementation of a long-range plan for making health care quality measures and financial data available to consumers to compare health care services. The health care quality measures and financial data include, but are not limited to, pharmaceuticals, physicians, health care facilities, health plans, and managed care entities.

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

The Office of Data Dissemination and Communication, within the Florida Center, coordinates and staffs the Advisory Council and the technical workgroup organized to address specific issues in transparency of health care data reporting, the Data Standards and Transparency Committee (DST). The Office of Health Information Exchange and Policy Analysis coordinates the health information exchange related workgroups, the Health Information Exchange Coordinating

Committee (HIECC) and the Health Information Exchange Legal Work Group (HIE Legal Work Group).

The Advisory Council held four meetings in 2014 and made recommendations to the Agency for the expansion and enhancement of public reporting of health care information on the [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) website. The 2014 goals and accomplishments, as well as the Advisory Council's recommendations for 2015 can be found in the Florida Center Long Range Plan at [www.floridahealthfinder.gov/researchers/studies-reports.aspx](http://www.floridahealthfinder.gov/researchers/studies-reports.aspx)

## Technical Workgroups

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 2014. 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. During 2014, the HIECC received quarterly updates on the implementation status of Florida Health Information Technology for Economic and Clinical Health (HITECH) programs and recommended goals for 2015.

➤ **Health Information Exchange Legal Work Group**

The Health Information Exchange Legal Work Group (HIE Legal Work Group) was reconstituted in 2009 on an on-going basis. The HIE Legal Work Group focuses on resolving legal and privacy issues related to Florida's health information exchange (HIE) initiatives. During 2014, the HIE Legal Work Group reviewed subscription agreement revisions and addenda for the current Florida Health Information Exchange (Florida HIE) services.

## For More Information

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

Call the Office of Data Dissemination and Communication at (850) 412-3772 to order data or submit a specific data request. Information on how to order data can be found at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) (on the “Researchers and Professionals” page click “Order Data/Data Dictionary”). The page includes the data catalog, a price list, the status of certified data, as well as other useful information.

For more information about the Florida Center for Health Information and Policy Analysis, please visit the Agency for Health Care Administration’s website, [ahca.myflorida.com](http://ahca.myflorida.com).

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

# Your search for Health Care Information may be over.

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Information

Compare hospitals,  
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health plans,  
nursing homes,  
and pharmacies

Find information on  
medical conditions,  
symptoms, surgeries,  
and treatments



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