

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

**Document Abstract
January 2006**

Title:

State Center for Health Statistics 2005 Annual Report

Summary: This edition of the Annual Report reviews the accomplishments of the State Center for Health Statistics (State Center) January through December 2005. Topics include public reporting of comparative data, data collection, research publications, data dissemination, Advisory Council activities, and other programs of the State Center. The *Annual Report* also incorporates the statutorily required *Facility Performance Status Report*

Currently, data collection includes hospitalization, ambulatory surgery and emergency department patient records among other data sources. Emergency department data collection began in January 2005.

The Agency's www.FloridaHealthStat.com website was enhanced to assist consumers in making informed health care decisions. New and updated quarterly data reports have been posted to the website including the *Florida HMO Report 2005*.

The Agency rolled out two new health care transparency websites in 2005, www.FloridaCompareCare.gov and, in cooperation with the Attorney General, www.MyFloridaRx.com. Florida Compare Care reports performance and quality indicators on health care facilities. My Florida Rx provides comparative prescription drug prices. Both websites are available on Florida Health Stat.

**Policy
Implications:**

The State Center collects, analyzes and disseminates health care data. The aforementioned reports have broad and diverse policy implications, which will be detailed in this report.

**Relevant
Florida Statute:**

Section 408.05(5)(d), F.S., directs the State Center to publish and disseminate an annual report. Section 408.061(j), F.S., directs the State Center to publish an annual status report on the collection of data and publication of performance outcome indicators.

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Introduction

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

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

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

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

The State Center modifies and updates its functions based on the needs of the health care consumer. The Agency's website www.FloridaHealthStat.com has streamlined how the State Center data are disseminated. New data tables and reports are posted to the site every quarter, providing consumers with accurate information to enhance their ability to make informed decisions regarding health care purchases. In 2005, the State Center launched two related websites to provide transparency in health care information, www.FloridaCompareCare.gov, and in cooperation with the Attorney General, www.MyFloridaRx.com. Florida Compare Care provides patient safety and inpatient quality measures for every hospital in the state. My Florida Rx provides comparative prices for high volume prescription drugs.

The *Annual Report* describes the status of the data collection and the release of facility performance indicators, as required in §408.061(j), F.S. Other new activities are highlighted throughout the report under the heading of "Recent Developments."

Data Collection

Data collection is guided by §408.061, Florida Statutes.

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

Patient Data Collection: A Brief Synopsis of the Process

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

Data are collected quarterly based on the patient's date of discharge or visit. Each facility submits data electronically (diskette, CD-ROM or computer tape) to the State Center for Health Statistics in accordance with the requirements in the administrative rule Ch. 59E-7.012, F.A.C. This rule changed in 2005 to require hospitals to submit data via the Internet beginning January 1, 2006.

The data are passed through an in-house edit program (Auditor) that detects various known errors and identifies other potential errors in the submitted data. The program produces printed reports detailing each inconsistency in the data as well as printed summary reports. These reports are sent to the facility for correction and verification. Then, the facility makes appropriate corrections and resubmits the corrected data electronically or manually based on the total number or percentage of errors.

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

Only after data are certified are they added to the main database. Data become available for public release when certified. In rare circumstances, facilities may detect errors in their data after it is certified. Depending on the magnitude of the data

problem, the facility's data might be removed from the main database, and the standard process begins again until the data 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 State Center databases. The inpatient data forms the basis of many of the reports in the *Health Outcomes Series*. (The *Health Outcomes Series* is discussed in the "Research and Development" chapter.) The data are used for many special data requests within the Agency, the Legislature, researchers and the general public. A deidentified version of the data (limited data set) is available for purchase. (For details, see the "Data Dissemination" chapter.)

Data Collection Summary

The hospital inpatient database contains patient-level information for all discharges from approximately 244 acute care hospitals (initiated in 1988) and short-term psychiatric hospitals (initiated in 1997) in Florida. This number varies from year to year as new hospitals open and others close.

Among other information, records include patient demographics, admission information, medical information, discharge information, and charge data. Patient demographics include the patient's race, birth date, gender and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes principal and secondary diagnosis (ICD-9-CM) codes, principal and secondary procedure (ICD-9-CM) codes, principal procedure date, and attending and operating Florida physician license numbers. Discharge information includes discharge date and discharge status.

Charge data include total charges, and charges broken down by individual revenue charge categories. Revenue charge categories include room and board, nursery, intensive care unit (ICU), pharmacy, medical/surgical supplies, oncology, laboratory, pathology, 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. A principal payer code (e.g., Medicaid, Medicare, and Commercial HMO) is also reported.

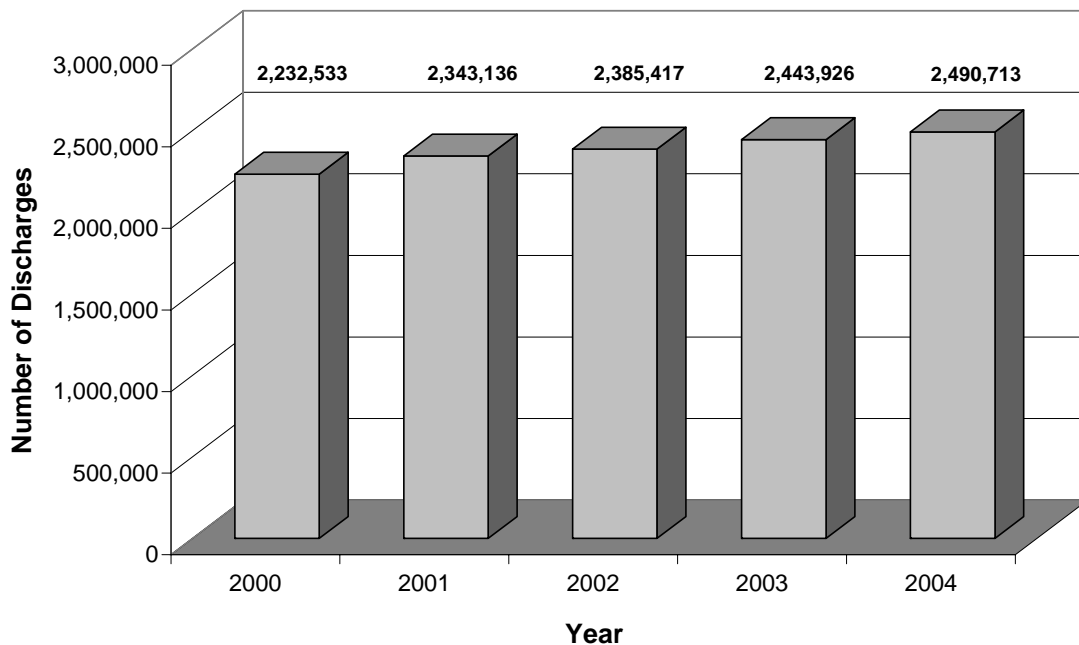
Other information includes a hospital-generated record identification number, the patient's social security number, and an infant linkage identification number. The hospital number, the reporting year, and the quarter are also included in each record.

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

Number of Data Records Collected

The number of hospital inpatient discharge records submitted each year has increased from 2,232,533 records in 2000 to 2,490,713 records in 2004, for a percentage increase of 11.6% from 2000 to 2004. As seen in Figure 1, the number of records is steadily increasing. Inpatient services remain an important part of health care in Florida. Over the next several years, this data set will continue to provide consumers, researchers, analysts, policymakers, and others with the data necessary to make well-informed health care decisions.

Figure 1
Number of Inpatient Hospital Discharges
2000-2004



Recent Developments

The collection of hospital data by the State Center continues to keep up with changing demands for consumer information, legislative authorizations and expanding technological options.

In 2005, the rule for data collection, Ch. 59E-7.012, F.A.C., was changed to require hospitals to send their data into the State Center via the Internet as of January 1, 2006. The file format for the data was changed from a fixed-width text

file to a file format using XML code, based on the Inpatient Data XML Schema published by the Agency. The use of XML coding allows patient records to be sent over the Internet directly to State Center computers, and decoded automatically, and is available at <http://ahca.myflorida.com/SCHS/hpunit.shtml>. This change to online reporting of data moves the State Center toward full Electronic Document Interchange (EDI), and decreases the time required to process inpatient data.

In 2005, the State Center also amended the rules governing hospital inpatient data collection, Ch. 59E-7.014, F.A.C., by expanding the number of fields reported quarterly by hospitals. A major change in reporting is in the number of required diagnosis codes (International Classification of Diseases, 9th Revision, Clinical Modification, or ICD-9-CM), which 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.

The rule change also required reporting on additional categories of charges made to the patient for services, and the reporting of an additional operating physician's identification number, if applicable. These changes in the data must be reported beginning on January 1, 2006. A final change was for hospitals to report a "Present on Admission" indicator for each of the diagnostic codes reported; this measure indicates whether the patient entered the hospital with the condition, or if it developed after admission. This measure must be reported beginning on January 1, 2007.

In October 2004, the Comprehensive Health Information System Advisory Council (CHIS) recommended that hospitals in Florida report Surgical Infection Prevention (SIP) measures to AHCA. The SIP measures address the appropriate use of antibiotics before and after surgery, and include three indicators: 1) Prophylactic antibiotic received within 1 hour prior to surgical incision; 2) Prophylactic antibiotic selection for surgical patients; 3) Prophylactic antibiotics discontinued within 24 hours after surgery end time.

The State Center accepted the recommendation and initiated a new rule to collect these data on the use of appropriate antibiotics for surgical patients, Ch. 59B-15, F.A.C. The rule went into effect in November, 2005. Hospitals must begin reporting SIP data on all eligible patients beginning with data for the second quarter of 2005.

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

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

Data Collection Summary

As of the end of 2004, the ambulatory surgery database contains patient-level information for reportable patient visits to approximately 517 freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers and cardiac catheterization laboratories in Florida. This number varies from year to year as new facilities open and others close.

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

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

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

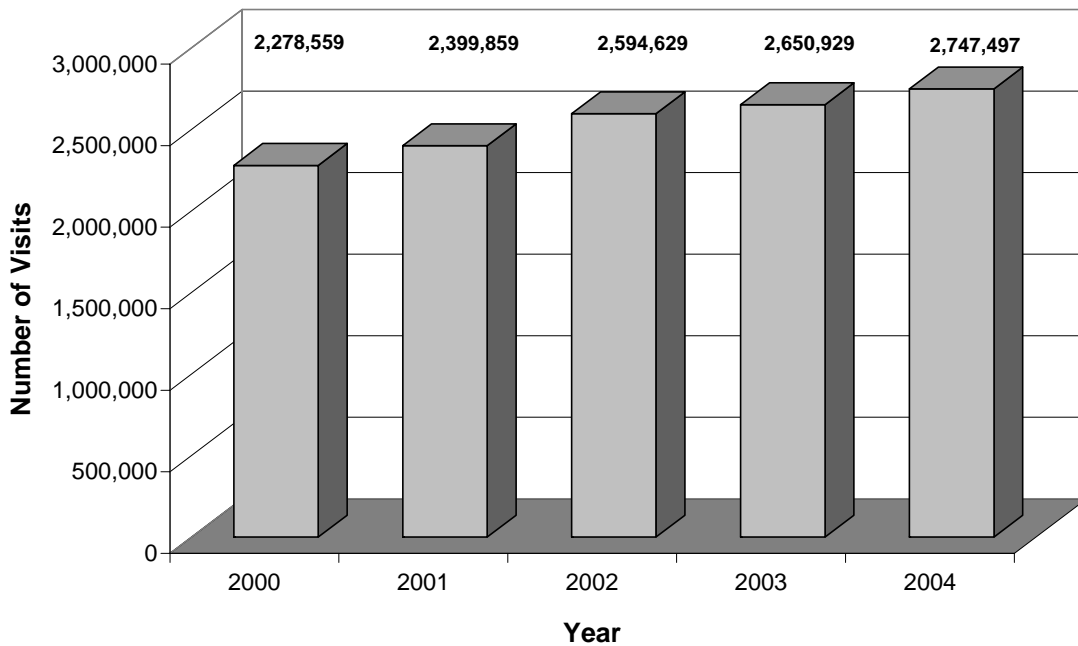
The Health Insurance Portability and Accountability Act (HIPAA) limits the release of protected patient health information; therefore, not all reported information is available to the public. More information about data confidentiality issues is presented in the "Data Dissemination" chapter.

Number of Data Records Collected

The number of ambulatory patient records submitted increased from 2,278,559 records in 2000 to 2,747,497 records in 2004, for a percentage increase of 20.6% between 2000 and 2004. The numbers in Figure 2 reflect an increase in reported ambulatory surgery procedures. Procedures related to radiation therapy and procedures performed during emergency department visits are not included in these figures.

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

Figure 2
Number of Ambulatory Patient Visits
2000-2004



Recent Developments

On January 1, 2005, new rules in Ch. 59B-9, F.A.C., for submitting data from ambulatory surgery facilities were implemented. One rule change relates to the format for submitting data. Instead of sending text files facilities must report their data using an XML format, the Ambulatory Patient Data XML Schema available at <http://ahca.myflorida.com/SCHS/apdunit.shtml>. The use of XML coding allows patient records to be sent over the Internet directly to State Center computers, and to be decoded automatically. A second rule change relates to the method of submitting data to the State Center. Beginning January 1, 2006, data must be transmitted electronically via the Internet.

Finally, the number of data elements reported was increased to include fields for other physician, patient visit beginning and ending date, patient hour of arrival, patient reason for visit, three additional external cause of injury codes and four additional ICD-9 diagnosis codes.

Emergency Department Data Collection

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

The 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida) included new language that gave AHCA the authority to collect emergency department data as of January 1, 2005. This statutory authority led to changes in the rule for ambulatory patient data, Ch. 59B-9, F.A.C, to require the reporting of “all emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care” (§408.061(1)(a), F.S.) All patients billed for treatment must be reported by their acuity level, or the level of seriousness of their condition.

The most significant change to the ambulatory patient data rule (Ch. 59B-9, F.A.C.) in 2004 was the requirement to report hospital emergency department data beginning January 1, 2005. New data elements included the hour of arrival, the patient’s chief complaint, principal diagnosis, race and ethnic status, and external causes of injury. The reporting record format is the same one as used for reporting of ambulatory surgery and as of January 1, 2006, all emergency department data will be submitted to AHCA over the Internet.

As of December 2005, more than 1.3 million records from emergency department visits had been submitted to the State Center. The impact of the increased number of records adds an extra load to the ambulatory data collection efforts of the State Center.

The 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida) also authorized AHCA to conduct a study of Emergency Department utilization by patients at different levels of urgency and analyze the costs of care. The statute required AHCA to conduct a study on “the use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing nonurgent care in emergency departments“ (§408.062(1)(i), F.S.). This and future studies will provide an important analysis of utilization patterns, access to care, and costs for disease and injury surveillance as well as the management of chronic diseases. The initial report is due January 1, 2006.

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, rehabilitation care continues to be an important feature in the health care delivery system in Florida.

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

Data Collection Summary

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

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

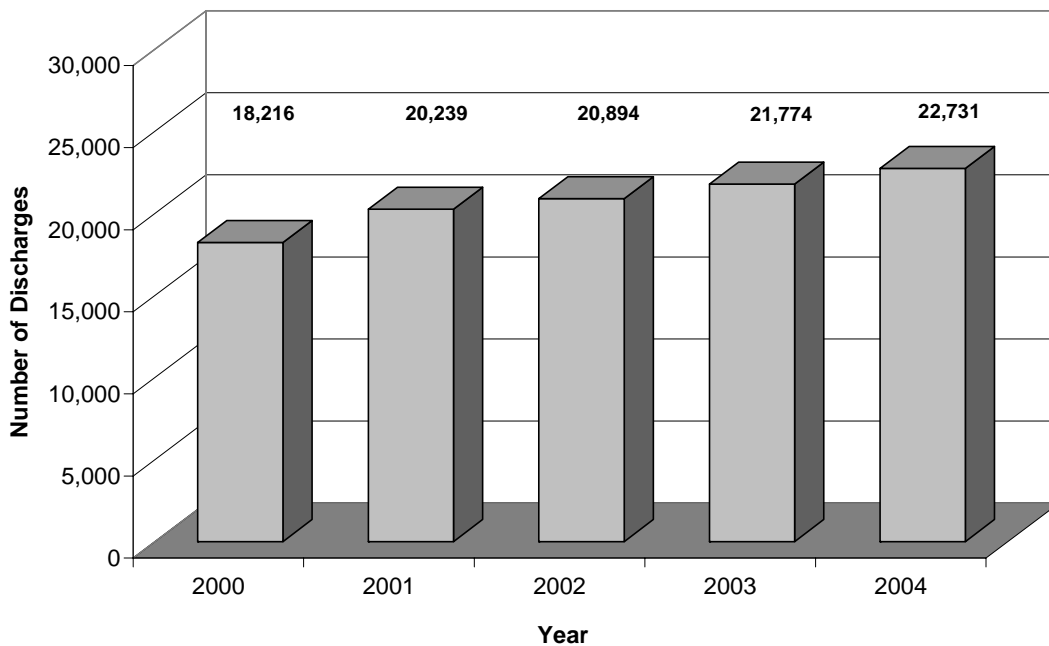
Other information includes a facility-generated record identification number and the patient's social security number. The facility number, the reporting year, and the quarter are also included in each record.

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

Number of Data Records Collected

The number of comprehensive inpatient rehabilitation discharge records submitted increased from 18,216 in 2000 to 22,731 in 2004, for a percentage increase of 24.8% from 2000 to 2004, as seen in Figure 3.

Figure 3
Number of Comprehensive Inpatient Rehabilitation Hospital Discharges
2000-2004



Recent Developments

There were no changes in the comprehensive inpatient rehabilitation data collection rule during 2004 or 2005.

Long-term Psychiatric Hospital Data Collection

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

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

Data Collection Summary

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

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

A Brief Synopsis of the Process

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

Recent Developments

There were no changes in the long-term psychiatric hospital data collection rule during 2005. However, rule changes to Chapter 50E-7, F.A.C., anticipated in 2006, will require long-term psychiatric hospitals to report data with the same level of detail and in the same format as hospitals already reporting inpatient data. The start date for reporting these expanded data fields will be January 1, 2007. After this date, all data will be processed using the method employed for inpatient hospital data. (See "Inpatient Data Collection.")

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 provide annual statewide quality measures and trends beginning with data reported in 1999. Quality indicator data are used in the report, *Choosing A Quality Health Plan: Florida HMO Report*. This report is described further in the "Research and Development" chapter.

Data Collection Summary

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

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

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

Quality indicator data submitted to the Agency also 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. The rate is the percentage of eligible members for each quality indicator.

A Brief Synopsis of the Process

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

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

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

Recent Developments

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

Consumer Assessment of Health Plan Survey Data

An annual survey of HMO members is required by §641.58(4), Florida Statutes. AHCA is required to conduct the survey to determine the satisfaction of health plan members. 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 the members in each Florida licensed health maintenance organization (HMO) including Florida Medicaid members and a separate survey of commercial members. Results from the survey are incorporated in *Choosing A Quality Health Plan: Florida HMO Report*. Beginning in 2006, commercial health plans (HMOs and PPOs) will administer their own satisfaction surveys and forward the results to the State Center. See *Recent Developments* for more details.

Data Collection Summary

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

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

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

A Brief Synopsis of the Process

Due to changes in the administrative rule (Ch. 59B-14, F.A.C.), the process for surveying is different for commercial plans as opposed to the other plan types (Medicaid and Healthy Kids). For noncommercial plans, the Agency still contracts with the Survey Research Center at the University of Florida to conduct the survey by telephone interview. Survey interviews will begin on January 1, 2006, with results reported to the Agency by May 31, 2006. Member responses, excluding identifiers, are provided to the Agency in an SPSS file. In 2004-2005, there were 12,619 completed surveys.

Recent Developments

In 2005, a rule governing commercial health plan survey data collection (Ch. 59B-14, F.A.C.) was completed. The rule implements two major changes in health plan member satisfaction surveying:

- Commercial plans will no longer submit a member sample to the University of Florida. Rather, the plans will be responsible for the administration of the CAHPS surveys.
- Surveying of health plans will now include plans regulated under Chapter 627, F.A.C. (mainly PPO plan types), in addition to plans regulated under Chapter 641, F.A.C. (HMOs).

Beginning July 1, 2006, commercial plans will report to the State Center annual data using the CAHPS survey, in addition to three supplemental questions as specified in rule. Companies will complete a separate set of surveys for HMO plans and for PPO plans, following survey protocol standards of the NCQA. HMO plans will report all items from the CAHPS survey, while PPO plans will 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 State Center is also required to make available performance measures, member satisfaction survey data, benefit design and premium cost data from other types of commercial health plans in Florida, in addition to data from HMOs (§408.05(3)(1), F.S.). This new information will be released no later than October 1, 2006. The data are intended to assist consumers and group purchasers in assessing the value of these products and available options.

Research and Development

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

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

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

Health Outcome Series

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

The *Health Outcome Series* is written for the technically oriented consumer. The series consists of reports on trends in health care delivery in Florida and provides key statistical information to the reader. The reports range from 25 to 140 pages long. They contain statistical information with tables, narrative, a reference page, and appendices for further information. The reports typically contain information derived from the State Center's hospital inpatient database and occasionally from the ambulatory patient database. The reports released during 2005 are summarized below. The titles of reports published prior to 2005 are listed below the new reports.

Cesarean Deliveries in Florida Hospitals (January 2005)

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

Reports published prior to 2005:

- Adverse Drug Effects (May 2000)
- Asthma Hospitalizations (January 2002)
- Cesarean Deliveries in Florida Hospitals (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)
- Women and Cardiovascular Disease Hospitalizations (June 2003)

Combating Health Disparities Series

The *Health Disparities Series* is published on the Internet at www.FloridaHealthStat.com. The series includes a variety of articles, statistical reports and data charts. Materials published in 2005 include:

- **Fact Sheet on Minority Health in Florida**
The Fact Sheet includes statistics and health care information focusing on minorities in Florida. Information includes asthma, cancer, cardiovascular diseases, diabetes, health insurance, infant health, mortality, obesity, local initiatives and educational campaigns, minority physicians and health professionals

Articles published prior to 2005:

- Attacking Health Disparities from the Grassroots
- A Party with a Purpose: Sisters for Breast Health
- Births in Florida Hospitals
- Doctor Visits and Other Utilization Statistics
- Living Well In Newtown
- Minority Organ & Tissue Donation
- Minority Donor Statistics
- National Minority Health Month Messages 2003
- Stork's Nest

Other Publications

Besides these series, the State Center for Health Statistics publishes other reports and publications. Some of these fulfill statutory requirements. They vary in length, content, and intended audience. In fiscal year 2004-2005, the State Center distributed 1,969 publications, including the Health Outcome Series, the HMO Report, Health Care Expenditures Report, Hospital Services Guide, Florida Nursing Home Guide and Guide to Ambulatory Procedures. In fiscal year 2003-04, there were 3,120 of these publications distributed. The following are descriptions of publications released in 2005 and January 2006.

Emergency Department Utilization Report (January 2006)

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that AHCA 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 departments in Florida, and presents preliminary data on factors that have implications for hospital costs. The hospital emergency department is the one place where a person cannot be denied health care services regardless of ability to pay, so it serves as the provider of last resort. Over the past ten years the number of emergency department visits has increased, but the number of hospital Emergency Departments has decreased. The percentage of uninsured individuals has increased as well, adding to the pressures exerted on the emergency departments. The data source for this report is AHCA's emergency department data set of records, covering the first quarter of 2005. The report includes an analysis of the demographics and acuity levels (seriousness of condition) of emergency department patients, charges and payers, and most frequent diagnoses.

Choosing a Quality Health Plan: Florida HMO Report 2005 (December 2005)

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

This report compares commercial HMOs, Medicaid HMOs, Medicare HMOs and Florida Healthy Kids HMOs that operated in Florida in 2005. The report is directed to consumers who are considering joining an HMO. Current and prior year averages are presented at the state level. Additionally, there is a glossary of terms and a listing of HMOs by coverage area. A variety of data sources were used to prepare this report, including reported data required by rule, a special survey, and data from the Department of Financial Services, Office of Insurance Regulation.

Florida Health Care Expenditures (January 2005)

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

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

Publications printed prior to 2005:

In addition to the publications released in 2005, the following publications were released before 2005. Some of these reports are published annually, while others were single-issue studies.

- Choosing a Quality Health Plan: Florida HMO Report (2004, 2003, 2002, 2001 and 2000)
- Florida Nursing Home Residents Report (2004, 2003, 2002 and 2001)
- Health Care Expenditures Report (2001, 2000 and 1999)
- Report on the Medicaid Conversion Experience in Florida Nursing Homes (February 2002)

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 www.FloridaHealthStat.com.

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

Data Dissemination

Data dissemination is guided by §408.063, Florida Statutes.

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

In the year 2000, the State Center for Health Statistics embarked on a new website to automate some of the data dissemination functions. The Agency's website, www.FloridaHealthStat.com, provides comparative health care data for consumers. It also broadens the State Center's exposure to consumers, and increases ease and access to data. In 2005, the State Center rolled out a new website, www.FloridaCompareCare.gov, as a component of Florida Health Stat, devoted to making health care data transparent to Florida consumers. The new website publishes information on charges, patient safety indicators and inpatient quality indicators, as authorized by the Florida Legislature in the 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida).

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

Requests for Data Dissemination

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

The Basic Process

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

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

Requests for data and publications are typically filled within ten working days of receiving the payment (or the order for customers with standing accounts). Special *ad hoc* queries are completed in a timely manner. The number of days to fill an *ad hoc* request is subject to the time required to run the query and check the results.

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

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

Request for Deidentified Data

Both the hospital inpatient and the ambulatory patient databases are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited Data Set Use Agreement form. The agreement contains provisions to protect patient's privacy rights as required by law.

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

The following data items are *not* included in the deidentified data: patient identification number, the social security number, the infant linkage identification number, date of admission, date of discharge, date of birth, 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 Activities."

The patient-level data are sold by quarter and is available on diskette or DVD by the facility, county/local health council region, or statewide data on CD-ROM. As of December 2005, the State Center has processed 744 requests for deidentified data, compared with 714 requests in 2004 and 786 requests in 2003.

Request for a Standardized Report

The State Center produces a number of standardized reports.

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

Request for a Custom *Ad Hoc* Report

Sometimes, a customer is looking for very specific information that is not included on a standardized report, and does not wish to purchase an entire data set to obtain the information. These requests are referred to as custom *ad hoc* reports. An example would be a request for the median age of 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 State Center staff member with some specific questions about the query. Completed reports may be disseminated on paper, on diskette, 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, was developed by the State Center and first became operational in January 2000. The website, specifically designed for consumers, was developed to help meet the State Center's mission of providing accurate and timely information to help the public in making well informed health care decisions.

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

The Basic Process

Finding information from 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, Nursing Homes, Health Plans and the Facility/Provider Locator. Across the top of the page are a set of tabs that allow the user to access Reports and Guides, RxStat, Facility Information, Provider Locator, Families, Seniors, InsuranceStat, Health Data and ProviderStat. 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 website offer a wide array of health care information. The Hospitals/Outpatient icon opens a web page with links to www.FloridaCompareCare.gov, the Agency website that focuses on transparency in health care information; Quality Check, a website sponsored by the Joint Commission on Accreditation of Healthcare Organizations that reports on hospitals and other health care facilities and links to QuickStat, the State Center Health Outcome Series and Other Consumer Information.

The Pharmacy icon opens a web page with a link to MyFloridaRx.com, which gives consumers the ability to shop and compare the prices on 50 of the most frequently prescribed drugs in pharmacies across Florida. The web page also provides links to information on prescription drugs such as Florida Discount Programs for Prescription

Drugs, Prescription Discount Cards and Referral Programs, Buying Prescription Drugs and Health Products Online, MedlinePlus and the Rx Term Glossary.

The Physicians icon opens a web page with links to information on physicians which include the Florida Guideline Database, Specialty Definitions, Florida Physician Profiling, the Physician Partnership Program and Health Licensee Information. 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, the 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 with a list of links to insurance programs and services, including the Florida Department of Financial Services, Florida KidCare, Health Flex, Medicaid, Medicare and SHINE (Serving Health Insurance Needs of Elders). The insurance 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; it also lists publications of the State Center relating to health plans, such as the *HMO Report*.

The Facility/Provider icon leads to a page that helps users find facilities and providers. The Facility locator 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. The Provider Locator lets the user locate physicians, find maps to their offices and find licensing information about the doctor. Users can find doctors by their specialty or by their proximity to the user's address. For both the Facility Locator and the Provider Locator, users can obtain a map and direction to the facility or the doctor's office.

Available Reports – QuickStat and HealthStat Custom Queries

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

Users can produce their own *ad hoc* reports on 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 codes and DRG codes. Results can be returned by various demographics and other criteria. Basic knowledge of ICD-9-CM diagnosis and procedure codes is essential to inpatient query by code. However, a novice can handle simpler queries that do not use ICD-9-CM codes.

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

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

Publications Available

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

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

- Combating Health Disparities
- Consumer Brochures
- Health Outcome Series Reports
- Health, Safety & Fitness
- Hospital Outpatient Services
- Insurance

- Long-Term Care/ Home Health Care
- Medicine/ Drugs

Other Information Available on www.FloridaHealthStat.com

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

FloridaCompareCare.gov

The 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida) required the Agency to develop a website to address issues of transparency in health care information. The act charged the State Center with publishing patient charges, volumes, length of stay, and performance outcome indicators collected from health care facilities. These indicators were to cover medical conditions, surgeries, and procedures performed in hospitals and in ambulatory surgery outpatient facilities.

When publishing the data on procedures, the State Center was to consider factors such as the volume of patients, the severity of the illness, the urgency of the admission and whether the condition is acute or chronic. Performance outcome indicators were to be risk adjusted or severity adjusted, whichever was most appropriate, using nationally recognized risk adjustment methodologies. A final requirement of the website was that it provide an interactive search to allow consumers to view and compare the information for specific facilities and an interactive map that would let consumers select facilities in any county or region of the state. A final condition for the website was that it include definitions of all of the data, descriptions of each procedure, and an explanation about why the data may differ from facility to facility.

In response to the website legislation, the State Center in conjunction with the Comprehensive Health Information System (CHIS) Advisory Council embarked on a series of meetings to work out the details for reporting the health care data required in the 2004 Affordable Health Care for Floridians Act. The CHIS Advisory Council created two technical workgroups to investigate issues related to the website and to make recommendations to the council. These workgroups were the Hospital Acquired Infections Technical Workgroup and the Health Care Facility Website Workgroup. These two workgroups met regularly throughout 2005, bringing in national and state experts to make presentations on subjects

such as reporting infection and complications data, website design and how to achieve transparency of health care data. The infection workgroup held a series of discussions on the reporting of infection rates, listening to national experts and examining websites from other states that did report infection rates.

Acting on the recommendations of the technical workgroups, the CHIS Advisory Council approved a number of them, and recommended them in turn to the Agency. The Advisory Council recommended that the health care transparency website should be a one stop shop for all consumer health information. They suggested that consumers need to be able to select individual hospitals or all hospitals in a county or a region for the comparison of average charges, length of stay, and other indicators, by patient severity level. The advisory council felt it important that consumers could reconfigure the data to suit their needs, or sort data on any field for comparison. Finally, they recommended that the website provide contextual information and explanations for all data and measures reported.

The CHIS Advisory Council recommended that the website report all of the Inpatient Quality Indicators (IQIs) endorsed by the Agency for Healthcare Research and Quality (AHRQ). These indicators are a set of measures that reflect the quality of care given in hospitals. They include measures of mortality for certain medical conditions and for selected surgical procedures; they include measures for hospital utilization rates of certain procedures; and they measure the volume of certain procedures in hospitals. When all of the indicators taken together, they point to the level of care in the hospital and to the underutilization or overutilization of certain procedures.

The advisory council also recommended that the website report selected Patient Safety Indicators (PSIs) proposed by AHRQ. These indicators can help identify adverse situations that could occur during hospitalization and measure potential inpatient complications following surgery, childbirth and certain medical procedures. They recommended that the website report hospital infection rates using two PSIs: selected infections due to medical care (PSI 7) and postoperative sepsis (PSI 13). 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.

One of the protocols developed to prevent postoperative sepsis is the Surgical Infection Prevention system (SIP). This protocol ensures that the correct antibiotic is given to the patient one hour before surgery, and that the antibiotic is discontinued within 24 hours following surgery. The infections workgroup also recommended that all hospitals report SIP measures, and that these measures be reported on the website beginning in early 2006.

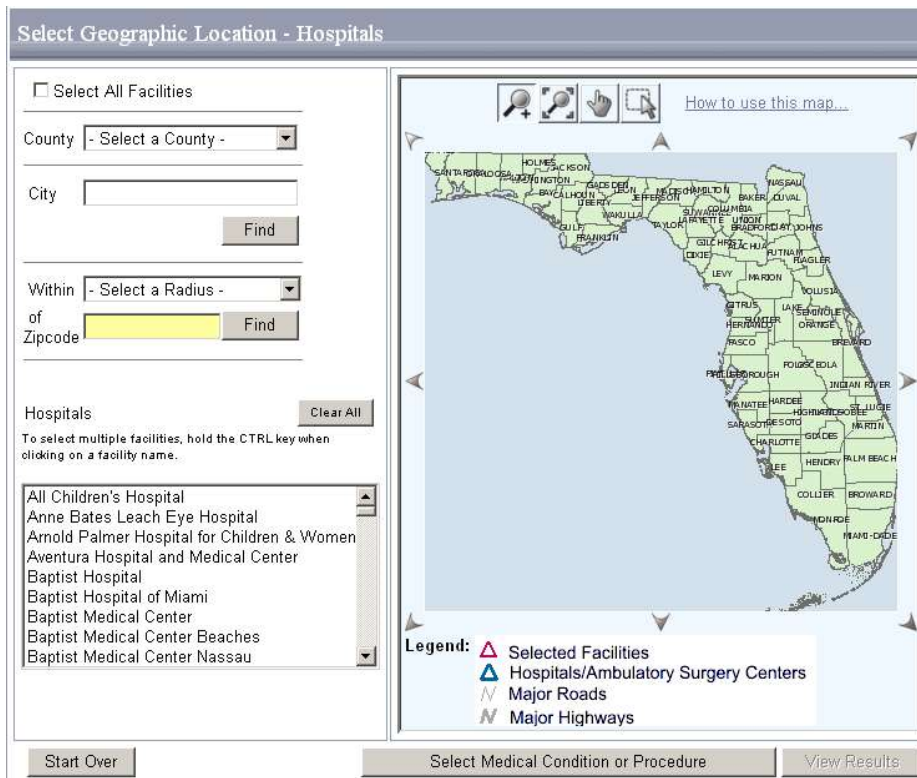
Finally, the CHIS Advisory Council recommended that ambulatory surgery data be reported for the top 25 Ambulatory Patient Groups (APGs), which indicate the type of resources and amount of resources used in a visit to an ambulatory

surgery facility. Patients in each APG have similar clinical characteristics and use similar resources. The software for calculating these groups is provided by 3M. They recommended that APGs for volume, risk adjusted charges, and statewide average charges be reported.

The State Center responded to the legislative requirements and CHIS Advisory Council recommendations by publishing a request for proposals (RFP) to find a vendor who could develop the website with all of the expected functionality. Following the round of proposals and vendor presentations, the State Center settled on a pair of companies working together, IS Consulting and Treo Solutions, which were given the contract to develop the website. IS Consulting took on the job of developing the interactive methodology for the website and writing the descriptive information to accompany the data. Treo Solutions took responsibility for building the website, and for employing the 3M All Patient Refined Diagnosis Related Groups (APR-DRG) software necessary to calculate risk-adjusted figures. The resulting website was rolled out as an integral part of Florida Health Stat, and named Florida Compare Care.

The website www.FloridaCompareCare.gov was launched on November 8, 2005. 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 and on the geographic location of the facility.

Figure 4. www.FloridaCompareCare.gov Interactive Map



When a user selects “Hospitals – Inpatient Care” on the web page he or she is offered information on the number of hospitalizations, length of stay and charges for procedures, readmission rates by facility, mortality rates and rates of complication and infection. 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. For purposes of discussion assume the user selects Complication/Infection rates and search by geographic locations. This selection opens a web page containing an interactive map of Florida and menus to help the user choose the facilities of interest, as shown in Figure 4.

Using the selection tools on the interactive map, the consumer can draw a box around the geographic area of interest, which brings up a second map showing the hospitals located within that region of the state, as shown in Figure 5. The consumer can then select one or all hospitals in the region as the subjects of the data query.

Figure 5. Detail of www.FloridaCompareCare.gov Interactive Map



Next, the user clicks on the “Select a Medical Condition or Procedure” button, and opens a web page with a listing of complications and infections. The list is

made up of selected Patient Safety Indicators (PSIs) endorsed by AHRQ, which include indicators for a complication index, decubitus ulcer, infections due to medical care, iatrogenic pneumothorax, postoperative hip fracture, postoperative pulmonary embolism or deep vein thrombosis and postoperative sepsis.

If the user selects “Infections Due to Medical Care” the data query returns a web page listing all of the hospitals chosen by the consumer and a calculation of the risk-adjusted infection rates for each hospital compared to the overall risk-adjusted state rate for infections. Risk-adjustment is a method for “leveling the playing field” for comparing hospitals because it accounts for different health care factors such as age and comorbidities to create “average” patient for purposes of reporting the PSIs. In this case, an “average” or risk-adjusted infection indicator is generated for the entire state and for each hospital. Along with the risk adjusted calculation is an explanation of the rate for each hospital indicating whether it is above, below or within the state average.

Consumers can thus generate reports on hospitals for the patient safety indicators and for medical conditions or charges for procedures, and determine whether an individual facility is in line with the state average, and how different hospitals compare on the same indicator. The data query for ambulatory surgery facilities currently offers only one selection option for number of visits and charges, but the method for locating facilities and generating reports on them is the same as for hospitals.

Between November 8 and December 10, 2005, during its first month of operation, www.FloridaCompareCare.gov had 55,710 visitors view the website for an average of 1,688 visitors per day. During this period there were 419,282 page views and a total of 2,230,967 hits on the site. From the volume of visits in its first month, it is clear that www.FloridaCompareCare.gov is a website that interests many Floridians who are concerned about their transparency of health care data.

Prescription Drug Price Website

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

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

The Agency and the Office of the Attorney General have created an interactive, consumer website that displays the individual retail prices at each community

pharmacy for the top 50 most frequently dispensed drugs, including both brand and generic names. The price data are presented in a way that allows the information to be searched by pharmacy, zip code, drug name, quantity, or price. The retail prices are updated at least monthly. Individual pharmacies and their locations are listed with contact information and a map. The website went online on June 1, 2005, and can be accessed at www.MyFloridaRx.com.

Community Outreach and Education

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

Consumer Awareness Series

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

The *Consumer Awareness Series* is written for the layperson. The series consists of brochures designed to assist the public in making well-informed health care decisions. The brochures are available in English and Spanish and are 15 to 20 pages long. They contain general information on a health care topic as well as a resource directory for further information. In fiscal year 2004-05, 92,101 brochures were distributed. Of these, 92.5% were mailed in English (85,213) and 7.5% were mailed in Spanish (6,888). The brochures published since 2000 are below:

Brochures published since to 2000:

- A Consumer's Guide to Health and Human Service Programs
- A Patient's Guide to a Hospital Stay
- A Consumer's Introduction to Cardiovascular Procedures Emergency Medical Care
- End of Life Issues - A Practical Planning Guide
- Florida Medicaid - A Reference Guide
- Health Care Advance Directives
- Health Insurance Guide for Families and Individuals
- Long-Term Care
- Patient Safety
- The Heart of a Woman – Women and Heart Disease
- Understanding Prescription Drug Costs

- What to Consider When Choosing an Assisted Living Facility
- What You Should Know About Home Health Care
- Florida Medicaid - A Reference Guide
- Health Care Advance Directives
- Health Insurance Guide for Families and Individuals
- Long-Term Care
- Patient Safety
- The Heart of a Woman – Women and Heart Disease
- Understanding Prescription Drug Costs
- What to Consider When Choosing an Assisted Living Facility
- What You Should Know About Home Health Care

Community Education and Assistance

E-mail requests from the public are received through www.FloridaHealthStat.com and responded to by staff from the Data Dissemination unit. Requests include data requests, educational information on health care issues, information on specific health care facilities and providers, as well as requests for referrals to meet basic needs like health care, medication, insurance, food and shelter. In 2004, the State Center responded to 418 requests for information. In 2005, the State Center received 862 requests through the end of November. (December numbers not counted.)

Community Outreach

Staff from the Data Dissemination unit 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 FloridaHealthStat.com. During 2005, this included such programs as the Big Bend Area Rural Counties Technical Assistance Workshop, local senior centers, and a training presentation at the Florida Department of Financial Services.

Other Activities

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

Comprehensive Health Information System Advisory Council

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

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

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

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

CHIS Advisory Council and the Long Range Plan

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

The 2004 Affordable Health Care for Floridians Act (Chapter 2004-297, Laws of Florida) required the State Center to work in conjunction with the CHIS Advisory Council to develop a strategic, long-range plan for achieving transparency in health care data so that Florida's consumers could compare health care services. Florida statutes have assigned the State Center with primary responsibility for implementing programs that create transparency in health care. The Legislature required that the *Long-Range Plan* address performance outcomes and financial data for health care facilities, health plans and managed care entities and physicians. The delivery date for the *Long-Range Plan* to the Governor's Office and the Legislature was originally set for March 1, 2005. As the CHIS Advisory Council set up workgroups to discuss different facets of the plan, the statutory

timetable for delivering the *Long-Range Plan* was delayed by the Legislature until January 1, 2006.

The *Long-Range Plan* will be the strategic blueprint for the State Center to assist informed decision-making by Florida's consumers regarding their health care choices. This document describes the Agency's strategic plan for making available performance outcome and financial data that will allow consumers to compare health care services. It presents a series of statements relating to the Agency's vision, goals and strategic objectives regarding transparency of health care information; sets out its proposed strategies, and discusses the feasibility and rationale for the proposed strategy. The State Center for Health Statistics has prepared the *Long-Range Plan* through a public planning process that included input from the CHIS Advisory Council.

The CHIS Advisory Council held a meeting to address the *Long-Range Plan* in February 2005. The objective of the meeting was to outline steps for developing a strategic plan, and to identify indicators for quality measurement within hospitals, ambulatory surgery centers, health plans, pharmacies and physician offices. The council passed recommendations to the Agency to have technical workgroups look at performance measures necessary to indicate quality of care, and to create a technical workgroup for the public dissemination of information about transparency of health care data.

The CHIS Advisory Council also organized a number of technical workgroups 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
- Physician Data Technical Workgroup

Through 2005, the first three of these technical workgroups addressed issues and made recommendations relevant to the *Long-Range Plan* and to the publication of transparent health care data. The public relations and physicians' data technical workgroups are expected to form in 2006. Each of these workgroups is discussed at greater length below.

The CHIS Advisory Council met in December 2005 to review the Long-Range Plan and approved a recommendation to submit the preliminary plan to the Secretary for distribution to the Governor, the President of the Senate and the Speaker of the House or Representatives, consistent with §408.05(3)(l).

CHIS Technical Workgroups

In addition to the CHIS Advisory Council, the State Center has received advice and guidance on a variety of topics from three advisory workgroups during 2005. The workgroups' missions are described below.

Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup

At the CHIS Advisory Council meeting on October 20, 2004, the Council voted to create the Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup. The purpose of this workgroup is to advise the Agency on issues concerning performance measures, risk adjustment measures, the appropriate data to report on the AHCA website and issues such as minimum number of cases to report and grouping of data. Specific topics examined by the workgroup in 2005 included:

- Advise AHCA on the appropriate risk adjustment system to use.
- Recommend the minimum number of cases to report.
- Determine what complications are relevant to report.
- Recommend the most appropriate method for grouping data.
- Review national performance measures and best practices.

The workgroup has studied the technical issues of reporting performance data, discussed options for reporting performance measures data on the State Center website and arrived at a set of recommendations for publishing health care data that would help consumers make health care decisions.

Technical Workgroup for Hospital Acquired Infections

The Hospital Acquired Infections Technical Workgroup was created during the CHIS Advisory Council meeting on October 20, 2004. The purpose of this work group is to advise the Agency on issues concerning hospital acquired infections. Specific topics examined by the workgroup in 2005 include:

- Recommend how to report Surgical Infection Prevention (SIP) measures.
- Review current systems of reporting infection rates.
- Determine the appropriate infection measures to report.

This workgroup has studied the technical issues of reporting hospital infection rates, discussed options for reporting among the workgroup members and

arrived at a set of recommendations for reporting infection measures to the CHIS Advisory Council.

Health Plan Consumer Reports Technical Workgroup

In 2005 the CHIS 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. Specific topics examined by the workgroup included:

- Review of the current *Florida HMO Report* and make recommendations for modification.
- Determine the content of data to be included in the new *Health Insurance Performance Report*.
- Develop a format that orients consumers to available options and various sources of information.

This workgroup studied the technical issues of reporting health plan performance information, discussed alternatives for reporting among the workgroup members and made a set of recommendations on surveying and reporting satisfaction surveys on health plans for the CHIS Advisory Council.

Public Relations Technical Workgroup

During the CHIS Advisory Council meeting on February 28, 2005, the members created a Public Relations Technical Workgroup to help AHCA market the FloridaHealthStat.com 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 AHCA.

Specific topics to be examined by the workgroup included:

- Define the information needs of different consumers of health care, including the average health care consumer, large purchasers of health care, policy-makers and providers.
- Work with the AHCA Communications Office, the local Health Councils around the state, the CHIS Website Workgroup and other stakeholders.
- Develop a marketing campaign to roll out FloridaHealthStat.com to Florida's consumers.
- Develop a public relations campaign to educate consumers about transparency in health care information, to promote FloridaHealthStat.com

to Florida's consumers to maximize use of the website and to develop a feedback method by which consumer information needs can be submitted to the Agency on a continuing basis.

- To help the State Center for Health Statistics in AHCA develop a Communication Plan to be included in the State Center's Long Range Plan.

This workgroup is directed to study the technical issues of communication as they relate to transparency of health care information and develop a set of recommendations for the CHIS Advisory Council. The first meeting of the workgroup will take place in January 2006.

Physician Data Technical Workgroup

At the April 14, 2005 CHIS Advisory Council meeting the Council directed AHCA staff to create the Physician 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 the required data collection. Specific topics to be examined by the workgroup include:

- Review current activities and initiatives for reporting information on physician cost and performance.
- Recommend how to develop a physician information system capable of providing data for health care consumers.
- Identify the data on physician performance that should be reported, which data is currently available (and the sources of that data), and if data is not currently available from existing sources, discuss & recommend how to get the data.
- Review the inclusion in this system of utilization of services, services offered to patients, quality of care, access to care, patient encounter data, infection rates, hospital admission/readmission, and revenues and expenses.

This workgroup is directed to review existing reporting systems in other states and arrive at a set of recommendations for the CHIS Advisory Council.

Other Functions

Library

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

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

Confidential Data Review Committee

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

Governmental entities and parties under contract to the Agency for Health Care Administration may apply to use confidential information contained in the State 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 their individual merits. Each request is judged based upon its scientific merit, its technical feasibility, and the lack of practical alternatives to using the confidential data.

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

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

Electronic Health Records – Health Information Infrastructure

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

In 2004, the Florida Legislature directed the Agency to begin an intensive planning process that would ultimately establish a strategy for the implementation of a Florida health information infrastructure that includes the use of electronic health records by individual health care providers and the secure electronic transfer of clinical data between multiple providers.

In May 2004, by Executive Order No. 04-93, Governor Bush created the Governor's Health Information Infrastructure Advisory Board. The Board's mission expressed in the Executive Order is to 1) advise and support AHCA as it develops a strategy for adoption and use of EHRs and creates a plan to promote the development and implementation of a Florida health information infrastructure (HII), including measures to promote greater adoption of EHR information systems among the state's healthcare providers; 2) identify obstacles to the implementation of an effective health information infrastructure in the state and provide AHCA with policy recommendations to remove or minimize those obstacles; 3) advise the Executive and Legislative branches on issues related to the development and implementation of the Florida HII; and 4) assist AHCA in ensuring that the strategy and plan preserve the privacy and security of health information as required by law.

Since the appointment of GHII Advisory Board members in June 2004, it has actively sought to educate itself and the Agency through workshops and public forums. The Board has held workshops through 2004 and 2005 at which national experts and stakeholders spoke about national health information network initiatives, developing health information exchange initiatives and trends in the use of electronic health records. The 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 to promote the adoption of effective electronic health record systems among Florida providers and to build out the FHIN infrastructure by starting with well-planned, strategically selected pilot projects and pursue a "launch and learn" approach. By encouraging qualified groups to plan, launch and operate a limited number of carefully designed pilot projects with AHCA's oversight and support, they can

demonstrate the “real world” opportunity to develop the infrastructure in a controlled manner.

In July 2005, the State Center collaborated with four regional health information organizations (RHIOs) to submit a proposal to the Office of the National Coordinator for Health Information Technology to build the FHIN. This proposal was not selected, but it established a “road map” for the future development of the FHIN. During the legislative session of 2005, the Legislature provided \$1.5 million to AHCA for the purpose of developing a funding mechanism to support pilot projects in health information exchange. The State Center developed a grants program in the summer of 2005, and had fifteen projects submit proposals for planning, implementation and training grants. At a Board meeting in November 2005, nine of the projects were recommended, including five planning projects, three implementation grants and one training grant.

The Board is currently working with a group of health information technology professionals to draft a white paper on the technical requirements of the FHIN. The FHIN is envisioned as a statewide health information infrastructure, operating over the Internet, that will enable health care professionals to access a patient’s medical records from any provider database connected to the network. The FHIN represents a collaborative effort among state and local government, and the private sector, including RHIOs. The FHIN will interconnect health care providers across Florida to facilitate the sharing of health care data without regard to where in the state the consumer resides or where the health care was delivered. The FHIN infrastructure will allow local RHIOs the greatest amount of flexibility in implementing their plans to integrate health care data in their communities.

For More Information About...

A Topic Presented in this Report

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

Paper copies are also available for most reports, at no cost. 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, you can download the "Data Catalog and Price List" (Click on "Order Data" on the homepage), which will aid you in making inquiries.

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

The State Center for Health Statistics

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

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