

## Motions

### State Consumer Health Information and Policy Advisory Council Health Care Facility Website/ Ambulatory Surgery Data Technical Workgroup

Meeting Date	Motions Passed	AHCA Adoption of Recommendations
1/31/07	<ol style="list-style-type: none"> <li>1. Approval of October 19, 2006 minutes.</li> <li>2. Adopt recommendations from the Emergency Care Coalition for reporting emergency department information on FloridaCompareCare. The Emergency Care Coalition will survey urgent care centers, clinics, physician offices for charges for non-emergent care of the conditions recommended by the workgroup for reporting. Additional work is required regarding the language of co payment requirements by health plans for non-emergent care. AHCA staff will have action plan for collecting information on alternative care centers for consumer reporting.</li> <li>3. Require the capture and reporting of the average patient wait time between entering a hospital emergency department and/or ambulatory surgery center and being seen by a physician.</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
10/19/06	<ol style="list-style-type: none"> <li>1. Approval of August 24, 2006 minutes.</li> <li>2. Provide a tool with information on available community and urgent care centers for non-emergency events</li> <li>3. Review the Institute of Medicine's report to determine what data elements and information are reported and whether they are appropriate</li> <li>4. Build a coalition between FHA, AHCA, and interested parties to look at collecting additional data elements to enhance consumer tools . Motion Amended: Provide a report next year for evaluation of time frame.</li> <li>5. Adopt "Recommendations for Enhancing Pediatric Data on the FloridaCompareCare Website" provided by the Association of Florida Children's Hospitals, Inc. except for recommendations 4 and 7</li> <li>6. Separate pediatrics and adults readmission data</li> <li>7. Provide top 10 APGs in freestanding ambulatory surgery centers and hospital based ambulatory centers</li> <li>8. Add survey question to the FloridaCompareCare.gov online survey to be consistent with the national health survey</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>
8/24/06	<ol style="list-style-type: none"> <li>1. Approval of July 27, 2006 minutes.</li> </ol>	<ol style="list-style-type: none"> <li>1. Yes</li> </ol>
7/27/06	<ol style="list-style-type: none"> <li>1. Approval of April 20, 2006 minutes.</li> <li>2. Follow recommendations by 3M of developing readmission reports for 15 or 30 days upon review. The report will be deidentified by hospital and presented to the workgroup. 3M will provide information on which APR-DRGs are inappropriate for calculating readmissions. 3M will be available for assistance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes</li> </ol>

MEETING OF THE STATE CONSUMER HEALTH INFORMATION  
AND POLICY ADVISORY COUNCIL

HEALTH CARE FACILITY WEBSITE /  
AMBULATORY SURGERY DATA  
TECHNICAL WORKGROUP

MOTIONS FROM THE JANUARY 31, 2007  
MEETING:

2. ADOPT RECOMMENDATIONS FROM THE EMERGENCY CARE COALITION FOR REPORTING EMERGENCY DEPARTMENT INFORMATION ON FLORIDACOMPARECARE. THE EMERGENCY CARE COALITION WILL SURVEY URGENT CARE CENTERS, CLINICS, PHYSICIAN OFFICES FOR CHARGES FOR NON-EMERGENT CARE OF THE CONDITIONS RECOMMENDED BY THE WORKGROUP FOR REPORTING. ADDITIONAL WORK IS REQUIRED REGARDING THE LANGUAGE OF CO PAYMENT REQUIREMENTS BY HEALTH PLANS FOR NON-EMERGENT CARE. AHCA STAFF WILL HAVE ACTION PLAN FOR COLLECTING INFORMATION ON ALTERNATIVE CARE CENTERS FOR CONSUMER REPORTING.

Florida's Access to Emergency Care Coalition  
Recommendations for ED data on the FloridaCompareCare Website  
January 2007

The Emergency Care Coalition, which is comprised of hospitals, emergency medicine physicians and emergency medical services professionals, supports including information on the AHCA consumer website to educate consumers on using emergency services. We feel that the AHCA consumer website could serve as a useful tool to help educate consumers on the appropriate use of the emergency care system and resources for alternatives to the emergency department for non-emergent health conditions.

We would recommend that the Florida CompareCare Website include the following:

1. A notice that alerts the user that if they feel their condition is life or limb-threatening, they should call 911 immediately or go directly to the nearest emergency department.
2. Guidelines or tools to help consumers understand what is considered an emergency condition, when care can be delayed and information on the appropriate use of the emergency care system, including the 911 system and the hospital emergency department.
3. A list of alternatives to the hospital emergency department for non-emergent care, their hours of operation and contact information. This would include federally qualified health clinics and urgent care centers.
4. Information to educate consumers on the price differences for non-emergent care treatment in other settings (urgent care, clinic or physician office) compared to the hospital emergency department. This section should also include some language noting that there could be higher co-payment amounts required by their health plan if they use the ED for non-emergent care. Non-emergent conditions for which there could be sample price comparisons could include:
  - Bronchitis
  - Conjunctivitis (pink eye)
  - Otitis media (ear infection)
  - Pharyngitis (sore throat or strep throat)
  - Sinusitis
  - Urinary tract infection
5. Provide a link to the AHCA Consumer Awareness Series on Emergency Care (<http://www.floridahealthstat.com/emc.shtml>)

**The Access to Emergency Care Coalition includes the Florida Hospital Association, the Florida College of Emergency Physicians, the Florida Association of EMS Medical Directors and the Emergency Medical Services Community**

## PROPOSED DISPLAY ON FLORIDACOMPARECARE

### EMERGENCY CARE (As an option on the main menu)

#### A Guide to Emergency Care in Florida

**NOTICE: Information on this Website is intended to help you with your health care decisions. If you feel your condition is life or limb-threatening, call 911 immediately or go directly to the nearest hospital emergency department.**

#### When Should You Go to the Emergency Department?

The American College of Emergency Physicians (ACEP) offers a list of warning signs that indicate a medical emergency, which are also available with additional [health and safety information on the organization's Web site](#).

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty speaking
- Shortness of breath
- Unusual abdominal pain

Children have unique medical problems and may display different symptoms than adults. Symptoms that are serious for a child may not be as serious for an adult. Children may also be unable to communicate their condition, which means an adult will have to interpret the behavior. Always get immediate medical attention if you think your child is having a medical emergency.

Emergency departments see patients based on the severity of their illnesses or injuries, not on a first-come, first serve basis. Here are some tips for patients when they come to an emergency department in order to get the best possible care as quickly as possible:

- **Bring a list of medications and allergies:** What's the name of the medication you are taking? How often do you take it and for how long? A list of allergies is important, especially if there are many of them. Be sure to include medications, foods, insects or any other product that may cause an allergic reaction. Bring a medical history form with you. ACEP has [medical history forms](#) available on its Web site.
- **Know your immunizations:** This will likely be a long list for children; mainly tetanus, flu and Hepatitis B for adults.
- **Remain calm:** Obviously it is difficult to remain composed if you've been badly injured, but a calm attitude can help increase communication with the doctors and nurses who are caring for you. (ACEP website)

## Resources for Non-Emergent Care

Florida's emergency departments are staffed 24 hours a day, 7 days a week, include the latest technology and have specialists available on an on-call basis to care for those whose lives are at risk. Thus, it is also the most expensive setting to obtain care. Because hospital emergency departments are focused on saving lives, they triage (screen) patients to see those with the most life threatening conditions first. If you seek care in the emergency department and your condition is not that severe, you could wait a significant amount of time before being seen. There are alternatives to the hospital emergency department for care if you cannot get into see your family physicians.

**Urgent Care Centers** – can provide convenient access for minor injuries and illnesses, seeing patients on a walk-in basis without appointments, offering weekend and after-hours access. Urgent care centers treat health problems that typically are seen in a physician's office but also offer some services not typically available in physician offices, such as X-rays. [Search for the closest urgent care center](#) (note: Attached is a list of urgent care centers owned by hospitals. Some of the health plans might be able to provide you lists to expand this beyond hospital owned urgent care centers).

**Federally Qualified Health Clinics** – are private non-profit or public health organizations that serve predominantly uninsured or Medically underserved populations. They are designed by the federal government and must provide comprehensive primary health care. They serve all persons regardless of ability to pay and charge for services on a sliding fee scale that is based on the patient's family income.

[Search for the closest Health Clinic](#)

**Other sources for care** – some communities have organizations that provide non-emergent care to uninsured or low-income families. [Search for programs in your area](#)

## Prices for Emergency Care

Because of the staffing, equipment and technology, hospital emergency departments are the most expensive place to obtain non-emergent care. Typically, the cost of treatment in an emergency department is about triple that of another setting. For example:

	AVERAGE CHARGE	
	Urgent Care/Clinic	Hospital
Bronchitis		
Conjunctivitis (pink eye)		
Otitis media (ear infection)		
Pharyngitis (sore throat or strep throat)	\$130	\$338
Sinusitis		
Urinary tract infection		

Note: these are averages

MEETING OF THE STATE CONSUMER HEALTH INFORMATION  
AND POLICY ADVISORY COUNCIL

HEALTH CARE FACILITY WEBSITE /  
AMBULATORY SURGERY DATA  
TECHNICAL WORKGROUP

MOTIONS FROM THE OCTOBER 19, 2006  
MEETING:

5. ADOPT "RECOMMENDATIONS FOR ENHANCING PEDIATRIC DATA ON THE FLORIDACOMPARECARE WEBSITE" PROVIDED BY THE ASSOCIATION OF FLORIDA CHILDREN'S HOSPITALS, INC. EXCEPT FOR RECOMMENDATIONS 4 AND 7



# Association of Florida Children's Hospitals, Inc.

A Council of the Florida Hospital Association

October 11, 2006

Lisa Rawlins, Bureau Chief  
Florida Health Policy  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, Florida

Subject: Recommendation from the Statewide Workgroup on Pediatric Data Provided on AHCA's Consumer Website

Dear Ms. Rawlins:

On behalf of the children of Florida, we appreciate your support and willingness to consider our recommendations for displaying pediatric data on AHCA's consumer website, FloridaCompareCare. The workgroup feels that it is extremely important for parents to have good, reliable information for making treatment decisions for their children. We commend the Agency for all of its work to promote transparency in Florida and thank you for involving us in the process.

As noted recently by the Agency for Healthcare Research and Quality (AHRQ), providing data on pediatric conditions presents several challenges. Among these challenges is that children are a relatively healthy population and are rarely hospitalized. Another challenge is that children are dependent on parents and other adults for financing, accessing, receiving and evaluating their care. The diversity among children populations, i.e. neonates to adolescents is another challenge for providing information on pediatric care. Because children are in a constant state of development, measures for one age group may be inappropriate for another. Given these factors, adult measures cannot be applied to the pediatric population. (*Measures of Pediatric Health Care Quality Based on Hospital Administrative Data: The Pediatric Quality Indicators*, AHRQ September 2006).

In response to your suggestion, we convened a statewide workgroup on pediatric data to discuss issues impacting data specific to pediatric conditions, how that information could be used by parents and recommendations for possible changes to the website to improve the usefulness of the information for parents. Below are our recommendations for enhancing the usefulness of data about children on the FloridaCompareCare website.

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## **Recommendations for AHCA's Consumer Website**

### **1. Clearly delineate pediatric information from information on adults**

Children's conditions and procedures are very different from adult conditions and procedures. We recommend that AHCA provide Web site users the option to select information for children or adults as a first step in using the FloridaCompareCare website in order to clearly segregate the information from the two distinct populations. Doing this would narrow the search for parents looking for information on pediatric conditions and also allow the children's section of FloridaCompareCare to be expanded to provide additional types of information to help parents manage their child's health care. For example, additional information could be provided on childhood vaccinations, preventing obesity in children, or other topics of interest that educate parents about their children's health.

### **2. Revise the definition of normal newborn**

Currently, "normal newborn" as reported on the AHCA website is defined as APR-DRG code 640 (limited to Severity Level 1), which includes babies that might have complications, such as jaundice. The workgroup recommends that "normal newborn" include only those newborns discharged home within three days of birth. Those remaining, who may have a longer than 3-day stay due to a variety of complications should not be included in this category, nor should babies transferred in to a facility or readmitted to the birth hospital due to complications.

### **3. The risk adjustment for pediatric conditions should be based only on the pediatric population and be indicator specific**

Currently, the risk adjustment methodology applied to pediatric conditions is based on the entire patient population, i.e. adults and children combined. This skews the expected rates for the pediatric patients.

The population from which to determine the risk adjustment should be indicator specific, applying all appropriate filters. For example, in the case of pediatric pneumonia (APR-DRG 139), the state normative value used in risk adjustment calculations should be based on:

- All patients in the state with APR-DRG 139
- Ages 2- 17 ONLY
- Exclude transfers from other institutions
- Exclude patients with cystic fibrosis
- Exclude patients with anomalies of respiratory system

Currently, the normative values include all patients in APR-DRG 139 *of all ages with no exclusions*.

#### **4. Outliers should be excluded from the data**

Given the possibility that one unique pediatric case could skew the data on a hospital, we would recommend that AHCA remove outliers, i.e. those with extremely high or low costs and/or extremely high or low lengths of stay, from the analysis. We recommend that AHCA adopt the outlier trimming methodology used by AHCA on the hospital report cards published in 1996 and 1999. Although this concern also applies to adult populations, in many reporting categories, the sample sizes for pediatrics are much smaller, and thus there is an appreciable risk that the averages will be skewed due to the presence of a small number of outliers.

#### **5. Use selected AHRQ Pediatric Quality Indicators for outcomes reporting**

Since the outcome measures specific to pediatrics are currently not available on the website, the group reviewed the Pediatric Quality Indicators (PDIs) available from the Agency for Healthcare Research and Quality (AHRQ). The PDIs were released earlier this year and there is not a lot of experience with the indicators due to their newness. However, the workgroup members reviewed their PDI data to evaluate the measures for possible inclusion on the FloridaCompareCare website. AHRQ is still in the process of reviewing and validating these measures. Until this validation is completed, the workgroup feels posting these measures is premature. However, recognizing the legislative mandate to provide consumer data the pediatric measures listed below have the fewest concerns:

- Foreign body left in after procedure                      PDI 3
- Pediatric heart surgery volume                              PDI 7
- Postoperative wound dehiscence                              PDI 11
- Transfusion reaction                                              PDI 13

The workgroup had concerns with the following two measures because they include cardiothoracic procedures where pneumothorax is a planned component of normal patient care.

For these reasons these two measures are under scrutiny by the AHRQ pediatric panel:

- Iatrogenic pneumothorax in neonates at risk              PDI 4
- Iatrogenic pneumothorax in non-neonates                PDI 5

We agree with the AHRQ recommendation to exclude cardiothoracic procedures from these measures if these indicators are utilized in the FloridaCompareCare website.

Based on the workgroup's review of the indicators, we feel that AHCA should delay using the following measures until the present on admission coding for the primary and secondary diagnosis codes are collected and incorporated into the AHRQ methodology:

- Decubitus ulcer (PDI 2) – It is difficult to exclude those patients coming from a long-term care setting because the “source of admission” doesn’t identify those patients as transfers that were first seen in the emergency department. Once hospitals begin reporting present on admission, then patients coming from a long-term care facility with a decubitus ulcer can be excluded from the analysis, improving the validity of the measure.
- Postoperative sepsis (PDI 10) – AHRQ has noted the need for a more comprehensive definition of infection because the term “sepsis” may be used to describe a variety of clinical scenarios, depending upon the physician. The AHRQ pediatric review panel does not recommend this indicator for comparative reporting.
- Selected infections due to medical care (PDI 12) – The AHRQ pediatric review panel noted that not all infections are preventable, and the coding for these will be charted variably. Thus, they do not recommend this indicator for comparative purposes.

We do not recommend using the following PDIs for the outlined reasons:

- Accidental puncture and laceration (PDI 1) – Many of the codes reflect acceptable lacerations that occur commonly in procedures. Thus, the inability of the ICD9 codes to clearly delineate lacerations that are expected from those that are preventable makes this indicator problematic. The AHRQ pediatric indicator panel review group found indeterminate agreement with this indicator for internal quality improvement review but did not recommend this indicator for comparative purposes.
- Pediatric heart surgery mortality (PDI 6) – The AHRQ pediatric panel noted that the validity of this indicator is impacted by the ability to risk adjust the measure. The panel recommended that the relative performance of the risk adjustment with the administrative data be evaluated.
- Postoperative hemorrhage and hematoma (PDI 8) – Any documentation of bleeding is assigned these codes. Thus the ICD9 codes are not definitive enough to discriminate between postoperative hemorrhage or hematoma that was expected in association with a given procedure from a quality of care issue.
- Postoperative respiratory failure (PDI 9) – The indicator captures some patients that will remain on ventilators because of their condition. Thus, the ICD9 codes are not definitive enough to identify a planned component of care from a quality of care issue. In addition, the code does not exclude patients whose respiratory failure is unrelated to the surgical episode. The AHRQ pediatric review panel was not in agreement that this indicator should be used for comparative reporting.

## **6. Provide information on ambulatory surgery conditions for children**

The workgroup also reviewed potential ambulatory surgery procedures that are relevant to children and could be used to show information on number of cases and average charges. Instead of the procedure categories presently used on the website, the workgroup recommends replacing them with the following ambulatory procedures (defined by ICD9 procedure codes) most appropriate for children:

- Tonsil and adenoid removal
- Ear tubes placement
- Diagnostic upper GI endoscopy
- Circumcision
- Hernia and/or hydrocele repair
- Cleft palate repair
- Arthroscopy
- Strabismus (repair of crossed-eyes)
- Treatment of fractures
- Lower gastrointestinal endoscopy
- Diagnostic cardiac catheterization
- Bronchoscopy

## **7. Adopt the 3M methodology for readmission rate reporting with special considerations for pediatric conditions**

We applaud AHCA for working with 3M on a better methodology to examine readmission rates. While we would like to see the specific logic used for calculating readmission rates for certain pediatric conditions, we recommend the following based on our initial discussions with Dr. Norbert Goldfield of 3M:

- Report readmissions based on those occurring within 15 days of the initial admission
- Readmission rates should be segregated for infants (up to one year of age) and non-infants (1 through 17 years)
- Readmission rates should be limited to readmissions for the same condition and only for those conditions in which a readmission is not expected, such as asthma, gastroenteritis, and pneumonia. Those conditions requiring planned follow up procedures or treatment would not be considered a “preventable readmission” and would be excluded from readmission reporting.

## **8. Conduct focus groups to evaluate needs of parents for pediatric data**

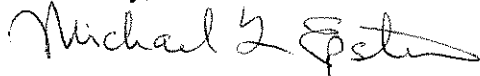
We strongly recommend that AHCA host focus group sessions specifically targeting the parent population to determine their information needs for data on pediatric conditions. The Florida Association of Children’s Hospitals would be willing to assist in those focus groups.

October 11, 2006

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We look forward to working with the Agency on implementing these recommendations and on expanding the data and information on pediatric health issues on the FloridaCompareCare website. Please let us know if you have any questions or require further explanation of our recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Michael Epstein". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Michael Epstein, M.D.

Chair, Workgroup on Pediatric Data for AHCA's Website