

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

**Document Abstract
March 2009**

Title: Florida Center for Health Information and Policy Analysis 2008 Annual Report

Summary: This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Policy Analysis (Florida Center) from January through December 2008. Topics presented in this report include public reporting of comparative data, data collection, research publications, data dissemination, health information technology and State Consumer Health Information and Policy Advisory Council activities.

The Florida Center's website, www.FloridaHealthFinder.gov, assists consumers in making informed health care decisions and provides purchasers and health care professionals or researchers with performance information on the quality of health care in Florida. The Florida Center's Florida Health Information Network website, www.FHIN.net, is a resource for stakeholders, including professionals and consumers, on Florida's health information exchange and electronic health records initiatives. It provides information on meetings, Agency programs, reports, and other resources.

The Agency for Health Care Administration, in cooperation with the Office of the Attorney General, continues to upgrade the www.MyFloridaRx.com website to provide consumers with comparative price information on over 100 of the most frequently used prescription drugs.

Policy Implications: The Florida Center collects, analyzes, disseminates, and encourages the exchange of health care data and information. The reports produced by this data have broad and diverse policy implications

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

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Introduction

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

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

The Florida Center is an integral part of the Agency for Health Care Administration (Agency) and supports its mission to promote better health care for all Floridians. The Florida Center endeavors to fulfill this mission through its health care transparency initiatives; public reporting of health care statistics and pricing information, data collection from health care providers, pharmacies and insurers, and the implementation of health information exchange infrastructure.

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

- Data collection and quality assurance;
- Research and development;
- Data dissemination;
- Patient safety; and
- Development of electronic health information infrastructure.

The Florida Center includes four functional units and the Office of the Director. The Office of Data Collection, Data Quality and Patient Safety is primarily responsible for patient data collection. The Office of Health Policy and Research is primarily responsible for analytic activities, policy coordination, statutorily mandated reports, and other analytic activities. This unit is also responsible for the collection of data related to health plan quality reports. The Office of Data Dissemination and Communication maintains the content of the Florida Center's consumer websites and provides information to interested parties upon request. The Office of Health Information Technology looks for opportunities to improve how health care information is retrieved and exchanged between Florida's health care providers.

Office of Data Collection, Data Quality, and Patient Safety

Data collection is guided by §408.061, Florida Statutes.

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

- Hospital Inpatient,
- Ambulatory Surgery, and
- Emergency Department

Detailed information about the data collected can be found at www.FloridaHealthFinder.gov/Researchers/OrderData/order-data.shtml.

Patient Data Collection: A Brief Synopsis of the Process

In accordance with Chapters 59E-7 and 59B-9, Florida Administrative Code, the data collected from the following sources are submitted to the Florida Center electronically: hospital inpatient, ambulatory surgery center, emergency department, and long-term psychiatric hospital. Facilities submit data reports quarterly and record inclusions are based on the patients' dates of discharge or visit.

The submitted data are checked for errors by a specifically designed computer program that identifies data that might have been reported incorrectly. Reports detailing any identified inconsistencies in the data are sent to the facility for data correction and verification. Following appropriate facility action, the corrected data are processed again for final validation.

Once the data successfully pass the checks, with no identified errors or unexplained outliers, a report is sent to the facility for a final review. If the facility agrees the data are correct, the facility's Chief Executive Officer or Chief Financial Officer is provided a certification form to sign and return to the Agency for Health Care Administration (Agency). After data are certified, they are added to the main database where they are available for public release.

New Rules

The Florida Center's data collection efforts are authorized by Chapter 408.061, Florida Statutes, and implemented by Chapters 59E-7 (inpatient data) and 59B-9 (outpatient data) of the Florida Administrative Code. In order to keep up with the state's rapidly changing health care environment, these rules need to be updated periodically. In 2008, this Office began the process of updating the rules through the promulgation of new rules.

The primary focus of the rule update is to bring state data reporting conventions in line with Universal Bill 2004. The Universal Bill is the basis for nearly all hospital billing throughout the country and aligning state data reporting to it will reduce costs and increase efficiency for all parties involved. The rule promulgation process will likely be concluded in the first quarter of 2009, with reporting under the new rule to begin with the first quarter of 2010.

Inpatient Data Collection

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

The hospital inpatient database contains patient-level information for each patient discharged from approximately 262 acute care Florida facilities, including long-term care hospitals, short-term psychiatric hospitals, and long-term psychiatric hospitals. The number of hospital inpatient discharge records submitted each year has increased from 2,386,661 in 2002 to 2,563,518 records in 2007. The 2007 data was certified as complete in 2008.

The number of reporting facilities varies over time, as new hospitals open and others close. Each facility reports quarterly under a unique identification number individually assigned to it by the Agency.

Discharge records include patient demographics, admission information, medical information, discharge information, and charge data. Patient demographics include the patient's race, birth date, gender, and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes diagnosis codes, procedure codes, principal procedure date, present on admission indicators, and attending and operating Florida physician license numbers. 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, pharmacy, medical/surgical supplies, oncology, laboratory, pathology, radiation, operating room services, anesthesia, respiratory therapy, physical and occupational therapy, emergency room services, cardiology, recovery room, labor room, trauma response, behavioral health, and other categories. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization [HMO], Medicare, Medicare HMO, and Commercial HMO) are also reported.

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

Ambulatory Surgery Data Collection

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

The ambulatory surgery (AS) database contains "same-day surgery" data on reportable patient visits to approximately 645 Florida facilities, including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers, and cardiac catheterization laboratories. The actual number of facilities varies over time as new facilities open and others close. Each facility submits quarterly reports under a unique Agency-assigned identification number. There were 2,953,661 ambulatory patient records collected in 2007. The 2007 data was certified as complete in 2008.

Reportable AS visits are those with primary procedures in the following Current Procedural Terminology (CPT) code ranges: 10000 through 69999 and 93500 through 93599. These codes include surgical procedures, cardiac catheterization, and lithotripsy. Facilities documenting less than 200 patient visits in a quarter may formally request, in advance of the due date, an exemption from reporting on the specified quarter.

Ambulatory surgery data records include, but are not limited to, patient demographics, medical information, and charge data. Demographics include race, birth date, gender, and zip code. Medical data include diagnosis (ICD-9-CM) codes and procedure (CPT) codes. Facilities also report patient visit date and license numbers for attending and operating Florida physicians. 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 charge categories. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid HMO, Medicare, Medicare HMO and Commercial HMO) is also reported. The data also contain individual record identification numbers and Social Security numbers.

The Health Insurance Portability and Accountability Act (HIPAA) restricts the release of protected patient health information; therefore, not all collected information is made available to the public. Detailed information about the handling of confidential data is presented in the “Data Dissemination and Communication” chapter.

Comprehensive Inpatient Rehabilitation Data Collection

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

The comprehensive inpatient rehabilitation database (initiated in 1993) is a companion to the hospital inpatient database. Although there are far fewer comprehensive inpatient rehabilitation records than hospital inpatient or ambulatory surgery records, rehabilitative care continues to be an important feature in the health care delivery system in Florida. There were 17,234 records collected in 2007.

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

Data Collection Summary

The comprehensive inpatient rehabilitation data contain patient-level discharge information from Florida’s fourteen licensed freestanding comprehensive inpatient rehabilitation centers. These centers are defined as any hospital licensed as a Class III Special Rehabilitation Hospital. Each center reports quarterly under their Agency-assigned facility number. Rehabilitation units of acute care hospitals are excluded from this database. Nursing homes and hospital-based skilled nursing units are not included.

In order to be classified as an inpatient rehabilitation facility, at least 75 percent of the hospital’s inpatients must fall under one or more conditions

that typically require intensive inpatient rehabilitation, §42 Code of Federal Regulations (C.F.R.) 412.23(b)(2).

The comprehensive inpatient rehabilitation data records include patient demographics, admission information, medical information, discharge information and charge data, as well as other information. Patient demographics include race, date of birth, and gender. Admission information includes the admission date and the admission source. Medical information includes a primary condition code and the Florida license number of the attending physician. Discharge information includes the discharge date, the patient's discharge status, principal payer, and the total charge. Further reported information includes the facility-generated record identification number and patient Social Security number.

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

Emergency Department Data Collection

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

In 2005, the Florida Center began collecting Emergency Department (ED) data as directed by §408.061(1) (a), Florida Statutes, and administrative rule Chapter 59B-9, F.A.C. This statute requires the reporting of all emergency department visits in which ED registration occurs and the patient is not admitted for inpatient care. Accordingly, all patients registered by the facility and generating a record are now reported by emergency departments by their acuity level using an evaluation and management (E&M) code, to indicate the level of seriousness of their condition.

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

As of December 2008, 21 million emergency department records were collected, processed, and certified by the Florida Center (approximately 5.7 million in 2005 and 5.8 million in 2006, 5.7 million in 2007 to date).

Since the first year of reporting, the ED data collected represent almost twice the number of records collected for inpatient admission and ambulatory surgeries over the same reporting period. Data collected for 2007 has not been 100 percent certified.

Florida Statutes require the Agency to analyze the use of emergency department services by patient acuity level and to assess the impact on increasing hospital costs by providing non-urgent care in emergency departments pursuant to §408.062(1)(i), Florida Statutes.

Service Developments in 2008

Most facilities submit their data on time. Since the primary interest is getting data to consumers, a Facility Outreach Program and a Data Guide were created for the facilities in 2008. This better positions the Office of Data Collection, Data Quality, and Patient Safety to aid struggling facilities.

Data Guide

Facilities currently look to the administrative rules governing the Florida Center's data collection program for guidance on how their data should be reported to the Agency. However, these administrative rules are legal documents. They were not intended to function as guidelines to assist in the actual compilation and submission of patient data. To further assist facilities, the Data Collection, Data Quality, and Patient Safety Unit produced the Guide to Submitting Inpatient & Ambulatory Discharge Patient Data (Data Guide). The Data Guide draws upon years of questions, comments, and requests that have been received by the Agency's staff. The Data Guide represents a commitment to helping facilities with the complex task of filing discharge data. The goal in producing this Data Guide is to help facilities clearly understand what data to file, when to file it, and how it should be filed. Therefore, every facility should be able to confidently submit data with a minimum of time and error.

Facility Outreach Program

In 2008, this Unit formally announced the establishment of the Facility Outreach Program. This program is the forefront of the Florida Center's commitment to provide customer-focused support to facilities struggling with discharge data reporting. The Facility Outreach Program proactively identifies struggling facilities, and assists them, by doing the following:

- Reach out to establish a dialogue with the facility's submission staff;
- Identify the functions or actions at the root of the delinquency;

- Identify the resources available to mitigate/improve deficient areas;
- Construct a recovery plan to re-establish reporting currency; and
- Monitor progress through regular status review calls.

Working together, the Agency and facilities have put an effort into improving performance. In June 2008, the outreach efforts began. At this time, 195 quarters of data, from 123 facilities, were past due. A little over four months later, 90% of data files were submitted and certified. As of the date of this report, only fifteen ambulatory facilities are delinquent in their discharge data reporting. All inpatient facilities are current in their reporting.

Technical Developments in 2008

The demand for health care transparency continues to drive the Florida Center to collect growing volumes of complex data in a more efficient manner. There is a corresponding need for greater technological supports to collect, validate, and analyze the data.

The Office of Data Collection, Data Quality, and Patient Safety must possess the ability to rapidly accept and process the growing volumes of electronic data submissions while continuing to assure accuracy and validity. The desired outcome is a faster turnaround of information and accessibility by all stakeholders, such as consumer, researcher, facilities, and policy drivers. It is anticipated that technical enhancements and increased automation will greatly accelerate the Florida Center's capacity to collect data, audit and disseminate data, enhance the state's health care database, and improve the availability of information for consumer websites. Reducing the time between initial data reporting and the timely dissemination of public information is critical to all decision makers, consumers, and policy drivers.

Surgical Infection Prevention Data Collection

The Florida Center initiated a Rule, Ch. 59B-15, F.A.C, in 2005, to collect Surgical Infection Prevention (SIP) data on the use of appropriate antibiotics for surgical patients. Although the initial intent was to display the data on the Agency's website, SIP data available from the Centers for Medicaid and Medicare Services (CMS) supplanted the need for separate data collection. Therefore the Florida Center, in conjunction with the State Consumer Health Information and Policy Advisory Council recommended repeal of Rule 59B-15. This repeal became effective June 8, 2008.

Patient Safety and Risk Management

The Patient Safety and Risk Management Unit is housed within the Office of Data Collection, Data Quality, and Patient Safety. In 2007, the Agency's Adverse Incident Reporting Unit was transferred from the Division of Health Quality Assurance to the Florida Center. The goal of this transfer was to use the adverse incident reports to provide health care facilities with quality feedback on best practices to ensure patient safety.

Adverse incidents are medical incidents as defined in §395.0197, Florida Statutes. They include the following:

- wrong site surgery,
- wrong patient surgery,
- wrong surgical procedure,
- patient death,
- brain or spinal damage to a patient, and
- removal of unplanned foreign objects remaining from a surgical procedure.

Hospitals and ambulatory surgical centers are required by law to report adverse incidents to the Agency. These reports are confidential. The Agency publishes these adverse incidents reports quarterly on the risk management website, which can be found at:
www.ahca.myflorida.com/SCHS/risk/index.shtml.

A risk management newsletter is produced quarterly by the Patient Safety Unit. The purpose of this newsletter is to effectively communicate with risk managers throughout the state. The newsletter contains relevant policy information, identifies any issues of concern to risk managers, provides answers to frequently asked questions, and highlights best practices in patient safety and risk management.

Recent Developments

In 2008, adverse incident reporting for Assisted Living Facilities and Nursing Homes was assigned to the Florida Center. Staff are working to streamline incident reporting across all facility types and to encourage the use of electronic reporting. The Patient Safety Unit focuses on customer service and best practices. The goal is to work with facilities to encourage appropriate and timely reporting and effective resolution to adverse incidents.

Office of Health Policy and Research

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

Research is a primary function of the Florida Center for Health Information and Policy Analysis (Florida Center). The Office of Health Policy and Research transforms the data collected by the Florida Center into information that the public can use. The Office of Health Policy and Research collaborates with researchers nationally to identify trends in health care utilization. In addition, the Office provides policy coordination and leadership within the Florida Center and Agency for Health Care Administration. Copies of any report discussed in this section are currently available on the Internet at www.FloridaHealthFinder.gov.

Health Plan Quality Indicator Data Collection

Health plan quality indicator data collection is required under §641.51(9), Florida Statutes, and 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 for each line of business (commercial, Medicare, and Medicaid). The data display annual statewide quality measures gathered by health plans and reveal trends. This begins with data reported in 1999. This information was published in an HMO report card from 2000 until 2005. Information from 2006 through 2008 is available electronically on our website at www.FloridaHealthFinder.gov/HealthPlans/.

Data Collection Summary

Quality indicator data typically display the percentage of eligible members who have received a specific health care service during the measurement year. Quality indicator measurement specifications are prescribed in the Healthcare Effectiveness Data & Information Set technical specifications manual. This manual is available from the National Committee for Quality Assurance. Technical specifications are updated annually in order to reflect medical coding changes, to clarify requirements, and to improve the quality measures.

The indicators reported to the Agency for Health Care Administration (Agency) include measures of chronic disease management, preventive health care, prenatal care, infant checkups, children, and adolescents. Chronic disease management indicators address diabetes care, asthma medications, and controlling high blood pressure. Preventive health care indicators include breast cancer screening, cervical cancer screening, and Chlamydia screening in women.

As indicated in the Healthcare Effectiveness Data & Information Set (HEDIS), selected measures are not reported annually. A rotation schedule is issued by the National Committee for Quality Assurance. This notifies health plans of the indicators that are required for the subsequent reporting cycle. Rotated measures are usually reported every two years.

Quality indicator data submitted to the Agency also include supplementary information such as the number of eligible members, sample size, confidence intervals, and whether administrative or hybrid methodology were used to calculate the reported rate.

A Brief Synopsis of the Process

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

Staff within the Office of Health Policy and Research 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 irregularities.

Recent Developments

In 2008, there were no changes in the health plan quality indicator data collection rule.

Consumer Assessment of Health Plan Survey Data

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

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) data contain the results of an annual statewide survey. Members in each Florida licensed health maintenance organization (HMO) health plan, certain preferred provider organizations, and indemnity health plans were surveyed. Included in this category are Florida Medicaid and Healthy Kids plans. There was a separate survey for members of commercial plans. Data for members of Medicare managed care plans are obtained from a website of the Centers for Medicare and Medicaid Services.

Data Collection Summary

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

The CAHPS survey instrument was developed by the Federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance. Public release version 4.0H was used by 2008. The Medicaid and commercial versions of the CAHPS are used as appropriate, and a Spanish language version is also used as required. CAHPS 4.0H includes both a survey of health care for adults and a parent/child survey that contains additional questions applicable to children's health care and interaction with their child's health care providers. Additionally, the Agency added three supplemental questions to the surveys focused on overall satisfaction with their plan.

A Brief Synopsis of the Process

The adoption of an administrative rule (Chapter 59B-14, F.A.C.), changed the process for surveying different commercial plans as opposed to the other plan types (Medicaid and Healthy Kids). Under provisions of this rule, the Agency began publishing member satisfaction data for PPO/Indemnity plans in 2006. The rule requires that commercial health plans (both HMO and PPO/Indemnity) contract with NCQA-authorized

vendors to perform their survey and to send certified data results to the Agency.

In 2008, for noncommercial plans, the Agency contracted with the Survey Research Center at the University of Florida to conduct the survey by telephone interview. Member responses, excluding identifiers, are provided to the Agency in a data file.

Recent Developments

Commercial health plans report data directly to the Florida Center. Companies complete a separate set of surveys for HMO plans and for PPO/indemnity plans. HMO plans report all items from the CAHPS survey, while PPO plans report eight specified CAHPS items in addition to the supplemental items. The plans also provide certification, signed by the Chief Financial Officer, that the information submitted is true and accurate. In 2008, there were a total of 16,541 completed surveys. The number of CAHPS surveys by plan type that were completed and reported in 2008 is shown below:

- Medicaid HMO surveys 6,856
- Healthy Kids HMO surveys 2,105
- Commercial HMO surveys 4,603
- Commercial PPO surveys 2,977

The Agency provides consumers a health plan link on the www.FloridaHealthFinder.gov website, which displays comparative information about benefits and performance of health plans throughout Florida. The health plan website includes comparative information on performance measures, member satisfaction survey data, and county coverage areas for all managed care and most PPO/indemnity health plans in Florida.

Beginning with CAHPS survey data collected in 2008 and posted on the Florida Health Finder website in December 2008, the Agency has modified some of the information that is displayed. Prior to 2008, most CAHPS items displayed were individual questions. With the latest CAHPS data update, many individual questions have been combined to form groups, or composites, of separate questions. Composites are displayed for Getting needed care, Getting care quickly, How well doctors communicate, How well plans handle claims, and Getting help from customer service.

The Agency believes that the consumer can obtain more information from comparing plan scores on these composite questions, rather than having to compare plans on each of the CAHPS questions underlying the composite questions. Further, many national organizations report CAHPS

data by the composites, thus comparisons can easily be made between Florida and national data.

Publications and Reports

Emergency Department Utilization Report (February 2008)

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that the Agency publishes an annual report on the use of emergency department services, including an analysis of the treatment given by patient acuity level and the implications of increasing hospital costs in providing non-urgent care in emergency departments.

The Emergency Department Utilization Report describes demographics and other characteristics of visits to emergency departments in Florida. It also presents preliminary data on factors that serve as the provider of last resort and have implications for hospital costs. By law, the hospital emergency department is the one place where a person cannot be denied health care services, regardless of ability to pay. Data from the Agency hospital financial database indicated that the number of emergency department visits has increased over the past ten years. However, the number of hospital emergency departments has decreased. Additionally the percentage of uninsured individuals has increased, which adds to the demands on the emergency departments. The report used the Agency's 2005 emergency department database to analyze demographics and acuity levels of emergency department patients, charges and payers, and most frequent diagnoses. This year was the first full year of data collection for emergency department data.

Florida Health Care Expenditures Report (October 2008)

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

The Florida Health Care Expenditures Report examines trends in expenditures for health care services, health care payers, and HMOs. The report focuses on data from the most recent calendar year available (2006), but also shows trends from 1992. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents. The next Health Care Expenditures report will detail spending in the calendar year 2007 and is expected to be published in Spring 2009.

Collaboration with the Agency for Healthcare Research and Quality

Since 1989, the Florida Center has been a founding partner and participator in the federally funded Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality. This voluntary project builds on the data and efforts of state data organizations, state hospital organizations, and other private data organizations to create a national resource of health care data. Data from Florida, along with up to 38 other states, are combined and personal health information is removed. This data is available for purchase to interested parties. Using this data, Florida can compare the overall performance of its facilities against that of other states and regional and national benchmarks.

Florida data is a key component in several Healthcare Cost and Utilization Project national databases, such as:

- National Inpatient Sample, the largest all-payer health care database in the United States;
- Kids' Inpatient Database, containing two million hospital discharges for children;
- State Ambulatory Surgery Databases; and
- State Emergency Department Databases.

Florida data are included in many publications of the Healthcare Cost and Utilization Project, including the National Health Disparities Report and the National Health Quality Report. In these reports, and the related State Snapshots briefs, the annual performance of Florida facilities may be compared against the performance of other states. This allows researchers and policymakers to focus on deficient areas in Florida's health care system.

Finally, the Florida Center has partnered with the Agency for Healthcare Research and Quality and other states on various research projects. These efforts include:

- Understanding post-hospital mortality,
- The effects of vaccination on rotavirus hospital admissions,
- The use of clinical data in improving the performance of the Quality Indicators, and
- Ways to improve the collection and utilization of patient racial and ethnicity data.

Library

In 2008, the Agency's library was dismantled due to other demands on Agency resources. Most of the books and periodicals were donated to the state library. Materials the state library could not use were given to other state agencies and Agency staff.

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. The administrator then provides detailed information regarding available data and promotes the efficient use of data for research and public policy purposes. The State Health Data Directory is exclusively available on our website, www.FloridaHealthFinder.gov.

There are over 110 entries in the directory that represent 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, and contact information. If available, website references are provided.

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

The Florida Center Confidential Data Review Committee

The Florida Center Confidential Data Review Committee (Committee) is coordinated through the Office of Health Policy and Research. The Committee reviews requests from governmental entities and parties under contract with the Agency. These governmental entities and parties may apply to use confidential information contained in the Florida Center databases. Data are considered confidential if they contain direct or indirect patient identifiers.

The Committee reviews requests based upon their scientific merit, technical feasibility, and the lack of practical alternatives to using the confidential data.

The Committee members consist of Administrators from the Office of Data Dissemination and Communication; the Office of Health Policy and Research; and the Office of Data Collection, Data Quality, and Patient Safety. The Florida Center's Data Security Administrator and one representative from the Office of the Florida Center Director also serve as members on the Committee. The Committee decides whether to recommend the request, deny the request, or amend the request. Once approved, the application is forwarded to the Florida Center Director, Chief of Staff, Officer of the Health Insurance Portability and Accountability Act (HIPAA), 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.

Health Policy Unit

In July 2008, the Florida Center created the Health Policy unit. This unit is now a part of the Office of Health Policy and Research. The unit provides bill analysis and legislative support; and assists in policy development for Florida Center and Agency initiatives. The unit also is responsible for the facilitation and coordination of the State Consumer Health Information and Policy Advisory Council (Advisory Council) and the various technical workgroups created to focus on specific issues on health care data transparency. The collaborative effort between the Advisory Council and the Florida Center has yielded best practices for public reporting and consumer focused transparency activities which are implemented in the design of the Agency for Health Care Administration's website, www.FloridaHealthFinder.gov .

Office of Data Dissemination and Communication

Data dissemination is guided by §408.063, Florida Statutes.

The Office of Data Dissemination and Communication performs several functions to ensure the public has access to health care information to assist them in making well informed health care decisions. The public includes consumers, policymakers, the Legislature, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates.

The Office of Data Dissemination and Communication developed, and maintains, the consumer health care website, www.FloridaHealthFinder.gov. The website provides easy access to health care data, encourages health care transparency, and includes a variety of information to assist consumers and professionals with their medical needs and medical research.

The Office provides consumers with technical assistance to address their specific health care data needs by utilizing a variety of database sources such as acute-care hospital, ambulatory, emergency department, comprehensive rehabilitation, and hospital financial data.

The Office also produces the Consumer Awareness Series. These are brochures that cover topics such as Florida Medicaid, home health care, long-term care, end-of-life issues, and patient safety, among others. Health care education is also provided through participation in community outreach programs for the purpose of heightening awareness on the importance of health care literacy.

Data Dissemination Requests

Typically, data dissemination requests that come directly into the Florida Center for Health Information and Policy Analysis (Florida Center) fall into the following categories:

- requests for de-identified data (limited data set);
- requests for standard reports;
- requests for ad hoc reports;
- requests for publications; and
- requests for other information.

Many of these requests require a service fee.

The Basic Process

Requests for data are processed upon written request. Customers may submit their requests to the Office of Data Dissemination and Communication via mail, fax, or e-mail. Customers are required to complete a Limited Data Set Data Use Agreement form in order to receive access to de-identified patient data.

Completed customer orders are mailed after payment is received. Prices for data are listed 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. 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, or CD-ROM), and the invoice. Orders are available for customer pick-up or sent via e-mail (excluding confidential data), priority mail, UPS, or Federal Express. Orders sent via UPS or Federal Express are shipped at the customer's expense.

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

Request for De-identified Data

Hospital inpatient, comprehensive rehabilitation, ambulatory surgery, and emergency department databases are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data.

When completed, the Data Use Agreement form is forwarded to the Office Administrator for signature. Upon authorization, the original Agreement form is maintained in the Office of Data Dissemination and Communication. The applicant receives a copy of the form.

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

- patient identification number,

- the Social Security number,
- the infant linkage identification number,
- date of admission,
- date of discharge,
- date of birth, and
- the procedure dates.

Calculated information is added to the database that includes 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 or Medicare Severity Diagnostic Related Group (beginning with 4th quarter 2007 inpatient data).

The patient-level limited data set is sold by quarter and is available on CD or DVD by facility, county, facility region, or statewide data. The Florida Center processed 868 data requests in 2008 compared with 772 total data requests in 2007.

Confidential data are available under very strict conditions, but not to the general public.

Request for a Standard Report

The Florida Center's Office of Data Dissemination and Communication produces a number of standard reports:

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

Hospital Financial Data. This hospital report contains fiscal year facility-level information and is available on CD-ROM. The data contain audited information on hospital revenues, expense/expenditures and depreciation, medical staff data, selected discounts and prospective payment arrangements, and other statistics and general data for each hospital.

Request for an Ad Hoc Report

Sometimes, a customer is looking for very specific information that is not included on a standard report, and does not wish to purchase an entire data set to obtain the information. These requests are referred to as ad hoc reports. An example would be a request for the median age of patients admitted to the hospital with tuberculosis 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 an ad hoc report might receive a telephone call or e-mail from a Florida Center staff member with some specific questions about the query. Completed reports may be disseminated on paper, e-mail, CD-ROM, or DVD. They vary in length, time to produce, and cost to the requester. Each report is cross-verified and reviewed before release.

Florida Health Finder Website

An annual status report on the collection of data and publication of health care quality measures as mandated by §408.062 (1) (j), Florida Statutes.

The Florida Health Finder website, www.FloridaHealthFinder.gov, was established to assist consumers in making informed health care decisions and lead to improvements in quality of care in Florida. Consumer reports and health related links are posted on the website as well as the ADAM interactive Health Care Encyclopedia and Symptom Navigator. The website also provides performance data for selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory (outpatient) surgery centers, as well as information to compare health plans on member satisfaction, coverage areas, and quality of care. For facilities, this includes volume, charges, readmission rates, mortality rates, infection rates, and complication rates with a separate section for pediatric patients.

In June 2008, an additional measure was added to the website, Potentially Preventable Readmissions. This measure was developed in conjunction with 3M Health Information Systems and based on input from the State Consumer Health Information and Policy Advisory Council. Potentially Preventable Readmissions are a clinically-based classification system that identifies acute care hospital readmissions that are potentially preventable, based on the hospital discharge data. Florida is the first state in the country to publish Potentially Preventable Readmissions. This is another step in ongoing efforts to provide patients and health care

providers with more information about the quality of Florida's health care system.

In addition, the Florida Legislature mandated the information provided on the website by increasing the number of undiscounted charges displayed to no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and preventative procedures. This information was added to the Florida Health Finder website in November 2008.

Available Reports and Information

Several standard reports are available on www.FloridaHealthFinder.gov. From the home screen, users may select "Florida Consumers" or "Researchers and Professionals". Selecting "Florida Consumers" permits users to look up medical conditions and procedures and find out more information, including health outcomes. The site permits consumers to locate health care facilities and provides driving instructions. It allows them to find and compare health plans, hospital and ambulatory surgery centers, and nursing homes, for health outcomes and/or pricing information. The Florida Consumers page also contains a symptom navigator site that permits individuals to point click on a human form and obtain more in-depth information. The "Researchers and Professionals" link allows specialized data queries but may require users to have some knowledge of medical coding and terminology. It permits users to search for health data, health reports, and guides. Pharmacy pricing data are available through a link to www.MyFloridaRx.com.

The Inpatient Facility Query allows a user to search by diagnosis and procedure codes (the ability to search by Diagnostic Related Group codes was removed and will be replaced with Medicare Severity-Diagnostic Related Groups upon availability of four quarters of data). The Outpatient Facility Query allows users to search by CPT procedure codes and ICD-9-CM diagnosis and procedure codes. A new query tool for the Emergency Department data is now available and researchers and professionals can query by the patient's reason for visit, diagnosis, and evaluation and management codes (based on the principal CPT code).

Results can be returned by various demographics and other criteria. The results of the queries will return the most recent four quarters (one year) of data. Note that only principal diagnoses and procedures are used. Queries using secondary diagnoses and procedures must be requested from the Office of Data Dissemination and Communication.

Publications Available

Florida Center publications are available on www.FloridaHealthFinder.gov. Consumer brochures are found on the Florida Consumers web pages. A list of the brochures can be found in the Consumer Awareness Series section of this report. On the Researchers and Professionals page, users may select from Brochures and Guides. 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.

Hospitals and Ambulatory Surgery Centers Performance Data

The consumer-focused website provides a clear, transparent view of performance data for over 150 selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory surgery (outpatient) centers. For either type of facility, the user can make a selection based on health care conditions or procedures, facility name, or the geographic location of the facility.

Consumers can generate reports that compare hospital inpatient care by volume, length of stay, charges, mortality, complications, infections, and readmissions. The data comparison tool for ambulatory surgery centers currently offers data on the number of visits and charges.

Information is also provided on various conditions and procedures specific to the pediatric population. This tool provides parents with a powerful resource to find key information when faced with the hospitalization of a child.

The website also provides explanations for all data and measures reported, including 'Why is this important?' Links are provided for the medical terminology used on each page.

Hospitals – Inpatient Care

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

- Hospitalizations, length of stay, and charges (includes pediatrics);
- Readmission Rates (adults only);
- Mortality Rates;
- Complication / Infection Rates; and
- Facility Profiles.

A second set of choices allows the user to search by the geographic location or special services.

If users select “hospitalizations, charges, and length of stay”, they can receive this information by a particular condition or procedure as well as the overall volume, charges, and length of stay for each hospital. Total hospitalizations are the total number of patients treated at that hospital for a particular condition or procedure, or if one is not selected, the total number of hospitalizations at the facility is shown.

Charges are represented as a range with the lowest and highest charge for a particular procedure or condition for patients discharged from the hospital. The interquartile range methodology which represents the middle 50% of the charges is used to minimize outliers. The hospital charge does not include physician fees, nor does it reflect the actual cost or the amount paid for the care. The amount that a patient pays depends on the type of insurance coverage, co-payments and/or deductibles, or if a patient is uninsured, whether that patient qualifies for discounts under the hospital’s discount or charity policies.

The average length of stay represents the typical number of days a patient stayed in the hospital for a particular condition or procedure. It is adjusted using the 3M APR-DRG risk adjustment methodology to account for hospitals that take care of patients who are sicker and require more treatment or resources than the "average" patient.

The Potentially Preventable Readmissions information on the Florida Health Finder website is based on those patients ages 18 and older readmitted to the same facility or another short term acute care hospital within 15 days based on the original admission for the same or related condition. This rate is assigned to the hospital that first admitted the patient regardless of where the patient is readmitted. Since sicker patients are more likely to be readmitted, the readmission rate is adjusted for the severity of patients’ illness. They identify return hospitalizations that may have resulted from the process of care and treatment (readmission for a surgical wound infection) or lack of post admission follow-up (incomplete discharge planning or prescription not filled) rather than unrelated events that occur post admission (broken leg due to trauma). This information became available in June 2008.

In addition to the charge information located on the Florida Health Finder website, new legislation requires that, beginning in January 2009, the health care provider or the health care facility provide an uninsured person, prior to the provision of a planned nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider’s or facility’s discount or charity policies for which the uninsured person may be eligible. Estimates shall, to the extent

possible, be written in a language comprehensible to an ordinary layperson.

Mortality Rates

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

When a user selects Mortality Rates and their second choice is “search by medical condition/procedure”, then the user can choose from the following procedures and conditions:

Inpatient Procedures

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

Inpatient Conditions

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

Complication / Infection Rates

Patient Safety Indicators are a set of measures defining potentially preventable complications and infections from exposure to the health care system. The Patient Safety Indicators are defined by the Agency for Healthcare Research and Quality (AHRQ) to provide a perspective on patient safety. These indicators provide an initial measure of inpatient complications following surgery, childbirth, and certain medical

procedures. The website reports hospital infection rates using two Patient Safety Indicators:

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

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

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

When the user selects Complication/Infection Rates and their second choice is “search by medical condition/procedure”, they can then choose from the following Patient Safety Indicators by AHRQ:

- Decubitus Ulcer (Bed or Pressure Sore)*;
- Infections due to Medical Care (Occurrence of serious infection, primarily related to lines and catheters);
- Iatrogenic Pneumothorax (Collection of air or gas in the space surrounding the lungs);
- Postoperative Hip Fracture* (measure includes all persons ages 18 and older who broke their hip[s] following a surgical procedure);
- Postoperative pulmonary embolism* (blood clot in an artery of the lungs) or deep vein thrombosis (a condition marked by the formation of a blood clot ['thrombus'] within a deep vein, usually in the leg or pelvis);
- Postoperative sepsis (serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery); and
- A Complication Index* that is a composite of the first five Patient Safety Indicators, listed above.

Future plans are to expand the number of Patient Safety Indicators upon having a complete reporting of the present on admission data. The present on admission data will allow for the removal of cases that are not attributed to the patient’s care at the facility. Those Patient Safety Indicators listed above with an asterisk (*) were removed in April of 2008 until four quarters of Present On Admission data is available for the analysis.

Ambulatory (Outpatient) Surgery Centers - Includes Hospitals

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

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

A second set of choices allows the user to search by the geographic location of facilities, by medical conditions or procedures, or by the overall facility performance. When a user selects the number of visits and their secondary choice is “search by medical condition/procedure”, then the user can choose from the top performed surgeries or procedures. The website reports procedures by volume and charges. Charges are represented as a range with the lowest and highest charge for a particular procedure based on the interquartile range as it does for hospitals.

Florida Health Plans

The Compare Health Plans portion of the www.FloridaHealthFinder.gov website displays comparative information for Florida health plans. The purpose of this website is to provide usable information to consumers so they may make informed decisions regarding the choice of health insurance. Information is presented for commercial Health Maintenance Organizations, commercial Preferred Provider Organizations and Indemnity plans, Florida Healthy Kids, and Florida Medicaid and Medicare managed care health plans business in Florida.

Consumers may use the website to compare health plans on:

- Quality of care provided to members;
- Member satisfaction with the plan, including claims payment performance; and,
- Health plans available in each Florida County (Coverage Areas).

Consumers can compare health plans on their monthly premium rates, via a link to the Office of Insurance Regulation, and can also find additional resources on many health insurance topics.

Prescription Drug Price Website

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

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

The Agency and the Office of the Attorney General have created an interactive consumer website that displays the individual retail prices at each community pharmacy for the top 100 most frequently dispensed drugs in Florida, including both brand name and generic drugs. The price data are presented in a way that allows the information to be searched by:

- County;
- City; and
- Drug name.

The retail price is the price that an uninsured consumer, with no discount or supplemental plan, would normally pay. This is also known as the "Usual and Customary" price. The retail prices are updated monthly. Individual pharmacies and their locations are listed with contact information and a map. This drug pricing website can be accessed at www.FloridaHealthFinder.gov and www.MyFloridaRx.com.

Community Outreach and Education

E-mail requests from the public received through www.FloridaHealthFinder.gov are responded to by staff from the Office of Data Dissemination and Communication. Requests include data requests, educational information on health care issues, information on specific health care facilities and providers, Medicaid, as well as requests for referrals to meet basic needs like health care, medication, insurance, food, and shelter. In 2008, the Florida Center responded to 1,706 requests for information as compared to 1,287 requests in 2007.

Staff from the Office of Data Dissemination and Communication also initiate and participate in community-based programs, as authorized by §408.063 (3) and (6), Florida Statutes. Such programs educate the public about health care issues, make consumer brochures available, and introduce the www.FloridaHealthFinder.gov website.

The Office of Data Dissemination and Communication 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. The Office of Data Dissemination and Communication participated in the Nova Southeastern University's Senior Health Fair on March 30, 2008 by providing resources such as bookmarks and consumer brochures. Last year Staff began, and continues, to develop ideas for outreach through an Internal Communications Team charged with preparing an action plan and marketing strategies for increasing visits to the Florida Health Finder website. This internal team works in conjunction with the State Consumer Health Information and Policy Advisory Council's (Advisory Council) Public Relations Technical

Workgroup. Together, they work to expand and enhance marketing efforts by developing training videos on how to navigate the website, initiating outreach efforts to Advisory Council members' colleagues to provide tools for use at conferences, meetings and seminars, as well as researching and developing Web 2.0 marketing strategies.

The Office of Data Dissemination and Communication has also been working with the Florida State University College of Information, Information Use Management and Policy Institute, to perform a needs assessment study and testing of the website to provide various target audiences better access and to increase Florida residents' knowledge and awareness of the website.

Consumer Awareness Series

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

The Consumer Awareness Series is written for the health care consumer. The series consists of brochures designed to assist the public in making well-informed health care decisions. The brochures are available in English and Spanish and are 15 to 20 pages long. They can be ordered by calling the Agency's Call Center and are also available on www.FloridaHealthFinder.gov. They contain general information on a health care topic as well as a resource directory for further information. In 2008, 142,804 brochures were distributed. Of these, 85.4% were English (121,906) and 14.6% were Spanish (20,898). The brochures published since 2000 include:

- A Consumer's Guide to Health and Human Services Programs;
- A Patient's Guide to a Hospital Stay;
- Assisted Living in Florida;
- Emergency Medical Care;
- End of Life Issues - A Practical Planning Guide;
- Florida Medicaid - A Reference Guide;
- Health Care Advance Directives (now available only online);
- Home Health Care in Florida;
- Long-Term Care;
- Patient Safety; and
- Understanding Prescription Drug Costs.

Office of Health Information Technology

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

In 2004, the Florida Legislature directed the Agency for Health Care Administration to develop a strategy for the adoption and use of electronic health records. This section was amended in 2006 to include the development of an electronic health information network to exchange electronic health records among health care facilities, health care providers, and health insurers.

In addition, the Legislature specified certain technical assistance responsibilities of the Agency for Health Care Administration (Agency) in §408.05(4), Florida Statutes. This included administering grants for development of a health information network. It provided that the Agency shall integrate health care data from state agencies and make the health data available to health care practitioners through a state health information network. The Florida Center for Health Information and Policy Analysis is also directed to provide technical assistance to support the health information network.

Section §408.0611, Florida Statutes, requires the Agency to collaborate with stakeholders in creating an electronic prescribing clearinghouse. The Agency is also directed to coordinate with private sector electronic prescribing initiatives to accelerate the adoption of electronic prescribing (e-prescribing).

Florida Health Information Exchange Strategic Initiative

The Agency's strategy regarding electronic health records is integrated with its plan to develop an electronic health information exchange for the sharing of electronic health records among authorized providers. An important component of this initiative is greater involvement of consumers and the ability of health information technology to assist consumer directed health care. The Agency's strategic initiative included the following activities during 2008:

- Public-private cooperation to promote privacy-protected and secure health information exchange including, specifically, the use of electronic prescribing;

- Florida Medicaid participation in data sharing among authorized treating providers;
- Facilitating increased access and use of personal health records by consumers; and
- Infrastructure development to provide broadband access to rural and all health care providers.

Governance

The Agency's Health Information Exchange Coordinating Committee was created in December 2007 as a workgroup of the State Consumer Health Information and Policy Advisory Council. The Health Information Exchange Committee (HIE Committee) was formed to support the Agency in implementing a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians. The HIE Committee recommends technical standards to ensure the interconnectivity of all health care providers and to establish and maintain the security for electronic health information.

During 2008, the HIE Committee assisted the Agency in the review and evaluation of applicant proposals to the Florida Point of Care Model Electronic Health Records Grants Program and made recommendations to the Agency Secretary through the State Consumer Health Information and Policy Advisory Council (Advisory Council). The HIE Committee assisted the Agency as it developed and implemented specific programs for health information technology. It also advised the Agency regarding developments in health information technology and national standards related to the security of electronic health information exchange. Additionally, the HIE Committee coordinated its activities with the State Electronic Prescribing Advisory Panel and the Privacy and Security Project Legal Working Group.

Florida Point of Care Model Electronic Health Records Grant Program

In 2008, the Florida Legislature created the Point of Care Model Electronic Health Records Grants Program to demonstrate the benefits of electronic health records in the outpatient clinic setting by improving coordination of patient care and reducing inappropriate emergency department visits. Beginning October 3, 2008, the Agency solicited applications for Point of Care Model Electronic Health Record grants. The purpose of the program is to provide support for the deployment of an electronic health record system in outpatient clinics. The goal of this system is to improve the case management of patients and it could serve as a model for implementation in other clinics in Florida.

The Agency received four applications which were reviewed by members of the HIE Committee evaluation panel. At its December meeting, the HIE Committee unanimously recommended that a grant be awarded to the Miami-Dade County Health Department and the Advisory Council forwarded the recommendation to the Secretary. The demonstration project will be implemented January through June 2009.

Florida Regional Health Information Organizations

The Florida Health Information Network grants program was managed from 2005-2008 by the Office of Health Information Technology in the Florida Center for Health Information and Policy Analysis (Florida Center). Grants were awarded primarily to Regional Health Information Organizations to help with planning and operating health information exchanges in their local communities.

Nine organizations were funded during fiscal year 2007-2008. Grant awards included one planning grant, seven operational grants to continue the development of Regional Health Information Organizations (RHIOs), and one training grant to facilitate educational outreach among RHIOs. The grants program was able to leverage \$4.7 million in match funding, which resulted in \$6.7 million available for the development of health information exchange across Florida.

Federal Communication Commission Rural Health Care Pilot Project

In November 2007, the Federal Communication Commission awarded \$9.6 million to the Big Bend RHIO and the Agency to build a health care network in the Florida Panhandle. This consisted of a gigabit fiber optical network connecting nine rural hospitals and a broadband wireless network connecting not-for-profit clinics in the rural counties of the Panhandle. This contract will allow the Big Bend RHIO to connect the nine hospitals to the Tallahassee Private Medical Area Network. The total amount of the contract is apportioned over three years, at \$3.2 million per year. Unused funds are carried over from previous years. For 2008 - 2009 the amount available is \$6.4 million. Another \$3.2 million is available to cover the period 2009 - 2012.

Specific objectives of the proposed project address connectivity, health care services, and sustainability. The overall plan proposes to:

- Build a dedicated optical fiber broadband network to connect health care facilities between Madison County and Bonifay County with urban hospitals in Tallahassee and in Pensacola.

- Build a broadband wireless network to connect not-for-profit clinics in these counties with an encrypted wireless system that provides high-speed telecommunications to these clinics.
- Provide hospitals and clinics the opportunity of joining the Big Bend RHIO health information exchange.
- Create high-speed connectivity to specialists in Florida via a connection to the Florida LambdaRail.

The Federal Communication Commission (FCC) Rural Health Care Pilot Project provides 85% of the funding required for the costs of constructing the health care network in the Florida Panhandle. The remaining 15% of construction costs must come from matching contributions. The project will distribute funds until June 2010, but funds can be used for the project until June 2012.

In 2009, the Big Bend RHIO will construct gigabit fiber facilities from Florida LambdaRail interface points, to a constructed Point of Presence in eight counties. They will then run broadband last mile connections to nine rural hospitals and one Veterans' Affairs clinic in the project. The nine hospitals and Veterans' Affairs clinic in the year one construction plan include:

- Calhoun-Liberty Hospital, Blountstown, Calhoun County
- George Weems Memorial Hospital, Apalachicola, Franklin County
- Sacred Heart Hospital, Port St Joe, Gulf County
- Doctor's Memorial Hospital, Bonifay, Holmes County
- Campbellton-Graceville Hospital, Graceville, Jackson County
- Jackson Hospital, Marianna, Jackson County
- Marianna Veterans Clinic, Jackson County
- Madison County Memorial Hospital, Madison, Madison County
- Doctor's Memorial, Perry, Taylor County
- Northwest Florida Community Hospital Emergency Department, Washington County

The project also proposes to connect the rural hospitals to urban hospitals in Tallahassee and Pensacola. If there is enough funding, fiber may also be run into Gadsden and Jefferson Counties to connect the Tallahassee Memorial Healthcare Family clinics in Quincy and Monticello. These clinics could also be reached by wireless broadband. However, the existence of gigabit fiber in the counties could be instrumental in supporting economic development, which should be weighed carefully against the cost of construction. The hospitals connected include:

- Tallahassee Memorial Hospital, Tallahassee, Leon County
- Sacred Heart Hospital, Pensacola, Escambia County
- Baptist Hospital, Pensacola, Escambia County

The Big Bend Health will act as the Internet Service Provider, offering Voice Over IP service to replace the telephone services. This will provide secure messaging and secure broadband Virtual Private Network access through the Florida LambdaRail. Hospitals will be able to connect to the Tallahassee-based Private Medical Area Network, Tallahassee Memorial Hospital, and to Baptist and Sacred Heart Hospitals in Pensacola. Access to the Florida Panhandle Health Care Network could significantly improve the turnaround time for rural hospitals in transmitting x-rays, magnetic resonance imaging, computerized axial tomography scans, or any other large digital image file to radiologists or other specialists in Tallahassee and Pensacola.

Medicaid Data-Sharing: Health Information Exchange Collaboration

As part of the Agency's strategy for developing a statewide health information network, the Agency is planning to offer a statewide multi-payer health information exchange in which Florida Medicaid could participate on a no-cost basis.

The requirements for the Health Information Exchange include a provider portal and a consumer Personal Health Record portal. The provider-oriented functionalities will include the following:

- The ability to submit claims to multiple payers;
- provide an integrated check of patient eligibility and benefit information for multiple payers;
- provide access to a patient's integrated medical and prescription claims history from multiple payers;
- provide e-prescribing capability;
- provide the capability to add integrated laboratory, immunization, and other clinical information from hospitals, physicians and other providers, as allowed by law; and
- provide the ability to integrate claims and other clinical information from multiple payers and identify gaps, duplications, and other clinical issues that may assist providers in care delivery.

The specified consumer-oriented functionalities will include the following:

- The ability to provide access to the patient's integrated medical and prescription claims history, provided by multiple payers;
- provide the capability to add laboratory, immunization, and other clinical information from hospitals, physicians or other providers, as allowed by law;
- provide all information on the web portal in clear language and in a user-friendly format;

- provide access to integrated personal eligibility and benefit information for multiple payers;
- provide consumer care management information and tools, such as infant and well-child health management tools, immunization schedules and reminders and links to health information websites;
- enable consumers to load claims data into their Personal Health Record (PHR);
- enable consumers to download PHR content to their computers or other storage device;
- provide that the information in the PHR is portable through interfaces with health data storage banks at no cost to the consumer, for either storage or transfer of information to another vendor;
- enable consumers to grant providers access to their PHR content; and
- provide to consumers information resulting from the integration of claims and other clinical information from multiple payers that identifies gaps, duplications and other clinical issues that may assist consumers in managing their own health and their family's health.

In addition, the Agency identified certain general requirements related to:

- The operational experience of the multi-payer health information exchange;
- its statewide ability to connect to providers and payers;
- its ability to supply a link for providers to the Florida Medicaid provider portal for applicant and providers, both existing and terminated;
- its status as a Medicaid billing agent;
- agreements with regional and local health information networks;
- its status as a HIPAA covered clearinghouse entity; and
- its ability to provide comprehensive identity management.

These requirements relate to the current ability of the health information exchange to perform its operations on a statewide basis and meet industry standards regarding privacy and security practices.

A Request for Information was issued to determine the current capabilities for this initiative. The Agency received six responses to the Request for Information. The Agency determined that none of the responses indicated the current capability of meeting all requirements. However, vendors exhibited strengths in different areas indicating that a collaborative approach would be most feasible for the implementation of a Medicaid Health Information Exchange.

Electronic Prescribing

Section 408.0611, Florida Statutes, directs the Agency to collect information on the benefits of electronic prescribing (e-prescribing) and e-prescribing software and disseminate that information through the Agency's website. The law also states that the Agency is to collaborate with stakeholders to create an e-prescribing clearinghouse and coordinate with private sector e-prescribing initiatives. The Legislature directed the Agency to prepare an annual report on the progress of e-prescribing implementation in Florida.

The Agency initiated a new website providing a collection of e-prescribing resources, www.fhin.net/eprescribe. The website also provides links to e-prescribing software products and vendors; links to federal, state and private-sector e-prescribing websites that provide guidance on selecting appropriate electronic prescribing products; and offers other e-prescribing resources, such as links to websites that identify pharmacies and physicians that are e-prescribing.

E-prescribing involves the transmission of prescriptions from physician to pharmacy through private networks. It also provides the physician with access to information about the patient's prescription drug coverage and medication history at the point of care. In addition, the pharmacist can communicate with the physician's office to obtain refill authorizations.

The Florida 2008 Electronic Prescribing Report provides a baseline assessment of the status of electronic prescribing in Florida. A copy of the Florida 2008 Electronic Prescribing Report is available at: www.ahca.myflorida.com/dhit/ElectronicPrescribing/Reports.shtml.

Most recently, the Office of Health Information Technology compiled a set of e-prescribing metrics that describes adoption trends in Florida and a comparison with the estimated projected national rate of adoption. Key e-prescribing metrics are included in the Agency's performance dashboard, <http://ahcaxnet.fdhc.state.fl.us/dashboard/>.

Personal Health Record Toolkit

In June 2008, the Agency released its first Personal Health Record Toolkit on the Health Information Technology website. The purpose of the toolkit is to inform consumers about the types of paper and electronic personal health records (PHR) available and encourage consumers to select and use a PHR most suitable for their needs.

The information in the toolkit describes what to look for in terms of content, features, privacy and security, and portability should the

consumer want to change to a different type of PHR or vendor. The toolkit describes the basic types of electronic PHRs. These include software PHRs that can be transferred to the consumer's computer for use and storage or Internet PHRs that can be used online. Internet PHRs may be sponsored by providers, health plans, or independent third parties.

The website also provides a checklist for consumers to use if they want to organize their medical records and a link to forms that may be printed and used at home. In Florida, the importance of having a personal health record is especially useful in the event of a hurricane. However, personal health records have wide applicability and many benefits for managing personal health matters, assisting family members, and tracking health care expenses.

Health Information Security and Privacy Collaboration Project

Since 2006, Florida has participated in a national collaboration to study and make recommendations regarding privacy and security issues affecting health information exchanges. The Health Information and Security Privacy Collaboration Project is part of a national effort managed by the Office of the National Coordinator for Health Information Technology within the U.S. Department of Health and Human Services. Florida's participation in the Health Information and Security Privacy Collaboration Project (HISPC Project) resulted in the preparation of a comprehensive implementation plan for protecting the confidentiality of electronic records and facilitating health information exchange.

The Agency received an extension of the contract in July 2007 to put the implementation plan into effect. The contract continued in April 2008. During the second contract period, the Florida Center conducted an analysis of state laws relevant to information exchange and convened a Legal Work Group. The Legal Work Group identified priority recommendations for legislation to address specific barriers to health information exchange in Florida law. The HISPC Project produced a report, *Analysis of Florida Statutes Related to Health Information Exchange*, containing the priority recommendations of the Legal Work Group.

In April 2008, the Agency received a new contract to participate in two HISPC collaborations, Harmonizing State Privacy Laws (HSPL) and Provider Education Toolkit (PET). The HSPL collaboration produced an analytical framework used by states to review applicable laws with respect to health information exchange. The analytical framework includes a Comparative Analysis Matrix that produces a side-by-side presentation of federal and state laws and an Assessment Tool that assists stakeholders

in prioritizing issues. The HSPL developed a narrative “Roadmap” to guide states in the use of the analytical framework.

The states in the Provider Education Toolkit collaboration have developed a consistent message and communications strategy to promote the privacy and security of electronic medical records and health information exchange to clinicians. Florida and other states are directing their outreach to professional associations in order to reach a large number of clinicians in a cost-effective manner.

The two Florida collaborations produced a crosswalk tool that facilitates key word searches and links to Florida Statutes and administrative code, the federal Health Insurance Portability and Accountability Act (HIPAA), and other federal laws. It is designed for use by providers, provider associations, and policy makers to assist in identifying laws related to health information exchange and understanding the relevant state and federal laws.

Agency for Healthcare Research and Quality Pilot Project: Adding Clinical Data to Statewide Administrative Data

The Florida Center was awarded a contract for a pilot project to study new ways to approach hospital quality measures. This contract was awarded by the Agency for Healthcare Research and Quality (AHRQ) and runs through September 2009. The pilot project funding is provided to add clinical laboratory data to the hospital administrative data already collected by the Agency under statutory authority. By adding clinical data to administrative data, AHRQ hopes to develop better predictors for hospital quality indicators. Florida is one of only three states that have received these grants. Twenty-two Florida hospitals have agreed to join the project and share their laboratory data.

The Agency will submit a final report to AHRQ in September 2009. The final report will detail the processes of normalizing laboratory terminology, linking clinical and administrative datasets, and assessing the added value in the use of clinical data to determine the quality of patient care within the hospitals in the pilot project. The Agency will also provide participating hospitals with summary information and reports.

State Consumer Health Information and Policy Advisory Council

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

The mission of the State Consumer Health Information and Policy Advisory Council is to assist the Florida Center for Health Information and Policy Analysis in reviewing the comprehensive health information system. This includes the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities. The State Consumer Health Information and Policy Advisory Council (Advisory Council) also recommends improvements for purposes of public health, policy analysis, and transparency of consumer health care information. The composition and functions of the Advisory Council are described in §408.05(8) and §408.61 of the Florida Statutes.

The Advisory Council advises the Florida Center for Health Information and Policy Analysis (Florida Center) regarding Florida Center data sets, the types of data which should be collected, and their uses. The Advisory Council further advises the Florida Center regarding the development and implementation of a long-range plan for making health care quality measures and financial data available that will allow consumers to compare health care services. The health care quality measures and financial data include, but are not limited to, pharmaceuticals, physicians, health care facilities, health plans, and managed care entities.

The Advisory Council also provides guidance in the development of health information and recommendations to enhance consumer reporting. The Advisory Council has also encouraged and participated in the continued expansion of the Agency for Health Care Administration's consumer-oriented website, www.FloridaHealthFinder.gov. The Advisory Council provides input on the display of facility data, health plan data, and consumer satisfaction with health plans.

The Advisory Council is composed of fourteen members representing consumers, purchasers (employers), health insurers, local health councils, state universities, health associations, and state agencies. The Advisory Council meets quarterly each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting

minutes are posted on the Internet at the link below:
www.ahca.myflorida.com/SCHS/chis.shtml.

The Office of Health Policy and Research, within the Florida Center coordinates and staffs the Advisory Council and the technical workgroups organized to address specific issues in transparency of health care data reporting. These workgroups included:

- Health Care Facilities Technical Workgroup;
- Health Plan Consumer Report Technical Workgroup;
- Public Relations Technical Workgroup;
- Physicians Data Technical Workgroup ; and
- Health Information Exchange Coordinating Committee.

The Advisory Council held five meetings in 2008 and made key recommendations to the Agency for Health Care Administration (Agency) for the expansion and enhancement of public reporting of health care information on the website, www.FloridaHealthFinder.gov. This included expanding the number of procedures and conditions to 150 reported on and displaying ranges for charges, updates to the hospital/ambulatory surgical center website, repealing the Surgical Infection Prevention rule due to duplication of reporting requirements, and furthered the discussion of issues related to the forthcoming physicians consumer website. The Advisory Council also recommended the addition of Potentially Preventable Readmissions, which were included in the June 2008 rollout.

Technical Workgroups

In addition to the Advisory Council, the Florida Center received advice and guidance on a variety of topics from the Advisory Council technical workgroups during 2008. The mission of each workgroup is described below.

Health Care Facilities Technical Workgroup

In response to a recommendation of the Advisory Council in 2007, the Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup was combined with the Hospital Acquired Infections Technical Workgroup in 2008, and named "Health Care Facilities Technical Workgroup".

The purpose of the Health Care Facility Technical Workgroup is to advise the Agency on issues concerning performance measures, risk adjustment of those measures, the appropriate data to report on the Agency website, and issues such as minimum number of cases to report and grouping of data.

Health Plan Consumer Report Technical Workgroup

The purpose of the Health Plan Consumer Report Workgroup is to advise the Agency on the dissemination of comparative information about the costs, benefits, and performance of health plans throughout Florida.

Public Relations Technical Workgroup

The purpose of the Public Relations Technical Workgroup is to advise the Agency on ways to communicate with Florida health care consumers to develop a strategy to inform consumers about health care transparency and the information available on the Agency website. At the same time, this workgroup advises on the development of feedback procedures through which consumers can communicate their information needs to the Agency.

The Public Relations Technical Workgroup was specifically charged with developing a communications plan and strategies for increasing traffic on the website. They continue to explore various methods of outreach and developing tools to assist in this goal.

Physician Data Technical Workgroup

The purpose of the Physician Data Technical Workgroup is to advise the Agency on issues concerning the development of physician measures for consumer reporting and the related data collection.

Data Transparency Steering Committee

In 2008, the Advisory Council further recommended that a Data Transparency Steering Committee be formed to define and refine standards for reporting to ensure consistency and cohesiveness throughout the website. This committee was created to oversee the workgroups, and in some instances, to function in place of the workgroups when determining reporting standards. The Data Transparency Steering Committee oversees data reporting standards as suggested by the Physicians Data Technical Workgroup, the Health Care Facilities Technical Workgroup, the Public Relations Workgroup, and the Health Plan Consumer Report Technical Workgroup.

Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee was formed to advise and support the Agency in developing and implementing a strategy to establish privacy-protected, secure, and integrated exchange of electronic health records statewide among authorized physicians.

Advisory Council Goals

The Advisory Council has continued to work towards the following goals for enhancing Florida's transparency initiative. These goals were also assigned to the technical workgroups to develop an implementation plan and formulate recommendations for the Advisory Council.

- Provide downloadable consumer health tools on the Florida Health Finder website.
- Continue to solicit consumer feedback and evaluate the website.
- Add Medicaid information to the Florida Health Finder website.
- Integrate cutting edge Internet technology to establish a virtual community on Florida Health Finder.
- Improve and streamline data analysis methodology on Florida Health Finder.
- Promote the Florida Health Finder website.
- Publicly report actual price for all health plan services.
- Display physician quality & price information on the Florida Health Finder website.
- Develop incentives for the use of Health Information Technology.
- Promote statewide use of Health Information Technology.
- Promote and support the Regional Health Information Organizations (RHIOs).
- Develop Personal Health Records that can be displayed and accessed online by Florida residents.

Based on these goals, the Advisory Council continues to develop strategies for the further expansion and enhancement of the website.

For More Information

On Topics Presented in this Report

Most of the reports and guides presented in this report are available free-of-charge on our website, www.FloridaHealthFinder.gov. You can view and print reports from the website and contact us via e-mail from the site.

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

If you are interested in ordering data, or making a specific data request, call the Office of Data Dissemination and Communication at (850) 921-0550. Using www.FloridaHealthFinder.gov, you can download the "Data Catalog and Price List" (Click on "Order Data" on the "Researchers and Professionals page), which will aid you in making inquiries.

The Florida Center for Health Information and Policy Analysis

For more information about the Florida Center for Health Information and Policy Analysis, please visit us at www.ahca.myflorida.com or www.FloridaHealthFinder.gov. At each of these websites you will find information about the Florida Center and the latest contact names in its offices.

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

Florida Center for Health Information and Policy Analysis

