

**Agency for Health Care Administration  
State Center for Health Statistics**

**Document Abstract  
May 2005**

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<b>Title:</b>	<i>State Center for Health Statistics – 2003-2004 Annual Report</i>
<b>Summary:</b>	<p>This edition of the Annual Report reviews the accomplishments of the State Center for Health Statistics (State Center) January 2003 through December 2004. Unlike previous Annual Reports, this report describes two years of activities. Topics include public reporting of comparative data, data collection, research publications, data dissemination, and other programs of the State Center.</p> <p>Currently, data collection includes hospitalization and ambulatory patient records among other data sources. In April 2004, an amended rule was adopted to require the submission of hospital emergency department visitation data beginning with first quarter 2005.</p> <p>The Agency's <a href="http://www.FloridaHealthStat.com">www.FloridaHealthStat.com</a> website was enhanced to assist consumers in making informed health care decisions. New and updated quarterly data reports have been posted to the website. Consumer reports posted to the website include the <i>Florida Hospital Services Guide</i>, the <i>Guide to Ambulatory Procedures and Surgeries</i>, and the <i>Florida HMO Report</i>.</p> <p>Updated reports were added to the <i>Health Outcome Series</i> and the <i>Combating Health Disparities</i> reports, while the <i>Consumer Awareness Series</i> continued to be a popular set of brochures produced by the State Center. The <i>Annual Report</i> also contains a newly statutorily required report, the <i>Facility Performance Status Report</i> (See Appendix A).</p>
<b>Policy Implications:</b>	<p>The State Center collects, analyzes and disseminates health care data. The aforementioned reports have broad and diverse policy implications, which will be detailed in this report.</p>
<b>Relevant Florida Statute:</b>	<p>Section 408.05(5)(d), F.S. directs the State Center to publish and disseminate an annual report.</p>
<b>For More Information Contact:</b>	<p>State Center for Health Statistics (850) 922-5771 Please visit our website: <a href="http://www.FloridaHealthStat.com">www.FloridaHealthStat.com</a></p>



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## Introduction

The State Center for Health Statistics is mandated by §408.05, Florida Statutes.

The State Center for Health Statistics (State Center) is an integral part of the Agency for Health Care Administration (Agency) and supports its mission to champion accessible, affordable and quality health care for all Floridians.

The State Center was statutorily created to provide for the collection, compilation, coordination, analysis, indexing, dissemination and utilization of health-related data and statistics, and is taking the lead role for the state in providing consumers with comparative health care data relating to hospitals, ambulatory surgery centers, physicians, and prescription drugs. The functions of the State Center are: data collection, research and development, and data dissemination. Each of these functions is addressed section by section in this report.

Although these three functions operate separately, they are also interdependent. Research and development, for example, is dependent on data collection for the data used in their analyses. The data dissemination unit distributes the reports produced by the research and development unit as well as data from the data collection unit. The data collection unit improves its edits based on information from analysis of the data and feedback from customers of data dissemination.

The State Center continues to modify and update many of its functions based on the needs of the health care consumer. The Agency's website [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) is an example. This innovative website has streamlined how the State Center data is disseminated. New data tables and reports are posted to the site nearly every quarter, providing the public with accurate information to enhance their ability to make informed decisions regarding health care purchases.

In 2004, the State Center was assigned additional responsibilities to collect data and enhance the content of the Agency's [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) website. The *Facility Performance Status Report* (Appendix A) describes the status of the data collection and the release of facility performance indicators. Other new activities are highlighted throughout the report under the heading of "Recent Developments."



## Data Collection

Data collection is guided by §408.061, Florida Statutes.

Data collection is the core of the State Center's activities. Accurate, timely, and unbiased data is essential to good analyses. The State Center collects and maintains two major databases, the Hospital Inpatient database and Ambulatory Patient database. It also has other adjunct databases. This section of the report discusses the uses of the data, the data content, the data collection process, statute and rule reference, the magnitude of the data collected, and recent developments.

### Patient Data Collection: A Brief Synopsis of the Process

Hospital inpatient data, ambulatory patient data, comprehensive rehabilitation data, and long-term psychiatric hospital data are collected as described below.

Data is collected quarterly based on the patient's date of discharge or visit. Each facility submits data electronically (diskette or CD-ROM) to the State Center for Health Statistics in accordance with the requirements in the corresponding rules. The data is passed through an in-house edit program that detects various known errors and identifies other potential errors in the submitted data. The program produces printed reports detailing each inconsistency in the data as well as printed summary reports. These reports are sent to the facility for correction and verification. Then, the facility makes appropriate corrections and resubmits the corrected data electronically or manually based on the total number or percentage of errors.

After data is corrected or resubmitted, the facility's data file submission is again passed through the in-house edit program. The cycle continues until the data passes the edit checks with no further data errors. When no errors are found, the program produces a printed report of outliers and unusual cases for verification and a summary statistics report. These reports are sent to the facility for a final review. If the facility deems the data is correct, the facility's Chief Executive Officer (CEO) and Chief Financial Officer (CFO) sign, date and return a certification form to the Agency. If the facility deems the data is not correct, the facility resubmits data or makes corrections and the process continues until the facility certifies the data is correct.

Only after data is certified is it added to the main database. Data becomes available for public release when at least 75 percent of reporting facilities for a specific quarter are certified. In rare circumstances, facilities may detect errors in their data after it is certified. Depending on the magnitude of the data problem, the facility's data might be removed from the main database, and the standard process begins again until the data is re-certified. More information about data availability is presented in the "Data Dissemination" chapter.

## Inpatient Data Collection

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

The hospital inpatient database is the most widely used of the State Center databases. The inpatient data forms the basis of many of the reports in the *Health Outcomes Series*. (The *Health Outcomes Series* is discussed in the “Research and Development” chapter.) The data is used for many special data requests within the Agency, the Legislature, researchers and the general public. A deidentified version of the data (limited data set) is available for purchase. (For details, see the “Data Dissemination” chapter.)

### Data Collection Summary

The hospital inpatient database contains patient-level information for all discharges from approximately 242 acute care hospitals (initiated in 1988) and short-term psychiatric hospitals (initiated in 1997) in Florida. This number varies from year to year as new hospitals open and others close.

Among other information, 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 principal and secondary diagnosis (ICD-9-CM) codes, principal and secondary procedure (ICD-9-CM) codes, principal procedure date, and attending and operating Florida physician license numbers. Discharge information includes discharge date and discharge status.

Charge data include total charges, and charges broken down by individual revenue charge categories. Revenue charge categories include room and board, nursery, intensive care unit (ICU), pharmacy, medical/surgical supplies, oncology, laboratory, pathology, diagnostic radiation, therapeutic radiation, nuclear medicine, computerized tomography (CT) scans, operating room services, anesthesia, respiratory therapy, physical therapy, occupational therapy, emergency room services, cardiology, magnetic resonance imaging (MRI), recovery room, labor room, and other charges. A principal payer code (e.g., Medicaid, Medicare, and Commercial HMO) is also reported.

Other information includes a hospital-generated record identification number, the patient’s social security number, and an infant linkage identification number. The hospital number, the reporting year, and the quarter are also included in each record.

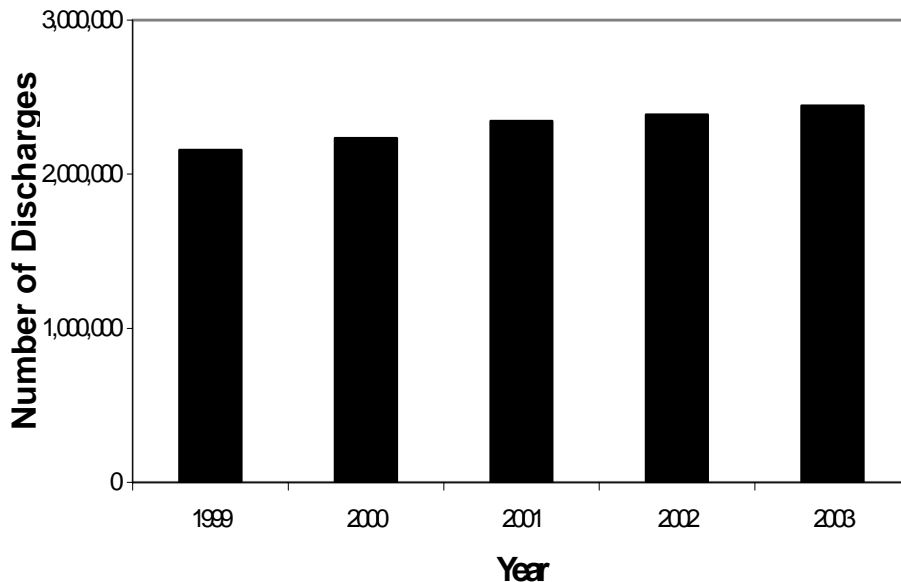
The Health Insurance Portability and Accountability Act (HIPAA) limits the release of protected patient health information; therefore, not all reported information is

available to the public. More information about data confidentiality issues is presented in the “Data Dissemination” chapter.

### Number of Data Records Collected

The number of hospital inpatient discharge records submitted increased from 2,155,123 records in 1999 to 2,443,926 records in 2003, for a percentage increase of 13.4 percent, 1999-2003. As seen in **Figure 1**, the number of records is steadily increasing. Inpatient services remain an important part of health care in Florida. Over the next several years, this database will continue to provide consumers, researchers, analysts, policymakers, and others with the data necessary to make well-informed health care decisions.

**Figure 1**  
**Number of Inpatient Hospital Discharges**  
**1999-2003**



### Recent Developments

Beginning in 2004, the process to amend the rules governing hospital inpatient data collection (Ch. 59E-7, F.A.C.) was initiated. An initial rule development workshop was held in November 2004. The target date for implementation of the rule amendments is January 2006. The proposed amendments will improve the completeness and quality of the data reported.

Also beginning in 2004, rule making to collect data on hospital-acquired infections (Ch. 59B-15, F.A.C.) was initiated. The proposed rules will require hospitals to report Surgical Infection Prevention (SIP) measures to the Agency. Please see Appendix A: *Facility Performance Status Report* for more details on changes to this rule.

## Ambulatory Patient Data Collection

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

The ambulatory patient data collection database (initiated in 1997) is a companion to the hospital inpatient database. Technological advancements have brought about dramatic changes in health care delivery. Procedures that once required several days in a hospital are now performed in an outpatient setting. As the health care delivery system continually evolves, the ambulatory patient database is expected to become increasingly more important in studying the trends in Florida health care.

Along with hospital inpatient data, ambulatory patient data is used in many reports including the *Health Outcomes Series*. The data is used for many special data requests within the Agency for Health Care Administration, the Legislature, researchers and the general public. As with hospital inpatient data, a deidentified version of the ambulatory data (limited data set) is available for purchase. (For details, see the “Data Dissemination” chapter.)

### Data Collection Summary

Through 2004, the ambulatory patient database contains patient-level information for reportable patient visits to approximately 500 freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers and cardiac catheterization laboratories in Florida. This number varies from year to year as new facilities open and others close.

Reportable procedures are defined as having a primary procedure in any of the following ranges corresponding to Current Procedural Terminology (CPT) codes 10000 through 69999 and 93500 through 93599. These code ranges include surgical procedures, cardiac catheterization and lithotripsy. Facilities with fewer than 200 reportable visits can request to be exempted from reporting for a given quarter.

As with inpatient data, ambulatory patient data records include patient demographics, medical information, and charge data, as well as other information. Patient demographics include race, birth date, gender and zip code. Medical information includes principal and secondary diagnosis (ICD-9-CM) codes, primary and secondary procedure (CPT) codes, patient visit date, and attending and operating Florida physician license numbers. Charge data include total charges, and charges broken down by individual revenue charge categories. Revenue charge categories include pharmacy, medical/surgical supplies, radiation oncology, laboratory, CT scans, operating room services, anesthesia, MRI, recovery room, treatment or observation room, and other charges. A principal payer code (e.g., Medicaid, Medicare, and Commercial HMO) is also reported.

Other information includes a facility-generated record identification number and the patient's social security number. The facility number, the reporting year, and the quarter are also included in each record.

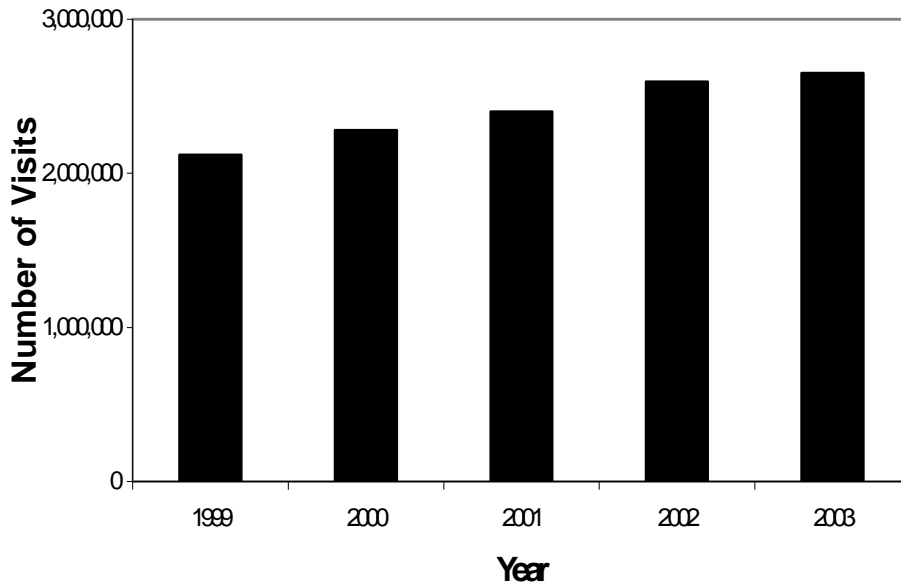
The Health Insurance Portability and Accountability Act (HIPAA) limits the release of protected patient health information; therefore, not all reported information is available to the public. More information about data confidentiality issues is presented in the "Data Dissemination" chapter.

### Number of Data Records Collected

The number of ambulatory patient records submitted increased from 2,118,515 records in 1999 to 2,650,929 records in 2003, for a percentage increase of 25.1 percent, 1999-2003. The numbers in **Figure 2** reflect an increase of reported ambulatory procedures. Procedures related to radiation therapy and procedures performed during emergency department visits are not included in these figures.

Ambulatory patient services have become an important aspect of health care in Florida. This database provides consumers, researchers, analysts, policymakers, and others with the information necessary to make informed health care decisions.

**Figure 2**  
**Number of Ambulatory Patient Visits**  
**1999-2003**



## Recent Developments

Planning for modification of the rule (Ch. 59B-9, F.A.C.) occurred throughout 2003 and early 2004, and on April 18, 2004 the rule was amended to become effective on January 1, 2005. Two of the rule changes relate to data transmission. First, data must be reported using the file format “XML.” Second, beginning January 1, 2006, data must be transmitted electronically via the Internet. Other substantial changes relate to the addition, deletion and modification of specific data elements, codes and standards. Please see Appendix A: *Facility Performance Status Report* for more details on changes to this rule.

## Emergency Department Data Collection

Emergency Department data collection is authorized under §408.061(1), Florida Statutes, and is implemented under Chapter 59B-9, Florida Administrative Code.

The most significant change to the ambulatory patient data rule is a requirement for reporting hospital emergency department data beginning January 1, 2005. Emergency department data will provide an important resource for analyzing utilization patterns, access to care and costs for disease and injury surveillance and for the management of chronic diseases. Data elements include hour of arrival, patient’s chief complaint, principal diagnosis, race and ethnic status, and external causes of injury.

The rule requires the reporting of “all emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care.” The reporting record format is the same one as used for reporting of ambulatory patient surgery (Chapter 59B-9, F.A.C.). Please see Appendix A: *Facility Performance Status Report* for more details on changes to this rule.

Implementation of emergency department data collection will have a significant effect on the total number of ambulatory data records collected. In 2003, approximately 2.6 million records were collected. Adding emergency department visit records is expected to increase this annual total to over eight to nine million records.

## Comprehensive Inpatient Rehabilitation Data Collection

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

The comprehensive inpatient rehabilitation database (initiated in 1993) is a companion to the hospital inpatient and the ambulatory patient databases. Although

there are far fewer comprehensive inpatient rehabilitation records than hospital inpatient or ambulatory, rehabilitation care continues to be an important feature in the health care delivery system in Florida.

The comprehensive inpatient rehabilitation data is primarily for special requests and *ad hoc* reporting. These requests come from within the Agency, the Legislature, researchers, and the general public.

### Data Collection Summary

The comprehensive inpatient rehabilitation data contains patient-level discharge information from Florida's 15 licensed comprehensive inpatient rehabilitation centers. These centers are defined as any hospital licensed as a class III special rehabilitation hospital. Rehabilitation units of acute care hospitals are excluded from this database. Nursing homes and hospital-based skilled nursing units are also not included.

As with hospital inpatient and ambulatory data collections, the comprehensive inpatient rehabilitation data records include patient demographics, admission information, medical information, discharge information and charge data, as well as other information. Patient demographics include race, birth date, gender and zip code. Admission information includes the admission date and a code for the admission source. Medical information includes a primary condition code and the attending Florida physician license number. Discharge information includes the discharge date and a code for the patient's discharge status. A principal payer category and the total charge are also reported.

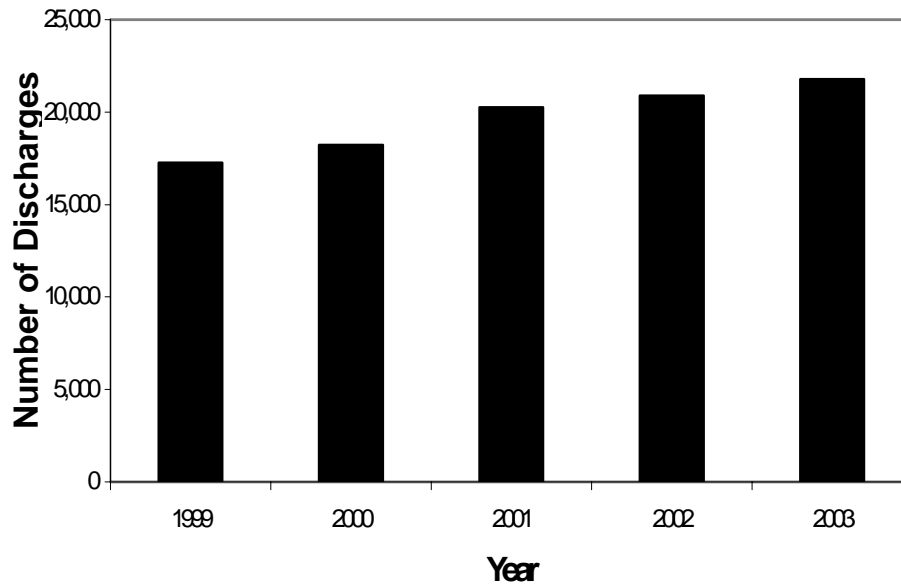
Other information includes a facility-generated record identification number and the patient's social security number. The facility number, the reporting year, and the quarter are also included in each record.

HIPAA limits the release of protected health information; therefore, not all reported information is available to the public. More information about data confidentiality issues is presented in the "Data Dissemination" chapter.

## Number of Data Records Collected

The number of comprehensive inpatient rehabilitation discharge records submitted increased from 17,258 in 1999 to 21,774 in 2003, for a percentage increase of 26.2 percent, 1999-2003, as seen in **Figure 3**.

**Figure 3**  
**Number of Comprehensive Inpatient Rehabilitation Hospital Discharges**  
**1999-2003**



## Recent Developments

There were no changes in the comprehensive inpatient rehabilitation data collection rule during 2003 or 2004.

## Long-term Psychiatric Hospital Data Collection

Long-term psychiatric hospital data collection is authorized under §408.061(1)(e), Florida Statutes, and is implemented under Chapter 59E-7.012(2), Florida Administrative Code.

With only seven state-operated facilities, the long-term psychiatric hospital data collection is the smallest patient data set that the State Center for Health Statistics collects. Aggregate data collection was initiated in 1988.

## Data Collection Summary

The long-term psychiatric hospital data contains facility-level information based on the discharges from Florida's seven licensed long-term psychiatric hospitals. These centers are defined as a psychiatric hospital with an average length-of-stay exceeding 60 days. Psychiatric hospitals with a shorter average length-of-stay report under the inpatient hospital data collection. (See "Inpatient Data Collection")

The data forms a matrix of information that includes the number of discharges, the sum of the lengths-of-stay (in days), and the sum of charges for all patients discharged during the quarter from the given facility. The data is grouped by age categories (children under 18 and adults 18 and older), payer categories (Medicare, Medicaid, Insurance, and other), and primary discharge diagnosis category (three-digit ICD-9-CM codes from 290 to 319, inclusive and other).

### A Brief Synopsis of the Process

As with the other patient data collections, long-term psychiatric hospitals submit their data quarterly. Facilities use the paper form (PSYC-III) to submit data. Once checked and no further corrections are necessary, a validation report is mailed to the facility. If the facility deems the data is correct, the facility's CEO and CFO sign and date the certification sheet. If the facility deems the data is not correct, the facility resubmits the data or makes corrections and the process continues until the CEO and CFO sign, date, and return the certification form. Once data is certified, it is added to the long-term psychiatric hospital database.

### Recent Developments

There were no changes in the long-term psychiatric hospital data collection rule during 2003 or 2004.

## Ambulatory Financial Data Collection

On July 30, 2003, the Public Medical Assistance Act, Chapter §395.7015, Florida Statutes, was declared unconstitutional as part of a class action lawsuit settled by the State of Florida.

The "Public Medical Assistance Act," Chapter 395.7015, Florida Statutes, on July 31, 2003 was declared unconstitutional by the Circuit Court of Leon County as part of a class action lawsuit. Although the Agency appealed the court's ruling, it was felt that it was in the State's best interest to resolve the controversy, and an agreement was reached with the plaintiffs. As a result of the agreement, the Public Medical Assistance Trust Fund (PMATF) Ambulatory Health Facility Report and Certification forms are no longer required or accepted. The escrow account funds will be distributed consistent with the agreement.

## Health Plan Quality Indicator Data Collection

Health plan quality indicator data collection is required under §641.51(9), Florida Statutes, and is implemented under Chapter 59B-13, Florida Administrative Code.

Health plan quality indicator data is reported in a summary format by Florida's licensed health maintenance organizations (HMOs) for each line of business (commercial, Medicare, and Medicaid). The data provides annual statewide quality measures and trends beginning with data reported in 1999. Quality indicator data is used in the report, *Choosing A Quality Health Plan: Florida HMO Report*. This report is described further in the "Research and Development" chapter.

### Data Collection Summary

Quality indicator data include a measure of the percentage of eligible members who have received a specific health care service during the measurement period. Quality indicator measurement specifications are prescribed in the Health Plan Employer Data & Information Set (HEDIS) technical specifications manual available from the National Committee for Quality Assurance (NCQA). Technical specifications are updated annually to reflect medical coding changes, to clarify requirements and to improve the quality measures.

The indicators reported to the Agency include measures of chronic disease management, preventive health care, prenatal care and checkups for infants, children and adolescents. Chronic disease management indicators address diabetes care, asthma medications, controlling high blood pressure, and use of beta-blocker medication after a heart attack. Preventive health care indicators include breast cancer screening, cervical cancer screening, and chlamydia screening in women.

Per HEDIS specifications, selected measures are not reported annually. A rotation schedule issued by NCQA notifies health plans of the indicators that are not required for the subsequent reporting cycle. Rotated measures are usually reported biennially.

Quality indicator data submitted to the Agency also includes supplementary information such as the confidence intervals, number of eligible members, sample size, and whether administrative data or sampling was used to calculate the reported rate. The rate is the percentage of eligible members for each quality indicator.

### A Brief Synopsis of the Process

The health plan quality indicator data is reported each October 1 for the previous measurement year or other measurement period as specified by HEDIS. Since 2001, a statement from an independent auditor approved by the Agency must certify

that the indicator data is a fair and accurate representation of the specified health care services afforded to Florida members of the health maintenance organization.

State Center staff reviews the reports and certification documents for completeness and consistency with reporting requirements. Missing or small values are checked to determine whether the health plan had an eligible population of sufficient size to report a valid indicator. HMOs are asked to explain or resubmit their report if there are any anomalies.

### Recent Developments

There were no changes during the report period in the health plan quality indicator data collection.

### Consumer Assessment of Health Plan Survey Data

An annual survey of HMO members is required by §641.58(4), Florida Statutes. AHCA is required to conduct the survey to determine the satisfaction of health plan members.

The Consumer Assessment of Health Plan Survey (CAHPS) data contains the results of an annual statewide survey of a sample of the members in each Florida licensed health maintenance organization (HMO) including Florida Medicaid members and a separate survey of commercial members. Results from the survey are incorporated in *Choosing A Quality Health Plan: Florida HMO Report*.

### Data Collection Summary

The CAHPS data contains the responses of members to a set of about 50 questions regarding their individual experience with the health plan. The CAHPS includes questions about the health care utilization of the member, access to care, access to specialists, communicating with health care providers, customer service, and overall satisfaction with the health plan.

The CAHPS survey instrument was developed by the federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance. Public release version 3.0 is used by the Agency. The Medicaid and commercial versions of the CAHPS are used as appropriate, and a Spanish language version is also used as required. The commercial version of CAHPS inquires about the experience of the member for the previous year whereas the Medicaid version inquires about the experience of the member for the previous six months.

CAHPS 3.0 includes a child/parent survey that contains additional questions applicable to children's health care and interaction with health care providers.

## A Brief Synopsis of the Process

The Agency contracts with the survey program at the University of Florida to conduct the survey by telephone interview. Since 2001, the survey interviews have begun October 1 with results reported to the Agency by January 31 of the following year. Member responses excluding identifiers are provided to the Agency in an SPSS file.

The 2003-2004 survey produced 13,700 completed surveys.

## Recent Developments

A survey of members of the Florida Healthy Kids insurance program was added in 2003.

As a result of changes to the Florida Statutes in 2004 (§408.05(3)(1), F.S.), the State Center will make available to consumers and group purchasers the following: performance measures, member satisfaction survey data, benefit design and premium cost data from other types of commercial health plans in Florida, in addition to data from HMOs. This new information shall be released no later than March 1, 2006. The data are intended to assist consumers and group purchasers in assessing the value of these products and available options.

Beginning in 2004, rule development governing health plan data collection (Ch. 59B-14, F.A.C.) was initiated. A rule development workshop was held in 2004 and more workshops will be held in early 2005. The target date for rule adoption is June 30, 2005.

## Research and Development

Research, analysis, studies, and reports are guided by §408.062, Florida Statutes.

Research and development is a primary function of the State Center for Health Statistics. The research and development unit transforms the data collected into information that the public can use. The public includes: consumers, policymakers, the Legislature, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates. With so many different audiences, it is clear that a wide variety of reports are needed. Some reports contain basic information whereas others are highly technical.

There are two series of reports: the *Health Outcome Series*, and the *Combating Health Disparities Series*. Other reports are also produced. Copies of any report discussed in this section are available on the Internet at [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) and many publications can be obtained through the Agency's Call Center at 1-888-419-3456.

### Health Outcome Series

The *Health Outcome Series* fulfills the requirements of §408.05(5), Florida Statutes, which directs the State Center for Health Statistics to disseminate the data it collects and analyzes and to periodically make available health statistics publications of general interest.

The *Health Outcome Series* is written for the technically oriented consumer. The series consists of reports on trends in health care delivery in Florida and provides key statistical information to the reader. The reports range from 25 to 140 pages long. They contain statistical information with tables, narrative, a reference page, and appendices for further information. The reports typically contain information derived from the State Center's hospital inpatient database and occasionally from the ambulatory patient database. The reports released during 2003 and 2004 are summarized below. The titles of reports published prior to 2003 are listed below the new reports.

#### Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations (May 2004)

The *COPD Hospitalizations* report examines discharges, 1992 to 2002, where COPD was the principal diagnosis. COPD is a group of respiratory illnesses including chronic bronchitis and emphysema. The report presents data on trends in

hospitalization rates, diagnoses and procedures, charges and in-hospital deaths. Data on hospitalizations by age, gender and race are also displayed.

#### Hysterectomy Hospitalizations (March 2004)

The *Hysterectomy Hospitalizations* report presents data on hysterectomies in Florida for 2002 and examines historical trends since 1993. Patient demographics (age and race), associated medical diagnoses, specific surgical procedures performed, length of hospital stays, and hospital charges are discussed.

#### Women and Cardiovascular Disease Hospitalizations (June 2003)

The *Women and Cardiovascular Disease Hospitalizations* report examines trends in cardiovascular hospitalizations (stroke, circulatory-related disorders and heart disease), 1992 through 2000, focusing on women. Age-specific hospitalization rates and in-hospital death rates are displayed by gender and race. Additionally, data on insurance status, reasons for hospitalization, procedures performed and charges are presented.

#### Cesarean Deliveries in Florida Hospitals (January 2005)

This annual report examines trends in cesarean and vaginal delivery hospitalizations, 1993 through 2003, focusing on data from year 2003. Demographics of patients, associated medical diagnoses, length of hospital stays, hospital charges and variations in the cesarean rate are discussed. Delivery rates are presented by county, individual hospital and statewide.

Reports published prior to 2003:

- Adverse Drug Effects (May 2000)
- Asthma Hospitalizations (January 2002)
- Cesarean Deliveries in Florida Hospitals (2000, 2001 and 2003)
- Complications of Diabetes Study (November 2002)
- Osteoporosis and Hip Fractures (April 2000)
- Pediatric Hospitalizations (May 2002)
- Septicemia Hospitalizations (October 2000)

#### Combating Health Disparities Series

The *Health Disparities Series* is published on the Internet at [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). The series includes a variety of articles, statistical reports and data charts. Materials published in 2003 and 2004 include:

- **Minority Organ & Tissue Donation**  
Minorities make up approximately 50 percent of the patients seeking organ and tissue donation. This initiative is aimed at increasing organ and tissue donation among minorities.
- **Minority Donor Statistics**  
This article describes the need for organ and tissue donations in Florida and the United States and presents statistics on donations in 2002. Resources related to donations are listed.
- **National Minority Health Month Messages 2003**  
This article contains facts about health disparities in Florida and sources for more information. It aims to inform health care providers, members of minority groups, and the general public about minority health in Florida.
- **Doctor Visits and Other Utilization Statistics**  
This article shows data that compares the frequency of doctor visits in the United States by race and ethnicity, age, and gender.
- **Births in Florida Hospitals**  
This article shows trends in premature live births and full-term live births with complications from 1995 to 2002 by race and ethnicity.

Articles published prior to 2003:

- Attacking Health Disparities from the Grassroots
- A Party with a Purpose: Sisters for Breast Health
- Living Well In Newtown
- Stork's Nest

## Other Publications

Besides these series, the State Center for Health Statistics publishes other reports and publications. Some of these fulfill statutory requirements. They vary in length, content, and intended audience. In fiscal year 2003-04, the State Center distributed 3,120 publications in the series described above, while in fiscal year 2002-03, there were 3,925 of these publications distributed. The following are descriptions of publications released in 2003 and 2004.

## Choosing a Quality Health Plan: Florida HMO Report 2004 (November 2004)

This report fulfills the requirements of §641.51(9), Florida Statutes, which mandates that AHCA publish indicators of health plan access and quality of care reported by HMOs. This report also fulfills the requirements of §641.58(4), Florida Statutes, which mandates AHCA to conduct an annual survey to determine the satisfaction of HMO members.

This report compares commercial HMOs, Medicaid HMOs, Medicare HMOs and Florida Healthy Kids HMOs that operated in Florida in 2004. The report is directed to consumers who are considering joining an HMO. Current and prior year averages are presented at the state level. Additionally, there is a glossary of terms and a listing of HMOs by coverage area. A variety of data sources were used to prepare this report, including extant data, a special survey, and data from the Department of Financial Services, Office of Insurance Regulation.

## Florida Health Care Expenditures 2002 (January 2005)

A report on health care expenditures in Florida is required by §408.063(5), Florida Statutes.

This report examines trends in expenditures for health care services, health care payers, and health maintenance organizations (HMO). This report focuses on data from calendar year 2002, but also shows trends from 1992 to 2002. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents.

## Florida Nursing Home Residents Report (October 2004)

This report fulfills the requirements of §408.062(2)(f), Florida Statutes, which mandates that AHCA document and monitor the Medicaid conversion experience in Florida's nursing homes.

This report examines the characteristics of nursing home residents at admission and during a nursing home stay. The report includes resident demographics (gender, age and race), functional status, medical conditions, discharge potential and Medicaid status. The data source for the study was the resident assessments conducted in Florida nursing homes in 2003 as reported to the Agency and the Centers for Medicare & Medicaid Services (CMS). Comparisons are made among residents who receive an assessment at admission, on an annual basis and when there is a change in resident's status.

## Guide to Ambulatory Procedures and Surgeries 2004 (September 2004)

The *Guide to Ambulatory Procedures and Surgeries* contains information on ambulatory visits for selected surgical procedures available at Florida hospitals and freestanding ambulatory surgery centers. The State Center developed the Guide using data reported to the Agency by most Florida ambulatory facilities, during calendar year 2002. Facilities are grouped by geographic region and each facility's number of visits are compared against state averages. This report is available on-line at [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), where site users can search and compare ambulatory facilities in their own geographic region.

## Florida Hospital Services Guide 2003 (June 2003)

The *Hospital Services Guide* contains information on hospitalizations for selected conditions and procedures and also information on specialized services available at Florida's acute-care hospitals. The State Center developed this Guide using data reported to the Agency by most Florida hospitals, during calendar year 2001. Hospitals are grouped by geographic region and each facility's number of hospitalizations are compared against state averages. The number of outpatient and emergency department visits and the availability of specialized services such as pediatric and rehabilitation units and open heart surgery is also included. This report is available on-line at [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), where site users can search and compare hospitals in their own geographic region.

## State Health Data Catalog

The creation of the State Health Data Catalog is authorized in §408.05(4)(g), Florida Statutes.

The State Health Data Catalog was developed to assist individuals searching for health data and statistics. Its purpose is to facilitate referrals to the responsible data administrator for detailed information regarding available data and to promote the efficient use of data for research and public policy purposes. The State Health Data Catalog is exclusively available on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com).

There are over 110 entries in the catalog representing various health care related databases maintained by state agencies. Each entry contains information on the types of data collected, reporting entities, purpose of the database with statutory or rule references, if applicable, and contact information. If available, website references are provided.

The catalog is updated periodically by an e-mail survey of state agencies. Information is current and checked for accuracy as of the date indicated on each database entry in the catalog.

In addition to the publications released in 2003 and 2004, the following selected publications were released before 2003. Some of these reports are published annually, while others were single-issue studies.

Publications printed prior to 2003:

- Report on the Medicaid Conversion Experience in Florida Nursing Homes: 2001 Report (February 2002)
- Choosing a Quality Health Plan: Florida HMO Report 2002, 2001 and 2000
- Florida Nursing Home Residents Report 2003, 2002 and 2001
- Health Care Expenditures Report 2001, 2000 and 1999

## Data Dissemination

Data dissemination is guided by §408.063, Florida Statutes.

Data dissemination is the third primary function of the State Center for Health Statistics. The Bureau's Data Dissemination unit assists the public with data requests. The public includes: consumers, policymakers, the Legislature, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates.

In the year 2000, the State Center for Health Statistics embarked on a new website to automate some of the data dissemination functions. The Agency's website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), which provides comparative health care data, allows for round-the-clock access for consumers, broadens the State Center's exposure to consumers, and increases ease and access to data orders.

The Data Dissemination unit also assists the public with consumer education and community outreach.

### Requests for Data Dissemination

Typically, data dissemination requests fall into the following categories: (1) requests for deidentified data (limited data set), (2) requests for standardized reports, (3) requests for customized *ad hoc* reports, (4) requests for publications, and (5) requests for other information. Most of these requests require a service fee.

### The Basic Process

Requests for data are never processed without written documentation from each customer. Customers may mail, phone, fax, or e-mail their requests to the State Center's Office of Data Dissemination. Since all requests are documented, customers who make their request by telephone are also asked to submit the detailed request via mail, fax, or e-mail. Customers are required to complete a Limited Data Set Data Use Agreement form in order to receive access to deidentified patient data.

Completed customer orders are mailed after payment is received. Prices for data and publications are denoted in the Data Catalog and Price List. Prices for *ad hoc* reports are estimated based on the time required to complete the report. Federal, State, or municipal government agencies are not charged.

Requests for data and publications are typically filled within ten working days of receiving the payment (or the order for customers with standing accounts). Special

*ad hoc* queries are completed in a timely manner. The number of days to fill an *ad hoc* request is subject to the time required to run the query and check the results.

The order contains the information requested on the proper media (paper, CD-ROM, diskette, etc.) and the invoice. Orders are available for customer pick-up or sent via e-mail (excluding confidential data), priority mail, Airborne, or Federal Express. Orders sent via Airborne or Federal Express are shipped at the customer's expense.

A detailed log is maintained for tracking purposes. Monies received are handled through the Agency's Bureau of Finance and Accounting. Copies of requests, checks, invoices, shipping labels, and fax receipts are kept on file for each customer.

### Request for Deidentified Data

Both the hospital inpatient and the ambulatory patient databases 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 Use Agreement form. The agreement contains provisions to protect patient's privacy rights as required by law.

When completed, the Data Use Agreement form is forwarded to the State Center's Bureau Chief for signature. Upon authorization, the original Agreement form will be maintained in the State Center's Office of Data Dissemination and the applicant will receive a copy.

The following data items are *not* included in the deidentified data: patient identification number, the social security number, the infant linkage identification number, date of admission, date of discharge, date of birth, zip codes, if the population is 500 or less, and the principal procedure date.

Some calculated information is added to the database. These include: the state of residence, the county of residence, the age at admission, the day-of-week of the admission, the length-of-stay, and the Diagnostic Related Group (DRG). Under very strict conditions, confidential data is available, but not to the general public. See Confidential Data Review Committee under "Other Activities."

The patient-level data is sold by quarter and is available on diskette by the facility, county/local health council region, or statewide data on CD-ROM. In 2004, the State Center processed 714 requests for deidentified data (compared with 786 requests in 2003 and 742 requests in 2002). The slight decrease in these requests may be due to the availability of much of the data on the [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) website.

### Request for a Standardized Report

The State Center produces a number of standardized reports.

- **Discharge Data Summary Report.** This report includes demographics, procedures and diagnoses, charge statistics, and the number of discharges,

days, and gross charges by Diagnostic Related Groups (DRGs) as well as Major Diagnostic Categories (MDCs). Each report covers one quarter (three months); however, the reports may be aggregated to include up to five quarters. Reports are available at the facility level or aggregated to the county, district, or state level.

- **DRG Report.** This 12-page report includes, the number of discharges, days, and gross charges by payer category (Medicaid, Medicare, Blue Cross and commercial insurance, other payers, and total) for all of the DRGs within the Major Diagnostic Categories (MDCs). Each report covers one quarter (three months); however, the reports may be aggregated to include up to five quarters. Reports are available at the facility level or aggregated to the county, district, or state level.
- **Prior Year Report (Hospital Financial).** This hospital fiscal year financial data report is listed on standardized financial worksheets. Reports are available as a printout or as an e-mail attachment.
- **Audited Financial Statement (Hospital Financial).** This hospital financial report is prepared by an independent auditor. It includes the auditor's opinion, hospital's balance sheet, statement of cash flow, statement of revenues and expenses, statement of changes in fund balance, and financial statement notes. Reports are available as a photocopy.
- **Hospital Financial Data.** This hospital report contains fiscal year facility-level information and is available on CD-ROM. The data contains audited information on hospital revenues, expense/expenditures and depreciation, medical staff data, selected discounts and prospective payment arrangements, and other statistics and general data for each hospital.

#### Request for a Custom *Ad Hoc* Report

Sometimes, a customer is looking for very specific information that is not included on a standardized report, and does not wish to purchase an entire data set to obtain the information. These requests are referred to as custom *ad hoc* reports. An example would be a request for the median age of residents admitted to the hospital with tuberculosis (ICD-9-CM diagnosis 010.0 – 018.6) as principal or secondary diagnosis, by year, from 1995 to 2000.

By their nature, *ad hoc* requests are very precise and can be very technical. A customer requesting a custom *ad hoc* report might receive a telephone call or e-mail from a State Center staff member with some specific questions about the query. Completed reports may be disseminated on paper, on diskette, on CD-ROM, etc. They vary in length, time to produce, and cost to the requester. Each report is cross-verified and reviewed before release.

## Request for a Publication

Off-the-shelf publications are available as well. Some examples of publications include the Hospital Financial Data Book and the Florida Hospital Uniform Reporting Systems Manual (FHURS).

## FloridaHealthStat.com

The Agency website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), was developed by the State Center and first became operational in January 2000. The website, specifically designed for consumers, was developed to help meet the State Center's mission of providing accurate and timely information to help the public in making well informed health care decisions.

The website includes a detailed look at hospital and ambulatory patient data; a list of licensed health care facilities and providers in Florida and driving directions; information on insurance, including Medicare and Medicaid; a wide collection of consumer brochures and publications; information on prescription drugs; special sections on children's and senior's health; and much more.

## The Basic Process

Getting information from [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) is easy. Just access the Internet and type [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) in the address line of your browser window. A series of buttons/tabs on the top of the screen will allow the user to navigate the site. The website does not require the user to register or provide personal information. Users can request additional information via e-mail.

## Available Information on Health Care Facilities or Providers

Users can get a list of Florida health care facilities or providers on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). From the home screen, select "Facility Information" or "Provider Locator" on the top button bar. Select the type of facility/provider from the drop down box. A facility/provider type may be selected or one can choose "Not Specified." Selecting other items will help narrow the search. For example, if a county is selected, the result will be limited to that county.

Users can obtain a map showing where the facility/provider is located. When the list of facilities is displayed, click on "Map Location" next to the facility or provider name and a map will be displayed. For written driving directions, put in a starting address, city, state, and zip code in the boxes below the map and click "Take Me There."

Users can also obtain additional information on various health care providers from the "Provider Locator." Once a provider or list of providers is displayed, click on "Provider Profile" next to a provider for information about specific physicians and registered nurses, including education, and license status as maintained by the Florida Department of Health.

## Available Standardized Reports - QuickStat

Several standardized reports are available on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). From the home screen, select “Health Data” on the top button bar. Under “Health Data,” select “QuickStat” by clicking on “Go to QuickStat.” QuickStat is designed for the user interested in receiving fast preformatted summary information on various medical conditions and/or procedures. Data reports are divided into two categories: Inpatient and Outpatient. Under either category the user can view tables of hospital discharges or ambulatory visits by procedures performed, diagnostic conditions, average charges and length of stay, among other data displays.

## Available Ad Hoc Reports – HealthStat Custom Query

Users can produce their own *ad hoc* reports on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). From the home screen, select “Health Data” on the top button bar. Under “Health Data,” select “HealthStat” by clicking on “Go to HealthStat.”

Alternatively, the user can click on “Consumer Health Data” from the home page. From that page users can select one of two data query systems: “Health Consumers,” which allows for the easy selection of data on the most common diagnoses and procedures in Florida health care facilities or “Researchers and Health Professionals,” which requires knowledge of medical coding and terminology. The data query system under “Health Consumers” is new for 2004 and is described in more detail in Appendix A: *Facility Performance Status Report*. The query system under “Researchers and Health Professionals” has been active for four years and is described below.

The system under “Researchers and Health Professionals” allows the user to custom design their information about medical conditions and/or procedures. Knowledge of medical coding and terminology is strongly recommended. The user can choose between the hospital inpatient data or ambulatory patient data (see “Inpatient Data Collection” and “Ambulatory Patient Data Collection” under the “Data Collection” chapter of this report).

The HealthStat Inpatient Hospitalization Query allows you to search by ICD-9-CM codes and DRG codes. Results can be returned by various demographics and other criteria. Basic knowledge of ICD-9-CM diagnosis and procedure codes is essential to inpatient query by code. However, a novice can handle simpler queries that do not use ICD-9-CM codes.

The HealthStat Ambulatory Surgery Query allows users to search by CPT procedure codes and ICD-9-CM diagnosis codes. Results can be returned by various demographics and other criteria. Basic knowledge of CPT procedure codes and ICD-9-CM diagnosis codes is essential to outpatient query by code.

Note that only principal diagnoses and procedures are used in HealthStat. Queries using secondary diagnoses and procedures must be requested from data dissemination. (See “Requests for Data Dissemination,” above.) Optional criteria for queries may be selected in the following areas: Medical Condition or Treatment and Patient Subset. Aggregate Calculation and Headers and Columns are required selections. The results will return the most recent four quarters (one year) of data.

### Publications Available

Most of the State Center’s publications are available on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). From the home screen, select “Reports & Guides” on the top button bar. This section contains many reports, briefs, journals, and publications. Some of the Publications/Forms are in Portable Document Format (PDF), and require Adobe Acrobat Reader™ in order to view these files.

Under “Reports & Guides,” the user can find reports in many categories, including:

- Combating Health Disparities
- Consumer Brochures
- Health Outcome Series Reports
- Health, Safety & Fitness
- Hospital Services
- Insurance
- Long-Term Care/ Home Health Care
- Medicine/ Drugs

### Other Information Available on [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com)

The Agency’s website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), has much more to offer than the information described above. There are special sections for prescription information (“RxStat”) and insurance issues (“InsuranceStat”). There is information specifically geared toward special populations (“Families” and “Seniors”). For seniors, there is the *Florida Nursing Home Guide*, an interactive resource that allows consumers to search for nursing homes by geographic region and other characteristics. For each facility, data and ratings are displayed for a variety of performance measures. The website is constantly evolving and new content is periodically added and updated.

## Prescription Drug Price Website

Under the provisions of §408.062(1)(h), Florida Statutes, the agency shall collect a statistically valid sample of data on the retail prices charged by pharmacies for the 50 most frequently prescribed medicines from any pharmacy licensed by this state...to be performed by the agency quarterly.

The rising cost of prescription drugs is a concern for many Floridians. Consumers are often not aware that prescription drug prices may vary significantly from pharmacy to pharmacy. Many states are now creating websites to help customers comparison shop among pharmacies.

The Agency and the Office of the Attorney General have created an interactive, consumer website that displays the individual retail prices at each community pharmacy for the top 50 most frequently dispensed drugs in Florida. The price data is presented in a way that allows the information to be searched by pharmacy, zip code, drug name, quantity, or price. The retail prices are updated at least monthly. Individual pharmacies and their locations are listed with contact information and a map. The website went online on June 1, 2005, and can be accessed at this web address: <http://www.myfloridarx.com/>.

## Community Outreach and Education

The Data Dissemination unit also works with community outreach and education through the publication of consumer materials, response to requests from the public, and participation in community outreach programs.

### Consumer Awareness Series

The *Consumer Awareness Series* is directed by §408.05(5)(a), Florida Statutes.

The *Consumer Awareness Series* is written for the layperson. The series consists of brochures designed to assist the public in making well-informed health care decisions. The brochures are available in English and Spanish and are 15 to 20 pages long. They contain general information on a health care topic as well as a resource directory for further information. In fiscal year 2002-03, the State Center distributed 119,376 of these brochures. In fiscal year 2003-04, there were 171,361 brochures distributed, a 44 percent increase over the previous fiscal year.

The new brochures released during 2003 and 2004 are summarized below and brochures published prior to 2003 are also listed.

## **Patient Safety (October 2004)**

*Patient Safety* looks at medical errors and steps patients can take to protect themselves. The brochure discusses safety of prescription and over-the-counter medications, safety in health care facilities and home care, and the prevention of infections and falls. A resource directory listing organizations interested in patient safety issues is provided.

## **Health Care Advance Directives (November 2003)**

Health Care Advance Directives allow people to state in advance what kind of medical/lifesaving treatment they want or do not want to receive under special, serious medical conditions. This publication answers questions about advance directives, lists resources and organizations to contact for more information and provides blank forms for a living will, designation of a health care surrogate and a uniform anatomical donation form.

## **Brochures published prior to 2003:**

- A Consumer's Guide to Health and Human Service Programs (October 2001)
- A Patient's Guide to a Hospital Stay (March 2000)
- Emergency Medical Care (July 2001)
- End of Life Issues - A Practical Planning Guide (December 2002)
- Florida Medicaid - A Reference Guide (April 2001)
- Health Insurance Guide for Families and Individuals (March 2002)
- Long-Term Care (March 2000)
- The Heart of a Woman – Women and Heart Disease (December 2002)
- Understanding Prescription Drug Costs (February 2001)
- What to Consider When Choosing an Assisted Living Facility (June 2000)
- What You Should Know About Home Health Care (July 2001)

## **Community Education and Assistance**

E-mail requests from the public are received through [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) and responded to by staff from the Data Dissemination unit. Requests include data requests, educational information on health care issues, information on specific health care facilities and providers, as well as requests for referrals to meet basic needs like health care, medication, insurance, food and shelter. In 2003 the State Center responded to 657 requests and 418 requests in 2004.

## **Community Outreach**

Staff from the Data Dissemination unit initiate and participate in community-based programs, as authorized by s. 408.063 (3) and (6), Florida Statutes. Such programs educate the public about health care issues, make consumer brochures available, and introduce FloridaHealthStat.com. During 2003-2004, this included such programs as Capital for a Day, Ambassadors for Aging Day, and presentations at local senior centers.



## Other Activities

The State Center for Health Statistics has other functions and responsibilities that support data collection, research, and dissemination. Many of these functions are statutorily required. New statutory mandates created in 2004 include development of a long-range plan and responsibilities related to the use of electronic health records. These new activities are discussed below. The Comprehensive Health Information System (CHIS) Advisory Council, other work groups, the Agency library, and the confidential data review committee are also discussed in this section.

### Comprehensive Health Information System (CHIS) Advisory Council

The Comprehensive Health Information System Advisory Council is mandated by and conducted under the provisions of §408.05(8), Florida Statutes.

The State Comprehensive Health Information System (CHIS) Advisory Council advises Agency staff regarding the public reporting of health information and statistics. The first council meeting was held in April 1993. The council provides guidance in the development of health information and recommendations to enhance data dissemination. The council is composed of 13 members representing state agencies, health care purchasers, health insurers, local health councils, state universities, and health associations. A listing of the members of this advisory council and their affiliation is displayed in **Appendix B**.

The CHIS Advisory Council has assisted in the development of *Choosing a Quality Health Plan: Florida HMO Report* and has supported the development of consumer guides of health facilities and services in Florida. The CHIS Advisory Council has also encouraged the continued expansion of the Agency's consumer-oriented website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com).

The CHIS Advisory Council meets four or more times each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting minutes are posted on the internet (<http://ahca.myflorida.com/SCHS/chis.shtml>).

### CHIS Advisory Council and the Long-Range Plan

Under the provisions of §408.05(3)(l), Florida Statutes, the Agency shall develop, in conjunction with the State Comprehensive Health Information System Advisory Council, and implement a long-range plan for making available performance outcome and financial data that will allow consumers to compare health care services.

The *Long-Range Plan* will be the blueprint for the State Center, the Agency and other state agencies to present health care data to consumers to assist informed decision making regarding health care choices. In the future, consumers will have more opportunities to select a variety of health plans and the health care providers that meet their needs and preferences. The *Plan* will address the challenges of providing information that consumers can use to make more informed choices. Initially, the comparative data will include information about the services provided by hospitals, ambulatory surgery centers, pharmacies and health plans. Later, other areas may be included, e.g., physicians. The CHIS Advisory Council and the State Center have scheduled several meetings for early 2005 to develop the initial plan. These meetings will feature state and national speakers. The *Plan*, and the status of its implementation, will be updated periodically.

## Other Workgroups

In addition to the CHIS Advisory Council, the State Center has received advice and guidance on a variety of topics from three advisory workgroups over the past two years. The workgroups' missions are described below.

- **HMO Report Workgroup**

This workgroup provides guidance on the annual State Center report, *Choosing a Quality Health Plan: Florida HMO Report*. This workgroup assists in the identification of data to collect and in the display and formatting of that data. The workgroup meets annually to discuss changes and improvements to each year's *HMO Report*. The workgroup is composed of members representing various entities of the health care industry and government.

- **Hospital Services Guide Workgroup**

This workgroup provided guidance on the *Florida Hospital Services Guide*. The workgroup assisted in the selection of medical conditions and surgeries to display and in the formatting of that data in the *Guide*. The workgroup was composed of members that represented various entities of the health care industry and government. This workgroup dissolved after the *Guide* was completed.

- **Ambulatory Procedures Guide Workgroup**

This workgroup provided guidance on development of the *Guide to Ambulatory Procedures and Surgeries*. The workgroup assisted in the selection and definition of procedures and surgeries to display and in the formatting of data in the *Guide*. The workgroup was composed of members that represented various entities of the health care industry and government. This workgroup dissolved after the *Guide* was completed.

## Library

The Agency library is a special service provided to Agency employees by the State Center. The library's collection is unique. There are over 4,000 books, journals, newsletters, commission reports, and government documents, which represent a vast array of health care information.

Besides being a depository of health care related information, the librarian works with Agency staff to provide background research for their legislative and topical assignments. Library services include the development of background research packets that save time by efficiently gathering together materials for research projects. Also, the library acquires journal articles using interlibrary loan, assembles reading materials and teaches Agency staff how to use the Internet as a research tool. Since many people throughout the Agency might be independently working on similar projects, the library also fills the role of a warehouse of information, thereby increasing consistency of source material in Agency publications.

## Confidential Data Review Committee

The safeguards and the dissemination of confidential health care data are directed under the provisions of §408.061(11), Florida Statutes.

Governmental entities and parties under contract to the Agency for Health Care Administration may apply to use confidential information contained in State Center databases. Data is considered confidential if it contains direct or indirect patient identifiers.

Requests for the use of confidential information are not granted routinely, but are reviewed based upon their individual merits. Each request is judged based upon its scientific merit, its technical feasibility, and the lack of practical alternatives to using the confidential data.

Requests for confidential data are made by completing the "Application for Release of Confidential Data" form and submitting it to the confidential data review committee. Presently, the committee is comprised of the Data Dissemination Administrator, the Research and Development Administrator, and the State Center's Data Security Administrator. The committee decides whether to recommend the request, deny the request, or amend the request. Once recommended, the application is forwarded to the State Center Bureau Chief, Chief of Staff, HIPAA Officer, General Counsel and Agency Secretary for review and approval.

Successful applicants must sign a Data Use Agreement that outlines the terms and conditions of their use of the Agency's confidential data. The Data Use Agreement contains provisions to insure that the use of confidential data is consistent with state and federal law.

## Electronic Health Records – Health Information Infrastructure

Under the provisions of §408.062 (5), Florida Statutes, the Agency shall develop and implement a strategy for the adoption and use of electronic health records. The Agency may develop rules to facilitate the functionality and protect the confidentiality of electronic health records.

In 2004, the Florida Legislature directed the Agency to begin an intensive planning process that would ultimately establish a strategy for the implementation of a Florida health information infrastructure that includes the use of electronic health records by individual health care providers and the secure electronic transfer of clinical data between multiple providers. In May of 2004, Governor Jeb Bush created the **Governor’s Health Information Infrastructure Advisory Board (GHII Advisory Board)** consisting of health care professionals and technical experts to advise the Agency and provide for public participation in the planning process.

Since the appointment of GHII Advisory Board members in June 2004, it has actively sought to educate itself and the Agency through workshops and public forums. The Board held a two-day workshop in October 2004 at which national experts and stakeholders spoke about national initiatives, best practices, and trends in the use of electronic health records. At its October meeting, the GHII Advisory Board recommended that the Agency initiate local pilot projects that will leverage existing technology, improve patient care, and promote community-wide adoption of electronic health record systems.

The Board invited state and local representatives of health care provider, payer, and consumer organizations to participate in public forums held in November and December 2004. Speakers presented their experiences in implementing electronic health records including barriers to adoption, current status, and benefits realized. The public forums provided an opportunity for interested parties to contribute their expertise in the development of pilot project criteria.

## For More Information About...

### ...A Topic Presented in this Report

Most of the reports and guides presented in this report are available free-of-charge on the Internet. We invite you to explore [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) for most of your needs. You can view and print reports from the website. You may contact us via e-mail from [www.FloridaHealthStat.com](mailto:www.FloridaHealthStat.com) if you have any additional questions.

Paper copies are also available for most reports. Contact the Agency's Call Center at (888) 419-3456 to order.

If you are interested in ordering data, or making a specific data request, call the Office of Data Dissemination at (850) 921-0550. Using [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), you can download the "Data Catalog and Price List" (Click on "Order Data" on the homepage), which will aid you in making inquiries.

If you are interested in the current activities of the Governor's Health Information Infrastructure Advisory Board, please visit <http://ahca.myflorida.com/dhit/index.shtml>.

### ...The State Center for Health Statistics

For more information about the State Center for Health Statistics, please visit us at <http://ahca.myflorida.com> or [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). Here you will find information about data collection and the CHIS Advisory Council. You will also be able to order data, contact us via e-mail and find the latest contact names in each State Center unit.

You may reach the State Center for Health Statistics at (850) 922-5771 during normal business hours (8:00am – 5:00pm Eastern Standard Time, Monday through Friday, excluding official State holidays).



- A: Facility Performance Status Report**
- B: Comprehensive Health Information System (CHIS)  
Advisory Council**
- C: Comprehensive Health Information System Advisory  
Council Technical Workgroup for the Health Care Facility  
Website**
- D: Comprehensive Health Information System Advisory  
Council Technical Workgroup for Hospital-Acquired  
Infections**



# Appendix A

## State Center for Health Statistics

### Facility Performance Status Report

#### Introduction

Section 408.062(1)(j), Florida Statutes, directs the State Center to submit an annual report on the status of data collection from Florida health care facilities and the publication of that data. The statute states:

The Agency shall submit an annual status report on the collection of data and publication of performance outcome indicators to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the substantive legislative committees with the first status report due January 1, 2005. (s.408.062(1)(j), F.S.)

This report is the first in a series of annual status reports on the Agency's efforts to collect and publish performance outcome indicator data. The report is divided into two sections: *Collection of Patient Data* and *Publication of Facility Performance Outcome Data*. This report describes activities and accomplishments achieved in 2004 and outlines proposed activities for the year 2005 and beyond.

#### Collection of Patient Data

For over 15 years the State Center has collected patient-level data on inpatient hospitalizations and outpatient visits. As a result of legislation passed in 2004, Chapter 2004-297, Laws of Florida (HB 1629), the collection of patient data was expanded. For example, section 408.061(1)(a), F.S. directs the State Center to collect data from hospital emergency departments and data on facility case-mix, hospital-acquired infections, complications and readmissions to acute-care hospitals. Some of these data are currently reported to the Agency, but other data, such as hospital-acquired infections, must be specified by rule before they can be required for submission.

#### **Hospital Inpatient Data Collection**

Beginning in the third quarter of 2004, the process to amend the rules governing hospital inpatient data collection (Ch. 59E-7, F.A.C.) was initiated. Proposed changes include the addition of patient data elements, modification of data elements and codes, modification of inpatient data formats and the elimination of certain data elements. An initial rule development workshop was held on November 16, 2004. The target date for facilities to begin collecting data under the amended rule is January 1, 2006.

In 2004, rule making to collect data on hospital-acquired infections (Ch. 59B-15, F.A.C.) was initiated. The proposed rules will require hospitals to report quarterly Surgical Infection Prevention (SIP) measures to the Agency for the purpose of providing comparative information to consumers. The methodology used to prepare the measures shall meet the standards of the Centers for Medicare and Medicaid Services. The proposed schedule for reporting data is mid-2005, with data to be published on the Agency's website in late 2005 or early 2006.

### **Ambulatory Patient Data Collection**

On April 18, 2004 the ambulatory patient data rule (Ch. 59B-9, F.A.C.) was amended effective on January 1, 2005. Two of these changes relate to data transmission. Data must be reported using the file format "XML," and beginning January 1, 2006, data must be transmitted electronically via the Internet. Other substantial changes relate to the specific data elements, codes and standards some of which have been deleted, modified or added. Data elements added to the visit record include: other physician, patient visit beginning and ending date, patient hour of arrival, patient reason for visit, and external cause of injury. See Chapter 59B-9, F.A.C. for complete details of changes to the rule.

### **Emergency Department Data Collection**

The most significant change to the ambulatory patient data rule is a requirement for reporting hospital emergency department visit data beginning January 1, 2005. Emergency department data will provide an important resource for analyzing utilization patterns, access to care and costs for disease and injury surveillance and for the management of chronic diseases. Specifically, the rule requires the reporting of "all emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care." The reporting record format is the same one as used for reporting of ambulatory surgery (Chapter 59B-9, F.A.C.). The data collected will be analyzed for a mandated study of emergency department utilization and the implications for hospital costs (s.408.062(1)(i), F.S.), due January 1, 2006.

### **Publication of Facility Performance Outcome Data**

The collection of patient data is but one part of the State Center effort to guide informed decision making among consumers and health care purchasers. The other part of that effort involves the dissemination of that data in a format that is useful to health care consumers, providers and purchasers. Chapter 2004-297, Laws of Florida (HB1629) address these concerns. Specifically, one section of the statute states the following:

The making available on its Internet website no later than October 1, 2004, and in a hard-copy format upon request, of patient charge, volumes, length of stay, and performance outcome indicators collected from health care facilities...for specific medical conditions, surgeries, and procedures provided in inpatient and outpatient facilities as determined by the Agency. Performance outcome indicators shall be risk adjusted or severity adjusted, as applicable, using nationally recognized risk adjustment methodologies or software. The website shall also provide an interactive search that allows consumers to view and compare the information for specific facilities. (s. 408.062(1)(j), F.S.)

Much of the data mentioned in the statute is already being collected and disseminated by the State Center, while other data will need to be collected. Some performance indicators, such as outcomes data, must be risk adjusted. The State Center is negotiating with national software vendors to provide such risk adjustment to all appropriate data.

### **Consumer Health Data**

On the Agency website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), there are various ways the user can view and download patient data information. In October 2004, the data querying function of the website was enhanced to provide more easily obtainable useful information for health care consumers. Thus, a new search tool for consumers ("Health Consumers") was created.

With the previous data query tool (still available under "Researchers and Health Professionals"), it was recommended that users be familiar with medical coding and terminology. With the tool under "Health Consumers," the user picks from a list of the most common diagnoses and procedures in Florida hospitals or ambulatory surgery centers. All data queries display the number of hospitalizations or ambulatory visits in a manner specified by the user.

Querying the data is a simple three-step process. In step one, the user selects from a set of inpatient condition categories, (e.g., Heart & Cardiovascular) or outpatient procedures, (e.g., Cataract Surgery). For inpatient hospitalizations, the user next selects from a group of specific treatments, e.g., Coronary Bypass. Finally, one can select from a subset of patients, based on race, gender, age group or other categories. The query returns the number of hospitalizations or outpatient visits per facility.

If one selects "All Hospitalizations," data are displayed for the number of hospitalizations, average charge per stay and average length of stay. Also displayed is a case-mix score and case-mix adjusted charges and length of stay.

Case mix is a means of describing health facilities based on the costs of all admissions in a year. The case-mix score is a calculated index per facility

reflecting the relative costliness of the mix of cases at that facility compared to the statewide mix of cases. Facilities with many complex and costly admissions, e.g., teaching hospitals, will have a higher case-mix score than small community hospitals that mainly perform delivery of infants. Charges and length of stay are adjusted with the case-mix score in order to create a valid comparison among facilities.

The “Consumer Health Data” tool also provides information about definitions of diagnoses and procedures and explanations on why the data may differ from facility to facility.

### **Enhancements to Data Dissemination**

The addition of the “Consumer Health Data” query system to the [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) website is another step the Agency has made in achieving the goal of empowering the consumer to make informed health care decisions. To help reach this goal, the Agency is directed to consult with the Comprehensive Health Information System (CHIS) Advisory Council to determine the specific medical conditions and procedures to include on the website, and the means for adjusting the data to display performance outcomes. Specifically, the statute states the following:

Develop, in conjunction with the State Comprehensive Health Information System Advisory Council, and implement a long-range plan for making available performance outcome and financial data that will allow consumers to compare health care services...When determining which performance outcomes to disclose, the Agency shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable. (s.408.05(3)(l), F.S.)

In 2004, the State Center began meeting and consulting with the CHIS Advisory Council specifically on how best to achieve the statutory goals. Topics discussed include the selection of data to be displayed, means for risk adjusting the data, and various ways to display the data in a meaningful way.

Performance outcome data are measures intended to help consumers make informed decisions regarding comparative performance among health care facilities. Examples of performance outcome measures include:

- Average length of stay
- Average patient charges
- Mortality and morbidity rates
- Complication rates

- Hospital-acquired infection rates, and
- Readmission rates.

Performance outcome indicators must be risk or severity adjusted, using nationally recognized risk adjustment methodologies or software consistent with the standards of the Agency for Healthcare Research and Quality. Advice on the appropriate method for risk adjustment will be solicited from the CHIS Advisory Council, who will recommend the best approach for risk adjustment and obtain support for this approach from stakeholders.

At the October 20, 2004 meeting of the CHIS Advisory Council, a decision was reached to create two technical workgroups to help the Agency determine which data to disseminate and how to display that data. These workgroups are described below:

### **CHIS Advisory Council Technical Workgroup for the Health Care Facility Website**

The purpose of this workgroup is to advise the Agency on issues concerning performance measures, risk adjustment measures, the appropriate data to report on the Agency website and other issues such as minimum number of cases to report and grouping of data. The workgroup is composed of members representing various entities of the health care industry and government. A listing of the members of this workgroup and their affiliation is displayed in **Appendix C**. Specific topics to be examined by the workgroup include:

- 1) Advise the Agency on the appropriate risk adjustment system to use;
- 2) Determine what complications are relevant to report; and
- 3) Review national performance measures and best practices.

This technical advisory workgroup will evaluate the Agency's consumer website and will make recommendations on the following:

- 1) The risk-adjustment system to use;
- 2) The minimum number of cases to report;
- 3) What complications are relevant to report on the website;
- 4) How data should be grouped; and
- 5) The national measures to use.

The initial meeting of this workgroup was held on December 21, 2004.

## **CHIS Advisory Council Technical Workgroup for Hospital-Acquired Infections**

The purpose of this workgroup is to advise the Agency on issues concerning hospital-acquired infections. The workgroup is composed of members representing various entities of the health care industry and government. A list of the members of this workgroup and their affiliation is displayed in **Appendix D**. Specific topics to be examined by the workgroup include:

- 1) How to report Surgical Infection Prevention (SIP) measures;
- 2) How to review current systems of reporting infection rates; and
- 3) How to determine the appropriate infection measures to report.

The initial meeting of this workgroup was held on December 20, 2004.

The end product of both of these workgroups will be a set of recommendations to the Agency regarding the best manner of presenting the Agency's health care data to consumers and professionals in order to facilitate informed decision making.

**Appendix B**  
**Comprehensive Health Information System (CHIS)**  
**Advisory Council**

<b><u>Member</u></b>	<b><u>Affiliation</u></b>
Alan Levine	Agency for Health Care Administration
James Bracher	J. Bracher & Associates
Matthew Dull	Office of Planning and Budgeting, Office of the Governor
Paul Duncan, Ph.D.	University of Florida Health Services Administration
Diane Godfrey	Florida Hospital
Meade Grigg	Florida Department of Health
Randy Miller	Florida Retail Federation
Rich Robleto	Office of Insurance Regulation, Department of Financial Services
Harry Spring	Humana, Inc.
Kim Streit	Florida Hospital Association
Karen van Caulil, Ph.D.	Health Council of East Central Florida, Inc.
Robert Wychulis	Florida Association of Health Plans



## Appendix C

### Comprehensive Health Information System Advisory Council Technical Workgroup for the Health Care Facility Website

#### Member

#### Affiliation

#### **Academic**

Paul Duncan, Ph.D.

University of Florida Health Services  
Administration

#### **Hospital**

Janice Belbeck

Baptist Health South Florida

Cindy Righter

BayCare Health System

Don Sterner

Tampa General Hospital

Kim Streit

Florida Hospital Association

#### **Consumer/Purchaser**

James Bracher

J. Bracher & Associates

Walter Young

American Association of Retired Persons

#### **Health Plan**

Martin Cone

Blue Cross and Blue Shield of Florida

Robert Forster

Blue Cross and Blue Shield of Florida

Tom Granatir

Humana, Inc.

Alan Smith

WellCare

Robert Wychulis

Florida Association of Health Plans

#### **IT Consultant**

Mark Michelman

Florida Medical Quality Assurance

#### **Quality Consultant**

Phil Rond

Health Strategies, Inc.



Appendix D  
**Comprehensive Health Information System Advisory Council  
Technical Workgroup for Hospital-Acquired Infections**

<b><u>Member</u></b>	<b><u>Affiliation</u></b>
<b>Academic</b>	
Richard Gutekunst	University of Florida, Health Science Center
<b>Hospital</b>	
Patricia DeStefano	Mercy Hospital
Loretta Fauerbach	Shands Hospital at the University of Florida
Steve Horner	HCA
Cindy McCoy-McMaster	Florida Waterman Hospital
Cathy Ricchezza	St. Joseph's-Baptist Healthcare
Kim Streit	Florida Hospital Association
<b>Health Plan</b>	
Tom Granatir	Humana, Inc.
Walter Hollinger	Blue Cross Blue Shield of Florida
Laura Orosco	Aetna, Inc.
Robert Wychulis	Florida Association of Health Plans
<b>Consumer/Purchasers</b>	
James Bracher	J. Bracher & Associates
Randy Miller	Florida Retail Federation
<b>Consultant</b>	
Lennox Archibald	Regenerations Technologies

