

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

**Document Abstract  
August 2007**

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**Title:**

*Florida Center for Health Information and Policy Analysis  
(Formerly the State Center for Health Statistics)  
2006 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 2006. Topics include public reporting of comparative data, data collection, research publications, data dissemination, status of the health information infrastructure, Advisory Council activities, and other activities of the Florida Center. The *Annual Report* incorporates the *Facility Performance Status Report*, a statutorily required update on the collection of data and publication of performance outcome indicators.

Currently, sources of data include hospitalization, ambulatory surgery and emergency department patient records, and health plans, among other sources. Emergency department data is the most recent addition and a significant expansion of the comprehensiveness of the inpatient data occurred in 2006.

The Florida Center's website, [www.FloridaHealthState.com](http://www.FloridaHealthState.com), was further improved to assist consumers in making informed health care decisions and to provide purchasers and professionals with information on quality, pricing, and performance of healthcare in Florida. New and updated quarterly data reports have been posted on the website as well as updated consumer reports and health related links.

In 2006, the health care transparency website, [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov), was enhanced to provide consumers a searchable site with performance and quality indicators for health plans as well as health care facilities.

The Agency for Health Care Administration, in cooperation with the Attorney General, also upgraded the [www.MyFloridaRx.com](http://www.MyFloridaRx.com) website to provide comparative prices of 100 prescription drugs.

In the near future, information from all three websites is expected to be combined into one consummate website with enhanced navigation and more information, including a health encyclopedia with graphics and definitions.

**Policy  
Implications:**

The Florida Center collects, analyzes and disseminates health care data. The reports mentioned previously have broad and diverse policy implications, which will be expanded upon in this report.

**Relevant  
Florida Statute:**

Section 408.062(1)(j), F.S., directs the Florida Center to publish and disseminate an annual report. Section 408.061(j), F.S., directs the Florida Center to publish an annual status report on the collection of data and publication of performance outcome indicators.

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## Introduction

The Florida Center for Health Information and Policy Analysis, formerly the State Center for Health Statistics, is mandated by §408.05, Florida Statutes.

The Coordinated Health Care Information and Transparency Act of 2006, approved by the Florida Legislature, changed the name of the State Center for Health Statistics to the Florida Center for Health Information and Policy Analysis (Florida Center). The purpose of this Act is for the Florida Center to provide better coordination of health information for purposes of public health, policy analysis, and transparency of consumer health care information.

The Florida 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 Agency endeavors to fulfill this mission through its healthcare transparency initiatives: public reporting of health care statistics and pricing information, data collection from health care providers, pharmacies and insurers, and implementation of health information exchange infrastructure.

The Florida Center was statutorily created to collect, compile, coordinate, analyze, index, disseminate and utilize health-related data and statistics. With the rich data collected, the Agency and the Florida Center have taken the lead role for the state in providing consumers with comparative health care data relating to hospitals, ambulatory surgery centers, emergency departments, physicians, health plans, and prescription drugs. The variety of duties and responsibilities within the Florida Center are:

- Data collection and quality assurance;
- Research and development;
- Data dissemination; and
- Health information technology through the innovative development of health information infrastructure.

Each of these functions is addressed section by section, and the Appendix C of this report provides Florida Center's organizational chart.

Although these functions are operational under separate offices, they represent an interdependent and ongoing process to improve the quality of data collected and information disseminated. The Offices of Research and Development and Data Dissemination, for example, are both dependent upon the Office of Data Collection and Quality Assurance for the certification and uploading of high quality data for subsequent research. The Office of Data Dissemination co-produces and distributes reports with the Office of Research and Development, and also provides ad hoc reports to Floridians created from the database

processed by the Office of Data Collection. Likewise, the Office of Data Collection and Quality Assurance improves its edits based on internal analysis of the data and feedback from external customers of the offices of Data Dissemination and the Research and Development. The *Annual Report* describes the status of the data collection and the release of facility performance indicators, as required in §408.061, F.S.

The Florida Center modifies and updates its functions based on the identified information needs of the health care consumer. The Agency's health care website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), has streamlined how the Florida Center data are disseminated. New data tables and reports are posted to the site every quarter, providing consumers with accurate information to improve their ability to make informed decisions regarding health care.

Additionally, two other consumer websites, [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) and, in coordination with the Attorney General, [www.MyFloridaRx.com](http://www.MyFloridaRx.com) were enhanced in 2006 to help Floridians "shop" for health care at their fingertips. Florida Compare Care provides quality and pricing information for inpatient hospitals and comparative information about the quality and customer satisfaction of health plans across Florida. The Florida Prescription Drug Price website provides retail pricing by pharmacy for the top most commonly prescribed brand name drugs and includes an automatic search for the generic alternatives. This site is updated monthly using data provided by the Agency Medicaid Program and helps Florida consumers shop for the lowest price prescription in their area.

In 2007, the Agency is expected to consolidate these three websites to provide a "one stop shop" web portal that will allow consumers to look up a disease / condition / procedure and find information such as definitions, symptoms, tests, surgeries, graphical presentations, drug pricing for comparisons among local pharmacies, facility information for comparisons in volume, pricing, mortality rates, infection rates and complication rates. This will provide consumers clearer and easier navigation, in language that follows the Governor's Plain Language Initiative.

Florida leads the nation in health care transparency through public reporting and health information technology. The newest section to the Florida Center, the Office of Health Information Technology, will continue to develop and oversee implementation of an infrastructure for use and exchange of electronic health records.

## Office of Data Collection and Quality Assurance

Data collection is guided by §408.061, Florida Statutes.

Data collection is the core of the Florida Center for Health Information and Policy Analysis' (Florida Center) activities. Accurate, timely, and unbiased data are essential to good analyses. The Florida Center collects and maintains four major databases: the Hospital Inpatient, Ambulatory Surgery, Emergency Department, and Surgical Infection Prevention. It also houses and utilizes other adjunct databases. This section of the report discusses 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 surgery and emergency department data, comprehensive rehabilitation data, and long-term psychiatric hospital data are collected as described below.

Each facility submits data electronically to the Florida Center for Health Information and Policy Analysis in accordance with the requirements in Chapter 59E-7.012, Florida Administrative Code (F.A.C.). Facilities submit data reports quarterly; record inclusions are based on the patients' dates of discharge or visit. Since January 1, 2006, all data reports are required to be submitted electronically. In 2005, the Florida Center was capable of receiving electronic submissions and allowed these on a voluntary basis for all facilities reporting ambulatory surgery and emergency department data.

The submitted data are passed through an in-house edit program that detects various specified errors and identifies other potential errors. The process results in printed reports detailing inconsistencies in the data as well as summary reports. These reports are sent to the facility to facilitate data correction and verification. Following appropriate action, the facility submits the corrected data and they are processed again for validation.

The cycle repeats until the data successfully pass the edit checks with no further errors. Any report of outliers and unusual cases for verification, along with a summary statistics report are sent to the facility for a final review. If the facility agrees the data are correct, the facility's Chief Executive Officer (CEO) and Chief Financial Officer (CFO) are provided a certification form to sign and return to the Agency for Health Care Administration (Agency). If the facility determines the data are incorrect, the facility makes the changes and submits the adjusted report; the process continues until the facility certifies the data are correct.

After data are certified they are added to the main database. Data become available for public release when certified. In rare circumstances, facilities may detect errors in their data after they are 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 are 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 Florida Center databases. The inpatient data form 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 are used to fill special requests and specific analyses within the Agency, the Legislature, researchers and the general public. A de-identified 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 each patient discharged from approximately 254 acute care Florida facilities, including long-term care hospitals (initiated in 1988), and short-term psychiatric hospitals (initiated in 1997). The number of reporting facilities is variable over time, as new hospitals open and others close. Each facility reports quarterly under a unique identification number individually assigned by the Agency.

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. In 2006, the reports expanded the collection of other diagnoses and other procedures from ten to thirty fields for each of these elements.

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, 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 charges. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization [HMO], Medicare, Medicare HMO and Commercial HMO) are also reported.

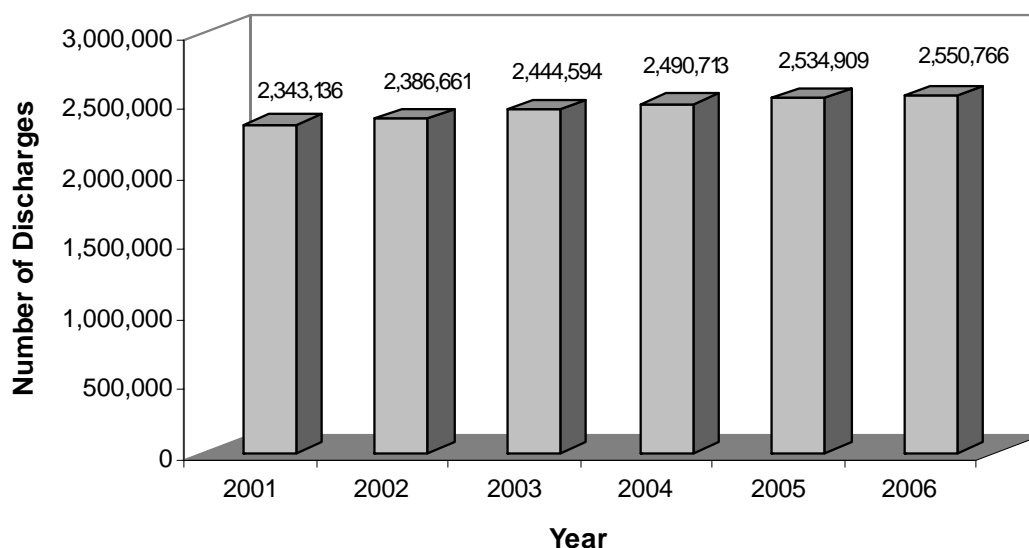
Facilities provide the unique hospital-generated record identification number, the patient's social security number, and an infant linkage identification number. The hospital number, the reporting year, and the quarter are included in each record.

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

### Number of Data Records Collected

The number of hospital inpatient discharge records submitted each year has increased from 2,343,136 in 2001 to 2,550,766 records in 2006, for a percentage increase of 8.86% from 2001 to 2006. As seen in Figure 1, the number of records is steadily increasing and Table 1 shows the approximate annual percentage increases. Inpatient services remain an important part of health care in Florida. Over the next several years, this data set will continue to provide consumers, researchers, analysts, policymakers, and others with the information necessary to make well-informed health care decisions.

**Figure 1**  
**Number of Inpatient Hospital Discharges**  
**2001-2006**



**Table 1. Annual percentage increase of number of Inpatient Hospital Discharges from 2001 to 2006**

Annual percentage change since preceding year*	2002	2003	2004	2005	2006
	+1.86%	+2.45%	+1.91%	+1.77%	+0.63%

\* The sign on entries denoted by "+" (or "-") indicates whether the measure has risen or fallen since the preceding year.

## 2006 Technical Developments

The demand for more complete and timely collection of hospital data is driven by the increasing need for more useful consumer information, expanding technological options and legislative mandates.

Beginning the first quarter 2006, hospitals were required to electronically submit an expanded data format to the Florida Center. This alone resulted in significant changes. The data are sent via an Internet Data Submission System (IDSS), in accordance to Chapter 59E-7.012, F.A.C. The file format for the data was modified from a fixed-width text file to an XML model file format published by the Agency. This change allows the report submission to be securely received by the same the Agency system receiving the Ambulatory Surgery and Emergency Department reports, creating greater efficiencies and standardization. The online reporting of data moves the Florida Center toward full Electronic Document Interchange (EDI) and faster turn around of the data.

Other amended rules governing hospital inpatient data collection, Chapter 59E-7.014, F.A.C., went into effect in 2006. The number of required diagnosis codes (International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification, or ICD-9-CM), increased from ten to thirty. The number of procedure codes also increased from ten to thirty and the date of all procedures is required. ICD-10 codes are also now accepted, in anticipation of a future updating of the diagnostic coding system.

In 2006, Chapter 59E-7.014, F.A.C. changes prepared the hospitals for the anticipated report of “Present on Admission” indicators for each of the diagnostic codes included in the quarterly reports to the Agency. This measure is important because it indicates whether the patient’s condition was present upon entering the hospital or if it developed after admission. The collection of “Present on Admission” indicators for the Principal Diagnosis, all Other Diagnoses and External Cause of Injury codes was initiated in the first quarter 2007, upon adoption of the 2007 rule amendment. This puts Florida on track with the national direction for full reporting of these indicators and in a lead position as one of the first states to adopt it.

## Surgical Infection Prevention Data Collection

Surgical Infection Prevention data collection is authorized under §408.061(1), Florida Statutes, and is implemented under Chapter 59B-15, Florida Administrative Code.

Upon the recommendation of the State Consumer Health Information and Policy Advisory Council, the Florida Center initiated a new rule, Chapter 59B-15, F.A.C, to collect Surgical Infection Prevention (SIP) measures from hospitals. These measures reflect the use of antibiotics for specific surgical patients. Hospitals began reporting aggregated SIP data on all eligible patients beginning with data collected in the second quarter of 2005. The SIP measures indicate the use of antibiotics before and after surgery, including: 1)

Administration of prophylactic antibiotic within 1 hour before surgical incision; 2) Prophylactic antibiotic selection for surgical patients; 3) Prophylactic antibiotics discontinued within 24 hours after surgery end time (or 48 hours for cardiac surgeries). These reports are submitted to the Agency as simple text files via email.

Please see “Surgical Infection Prevention (SIP) Measures” under the “Data Dissemination” section for more information on the SIP measures currently reported on the [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) website.

## Ambulatory Surgery Data Collection

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

The ambulatory surgery (AS) data collection database was initiated in 1997 as a separate collection from the hospital inpatient database. Technological advancements now allow procedures to be performed in an outpatient setting that once required several days in a hospital.

The ambulatory data have become increasingly more important in the analyses of trends in Florida health care. AS patient data are used in many reports including the *Health Outcomes Series* and to fulfill special data requests generated within the Agency, by the Legislature, researchers and the general public. A non-confidential (de-identified) version of the ambulatory data (limited data set) is available upon request. (For details and prices, see the “Data Dissemination” chapter.)

### Data Collection Summary

The ambulatory surgery database contains data on reportable patient visits to approximately 553 facilities. These include freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers and cardiac catheterization laboratories operating in Florida. The actual number varies over time as new facilities open and others close. Each facility submits quarterly reports under a unique Agency-assigned identification number.

Reportable AS visits are those with primary procedures in the following Current Procedural Terminology (CPT) code ranges: 10000 through 69999 or 93500 through 93599. 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 on 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. Medical data include principal and secondary diagnosis (ICD-9-CM) codes, and primary and secondary procedure (CPT) codes. Facilities also report 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, laboratory, operating room services, anesthesia, recovery room, treatment or observation room, cardiology, and other charges. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid HMO, Medicare, Medicare HMO and Commercial HMO) is also reported. The data also contain individual record identification numbers and social security numbers.

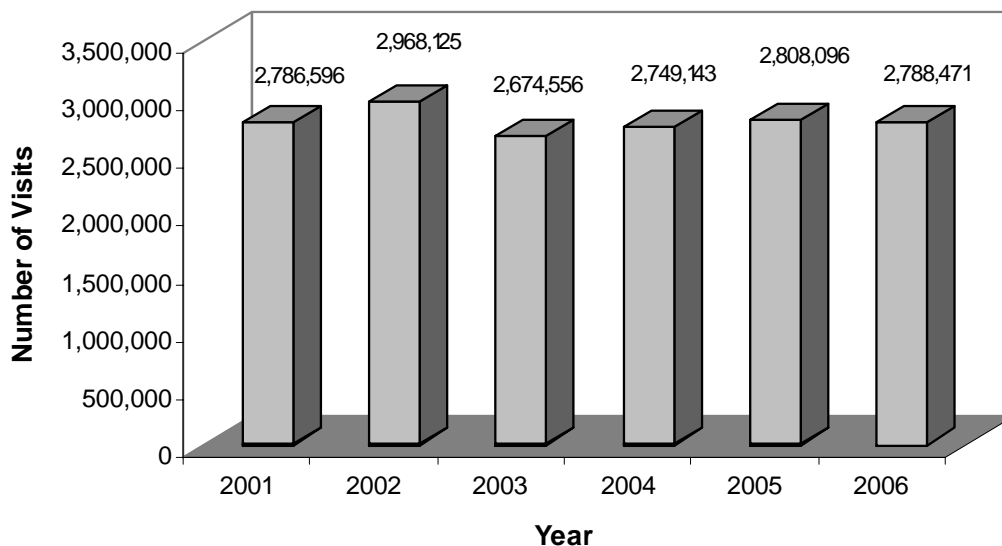
HIPAA restricts the release of protected patient health information; therefore, not all collected information is made available to the public. Detailed information about the handling of confidential data is presented in the “Data Dissemination” chapter.

### Number of Data Records Collected

The number of ambulatory patient records submitted in 2006\*\* increased only 0.07% from 2001, but decreased 0.7% from the previous year. The 2003 and 2006\*\* decreases in reported ambulatory surgery procedures are reflected in Figure 2 and Table 2 shows details of these annual percentage rates. Procedures related to radiation therapy and procedures performed during emergency department visits are not included in these figures.

Ambulatory patient services are 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 Surgery Patient Visits**  
**2001-2006\*\***



**Table 2. Annual percentage increase of number of Ambulatory Surgery Patient Visits from 2001 to 2006\*\***

Annual percentage change since preceding year*	2002	2003	2004	2005	2006
	+6.51%	-9.89%	+2.79%	+2.14%	-0.70%

\* The sign on entries denoted by "+" (or "-") indicates whether the measure has risen or fallen since the preceding year.

\*\* 2006 data is not 100% certified

## Recent Developments

With the implementation of a new rule in 2005 (Chapter 59B-9, F.A.C.) facilities moved from voluntary to required electronic data submissions. The Florida Center was prepared to receive these in 2005 and many facilities chose to transmit electronically. The use of the XML format has facilitated the timelier transmittal and processing of large volumes of data.

## 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.

In 2005, the Agency began collecting Emergency Department (ED) data in accordance to the ambulatory patient data rule (Chapter 59B-9, F.A.C.). This rule requires the reporting of "all emergency department visits in which ED registration occurs and the patient is not admitted for inpatient care" (§408.061(1)(a), F.S.). All patients registered by the facility and generating a record must be reported by their acuity level, or the level of seriousness of their condition.

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

As of December 2006, more than 11.2 million records from emergency department visits were collected, processed and certified by the Florida Center (approximately 5.7 million in 2005 and 5.5 million in 2006, to date). Since the first year of ED reporting, the data collected represent almost twice the number of records collected for inpatient admission and ambulatory surgeries over the same reporting period. Data collected in 2006 has not been 100% certified.

The 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida) directed the Agency to conduct a study of ED utilization. The statute further required the Agency to analyze "the use of emergency department services by patient acuity level and

the implication of increasing hospital cost by providing non-urgent care in emergency departments” (§408.062(1)(i), F.S.). In January 2006, the Florida Center released the first Emergency Department Utilization Report and provided further information regarding the different levels of urgency and charges for care.

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

The comprehensive inpatient rehabilitation data are primarily collected 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 contain 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 and each reports quarterly under their Agency-assigned facility number.

Rehabilitation units of acute care hospitals are excluded from this database. Nursing homes and hospital-based skilled nursing units are not included.

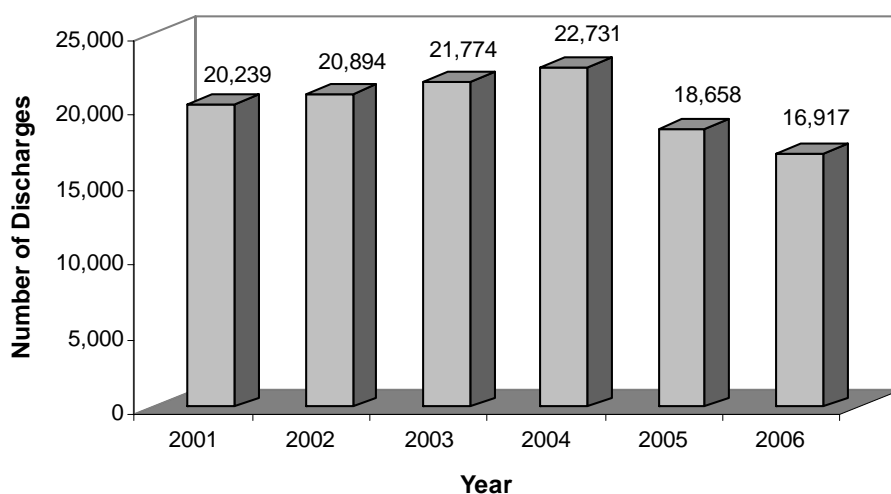
As with hospital inpatient and ambulatory data collections, the comprehensive inpatient rehabilitation data records include patient demographics, admission information, medical information, discharge information and charge data, as well as other information. Patient demographics include race, date of birth and gender. Admission information includes the admission date and the admission source. Medical information includes a primary condition code. The Florida license number of the attending physician is also reported. Discharge information includes the discharge date and the patient’s discharge status. A principal payer category and the total charge are also included. Reported information includes the facility-generated record identification number and patient social security number.

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 located in the “Data Dissemination” chapter.

## Number of Data Records Collected

The number of comprehensive inpatient rehabilitation discharge records submitted increased every year until 2004. In 2006, 16,917 records were reported, which is a decrease of 16.41% compared to 2001. This change may have occurred due to the reinforcement of the “75 percent rule” issued by the Center for Medicare and Medicaid Services (CMS) and implemented in July 2004. In order to be classified as an inpatient rehabilitation facility, at least 75 percent of the hospital’s inpatients must fall under one or more conditions that typically require intensive inpatient rehabilitation, §42 Code of Federal Regulations (C.F.R.) 412.23(b)(2). Recent analyses provided by CMS show decrease in the volume of comprehensive inpatient rehabilitation discharge records but the number of patients receiving care through home health has increased since the enforcement was in effect. Table 3 reflects the approximate annual percentage change in the number of records from the preceding year beginning 2001 until 2006 in Florida.

**Figure 3**  
**Number of Comprehensive Inpatient Rehabilitation Hospital Discharges**  
**2001-2006**



**Table 3. Annual percentage change of Number of Comprehensive Inpatient Rehabilitation Hospital Discharges from 2001 to 2006**

Annual percentage change since preceding year*	2002	2003	2004	2005	2006
	+3.24%	+4.21%	+4.40%	-17.92%	-9.33%

\* The sign on entries denoted by “+” (or“-”) indicates whether the measure has risen or fallen since the preceding year.

## Recent Developments

There were no changes in the comprehensive inpatient rehabilitation data collection rule during 2006.

## 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.

The long-term psychiatric hospital data collection is the smallest patient data set that the Florida Center for Health Information and Policy Analysis collects. Aggregate data collection was initiated in 1988. Rule changes to Chapter 50E-7, F.A.C., now require the psychiatric hospitals to report data with the same level of detail and in the same format as acute care hospitals already reporting inpatient data. The start date for reporting these expanded data fields was January 1, 2006. All data are submitted and processed using the method employed for inpatient hospital data. (See “Inpatient Data Collection”).

## Office of Research and Development

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

Research is a primary function of the Florida Center for Health Information and Policy Analysis (Florida Center). The Office of Research and Development transforms the data collected by the Florida Center into information that the public can use. The public includes consumers, policymakers, 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, such as the *Health Outcome Series*. Some reports contain basic information, whereas others are highly technical. Copies of any report discussed in this section are currently available on the Internet at [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) and many publications may be obtained through the Agency for Health Care Administration's (Agency) Call Center at 1-888-419-3456.

### 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 are reported in a summary format by Florida's licensed health maintenance organizations (HMOs) for each line of business (commercial, Medicare, and Medicaid). The data display annual statewide quality measures aggregated by health plan and reveal trends beginning with data reported in 1999.

#### Data Collection Summary

Quality indicator data typically display the percentage of eligible members who have received a specific health care service during the measurement year. 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 for Health Care Administration 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 include supplementary information such as the confidence intervals, number of eligible members, sample size, and whether administrative data or sampling were used to calculate the reported rate.

### A Brief Synopsis of the Process

The health plan quality indicator data are reported each October 1<sup>st</sup> 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 are a fair and accurate representation of the specified health care services afforded to Florida members of the HMO.

Office of Research and Development staff review 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 in the health plan quality indicator data collection rule during 2006.

## Consumer Assessment of Health Plan Survey Data

An annual survey of HMO members is required by §641.58(4), Florida Statutes. The Agency is required to conduct the survey to determine the satisfaction of health plan members. Surveying for commercial health plans is implemented under Chapter 59B-14, Florida Administrative Code.

The Consumer Assessment of Health Plan Survey (CAHPS) data contain the results of an annual statewide survey of a sample of members in each Florida licensed HMO including Florida Medicaid and Healthy Kids plans and a separate survey for members of commercial plans. Data for members of Medicare managed care plans is obtained from a website of the Centers for Medicare and Medicaid Services (CMS). In 2006, commercial health plans (HMO, preferred provider organization [PPO] and indemnity plans) began to administer their own satisfaction surveys and forward the results to the Florida Center. These results were made available on the [www.FloridaCompareCare.com](http://www.FloridaCompareCare.com) website in October 2006 to provide consumers comparative information of health plans in Florida. See *Recent Developments* for more details.

## Data Collection Summary

The CAHPS data contain the responses of members to a set of approximately 50 questions regarding their experience with their health plan. The CAHPS survey includes questions about health care utilization, access to care and specialists, communicating with health care providers, customer service, experience with claims processing 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 was used by the Agency in 2006. The Medicaid and commercial versions of the CAHPS are used as appropriate, and a Spanish language version is also used as required. CAHPS 3.0 includes both a survey of health care for adults and a parent/child survey that contains additional questions applicable to children's health care and interaction with their child's health care providers. Additionally, the Agency added three supplemental questions to the surveys focused on overall satisfaction with their plan.

### A Brief Synopsis of the Process

Due to the adoption of an administrative rule (Chapter 59B-14, [Florida Administrative Code] F.A.C.), the process for surveying is different for commercial plans as opposed to the other plan types (Medicaid and Healthy Kids). Commercial health plans (both HMO and PPO/Indemnity) contract with survey vendors to conduct the surveys and send the data to the Agency. Under provisions of this rule, the Agency began publishing member satisfaction data for PPO/Indemnity plans for the first time in 2006.

For noncommercial plans, the Agency contracts with the Survey Research Center at the University of Florida to conduct the survey by telephone interview. Member responses, excluding identifiers, are provided to the Agency in a data file. In 2006, there were 19,253 completed surveys.

### Recent Developments

On July 1, 2006, commercial plans began reporting annual data to the Florida Center using the CAHPS survey. Companies complete a separate set of surveys for HMO plans and for PPO/indemnity plans. HMO plans report all items from the CAHPS survey, while PPO plans report eight specified CAHPS items in addition to the supplemental items. The plans will also provide certification, signed by the Chief Financial Officer, that the information submitted is true and accurate. This rule was adopted in December 2005. The number of completed CAHPS surveys reported to the Florida Center are as follows:

- Medicaid HMO surveys 7,856
- Healthy Kids HMO surveys 2,432
- Commercial HMO surveys 6,131
- Commercial PPO surveys 2,834

On October 2006, Florida offered consumers a health plan link available in the [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) website, which displays comparative information about benefits and performance of health plans throughout Florida. The health plan website includes comparative information on performance measures, member satisfaction survey data, benefit design and premium cost data for all managed care and most PPO/indemnity health plans in Florida.

## Health Outcome Series

The Health Outcome Series fulfills the requirements of §408.05(5), Florida Statutes, which directs the Florida Center for Health Information and Policy Analysis 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 and utilization 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 Florida Center's hospital inpatient database and occasionally from the ambulatory patient database. The reports released during 2006 are summarized below. The titles of reports published prior to 2006 are listed below the new reports.

### Cesarean Deliveries in Florida Hospitals (May 2006)

This annual report examines trends in cesarean and vaginal delivery hospitalizations, 1993 through 2004, focusing on data from year 2004. 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.

This report was published in 2000 through 2006 and is no longer statutorily required, but [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) has a specific search function for all deliveries by short-term acute care hospitals across Florida.

Health Outcome Series reports published prior to 2006:

- Adverse Drug Effects (May 2000);
- Asthma Hospitalizations (January 2002);
- Cesarean Deliveries in Florida Hospitals (2005, 2004, 2003, 2002, 2001 and 2000);
- Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations (May 2004);
- Complications of Diabetes Study (November 2002);

- Hysterectomy Hospitalizations (March 2004);
- Osteoporosis and Hip Fractures (April 2000);
- Pediatric Hospitalizations (May 2002);
- Septicemia Hospitalizations (October 2000); and
- Women and Cardiovascular Disease Hospitalizations (June 2003).

## Other Publications

### Emergency Department Utilization Report (January 2006)

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that the Agency 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.

This report describes demographic and other characteristics of visits to emergency (ED) departments in Florida, and presents preliminary data on factors that have implications for hospital charges. By law, the hospital emergency department is the one place where a person cannot be denied health care services regardless of ability to pay and serves as the provider of last resort. Data from the Agency hospital financial database indicated that over the past ten years the number of emergency department visits has increased, while the number of hospital emergency departments has decreased. Additionally the percentage of uninsured individuals has increased, adding to the demands on the emergency departments. The report also selected the Agency's 2005 first quarter ED database to analyze demographics and acuity levels (seriousness of condition) of emergency department patients, charges and payers, and most frequent diagnoses. This quarter was the initial quarter of data collection for emergency department data. It is expected that the 2007 Emergency Department Report will represent the complete 2005 ED database.

### Florida Health Care Expenditures (October 2006)

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 HMOs. The report focuses on data from calendar year 2003, but also shows trends from 1992 to 2003. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents.

## Choosing a Quality Health Plan: Florida HMO Report (October 2006)

This report fulfills the requirements §641.51(9), Florida Statutes, which mandate that the Agency publish indicators of health plan access and quality of care reported by HMOs.

Effective October 2006, this report is now published on Florida's interactive Health Plan Consumer Website, [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) and fulfills the requirements of §408.061, F. S.

This report also fulfills the requirements of §641.58(4), F. S., which mandate the Agency to conduct an annual survey to determine the satisfaction of HMO members. Details pertaining to the data collection activities for preparing consumer information on Florida's health plans may be found under "Consumer Assessment of Health Plan Survey Data" in the "Office of Research and Development" section of this report.

Other reports published prior to 2006:

The following reports are no longer statutorily required. One of the reports was published annually, while the other was a single-issue study.

- Florida Nursing Home Residents Report (2004, 2003, 2002 and 2001)
- Report on the Medicaid Conversion Experience in Florida Nursing Homes (February 2002)

Besides these series, the Florida Center publishes other reports and publications. The statutorily-required annual reports include the Emergency Department Utilization Report and the Health Care Expenditures Report. Other reports published before 2006 include the Hospital Services Guide and the Guide to Ambulatory Procedures. In fiscal year 2005-2006, the Florida Center distributed the following publications:

- Health Outcome Series      218
- HMO Report                      891
- Other Reports                    540

## Library

The Agency library is a special service provided to the Agency employees by the Florida 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 the Agency staff to provide background research for their legislative and topical assignments, including 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 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 helps to increase consistency of source material in the Agency publications.

## State Health Data Directory

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

The State Health Data Directory 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 Directory is exclusively available on [http://www.floridahealthstat.com/shdc\\_intro.shtml](http://www.floridahealthstat.com/shdc_intro.shtml).

There are over 110 entries in the directory 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 directory is updated biannually by an e-mail survey of state agencies. Information is current and checked for accuracy as of the date indicated on each database entry.

## Office of Data Dissemination

Data dissemination is guided by §408.063, Florida Statutes.

Data dissemination is the third primary function of the Florida Center for Health Information and Policy Analysis (Florida Center). The Office of Data Dissemination 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 Florida Center embarked on a new website to automate some of the data dissemination functions. The Agency for Health Care Administration's (Agency) health care website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), provides comparative health care data and information for consumers. It also broadens the Florida Center's exposure to consumers, and increases ease and access to data. In 2005, the [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) website was created as a component of Florida Health Stat, devoted to making health care performance transparent to Florida consumers. The new website provides information on quality of care, pricing, and performance at Florida's acute care hospitals and ambulatory surgery centers, as authorized by the Florida Legislature in the 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida). Comparative information on health plans was added to the site in 2006. In cooperation with the Attorney General, [www.MyFloridaRx.com](http://www.MyFloridaRx.com) was rolled out in 2005 to provide Florida consumers with comparative prescription drug prices for the top most frequently prescribed drugs in Florida. It is anticipated that in 2007, all three websites will be combined into one central web portal for clearer and easier navigation, in language that follows the Governor's Plain Language Initiative.

The Office of Data Dissemination also assists the public with consumer education and community outreach as well as the facilitation and coordination of the State Consumer Health Information and Policy Advisory Council and the various technical workgroups created to focus on specific issues on health care data transparency. See "Technical Workgroups" under "State Consumer Health Information and Policy Advisory Council."

### Requests for Data Dissemination

Typically, data dissemination requests that come directly into the Florida Center fall into the following categories: (1) requests for de-identified 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. Many of these requests require a service fee.

## The Basic Process

Requests for data are processed with written documentation from each customer. Customers may submit their requests by mail, phone, fax, or e-mail to the Florida 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 de-identified patient data.

Completed customer orders are mailed after payment is received. Prices for data 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, DHL, or Federal Express. Orders sent via DHL 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 De-identified Data

Hospital inpatient, ambulatory surgery, and emergency department 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 Data 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 Florida Center's Director for signature. Upon authorization, the original Agreement form will be maintained in the Florida Center's Office of Data Dissemination and the applicant will receive a copy.

The following data items are *not* included in the de-identified data: patient identification number, the social security number, the infant linkage identification number, date of admission, date of discharge, date of birth, date of death and the 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 are available, but not to the general public. See Confidential Data Review Committee under “Other Functions.”

The patient-level data are sold by quarter and are available on diskette or DVD by facility, county, local health council region, or statewide data on CD-ROM. The Florida Center processed 831 data requests in 2006 compared with 782 total data requests in 2005 and 714 requests in 2004.

#### Request for a Standardized Report

The Florida Center produces a number of standardized reports.

- **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 contain 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 patients 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 Florida Center staff member with some specific questions about the query. Completed reports may be disseminated on paper, on e-mail, on CD-ROM, or on DVD. They vary in length, time to produce, and cost to the requester. Each report is cross-verified and reviewed before release.

## FloridaHealthStat.com

The Agency website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com), was developed by the Florida Center and first became operational in January 2000. The website, specifically designed for consumers, was developed to help meet the Florida 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 in Florida and driving directions; information on insurance, including Medicare and Medicaid; a wide collection of consumer brochures and publications; information on prescription drugs; a special section for seniors, and much more. In 2006, there were approximately 882,000 visitors on the site.

### The Basic Process

Finding information from [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) is easy. On the home page the user will see a series of icons on the left of the screen with selections for Hospitals/Outpatient Surgery, Pharmacy, Physicians, Nursing Homes, Health Plans, Facility Locator and Medical Help Resources. Across the top of the page are a set of tabs that allow the user to access Reports and Guides, Pharmacy, Facility Locator, Physicians, Seniors, Health Plans, and Health Data. Each one of these selections will take the user to a different set of health care information. The website does not require the user to register or provide personal information. Users can request additional information via e-mail.

### Information and Links to Health Care Web Sites

The icons on the [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) website offer access to a wide array of health care information. The Hospitals/Outpatient icon opens a Web page with links including [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) (the Agency website that focuses on transparency in health care information), Florida Center publications, reports, and other consumer information.

The Pharmacy icon opens a Web page with a link to [www.MyFloridaRx.com](http://www.MyFloridaRx.com) (available in English and Spanish), which gives consumers the ability to shop and compare the prices on the most frequently prescribed drugs in pharmacies across Florida. The Pharmacy Web page also provides links to information on prescription drugs such as Prescription Drug Assistance Programs, Medicare Part D Prescription Drug Benefit, Buying Prescription Drugs and Health Products Online and the Rx Term Glossary.

The Physicians icon opens a Web page with links to information on physicians which include the lists of health care professionals by specialty, information on health professional licensing and practice guidelines. The Nursing Homes icon opens a Web page with links to information pertinent to the elderly and their families, including the Nursing Home Guide, the Nursing Home Watch List, Health Care Advanced Directives, Gold Seal facilities, the Nursing Home Residents Report and other long term care information such as reports, information on Medicare and Medicaid, information on prescriptions and a link to the Florida Department of Elder Affairs.

The Health Plans icon leads to a Web page that provides a link to information for consumers to compare health plans on quality of care, premium rates, member satisfaction and claims payment. It also provides a directory of all Florida health maintenance organizations (HMOs) and their websites, information on different types of insurance plans, and consumer information on purchasing health insurance. The Web page also includes information on health care programs and assistance available for people who meet certain income requirements, and who may not have insurance, or have minimal insurance coverage.

The Facility Locator icon leads to a page that helps users find the nearest health care facility by graphically mapping and giving text directions to the facility (such as a hospital or nursing home). Facilities can be found by type of facility or by proximity to any address.

#### Available Reports – QuickStat and HealthStat Custom Queries

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, among other data displays.

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 the “Go to HealthStat” link. From that page users can select one of two data query systems: “Health Consumers,” which takes the user to the Florida Compare Care website, and “Researchers and Health Professionals,” which allows specialized data queries, but requires knowledge of medical coding and terminology.

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 Surgery Data Collection” under the “Data Collection” chapter of this report.

The HealthStat Inpatient Hospitalization Query allows you to search by ICD-9-CM diagnosis and procedure codes and DRG codes. Results can be returned by various patient demographics and other criteria. The HealthStat Ambulatory Surgery Query allows users to search by CPT procedure codes and ICD-9-CM diagnosis and procedure codes. Results can be returned by various demographics and other criteria.

Note that only *principal* diagnoses and procedures are used in HealthStat. Queries using secondary diagnoses and procedures must be requested from the Office of Data Dissemination. (See “Requests for Data Dissemination”) The results of the queries will return the most recent four quarters (one year) of data.

## Publications Available

Most of the Florida 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;
- Florida Center Publications;
- Health Outcome Series Reports;
- Hospital and Outpatient Services;
- Insurance;
- Long-Term Care/ Home Health Care;
- Medicine/ Drugs; and
- Special Reports.

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 ("Pharmacy") and insurance issues ("Health Plans"). 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. All of this information will continue to be available in the new consolidated website that is tentatively scheduled to go live fall 2007.

## FloridaCompareCare.gov

In November 2005, the Florida Center released [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) (a part of FloridaHealthStat.com), becoming the national leader in public reporting of health care data. The Florida Compare Care website presents data and information to help consumers compare short-term acute care hospitals, ambulatory (outpatient) surgery centers, or health plans. The website allows a user to view performance and outcome data and information on selected medical conditions and procedures for inpatient care (hospitals) and for outpatient care (ambulatory surgery centers or hospitals). The website also provides educational information about emergency care and health plans available in Florida.

## Hospitals and Ambulatory Surgery Centers (includes Hospitals)

Florida was the first state in the country to publicly report infection rates by hospital and one of the first to report mortality rates by hospital. The website allows a user to select between inpatient care in hospitals and outpatient care in ambulatory surgery centers or in hospitals. For either type of facility, the user can make a selection based on health care conditions or procedures, facility performance, and on the geographic location of the facility.

This consumer-focused website provides a clear, transparent view of performance data for selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory surgery (outpatient) centers. This search tool assists consumers, health care professionals, and researchers in comparing hospitals and ambulatory surgery centers, including information on quality of care, pricing and performance. This information can help consumers in choosing a health care facility that best serves their needs and to researchers studying the status of health care in Florida.

Consumers can generate reports that compare hospital inpatient care by volume, length of stay, charges, mortality, complications, infections, and readmissions. The data query for ambulatory surgery facilities and hospitals (outpatient care) currently offers data on the number of visits and charges.

In July 2006, Florida again became a national leader in public reporting by providing information on various conditions and procedures specific to the pediatric population. Specific procedures and conditions unique to pediatrics or adults are reported separately. This tool provides parents with a powerful resource to find key information when faced with the hospitalization of a child.

The website also provides users the following options:

- The ability to select individual hospitals or all hospitals in a county or a region for comparison;
- The ability to sort data on any field for comparison; and
- The ability to download the data in an Excel spreadsheet.

The website also provides contextual information and explanations for all data and measures reported. Links are provided for the medical terminology used on each page.

### Hospitals – Inpatient Care

When a user selects “Hospitals – Inpatient Care” on the Web page the user is offered information on the following:

- Hospitalizations, length of stay, and charges (includes pediatrics);
- Readmission rates by facility only;

- Mortality Rates;
- Complication / Infection Rates; and
- Facility Profiles.

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.

If users select 'hospitalizations, charges, and length of stay', they can receive this information by a particular condition or procedure as well as the overall volume, charges, and length of stay for each hospital. Total hospitalizations is the total number of patients treated at that hospital for a particular condition or procedure, or if one is not selected, then the total number of hospitalizations at the facility. Charges and length of stay are risk adjusted using the 3M APR-DRG risk adjustment methodology to account for patient differences so consumers can compare hospitals on an "apples to apples" basis.

The average charge is the average amount that the hospital charged for patients discharged from the hospital, who had that particular condition or procedure. The hospital charge does not include physician fees nor does it reflect the actual cost or the amount paid for the care. The amount that a patient pays depends on the type of insurance coverage, co-payments and/or deductibles, or if a patient is uninsured, whether that patient qualifies for discounts under the hospital's discount or charity policies.

The average length of stay is the typical number of days a patient stayed in the hospital for a particular condition or procedure. For a fair comparison between hospitals, the information has been risk adjusted to take into account that some hospitals take care of patients who are sicker and require more treatment or resources than the "average" patient.

For readmissions, each hospitalization was examined to determine whether it resulted in a subsequent readmission. Readmission status is based on whether the person was readmitted within 30 days of discharge regardless of medical condition or procedure category. Readmission rates are also risk adjusted utilizing the 3M APR-DRG methodology.

## Mortality Rate

When a user selects Mortality Rates and their secondary choice is search by medical condition/procedure then the user can choose from the following Inpatient Quality Indicators (IQIs), as defined by the Agency for Healthcare Research and Quality (AHRQ):

## Mortality Inpatient Procedures

- Abdominal Aortic Aneurysm Repair Mortality Rate;
- Coronary Artery Bypass Graft Mortality Rate;
- Craniotomy Mortality Rate (Surgical opening of the skull);
- Esophageal Resection Mortality Rate (Surgical Removal of the Throat);
- Hip Replacement Mortality Rate; and
- Pancreatic Resection Mortality Rate (Surgical Removal of the Pancreas).

## Mortality Inpatient Conditions

- Acute Myocardial Infarction Mortality Rate (Heart Attack);
- Acute Myocardial Infarction Mortality Rate (Heart Attack), without transfer cases;
- Acute Stroke Mortality Rate;
- Congestive Heart Failure (CHF) Mortality Rate;
- Gastrointestinal (GI) Hemorrhage Mortality Rate;
- Hip Fracture Mortality Rate; and
- Pneumonia Mortality Rate.

The IQIs are a set of measures endorsed by AHRQ that reflect the quality of care given in hospitals. They include measures of mortality for selected medical conditions and surgical procedures. Taken together, the IQIs can point to the level of care delivered in the hospital and to potential under utilization or over utilization of certain procedures.

## Complication / Infection Rates

When the user selects Complication/Infection Rates and their secondary choice is search by medical condition/procedure, they can choose then from the following Patient Safety Indicators (PSIs), also defined by AHRQ:

- Decubitus Ulcer (Bed or Pressure Sore);
- Infections due to Medical Care (Occurrence of serious infection, primarily related to intravenous (IV) lines and catheters);
- Iatrogenic Pneumothorax (Collection of air or gas in the space surrounding the lungs);
- Postoperative Hip Fracture (measure includes all persons ages 18 and older who broke their hip[s] following a surgical procedure);

- Postoperative pulmonary embolism (blood clot in an artery of the lungs) or deep vein thrombosis (a condition marked by the formation of a blood clot ['thrombus'] within a deep vein, usually in the leg or pelvis);
- Postoperative sepsis (serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery); and
- A Complication Index that is a composite of the first five PSIs, listed above.

The PSIs are a set of measures, defining potentially preventable complications and infections from exposure to the health care system. The Patient Safety Indicators are defined by AHRQ to provide a perspective on patient safety. These indicators can help identify adverse situations that could occur during hospitalization and measure potential inpatient complications following surgery, childbirth and certain medical procedures. The website reports hospital infection rates using two PSIs:

- Infections due to medical care; and
- Postoperative Sepsis.

The first measure indicates the occurrence of infections related to intravenous (IV) lines and catheters; the second measure indicates the occurrence of infections following surgery.

All rate calculations are risk-adjusted. Risk-adjustment is a method for “leveling the playing field” to allow for comparing hospitals to account for patient differences.

### Surgical Infection Prevention (SIP) Measures

When a user selects Complication/Infection Rates and their secondary choice is search by medical condition/procedure then the user can choose to view the Surgical Infection Prevention Measures for each acute care facility.

The Surgical Infection Prevention measures are indicators managed by hospitals and physicians to prevent and reduce infections for their patients. These measures have been adopted at the national level by the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention and the Hospital Quality Alliance. The SIP measures reported on the FloridaCompareCare.gov website include a) Administration of prophylactic antibiotic within 1 hour before surgical incision; and b) Prophylactic antibiotics discontinued within 24 hours after surgery end time (or 48 hours for cardiac surgeries). Currently, the measures reported on this website are duplicated from data collected by CMS.

## Ambulatory (Outpatient) Surgery Centers - includes Hospitals

When a user selects “Ambulatory (Outpatient) Surgery Centers - includes Hospitals” on the Web page 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 25 surgeries or procedures. The website reports procedures by volume, risk-adjusted charges, and statewide average charges.

## Florida Health Plans

In October 2006, Florida offered consumers a health plan website. A portal was added to the [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) website for the dissemination of comparative information about benefits and performance of health plans throughout Florida. The health plan website includes comparative information on a range of health plans.

Health plans are required to submit annual indicators of quality of care, and member satisfaction to the Agency. The Florida Health Plans Consumer Information website displays information provided by the health plans and the Florida Department of Financial Services. Information is presented for commercial HMOs, commercial preferred provider organization (PPO)/Indemnity plans, Florida Healthy Kids, and Florida Medicaid and Medicare managed care health plans doing business in Florida.

Consumers can use the website to compare health plans on:

- Quality of Care;
- Member Satisfaction with the Plan;
- Coverage Areas by County;
- Accreditation Status;
- Claims Payment Performance; and
- Financial Performance.

Consumers can also compare monthly health plan premium rate options and find additional resources on many health insurance topics.

During 2006, [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) had approximately 245,000 visitors view the website for an average of 658 visitors per day for a total of 1,390,438 pages viewed. From the volume of visits it is clear that [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) is a website that increasingly interests many Floridians who are concerned about transparency of health care information. In 2007, this website is expected to be combined with [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) and [www.MyFloridaRx.com](http://www.MyFloridaRx.com) to provide these consumers with a more powerful tool to access Florida's health care information.

## 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 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 most frequently dispensed drugs in Florida, including both brand name and generic drugs. The price data are presented in a way that allows the information to be searched by:

- County;
- City; and
- Drug name.

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 retail prices are updated monthly. Individual pharmacies and their locations are listed with contact information and a map. This drug pricing website can be accessed at [www.MyFloridaRx.com](http://www.MyFloridaRx.com).

## Community Outreach and Education

The Office of Data Dissemination 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 health care consumer. 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 2005-06, 74,129 brochures were distributed. Of these, 92.9% were mailed in English (68,852) and 7.1% were mailed in Spanish (5,277). The brochures published since 2000 are below:

- A Patient's Guide to a Hospital Stay;
- Emergency Medical Care;
- End of Life Issues - A Practical Planning Guide;
- Florida Medicaid - A Reference Guide;
- Health Care Advance Directives;
- Long-Term Care;
- Patient Safety;
- Understanding Prescription Drug Costs;
- What to Consider When Choosing an Assisted Living Facility; and
- Home Health Care in Florida.

## 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 Office of Data Dissemination. 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 2005, the Florida Center responded to 966 requests for information, and in 2006, the Florida Center received 1,343 requests.

Staff from the Data Dissemination unit also initiate and participate in community-based programs, as authorized by §408.063 (3) and (6), F.S. Such programs educate the public about health care issues, make consumer brochures available, and introduce the FloridaCompareCare.gov and FloridaHealthStat.com websites. During 2006, this included such programs as the Florida Health Care Coalition Conference, local senior centers, and a training presentation at the Department of Children and Families.

## Office of Health Information Technology

Development, use and protection of electronic health records is guided by §408.062 (5), Florida Statutes.  
Creation of a statewide health information network is guided by §408.05 (4) 9, Florida Statutes.

The Agency for Health Care Administration (Agency) is given the authority to develop a strategic plan for the adoption and use of electronic health records, see §408.062 (5), F.S. The Agency is also authorized to develop rules to facilitate the functionality and protect the confidentiality of electronic health records. In the 2006 legislative session, the “Coordinated Health Care Information and Transparency Act of 2006 (HB 7073)” revised §408.062 (5), F.S. to give the Agency the authority to develop an electronic health information network for the sharing of electronic health records among health care facilities, health care providers, and health insurers.

The “Coordinated Health Care Information and Transparency Act of 2006” also revised §408.05 (4), F.S. to add new duties for the Agency. These include: administer grants for planning, implementation of training projects to advance the development of a health information network and evaluate the outcomes of grant contracts; integrate health care data from state agencies and make the data available to health care practitioners through the health information network; and provide technical assistance to support the statewide health information network.

## Office of Health Information Technology

In July 2006, the Office of Health Information Technology was formed in the Agency Florida Center for Health Information and Policy Analysis (Florida Center) following passage of the Coordinated Health Care Information and Transparency Act of 2006. This bill added language to §408.05 (4) 9, F.S. authorizing the Agency to:

- Monitor innovations in health information technology, informatics, and the exchange of health information;
- Maintain a repository of technical resources to support the development of a health information network;
- Administer, manage, and monitor grants for planning, implementation, or training projects to advance the development of a health information network; and
- Oversee, manage, and evaluate the integration of health care data from each state agency that collects, stores, and reports on health care issues; and make that health care data available to health care practitioners through a state health information network.

The Office of Health Information Technology has a staff of three that provide support for the Governor's Health Information Infrastructure Advisory Board (Board) and manage the Florida Health Information Network (FHIN) Grants Program to Regional Health Information Organizations in Florida. In the 2006-2007 grant cycle there were six health information exchange projects funded through the FHIN Grants Program. In addition to managing payments, staff review monthly and quarterly progress updates, and coordinate quarterly meetings to promote open communication among the Regional Health Information Organization members. The office is also creating a health information technology resource center to provide information on state and federal grant opportunities and on the latest software and hardware trends in health care informatics to the health information exchanges in Florida.

The Office of Health Information Technology has been active in writing and administering a number of federal grants. In 2006, the office helped staff in the Florida Privacy and Security Project as part of the national Health Information Security and Privacy Collaboration, initiated by the Office of the National Coordinator for Health Information Technology and the National Governor's Association. The Governor's Health Information Infrastructure Advisory Board was the Steering Committee.

In the fall of 2006, the office participated in a Medicaid Transformation Grant proposal that was submitted to the Centers for Medicare and Medicaid Services (CMS) by the Agency. This project proposed the creation of a shared electronic health record system by integrating claims from Florida Medicaid and two or more private payers. The goal of the proposal was to make the claims information accessible to authorized Medicaid clinicians through a secure website operated by a Regional Health Information Organization. The project hoped to demonstrate cost savings and improved clinical outcomes for the targeted population, and assess the impact of the payer health records on the sustainability of the health information network. The proposal was not funded in the first round of selection, but was rewritten and resubmitted to CMS when a second round of grants was announced in 2007.

In the fall of 2006, the office responded to an Order by the Federal Communications Commission that established a pilot program to fund the construction of broad band networks for public and non-profit health care providers. The intent of the order was to enhance their access to advanced telecommunications and information services, and innovative telehealth and telemedicine services. The grants were to promote connecting rural hospitals with their urban counterparts. The office formed a collaboration with interested parties in the Department of Health, the Department of Management Services, The Office of the Governor, The Florida Hospital Association, the Florida Medical Association, the Florida State University College of Medicine, the University of Florida College of Medicine, North Florida Medical Centers, Federally Qualified Health Centers, the Community Health Informatics Organization, the Big Bend Regional Health Information Organization (RHIO), Florida LambdaRail and Nemours.

Working with this group the Office of Health Information Technology developed a response to the Federal Communication Commission order by proposing to connect nine rural hospitals located in Florida's Panhandle rural health region with urban

providers in Pensacola and Tallahassee with a 1 Gigabit dedicated broad band network and extend services from the Big Bend RHIO to these rural providers. The proposal would also provide access to Children's Medical Services telehealth applications in North Florida, promote telehealth applications for chronic disease monitoring in the home, and develop a funding formula for sustainability of services to eligible providers in rural counties or underserved areas. The Broadband Pilot Program proposal was submitted in May 2007.

## Governor's Health Information Infrastructure Advisory Board

In 2004, the Florida Legislature directed the Agency to create a strategy for implementing a health information infrastructure that would include the use of electronic health records by individual health care providers and the secure electronic transfer of clinical data between multiple providers.

There is a general consensus among policy leaders and stakeholders that the current health information infrastructure must be modernized to enable fast and accurate transmission of medical records among health care practitioners treating patients. A system that supports communication among clinicians will improve coordination of patient care, reduce medical errors, control fraud, and eliminate duplicate testing. Information technologies exist that can improve the system and the delivery of services. However, stakeholders must cooperate in new ways and policies need to be developed that can support system change.

In May 2004, by Executive Order of Governor Bush (Executive Order No. 04-93), the Board was created with the mission to:

- advise and support the Agency as it develops a strategy for the adoption and use of electronic health records and creates a plan to promote the development and implementation of a Florida health information infrastructure, including promoting greater adoption of electronic health record information systems among the state's healthcare providers;
- identify obstacles to the implementation of an effective health information infrastructure in the state and provide the Agency with policy recommendations to remove or minimize those obstacles;
- advise the Executive and Legislative branches on issues related to the development and implementation of the Florida health information exchange; and
- assist the Agency in ensuring that the strategy and plan preserve the privacy and security of health information as required by law.

Since the appointment of Advisory Board members in June 2004, the Board has actively sought to educate itself and the Agency through workshops and public forums. The Advisory Board held workshops in 2004 and 2005 at which national experts and stakeholders spoke about national health information network initiatives, developing health information exchanges and trends in the use of electronic health records. The Advisory Board published an *Interim Report* in February 2005 which called for the

development of the Florida Health Information Network (FHIN) to connect the state's healthcare stakeholders through an integrated information system. Two strategies to build the FHIN are 1) to promote the adoption of effective electronic health record systems among Florida providers, and 2) to start with well-planned, strategically-selected pilot projects. By encouraging qualified groups to plan, launch and operate a limited number of carefully designed pilot projects with the Agency's oversight and support, they can demonstrate the "real world" opportunity to develop the infrastructure in a controlled manner.

In November 2005, the Advisory Board brought together a group of information technology experts from both private and public arenas to strategize about the development of a state-wide server to support health information exchange in Florida. One outcome of the meeting was a proposal to draft a technical White Paper that would specify the architecture of the state server as a key component of the Florida Health Information Network and to propose specifications and standards to ensure interoperability among the Regional Health Information Organizations and the Florida Health Information Network (FHIN).

The Advisory Board has evaluated two rounds of FHIN Grant Program proposals, and recommended a total of \$3.5 million to Florida Regional Health Information Organizations for projects to build the Florida Health Information Network. In 2005, the Advisory Board recommended grants of \$1.5 million for five planning grants, three implementation grants and one training grant. The outcome of these grants was the establishment of three health information exchanges and the development of two planning projects that could advance to demonstration status. In 2006, the Advisory Board recommended a total of \$2 million in grants to seven demonstration projects that spanned the state. By June 2007, each of these projects will be exchanging electronic health information.

The Advisory Board evaluated a third round of project proposals in May 2007, following an allocation of \$2 million from the 2007 Legislative session. The Advisory Board recommended funding one planning grant, six implementation grants and one training grant. All of the recommendations were approved. According to the time limit set in the original order, the Board served out its term since June 30, 2007.

## Florida Health Information Network

In July 2005, the Florida Center collaborated with four Regional Health Information Organizations to submit a proposal to the Office of the National Coordinator for Health Information Technology to build the Florida Health Information Network (FHIN). This proposal was not funded, but it established a "road map" for the future development of the FHIN, and it brought together a core group of organizations that would go on to form the first Regional Health Information Organizations and become recipients of grants under the FHIN grants program.

The *Florida Health Information Network Architectural Considerations for State Infrastructure - Draft White Paper*, mentioned previously, was then written as a collaborative effort among eight contributors and fifteen reviewers (See: [http://ahca.myflorida.com/dhit/FHIN\\_White\\_Paper.shtml](http://ahca.myflorida.com/dhit/FHIN_White_Paper.shtml)). A first draft of the document was completed in March 2006, and released for public comment. Two workgroups were formed in April 2006, to address issues of network security and a minimal clinical data set of records to be stored on the Regional Health Information Organization server. The workgroups issued recommendations to the Advisory Board for inclusion in the White Paper. The White Paper has become the road map for developing a statewide health information exchange in Florida, and has received positive acclaim from reviewers across the country.

The White Paper specifies that the FHIN will ensure access to secure, accurate medical records across Florida by providing a technical infrastructure which allows authorized health care workers to obtain health care information on patients from all of the Regional Health Information Organizations connected to the FHIN. It will ensure the data are applicable to the individual being treated, the transit is secure and efficient, that the receiving provider is authorized to obtain the information, and will provide access to health care data held in state databases.

The Florida Health Information Network is envisioned as a statewide health information infrastructure that will enable health care professionals to access a patient's medical records from any provider database connected to the network over a secure Internet connection. The FHIN represents a collaborative effort between the public and private sectors, state and local governments, Regional Health Information Organizations and health information exchanges, providers, employers, consumers, health plans and payers. The FHIN infrastructure will allow local Regional Health Information Organizations the greatest amount of flexibility in implementing their plans to integrate health care data in their communities.

As Florida's top-tier Health Information Technology resource, the Florida Health Information Network (FHIN) will manage communications, process data requests and responses, maintain an Enterprise Master Patient Index and Record Locator Service to locate health care records, provide accessibility to independent health care databases and other health information networks outside of the state, and establish technical standards that ensure interoperability among all state sub-networks. The FHIN will work closely with the Office of the National Coordinator for Health Information Technology to model its network architecture on the standards established for the National Health Information Network.

The FHIN infrastructure will be built around a central server that will maintain connectivity among Regional Health Information Organizations (RHIOs) or other health information networks in the state. It will be responsible for querying clinical datasets held by providers within the local RHIOs connected to the Florida Health Information Network. It will be the lead in establishing and maintaining technical standards among the Regional Health Information Organizations. It will integrate state agency health care

datasets and make them available to authorized users, maintaining levels of security, confidentiality and certification of users that match the high levels of security required for all patient records. The Florida Health Information Network server could also connect to databases maintained by payers that cover provider-generated claims records for Florida patients. Building a standardized interface will enhance the portability and scalability of the FHIN, and of the Regional Health Information Organizations around the state.

By making medical records available to providers, the Florida Health Information Network will offer physicians relevant information on patients that covers diagnoses, procedures, operations and frequency of hospitalizations, among other information. The FHIN should serve as the technical model to drive the diffusion of electronic medical records and the integration of electronic health records to physicians across Florida.

## Florida Health Information Network Grants Program

In the third year of the FHIN Grants Program, five Regional Health Information Organizations are bringing online networks that can be accessed by hospitals and physicians: the Big Bend Regional Health Information Organization, the All-Care Network of the Palm Beach Community Health Care Alliance, the Tampa Bay Regional Health Information Organization, the South Florida Health Information Exchange and the Northwest Florida Health Information Organization. An additional three organizations also received FHIN Grant Program funding in 2007, and these health information exchanges will exchange data in their networks by the end of the fiscal year.

Regional Health Information Organizations (RHIOs) play an important role both as community “umbrella” organizations that bring health care stakeholders together and as network intermediaries between the providers in the local community and the FHIN. Regional Health Information Organizations take on the responsibility of bringing providers together for the purpose of sharing health care data and integrating their disparate computer systems into a health care data network that can pass medical records among all participants. The function of the RHIO is to work in the local community as a governing body, developing common policies, common security and privacy infrastructures and a sustainable business model for health information exchange.

An issue of critical importance for Regional Health Information Organizations (RHIO) is the location, accessibility and integration of medical records. Most providers maintain their own patient records but an orientation toward data-sharing must be fostered by each RHIO. Each will provide access to patient records held by providers in other Regional Health Information Organizations via the overarching connection of the FHIN infrastructure. The RHIOs are responsible for working at the local level with providers, laboratories, radiology labs, clinics and administrators at all levels. In Florida, the development of Regional Health Information Organizations accelerated in 2005, under the leadership and encouragement of the Board. During the 2005 legislative session, the Legislature provided \$1.5 million to the Agency for developing a funding mechanism

to support pilot projects in health information exchange. The Florida Center developed a grants program designed to foster the formation of RHIOs across Florida.

The FHIN Grants Program provides matching support to eligible organizations that endeavor to advance Florida's health information infrastructure consistent with program objectives. The program provides grants to health-related institutions and organizations that seek assistance to plan, deploy, and evaluate interoperable health information exchange projects in clinical settings. The goal of the program is to implement a health information exchange that crosses the organizational boundaries of multiple providers. Funded projects must include health information exchange among two or more competing provider organizations and demonstrate the sharing of health information for purposes of patient care and public health. A second objective of the FHIN grants program is to increase the number of practitioners who use electronic health records systems and who participate in health information exchange. The program thus provides grants to organizations that wish to implement outreach and technical assistance activities to encourage the rapid adoption of electronic health records by physicians and other practitioners.

The FHIN Grants Program supports three types of grant categories. Funding this program has spurred local communities to develop local health information exchanges by drawing on donations, volunteers, and grant funding. Groups of stakeholders interested in developing health information exchange have formed Regional Health Information Organizations, representing many health care stakeholders including providers, employers, insurers, community groups, public health officials, and state universities. The FHIN Grants Program offers grants in three categories:

- Planning grants to support activities that underlie Regional Health Information Organization development by requiring grantees to engage appropriate health care stakeholders and develop a work plan listing steps that will lead to the desired information environment;
- Operations grants to support the implementation and evaluation of health information exchange projects. Grantees are required to implement and operate a health information exchange that passes health care records between at least two competing facilities before the end of the grant period; and
- Training grants to support practitioner training and technical assistance activities designed to increase physician use of electronic health record systems in primary care, office-based settings.

The FHIN Grants Program was announced in September 2005, and awarded grants to five planning projects, three implementation grants and one training grant. The three operational health information exchange projects funded by the FHIN Grants Program were representative of a broad range of stakeholders and geographic location. The operational grantees included the Big Bend Regional Health Information Organization, the Tampa Bay Regional Health Information Organization and the Palm Beach County Community Health Alliance.

During the 2006 legislative session the Legislature appropriated \$2 million for the FHIN Grants Program for 2006-2007. Upon announcing the grant, the Agency received 20 proposals, worth \$6 million. After reviewing the proposals and presentations, the Board recommended an allocation of awards deemed to make the best use of available funds. Seven Operations and Evaluation proposals were recommended for funding, including the Escambia Health Information Network, the Big Bend Regional Health Information Organization, the Tampa Bay Regional Health Information Organization, the Palm Beach County Community Health Alliance, the Community Health Informatics Organization and the South Florida Health Information Initiative. JaxCare, Inc. was recommended to receive an award by the Board but did not meet all requirements imposed by the Agency for funding through a FHIN Grants Agreement.

The Legislature also passed the “Coordinated Health Care Information and Transparency Act of 2006,” which gave the Agency the authority to “administer, manage, and monitor grants to not-for-profit organizations, regional health information organizations, public health departments, or state agencies that submit proposals for planning, implementation, or training projects to advance the development of a health information network” (§408.05 (4) 9 (b), F.S.). Through this action, the Legislature endorsed the FHIN Grants Program, and created an institution that will play a pivotal role in the development of a statewide health information network.

Florida’s health information infrastructure initiative has achieved a scope of stakeholder involvement that includes hospitals, physician groups, clinics, laboratories, payers, community health centers, county health departments and other stakeholders. All of these health care organizations will be integrated into the statewide network through the efforts of the local Regional Health Information Organizations and by the development of the Florida Health Information Network.

## Privacy and Security Project

In May 2006, Florida became one of 33 states and one U.S. territory participating in a national collaboration to study and make recommendations regarding privacy and security practices affecting interoperable health information exchanges. In implementing the Florida Privacy and Security Project (Project), the Agency subcontracted with Research Triangle Institute (RTI) International under the leadership of the Agency for Healthcare Research and Quality, the Office of the National Coordinator for Health Information Technology, and the National Governor’s Association. The Board served as the Project’s Steering Committee.

The Agency formed four diverse workgroups comprised of health care and legal professionals and stakeholders from throughout Florida. These are the Variations Workgroup, the Legal Workgroup, the Solutions Workgroup, and the Implementation Plan Workgroup. The role of the volunteer members was to identify, critique and develop specific privacy and security work products required for the successful completion of the Project. Florida Health Information Network grantees and Regional Health Information Organizations have been widely represented on Project workgroups. Their participation enhances the ability to study current approaches to health information exchange and will ensure that the Florida Health Information Network will be secure and all data will be privacy-protected. The

Florida Privacy and Security Project also invited the participation of the National Conference of Commissioners on Uniform State Laws (NCCUSL) to monitor the discussion and serve as a resource for the national implementation of privacy and security solutions including the development of a model state law for electronic health records.

The Project has formulated four goals that address the barriers to health information exchange that emerged during the assessment of variations in privacy and security related business practices:

- Establish Uniform Privacy Policies for e-Health;
- Adopt a Secure Technological Framework for e-Health;
- Raise the Community's Awareness of e-Health; and
- Participate in the Framing of e-Health National Standards.

These goals are further delineated through listed objectives, outcome measures, and process objectives. The final implementation plan will describe the related activities for meeting the objectives, the responsible party for implementing each objective, and the timeline and resource requirements for implementation. The Interim Implementation Plan was submitted to RTI International in mid-February 2007. In March 2007, Florida's Implementation Plan and Final Reports were presented to participating states and a national audience. In July 2007, as a result of a successful first phase, the Project received an extension to continue work through 2007 to begin implementation of many of the Project's recommendations.

## State Consumer Health Information and Policy Advisory Council

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

The State Consumer Health Information and Policy Advisory Council (Advisory Council) develops recommendations to assist the Agency for Health Care Administration (Agency) implement public reporting of health information and statistics. The council provides guidance in the development of health information and recommendations to enhance consumer reporting. The council is composed of 13 statutorily defined 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 on the Internet (<http://ahca.myflorida.com/SCHS/chis.shtml>).

The 2006 Legislature changed the name of the Advisory Council to reflect their role in working with the Florida Center. The Advisory Council was established to assist the Florida Center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information.

The Office of Data Dissemination, within the Florida Center for Health Information and Policy Analysis, coordinates and staffs the Advisory Council and the technical workgroups organized to address specific issues in transparency of health care data reporting. These workgroups include:

- Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup;
- Hospital Acquired Infections Technical Workgroup;
- Health Plan Consumer Reports Technical Workgroup;
- Public Relations Technical Workgroup; and
- Physician Data Technical Workgroup.

The Advisory Council held four meetings in 2006. The Council made key recommendations to the Agency for public reporting of health care information including the addition of the Health Plan Consumer Information section to the

[www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) website, updates to the hospital/ambulatory surgical center website, and the discussion of issues related to the forthcoming physicians consumer website.

Appendix A of this report provides a timeline of accomplishments for the stakeholder Advisory Council including all steps taken on the road to transparency.

## Technical Workgroups

In addition to the Advisory Council, the Florida Center has received advice and guidance on a variety of topics from the advisory technical workgroups during 2006. The mission of each workgroup is described below.

### Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup

The purpose of the Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup is to advise the Agency on issues concerning performance measures, risk adjustment of those measures, the appropriate data to report on the Agency website and issues such as minimum number of cases to report and grouping of data. Recommendations passed by the workgroup in 2006 and approved by the Advisory Council included:

- Display of Surgical Infection Prevention (SIP) data as a year summary of data;
- Addition of Pediatric Care Information on the Florida Compare Care website; and
- Florida Compare Care Website data displayed by pediatric and adult categories.

### Hospital Acquired Infections Technical Workgroup

The purpose of the Hospital Acquired Infections Technical Workgroup is to advise the Agency on issues concerning hospital acquired infections. Recommendations passed by the workgroup in 2006 and approved by the Advisory Council included:

- Recommendations on how to report Surgical Infection Prevention (SIP) measures; and
- Determination of the appropriate infection measures to report.

## Health Plan Consumer Reports Technical Workgroup

In 2005, the Advisory Council created the Health Plan Consumer Reports Workgroup. The purpose of this workgroup is to advise the Agency on the dissemination of comparative information about the costs, benefits and performance of health plans throughout Florida. Recommendations approved by the workgroup in 2006 and approved by the Advisory Council included:

- The Health Plan website should provide a link to the Office of Insurance Regulation (OIR) website on small group premium rates; and
- The Advisory Council requested that OIR provide a link to the Health Plan website on their own “fleur.com” website.

## Public Relations Technical Workgroup

The purpose of the Public Relations Technical Workgroup is to advise the Agency on ways to communicate with health care consumers around the state, to develop a strategy to inform consumers about health care transparency and the information available on the Agency website and to develop feedback procedures through which consumers can communicate their information needs to the Agency. Recommendations passed by the workgroup in 2006 and approved by the Advisory Council included:

- The development of activities and strategies that may be used to inform the public about the FloridaCompareCare.gov website; and
- Identify budget needs and funds required for a statewide public relations campaign.

## Physician Data Technical Workgroup

The purpose of the Physician Data Technical Workgroup is to advise the Agency on issues concerning the development of physician measures for consumer reporting and the related data collection. Specific topics to be examined by the workgroup include:

- Review current activities and initiatives for reporting information on physician cost and performance;
- Identify the data on physician performance that should be reported, determine which data are currently available and the source. If data are not currently available from existing sources, discuss & recommend how to obtain the data; and
- Review items for display on this website including the utilization of services, quality of care, access to care, patient encounter data, infection rates, hospital admission/readmission, and revenues and expenses.

## Other Functions

### 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 with the Agency for Health Care Administration (Agency) may apply to use confidential information contained in the Florida Center databases. Data are 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 its scientific merit, 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 Florida 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 Florida Center Director, 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 ensure that the use of confidential data is consistent with state and federal law.

## 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 our website, [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). You can view and print reports from the website and contact us via e-mail from the site.

Paper copies are also available for most reports free of charge. 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> or the State Consumer Health Information and Policy Advisory Council at <http://ahca.myflorida.com/SCHS/chis.shtml>.

The Florida Center for Health Information and Policy Analysis

For more information about the Florida Center for Health Information and Policy Analysis, please visit us at <http://ahca.myflorida.com>, or [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com). At each of these websites you will find information about the Bureau and the latest contact names of offices in the Florida Center. You will also be able to order data by contacting us via e-mail.

You may reach the Florida Center for Health Information and Policy Analysis at (850) 922-5771 during normal business hours (8:00 a.m. – 5:00 p.m. Eastern Standard Time, Monday through Friday, excluding official State holidays).

# Appendix A

## Timeline of Accomplishment

### STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL

#### TIMELINE OF ACCOMPLISHMENTS

- June 2004
- Governor Jeb Bush and the Florida Legislature approved landmark legislation, The 2004 Affordable Health Care for Floridians Act. The Comprehensive Health Information System Advisory Council was also legislatively mandated to advise the Agency for Health Care Administration (Agency) on all aspects of implementing transparency in health care through public reporting of quality and performance information. The overall goals are to reduce health care costs and improve health care outcomes for all Floridians.
- The Florida Center for Health Information and Policy Analysis, previously the State Center for Health Statistics, collects all billing information from inpatient facilities and Ambulatory (outpatient) surgical centers. The Florida Center facilitates and staffs the Advisory Council and all technical workgroups.
- October 2004
- The Advisory Council directed Florida Center staff to create the Technical Workgroup for Hospital Acquired Infections. The purpose of the workgroup is to advise the Agency on issues concerning hospital acquired infections.
- The Advisory Council directed the Agency staff to create the Health Care Facility Website and Ambulatory Surgery Technical Workgroup. The purpose of the workgroup is to advise the Agency on issues concerning performance measures, risk adjustment measures, the appropriate methodology used in reporting information on the Agency website such as issues regarding the minimum number of cases to report and grouping of data.
- December 2004
- The Agency adopted the following recommendations made by the Advisory Council:
- a) Collect and report SIP measures;
  - b) Require all hospitals to report SIP data;
  - c) Use a national sampling method adopted by CMS/JCAHO; and
  - d) Require reporting by a certain date.
- January 2005
- Leaders from Florida agencies met to identify what health care data is collected by which agency. Department of Health, the Agency's Medicaid Program, Department of Financial Services (Office of Insurance Regulation), and the Agency Health Quality Assurance (HQA) participated.
- National Day of Discovery was sponsored by the Florida Center for Health Information and Policy Analysis bringing national leaders to Florida to discuss the potential for developing and implementing the transparency mandate for publishing health care information. These leaders included: Bruce Boissonnault, M.B.A., New York; Wu Xu, Ph.D., State of Utah; Barbara Rudolph, Ph.D., M.S.S.W., National Association of Health Data Organizations (NAHDO); Denise Love, M.B.A., NAHDO; Debra Unger, Wisconsin.

February 2005

The Advisory Council created the Health Maintenance Organization (HMO) Report Technical Workgroup. The purpose of this workgroup is to advise the Agency on the dissemination of comparative information about the costs, benefits and performance of health plans throughout Florida.

The Advisory Council accepted the recommendation made by the Hospital Acquired Infections Workgroup to report the AHRQ infections data in the Patient Safety Indicators (PSIs) and the CMS SIP data and to post it to the website at the same time.

With recommendations from the Hospital Acquired Infections Workgroup, the Agency developed the Surgical Infections Prevention (SIP) Rule.

Development of the Health Plan Consumer Report Proposed Rule which establishes requirements for the CAHPS survey from health insurers licensed under Chapter 627 and requires the health insurers to report premium costs and benefits for the respondents of the survey.

The Advisory Council recommended that the Agency add the CMS Surgical Infection Prevention (SIP) data to the Agency's Florida Compare Care Website.

April 2005

The Florida Medical Association and the Florida Hospital Association requested a hearing of the SIP Measures Rule and it was held on April 4, 2005. The Rule was put on hold due to the filing of a challenge.

The Advisory Council created a Public Relations Technical Workgroup to help the Agency market the FloridaCompareCare.gov website. The purpose of this workgroup is to advise the Agency on ways to communicate with health care consumers around the state, to develop a strategy to inform consumers about transparency and the health care information available on the Agency website and to develop feedback procedures through which consumers can communicate their information needs to the Agency.

The Advisory Council created the Physicians Data Technical Workgroup. The purpose of this workgroup is to advise the Agency on issues concerning the development of physician measures for consumer reporting and potential data collection efforts.

The Advisory Council directed the Agency staff to proceed with the filing of the Health Plan Rule.

June 2005

Launch of [www.MyFloridaRx.com](http://www.MyFloridaRx.com) in a coordinated effort between the Agency and the Florida Attorney General to help consumers shop for the lowest price for their prescription drugs. The site provides the retail prices of the top 50 prescribed drugs by pharmacy across Florida.

The Advisory Council sends a letter of appreciation to the AARP, FMA, Senator Peadon, Representative Farkas, and the Florida Retail Federation for their hard work in the development of the pharmacy website, MyFloridaRx.com.

October 2005

The Advisory Council accepted the recommendations made by the Health Care Facility Website Workgroup for the development of the Florida Compare Care website which include:

- Readmissions from hospital to hospital should be at an aggregate hospital level. The vendor should severity adjust using 3M software; readmits shall be within 30 days for any reason.
- Use the APR-DRG procedure and conditions. Display the risk adjusted charges, and statewide risk-adjusted charges by APR-DRG procedure and condition levels.
- Recommended that the reporting be consistent with Wisconsin's method for reporting an aggregate of 5 PSIs (Complication Index) with a drill down option. The infection data should be reported using PSI 7 and PSI 13.
- Report ambulatory surgery data by the top 25 Ambulatory Patient Groups (APGs) for volume, risk adjusted charges, and statewide average charges.

The Advisory Council accepted the recommendations made by the Health Plan Consumer Reports Workgroup which include:

- a) The two Agency health plan reports (current HMO Report and upcoming Health Plan Consumer Report) should be combined into a single document.
- b) The Agency should follow and utilize data on small group health insurance premiums and benefits as maintained by the Office of Insurance Regulation (OIR).

November 2005

Florida was the first state in the country to publicly report infection rates by facility and one of the first to report mortality rates by facility with the November 2005 release of [www.FloridaCompareCare.gov](http://www.FloridaCompareCare.gov) (a part of FloridaHealthStat.com). This consumer-focused website provides a clear, transparent view of performance data for selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory surgery (outpatient) centers.

December 2005

Recommendation to the Agency that the long range plan continue as a preliminary document to be adjusted as necessary in the future.

January 2006

Addition of Surgical Infection Prevention (SIP) Measure Data to FloridaCompareCare website.

February 2006

Nomination of Robert Wychulis, Florida Association of Health Plans, as new Chair and Diane Godfrey, Florida Hospital, as new Vice Chair.

The Advisory Council approved the recommendation made by the Health Care Facility Website and Ambulatory Surgical Technical Workgroup to display the Surgical Infection Prevention (SIP) data as a year summary of data with the ability to drilldown to see all quarters of data on the FloridaCompareCare website. The SIP data displayed will include 12 rolling months and have a drilldown feature to display 12 data points (12 months of data). The Wish List for this website was developed and discussed.

February and March 2006	Public Relations Technical Workgroup met to develop concepts for a communications plan for public outreach and marketing the Agency consumer websites for consideration and implementation to promote transparency in Florida.
May 2006	The Advisory Council approved the first communications plan developed by the Public Relations Technical Workgroup. The goal of the plan is to promote the first of its kind health care website that will help make Floridians America's most informed health care consumers. The plan identifies activities and strategies that may be used to inform the public about the FloridaCompareCare.gov website. The Advisory Council also approved the development of a Power Point presentation with talking points for Advisory Council and Workgroup members to use in their professional and service organization.
June 2006	<p>The Advisory Council formally recognized and thanked Secretary Levine for his support and encouragement.</p> <p>The Advisory Council approved the following recommendations made by the Technical Workgroups:</p> <p><u>Public Relations Workgroup:</u></p> <p>Identify budget needs and funds required for statewide public relations campaign.</p> <p><u>Health Plan Workgroup:</u></p> <ul style="list-style-type: none"> <li>a) The Health Plan website should provide a link to the Office of Insurance Regulation (OIR) website on small group premium rates;</li> <li>b) The Advisory Council requested that OIR provide a link to the Health Plan website on their "flor.com" website; and</li> <li>c) Post links on FloridaCompareCare to the Health Plan website for the comparison of health plans.</li> </ul> <p><u>Physicians Data Workgroup:</u></p> <p>The proposed Guiding Principles for Physician Website Design and the addition of the verbiage "encourage individuals and organizations to improve quality" in it.</p>
July 2006	Addition of Pediatric Care Information on Florida Compare Care Website. Florida again became the first in the Nation in public reporting by providing information on various conditions and procedures specific to pediatrics. Data displayed by pediatric and adult categories.
September 2006	Advisory Council endorses the addition of the Health Plan Consumer Information to the Florida Compare Care Website designed by the Agency Information Technology staff. This website will provide an easy tool for consumers to shop for health plans in their county. Consumers can find comparative information about the costs, benefits, and performance of health plans in Florida.

October 2006

The Health Care Facility Website Workgroup met and made the following recommendations to the Advisory Council:

To provide a tool (list) on the Agency's website with information on available care centers (community and urgent) for non-emergency events; to adopt the recommendations for enhancing pediatric data on the FloridaCompareCare website provided by the Association of Florida Children's Hospitals; provide information on ambulatory surgery conditions for children; and to separate readmissions data for pediatrics and adults.

## Appendix B

### Timeline of Accomplishment

#### FLORIDA HEALTH INFORMATION NETWORK (FHIN)

May 2004	Florida Legislature passes HB 1629 that authorizes the Florida Center for Health Information and Policy Analysis, previously the State Center for Health Statistics at the Agency for Health Care Administration (Agency), to develop a strategy to implement electronic health records.
May 2004	Governor Bush signs an Executive Order creating the Governor's Health Information Infrastructure Advisory Board (Board).
July 2004	Florida Center submits proposal to the Agency for Healthcare Research and Quality (AHRQ) to build a demonstration health information exchange.
October 2004	The Board holds Health Information Workshop with national experts.
February 2005	Strategic framework for FHIN published in First Interim Report to the Governor.
March 2005	The Board holds Health Information Technology (HIT) Roundtable with support from AHRQ.
May 2005	Florida Legislature allocates \$1.5 million for Florida Health Information Network Grants Program.
June 2005	The Board hears presentations from ten health information technology pilot projects from around Florida.
July 2005	Florida Center and RHIOs submits proposal to the Office of the National Coordinator for Health Information Technology for demonstration project of health information exchange to be used as a prototype for the NHIN.
November 2005	The Board holds a technical meeting to discuss the needs for a state server to form the basis of the FHIN and agrees to produce a White Paper to address technical standards.
January 2006	The Agency Secretary accepts the recommendation of the Board and approves funding of five planning grants, three operations grants and one training grant under the FHIN Grants Program.
March 2006	The Board participates in House Health Transformation Summit.
March 2006	Draft copy of the FHIN White Paper is distributed for public review.
May 2006	Passage of HB 7073 mandates the development of a statewide health information network and integration of State health care databases.

May 2006	Florida Legislature allocates \$2 million for the FHIN Grants Program.
May 2006	Contract for Privacy and Security Project awarded. The Board will serve as Steering Committee.
June 2006	The Agency Secretary approves funding for seven health information exchange projects under the FHIN Grants Program.
June 2006	Three FHIN Operations Grants begin transferring patient data to initiate health information exchange in Tallahassee, Tampa, and Palm Beach County.
September 2006	Medicaid Transformation Grant proposal for multi-payer demonstration project submitted to Centers for Medicare and Medicaid Services (CMS).
October 2006	Florida RHIOs participate in Health Information Security and Privacy Collaboration regional meeting.
December 2006	Board convenes FHIN grantee conference and RHIOs agree to form informal organization.
December 2006	Board approved Version 6.1 of FHIN White Paper.



# Appendix C

## Florida Center for Health Information and Policy Analysis

