

## DRAFT MINUTES

### State Consumer Health Information and Policy Advisory Council Meeting

**Date:** *Wednesday, September 26, 2018*

**Time:** *1:00pm –3:00pm*

**Location:** *WellFlorida Council, Tampa, Florida and GoToMeeting Webinar*

**Advisory Council Members:** Nikole Helvey, Bureau Chief for the Florida Center for Health Information and Transparency (“proxy for Justin M. Senior, Secretary”); Kim Streit, Chair; Dr. Karen van Caulil, PhD, Vice Chair; Dorene P. Barker; Jeff Feller; Diane Godfrey; Dr. David Shapiro, MD; Chris Struk; Dr. Jill Sumfest, MD; Sonya Smith (“proxy for Mary Beth Vickers”); Dr. Michael Wasyluk, MD; **Members Absent:** Pamela Gilman; Tom Herring; Wences Troncoso, JD

**Agency for Health Care Administration Staff:** Cruz Conrad; Carrie Gaudio; Adrienne Henderson; Pamela King; Sean Massey; Leigh Meadows; Jennifer Miller; Nancy Tamariz; Trish Vidal; **3M:** Mike McCarty; Julie Rodgers, **Florida Hospice and Palliative Care Association:** Paul Ledford, **Health Care Cost Institute:** Carol Bashaw, Leap Frog

**Interested Parties Present:** Haynes Atchison; Lecia Behenna; Christy Buchanan; Rebecca Entress; Jarrod Fowler; Cassandra Garza; Jennifer Hinson; Laura Kolkman; Brian Logan; Louisa McQueeney; Stephanie Miley; Trent Milner; Christine Sexton; Kenney Shipley; Katie Shuey; Joni Silvestri; Ashley Tait-Dinger; Melissa Thomas

**DATA STANDARDS AND TRANSPARENCY COMMITTEE- Call to Order and Roll Call:** Ms. Nikole Helvey opened the meeting by thanking Jeff Feller and Well Florida Council for hosting the meeting in Gainesville. She called roll and thanked subject matter experts and guests for attending.

Ms. Helvey began by explaining that quality measures usually sourced from the Agency for Healthcare Research and Quality (“AHRQ”) had not been updated due to issues with transitioning from ICD-9 to ICD-10. AHRQ indicated that additional data was required to validate the methodology used to risk adjust the measures but that it anticipated the software that performs the validations would be ready in early 2019. She added that stale measures had either remained without updates or had been removed from FloridaHealthFinder (“FHF”) as they no longer accurately represent what was happening in Florida health care facilities. She noted that removed measures would be re-published once they are updated. Ms. Helvey asked that the Data Standards and Transparency Committee (“Committee”) discuss how to address stale quality measures, including thinking about adding alternative or additional measures. She noted that subject matter experts Dr. Karen van Caulil and Ms. Ashley Tait-Dinger of the Leapfrog Group, Dr. David Shapiro with the Florida Society of Ambulatory Surgical Centers, and representatives from 3M were on hand to inform the Committee’s discussion.

Ms. Ashley Tait-Dinger told the Committee about the Leapfrog Group’s initiatives including the Hospital Safety Grade, which is designed for consumers and reflects “how safe hospitals are for patients”. The Hospital Safety Grade which is calculated bi-annually and shown as a letter grade from A to F, is published on acute care hospitals with sufficient publicly reported data. Ms. Tait-Dinger and Committee members discussed how the Hospital Safety Grade was used with Florida Health Care Coalition employer members, including to inform employers about the performance of their hospitals in their networks.

In addition, Ms. Tait-Dinger explained that a panel of experts from varied healthcare fields identified a sound scoring methodology and provides guidance on the mechanics of developing a composite score. She said the expert panel defined what the score intends to measure and determined that patient safety- “freedom from harm”, was the focus and a narrower construct than hospital quality. The expert panel also recommended that Leapfrog include publicly-

reported measures from national data sources, that the measures recognize process and structural efforts, and outcomes towards patient safety.

3M Representatives Julie Rodgers and Mike McCarty spoke to the Committee about 3M's Potentially Preventable Events ("PPE"), which provide insight on the level of quality of providers or systems, and indicate opportunities to improve care. She indicated that PPE's are 3M developed measures that have been included on FloridaHealthFinder since 2008, and 2019 managed care contracts must demonstrate how health plans will reduce potentially preventable admissions, emergency department use, and use of unnecessary ancillary services.

Ms. Rodgers stated that 3M's PPE's provide a set of clinically-based tools that, when evaluated on a risk-adjusted basis, can identify health services that might have been avoided through effective care coordination. She added that a few of the PPE measures including Avoidable Readmissions, Avoidable Admissions, Avoidable Emergency Department use, and Avoidable Ancillaries require greater complexities of partnership. For example, measuring Avoidable Ancillaries requires coordination between Primary Care, Specialty Care and the Facility, but more use increases the opportunity for cost savings.

Dr. Jill Sumfest asked about the level of reporting for the measures and the data supporting those measures. Mr. Mike McCarty said that some of the measures are not publicly reported for geographical comparison. He noted that for FHF the data is collected from administrative data and that claims data gives a much more robust view of patient indicators. Ms. Streit inquired about the use of the Agency's current claims data, and Dr. Sumfest inquired about the data that supports the State Group Health Insurance Program database. Ms. Helvey said the Agency continues to discuss linking administrative and claims data, but noted that the Agency's claims data was not yet ready for use. She added that the State Group Health Insurance Program and the Claims Database are not compatible, and clarified that the two platforms differed on legal requirements supporting their statutory needs and outputs. She noted for example that the claims data is two years of historical data averaged across multiple payers, trended forward, and is intentionally payer-blind. In comparison, the State Health Insurance Program requires a level of identification to calculate cost savings. She noted that the Agency continues to discuss how to compound the value of the data.

**Next Steps:**

Ms. Helvey asked the Advisory Council for ideas on the next steps to address measures on FHF. The Committee responded that discussion should continue before determining if any additional measures should be included on FHF. Ms. Helvey asked what information might help more inform the group, to which Dr. Shapiro stated that more exploration should be done on uses of the data and what groups: patients, hospitals, and clinicians would find useful. Dr. Sumfest supported waiting to see what AHRQ updates provide in the spring of 2019. She also thought concentration should remain on consumer needs and providing consumers with assistance on navigating the information on the website. Ms. Kim Streit inquired if there was time to get researchers, providers, employers and plans to provide resources to inform the Committee and asked if there was a timeline associated with addressing the issue. Ms. Nikole Helvey said that although there was not a hard deadline, it would be positive to maintain the momentum of the discussion. She asked that the group revisit the issue in another meeting to be schedule after the second week in October.

The Data Standards and Transparency Committee meeting was adjourned at approximately 12:35 p.m.

**STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL - Call to Order, Roll Call, Review and Approve Meeting Minutes:** Ms. Kim Streit, Chair, called the State Consumer Health Information and Policy Advisory Council (“Advisory Council”) meeting to order, welcomed members and attendees, and called roll. The Advisory Council voted to approve the minutes from the June 28<sup>th</sup> meeting.

**Agency and Legislative Update:**

Ms. Helvey informed the Advisory Council that the Agency was preparing for the transition of new leadership in the Florida Governor’s office. She added that the Agency continues to monitor the current hurricane season and has implemented a new electronic reporting system called Emergency Status System (“ESS”). Facilities can log into ESS to help keep the Agency aware of statuses such as available bed counts and power outages- over 50% of facilities that were required to register with ESS had already done so within the first two weeks of system go-live. She said the Agency continues to engage in implementing emergency preparedness and response lessons learned during the 2017 hurricane season including monitoring facilities for compliance with generator rules.

Ms. Helvey added that the Agency is engaged in a multi-year Enterprise Systems Planning project supporting Medicaid, called Strategic Enterprise Application services (SEAS). She said the SEAS vendor is working with the Agency to monitor what other states are doing and helping to determine steps to modernization of the current Medicaid system. She continued that Medicaid managed care plans had completed procurement and the rollout of new plans would occur over the next two months. The first communications to beneficiaries would begin in October 2018.

**Florida Center Update:** Trish Vidal provided an update for the Data Dissemination and Communications unit and presented that FHF had 1,915,242 visits to date and staff had completed 45 webinars for 838 attendees. The FloridaHealthPriceFinder (“FHPF”) website saw 29,457 visits. She went over updates to the FHF website including additions to the Facility Locator, profile pages, and the query tool which she announced would be changing in the near future and would be supported by software similar to Tableau. Ms. Vidal also advised the Advisory Council that the Pediatric Cardiology Technical Advisory Panel (“Panel”) continues to work on developing procedures and standards for measuring outcomes of pediatric cardiac catheterization and surgery programs. The Panel has had 20 webinars to date with a total of 264 attendees. The next meeting will be on October 2nd in Tampa, Florida from 9am to 3pm.

Ms. Nikole Helvey updated the Advisory Council on FloridaHealthPriceFinder noting that test data was due in July and that production data for the database was due in mid-September. She said that the Agency continues to work with the health plans on data submission. Ms. Kim Streit asked that hospitals be afforded an opportunity to review the website before it goes live and Ms. Helvey responded that although there is not an established timeline for the website launch, the Agency appreciates partnership and feedback from facilities.

Sean Massey, Manager of the Risk Management and Patient Safety unit reported that the Adverse Incident Reporting System (“AIRS”), which went live over a year ago, had received over 3,000 incidents reported. In addition nearly 700 annual reports were submitted for the current reporting year. He said a rule workshop was held on August 24, 2018 regarding the annual reporting form for Hospitals, ASCs, and HMOs and proposed rule 59A-10.002, F.A.C., for the definition for the Internal Risk Management Program would be published in the near future. Mr. Massey said the proposed rule was a result of the implementation of Senate Bill 622 on Health Care Facility Regulation, this bill eliminated the state licensure for Risk Managers. Mr. Massey concluded his update by advising that the Agency is currently in the testing phase for a new Liability Claims reporting system. He explained that assisted living facilities are required to submit these reports when there is a claim against their liability insurance and that it would be integrated into the Agency’s Single Sign-On System.

Mrs. Carrie Gaudio updated the Advisory Council on the Health Information Exchange unit (“HIE”) and noted that Encounter Notification Service (“ENS”) covered 95% of Acute Care Beds in Florida, and subscribers receive alerts on over 8 million patients. Subscribers include 5 health systems with over 50 hospitals, 13 Community Health Centers, 14 other

primary care and specialty practices, 22 Accountable Care Organizations (“ACO”), and 14 health plans including Medicaid Managed Care plans. ENS now delivers over 800,000 alerts per month to these subscribers. She added that the HIE Unit continues outreach efforts and are working with Long-term and Post-acute Care community on improves patient care coordination. Additionally, HIE is collaborating with the Florida Department of Health (“DOH”) to bring on County Health Departments as subscribers and data sources, to support DOH Syndromic Surveillance, and to include Medicaid data in the Health and Human Services’ EmPower System that tracks electricity dependent Medicaid beneficiaries. Mrs. Gaudio added that Electronic Health Record (“EHR”) Incentive Program staff continue to work on processing program applications from 2017, and stage 3 of Meaningful Use would be mandatory for all participating providers in 2019. The Advisory Council noted that Health Care Coalitions have had challenges with patient identification and tracking during emergency disasters and asked how HIE supported patient tracking. Mrs. Gaudio said HIE has worked with organizations including regional HIEs and health systems across the state to onboard and use the national query-based eHealth Exchange to support emergency response strategies and to provide access to the national system.

Mrs. Nancy Tamariz gave an update for the Data Collection and Quality Assurance unit reporting that certification for the 1st Quarter of 2018 closed on September 5 without any delinquencies. This is the first quarter in which facilities with multiple off-site emergency departments included services for each location, pursuant to rule 59E-7, F.A.C. Mrs. Tamariz told the Advisory Council that contracted study for planning the modernization of the Agency’s data collection system had been completed by contracted vendor, ISF. She noted that the results of the study recommended three options to achieve the ideal solution for discharge data collection- outsourcing data collection, a custom in-house built system, and a combination of the two. She said the Agency is currently considering the option for the combination of the two solutions. This will allow for Agency control of the process, maintaining continuity without rule changes, while improving the submission process. Mrs. Nikole Helvey inserted that the timeframe for completing modernization of the discharge data collection system would depend on the availability of resources and noted that the current system involved antiquated and manual processes. She said it was a goal to integrate the new system into the Agency’s Single Sign-On platform, provide on-demand audit reports and to make the resubmission process streamlined.

**Hospice Quality Measures:**

The Advisory Council welcomed Mr. Paul A. Ledford, President and CEO for the Florida Hospice and Palliative Care Association who spoke about Hospice Quality Measures. Mr. Ledford began by providing background on hospice data and reporting. He noted that hospices report data to both the Agency and the Department of Elder Affairs (“DOEA”). DOEA publishes an annual Hospice Demographics and Outcome Measures report and the Agency uses data for Certificate of Need projections. The FHF website published a Hospice Report Card until it was phased out in 2014 in anticipation of refinement of hospice process and outcome measures. Mr. Ledford told the Advisory Council that Senate Bill 474 in 2017 amended Chapter 400, F.S., and now requires the adoption of national hospice outcome measures and survey data, development of an annual report that analyzes and evaluates the information collected under the federal act, and requires the Agency and DOEA to make outcome measures and survey data available to consumers in a format that is comprehensible by a layperson and that allows for comparison. Mr. Ledford explained that Hospice measures are available as process measures as the Hospice Item Set (“HIS”) which is publicly reported by CMS by measure using a numerical score on a 100-point scale. The 8-question HIS set is submitted annually and asks the facility if processes were performed or not. Answers are in yes-or-no format. The Consumer Assessment of Healthcare Providers and Systems (“CAHPS”) are outcome measures reported by a caregiver of the decedent who died while receiving care. CAHPS outcome measures are submitted on a bi-annual basis. There are 8 CAHPS scores, provided as an aggregate score of area-related questions or categories in a 47 question survey tool.

Mr. Ledford explained that the Florida Hospice and Palliative Care Association had been working with DOEA for some time to meet the requirements of Chapter 400, F.S., and recommended that a CAHPS and HIS aggregate score be displayed but allow for drill-down. He said the Hospice Item Sets (“HIS”) score or process measures, would be more consumer friendly if aggregated into a single score; but that the CAHPS would be best published in entirety. It would be a total of 9 scores- 8 CAHPS and the single aggregated HIS. He said that the CAHPS score for the measure: “Willingness

to recommend hospice”, be displayed first. Additionally he recommended that a state average be included for comparison, and the presentation for consumers should be simple and consumer-friendly. Mr. Ledford said that collaboration with the Department of Elder Affairs is necessary, and that the Florida Hospice and Palliative Care Association can provide assistance on developing explanations for consumers and would be available to the Agency as a resource. Ms. Helvey included that the Agency would need to be consistent with the national presentation of the measures. Ms. Helvey said Agency staff were considering creating a new landing page that incorporated the score card and helpful information on topics such as “end of life” and “five wishes”.

**Meeting Follow-up:**

Ms. Trish Vidal informed the Advisory Council that the next Advisory Council meeting would be on December 5, 2018 from 1:30 p.m. to 3:30 p.m., via webinar. An email would be sent to members on how to nominate members for Advisory Council Chair and Vice Chair for 2019. She also said that staff would be working to select meeting dates for 2019. Consideration would be given to legislative session and holidays, and that the most favorable meeting days seemed to be Wednesday and Thursday. These days would be given priority in setting quarterly meeting dates for 2019.

1. Look at scheduling the Data Standards Workgroup to discuss FHF quality measures in late October.
2. The next Advisory Council meeting is scheduled for December 5, 2018.

There were no public comments and the meeting was adjourned at 2:51 pm.