

Defining the Horizon of Transparency in Health Care

Photo: Bob Jagendorf

About Your Webjournal

This document is a record of the Agency for Health Care Administration (AHCA) for the State of Florida Session proceedings, concepts, and key ideas generated during a workshop held June 19-20, 2007 in Clearwater, Florida.

Its purpose is to help each participant remember and reconnect with the ideas, the process and to stimulate new ideas.

A companion website (http://www.mc.vanderbilt.edu/vcbh/ds/070619_Florida/) includes video and word-for-word transcription (within the bounds of transcribing accuracy). Written documentation (even if highly accurate) loses all of the gestures and vocal inflections which make up a significant part of the signal the speaker is sending. Therefore, for the best understanding, you should use the video capture as well as the written documentation.

A Neutral Environment

The Vanderbilt Center for Better Health creates a neutral, supportive environment where participants are encouraged to speak with candor and voice strong opinions without worry of possible repercussions. Keep this in mind as you read. As part of the event process, people are asked to model many conditions, some of which are extreme. Participants are asked to assume these are true as a brainstorming technique to gain insight. The documentation must be read whole. It must be realized that a period of investigation and analysis will be required prior to implementation of any ideas.

Fiduciary Responsibility

We all recognize that the participants and staff have a fiduciary responsibility to each other, their colleagues, their organizations, and their community, regarding the dissemination of the information in this website. This requires the highest possible standard of care to assure that context and completeness are transferred along with specific data and information. When you share this work with people who were not at the planning session, share with them the responsibility of not taking ideas out of context. Any non-participant using this document should assume this responsibility as well.

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The AHCA Transparency DesignShop

Held in Clearwater June 19-20 2007, this collaborative strategy session resulted in many ideas, concepts, plans and suggestions.

This report is intended to serve as:

- (1) A distilled long range planning document (aka roadmap); and
- (2) A reference guide to aid AHCA in meeting its statutory mandates, goals and objectives.

We hope that this report will be useful to draft legislation, budget initiatives, amend rules, and guide consumer-centric decisions. As such, the report should do the following:

- provide enough information for Florida’s leaders and policy makers to make decisions;
- clearly articulate the ideal direction for AHCA;
- propose a course of action; and
- identify resources required.

This working document will help AHCA to make sense of the ideas and concepts developed during the DesignShop. It includes action steps towards becoming more consumer-centric and more competitive. It reflects deep discussion and analysis, collected best practices and recommendations from DesignShop working groups, including:

- Provider Consumer Relationship
- Personal Health
- Comparing Providers by Disease
- Personalized Presentation of AHCA Data/Information
- Price & Quality Trade-off Comparisons

Strategic Planning for a Leading State in HealthCare Transparency

The Situation

The Florida Agency for Healthcare Administration (AHCA) engaged the Vanderbilt Center for Better Health (VCBH) to assist them by providing unique content expertise in “health consumer” centered design; regional health information sharing, privacy, confidentiality and security; and facilitating large group collaborative “design-build-use” processes.

The VCBH was engaged specifically to apply these core competencies during a two-day DesignShop to engage the Advisory Council to build off their latest accomplishment (FloridaCompareCare.com) and design a bold set of “transparency” goals for AHCA to achieve during the next five years.

The Method

To achieve these session goals, the VCBH team, along with key representatives from the Advisory Council designed a collaborative agenda that utilized a unique environment and process to facilitate participants through seven modules of work.

The Results

DesignShop participants developed a roadmap complete with milestones for the goals, objectives, and planning requirements for each of the five key components of a transparent health system. A description of each component is provided below:

- **Tools for Individuals to manage their Personal Health:** Providing a trusted resource to Floridians so they can access evidence-based data and information to manage their personal health, and the health of family members.
- **Tools for Consumers to manage their relationships with their physicians:** Providing tools to Floridians to (1) access physicians with skills and experience appropriate to medical needs, and (2) choose providers based on published operational and quality data.
- **Tools that personalize AHCA-generated information for individual consumers:** Providing data analyzed by AHCA and reports to individual Floridians information to assist in their health care

decision making. Data should be accessible in two formats: (1) a general format and (2) a personalized format that allow consumers to customize their searches, alerts, data feeds, etc.

- **Tools for consumers to compare providers on “success” by disease or procedure:** Providing a consistent method for Floridians to compare risk-adjusted outcomes – by provider – in a format that is meaningful in selecting a health partner for their care.
- **Tools for consumers to make “price” and “quality” trade-off decisions:** Providing a set of tools for Floridians to make balanced decisions, based on their individual needs, about the total expected price and quality for defined episodes of care.

In addition to these five stated objectives, the participants observed that integrating all of the health care related data the state currently possesses – while adhering to industry standards to ensure legality, privacy and security – will facilitate the achievement all of these components and their associated goals. The expected outcomes include a state population with more tools to inform health care decisions and general marketplace that is driven by price and quality transparency.

These modules included:

1. Exploration of the transparency in the airline industry, specifically the rise in information technology and consumer sensitivity to “price” and “quality”;
2. Strategy design to drive transparency in Florida’s health care industry over the next five years;
3. Analysis of health consumer “personas” to stress test designs for Florida’s web-based health tools;
4. Examination of emerging web 2.0 content delivery models;
5. Collaborative design work on five key components of a consumer centered health system;
6. Design review of the current prototype of the improved web-site; and
7. Creation of a draft for an integrated 5-year plan with milestones to implement the key components.

Transparency DesignShop Outline



Introduction

- Dr. Andrew Agwunobi, Secretary, Agency for Health Care Administration
- Harry Spring, Chair, State Consumer Health Information and Policy Advisory Council

To Air is Human: Transparency in the Airline Industry

- Dr. Mark Frisse, Regional Informatics, VCBH

Individual & Shared Perspectives

Scenario Challenge (Persona)

- Talk Show Host Wrestles with Immobility
- Foster Child with Special Needs
- Aging Professional with Dementia and CHF
- Healthy Baby Boomer with Colon Cancer
- Sedentary Diabetic
- Asthmatic HS Senior Diagnosed w/ Brain Cancer

Web 2.0 Tools Demo

- iGoogle
- YouTube
- MySpace.com

FloridaCompareCare.gov Design Review

- Mark Alexander, I.S. Consulting

Design Challenge

- The Consumer-Provider Relationship
- Personal Health
- Comparison of Providers by Success with a Specific Disease/Procedure
- Personal Customization of Reported Information (Prices Customized to My Plan)
- Price & Quality Trade-Off Comparisons

Introduction

Dr. Andrew C. Agwunobi

Secretary of the Florida Agency for Health Care Administration



I want to thank you for joining and it is going to be an exciting day. For me, I love this type of thing. I love stopping at periodic points in the work that we do every day and stepping back from it and say, "Okay, let's look at the big picture. Let's look at it and say what really are we trying or should be trying to accomplish?"

I look at it for example -- there's a study that came

out recently about Florida and the rankings in health care and all the rest of it. I looked at that and it reminded me that a big part of what we need to be doing as a state is communication and transparency.

But when we talk about things like quality, when we talk about things like access and we talk about things like efficiency and affordability, there's a piece of it that cuts across all of that: "How do you communicate when a patient or when a person should be accessing care. So, for example, colon screening and all the rest of it. "When should I as a consumer be accessing care?" "Where should I be accessing care?" "What is good quality care?" "What is value when we talk about efficiency? What is value for me?"

Harry Spring Chair, State Consumer Health Information & Policy Advisory Council

We have a very unique opportunity. I hope over the next two days to really put together a game plan of advice with the help of the university and the agency of where we want to see this bureau head over the next three or five years. I'm really excited about it.

The lowest cost care may not necessarily be the best value care and vice versa. So, what is value? Well, all of that has to be communicated. Well, who does that? When we look at the Agency for Health Care Administration, although our mission (this is a whole different issue) states that we are here to champion or ensure access to affordable, quality health care.

It doesn't mention communication but we have a whole bureau, a whole section of our organization which is headed by Lisa Rawlins, that does nothing but crunch data, analyze trends and communicate through web sites, etc. What this body does is to advise on how to do that. I do think our mission probably needs a little bit of tweaking to include that but the answer to the question, "Who does that?" Well, we do that. So we have to step back and say "Are we doing it collaboratively enough, in the right direction, with the right people on board, with the right goals in mind?"

And that's what this is all about. Now, what work has been done? This is not completely a green field but it is about stepping back and making sure we are creating the best value in terms of communication for the people of Florida in terms of effective, efficient, high quality health care and access to health care.

I think we need to be looking in a longer term and I look forward to the next two days. I hope, like me, that you will see that we all take off our hats as players in the health system and really realize that every one of us is going to be a patient in the next year, in the next few years, or in the next five years. And we have to think in terms of the consumer of healthcare over the next couple of days and what's best for citizens. We owe that to this day and we owe that to ourselves and to our families.



To Air is Human: Transparency in the Airline Industry

Exerpts from a presentation by Mark Frisse

A Illusion of Sustainability

In the health care field, when people ask me, "What is the sustainability model?", I say: "There's no sustainability model for any aspect of health care. What are you talking about?!"

Some people have more money than others right now. Some have more power than others right now. But that all changes. Let's face it... the health care system is broken. If we all start with that assumption, we'll make progress.

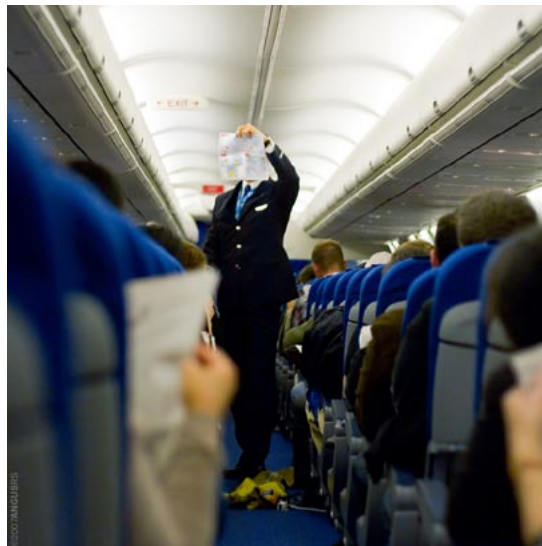
In this DesginShop, we're trying to figure out how to get people to think about this problem differently. The problem that the Secretary has put forth before us is this: transparency, quality, & price.

How do we get the right health care information? How do we make that information available and meaningful? How does somebody understand that information? How do they find it? And then, most important, how do they change their own behavior? These are difficult questions.

So let's look at another industry that struggles with price, quality and transparency. Air travel is the closest thing to bad health care as I can think of.

Disorder Preserved

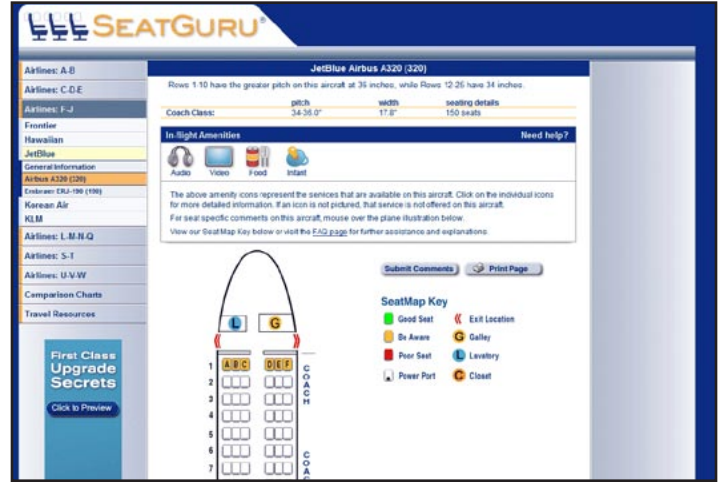
The promise has always been that technology is supposed to liberate us. I think technology behaves more like the police during the 1968 Democratic Convention Riot in Chicago, when Mayor Daly said: "The police are not here to create disorder, they are here to preserve disorder!"



Could we have the crazy tax structure we have in America today without computers? No! Without technology, it would have to be simple. It would have to make sense. It would have to be somewhat transparent. The only reason we could have something this complicated is because we have these technical tools--for good or for bad--that enable incredible complexity.

Did you know that there are many vendors that compete with the airlines in optimizing their prices? An enormous industry has emerged behind the scenes of commercial airlines.

The airlines themselves are struggling to survive. As a passenger, you just want to get from point A to point B. But the airlines need to stay in business. Fuel prices are killing them. Some airlines have very expensive labor structures, others have very expensive physical infrastructure. So the prices keep going up. Competition is heavy, but service suffers.



ABOVE: Websites like Kayak.com predict not only the price of an airline ticket, but when to buy the ticket, compared to historic trends. SeatGuru.com offers insight to the quality of airline, plane types, seats and that rare creature--the airline meal.

Lesson Number One

If, like in health care, 80% of the population didn't pay for their plane ticket, then who would care about how much it costs?

Let's say that you are in charge of buying lots of tickets for lots of people in your organization. And you are accountable. You can bet that you are going to engage some consultants to do that job. Then the passengers are going to have all these people they have to go to. It happens in government contracting. We must go through many, many agencies for approval or changes. And, we have to pay extra money--and giving up my frequent flyer number--making it more difficult for me than if I book it myself! The result is that the User doesn't see the prices, somebody else is in the middle, and cost optimization and quality suffer.

Quality: An Inside Job

What about quality? Do you want quality out of your airline? Is that worth something to you? What does it mean to you?

Quality involves multiple factors, multiple variables. It may be wait time; it may be how you are spoken to by the staff; it may be how much leg room we have; it may be whether we're given snacks or not; whether we're warm or cold; whether the lighting is good. All of those things come together to determine an overall impression of quality for us.

Ultimately, for health care and air travel, it comes down to (1) staying alive; (2) customer service; and (3) personal experience.

The Data Tsunami

In regards to our own health care, do we have the right information to begin with to make a decision? What one person wants is never the same thing as what another one needs. Do we have the right information? If we have the right information, can we put it into a device with a user interface, whether that is a computer, a mobile phone or a children's toy? Will it be accurate and secure?

Keeping data updated, accurate, organized and secure is a never-ending task. Can we create meaningful metrics? Can we track outcomes? Even if we have the metrics, does that mean we're going to understand it? Here's a fact: Smoking is not good for you. Trust me, there are lots of websites on that topic. But do smokers change their behavior?

Design Decisions that Drive Behavior

In this DesignShop, one of the specific targets is integrating the website, integrating the design. Remember that as we disagree on the details, that it's not about the website. We will struggle over whether we have the right information, whether we represented that information in a meaningful, consistent way, and whether we are reflecting the concerns of all the different consumers, enterprises and stakeholders. Ultimately, can we design health care information in a way that our consumers can understand well enough in order to make a choice?

The \$64,000 question: Will what we plan for during these two days lead to behavioral changes and a healthier Florida?

Personal & Shared Perspectives



INSTRUCTIONS

Choose your own personal whiteboard panel and create a model that communicates your ideas for how Florida achieved the future described below.

CONTEXT

The year is 2012. In the last decade, spending for health care services outstripped projections and has risen from \$1.4 trillion in 2001 to \$3.1 trillion in 2012. As a percentage of the country's gross national product, health care has increased from 14.1% in 2001 to 17.7% in 2012.

Once again the health care system remains at the top of the social agenda for all parties, with 76% of the US population ranking the issue as "critical". Price transparency and quality of care are top of mind.

In the media, Florida is cited repeatedly as the leader in providing a transparent, open marketplace to encourage both the health of its citizens and growth of its local and state health care economy. Florida's health care market is one of the most efficient in the country and is feeding the boomer services economy.

The plans and priorities that emerged from the Advisory Committee—way back in 2007—are recognized as instrumental in the implementation and effectiveness of the State's health care delivery system.

QUESTIONS

Looking back, define the major milestones for the last five years (2007-2012):

- What was your personal role in this project? Did any of your "dreams" come true?
- What new business models rose out of the drive for transparency? What enabled these types of models and others?
- What is the meaning of "quality" and "transparency" for you? How have these definitions lasted the test of time for you? Your constituents? The health care stakeholders – Payers? Providers? Patients?
- What were the critical health care issues facing the State? How were they addressed?
- How is quality currently measured in 2012? How has this current model emerged?
- What "rules of the road" (from your experience with government and industry) helped create a useful and workable vision uniting economic and social differences?
- Describe which tools you personally have found most helpful in making value decisions about your health care in 2012?
- What major shifts occurred in the public arena in terms of laws, policies, regulations, public opinion or unforeseen events on the local and national stage?
- Why is Florida able to succeed where other states have failed?

Scenario Challenge (Persona)



Teams reviewed their persona and thought about their life and their families; especially all the complexities of living with and managing their specific health issues.

Assignment

Describe how they would be best served by local, state, and national health information resources. Answer the questions below as your persona, using an ideal system to meet their needs. Be specific and real.

In 90 minutes, you will be reporting your work. At that time, you will need to bring your persona, and their health decisions, to life. You should show us:

What are the critical health decisions your persona, or their family, is making?

- Describe the key information they need to make these decisions as an informed health care consumer? What are they weighing in balancing out their decision?
- Of these pieces of information, where does your team recommend each piece be managed?
 - Privately (personal, family, employer, provider, payer, etc.)
 - Publicly (local, state, national)

Do not get caught in the trap of trying to figure out how to make this future state work. You are here to define what needs to be available to make the "system" ideal for your persona.

About Personas

Personas are a documented set of archetypal people who are involved with a product or service. They give designers a sense of designing for specific people, not just "the users" who, if ill-defined, can be twisted to serve any purpose.

These personas are amalgams of multiple people who share similar goals, motivations and behaviors. The difference between each persona must be based on these deep characteristics: what people do (actions or projected actions) and why people do them (goals and motivations).

Designing for Interaction: Creating Smart Applications and Clever Devices
by Dan Saffer (2007)

Scenario Challenge (Persona)



Talk Show Host Wrestles with Immobility

Lupita is always on the move. As the host of *En Confianza* (“In Confidence”), a popular television talk show in Mexico, she’s at the spinning hub of culture, interviewing leading figures in sports, politics, and entertainment. She often travels to Florida to be with family and friends.

Those many work hours require Lupita to be on her feet a lot; 6 years ago she began experiencing aches in her right leg. Over the course of many months Lupita’s problem developed into something more serious.

Lupita’s doctor in Acapulco felt the problem was sciatica, or pressure on the sciatic nerve that runs from the lower back down the back of each leg, caused by a disc in her spine that may have slipped out of position. After an MRI scan, he suggested treatments including exercise and wearing a prosthetic device under her foot to help relieve the pressure on her leg.

By the spring of 2003, Lupita was hardly able to walk at all. She was limited to taking only two or three steps, from her bed to the bathroom and back. “I had to stop working,” she says, “because the pain was too much.” She was afraid that treatment outside of Mexico might be expensive. She is 67 years old, and supports herself. But then another cousin in Florida gave her some very wise advice. She said, ‘It’s better that you spend the money now to walk and be self-sufficient, than to use it later to pay someone to push your wheelchair.’

Her doctor has referred her to a pain specialist in Florida—her only hope for relief and return to work.



Aging Professional with Dementia and CHF

LeRoy Girrard has always managed to take care of himself and everyone else. Even as a divorced father of five, he was the primary caregiver and head of household with full custody of his children. Thanks to close ties to his religious community and neighbors, everything seemed to work out.

Today at age 74, he is now dependent on others—his three daughters and two sons. After a fainting spell in a grocery store, he was diagnosed with congestive heart failure. Although he quit smoking ten years ago, the effects have manifested in emphysema which makes walking and basic activity very difficult. In 1990, he had a stent implanted to repair damage from a blockage, and, consequently, has been on blood thinners for almost 20 years.

As is often the case in gerontology, the effects of treating one ailment create another. Last year, LeRoy was diagnosed with dementia. The doctors don’t know if it is Alzheimer’s, Parkinson’s, Lewy Body or something else. After much trial and error, his care team has finally worked out the combination of drugs to manage LeRoy’s complex situation. His monthly prescriptions—blood thinners, anti-psychotics, breathing treatments, ACE inhibitors, and beta-blockers—require almost all of his fixed income, leaving very little for basic needs.

The overall effects leave LeRoy tired, confused and agitated. LeRoy’s Social Security only pays a portion of the costs, and he does not yet qualify for Medicaid. His adult children realize that he can no longer manage his own care and are working out a plan of action, but are having trouble finding their way through the maze of choices.

Scenario Challenge (Persona)



Foster Child with Special Needs

Joshua Bedford has had a challenging life for such a young child. As the child of a teenage mother addicted to meth, he became a ward of the state. Slightly premature and suffering from pre-natal exposure to methamphetamine, there have been long-term effects on his response to arousal, attention span, and motor development.

As a newborn in the PICU, Josh suffered a series of brain hemorrhages and seizures. At 18-months, Josh was adopted by a loving family with two other children. The head of household is an independent architect and pays for basic health coverage through his trade association and buys several forms of supplemental insurance through a broker.

Josh is now an active 5-year-old who likes trucks and dinosaurs. He appears to be coping with his physical limitations well, although his primary caregivers struggle with a complex regimen of prescription drugs to manage several competing and chronic conditions: asthma, ADHD, allergies, and epilepsy.

Next year, Josh will start kindergarten in the public school system and his foster parents are worried about coordination of care, as well as the rising costs.



Healthy Baby Boomer with Colon Cancer

For more than 14 years, Carlos Genardini and his wife, Susie, who live in Boca Raton, Fla., made the trip to Mayo Clinic in Jacksonville for their annual checkup through the clinic's comprehensive Executive Health Program. Going through the many tests had always given them the peace of mind that comes with having a thorough assessment and getting a clean bill of health.

During their annual trip last Fall, he got a little more knowledge than he bargained for following his screening colonoscopy. Otherwise healthy with no symptoms to complain about, Genardini, 68, thought he was home free. He had recently retired and had gotten into a structured exercise routine, consistently working out with a personal trainer and taking care of himself better than ever before. He had never felt better in his life.

During the screening, doctors discovered and biopsied a half-inch tumor in his ileum, the tail end of the small intestine where it meets the colon. The small growth was tucked away in the folds of bowel, silently growing. It turned out to be a neuroendocrine tumor, a rare but slow growing malignancy. Doctors were unsure how long it had been there but recommended surgery to have it removed. This type of tumor produces enzymes that can affect normal body function. They also are difficult to find because they're small and there's no good screening test for them.

He is nervous about treatment and recovery eating away at his retirement savings.

Scenario Challenge (Persona)



Sedentary Diabetic

Roman Bisson is a 51 year old male. He currently does not have a partner and has an administrative job where he spends 40 hours a week sitting at a desk. Food is always available in the office kitchen. Roman is overweight; he has gained 4-5 pounds/year over the past 5 years. He was warned three years ago that his blood glucose was high and he had borderline diabetes.

Four months ago he was diagnosed with type 2 diabetes. Currently Roman is not on any medication. He said: "I want to avoid medication and try to help myself with diet and exercise." Roman tests his blood glucose daily (fasting). He does not test after meals. Recently Roman decided it was time to get active and take some control of his health. He started walking 3 times per week and is using a new tool to help change his behaviors.

He is looking into joining a gym or investing in some home exercise equipment. Roman eats 2 meals per day but snacks often on crackers, fruits, juices, nuts, popcorn, etc. Roman is very comfortable with the "normal" PC User experience.

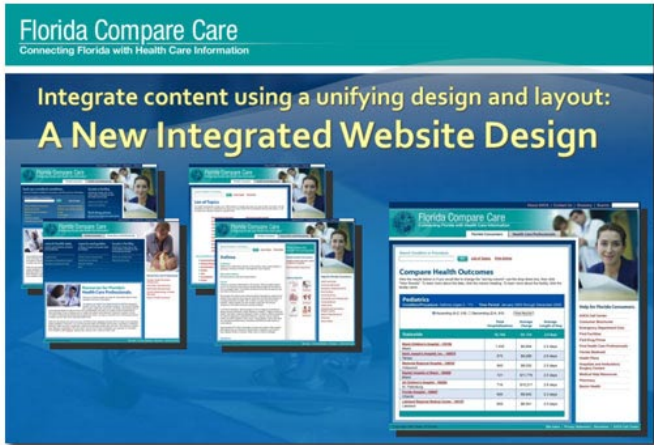


Asthmatic HS Senior recently Diagnosed with Brain Cancer

Maria is an 18-year-old graduating high school senior at Hillsborough High School. She has lived with asthma since she was 8 and has an active support system. She is used to receiving advice and a helping reminder from the adults that have surrounded her. Because she moved from a small town in the Panhandle to Tampa 5 years ago, parts of her "medical record" exist in several different physical locations.

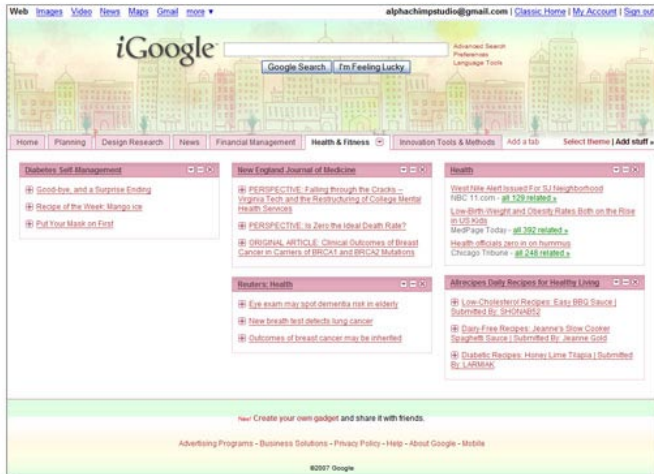
After a series of seizures, Maria and her family were extremely shocked to find out that she has been diagnosed with brain cancer. Her tight-knit Latin family and the adults in her care network group are working to protect her, and prepare for what they believe is in store through her treatment program. Meanwhile, Maria has unleashed the power and passion of her girl friends in school and on the soccer team to help her cope with this experience. As a child of the web, she has already added a new tool to help her manage her cancer treatment.

Web 2.0 Demonstration



FloridaCompareCare.gov Website Redesign

This summarizes the findings of the website usability study as well as the Guiding Principles. Also, this link will provide the presentation from Mark Alexander at IS Consulting that also provides screenshots of the new site. <http://tinyurl.com/yqoju6>



iGoogle

Personalized web portals <http://www.google.com/ig>

GoogleHealth

Adam Bosworth, former VP of Engineering at BEA Systems, is working at Google with the title "Architect" <http://blogs.zdnet.com/Google/?p=135>



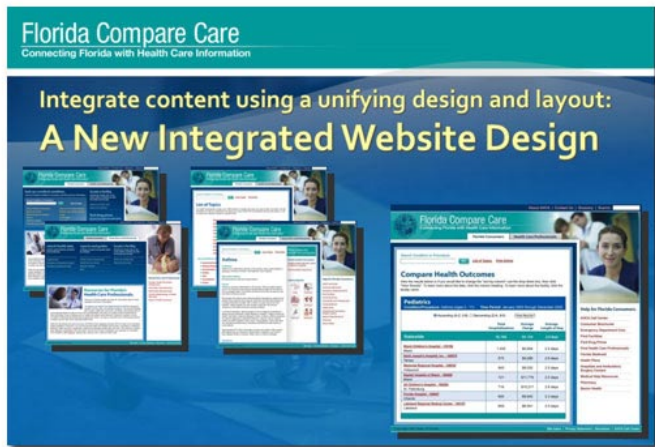
YouTube

Consumer-created health information videos <http://vcbh.blogspot.com/2007/06/daniels-diabetes-project.html>

MySpace Diabetes

A discussion portal and mash-up with GoogleMaps for MySpace members interested in learning more about living with Type 1 & 2 diabetes. <http://tinyurl.com/yszps6>

FloridaCompareCare.gov Design Review



What Works in the Current Design?

- Crisp, professional, clean
- Clear layout
- ADAM is good. Need Spanish edition.
- Disease-focused, consumer-driven search
- Great consolidation
- Locating facility
- Good list of topics and print articles

What Needs Work?

- Medical help resources: Work with Local Health Councils (LHCs) for accurate info re: uninsured
- Ask LHCs to conduct studies in all regions as part of contract
- Concern that ADAM provided at "average" level of health literacy
- Write out "ASC" as "Ambulatory Surgery Center"
- Confirm to usability standard defined by National Disability Standards
- Ask for feedback on uninsured
- Missing "Continuum of Care"
- How do we compare on national level?
- How do we personalize the experience?
- How do we really reflect price & quality?
- Increase size of "Health Plans" link
- Change "Psychiatry" to "Mental Health" (and maybe "Depression")
- Needs more cost to consumer info
- Delete "Welcome to Florida"
- Increase font size (or give option via CSS)--> text & links
- Compare health outcomes (Pediatrics --> add "Case Studies")
- Help for Consumer to add info on Health Plans (info, getting claims paid)
- Health outcomes for drugs (ex. icon w/ drug dose & results)
- Title: "Connecting Floridians" -- not "Florida"

FloridaCompareCare.gov Design Review



What's Possible?

- Kid Care eligibility
- Add Medicaid info area
- Search spell check (metatags for common misspellings)
- Search broadened (encyclopedia, AHCA site, general web)
- Build in "Feedback" mechanism (tag by subject)
- Current health alerts (ex. smoke, heat, environment, pollen)
- Google ad/Search keywords
- Reciprocal links to other stakeholder websites ("Link to this page")
- Consumer profile opportunity early in site
- Tabs, content & links determined by profile
- "Emergency/Urgent care"
- Links to Florida Medical Association, Florida Hospital Association, South Florida Hospital and Health-care Association, Florida Association of Health Plans, Health Councils, Federal Government
- Video/podcasts on educational information (ala "YouTube")
- EMSsystem (Can be adapted to tell consumers how busy ER is)
- Create MySpace, Facebook, and other on-line Web 2.0 site links, etntries

- Info on how to reduce choice and elective surgery
- Check out "EMMI" an interactive info method regarding procedures, consents, etc.
- Search gives menu for disease research, provider search, cost, quality comparison
- Current medical help resources: "Paying for your care?" or "Cost, Prices & Solutions"
- "Email a Friend" link on all pages
- "Compare health outcomes" needs info for average charge, not an outcome
- Call to Action: Allow the user to find price/quality info
- "Health Plan" info should be in "Call to Action"

What's Next?

- AHCA needs legislative direction to collect data
- Schedule advisory work group to focus on website
- Define what we need to know; where and when to find it!
- Determine big goals; plan backwards

Design Challenges



Assignment

Define what is known between Now and 2012. Remember these underlying themes:

1. What are the sources of information?
2. What are the costs of acquiring, maintaining and updating data?
3. How will personal information be managed for maximum confidentiality?
4. What is unique about AHCA's contribution?

Teams were created to focus on these topic areas:

- The Consumer-Provider Relationship
- Personal Health
- Comparison of Providers by Success with Specific Disease/Procedure
- Personal Customization of Reported Information (prices customized to my plan)
- Price & Quality Trade-Off Comparison



Provider-Consumer Relationship



GOAL

1. To establish statewide use of electronic health records by fiscal year 2012-13
2. To establish a statewide specialty provider location network by 2010-11, for non-emergency care.
3. Establish a state health care agency coordination group to improve cooperation between agencies and eliminate duplication and cost by FY 2009-10

OBJECTIVES (1)

- 1A. Increase public awareness about Regional Health Information Organization; electronic health records, personal health records through directed communication campaign: website, mass media, direct mail, by FY 2009-10.
- 1B. Develop incentives for health care provider to invest in Regional Health Information Organization development and use of electronic health record technology by FY 2009-10.
- 1C. Propose legislative language to adopt statewide use of Electronic health records by FY 2010-11

SHORT-TERM

- FY 2008-2009: Coordination, Education, Planning, & Legislative Support
- FY 2009-2010: Development & Testing

LONG-TERM

- FY 2010-2011: Deployment & Implementation
- FY 2011-2012: System improvement
- FY 2012-2013: Sustainability

Task: = AHCA

1. Add public information about RHIOs and Electronic health records to website
2. Work with provider, consumer and legislative groups to develop benchmarks and incentives
3. Refine technology requirements
4. Refine budget requirements
5. Draft legislative language
6. Establish standardization

OBJECTIVES (2)

- 2A: Establish network links to DOH websites to alternative Out-patient sites and physicians by specialty by FY 2008-9
- 2B: Make DOH website information user-friendly and compatible,
- 2C: Display individual provide quality information by FY 2010-11

TASK

1. Design links to DOH-work with information technologies (IT)
2. Establish and revise rules necessary to facilitate the collection, sharing and display of DOH data on AHCA website
3. Make DOH data compatible with AHCA website requirements (add outcome, price and volume data for DOH regulated services)
4. Request funds from the legislature to support data transfer

OBJECTIVES (3)

- 3A: Conduct a statewide health care summit to discuss coordination of services FY 2008-09
- 3B: Create website links to sister agencies by FY 2008-09
- 3C: Identify and eliminate data collection, storage and dissemination duplication by FY 2008-09

TASK

1. Governor's office coordinate a government health care summit
2. Request budget through legislative budget request (LBR) process
3. Write and issue RFP to develop and refine a system to share data between government health organizations
4. Select a vendor

Personal Health



GOAL: A Healthier Florida!

OBJECTIVES

Statewide Health Web Portal by 2010, including:

1. Virtual community
2. Health assessment/ Profile/ Plan Function
3. History & physical form
4. Budget health care, price-finder, eligibility

For implementation:

- Incremental research.
- A pilot all four with consumers and hospitals, etc.
- A consumer survey: Where do you get your information?

PRIORITY

1. Figure out what other agencies are doing, best practices in state and US (existing staff in R&D)
2. Get buy-in to work together (Legislature to expand membership of Advisory Council; add DOE, DOH, DoEA, DCF, ADA)

SHORT-TERM

- Adapt existing best practices that R&D discovers
- Contract/link with them (may require \$ for licenses, etc.)

LONG-TERM

- Design our own solutions to meet needs (\$\$)
- Incorporate feedback from surveys & pilots --> keep going

VIRTUAL COMMUNITY

Must be moderated, Build vs, Buy:

- Find site(s) that meet our needs
- Create our own
- Large sample size needed --> age, race/ethnicity, gender, income, health needs, etc.

CONSUMER SURVEY

1. Where do you go to get information to make health care/medical decisions?
2. Are you satisfied with the information?
3. Any barriers to getting that information?
4. What's missing?
5. What are your expectations?

HISTORY & PHYSICAL FORM

(Fill out on-line, save to disk)

- Reduce repetitive competition of forms at physician's office, hospital, etc.
- Decreased wait time
- Include family history
- EHR!
- Consensus on data needed

Compare Providers by Disease



GOALS:

1. Provide meaningful information to citizens to help them make health care choices.
2. Provide quality/outcome measures for all providers relative to the continuum of care. (Providers include hospitals, ambulatory surgery centers, emergency departments, nursing homes, assisted living facilities, labs, radiology, home health, physicians, etc.)
3. Years 1-5 follow national standards to exist in comparing providers nationwide/statewide.

SHORT-TERM (1 year)

- Improve data, expand elements, rule/IT
- Improve coding
- Outcomes by ambulatory center
- Re-admissions and second operations.
- Define conditions/procedures
- Physician procedures, outcomes --> hospital/ambulatory surgery centers
- Preventative information
- Compare outcomes to regional/national standards

LONG-TERM (1 to 5 years)

- (1 year) Health Plan Data (financial, claims payments)
- (1 year) Improve outcome measures for infections --> BSI/SSI
- (1 year) ADMS: ambulatory surgery centers --> Hospital (same reason)
- (2 years) Reduce time from care to public report (Rule/IT)
- (2-3 years) Data from Labs, ALF, Radiology, Home health, etc. (Define Quality measures/ Legislature/Rule/IT)
- (2-4 years) Acquire data from all players (Rule/Legislature/IT) --> problem of self-funded
- (5 years) Patient Satisfaction (hospitals, physicians)
- (5 years) Profile pays offices/Groups --> Define outcomes

Personalized Presentation of AHCA Data



GOALS

1. Engage and enhance consumer usability of the Florida Center websites
2. Create a system/portal to empower Floridians to manage their personal health.

PHASE 1

- Retain a password-protected “persistent” search profile that simplifies access to personalized information from Florida Health (customized)
- Barriers: Design applications, functions, data standards, interfaces, geolocator

PHASE 2

- An “identifiable profile”
- Privacy
- Identity management
- Move to national standards
- Florida Health Information Network status

What are the sources of information?

1. Florida Center databases
2. Other state databases
3. Florida Center website

Costs of acquiring, maintaining and updating?

- Some cost associated workgroup (time, resources, budget)

Confidentiality management?

- Weak authentication for email alerts.

Unique AHCA contribution?

- Access to Florida databases
- AHCA trusted source

Price & Quality Trade-Offs



GOAL: An AHCA website that facilitates value-driven, consumer-driven health care decision making.

Needed Data for Episode Cost Estimates

- MD price
- Plan calculators – Fee schedules/Claims payments (hospitals, physicians, labs, pharmacy, patient)
- Benefit/Plan Design
- Medicare/Medicaid prices HHS
- Provider self-pay discount policies

Needed to Evaluate Quality

- Patient/ Member satisfaction (what's important?)
- Outcomes (State/Fed administration for hospitals and nursing homes)
- New measurements tools/standards for documents & others

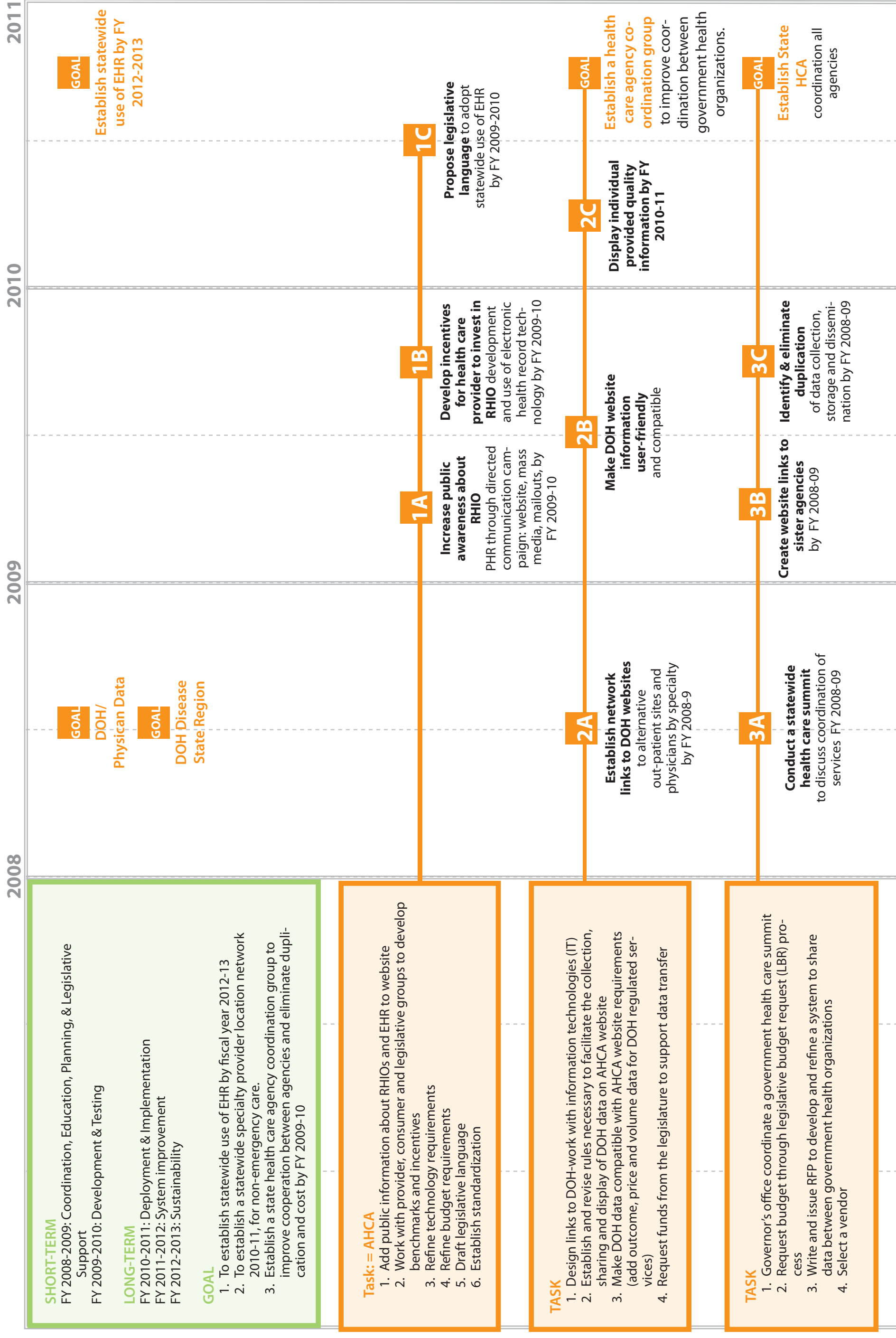
SHORT-TERM

- Work with plans and other providers to arrange for access to claims data/fee schedules
- Work with Health Community Access Program info to initiate satisfaction, ratings on website
- Pursue legislative authority and funding to acquire and analyze other than hospital data needs

LONG-TERM

- Create hypothetical patient profiles insurance status and values
- Follow those scenarios through AHCA website to determine what's still missing
- Design appropriate metrics for physician quality assessment

CONSUMER-PROVIDER RELATIONSHIP



PERSONAL HEALTH

OBJECTIVES
Statewide Health Web Portal by 2010, including:

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4. Budget health care, price-finder, eligibility

For implementation:

- Incremental research.
- A pilot all four with consumers and hospitals, etc.
- A consumer survey: Where do you get your information?

PRIORITY

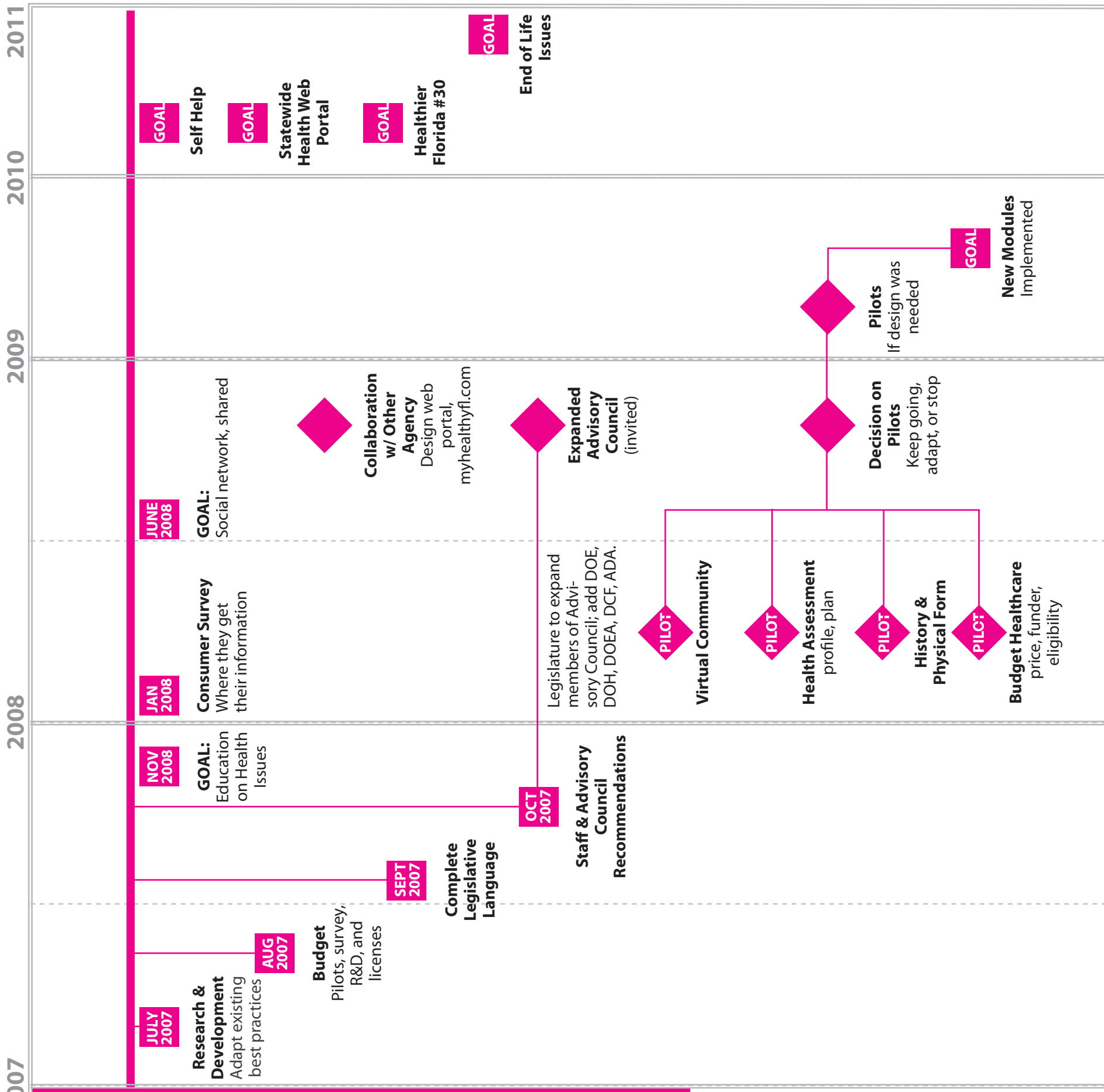
1. Figure out what other agencies are doing, best practices in state and US (existing staff in Research & Development)
2. Get buy-in to work together (Legislature to expand membership of Advisory Council; add DOE, DOH, DoEA, DCF, ADA)

SHORT-TERM

- Adapt existing good stuff that Research & Development finds
- Contract/link with them (may require \$ for licenses, etc.)

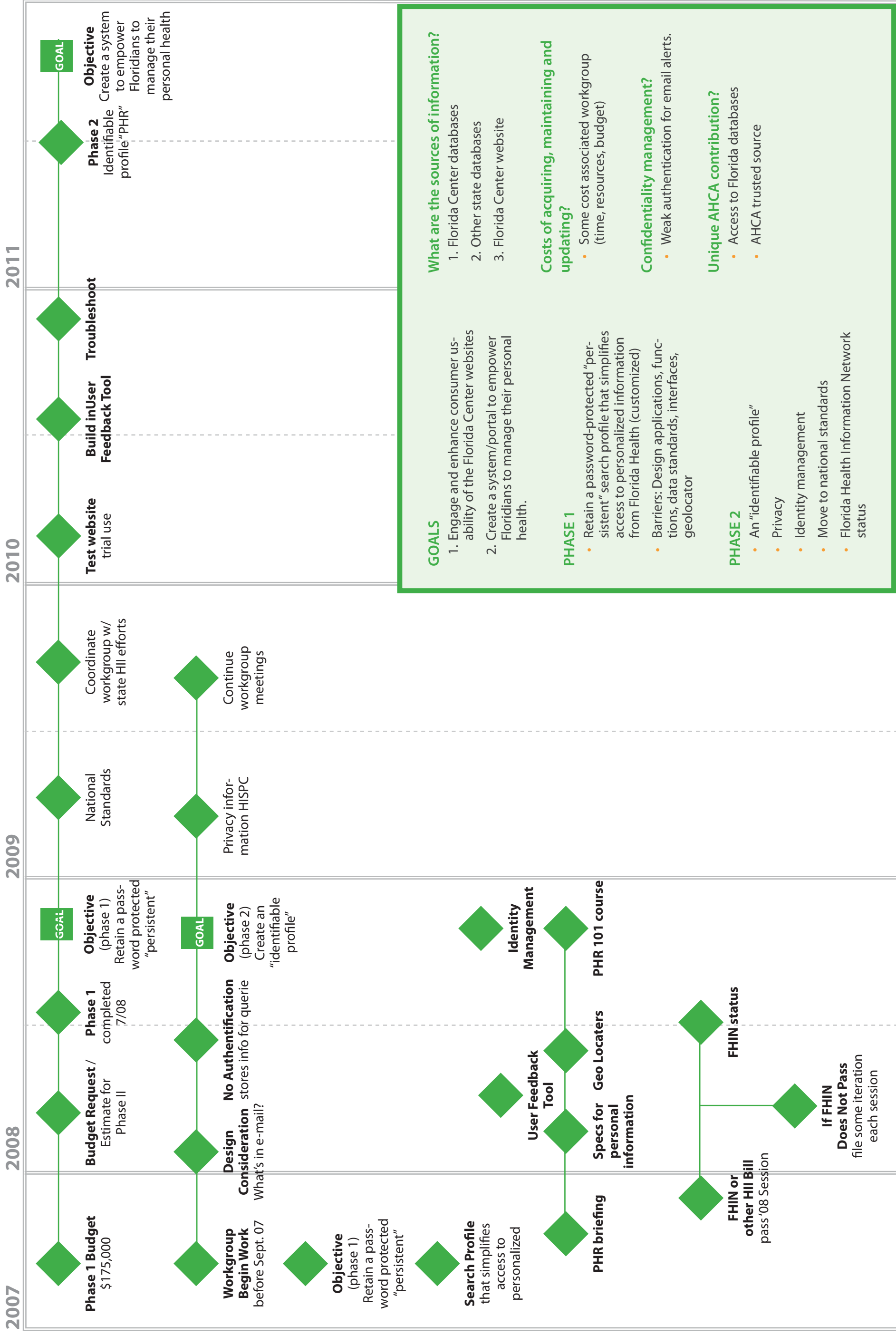
LONG-TERM

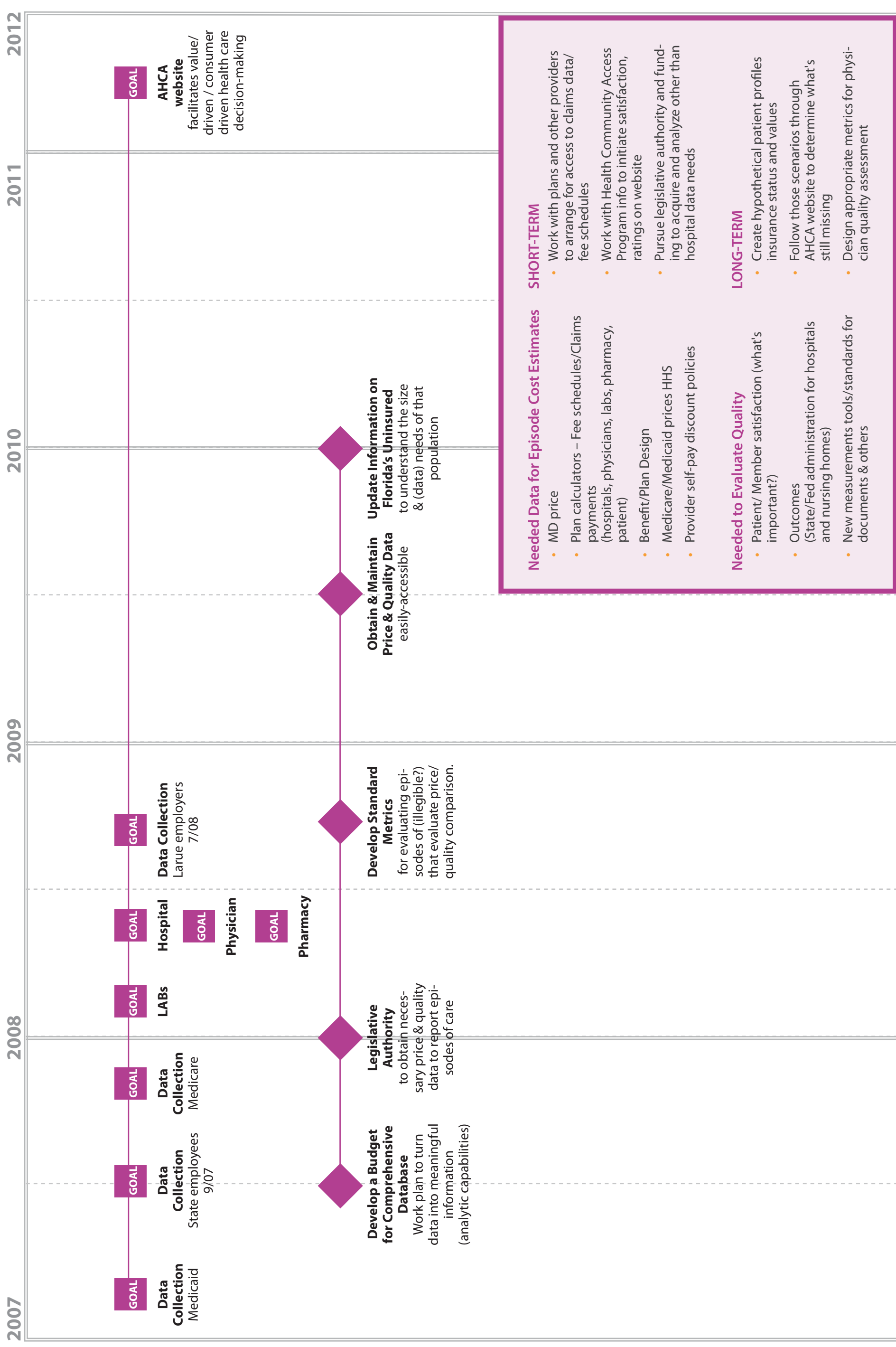
- Design our own solutions to meet needs (\$\$)
- Incorporate feedback from surveys & pilots --> keep going



COMPARE PROVIDERS BY DISEASE

	2008	2009	2010	2011	2012	
<p>HOW TO COMPARE?</p> <p>Preventative health information</p> <p>Provide meaningful information to citizens to help them make informed health care choices</p> <p>Specific quality & outcome measures for each healthcare provider group</p> <ul style="list-style-type: none"> • hospitals • physicians • laboratories • medical imaging • ASC • hospice • rehab • mental health • home health • assisted living <p>Be able to drill down for more detail</p> <p>Compare to and be consistent with national standards and reports</p> <p>Compare outcome regionally and nationally.</p> <p>GOALS:</p> <ol style="list-style-type: none"> 1. Provide meaningful information to citizens to help them make health care choices. 2. Provide quality/outcome measures for all providers relative to the continuum of care. (Providers include hospitals, ambulatory surgery centers, emergency departments, nursing homes, assisted living facilities, labs, radiology, home health, physicians, etc.) 3. Years 1-5 follow national standards to exist in comparing providers nationwide/state-wide. 	<p>GOAL</p> <ul style="list-style-type: none"> • Improve data elements collected and educate the data abstractor to optimize data submission • Readmission and 2nd surgery data • Admission following ambulatory surgery <p>GOAL</p> <p>Health plan data</p> <ul style="list-style-type: none"> • Financial • Time to payment <p>GOAL</p> <ul style="list-style-type: none"> • Define conditions & procedures • Define procedural physician outcomes • Ambulatory surgery outcomes <p>GOAL</p> <p>Patient satisfaction (HCAPS)</p> <ul style="list-style-type: none"> • hospital • physician <p>GOAL</p> <p>Reduce time from care to public reporting</p>	<p>GOAL</p> <ul style="list-style-type: none"> • Develop & report data & outcome measures for laboratories, medical imaging, • Deal with physician group practices (ICU, NICU, Hospitalists) 	<p>GOAL</p> <p>Acquire data from all payers</p>	<p>GOAL</p> <p>Improve outcome measures & reporting of hospital acquired infections</p>	<p>GOAL</p> <p>Develop and report data and outcome measures:</p> <ul style="list-style-type: none"> • rehab • mental health <p>Develop and report data & outcome measures:</p> <ul style="list-style-type: none"> • hospice • nursing homes • Assisted Living Facilities 	<p>GOAL</p> <p>Profiling individual physician practices</p> <p>Develop process for individual physicians:</p> <ul style="list-style-type: none"> • outpatient data - Medicaid - health plans • volumes • outcomes
	<p>SHORT-TERM (1 year)</p> <ul style="list-style-type: none"> • Improve data, expand elements, rule/IT • Improve coding • Outcomes by ambulatory center • Re-admissions and second operations. • Define conditions/procedures • Physician procedures, outcomes --> hospital/ambulatory surgery centers • Preventative information • Compare outcomes to regional/national standards <p>LONG-TERM (1 to 5 years)</p> <ul style="list-style-type: none"> (1 year) Health Plan Data (financial, claims payments) (1 year) Improve outcome measures for infections --> Blood Stream Infection / Surgical Site Infection (1 year) Readmissions: ambulatory surgery centers --> Hospital (same reason) (2 years) Reduce time from care to public report (Rule/IT) (2-3 years) Data from Labs, Assisted Living Facilities, Radiology, Home health, etc. (Define Quality measures/ Legislation/Rule/IT) (2-4 years) Acquire data from all players (Rule/Legislation/IT) --> problem of self-funded (5 years) Patient Satisfaction (hospitals, physicians) (5 years) Profile pays offices/Groups --> Define outcomes 					





PRICE & QUALITY TRADE-OFFS