DRAFT MINUTES
Data Standards and Transparency Committee Meeting
Date: Wednesday; *March 22, 2017*
Time: *1:00pm –4:00pm*
Location: *Florida Hospital Association (Orlando, Florida)*

Attendees via Teleconference: Nikole Helvey, Bureau Chief; Ashley Tait-Dinger, proxy for Karen van Caulil, PhD; Diane Godfrey; Tom Herring; Chris Struk; Jill Sumfest, MD; Sonja Smith, proxy for Mary Beth Vickers; Eric Owens; Joni Silvestri, USF Shands; Carol Harvey, USCI; Erin O'Leary, USCI; Iris Spikes, Health First.

In-person: Kim Streit, Michael Wasylik, MD; Beth Brunner, Florida College of Emergency Physicians; Fraser Cobbe, Florida Orthopedic Society; Cassandra Garza, Adventist Hospital System; Ronda Schuck, Adventist Hospital System.

Staff Present: Beth Eastman; Jennifer Miller; Tyler Nedley; Carrie Gaudio; Adrienne Henderson; Sarah Shepherd; Cruz Conrad; Jess Hand.

Call to Order, Welcome and Roll Call: Mrs. Kim Streit, Chair for the State Consumer Health Information and Policy Advisory Council (Advisory Council) called the meeting to order, welcomed attendees and called roll.

Physician Volume Codes: Beth Eastman thanked Ms. Streit and the Florida Hospital Association for hosting the meeting. She began the discussion by explaining how a change in coding from International Classification of Diseases (ICD-9) to ICD-10 in the third Quarter of 2015, affected the coding of physician data available on the website. She explained that five inpatient procedures are reported based on the principle ICD-10 code and correlating operating physician ID. With the change to ICD-10, the number of reported principle ICD-10 codes have expanded, making it difficult to determine which of the codes to capture. Ms. Streit asked if ambulatory discharge codes are included in the physician volume data, and Ms. Eastman replied that only inpatient data was included.

Dr. Wasylik inquired as to the goal of the presentation of physician volume data and continued that if the goal is to portray volume to consumers, simplicity is better and it would be more effective to look at ICD-10 codes that report total procedures. He provided the example of reporting total hip replacements, versus reporting ceramic hip replacements.

Joni Silvestri commented that codes for the federal fiscal year of 2017 apply to the period beginning October 1, 2016, which will be a factor into the periods used for reporting of physician volume, and asked if any coders could review the current ICD-10 codes for thoroughness. Ms. Eastman replied with confirmation that we have reached out for assistance with the codes.

Ms. Streit recommended searching all fields to see if there is a way to determine which procedures are principal and secondary. In addition, she further recommended pulling a sample of known physicians and asking them to review and confirm their data results. Ms. Diane Godfrey interjected that time would be better spent on rulemaking to collect all physician volume data from outpatient and inpatient facilities.

Ms. Diane Godfrey asked if outpatient procedures would be included in physician volume, as more procedures are performed in the outpatient setting. Ms. Eastman replied that due to administrative rules and the difficulty of correlating an operating physician identifier to a principle procedure code, outpatient data would not be included at this time. Ms. Adrienne Henderson added that there is no principle procedure code in Ambulatory data to match up with the principle procedure code for the operating doctor. Ms. Eastman continued clarification, noting that the way facilities report outpatient data made it difficult to determine if the identified lead surgeon performed the principle procedure. She stated that the data is reported in Current Procedural Terminology (CPT) codes and not ICD-10, which may list several procedures, and it is assumed that the first listed code is the main procedure the principle procedure is not directly indicated.

Dr. Wasylik stated, and Ms. Eastman confirmed that there had been no current complaints on the accuracy of reporting physician volume. Mr. Fraser Cobbe asked if there was an opportunity for physicians to check the accuracy of their reported volume prior to publication. Ms. Eastman confirmed there is a method for the facilities to check submitted data, as they are actually the entities that report data for physician volume. Ms. Streit also clarified that for the sake of physician volume aggregation; reported procedures are under the hospital identifier and not the physician identifier.

Dr. Wasylik continued that options were to wait until the coding issues normalize, or report the inpatient data that we currently possess and meet once a year to assimilate the outpatient procedures. He added that although the volume of procedures being done in an outpatient setting continues to grow, inpatient procedures remain the majority.

Dr. Jill Sumfest asked if any persons other than health care professions are looking for data on subcategories for procedures and asked if consumers were provided with education on what types of questions they might ask when looking for a doctor. Dr. Wasylik noted that the initial goal of the data was to identify physicians performing particular procedures; patients could ask more in-depth questions of their chosen doctor. He said that historically, registries showed complex data and that now registries are finding the coding difficult. Ms. Eastman confirmed for Dr. Sumfest that FloridaHealthFinder has a very comprehensive health education section for patients and as well as an interactive encyclopedia with linkage between related articles and the data.

Ms. Eastman said that FloridaHealthFinder would continue to show data on total hip and knee replacements only, removing any supplemental and revised codes. Additionally other procedures, Coronary Artery Bypass Graft (CABG), Percutaneous Transluminal Coronary

Angioplasty (PCTA), and Spinal Fusion, would be removed and that staff would look at adding columns for both inpatient and outpatient procedures in the physician volume.

Ms. Streit recapped the discussion and next steps. She stated that they would focus on narrowing down codes for presenting physician volume to show total hip and knee replacements, and then look at breaking out inpatient and outpatient totals for those procedures. She requested we check with the specified associated "societies" for reporting heart-centered procedures to ensure accurate code captures.

FloridaHealthFinder: Beth Eastman provided members with an update on FloridaHealthFinder, stating that the website vendor is working with a subcontractor to modernize the website. She said that agency staff had completed focus groups outside of the agency- nine (9) focus groups, with an approximate thirty-nine (39) participants included consumers, researchers, and providers. The feedback was shared with the web designers, which included comments on the color scheme of the website, and notes relaying that the banner was distracting. She added that the vendor would present the new design to the Advisory Council once the website is ready for public review. Ms. Streit inquired if the web designers had an opinion on presenting the physician volume. Ms. Eastman replied that the redesign would occur in phases, with the current focus being the homepage, website navigation, and the look and feel of the website. Later the focus will shift to facility locator, comparison tools, and integrating the new pricing website.

Ms. Streit noted that previous legislation removed the requirement to maintain one hundred and fifty (150) procedures on the website, and stated the goal was to develop a recommendation for inpatient and ambulatory procedures to retain on FloridaHealthFinder. Ms. Eastman, confirming this, added that FloridaHealthFinder currently has one hundred and one (101) inpatient and forty-nine (49) outpatient procedures. She noted that though there is a desire to make as much information available on FloridaHealthFinder as possible, the goal is to find a balance between usefulness of the information and the ease of navigation.

Ms. Streit stated that procedures on FloridaHealthFinder that have quality data or that are related to service bundles available on the new pricing website should be retained. Ms. Eastman added that the meeting materials provides data to consider in determining what procedures to keep and also identified top website searches- deliveries, knee replacements, and asthma. She said that Health Care Cost Institute (HCCI), the contracted vendor for the new pricing website, currently has 295 service bundles.

Ms. Streit asked how care bundles would be displayed and Ms. Eastman answered that the website must display the average payments and a range of payments for the service bundles. Bureau Chief Nikole Helvey, using knee replacement as an example, explained that consumers select a broken down look at the bundles, and may toggle back and forth to see the 25^{th}-75^{th} percentile range of prices or a single price as an average. The knee replacement bundle includes two (2) visits with an orthopedic surgeon, costs surrounding surgical components, and twelve (12) visits with a physical therapist. Ms. Helvey noted that surgery costs are not broken

out and orthopedic visits, both pre-op and post-op, are combined into one. Ms. Eastman added that they also have data on separate office procedures— like MRI's, and that while they are in the late stages of finalizing the contract, they are still in the early stages of defining the service bundles.

Ms. Eastman inquired if it was relevant to show all of the AHRQ measures, particularly where there are low procedure volumes. She also noted that facilities with a procedure volume of zero (0) are not presented on FloridaHealthFinder, and those facilities that have lower volumes, between 1-20 procedures, are shown as "N/A". Ms. Streit asked if the procedures with both inpatient and outpatient components be shown together, to which Ms. Eastman replied that it was a possibility.

Ms. Streit agreed it was logical to retain procedures where there is a corresponding service bundle or AHRQ data is available, then look at retaining high-volume procedures and procedures for which consumers might regularly "shop". When asked if volume should be further broken down into elective procedures or conditions, Ms. Streit agreed. Ms. Eastman continued that the data is currently displayed by hospital, volume, readmission rates, and length of stay. She stated that outcome data is not available for all procedures, and only readmission is specific to procedure.

Ms. Eastman asked about combining procedures, such as diagnostics and therapeutics, stating this will help us with the numbers on volume. Dr. Jill Sumfest agreed it was a good idea to combine the procedures for the sake of reducing volume but inquired about the accuracy that a facility actually performed a certain level of procedure. Mr. Cobbe suggested identifying which procedures receive the most and least website clicks. Ms. Streit agreed that it might be helpful to pare down procedures and conditions to fifty (50) or seventy-five (75), and identify whether they are surgical or medical, excluding those that will be included in service bundles.

Action Items:

- Mr. Fraser Cobbe and Dr. Wasylik will send Beth Eastman Medical license numbers to check against physician volume; Ms. Beth Eastman will provide a sample of hip and knee replacement numbers to Mr. Fraser Cobbe.
- Ms. Eastman will check with the FloridaHealthFinder vendor on what procedures get the least and most clicks and provide to the Advisory Council in the next meeting.
- Agency Staff will define available service bundles for the next Advisory Council meeting.
- Agency Staff will look at the CPT codes to determine the ability to perform any further groupings, and will try and combine ambulatory conditions.

Next Steps/Public Comment/Adjourn: The next Advisory Council meeting is planned for the 2nd quarter of 2017.

The meeting was adjourned at 3:30 pm.