

MOTIONS

State Consumer Health Information and Policy Advisory Council

Meeting Date	Motions Passed	AHCA Adoption of Recommendations
28-Sep-06	<ol style="list-style-type: none"> 1. Motion was approved that the long range plan be included on the next meeting agenda of the Advisory Council, so that members could review and develop a list of recommendations for workgroup members to consider for where the Council would like to go in the future. 2. Motion was approved that the long range planning encompasses looking at using the AHRQ 2005 National Healthcare Quality Report and Florida State Snapshots report to see where the Council is going in its efforts to make recommendations. 3. Motion was approved that the Advisory Council delay making any recommendations regarding the tag lines, posters or brochure at this time, and that the matter be taken back to the Public Relations workgroup for further discussion and development. 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes
9-May-06	<ol style="list-style-type: none"> 1. Motion was approved to move forward with Revisions to Pediatric Service Lines and Conditions to take effect upon further clarification of questions related to obstetric complications, adding obstetric complications at a later date. 2. Motion was approved to accept the Communications Plan for Website Revisions in June as presented, with additional recommendations of: <ol style="list-style-type: none"> A. Seek Cable Association assistance to interview the Governor/Secretary Levine for 30-minute <i>Florida Face-to-Face</i> to be aired across Florida. Secure digital copy and permission for use by AHCA. Partner with the Cable Association to tape a Public Service Announcement for use now and in the future. B. Develop PowerPoint presentation with talking points for CHIS-AC and Workgroup members to use in their professional and service organizations. Also could be used as a tool for use at the local level by legislators, Elder Care center, and Parent Teacher organizations to name a few. 3. Motion was approved to accept the revised verbiage for the Explanation of Results. 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes
28-Feb-06	<ol style="list-style-type: none"> 1. Motion was approved to nominate Robert Wychulis as new Chair. 2. Motion was approved to nominate Diane Godfrey as new Vice Chair. 3. Motion made, and seconded to review current statute regarding roles of SCHS and DOH and how they overlap and what is currently being done by both to meet requirements for health care information dissemination. Motion withdrawn. 4. Motion was approved to review current requirements of SCHS and CHIS according to the statute and look at what is currently being done and look for areas of improvement for coordination. MOTION AMENDED: to include "with relation to other agencies." 5. Motion was approved to adopt all motions of the Public Relations workgroup as a whole: <ol style="list-style-type: none"> A. Improve feedback on FloridaCompareCare.gov by repositioning the survey link on multiple pages and adding a question on each page asking if the information was helpful. B. Conduct focus group interviews of the terms and information on Agency websites in at least two different markets in Florida – South Florida (Miami) and Orlando at a minimum. C. SCHS staff should work with the AHCA Communications Office to explore communication venues and opportunities for the next www.FloridaCompareCare.gov revisions and SIP data by surgical procedure. D. Identify earned media and create a wish list for paid media – e-mail each member of the workgroup for media outlets that are available for publicizing the Agency websites. 6. Motion was approved to adopt the motion of the Health Plan workgroup: <ol style="list-style-type: none"> A. To request OIR to provide the claims payment data report to SCHS so that they can distribute copies to the workgroup. 7. Motion was approved to adopt item # 3 –to display SIP data as year summary of data of 12 rolling months with ability to drilldown to see 12 quarters of data (3 years) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. No – Motion withdrawn 4. Yes 5. Yes 6. Yes 7. Yes
20-Dec-05	<ol style="list-style-type: none"> 1. To adopt rules for Physician's Data tech workgroup. 	<ol style="list-style-type: none"> 1. Yes

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	<p>2. To approve rules for public relations workgroup.</p> <p>3. Motion made / then amended motion to recommend to the Agency that groups have some appropriate time that is fair to AHCA and providers to review their specific data and get any correction to AHCA when data is new or revised.</p> <p>4. To adopt recommendation of website group.</p> <p>5. SCHS add all data under dissemination.</p> <p>6. CHIS made recommendation to Agency that long range plan continue as preliminary document to be adjusted as necessary in the future.</p>	<p>2. Yes</p> <p>3. Yes</p> <p>4. Yes</p> <p>5. Yes</p> <p>6. Yes</p>
12-Oct-05	<p>1. To accept the recommendations from the September 23, 2005, meeting of the Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup. Recommendations include:</p> <p style="padding-left: 20px;">A. Recommend to the CHIS Advisory Council to table the readmission data for ambulatory facilities for later this fall.</p> <p style="padding-left: 20px;">B. Recommend to the CHIS Advisory Council that readmissions from hospital to hospital should be at aggregate hospital level. The vendor shall severity adjust using 3M software; readmits shall be within 30 days for any reason. Exclusions should include discharges to another type of institution; HIV infections in any position; discharges to hospice-home; discharges to hospice-medical facility; left against medical advice discharges; and discharges to psychiatric hospitals.</p> <p style="padding-left: 20px;">C. Recommend to the CHIS Advisory Council that the vendor use the APR-DRG procedure and conditions instead of the procedure and condition list that the workgroup formulated. The workgroup requested that Treo work to display the actual charges in addition to the risk-adjusted charges, and statewide charges by APR-DRG procedure and condition levels. However if the actual charges can't be calculated for the October 17, 2005 roll out, the workgroup will plan to have the actual charges displayed in a future roll out.</p> <p style="padding-left: 20px;">D. Recommend to the CHIS Advisory Council to not report all Patient Safety Indicator (PSI) measures for the October 17, 2005 roll out of complication data. He recommends that the reporting be consistent with Wisconsin's method for reporting an aggregate of 5 PSIs with a drill down option. The infection data should be reported using PSI 7 and PSI 13.</p> <p style="padding-left: 20px;">E. Recommend to the CHIS Advisory Council to report ambulatory surgery data by the top 25 APGs for volume, risk adjusted charges, and statewide average charges instead of using the current procedures and conditions list.</p> <p>2. To accept the recommendations from the August 16, 2005, meeting of the Health Plan Consumer Reports Workgroup. Recommendations include #2 and #3, listed below:</p> <p style="padding-left: 20px;">A. The two AHCA health plan reports (current HMO Report and upcoming Health Plan Consumer Report) should be combined into a single document. AHCA staff should construct a time frame and timetable of the action items necessary to produce the report. Staff should detail issues related to this task, including possible legislative or administrative rule changes, design of the website, and potential problems for AHCA's Bureau of Information Technology.</p> <p style="padding-left: 20px;">B. The Agency for Health Care Administration should follow and utilize data on small group health insurance premiums and benefits as maintained by the Office of Insurance Regulation (DFS). AHCA should monitor results from OIR focus groups aimed at determining what information on small group premiums is most valuable.</p>	<p>1. Yes</p> <p>2. Yes</p>
17-Jun-05	<p>1. A letter of appreciation to be drafted from the CHIS Advisory Council, and additionally from AHCA and the Governor's Office, to the AARP, FMA, Senator Peardon, Representative Farkas, and the Florida Retail Federation for their hard work in the development of the pharmacy website.</p> <p>2. AHCA to move forward with the Health Plan Rule.</p> <p>3. Adoption of the Website Guiding Principles.</p>	<p>1. Yes</p> <p>2. Yes</p> <p>3. Yes</p>

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	<p>4. Health Plan Consumer Reports Workgroup must readdress the issues regarding AHCA's publication of one health plan report rather than two reports (currently one for HMOs and one for other plan types) and also readdress the issues regarding the collection and display of financial information for health plans on the website. Motion was amended to request that preliminary recommendations for both issues be available to the CHIS Advisory Council at their next meeting.</p> <p>5. AHCA utilize the CAHPS questions as recommended by the Health Plan Consumer Reports Workgroup.</p> <p>6. Adopt the April 1, 2005 summary of motions items of the Health Plan Consumer Reports Workgroup.</p> <p>7. Move forward with the May 18, 2005 summary of motions of the Health Plan Consumer Reports Workgroup and request that the Workgroup meet again.</p> <p>8. Adopt the April 22 summary of motions numbers 1-3 of the Health Care Facility Website Workgroup.</p> <p>9. Adopt the May 23, 2005 motion # 1 of the Health Care Facility Website Workgroup to appoint three representatives from the Health Care Facility Website Workgroup as evaluators for the Facilities Website request for proposal (RFP). The Agency will select the evaluators.</p> <p>10. Have Facilities Website RFP mailed to CHIS Advisory Council members.</p> <p>11. Consider an amendment to the Facilities Website RFP to consider using various geographic regions. The Health Care Facilities Website Workgroup is advised to review the different options.</p>	<p>4. Yes</p> <p>5. Yes</p> <p>6. Yes</p> <p>7. Yes</p> <p>8. Yes</p> <p>9. Yes</p> <p>10. No, motion was not voted on as AHCA advised this would not be acceptable per procurement rules</p> <p>11. Yes</p>
14-Apr-05	<p>1. An individual serving as proxy for a CHIS member can only represent one vote and cannot serve as two or more proxies at one time. A proxy can switch to another member proxy during a meeting.</p> <p>2. Suggests that AHCA engage in and solicit to other groups, such as FHPA, FHA and APIC, to defend its effort (with a written letter, at minimum) to support SIP rule development as written.</p> <p>3. Reaffirms its support for adoption of the SIP rule as a well thought out process made by the Advisory Council and the CHIS technical workgroup experts.</p> <p>4. Directs staff to write a general scope of services to develop the consumer website in order to procure a vendor.</p> <p>5. Recommends that AHCA proceed with the filing of the Health Plan Rule.</p> <p>6. Abandon the pharmacy workgroup formulation and give the task to the website workgroup just as follow-up to ensure the website partnership with the Auditor General's office is consumer friendly to AHCA's satisfaction.</p> <p>7. The physician workgroup be formed.</p> <p>8. The hospital website task force be expanded to include the task of implementing ambulatory surgery (outpatient data). Furthermore, the responses from the ambulatory surgery data shall be forwarded to the website workgroup.</p>	<p>1. Yes</p> <p>2. Yes</p> <p>3. Yes</p> <p>4. Yes</p> <p>5. Yes</p> <p>6. Yes</p> <p>7. Yes</p> <p>8. First meeting schedule for March 29, 2006</p>
28-Feb-05	<p>1. Workgroups to look at procedures and make a recommendation on what procedures to use to measure quality of care.</p> <p>2. Create a Workgroup for Public Dissemination of Information.</p> <p>3. Accept the 3 recommendations from the Hospital Acquired Infections Workgroup. Begin collecting the AHRQ infections data at the same time as the SIP data and to post it to the website at the same time.</p>	<p>1. Yes</p> <p>2. Yes</p> <p>3. No, PSI 7 and 13 Were Available For Website And SIP Rule Was Challenged.</p>

