

**STATE OF FLORIDA**



**DEPARTMENT OF HEALTH**

# **Long-Range Program Plan**

**Fiscal Years 2009-10 through 2013-14**

**SEPTEMBER 30, 2008**

# DEPARTMENT OF HEALTH

## LONG RANGE PROGRAM PLAN FISCAL YEARS 2009-10 THROUGH 2013-14

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**DEPARTMENT OF HEALTH**

# **AGENCY MISSION**

**Promote and protect health**

# Department of Health Goals and Objectives

**GOAL #1: Prevent and Treat Infectious Diseases of Public Health Significance**

**OBJECTIVE 1A:** Reduce the AIDS case rate

**OUTCOME:** AIDS case rate per 100,000 population

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
40.7 / 1997	30	27	25	23	22

**OBJECTIVE 1B:** Increase the immunization rate among young children

**OUTCOME:** Percent of two year olds fully immunized

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
82.6 / 1997	90	90	90	90	90

**OBJECTIVE 1C:** Identify and reduce the incidence of bacterial STDs among females aged 15 - 34

**OUTCOME:** Bacterial STD case rate among females 15 - 34 per 100,000

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
2377.7 / 2007	2,209.4	2,187.3	2,165.4	2,143.8	2,122.3

**OBJECTIVE 1D:** Reduce the tuberculosis rate

**OUTCOME:** Tuberculosis case rate per 100,000

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
9.5 / 1997	5.1	4.8	4.5	4.2	3.28

**GOAL #2: Provide Access to Care for Children with Special Health Care Needs**

**OBJECTIVE 2A:** Provide a family-centered, coordinated managed care system for children with special health care needs

**OUTCOME:** Percent of families served reporting a positive evaluation of care provided.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
90.0% / 1997-98	94.0	94.0	94.0	94.0	94.0

**OBJECTIVE 2B:** Ensure that CMS clients receive appropriate and high quality care

**OUTCOME:** Percent of CMS enrollees in compliance with periodicity schedule for well child care.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
85.0% / 1998-99	92.0	92.0	93.5	92.5	93.0

**OBJECTIVE 2C:** Provide early intervention services for eligible children with special health care needs

**OUTCOME:** Percent of eligible infants/toddlers provided CMS early intervention services

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14

## Department of Health Goals and Objectives

65.0% / 1997-98	96	96	96	96	96
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**OBJECTIVE 2D:** Provide specialized team assessments for children suspected of suffering abuse or neglect

**OUTCOME:** Percent of Child Protection Team assessments provided to Family Safety within established timeframes.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
75.0% / 1996-97	98	98	98	98	98

**OBJECTIVE 2E:** Prevent hospitalizations for conditions preventable by good ambulatory care

**OUTCOME:** Percent of CMS Network clients hospitalized for selected ambulatory conditions

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
13.2	13.0	13.0	13.0	13.0	13.0

**Goal #3:** **Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities**

**OBJECTIVE 3A:** By June 30, 2010, achieve and maintain Department of Homeland Security health and medical-related target capabilities

**OUTCOME:** Percent meeting health and medical-related targets statewide

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
38 / 2006	75	100	100	100	100

**GOAL #4:** **Improve Access to Basic Family Health Care Services**

**OBJECTIVE 4A:** Improve maternal and infant health

**OUTCOME:** Infant mortality rate per 1000 live births

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
7.1 / 1997	6.9	6.9	6.8	6.8	6.7

**OBJECTIVE 4B:** Reduce births to teenagers

**OUTCOME:** Live births to mothers age 15-19 per 1000 females age 15-19

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
58.2 / 1997	40.9	40.7	40.5	40.3	40.1

**OBJECTIVE 4C:** Improve access to basic primary care screening and treatment services

**OUTCOME:** Percent of individuals with diabetes who had their A1C checked at least two times in the past year

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
69.4/2000	72.4	73.0	73.6	74.2	75.0

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**OBJECTIVE 4D:** Improve availability of dental health care services

**OUTCOME:** Percent of targeted low-income population receiving dental services from a county health dept.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
9.6% / 1997-98	17.68	17.81	18.0	18.18	18.43

**OBJECTIVE 4E:** Reduce overweight/obesity of adults in Florida

**OUTCOME:** Percent of adults who are overweight/obese

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
69.4/2000	61.5	60.9	60.3	59.7	59.1

**GOAL #5: Prevent Diseases of Environmental Origin**

**OBJECTIVE 5A:** Monitor individual sewage systems to ensure adequate design and proper function

**OUTCOME:** Septic tank failure rate per 1000 within two years of system installation

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
3.0 / 1997	3.5	3.3	3.25	3.2	3.15

**OBJECTIVE 5B:** Ensure regulated facilities are operated in a safe and sanitary manner

**OUTCOME:** Sanitation/safety score in department regulated facilities

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
96.7 / 1997	93.7	93.75	93.8	93.85	93.9

\*Have applied a more rigorous review process since baseline year

**OBJECTIVE 5C:** Protect the public from food and waterborne diseases

**OUTCOME:** Food and waterborne disease outbreaks per 10,000 facilities regulated by the department

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
11.8 / 1998	2.5	2.3	2.25	2.2	2.15

**GOAL #6: Prevent and Reduce Tobacco Use**

**OBJECTIVE 6A:** Reduce the proportion of Floridians, particularly young Floridians, who use tobacco

**OUTCOME:** Percent of middle and high school students who report using tobacco in the last 30 days

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
30.4% / 1997-98	13.0	12.0	11.0	11.0	11.0

## Department of Health Goals and Objectives

**GOAL #7: Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care**

**OBJECTIVE 7A:** Effectively address threats to public health from specific practitioners.

**OUTCOME:** Percent of Priority I investigations resulting in emergency action

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
25% / 1996-97	38	40	42	44	46

**GOAL #8: Enhance and Improve the Emergency Medical Services (EMS) system**

**OBJECTIVE 8A:** Ensure EMS providers and personnel meet standards of care

**OUTCOME:** Percent of EMS providers found to be in compliance during licensure inspection

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
91.0% / 1997-98	92	92	93	94	94

\*Have implemented a more rigorous inspection process since baseline year

**GOAL #9: Increase the Availability of Health Care in Underserved Areas and Assist Persons with Brain and Spinal Cord Injuries to Reintegrate into Their Communities**

**OBJECTIVE 9A:** Assist in the placement of providers in underserved areas

**OUTCOME:** Health profession students who do a rotation in a medically underserved area

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
671 / 1997-98	5440	5445	5450	5455	5460

**OBJECTIVE 9B:** Assist persons suffering brain and spinal cord injuries to rejoin their communities

**OUTCOME:** Percent of Brain & Spinal Cord Injury clients reintegrated to their communities at an appropriate level of functioning

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
79.2% / 1995-96	90.3	90.7	91.2	91.6	92.0

**GOAL #10: Prevent Unintentional Injury Death among Children in Collaboration with Local Community Partners**

**OBJECTIVE 10A:** Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14

**OUTCOME:** By 2012, meet the projected U.S. unintentional injury death rate (based on national trend for 1993-2001) of 4.8 per 100,000 children ages 0-14, in those Florida counties with existing state-local injury prevention partnerships.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
14.7% / 1993	9.2	8.9	8.7	8.5	8.3

## Department of Health Goals and Objectives

**GOAL #11:** Enhance and Improve the Florida Trauma System to Decrease the Mortality Rate Due to Traumatic Injury

**OBJECTIVE 11A:** Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury.

**OUTCOME:** By 2012-2013, reduce the statewide trauma mortality rate to meet the average U.S. trauma mortality rate of 4.4% or less.

Baseline/ Year	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012
6.5% / 2002	5.1	4.9	4.7	4.5	4.3

**GOAL #12:** Process Medical Disability Determinations

**OBJECTIVE 12A:** Complete medical disability determinations in an accurate manner

**OUTCOME:** Percent of disability determinations completed accurately as determined by the Social Security Admin.

Baseline/ Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
90.6% / 1996-97	>97%	>97%	>97%	>97%	>97%



## **Department of Health Trends and Conditions Narrative**

### **Introduction**

Governor Crist created the Office of the Surgeon General to promote wellness, prevent and control infectious diseases and protect the public. The department's goals are to implement the Governor's priorities and protect the well being of residents, and visitors to Florida. The Surgeon General will continue to stress wellness, access, prevention, and protection of public health through a "3P's" initiative – Prevent, Promote, and Protect.

Florida's Department of Health is statutorily responsible for the health and safety of all citizens and visitors to the state (381.001 F.S.). As a public health agency the department monitors the health status of Floridians; diagnoses and investigates health problems; and mobilizes local communities to address health-related issues. The department develops policies and plans that support health goals; enforces laws and regulations that protect the health of all residents and visitors; links people to needed health care services; and provides services where necessary when people have difficulty accessing services from other providers. The department also provides specialized assistance to pregnant women and children with special health care needs; licenses and regulates health care practitioners; and provides medical disability determinations.

A number of factors contribute to the challenge of meeting the state's public health needs. Florida is large and diverse with approximately 18 million residents and more than 80 million tourists visit each year, many from other countries. The median age of Florida's residents is 39 years and 29% of the population is older than 55 years. Florida has the highest proportion of persons age 65 and older in the nation. Florida has experienced tremendous population growth. In-migrations rather than resident births account for over 75% of the state's growth. Florida's subtropical climate, inviting to tourists and residents alike, provides an environment hospitable to many organisms that could not prosper in colder climates. As such, Florida faces continued threats from introductions of infectious diseases.

The growth in Florida's foreign-born population has led to an increase in cultural and language diversity, and the need for appropriate services. According to the 2000 U.S. Census, 16.7% of people living in Florida are foreign born and 23.1% speak a language other than English at home.

Florida's public health system has achieved notable successes in recent years. Infant mortality rates have dropped significantly since the 1980s, teenage pregnancy rates have decreased, and cases of vaccine-preventable diseases in young children have become exceedingly rare. Floridians currently live longer than at any point in history. The Department of Health is committed to assuring that health care practitioners are qualified to provide good care, and that public health programs are accessible and effective.

Despite the department's successes, the scope and complexity of current public health problems and the lack of access to individual medical services continue to present significant challenges. Factors that contribute to the formidable task of improving the health of Floridians include the growth and diversity of the population; the continued threat of infectious diseases such as HIV/AIDS and hepatitis; the large number of substance abusers including children who use tobacco and consume alcohol; the continual threat of natural disaster and the many Floridians without adequate access to health care. Also of critical importance is the unequal burden of disease based on socio-economic status and race. We are facing huge disparities in health status with minority populations bearing a disproportionate burden of disease.

Florida is also faced with a new and serious epidemic of obesity. This epidemic is not limited to overweight adults, but is affecting our children – 1/3 are overweight by the time they enroll in kindergarten. Accompanying this unprecedented increase in obesity is a parallel epidemic of the chronic diseases associated with obesity such as diabetes, heart attacks, congestive heart failure, kidney failure, blindness, neuropathy, and limb amputation. The costs of treating the chronic diseases associated with

## Department of Health Trends and Conditions Narrative

obesity are enormous and will become even a greater problem as Florida's population ages and the proportion of the population with diabetes and obesity grows. Prevention of obesity requires both individually-focused and community-focused activities. Environmental health professionals play an important role in helping communities plan and design in ways that encourage walking and other physical activity.

The events of September 11, 2001 and subsequent bioterrorism attacks with anthrax demonstrated the vulnerability of the public to terrorist assaults and the deliberate release of highly dangerous pathogens and chemicals. As a result, the Department of Health is enhancing Florida's disaster preparedness and infectious disease surveillance and control capabilities as part of its all-hazards approach to emergency planning and response.

Florida's public health is threatened by newly identified infectious diseases, increasing drug resistance of bacteria, and diseases spread as a result of the huge increase in international travel. Florida must also prepare for the likelihood of an influenza pandemic. The World Health Organization noted that there are now 40 infectious diseases of global importance that were not known only one generation ago. These new threats underscore the need for the Department of Health to maintain scientific expertise and capacity needed to respond to these new dangers and to apply new technology to implement surveillance systems and effective response plans. Maintaining expertise and capacity in the public health laboratory system is essential to surveillance and response capability. Highly technical disciplines needed in the Department of Health include epidemiology, toxicology, laboratory science and health promotion, as well as the clinical disciplines of medicine, nursing, dentistry, and veterinary medicine.

The following describes recent public health care trends and conditions and lists, in priority order, the department's goal areas and operational intentions for the next five years. Each goal significantly impacts the health, safety or welfare of the public and is based on the department's statutory responsibilities.

### **Prevent and Treat Infectious Diseases**

The Department of Health has always set the prevention and control of infectious diseases as its highest priority. A basic tenet of public health is to identify the source of infection and break the cycle of transmission. This will remain so over the next five years. Although disease control activities have in the past centered on infectious diseases such as yellow fever, tuberculosis, measles, diphtheria, sexually transmitted diseases and HIV/AIDS, recent events related to bioterrorism and preparing for the threat of a pandemic of influenza or of another new disease like SARS have placed increased demands upon Florida's public health system.

### **Core Infectious Disease Control**

Infectious diseases were the major killers of Floridians in the early 1900s. Influenza, pneumonia, tuberculosis, syphilis and enteric infections were among the top 10 causes of death in the first third of this century. Thanks to implementation of core public health activities such as effective sanitation and immunization programs, today only two infectious diseases are among the state's top 10 causes of death:—AIDS and influenza/pneumonia.

Although impressive successes have been achieved, the threat of renewed infectious disease outbreaks always exists. Constant vigilance is necessary to maintain a healthy Florida. History shows that when prevention and control efforts are relaxed, the incidence of infectious diseases rises. Contemporary areas of concern include HIV/AIDS, hepatitis, sexually transmitted diseases, vaccine-preventable diseases and tuberculosis. Also, the wide availability of inexpensive antibiotics (leading to inappropriate use) and the ability of certain organisms to evolve antibiotic resistance are increasing the threat of diseases that are no longer treatable using routine drugs. For example, *Streptococcus pneumoniae*,

## **Department of Health Trends and Conditions Narrative**

which may cause invasive diseases such as meningitis, was in the recent past almost universally susceptible to penicillin. However, during 2003, 47% of infections due to this organism were resistant to penicillin. Similar trends may be found in shigellosis gonorrhoea and other diseases. A statewide antibiotic resistance surveillance and prevention program to address this threat needs more support.

Public health experts agree that another influenza epidemic similar to the one that killed more than 50 million people worldwide in 1918 is only a question of "when." The appearance of human cases of avian influenza and SARS are reminders of the need for enhanced surveillance, preparation, and communication capabilities. Florida, in part due to its large elderly population and large number of visitors, is particularly vulnerable to such an outbreak. A statewide strategy for influenza surveillance and prevention is a high priority and is currently ready for adoption. Fortunately, the surveillance and control infrastructure put in place to address bioterrorism is also useful in this regard.

In an effort to enhance the Department's capabilities, the Division of Disease Control has established a Disease Control Preparedness and Response Unit. The mission of the unit is to support Florida's ability to provide effective disease control response activities in public health emergencies in collaboration with the Division of Emergency Medical Operations. The goals of the unit are to:

- Develop statewide biological response plans for pandemic influenza, smallpox and other infectious disease threats.
- Enhance the Division's ability to provide accurate data, reports and records for the rapid detection, investigation and response to disease outbreaks in times of emergency or disaster.
- Educate and inform the health care workforce and public regarding emergency response to infectious disease public health emergencies.
- Support Florida's ability to provide effective disease control response activities in public health emergencies as part of Emergency Support Function 8 (Health and Medical).

### **General Communicable Disease Investigation and Control**

The Department maintains surveillance for and responds to cases and outbreaks of a wide variety of acute infectious diseases. Over 70 reportable diseases are considered a threat to the public's health. Individual cases are reported by all practitioners and health care facilities and laboratory findings are reported by licensed laboratories. This includes bioterrorism agents, as well as more common but potentially serious infectious diseases such as salmonellosis, shigellosis, meningococcal infection, Legionnaire's Disease, malaria, dengue, novel strains of influenza, and viral hepatitis. Electronic reporting of key laboratory findings from the state public health laboratory and from key clinical laboratory systems and networks is partially implemented and progressing rapidly.

Depending on the condition, the objectives of surveillance for these conditions include one or more of the following:

- Each individual case must be promptly interviewed so that a source of infection can be identified and controlled, and so that other persons exposed to the infection can be located and prophylactically treated;
- Each case must be promptly interviewed to allow detection of clusters and outbreaks that must be investigated and controlled;
- Case information must be gathered to better understand the modes of transmission of the infection so that control measures can be designed and implemented;
- Case information must be gathered so that the effectiveness of control measures, and possible failures of those measures, can be monitored.

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The department maintains a surveillance information system to capture, store, manage, and visualize data on cases and laboratory reports of notifiable diseases and on contacts and persons under investigation. The department also maintains additional data systems to help monitor infectious diseases for which they have the lead such as West Nile Virus infection or food borne disease outbreaks.

Surveillance includes classical case reporting systems designed for early event detection (also called syndromic surveillance) and systems based on sentinel providers (influenza, Respiratory Syncytial Virus, antibiotic resistance). Syndromic surveillance systems, designed to use hospital emergency department visits to detect and characterize community outbreaks, have been implemented in all of the state's major metropolitan areas and will soon be linked together in a statewide network. Sentinel provider networks are essential for characterizing the influenza viruses circulating in the state and to allow estimates of the intensity of seasonal influenza activity. Additional surveillance systems are being developed to be ready for the threat of an influenza pandemic, including near-real-time surveillance for hospital admissions and mortality attributable to influenza.

Public Health Preparedness funds have been used since 2002 to expand headquarters epidemiology staff capability, develop information systems train county health department, community partner and headquarters staff, and support over 75 epidemiologists in county health departments to extend their epidemiologic capacity.

### **HIV/AIDS**

HIV/AIDS is a life-threatening disease that attacks the body's immune system and leaves the patient vulnerable to opportunistic infections. Because there is no cure, stopping the spread of HIV and minimizing its effect in those infected is critical. Florida has the third highest number of cumulative AIDS cases and the second highest number of pediatric cases -- children under 13 -- in the nation. The black, non-Hispanic population is underserved and over-represented in the current AIDS epidemic. HIV/AIDS is the leading cause of death for both black males and black females aged 25-44 years.

The annual number of newly diagnosed AIDS cases in Florida leveled off from 2001-2003 following declines from 1993-2000. In 2004 there was an increase in reported cases due to improved surveillance capability rather than an actual increase in morbidity. During 2005-2007, as expected, AIDS cases decreased, supporting the fact that the 2004 increase was artificial. The number of persons living with HIV/AIDS continues to rise because persons with this infection are living longer due to more effective treatment. New treatment options for HIV/AIDS have reduced the progression of HIV to AIDS and the number of persons suffering from AIDS-related conditions. In particular, combination drug therapy including protease inhibitors has proven very effective in reducing viral load in many HIV-infected persons, increasing lifespan and quality of life.

A number of factors have hindered the battle against HIV/AIDS. One is the tremendous cost associated with treatment, particularly for pharmaceuticals. HIV, the virus that causes AIDS, also mutates readily to resistant strains that require newer and costlier treatments. This is especially true when drug levels vary making difficulty in adhering to rigid dosage schedules a major problem. Many areas lack sufficient providers and facilities skilled in treating HIV/AIDS. These same areas often also tend to have limited access to substance abuse treatment facilities. Stigma associated with the risk factors is a barrier to testing and early treatment. After years of practicing "safer sex", some groups, particularly men who have sex with men, are experiencing "prevention burnout", leading to recent increases in sexually transmitted disease and HIV transmission. Difficulties in documenting patient risk factors have driven up the "no identified risk" case rates for HIV and AIDS cases. This complicates targeting of prevention and treatment initiatives. On a positive note, diagnosed HIV/AIDS cases from 1999 to 2007 have decreased by more than 40% among blacks.

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### **Hepatitis**

Viral hepatitis is a growing public health problem. Hepatitis A and B are two of the 10 most commonly reported diseases. Hepatitis C reports are increasing dramatically as new testing technology gains acceptance. The hepatitis C situation is often referred to as “the silent epidemic” because so few of those who are infected with the virus are aware of their infection. It is believed that as many as four million Americans are infected with hepatitis C, four times the number of HIV infections nationally. This translates to over 300,000 hepatitis C infections in Florida. In addition, there are estimated to be 50,000 to 63,000 Floridians with chronic hepatitis B infection.

Hepatitis A and B are both vaccine preventable. Currently, all 67 county health departments conduct risk assessments on adults 18 years of age and older and those at risk are offered testing and vaccine. From 2001 through 2006, there were 74,803 doses of hepatitis A vaccine given to adults through the Florida Hepatitis Prevention Program at county health departments and 135,778 doses of hepatitis B vaccine given. Additionally, during 2005 and 2006, when combination hepatitis A and B vaccine became available to the Hepatitis Prevention Program, 4465 combination doses were provided to clients at county health departments.

### **Immunization**

Immunizations are extremely cost effective, saving over \$16.50 for \$1 invested. Florida’s immunization program is nationally recognized for its success. Florida has virtually eradicated a number of diseases. Measles, mumps, rubella, pertussis, diphtheria, tetanus, polio, varicella, pneumococcal disease, hepatitis A, hepatitis B, influenza, and Haemophilus influenzae type b (Hib) are all preventable by vaccine. These common childhood and adult diseases are highly contagious and are particularly dangerous to very young children who have relatively low resistance to infection and more prone to develop serious complications – deafness, retardation, brain and spinal cord damage and occasionally death. Of our three primary disease indicators, in 2007 there were four cases of measles in children under age 19, zero cases of Haemophilus influenzae type b (Hib) in children under age five and one case of Hepatitis B in children under 19. Legislative mandates to immunize children in kindergarten through grade 12 for hepatitis B have contributed to the decline in hepatitis B cases.

Recommended childhood vaccines are provided to children in Florida with vaccines distributed and provided to physicians and county health departments through the Vaccine for Children Program (VFC). In 2007, the Bureau of Immunization shipped 4.3 million doses of vaccine to over approximately 2,000 public and private healthcare providers. This vaccine was valued at over \$146 million. Another major initiative is development and on-going implementation of a statewide immunization registry (Florida SHOTS). Florida SHOTS is a centralized data base which currently includes approximately seven million patient records and 70 million vaccinations for children and adults throughout the state and SHOTS is now available in both the public and private health care sectors. Florida SHOTS is rapidly becoming a cornerstone as an automated tool for vaccinating children and improving vaccination levels.

The Healthy People 2010 goal is to have 95% of children age birth up to age six enrolled in a fully functional registry with at least two immunization events recorded in the system. Currently, Florida SHOTS has met 89% of this goal. The central registry provides significant benefits to health care providers, children, and parents by making consolidated immunization records available to authorized users. The system is available to schools and childcare facilities who enroll in Florida SHOTS.

Recognizing the importance of early childhood immunizations, the department sponsors an initiative to increase the immunization coverage of two-year-old children. This initiative integrates the efforts of public health departments and private sector physicians to raise immunization rates of all children. During 2007, 83.2% of two year olds in Florida were fully immunized. The next step toward meeting and

## **Department of Health Trends and Conditions Narrative**

surpassing the Healthy People 2010 immunization goal is to assure our children are protected against vaccine preventable diseases. Florida's goal is to increase the proportion of two-year old children that are fully immunized with the 4:3:1:3:3:1 series to 90 percent by 2010.

Florida has also directed increased attention to immunization of adults. A grant-funded program provides a nurse to 16 counties with the highest percentage of adults over 65 to further improve immunization coverage of at-risk individuals with an emphasis on prevention of pneumococcal and influenza disease.

Effective school year 2008/2009, children entering kindergarten are required to have a second dose of varicella vaccine or documentation of having had the disease. Surveillance data continues to indicate that the number of cases have leveled off with many cases reported in children who had one dose of vaccine. Additionally, varicella disease (chickenpox) became a reportable disease in Florida for 2007.

### **Sexually Transmitted Disease Control**

Sexually transmitted diseases (STDs) are infectious diseases spread almost exclusively from one person to another by sexual contact. Sexually transmitted diseases such as chlamydia, gonorrhea, herpes simplex, human papillomavirus (HPV), i.e. warts, and syphilis can cause many health problems including pelvic inflammatory disease, sterility, cancer, birth defects, miscarriages, and general systemic complications. Persons infected with an STD are three to five times more likely to acquire HIV when exposed. In addition, HPV is the most frequent cause of cervical cancer.

In the past five years, we saw an increase in the total number of bacterial STDs; the past year showed a marked increase. In 2003, there were 64,611 reported cases of bacterial STDs. By 2006, this number increased 17% to 75,812. From 2006 to 2007, this number increased again to a total of 85,001 reported cases of bacterial STDs. This was a 12% increase in one year. Several important factors have contributed to this increase: 1) altered economic times that have resulted in fewer people with insurance coverage and reduced access to care; 2) new test technology has resulted in improved identification of infections; 3) electronic laboratory reporting has ensured more complete reporting; and 4) persistent lack of knowledge among Florida's youth about how STD's are acquired and their personal risk.

Since 2003, primary and secondary syphilis morbidity has increased 39%, with the report of 913 cases in 2007, compared to 658 in 2003. This most recent increase has seen the infection move into heterosexual populations. Historically, such trend direction will later contribute to neonatal and infant adverse outcomes.

It is critical to decrease the case rate of bacterial sexually transmitted diseases in the 15-24 age groups. Left untreated, the most common are frequently asymptomatic infections, a frequent cause of pelvic inflammatory disease among females-including infertility and life-threatening ectopic pregnancy. Others such as syphilis if allowed to progress to the late stage may damage the internal organs including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Acquisition of any STD increases the probability of later costly adult infection with HIV.

### **Refugee Health**

The Florida Refugee Health Program (RHP) serves two functions: (1) to improve the health status and self-sufficiency of persons eligible for federal refugee benefits and (2) to protect public health by providing communicable disease testing and treatment (or referrals) for eligible new arrivals. Persons eligible for refugee health benefits include: refugees, asylees, Cuban/Haitian entrants, victims of human trafficking, and unaccompanied alien minors.

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Each state determines the content and structure of its refugee health services program. In Florida, county health departments are the refugee health service providers. Eligible clients may receive an initial health assessment (communicable and chronic diseases), immunizations, and health education services. Other services may be added as federal and state program partners collaborate on a new health screening protocol to improve program consistency across all states.

In comparison to other states, the most recent data show Florida continues to receive the largest number of persons eligible for refugee benefits. In 2007, 24,792 persons eligible for federal refugee benefits arrived in Florida and approximately 90% of the arrivals received a health assessment from a county health department. These arrivals were from 48 countries and resettled in 40 counties throughout the state. The arrival and screening rate remained fairly consistent with the 2006 numbers, 24,922 arrivals, with 88% receiving a health assessment. In 1997, Florida received 12,327 arrivals, but only provided health assessments to 68% of the arrivals.

In 2007, Florida's new arrivals originated primarily from Cuba, although Haiti, Burma, and Colombia were strongly represented. The remainder of the refugee population typically originates from countries in Africa, Asia, or Eastern Europe. This diverse client mix often poses county health departments with significant challenges to providing culturally and linguistically appropriate care.

### **Tuberculosis**

Tuberculosis is a contagious disease of bacterial origin usually transmitted via airborne droplets from the lungs of infected persons. In the 1920s, tuberculosis killed more people than cancer. Improved treatment regimens and treatment for latent tuberculosis infection for positive TB skin test reactors have reduced the death rate considerably; however, TB continues to kill more people in the world, than any other infectious disease. Approximately 10% of all persons with active tuberculosis die before completing treatment.

Florida has experienced a downward trend in tuberculosis rate in recent years among the U.S born. In 2007, 980 TB cases were reported in Florida. This represents a six percent (6%) decrease in cases since 2006 (1,038) and a four percent (10%) decrease since 2005 (1,094). The TB case rate has declined from 5.6 per 100,000 population in 2006 to 5.2 per 100,000 population for 2007.

The decrease in the case rate indicates that current tuberculosis control strategies have been effective. These strategies include treatment of all cases until cure utilizing Direct Observed Therapy (DOT); timely and thorough contact investigations; stressing the completion of treatment for latent tuberculosis therapy; targeted skin testing of persons at high risk and appropriate treatment of persons with latent tuberculosis, particularly those known or suspected to have HIV co-infection. However, an area of concern is the continued rise in cases among persons from countries outside the U.S. Florida has large numbers of persons with HIV, many migrant workers and many immigrants from less developed countries where tuberculosis is endemic. These groups are at high risk for tuberculosis infection.

Although Florida's record of success in the battle against tuberculosis is impressive, several factors continue to impede tuberculosis control. Direct Observed Therapy (DOT), a treatment regimen based on intensive case management that ensures patients comply with treatment protocols via direct observation of medication ingestion, continues to be underutilized. Many health care providers do not understand how to effectively implement DOT. Therefore some private and other health care providers may not be aware of the latest treatment and case management strategies and are not aware of, or chose not to use, local health department personnel who are available to assist. Although the number of tuberculosis cases has declined, an increasing percentage of the cases that remain frequently suffer from psychosocial problems such as mental illness, homelessness, substance abuse, and unemployment.

## **Department of Health Trends and Conditions Narrative**

### **A.G. Holley State Hospital**

A.G. Holley State Hospital serves all 67 counties in the state and protects the health of the public by treating and assuring the cure of patients with the most dangerous, resistant and complex strains of tuberculosis. These patients cannot be treated and cured in the community. It has been shown that one infectious patient with TB can spread the disease to as many as 30 others. A. G. Holley hospital works closely with the county health departments and the state's hospitals treating and curing those patients that cannot be treated by any other facility due to the complexity of their illness(s). Aside from their acknowledged lack of specialized expertise and staff needed to successfully treat and cure these patients, Florida's hospitals are unable to handle the burden of prolonged length of stays as the average patient stay is 168 days, while patients with resistant strains can be up to 18 months.

All of A.G. Holley's patients are diagnosed as medically complex; many with co-infections, highly resistant strains of TB, and/or disease of the liver, lungs, kidney and pancreas.

A.G. Holley State Hospital acts as a safety net for citizens and visitors of Florida and is working to cure the most deadly, dangerous and drug resistant forms of tuberculosis.

A.G. Holley is nationally recognized for its ability to cure these difficult cases with a cure rate of over 93 percent, in a group of patients that traditionally are only successfully cured 50% of the time. Patients are admitted to A.G. Holley through the county health departments. Over 60% are court-ordered, due to recurrent non-adherence with treatment. Of these admissions, 50% are co-infected with HIV, 40% have major psychological diagnoses, and 40% have medically complex conditions, such as cancer, liver and/or kidney failure, diabetes, show drug resistance, and other conditions.

A.G. Holley is a valuable provider of TB education and training for its staff, community, public and private health care providers, and universities, as well as the citizens of Florida. Within the past four years, vital education and training in the treatment of this infectious disease has been provided to healthcare professionals from countries in which TB is prevalent. The staff is also active in research, developing enhanced treatment modalities for patients with TB. The citizens and the state save \$219,500,000 in screenings and treatment costs for every 100 patients "treated to cure" at the hospital.

### Intervention Strategies and Initiatives

Prevention and treatment of infectious diseases reduces the development of multiple health problems and premature disability and death. Controlling infectious diseases reduces health and social service costs, therefore benefiting not only the persons afflicted with the disease, but protecting others from exposure and illness, reducing the burden on taxpayer supported resources.

- Expansion of the State Health Online Tracking System (SHOTS), the state immunization registry, to all health care providers, schools, and day care centers;
- Increase screening and treatment for bacterial STDs among 15-34 year old females.
- Increase use of TB teleradiology;
- Ensure appropriate treatment, until cure, for 90% of reported TB cases;
- Ensure appropriate contact investigation, identification, and follow-up of contacts for 100% of infectious and potentially infectious TB cases and ensure completion of treatment for latent TB infection;
- Ensure appropriate targeted testing efforts and treatment for identified individuals with latent TB infection;
- Increase emphasis on HIV/AIDS minority initiatives that emphasize reducing the HIV infection rate among minority populations;



## **Department of Health Trends and Conditions Narrative**

- Increase the percentage of blacks enrolled in ADAP from 42% in 2002 to 55% by 2010;
- Continued emphasis on HIV perinatal efforts with a goal of reducing the mother to infant HIV transmission rate to zero;
- Ensure that 100% of CHD prenatal clients are offered HIV counseling/testing during their initial visit;
- Perform cultural competency training to CHD staff on an annual basis.

### **Enhance and Improve the EMS System**

The department has primary responsibility for the administration and the implementation of all matters involving emergency medical services within the state of Florida. The department regulates emergency medical technicians (EMTs), paramedics, EMS training programs, air/ground ambulance services and their vehicles, EMS grant distribution, EMS data collection, EMS communications, EMS investigations/complaint management, and the Florida EMS State Plan that provides new strategies to improve the state's EMS system. Emergency medical services enables every Florida resident and visitor to receive the highest quality emergency medical care in a prompt and effective manner.

EMS systems across the nation are as varied and diverse as the populations they serve. All 67 counties in Florida are covered by advanced life support (ALS) ground services. There are approximately 267 licensed EMS providers, 149 training programs, 320 continuing education courses, 50,000 certified EMTs and Paramedics, 3,677 permitted vehicles, 50 permitted helicopters, and 3.2 million annual requests for EMS.

In the state of Florida, and throughout the nation, the largest gap in public safety information has been the availability of EMS data. The National Emergency Medical Services Information System (NEMSIS) is the national repository used to aggregate and analyze pre-hospital data from all participating states. The Emergency Medical Services Tracking and Reporting System (EMSTARS) Program is Florida's contribution to this national effort and data submission to NEMSIS will be conducted on a quarterly basis.

In addition to working with EMS providers, the department is working with the Florida Department of Transportation and other agencies to build Florida's Integrated Highway Safety Information System to develop linkages to measure/improve patient outcomes, improve injury prevention programs, support evidenced-based medicine, facilitate legislation/funding, foster quality improvement through benchmarking, enhance research efforts, resource allocation, enhance disaster response/planning, and other areas that will benefit from quality reporting. The department continues to work with the EMS Advisory Council, the 24 constituency groups, and other stakeholders to improve and expand pre-hospital care through the 6 goals in the *2008-2010 Florida EMS Strategic Plan*.

The department provides rehabilitation and community re-entry services to individuals who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries to assist them in remaining/returning to their community. The program uses a statewide network of specialized case managers, technicians and community partners to coordinate the federal, state, and community resources necessary to assist the injured individual to return back to their community. As a payor of last resort, the program provides and coordinates a wide range of services that includes acute care, in-patient, outpatient rehabilitation, transitional living services, home and vehicle modifications and access to other adaptive devices and equipment. Through contracts with community partners, the BSCIP provides community-based resources that help individuals maintain their independence in the community after they are closed from the BSCIP. The BSCIP meets the long-term care needs of up to 350 individuals per year through the BSCIP Medicaid Home and Community-Based Waiver. This program provides fifteen specific services that allow nursing home eligible individuals to remain safely in their community with supportive services. Efforts are underway to partner with the Veteran's Affairs system of

## **Department of Health Trends and Conditions Narrative**

care to help ensure that newly injured soldiers and veterans with brain and/or spinal cord injuries are aware of and have access to the entire continuum of care services available to civilians.

The department plans, monitors, implements and evaluates trauma center standards, trauma center verification site surveys, trauma center application processes, trauma agencies development and operation, state trauma system plan, state trauma registry, the end-of-life program (Do Not Resuscitate Orders) and to regulate trauma transport protocols for the 265 licensed air and ground EMS providers and trauma agencies. Florida's trauma system ensures a continuum of care for injury victims to include: injury prevention programs; integrated rescue; pre-hospital care; delivering patients to the closest trauma center; in-hospital care of the highest quality; rehabilitation; returning patients to their home communities, research, and data collection and reporting of trauma center patient data to Florida's Trauma Registry. Most importantly, this valuable system returns injured citizens to society as productive members rather than long-term wards of the state and is the backbone of the state's response for mass casualty incidents.

Currently, there are 20 verified trauma centers (some of these trauma centers hold both Level II and Pediatric verifications), one provisional status Level II trauma center and 21 remaining verified trauma center slots available within the state. The following is the status of the 2008 trauma center application process: Tallahassee Memorial Healthcare, Tallahassee, became a provisional Level II trauma center on 5/1/2008; Lawnwood Regional Medical Center & Heart Institute, Ft. Pierce, requested and was granted an application extension through 11/10/2008; and Ft. Walton Beach Medical Center, Ft. Walton, requested and was granted an application extension through 10/1/2009. Additional trauma centers to fill the remaining verified trauma center slots and continued improvements in the statewide trauma center system will reduce morbidity and mortality through effective and prompt critical care for traumatic injuries. In addition, early trauma care services can reduce healthcare costs by providing early, effective intervention for life-threatening injury, thus reducing complications and decreasing the length of hospital stay.

### **Offices of Public Health Preparedness and Emergency Operations: Preparing Florida's Health and Medical System:**

Following the September 2001 terrorist attacks and the anthrax incident in south Florida, the department enhanced its preparedness capabilities to coordinate resources, planning, and activities within Florida's healthcare and emergency response system. A diverse cross section of stakeholders developed Florida's first strategic plan to better prepare Florida's healthcare system to respond to disease outbreaks and natural and man-made disasters. A midpoint review was conducted in 2005 to check progress against the strategic objectives, ensure continued alignment to federal direction, and incorporate lessons learned from the 2004 hurricane season. During the first six months of 2006 the department facilitated a comprehensive assessment of current capabilities against the national health and medical target capabilities as its first step in the capabilities-based planning process. In concert with other data sources, the data from this assessment was used to identify and prioritize gaps in our preparedness system and to develop strategies and projects. The assessment data is available at the county, regional and state levels.

Injury (both unintentional and violence-related) was the underlying cause of death for 11,724 of 165,919 total resident deaths, making it the 3rd major leading killer of Floridians in 2005, after heart disease and cancer, and the leading killer of Floridians ages 1-44. During 2003 (the most recent year national death data are available), Florida's age-adjusted injury death rates were higher than the national average by 18% for all unintentional injuries (including motor vehicle injuries), 23% for motor vehicle injuries, 21% for suicides, 2% for homicides, 8% for firearm injuries, and by a staggering 241% for drownings of children ages 1-4. Among the five largest states (CA, TX, NY, FL, and IL), Florida had the highest death rate in each of these categories except homicide.

## **Department of Health Trends and Conditions Narrative**

No single force working alone can accomplish everything needed to reduce the number of injuries. Assembling available resources throughout the department and across several state agencies, and coalescing related programs to give the injury program the scope to produce a higher profile and an impact in the community at large is critical. Aggressively seeking out, renewing relationships in the community on the injury prevention issue, and funding, from inside and outside the state, is necessary.

The department's Injury Prevention program began in 1989 with a three year federally funded 402 Highway Safety Grant. In October of 1989, the Centers for Disease Control (CDC) provided a four-year grant for the core development of an injury prevention program in Florida. By September 1990, a trained injury prevention staff person was in place in each of the five target counties. Drowning prevention coalitions were established in all five of the counties. The Injury Surveillance Unit established the Florida Injury Control Information System, a database that included information from several different sources on the same incident of injury. The Unit completed in-depth studies of childhood injury deaths in Florida, injuries to aging drivers and pedestrians and a descriptive county-level study of adolescent motor vehicle injuries. An Injury Control Advisory Council was established to provide advice, expertise, and guidance to the Injury Prevention Unit in the development and implementation of the statewide injury prevention plan.

### **Provide Access to Care for Children with Special Health Care Needs**

The mission of Children's Medical Services (CMS) is to provide a family-centered, coordinated managed system of care for children with special health care needs and to provide essential preventive, evaluative, and early intervention services for at-risk children. The children served by CMS typically have serious, chronic illnesses or injuries and require ongoing care. Families are deeply involved in the medical decision-making process. Families expect programs to be coordinated and uniformly available statewide and expect services to be effective and based on family concerns, priorities and resources. This will be a key goal over the next five years.

Children's Medical Services provides early intervention services such as special instruction, physical therapy, speech therapy and family education through Early Steps for children with established medical conditions such as Down's Syndrome, spina bifida, cerebral palsy, mental retardation, hearing or visual impairments and other conditions which affect or delay a child's development. Infants or toddlers with a developmental delay or a disability who receive interventions at a young age lead more independent lives and need fewer services later in life. Early intervention services are family-centered, based on the child and family's natural environment, and developed by a multi-disciplinary Individualized Family Support Plan Team to address the unique concerns and priorities of each family.

Due to growing concerns about quality of care and the rising costs, the 1996 Legislature created a new option for Medicaid recipients which extends the CMS Program to children with special health care needs as a Medicaid managed care option. Children were enrolled in the CMS Network and are managed by a CMS approved primary care physician who has met specific pediatric standards and enrolled as a Medicaid MediPass and CMS Network provider. Each child has a nurse or social worker care coordinator who performs clinical and psychosocial assessments and coordinates needed services. In 1998 the CMS Network was extended to the non-Medicaid population through the Florida KidCare Act that implements Florida's Child Health Insurance Program (Title XXI). In 2005, the CMS Network was approved as a specialty plan under Medicaid reform.

Children's Medical Services assists in the delivery of primary care to children with special health care needs. In addition to basic primary care services, children with complex medical problems often require multiple home and community-based services provided by a variety of agencies. Care coordination provided by CMS is essential to the effective delivery of these services. In Florida's rural areas, access

## **Department of Health Trends and Conditions Narrative**

to is limited, as well as dental and respite services. Direct services must be extended to the communities where children and families reside.

Children's Medical Services administers newborn screening activities for Florida. All newborns are screened for selected metabolic, endocrine, and genetic disorders. Hearing screening is performed before the baby is discharged from the birthing facility. Newborns with presumptive positive test results are referred to specialty centers for confirmatory testing and follow-up care. Parents may also be requested to repeat the screening test if the results are unsatisfactory or borderline. Children's Medical Services provides training and education to hospitals and other entities that submit specimens for testing. Children's Medical Services also administers a Medicaid waiver that offers palliative care to children with life-limiting conditions.

Children's Medical Services Child Protection Teams are medically led multidisciplinary teams developed to supplement the Department of Children and Families, designated sheriffs' offices', and Community Based Care child protection programs. Child Protection Teams (CPTs) provide medical and social assessments of children reported to the Child Abuse Hotline as alleged to be abused, neglected, or at risk of being abused or neglected.

The multidisciplinary Child Protection Team assessment may include medical diagnosis and evaluation, medical consultation, forensic interviewing, specialized interviewing, family psychosocial assessment, nursing assessment, psychological evaluation, other specialized assessments, and multidisciplinary staffing. The teams make recommendations for interventions to reduce the risk of re-abuse and enhance family capabilities to provide a safe, abuse-free home. The teams are also statutorily mandated to provide expert testimony in court cases.

Children's Medical Services Sexual Abuse Treatment Programs provide evaluation of and treatment to children alleged to have been sexually abused and their families. There are currently 17 programs statewide. This program, through a grant administered by the State Attorney General's Office, has expanded its services to serve children alleged to be sexually abused by non-caretakers.

The Florida Poison Information Center Network (FPICN) was created by the Florida Legislature in 1998; and consists of centers in Tampa, Jacksonville, and Miami. A data center is located in Jacksonville, and, through state-of-the-art technology, provides detailed information from each of the three centers. These three nationally accredited poison centers provide emergency services to the entire state and are operational 24 hours a day, 7 days a week. The Poison Information Centers provide information regarding poison exposures to consumers and health practitioners throughout Florida. For the last three years the three Florida Poison Information Centers have received additional Health Resources and Services Administration (HRSA) and Center for Disease Control (CDC) funds to increase bioterrorism response activities.

Children's Medical Services Special Technologies Unit supports the development and use of two-way interactive videoconference and telecommunications technologies to provide Telehealth and Telemedicine-based health care services to persons who are some distance from the provider. Telehealth is defined as "the off-site provision of a wide array of health-related activities, such as professional continuing education, professional mentoring, community health education, public health activities, research and health services administration, as well as consultative and diagnostic health care."

Telemedicine is used in the CMS Network to increase access to specialty physician services and by the Child Protection Team Telemedicine Network that provides expert levels of medical child abuse assessments to specific remote sites.

## **Department of Health Trends and Conditions Narrative**

Children with special health care needs and their families are a part of every community, and their numbers are increasing. Advances in medical technology during the past twenty years now enable children with complex medical conditions to be cared for at home and to survive into adulthood. Timely identification and treatment of children with or at risk of chronic illness or developmental delay presents an increasing challenge to health, social services, education and community organizations. Children's Medical Services must continue to develop and refine comprehensive, community-based, culturally competent, quality health care delivery systems to ensure the health and welfare of our future citizens.

Children's Medical Services' interventions lead to improved health status and productivity. When these interventions are provided at a young age, individuals with disabilities and chronic conditions lead more independent lives. In addition, significant savings are generated related to special education, grade retention, academic and life-skill achievements and future productivity.

### CMS Network Division Initiatives

- CMS Network plans a statewide implementation of the American Academy of Pediatrics' Medical Home Initiative. In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community.
- Florida Newborn Screening plans to launch a web-based access system for primary care physicians to access newborn screening results and develop a process to ensure that all infants that fail the hearing screening test receive follow-up services.
- CMS Network has been designated by the Florida Legislature as a managed care plan for participation in Medicaid Reform. Applications for the two pilot sites, Broward and Duval counties have been submitted. CMS has developed partnerships with the University of Florida (PEDICARE) for the Duval area and with the North Broward Hospital District and Memorial Healthcare Systems (South Florida Community Care Network) for the Broward application.
- CMS Network is in the process of finalizing new care coordination practice guidelines.
- CMS Network has completed the third year of implementation of the Partners in Care: Together for Kids Program, the first publicly funded pediatric palliative care program for children with potentially life-limiting conditions in the nation. The program has provided services to over 500 children and their families in 18 counties in Florida. Pending waiver approval, the program will expand to 13 additional counties in 2008-2010.
- CMS Network has implemented a statewide automated provider management system,

### CMS Network Major Telemedicine Goals

- Determine Feasibility of Migrating CMSN Telemedicine Programs from ISDN-to-IP Based Network Services: ISDN-based services are reliable and secure, but are usage sensitive; IP-based services are not usage sensitive but require improvement to be reliable and secure. Beginning with the Florida Initiative in Telehealth and Education (FITE) telemedicine program, work through the various technical issues to determine whether it is feasible to migrate their ISDN-based telemedicine services to an IP environment. This migration should lead to lower operational costs and serve as a model that may be applied to other CMS telemedicine programs that are based on two-way interactive videoconference services.
- Expand the use of Telemedicine technology to provide specialty health care services to CMS clients where those services are currently limited or don't exist.

## **Department of Health Trends and Conditions Narrative**

### **CMS Prevention and Intervention Major Child Protection Initiatives**

- Enhanced peer review Quality Assurance Process to include concurrent administrative monitoring;
- Integration of Sterling Criteria and principles in all aspects of Child Protection Teams and Central Office;
- Automated security training updates;
- Joint Agency Meetings between Child Protection Unit, Department of Children and Families, and sheriffs' offices designated to conduct child protective investigations;
- Resurgence of joint agency monitoring of "no indicator" reports;
- Participation in state and national Drug Endangered Children workgroups and development of Child Protection Team protocols for drug endangered children reports;
- Expansion of Child Protection Team assessments to assist Community Based Care providers in case planning;
- Expansion of Child Protection Team assessments to assist in child on child sexual abuse referrals.

### **CMS Prevention and Intervention Major Sexual Abuse Treatment Initiatives**

- Expansion of Sexual Abuse Treatment to underserved areas through Victims of Crime Act (VOCA);
- Automated security training updates;
- Integration of Sterling Criteria and principles in all aspects of Sexual Abuse Treatment Programs and Central Office;
- Establishment of a peer review monitoring system;
- Maximize use of VOCA funding for Sexual Abuse Treatment services.

### **CMS Prevention and Intervention Major Telemedicine Initiatives**

- Support efforts to enhance CPT Telemedicine sites in the Keys to deliver additional health care services for CMS.
- Child Protection Team (CPT) Telemedicine Network Gainesville Regional Expansion Proposal: enhance and expand the capabilities for providing CPT services in the Gainesville region by acquiring enhanced two-way interactive videoconference and store and forward telemedicine technology equipment at 7 each existing sites and expanding similar services to 2 each additional sites. The equipment deployment will be funded via a combination of Rural Utility Services (RUS) grant and CPT matching dollars;
- Develop Statewide Standard for CPT Telemedicine Store and Forward Applications: compare and evaluate existing store and forward capabilities (as provided by the Image Quest application) with newer technology services (such as those provided by Second Opinion). This evaluation should lead to the development of a statewide standard for CPT telemedicine store and forward applications.

## **Department of Health Trends and Conditions Narrative**

### **CMS Prevention and Intervention Major Prevention Initiatives**

- Enhancement of Florida Poison Information Centers Network all-hazard response capability;
- Development of a coordinated interaction between the Florida Poison Information Centers (FPIC), the Department of Health, and CDC to enhance the FPIC database to provide for a more coordinated and rapid response to potential environment threats to human (or animal) health;
- Support continued involvement the new Office of Adoption and Child Protection in the Governor's Office;
- Develop and implement a long-range, interagency, coordinated initiative for the promotion of child abuse prevention awareness. This will be done in conjunction with the new Office of Adoption and Child Protection in the Governor's Office;
- Develop strategies and resources to advance the concept of child abuse prevention as a crucial issue for the public health system in Florida to incorporate into all aspects of services and supports;
- Enhance integration of program and activities to support the goals and strategies of the State Plan for the Prevention of Child Abuse, Abandonment, and Neglect;
- Develop a mechanism(s) to assist local Child Protection Teams and Sexual Abuse Treatment Programs in developing and applying for grant funds to enhance local program efforts;
- Increase the number and variety of grants developed and applied for which relate to the overall issue of prevention of child maltreatment, enhancement of services which support families, and services for children who have been abused or exposed to violence;
- Develop resources to support training and awareness activities related to child abuse prevention for targeted professionals and the general public;
- Provide technical assistance to Child Protection Teams and Sexual Abuse Treatment Programs on the use and dissemination of Child Abuse Library materials distributed to the programs under the auspices of a grant. The materials include books, pamphlets, brochures, and information cards with information for parents, caregivers, advocates, service providers and professionals on a wide range of topics related to child maltreatment and parent/caregiver information on child development and effective discipline.

### **Improve Access to Basic Family Health Care Services**

A critical public health function is to assure access to basic family health care services for families and individuals who have difficulty obtaining this care from the private sector. The provision of routine screenings and check-ups, maternal and child health care, and the treatment of minor conditions before they progress to major problems are very cost effective. As such, the department will continue to serve as a primary care safety net provider over the next five years.

The Institute of Medicine defines access to health care as "the timely use of personal health services to achieve the best possible health outcomes". The Florida Department of Health has recognized improving access to primary care as one of its key priorities. People who receive adequate primary care tend to be healthier and require less expensive medical treatment. People lacking access to primary care are more likely to contract vaccine-preventable diseases, suffer early morbidity due to chronic conditions, be diagnosed at a later stage of illness, be admitted to a hospital, and die at a younger age. Improving access to care is also a key strategy in reducing racial and ethnic disparities in health status.

## **Department of Health Trends and Conditions Narrative**

A number of variables affect an individual's ability and willingness to access basic health care services. Many of these variables are interrelated. These variables include health insurance coverage, income, geography and transportation.

The lack of health insurance is the most frequently cited barrier to accessing care. The cost associated with health care is a deterrent for many low and middle income Floridians. Health insurance compensates for the high cost of these services. Persons are more willing to access the health care system if they know the costs of these services will be offset by health insurance. In the 2007 Behavior Risk Factor Survey (BRFS) the percentage of adults without any type of healthcare insurance coverage was 18.6%.

Income is a major determinant of a person's ability to access primary care. Persons with relatively little income and no health insurance often believe they cannot afford to seek care. As a result, they often delay seeking care -- conditions that could be addressed at an early treatable stage are neglected until they reach an advanced and serious stage. Many persons in service sector jobs are not paid for time away from work; therefore the time associated with accessing health care has an economic cost. Statewide 23.06% of Floridians reported they had no regular provider of health care (2005 BRFS). Within this survey group, 31.1% of people in households with income below \$25,000 reported they had no regular provider of care whereas only 15.0% of persons with income \$50,000 and above reported no regular provider. Income is also greatly interrelated with health insurance coverage – 30.3% of Floridians with household incomes below \$25,000 reported they had no health insurance while only 7.2% of Floridians with incomes \$50,000 and above reported no health insurance.

Health insurance status and income are not the only factors influencing access to care. Many people come from a background where primary care services were not routinely used and are simply not in the "habit" of accessing preventive care; many persons do not understand the benefits of periodic screening and immunization services; and many people are not comfortable accessing providers due to language and cultural differences.

Geography and a lack of transportation can be barriers to accessing care. People are less willing to access care if they must travel long distances. Although Florida is thought of as an urban state, many rural areas still exist, particularly in the interior and panhandle. Similarly, the availability of transportation is a factor. Rural areas typically do not have public transportation. In addition, even where public transportation exists it is often not a very timely or convenient way to travel, particularly with young children.

The Department of Health works to improve access to care through multiple strategies. The Department of Health funds county health departments in all 67 counties. County health departments provide a core set of preventive and primary care services either directly or through contracts with local providers. Through this effort, the Department of Health assures that basic primary care infrastructure exists in every county in the state. In addition, county health departments emphasize "one-stop-shopping" by striving to ensure that all the services a family needs are provided at one visit. For example, county health departments can arrange that a mother bringing her children in for immunizations can pick up her WIC benefits at the same time. By assuring primary care is available in every county and coordinating the delivery of multiple services at a single visit, the county health departments help offset barriers especially those associated with living in rural areas and lacking reliable transportation.

County health departments charge clients for personal health care services based on a sliding fee scale. Clients without insurance and with family incomes below 100% of the federal poverty level are served free of charge. Clients without insurance and with family income between 100% and 200% of the poverty level pay on a sliding fee scale – the higher their income the higher the fee. Clients with income



## **Department of Health Trends and Conditions Narrative**

above 200% of the poverty level pay full fee. In this manner the department ensures that lack of income and an inability to pay are not barriers to obtaining care.

As a public health agency, the Department of Health puts much emphasis on outreach, education, and care coordination services that promote the benefits of regular care. Part of the mission of the county health departments is to serve as the medical home to families who have difficulty finding a medical home in the private sector. These efforts are designed to raise awareness of the value of preventive health care and encourage families who have historically not accessed health care on a regular basis to make periodic visits to the physician a normal part of their lives. To support this, the Department of Health has processes in place to identify and contact persons in need. For example, the Vital Statistics Office uses birth certificate data to identify children at risk of under-immunization and notifies the local county health department. The county health department will attempt to contact the family and arrange for immunization services. The county health department will then educate the family on the health care needs of not only the infant but the family as a whole and make any appropriate appointments and referrals. This can include linking the family to WIC services, to family planning services, and to Medicaid and social services. Similarly, high-risk pregnant women and infants are identified through universal screening and offered case management and care coordination services to ensure they get appropriate care. The Department of Health has also worked hard to expand public health dental programs. This is significant because there is very great need for affordable dental care on the part of the low-income population.

Reducing health outcome disparities among racial and ethnic groups is a key public health goal in Florida. The Department of Health serves a disproportionately high number of minority patients. Related to this, the Department of Health emphasizes culturally sensitive delivery systems and supports a number of "Closing the Gap" projects around the state. These "Closing the Gap" projects target minority populations that are disproportionately represented among the high-risk and underserved. These projects address maternal and child health, dental, chronic disease, and infectious diseases. Each project is locally designed and tailored to meet the specific needs of the target population. In addition, the Department of Health invests in interpretive and translator services including telephone accessible translators who are able to interpret virtually any language. Through these efforts, the Department of Health reduces the cultural and language issues that have long served as a barrier to care.

### **Maternal and Child Health**

The prenatal period and early years of life are critical to the health, growth and development of children. Infants and children who encounter health and psychosocial hurdles in these early stages may never develop their full potential. We can improve birth outcomes in a number of ways. Identifying risk factors that can adversely affect pregnancy outcomes prior to pregnancy affords women the opportunity to address behaviors and mitigate health risks that may cause poor pregnancy outcomes or impair the health and development of their children. Preconception and prenatal care, routine preventive care, mental health services, and accessible dental services are all important components needed to improve birth outcomes. Routine well child care and easily accessible sick child health services are critical for the continuing health and development of children. Providing quality services to women of reproductive age and children helps reduce the number of children who die prematurely or suffer from conditions such as developmental delay, cerebral palsy, chronic respiratory dysfunction, and other problems that carry lifelong impact and limit children from achieving their full potential. Maternal and child health efforts, especially those focused on prevention and early recognition, help reduce medical and social service costs throughout the lifespan and increase the quality of life for all our citizens.

The Department of Health works closely with local communities to improve birth outcomes. Florida's infant mortality rate has dropped from 14.5 per 1,000 live births in 1980 to 7.0 (provisional) in 2007. The Florida legislature enacted legislation creating the Healthy Start initiative in June 1991. Healthy Start requires providers to offer all women and newborns screening for risk factors and to direct them to

## **Department of Health Trends and Conditions Narrative**

appropriate services, if needed. Healthy Start also involves local communities in maternal and child health needs assessment and service prioritization decisions, increases access to prenatal and infant health care services, and provides specialized services to women and infants identified as at-risk for poor birth outcomes.

Approval of a Medicaid waiver in June 2001 enhanced access to Healthy Start and the provision of services. The Medicaid waiver allows Healthy Start coalitions to help women select a Medicaid primary care provider, assist in scheduling and keeping medical appointments, follow medical guidance, and resolve problems with access to services. A simplified Medicaid eligibility form eases the eligibility process for pregnant women. The waiver also allows us to increase the level of care and services provided to at-risk pregnant women, infants, and children to match their risk and need. Through this waiver, the state receives about \$16 million annually in federal Medicaid match funds.

In order to further reduce poor birth outcomes, Healthy Start is also focusing on interconception counseling and education. Interconception care improves the health status of women before she becomes pregnant again in order to mitigate potential risk factors. Using existing funding, the Department of Health and local Healthy Start coalitions implemented a program that offers counseling and education services to Healthy Start women or mothers who are at risk for poor infant and maternal outcomes in subsequent pregnancies. Interconception topics include: access to care, baby spacing, nutrition and physical activity, maternal infections, chronic health conditions, substance abuse and smoking, mental health issues, and environmental risks. In FY 2006-07, the Department of Health funded 32 special preconception projects based on the Centers for Disease Control and Prevention recommendations for preconception health. . In 2007-2008, The Department of Health partnered with the March of Dimes to promote the use of folic acid in women of reproductive age throughout Florida. These pilots and partnerships create multiple creative avenues to address access to care, education, public awareness and provider education.

Addressing the issue of unfunded prenatal care continues to be a priority within the Department of Health. The number of uninsured pregnant women continues to grow, as does the number of undocumented citizens in need of care. Failure to obtain early and continuous prenatal care may limit a woman's ability to choose positive health behaviors and obtain treatment for certain medical conditions that may result in poor birth outcomes and increase the number of children with chronic health problems or developmental delays. Citizenship status, cultural differences, and lack of insurance or financial resources may preclude many women in Florida from seeking prenatal care. These women are often difficult to reach and to serve. Members of this population often reside in rural agricultural areas. Many rural areas in Florida lack sufficient transportation, health care providers, and delivering facilities. In these areas, it is also difficult to recruit and maintain staff that has the expertise necessary to deal with multi-lingual and multi-cultural populations. The number of emergency deliveries paid by Medicaid to undocumented immigrants has grown dramatically over the past 10 years, from 4,556 reported births in 1996 at a cost of over \$10.5 million compared to 20,099 reported births in 2006 at a cost of over \$85.6 million.

### **Women, Infants, and Children Nutrition (WIC)**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves eligible women who are pregnant, breastfeeding, or postpartum; infants; and children up to five years of age. WIC provides supplemental foods, nutrition education, breastfeeding promotion and support, and referrals to health and social service agencies. WIC services are provided during critical times of growth and development and have been proven to be effective in preventing and improving nutrition-related health problems within its target population. Research has also shown that WIC encourages earlier prenatal care for women and regular medical care for children. In addition, WIC participation lowers the rate of anemia among participating children age six months to five years of age.

## **Department of Health Trends and Conditions Narrative**

### **Child Care Food Program**

The Bureau of Child Nutrition Programs administers the Child Care Food Program and its component programs, the After-school Snack Program and the Homeless Children's Nutrition Program. These federally funded programs reimburse child care providers for nutritious meals and snacks provided to children in their care. Participating facilities include child care centers and family child care homes, after-school educational or enrichment programs and temporary residential settings for homeless families and children. Research shows that well-nourished children are healthier, more attentive, and have better cognitive performance than children who are under-nourished. Program meal pattern requirements ensure that meals and snacks provided to children include the kinds and amounts of food required to help meet children's daily energy and nutrient needs. Program meals are delivered to more than 170,000 children each day through more than 1,300 contractors providing services at almost 5,700 facilities located throughout the state. In addition to being reimbursed for meals served to the children in their care, participating child care providers receive significant continuing education on child nutrition topics. The bureau develops and disseminates nutrition education materials to child care providers and conducts workshops on topics including healthy menu planning, food safety and infant feeding practices.

### **School Health Services Program**

Florida school health services are provided by county health department, school district and public-private partners. Registered professional school nurses, licensed practical nurses and health aides provide the services that help protect the health and safety of Florida's kindergarten – 12th grade students. School health programs work to ensure that the day-to-day health issues and chronic and acute health conditions like diabetes, asthma, allergies or epilepsy do not prevent students from being in school and able to learn. Due to increasing numbers of students with health conditions requiring health services during the school day, the school health program continuously evaluates health trends and care issues to formulate ways of maximizing services. In five years (FY 2002-03 – 2006-07), reported student health conditions increased by 28% (390,992 to 499,501), which included a 48.13% increase in diabetes and a 27.97% increase in asthma.

The department's School Health program provides health appraisals; nursing assessments; nutrition assessments; preventative dental services; vision, hearing, scoliosis and growth and development screenings; health counseling; referral and follow-up of suspected or confirmed health problems; medication assistance; medical procedures such as catheterization, tracheotomy care and tube feeding; and emergency health services. In addition, School Health programs provide coordination of medical and specialized social services to students and their families. These include nutritional services, economic and job placement services, parenting classes, counseling for abused children, mental health and substance abuse counseling, and adult education for parents. In FY 2007-08 Full Service School staff provided 4,453,592 services. Community-based agencies donated approximately 284,511 hours of in-kind health and social services valued at \$10.5 million. Expanded services are available in 46 counties. These include student health management, interventions and health education classes to promote healthy behaviors and prevent behaviors that can result in illness, injury or death, substance abuse dependency, pregnancy, and other negative short and long-term consequences. Comprehensive programs also provide services that enable an average of 87% of students to return to the classroom after health room visits, and 82% of parenting students to return to school after giving birth. Pregnant and parenting teens are provided with case management and support services so they may continue in school through graduation and beyond.

### **Family Planning**

Unplanned pregnancies and teenage pregnancies are a significant public health concern. Approximately 50% of all pregnancies among adult women and 95% of pregnancies among teens are unintended. Florida's infant mortality, premature births, and low birth weight rates have risen in recent years and high rates of unplanned pregnancies contribute to these increases. Because unplanned or unintended

## **Department of Health Trends and Conditions Narrative**

pregnancies are associated with poor birth outcomes, the department provides comprehensive family planning services to prevent unintended pregnancies. These services provide annual physical exams and screenings to women of childbearing age as well as review a comprehensive checklist to identify health risk factors for preconception health and provide education about healthy habits through printed materials and in face-to-face counseling with the health care provider. The average cost of a family planning client is \$259 annually. For every dollar spent in family planning service, up to \$4.40 (Forrest and Singh, 1990) is saved as a result of preventing expenditures for public programs that support women with unintended pregnancies and their infants. Family planning services strengthen families and communities by promoting personal responsibility and economic self-sufficiency.

Teen pregnancy is associated with high health care and social service costs. Teen mothers are twice as likely as other mothers not to access prenatal care until the third trimester, if at all. The proportion of low birth weight babies to teen mothers is higher than the proportion among all births. Consequently, babies of teen mothers have a higher probability of incurring costly and long-term health and developmental problems. The Department of Health addresses the prevention of teen pregnancy with a comprehensive approach including abstinence education and health and social interventions. There has been a substantial decline in births to teens over the last decade. The birth rate for teens 15-19 years of age has declined from a rate of 56.1 births per 1,000 in 1997 to 42.9 births per 1,000 in 2007 (provisional).

Teenagers having repeat births are particularly problematic. Teenagers who have subsequent births are less likely to obtain a high school diploma and are more likely to live in poverty or receive welfare than those who have only one child during adolescence. The risks of low birth weight and poor health outcome also increase for babies born to teenagers who already have a child. Children of teen parents are more likely to suffer child abuse or be placed in foster care. The public costs of caring for many of these families are significant.

Communities consistently rate reducing teen pregnancy as one of their highest priorities, however, there is no consensus on the best ways to address the needs of sexually active teens. Access to birth control information and services to teenagers remains a controversial issue for many communities. Comprehensive family planning for teens begins with counseling on choosing abstinence as a healthy choice for preventing pregnancy and avoiding sexually transmitted diseases. Services also include education and counseling, comprehensive physical examinations, and provision of a family planning method of choice if requested.

An important initiative in Florida to help reduce financial barriers for maternal health care services is the Family Planning Waiver Program. The Agency for Health Care Administration and the Department of Health worked together to implement this program to extend Medicaid coverage for certain family planning services. The Family Planning Waiver Program was developed to reduce infant deaths, unplanned pregnancies, and to help families get family planning services after delivering a baby or having a miscarriage. Without the waiver program, women who were enrolled in Medicaid due to their pregnancy only were no longer eligible for Medicaid coverage 60 days after the birth of a child or after a miscarriage. With the waiver program, women between the ages of 14 and 55 who lose eligibility for full Medicaid service are qualified to receive limited family planning services for up to 24 months after loss of Medicaid coverage. The program will be in effect until November 30, 2009. The Family Planning Waiver Program provides the following services: 1) annual physical exams including a pap smear and interconceptional counseling and education; 2) contraceptive supplies; 3) pregnancy testing if indicated; 4) limited treatment for sexually transmitted infections; and 5) related medicines and lab tests.

### **Sexual Violence Prevention Program**

In a recent report entitled "Cost of Intimate Partner Violence Against Women in the United States", the Centers for Disease Control and Prevention (CDC) estimated the health related costs of rape, physical assault, stalking and homicide by intimate partners exceed \$5.8 billion dollars per year. A 2002 CDC

## **Department of Health Trends and Conditions Narrative**

Report to the States (Kenneth Ruggiero and Dean G. Kilpatrick, 2003) revealed, “one out of every nine adult women, or nearly 713,000 adult women in Florida, has been the victim of forcible rape some time in her lifetime. The 2006 Florida Department of Law Enforcement (FDLE) Crime Report reports one forcible sex offense every 45 minutes, one forcible rape occurs every 1 hour and 21 minutes, and one aggravated assault occurs every six minutes. Experts agree that this is a low estimate since many sexual offenses are not reported to law enforcement. In Florida, the Florida Council Against Sexual Violence reports a sexual offense is reported to law enforcement every 42 minutes, rape is responsible for 11-20% of teen pregnancies, and medical expenses, lost productivity, treatment of psychological trauma, pain and suffering are estimated to cost each victim \$110,000.

The Sexual Violence Prevention Program’s vision is to end sexual violence in Florida through contracting with providers who support sexual violence prevention-related activities throughout Florida. These activities include educational seminars, operation of hotlines, training programs for professionals, students and campus personnel, preparation of informational materials; education to increase awareness about drugs used to facilitate rape or sexual assault; efforts to increase awareness in underserved communities and among individuals with disabilities, and to provide services to sexual violence victims.

The Sexual Violence Prevention Program provides technical assistance to non-profit contractors that provide services to victims and conduct rape prevention education. The program also is responsible for the oversight for county health department guidelines and internal policies on sexual and domestic violence; legislative analysis pertaining to sexual and domestic violence issues, and coordination of a multi-year statewide strategic plan to prevent sexual violence. Program team members participate in several national, state and local task forces and committees regarding human trafficking, rape/prevention, domestic violence/prevention, suicide/depression, school health education, inter- and intra-agency linkages, and women’s health.

Screening for victims of domestic violence/intimate partner violence occurs at local county health departments through guidelines established in March 2003, with a revision in 2006 to align with Family Violence Prevention Fund's recommendations for screening in a public health setting. The guidelines are implemented throughout several Department of Health programs (such as family planning, HIV, WIC) and are focused on females 14 years of age and older who may or may not be pregnant and males exhibiting characteristics of domestic violence.

The Department of Health is committed to reducing the incidence of sexual and domestic violence to protect the health and safety of all Floridians and visitors.

### **Dental Health**

Availability to dental health care is limited for low-income families. The mouth is integrally and intimately linked to the body; without good oral health, a substantial portion of a person’s total health need is ignored. Good oral health is achieved through community and school-based preventive and educational programs in conjunction with routine, periodic professional care visits. The integration of oral health services as an essential component of a unified and coordinated health service system needs to be aggressively promoted.

Dental caries and periodontal diseases are chronic, progressive bacterial infections that affect almost everyone. According to analyses of monthly reports 50% of children have cavities in their primary or permanent teeth by age seven and 84% have experienced decay in their permanent teeth by age 17. Twenty-five percent of children, mostly low-income, have 80% of the cavities. In addition, 80% of tooth decay remains untreated in low-income children. Poor children suffer nearly 12 times more restricted activity days due to dental illness. Only 8% of adults are caries free. Fifty percent of adults experience periodontal infections at any point in time. Eighty percent of people over the age of 65 have moderate periodontal destruction.

## **Department of Health Trends and Conditions Narrative**

The state's dental health programs must compete with more politically visible programs and programs that target more life threatening conditions for resources. For example, without additional funding to conduct a statewide school-linked sealant referral program the potential to substantially increase the percentage of children receiving sealants will be greatly reduced. In addition, without resources to conduct a statewide outcome-based surveillance system, it will remain difficult to adequately demonstrate existing needs and improvements in oral health status resulting from increased resources. In 2006, only an estimated 10.8% of the population below 200% of the federal poverty level received an annual visit through publicly funded, dental schools and volunteer programs, their main sources of care. Comprehensive dental benefits are available for most children through the Medicaid and Title XXI programs, but only an estimated 21% received an annual visit in 2005. Only limited dental benefits are available for adults through the Medicaid Program, which covers approximately 33% of the adults below 200% of the federal poverty level; but only an estimated 4% received an annual visit in 2006. Additional resources are critically needed to reduce existing barriers to care through publicly funded programs and to expand safety net programs.

A four-year initiative, facilitated by a Health Resources and Services Administration and Maternal and Child Health State Oral Health Collaborative Systems grant, developed a broad-based oral health improvement plan with an appropriate action plan to address recommended strategies. This initiative has increased awareness of oral health disparities, collaboration and support of common goals and enhanced the continued development of an integrated, coordinated oral health system between the public and private sectors. This grant funding ended in August 2007, but the department received a new four year grant to continue activities to enhance the collaborative partnerships and to conduct enhanced activities. The Department of Health is currently pursuing the use of teledentistry to increase dental care access for preventive services in rural areas and to improve the efficiency of county health department dental programs. Pilot programs began in Nassau and Wakulla counties in 2007. The feasibility of expanding teledentistry projects is currently under consideration. A county health department early childhood caries prevention program protocol using medical personnel has been developed. Implementation in selected county health departments is underway. Medicaid has recently approved reimbursement by medical staff, which should help implementation efforts in county health departments and private physician offices.

### **Chronic Disease**

Chronic diseases and disabling conditions such as heart disease, cancer, diabetes, and arthritis are among the most prevalent, costly, and preventable of all health problems. Chronic diseases develop over an extended period of time, often after prolonged exposure to one or more risk factors that are related to lifestyles and behaviors. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases. In 2006, five of the top ten causes of death in Florida were chronic diseases. In addition, the leading cause of disability among adults in the U.S. is arthritis, limiting the activities of nearly 19 million persons.

The Department of Health provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. In 2006, 56,862 deaths in Florida were due to cardiovascular disease. Deaths due to cardiovascular disease continue to decrease annually. The Department of Health develops legislative issues and provides materials and technical assistance to county health departments. The Department of Health also provides professional education to the physicians of Florida and conducts public awareness campaigns as well as focus groups to determine the most effect methods of educating the public on the issues related to preventing death and disease due to heart disease and strokes. Statewide public/private partnerships have been formed around the issues of cardiovascular health, worksite wellness, physical activity and nutrition, and obesity prevention in an effort to maximize resources and to communicate consistent and persistent messages on the prevention of cardiovascular disease.

## Department of Health Trends and Conditions Narrative

Among adults in Florida, in 2007, over 62.1% are overweight, including 24.1% who are obese. Since 1986, the prevalence of overweight has increased nearly 76% while the prevalence of obesity has doubled. In 2007, data among Florida high school youth show that 15.2% of high school students are at-risk for overweight while 11.2% are already overweight. Further, approximately 60% of overweight adolescents have at least one risk factor for cardiovascular disease while 25% have two or more risk factors. Chronic conditions such as heart disease, type 2 diabetes, stroke, osteoarthritis, gallbladder disease, and some cancers are a result of declines in physical activity and poor nutrition.

Cancer is the second leading cause of death in Florida. Nationally, the American Cancer Society estimates about 1,437,180 Americans will receive a new diagnosis of invasive cancer in 2008. In 2006, 40,081 people died from cancer. Nearly one out of every four deaths (23.7%) in Florida was due to cancer. The Comprehensive Cancer Control (CCC) Program was created to convene statewide partners, develop a comprehensive cancer strategic action plan for the state and assist with the implementing of prioritized goals and strategies. The Plan will address many types of cancer including breast, cervical, colorectal, lung, ovarian, prostate, and skin. The overarching goal for the CCC Program is to implement a comprehensive cancer control program to reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to optimal treatment and survivorship initiatives after the course of treatment.

Breast cancer has the highest cancer incidence for women in Florida. Incidence and mortality rates of invasive cervical cancer are higher in Florida than the U.S. rates. The goal of the Florida Breast and Cervical Cancer Early Detection Program is to reduce the number of deaths from breast or cervical cancer by diagnosing it at the earliest, most treatable stages. The program's focus is screening women ages 50-64 who are at or below 200% of the federal poverty level with no insurance coverage for breast or cervical cancer screening exams. In partnership with county health departments, the statewide program seeks difficult to reach ethnic, minority, or rural women through zip code level community based outreach activities. Public and professional education and continued outreach are essential components in the prevention and early detection of breast and cervical cancer. Women screened through the Florida Breast and Cervical Cancer Early Detection Program may be eligible for cancer treatment using Treatment Act funds, as determined appropriate by Medicaid.

In 2007, about 1.6 million Florida adults (8.7% of the adult population) reported having been diagnosed with diabetes. Between 1995 and 2007, the prevalence of diabetes significantly increased by about 64% from 5.3% of the adult population in 1995 to the 2007 rate. In 2006, diabetes was the sixth leading cause of death in Florida, accounting for 5,137 deaths with diabetes as the underlying cause. Research indicates that diabetes was reported as the underlying or contributing cause of death is underreported. Between 1995 and 2006, Florida's diabetes age-adjusted death rate per year was stable. In 2006, the estimated cost of diabetes in Florida was 12.2 billion dollars. A significant proportion of mortality and morbidity related to diabetes could be prevented by addressing cardiovascular risk factors. Efforts to reduce complications among persons with diabetes should promote exercise, weight control, smoking prevention and cessation, hypertension prevention, glycemic control, and elimination of barriers to preventive care and treatment.

Certain populations have a disproportionate burden of diabetes. Compared with whites, African Americans have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates. Persons 65 years of age and older have a higher prevalence of diabetes, and have higher rates of mortality and disability resulting from diabetes compared to their younger counterparts. Research indicates that the elder and minority populations will experience the most rapid growth in the number of people with diabetes. The Department of Health's diabetes statewide efforts include building partnerships to improve the performance of the diabetes health system; enhancing professional education; empowering those with diabetes to engage in self-care practices; building community capacity to improve diabetes outcomes;

## **Department of Health Trends and Conditions Narrative**

assessing changes in diabetes trends; proposing diabetes-related health policies; and reducing health outcome disparities.

Arthritis has a sizeable economic impact in Florida costing an estimated \$5.1 billion in medical expenditures and an additional \$2.5 billion in lost wages in 2003. In 2007, it was estimated that 3,321,000 adult Floridians had doctor-diagnosed arthritis (24.3%). Two modifiable risk factors, overweight/obesity and physical activity, are associated with an increased prevalence of doctor-diagnosed arthritis. Activity limitation occurs frequently among people with arthritis and reduces quality of life, limits independence, and compromises health. The department implements evidence-based self-management interventions, provides materials and technical assistance to county health departments and community service providers, conducts health communications campaigns, collects prevalence data on arthritis, coordinates a statewide partnership and provides information and education to the general public. The programs goals are to improve mobility through physical activity, and increase self-help behaviors.

The Epilepsy Services Program has a broad statutory mandate to provide client services for the care and treatment of persons with epilepsy, maintain an educational program regarding epilepsy, and promote the prevention of epilepsy. The goal of the Epilepsy Program is to improve the quality of life and productivity of Floridians with epilepsy by providing services to maximize seizure control and education to prevent injuries that may lead to epilepsy. These services are implemented statewide by contracting with a lead agency that subcontracts with epilepsy service providers throughout the state.

### Intervention Strategies and Initiatives

- Continue to provide support and technical assistance resources to county health departments, children's medical service, and department health program staff to include health literacy interventions into program service delivery;
- Increase the number of department sites who are using the "Ask Me Three" health literacy program. Patient and provider education materials will promote three simple but essential questions that patients should ask their providers in every health care interaction. Providers will encourage their patients to understand the answers to: What is my main problem? What do I need to do? Why is it important for me to do this?
- Continue to refine the delivery of risk appropriate care to Healthy Start clients;
- Increase the percentage of pregnant women who report entering prenatal care in the first trimester;
- Decrease the number of women who report smoking, especially during pregnancy;
- Increase the number of people receiving Sexual Violence Prevention Education within the state;
- Continue to participate in the WIC/Farmers' Market Nutrition Programs and promote statewide nutrition education campaigns targeted to healthy eating and obesity prevention;
- Reduce the incidence of Fetal Alcohol Syndrome in Florida;
- Implement the Safe Sleep Initiative to reduce the number of children who die each year from suffocation and Sudden Infant Death Syndrome;
- Reduce the incidence of Shaken Baby Syndrome;
- Increase the numbers of students in grades specified in Ch. 64F-6.00 that receive of vision (K, 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup> grades) and hearing (K, 1<sup>st</sup>, 6<sup>th</sup>) screening, referral and follow-up.



## **Department of Health Trends and Conditions Narrative**

- Increase the number of nursing assessments performed by registered professional school nurses so that health-related barriers to learning are detected and followed-up with appropriate referrals and interventions.
- Expand the Healthy School Initiative to combat obesity in Florida's schoolchildren;
- Continue to provide a continuum of supportive services to teens that spans from abstinence to supportive services for teen parents;
- Continue the Healthy Communities, Healthy People Program to focus on policy and environmental changes in the areas of heart disease and stroke, employee wellness, diabetes, physical activity, nutrition and overweight, and tobacco;
- Implement system-wide changes and public and professional education to increase prevention of all chronic diseases through clinical and community evidence-based programs;
- Implement the Centers for Disease Control and Prevention approved evidence based self-management programs such as Living Healthy and Enhance Fitness;
- Focus on increasing diagnoses of pre-diabetes throughout the state in an effort to prevent diabetes and on increasing participation in quality diabetes self-management education; a cost effective method of improving self care and health outcomes;
- Continue to promote the expansion of self-sustaining county health department dental safety net programs with a 10% yearly increase in capacity by using limited categorical funding to support infrastructure development and initial cost for new programs and expansion of existing programs;
- Continue to promote community water fluoridation as the most cost effective measure to reduce dental cavities and implementation of 2-3 new fluoridating water systems per year;
- Provide the health safety net providers the tools needed to compete and survive in the new environment, especially with more managed care penetration;
- Strengthen local safety nets (including county health departments and federally qualified health centers) by motivating safety net providers and government agencies at all levels to develop integrated safety net systems or consortia;
- Improve the quality and efficiency of clinical services at the local level through clinical technical assistance;
- Provide assistance with proper diagnostic and procedural coding to enhance third party reimbursement;
- Provide a central location to track and report the status of all clinical efficiency related projects including paperwork reduction and electronic medical records;
- Forge academic and community partnerships to assist in identifying data, models, and best practices necessary to advance efforts in clinical efficiency;
- Pursue grant opportunities related to clinical efficiency such as paperwork reduction, electronic health records, patient flow, cycle time;
- Improve alignment of health information systems and processes with other state agencies, community partners, and stakeholders in the delivery of public health services; and
- Continue investment and support for health literacy that enriches patients, families, providers, and healthcare systems.

## Department of Health Trends and Conditions Narrative

### Prevent Diseases of Environmental Origin

The Florida Department of Health works to protect the relationship between the environment and the public and to prevent disease of environmental origin through a comprehensive set of surveillance, investigative, and science-based environmental health standards and programs. The department works collaboratively with its local county health departments to deliver essential environmental health services.

Environmental health activities focus on prevention, preparedness, and education and are implemented through routine monitoring, education, surveillance and sampling of facilities and conditions that may contribute to the occurrence or transmission of disease. Environmental health programs include addressing risks from facilities like onsite sewage disposal systems, biomedical waste generators, food service facilities, group care facilities, schools, body piercing establishments, migrant labor camps, mobile home and recreational vehicle parks, public swimming pools and bathing places, and drinking water systems. Environmental health programs also include beach water sampling, radiation control, and environmental surveillance and investigation activities such as assessing the public health threat from hazardous waste sites. A major environmental health activity is to uncover possible associations between environmental contaminants and human health problems. The department receives inquiries to investigate sites where people may have been exposed to toxins. Examples include facilities or sites containing radioactive materials, old dry cleaning sites, or gasoline stations.

Enteric diseases such as salmonellosis, pathogenic species of *E. coli* and hepatitis A can be particularly dangerous to Florida's most at-risk populations--the elderly, the very young, and the immune compromised. By the year 2025, Florida is projected to be the 3<sup>rd</sup> most populous state with 20.7 million people. As Florida's population continues to grow, residents will populate more undeveloped areas, placing them at risk from substandard sewage and contaminated drinking water systems and other threats to their health.

Enhanced worldwide travel, human interaction with animal populations, medical unfamiliarity with emergent infectious diseases and other causes has generated the emergence and epidemic potential for diseases such as West Nile virus, monkeypox, hantavirus, dengue, and others. Additionally, infectious roots are being discovered for chronic diseases, such as certain cancers. Special surveillance programs and epidemiologic studies will be required to ensure that emerging diseases are prevented from becoming a public health threat to the state.

Changing patterns of individual and global economic behavior have complicated the control of enteric food and waterborne diseases and accentuated the need for an improved infrastructure to detect illness. Major food and waterborne diseases include Norovirus, salmonellosis, shigellosis, staphylococcal food intoxication, giardiasis and hepatitis A. Newly recognized and emerging pathogens such as cryptosporidium, cyclospora, and *E. coli* 0157:H7 have also caused recent outbreaks of illness. Primary causes of food and waterborne diseases are poor personal hygiene on the part of food workers, cross contamination between raw and cooked foods, time/temperature abuse of food, and fecal contamination of recreational water venues. Department personnel are responsible for surveillance and investigation of these illnesses as well as providing public education for their prevention.

Ensuring safe drinking water is a crucial function of environmental health services. The department has regulatory authority over private and small public water systems and shares responsibilities with the Department of Environmental Protection (DEP) for larger public water systems under the Safe Drinking Water Act (SDWA). Over three million people or roughly 20% percent of Florida's population is served by private or small public water systems. In addition, approximately 70% of Florida's population is served by larger Safe Drinking Water Act public water systems regulated by nine delegated county health departments under an Interagency Agreement with the Department of Environmental Protection (DEP). Cooperation with DEP has also resulted in the remediation of hundreds of contaminated private

## **Department of Health Trends and Conditions Narrative**

wells that were discovered and sampled by the Division and the county health departments, with lab work conducted by the Department of Health laboratories. Electronic mapping of these locations has increased the effectiveness of DEP's groundwater contamination clean-up programs and private sector investigations.

Over one-third of Florida's population is served by individual onsite sewage treatment and disposal systems, primarily septic tanks. Onsite sewage treatment systems have been used as a method of wastewater disposal since at least 1970. Approximately 2.5 million systems are in use within the state. On average, over 40,000 new systems are permitted each year. These systems provide a safe and economical means of wastewater disposal when properly constructed and maintained. However, improper siting, design, construction, use and maintenance of these systems can result in unsanitary conditions and contaminated drinking water and recreational waters. There is growing concern over the impact of onsite systems in areas of high-density development with poor site conditions on Florida's ground and surface waters. Environmental Health actively supports research into the proper use of onsite wastewater systems and monitors both installations and repairs.

The department is partnering with DEP to support to daily maximum load program which develops new standards to restore polluted waterways. The department has also partnered with the Department of Community Affairs, DEP, the EPA, and the National Environmental Services Center to educate to educate community leaders on how to manage and maintain onsite sewage treatment systems. A unique model is the department's statewide water well toxics program that finds and corrects contamination of wells tapping into the underground aquifers. These risks were caused by leaks, spills, and the intentional application of toxic chemicals.

The Department of Health has seen positive results on many fronts. Recognizing the public health and economic importance of maintaining clean beaches, the department piloted a Healthy Beaches water-monitoring project with funding from the U.S. Environmental Protection Agency (EPA). The success of this program ultimately led to the state's first statewide beach water monitoring program supported by the Florida Legislature, and expanded funding from the EPA. Research conducted under contract to universities will continue to answer difficult questions about the sources and significance of pollution. The department's childhood lead poisoning surveillance program has been recognized by the Centers for Disease Control and Prevention (CDC) for its prevention activities. A new cooperative agreement has been awarded which will expand prevention and outreach activities statewide, with a transition from surveillance to early intervention and prevention. The Agency for Toxic Substances and Disease Registry (ATSDR) recently renewed its contract with Environmental Health's Superfund Health Assessment and Education Program, calling it a model state program. In addition, the 1999 Legislature gave Environmental Health the responsibility of regulating body-piercing establishments. Program personnel worked with body piercers and nursing staff to meet the requirements of the legislation in developing a program for training and inspections. The program has become one of the first in the nation and has been actively embraced by the body piercing community. CDC also recognized the importance of the Lead Poisoning Prevention Program with the award of more than \$1.0 million for the upcoming year.

### Intervention Strategies and Initiatives

- The department is working to increase the collaboration between county health departments and their community partners. One objective is to identify a community's environmental health concerns and take an active role in addressing these concerns;
- This community-based process follow guidelines of the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), a model endorsed by the National Association of County and City Health Officials (NACCHO) and aligned with Healthy People 2010 initiatives;

## Department of Health Trends and Conditions Narrative

- As part of this systematic process, local health officials will tackle environmental health challenges collaboratively with community members. Together they will create a community-based health assessment team, analyze environmental health needs, collect and analyze data, and develop action-oriented plans to improve their county's environmental health status. The Florida Department of Health is the only state agency in the nation that has actively supported the process across a state. Our activities have garnered national recognition by receiving a 2005 Vision Award from the Association of State and Territorial Health Officials, and the 2005 Jim Parker Award from NACCHO for public health leadership. For more, see the website <http://www.doh.state.fl.us/environment/programs/PACE-EH/PACE-EH.htm> The PACE EH process has uncovered environmental health issues related to building and the urban planning process. A memorandum of agreement on Smart Growth was initiated by DOH and signed by four state agencies involved with growth in Florida. The Florida Department of Health also became the first public health partner of the [Smart Growth Network](#).

### Prevent and Reduce Tobacco Use

Tobacco use is the leading cause of preventable death and disease in our society. Tobacco prevention programs are designed to reduce premature mortality, reduce morbidity, and reduce health care costs among Floridians through public health interventions at the state and local levels. The Tobacco Prevention and Control Program incorporates *Centers for Disease Control and Prevention's Best Practices*, *Healthy People 2010* objectives, and the *Guide to Community Preventive Services* to design effective interventions and strategies.

In 2006, Florida voters approved a constitutional amendment allocating 15% of the state's tobacco settlement dollars to be used to fund the Tobacco Prevention and Control Program. Approximately one-third of these dollars have been earmarked for educational and counter-marketing media campaigns. In addition, the amendment provides funding for: 1) prevention programs, including pursuing smoke-free policies through youth advocacy efforts, 2) expanding cessation efforts through the toll-free telephone quit line which provides cost reduced or free nicotine replacement therapies, 3) partnerships with local communities and organizations, 4) interventions designed to reduce disparities in tobacco use among different population groups; and 5) awareness campaigns to inform the public of the dangers of secondhand smoke. The mix of programs funded by the amendment creates a comprehensive tobacco prevention and control program in Florida based upon Centers for Disease and Control Best Practices.

#### Tobacco Intervention Strategies and Initiatives

- Implementing the Tobacco Prevention and Control Program consistent with CDC's Best Practices;
- Launching a statewide mass media campaign to address smoking initiation, smoking cessation and secondhand smoke exposure;
- Developing community-based tobacco prevention and control partnerships to promote tobacco-free norms;
- Developing a strategic plan to reduce tobacco related disparities;
- Supporting youth advocacy activities to promote smoke-free policies and local ordinances;
- Promoting the 1-888 Florida Quit-for-Life Line to assist smokers who want to quit;
- Expanding tobacco surveillance and evaluation activities that include the administration of the Florida Youth and Adult Tobacco Surveys.

## **Department of Health Trends and Conditions Narrative**

### **Ensure Health Care Practitioners Meet Relevant Standards**

The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines that health care practitioners meet minimum competency requirements. The division, in conjunction with 22 boards and 6 councils, is responsible for regulatory activities of 200-plus license types in more than 40 health care professions and seven types of facilities. MQA's core business processes are the licensure and enforcement of laws and rules governing Florida's 860,000 plus health care practitioners, as well as providing information and data.

Licensure activities include preparing and administering licensure examinations; issuing and renewing licenses; tracking licensure conditions and restrictions; monitoring compliance with continuing education requirements; and evaluating and approving training programs and continuing education and financial responsibility for providers.

Enforcement activities include intake, analyzing, and investigating of complaints and reports; tracking licensee compliance with disciplinary sanctions; inspecting health care facilities; issuing citations and emergency suspension and restriction orders; conducting disciplinary proceedings; and combating unlicensed activity. Information and data activities include providing easy access to licensure and disciplinary information and ensuring that data is accurate, timely, consistent and reliable; and collecting and reporting workforce data.

Regulating health care practitioners helps ensure the continued competence of active practitioners and assists consumers in making better-informed health care choices. It also builds public confidence, and allows the department to discipline fairly and effectively those practitioners who have violated Florida law.

MQA's major stakeholders include consumers who access the health care system, licensure applicants, and licensees. Health care consumers expect and deserve competent services and accurate information from expert professionals, and, if harmed by their practitioner, an avenue for recourse. Applicants and licensees expect and deserve courteous, competent, and timely service, as well as reasonable access to information that affects their licensure status.

Superior performance results in customer satisfaction, services, fiscal soundness, and human resource development. The department's long-range plan emphasizes six strategic goals:

- Expediently licensed health care professionals who meet statutorily mandated minimum standards of competency;
- Healthcare standards enforced through timely discipline, education, and remediation of healthcare professionals found in violation of the law; ;
- Timely and accurate information for stakeholders and consumers that will enable informed healthcare decisions and promote equitable and accessible health care for all persons in Florida;
- Informed customers who have confidence in and value MQA services; ;
- A motivated workforce committed to excellence; and;
- A fiscally sound organization.

#### Intervention Strategies and Initiatives

- Continue development and employment of a performance measurement system that evaluates meaningful data for monitoring daily operations and supporting organizational decision-making related to core functions;

## **Department of Health Trends and Conditions Narrative**

- Continue to analyze processes to determine ways to streamline and improve services and customer satisfaction; and
- Continue development of a system to determine, understand, anticipate, and respond to key customer requirements and expectations.

### **Increase the Availability of Health Care in Underserved Areas**

The department works to increase access to health care in the medically underserved areas of Florida. Goals are to support partners by addressing health care practitioner shortages, supporting providers who are located in underserved areas, achieving economies of scale, promoting the use of shared resources, encouraging coordinated planning, and through program monitoring. In addition to providing health services through county health departments, DOH works with the private sector to increase access to care. This includes encouraging the expansion of Federally Qualified Health Centers; providing support to rural health networks and Area Health Education Center programs; strengthening rural hospitals through the Rural Hospital Capital Improvement Program, the Small Hospital Improvement Program, and the Medicare Rural Hospital Flexibility Program; by supporting the recruitment and placement of providers through the National Health Services Corps and J-1 visa programs; by administering the Volunteer Health Services Program; and by increasing the capability of local communities to identify and address local health problems by supporting Local Health Councils.

The department is active with regard to recruiting and supporting providers in rural and underserved areas. The department identifies medically underserved areas and recruits National Health Service Corps and J-1 Visa providers to these areas. The department provides support to local Area Health Education Centers who provide continuing education and access to computer library services and information resources to health care practitioners in underserved areas. The department also supports local health planning councils and rural health networks. These entities act as catalysts for change and actively foster the provision of health care services in rural and underserved areas. Accomplishments include improved economic benefits for rural hospitals, the establishment of mobile primary care and dental health services, and the creation of diabetes and hypertension education and outreach programs in multiple counties.

The department addresses many of the problems and issues associated with access to health care. The department is committed to improving access to health care for persons who live in medically underserved communities. Medically underserved communities are found largely in rural areas and in inner-cities. Migrant workers are found largely in rural areas, and minorities are highly represented in inner cities. Migrant and minority populations have increased rates of preventable chronic and communicable diseases, higher birth rates, and higher mortality rates than non-minority and non-migrant populations. Their need for health care is high, yet their access to health care is low. In addition, in many of these communities managed care is not available.

The reasons that persons in rural and inner city communities often do not have adequate access to health care include an insufficient population base for financial support of professional medical providers and a lack of public transportation to get to medical services. Health care providers who do locate in underserved areas can find themselves professionally isolated and leave. In addition, managed care providers cannot achieve economies of scale and many people in rural and inner-city areas do not have health insurance coverage. In short, rural and inner-city communities have more than their share of health related needs and problems, but substantially fewer health resources.

Areas of the state with insufficient numbers of primary care providers, including dental and mental health service providers, are identified and recommended for federal designation as Health Professional Shortage Areas (HPSAs). Health care providers who are willing to work in HPSAs are recommended for

## **Department of Health Trends and Conditions Narrative**

employment under the federally managed National Health Service Corps and the state managed J-1 Visa Waiver Foreign Medical Graduate programs. A Health Professionals Clearinghouse is maintained to provide continuity between interested primary care practitioners and relevant employment vacancies as they occur throughout the state. Technical assistance in community development is provided to support local, regional and state partners in recognizing and addressing underserved needs and opportunities largely through federally qualified health center development and support.

Area Health Education Centers (AHECs) provide a wide array of health professional recruitment, training, and retention programs through the ten local AHEC Centers affiliated with Florida's five medical schools. AHECs provide clinical rotations for third and fourth year medical students in primary care clinics located in medically underserved communities; and they directly support clinics in some communities. These clinics serve persons without health insurance and who have low incomes. AHECs also provide continuing education courses for medical professionals. In addition, AHECs conduct recruitment programs targeted to underprivileged and minority youth for health professional education and training programs. AHECs also conduct health promotion and disease prevention programs in local communities in such areas as obesity, tobacco use, cardiovascular diseases, osteoporosis, breast-feeding, and health literacy.

Thirty-three of Florida's 67 counties are considered rural, having less than 100 people per square mile. Obtaining appropriate health care services is particularly challenging in these counties. Nine certified Rural Health Networks serve all or part of 44 counties (mostly rural, and the rural portions of several urban counties) to ensure that rural areas of Florida have quality health care available and that health care is efficiently and effectively delivered. This is accomplished through planning, identifying problems and developing solutions.

Local Health Planning Councils gather and analyze demographic, economic and health statistics and conduct needs assessments and evaluations of local programs to identify community health care needs, and assess the impact of various health initiatives on the health care system. Planning councils develop local policies for health system change, provide technical assistance to health providers, assist in locating funds for health care support, partner with communities for understanding complicated health issues, and support the delivery of HIV/AIDS services.

The Volunteer Health Services Program is responsible for administering the Department of Health's two volunteer programs. These are the "Volunteer Health Care Provider Program", a program where licensed health care providers render uncompensated care to eligible clients, and the Chapter 110 Volunteer Program, which facilitates the use of volunteers within the department. The objective of the program is to increase access to health care for the residents of the State of Florida through the use of volunteers. The program's emphasis is to facilitate the recruitment and retention of providers willing to serve the uninsured and low-income residents. Volunteer providers are afforded state sovereign immunity if they will provide uncompensated health care to eligible clients referred by the department. Volunteer health care providers and support staff provide care throughout Florida with significant numbers of these volunteers rendering their services through faith-based organizations, private practices, non-profit agencies and DOH facilities. More than 20,341 volunteers actively participated in over 55 counties during fiscal year 2006-07 and provided more than \$147.5 million of donated goods and services.

### Intervention Strategies and Initiatives

- Continue to develop community partnerships through AHEC activities including the sponsoring of over 5,500 medical residents and other health care related students and the provision of continuing education services to over 10,000 providers in rural and underserved areas;
- Recruit health care professionals to work in underserved areas through the National Health Service Corps and the J-1 Visa Waiver;

## **Department of Health Trends and Conditions Narrative**

- Continue to expand the Volunteer Health Services Program, including the participation of over 23,000 volunteers. Increase the value of donated goods and services by five percent each year;
- Establish a Chapter 110, F.S. volunteer coordinator position in each DOH entity,
- Provide support and assistance to nine Rural Health Networks and 11 Local Health Planning Councils in Florida;
- Provide continued funding for the Rural Hospital Capital Improvement Program.

### **Process Disability Determinations**

The Division of Disability Determinations works diligently to provide fair, consistent and timely entitlement decisions to Florida citizens applying for benefits under the Social Security Act (Title II and Title XVI) and the state's Medically Needy program. In the face of resource constraints, continued growth in receipts, high attrition (e.g., 69 examiners separated this year alone), and major technological changes the division cleared 25.5% of the region's caseload and 6.3% of the national workload. Florida is ranked third in the nation in production.

The number of individuals applying for benefits in Florida continues to grow annually. This year, total claims are approximately 215,000 and this number should grow over the remainder of the decade. There are two primary reasons for this - the growth in Florida's population and the baby boomers reaching the disability prone years. Florida has the fourth largest population in the United States. An estimated 2,435,000 people in Florida have a disability, or 15.6% of the population age five and over. An estimated 461,000 people, or 3.0% of the population age five and over have difficulty performing self-care activities such as dressing, bathing, or getting around inside the home. Benefits to Florida citizens with disabilities are a vital part of Florida's economy. In calendar year 2007 SSA paid out over six billion dollars in cash benefits to 820,351 Title II beneficiaries and Title XVI recipients. Beyond the substantial amount of cash benefits is the even more crucial health insurance benefit to many of these beneficiaries and all the recipients - health insurance which greatly aids the state of Florida in caring for citizens that would otherwise need to rely on indigent care options. Every disability claim represents an individual and directly affects their ability to keep a home, maintain a vehicle, purchase food, clothing, and access health care.

### Intervention Strategies and Initiatives

- Implement adjudicator training and supervision consistencies from area office to area office via core training instruments and on-going training of mentoring / supervisory skills to enhance learning and adjudicator success;
- Evaluate and improve upon all components of the agency's performance with the organizational assessment and implement a balanced scorecard that will lead to the recognition of best practices that can be replicated in all our area offices;
- Adopt and set up in our training bureau a state-run vocational specialist program along with current body system modules for on-going refresher training for existing staff;
- In 2006 Florida joined other states in becoming certified as a state eligible to process disability claims in an electronic or paperless environment. The advent of the electronic case folder has begun to eliminate the need for paper in approximately 85% of our workload and has reduced the time taken to make an eligibility decision from 110 to 76.9 days in 2008. Continue to roll out frequent systems software releases and upgrades to move Florida to a totally electronic case processing environment
- with the last case loads being brought on board being our continued disability reviews for prior allowed claims and our hearings cases.



## **Department of Health Trends and Conditions Narrative**

### **Proposed Revisions to Priorities, Services, and Activities**

The department is assessing new Tobacco-related activities due to receiving substantial new funds through the state constitutional amendment.

### **List of Policy Changes Affecting Agency Budget/Governor's Recommended Budget**

The department does not anticipate implementing any major changes in public health policy that would significantly impact the agency's Budget Request or the Governor's Budget Recommendations.

### **List of Changes Requiring Legislative Action**

The department is proposing to revise a number of performance measures that we believe provide insight into the status of public health in Florida.

### **Linkage to Governor's Priorities**

The goals, programs and projections of the Department of Health link to the priorities of Governor Crist.

**The following is a list of all task forces, studies, etc., in progress.**

**DOH  
2008 SESSION - LEGISLATIVE ACTION ITEMS**

**Reports and Studies**

REGULAR SESSION					
BILL	REPORTS/STUDIES	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
<b>HB 5001 GAA, Between Line Items 627 and 628</b>	DOH shall direct a study of the Pharmacy Practice Act requirements for drug substitution, the effectiveness of safety controls for the patient, the clinical efficacy of the interchange of prescription drugs, the appropriate control of substitution by the prescriber, the importance of prescriber notification, and outcomes of treatment success when substitutions occurs.	MQA	Becki Poston and Larry McPherson	12/31/2009	
<b>CS/SB 988 Section 1</b>	Requires the Health Care Transition Services Task Force to develop a statewide plan relating to transition services and report findings and recommendations to the Governor, President and Speaker.	CMS	Phyllis Sloyer	1/1/2009	6/23/2008
<b>HB 5001 Line Item 1682 Proviso Language</b>	Provide a statewide inventory of onsite treatment and disposal systems.	HSE	Gerald Briggs	Not specified	7/2/2008
<b>HB 5001 Line Item 1682 Proviso Language</b>	Contract for Phase I of a study to determine cost-effective nitrogen reduction strategies.	HSE	Gerald Briggs	Report due to Governor, President and Speaker on 2/1/2009	7/2/2008
<b>HB 5001 Line Item 1682 Proviso Language</b>	Provide a progress report to the Governor, President and Speaker on cost-effective nitrogen reduction strategies including recommendations for funding additional phases of the study.	HSE	Gerald Briggs	2/1/2009	7/2/2008
<b>HB 5001 Line Item 1682 Proviso Language</b>	Report to the Governor, President and Speaker that identifies the range of costs to implement a mandatory statewide 5-year septic tank inspection program.	HSE	Gerald Briggs	10/1/2008	7/2/2008

**DOH  
2008 SESSION - LEGISLATIVE ACTION ITEMS**

**TASKFORCES/BOARDS/COUNCILS**

REGULAR SESSION							
BILL	TASKFORCES/BOARDS/COUNCILS	DOH MEMBER(S)	DEPT. RESPONSIBLE	WHO APPOINTS	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
<b>CS HB 607 ER, s. 468.801, Section 2, lines 204-230</b>	This is revision of the membership and terms of the Board of Orthotists and Prosthetists	None	DOH	The Governor	Joe Baker		30-Jun-08
<b>CS/CS/SB 370 Section 1</b>	Personal Care Attendant Program. Revises responsibility/membership of "Oversight Group"	1	Florida Association of Centers for Independent Living	Bill specifies representative from the BSCIP	Thom Delilla	Not specified	6/19/2008
<b>CS/SB 988 Section 1</b>	Creates the Health Care Transition Services Task Force for Youth and Young Adults with Disabilities	1	DOH	Bill specifies CMS Deputy Secretary or designee as chair of the task force.	Phyllis Sloyer	8/31/2008	6/23/2008
<b>CS/SB 1318 Sections 1 &amp; 2</b>	Revises the DOH Research Review and Advisory Council and the Technical Review and Advisory Panel memberships to include a local government representative on each.	N/A	DOH	DOH	Gerald Briggs	Not specified	7/2/2008
<b>CS/HB 527 Section 7</b>	Revises the membership of the Brownfield Areas Loan Guarantee Council by adding the State Surgeon General or her designee.	1	Governor's Office of Tourism, Trade and Economic Development	Statute	Lisa Conti	Not specified	7/15/2008

**DOH  
2008 SESSION - LEGISLATIVE ACTION ITEMS**

**Miscellaneous Implementation Activities**

REGULAR SESSION					
BILL	IMPLEMENTATION ACTIVITY	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/HB 663 Sections 7 &amp; 11</b>	Establish procedures for receiving, processing and monitoring unmarried biological fathers' paternity claims that meet time limit exception criteria. Provide paternity registrations forms to named entities for distribution.	Office of Vital Statistics	Ken Jones	Not specified	7/2/2008
<b>CS/SB 1318 Section 3</b>	Establish procedures to verify that persons working under the direct responsible charge of an engineer have completed a DOH approved soils morphology course.	HSE	Gerald Briggs	Not specified	7/2/2008
<b>HB 5003 Section 5</b>	Begin implementation to enter into an agreement to privatize A.G. Holley Hospital to finance, design, and construct a hospital, of no more than 50 beds, for the treatment of patients with active tuberculosis .	HSD	Dr. Russell Eggert	7/1/2008	1-Jul-08

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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<b>Program: EXECUTIVE DIRECTION AND SUPPORT</b>
<b>Service/Budget Entity: ADMINISTRATIVE SUPPORT</b>

**NOTE: Approved primary service outcomes must be listed first.**

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions	1.0%	1.0%	1.0%	1.0%
Percent of middle and high school students who report using tobacco products in the last 30 days	16.7%	16.7%	13.0%	12.0%

<b>Service/Budget Entity: INFORMATION TECHNOLOGY</b>
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Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Technology costs as a percent of total agency costs	1.0%	1.0%	1.0%	1.0%

<b>Program: COMMUNITY PUBLIC HEALTH</b>
<b>Service/Budget Entity: FAMILY HEALTH</b>

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Infant mortality rate per 1,000 live births	7.0	7.0 *	6.9	6.8
Nonwhite infant mortality rate per 1,000 nonwhite births	12.0	12.1*	11.5	11.5
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	8.7%	8.5%	8.6%
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	42.9 *	41.1	40.9
Number of monthly participants-Women, Infants and Children (WIC) program	380,000	452,980	435,000	473,000
Number of daily child care food participants	160,559	171,415	158,000	180,000

\* Provisional data

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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Program: COMMUNITY PUBLIC HEALTH
Service/Budget Entity: INFECTIOUS DISEASE

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
AIDS case rate per 100,000 population	27.0	20.8 *	26.0	25.4
HIV/AIDS resident total deaths per 100,000 population	8.5	pending	9.1	9.0
Chlamydia case rate per 100,000 population	239.0	307.7 **	266.0	292.6
Tuberculosis case rate per 100,000 population	5.8	5.2	5.4	5.1
Immunization rate among 2 year olds	90.0	83.2	90.0	90.0
Vaccine preventable disease rate per 100,000 population	0.42	pending	7.5 ***	pending
Number of patient days (A.G. Holley tuberculosis hospital)	14,500	11,863	14,600	14,700

\* Many 2007 cases were not reported until 2008 because of the change from paper to electronic lab reporting (ELR). A result of switching to a new reporting format was that many of the initial electronic reports did not contain complete information and were not adjudicated as AIDS cases in 2007, causing an artificially low 2007 AIDS case rate. The completed reports will be reflected in the 2008 data.

\*\* Improved testing technology has/will identify many more cases

\*\*\*Varicella and hepatitis B added to vaccine preventable diseases

Program: COMMUNITY PUBLIC HEALTH
Service/Budget Entity: ENVIRONMENTAL HEALTH

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	3.35	0.64 *	3.0	2.5
Overall sanitation and safety score in department regulated facilities	95.75%	93.6%	95.7%	93.7%
Septic tank failure rate per 1,000 within 2 years of system installation	3.45	2.87	3.25	3.5 **
Number of radiation facilities, devices and users regulated	76,162	86,449	82,686	87,313

\* Atypically low

\*\*The denominator for the indicator is number of systems installed within the previous two years. That denominator is calculated annually in October. As the number of systems installed has dropped by 75% over the last year, the denominator will probably be a third to a half lower when the new annual data are calculated. This may result in the indicator nearly doubling and should take another year or two for results to stabilize. Thus it is unlikely that we will see 2.83 again after October for a number of years.

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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<b>Program: COMMUNITY PUBLIC HEALTH</b>
<b>Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS</b>

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Number of school health services provided	17,867,203	19,199,065	18,045,875	19,200,000
Number of Healthy Start clients	269,086	262,850	277,159	265,000
Number of Family Planning clients	224,215	213,546	226,457	215,000
Immunization services	1,365,258	1,346,287	1,378,911	1,359,750
Number of sexually transmitted disease clients	103,317	117,310	104,350	118,483
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	13,800	15,200	10,806	15,500
Number of tuberculosis medical, screening, tests, test read services	289,467	305,145	292,362	325,000
Number of onsite sewage disposal systems inspected	466,008	226,596 *	470,668	200,000
Number of community hygiene services	121,127	109,477	122,338	110,024
Water system/storage tank inspections/plans reviewed.	250,291	247,067	252,794	248,000
Number of vital events recorded.	416,878	384,580	445,830	405,000

\*Until the homebuilding economy turns around, inspection numbers will be down.

<b>Program: COMMUNITY PUBLIC HEALTH</b>
<b>Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES</b>

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Percent saved on prescription drugs compared to market price	28.0%	40.0%	28.0%	40.0%
Percent of laboratory test samples passing routine proficiency testing	100%	98%	100%	100%
Number of birth, death, fetal death, marriage and divorce records processed	666,189	650,592	692,140	665,000

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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<b>Program: CHILDRENS MEDICAL SERVICES</b>
<b>Service/Budget Entity: CHILDRENS MEDICAL SERVICES</b>

Approved Performance Measures	Approved Prior Year Standard <b>FY 2007-08</b> (Numbers)	Prior Year Actual <b>FY 2007-08</b> (Numbers)	Approved Standards for <b>FY 2008-09</b> (Numbers)	Requested <b>FY 2009-10</b> Standard (Numbers)
Percent of families served with a positive evaluation of care	94.0%	92.9%	96.0%	94.0%
Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	90.5%	98.0%	91.0%	92.0%
Percent of eligible infants/toddlers provided CMS early intervention services	95%	96%	95%	95%
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	92%	94%	98%	98%
Percent of hospitalizations for conditions preventable by good ambulatory care	13%	13%	13%	13%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	66,231	69,808	73,590	73,700
Number of children provided early intervention services	40,000	38,261	40,000	40,000
Number of children receiving Child Protection Team (CPT) assessments	26,000	28,401	28,565	28,565



## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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Program: HEALTH CARE PRACTITIONER AND ACCESS
Service/Budget Entity: MEDICAL QUALITY ASSURANCE

Approved Performance Measures	Approved Prior Year Standard FY 2007-08 (Numbers)	Prior Year Actual FY 2007-08 (Numbers)	Approved Standards for FY 2008-09 (Numbers)	Requested FY 2009-10 Standard (Numbers)
Average number of days to issue nursing licenses	15	31	15	15
Number of licensees who are found to be practicing on a delinquent license	20	33	20	33
Amount of revenue collected from delinquent license fines	\$10,000	\$1,007,950 *	\$10,000	\$10,000
Number of cease and desist orders issued	200	225	200	225
Number of licenses that turn null and void	30,000	30,983	30,000	31,000
Percent of unlicensed cases referred for criminal prosecution	1.5%	33.6%	1.5%	35.0%
Number of unlicensed activities investigated	676	700	700	700
Number of licenses and renewals issued	793,785	427,510	375,000	430,000
Number of inquiries to practitioner profile website	2,000,000	1,081,901	1,500,000	1,100,000
Percent of Priority I practitioner investigations resulting in emergency action	44.5%	37.1%	38.0%	38.0%
Average number of days to take emergency action on Priority I practitioner investigations	77	117	100	100
Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt	90%	93.0%	90%	93%
Number of practitioner complaints determined legally sufficient	7,345	9,933	7,500	9,950
Number of legally sufficient practitioner complaints resolved by findings of no probable cause	3,000	3,433	3,000	3,440
Number of legally sufficient practitioner complaints resolved by findings of no probable cause (letters of guidance)	1,150	1,223	1,150	1,225
Number of legally sufficient practitioner complaints resolved by findings of no probable cause (notice of noncompliance)	40	429	150	430
Number of legally sufficient practitioner complaints resolved by the issuance of citation for minor violations	650	1,739	1,500	1,740
Number of legally sufficient practitioner complaints resolved by findings of stipulations or informal hearings	1,521	2,405	1,500	2,405
Number of legally sufficient practitioner complaints resolved by findings of formal hearings	49	33	30	33
Average number of practitioner complaint investigations per FTE	385	379	400	380

\* Atypical year

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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Program: HEALTH CARE PRACTITIONER AND ACCESS				
Service/Budget Entity: COMMUNITY HEALTH RESOURCES				
Approved Performance Measures	Approved Prior Year Standard <b>FY 2007-08</b> (Numbers)	Prior Year Actual <b>FY 2007-08</b> (Numbers)	Approved Standards for <b>FY 2008-09</b> (Numbers)	Requested <b>FY 2009-10</b> Standard (Numbers)
Percent of emergency medical service providers found to be in compliance during licensure inspection	87%	90%	92%	92%
Number of students in health professions who do a rotation in a medically underserved area	5,600	5,748	5,435 *	5,435 *
Percent of individuals with brain and spinal cord injuries reintegrated to the community	86.7%	86.3%	89.8%	90.3%
Number of providers who receive continuing education	19,800	19,952	20,790	20,790
Number of emergency medical services providers licensed	263	267	270	270
Number of brain and spinal cord injured individuals served	2,970	3,723	3,780	3,816
Number of emergency medical technicians and paramedics certified	50,000	55,125	50,000	68,273

\* funding will decrease by 20% over two years

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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<b>Program: DISABILITY DETERMINATIONS</b>
<b>Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS</b>

Approved Performance Measures	Approved Prior Year Standard <b>FY 2007-08</b> (Numbers)	Prior Year Actual <b>FY 2007-08</b> (Numbers)	Approved Standards for <b>FY 2008-09</b> (Numbers)	Requested <b>FY 2009-10</b> Standard (Numbers)
Percent of disability determinations completed accurately as determined by the Social Security Administration	92.0%	98.5%	97.0%	97% ***
Number of disability determinations completed	235,000	219,864 **	240,000 *	220,000

\* Not possible and NEEDS ADJUSTING as \* set by SSA as 226,000 for 2008-2009  
 \*\* Approved FY 2007-08 standard of 235,000 is unobtainable based on the fact that only 221,841 cases were received and program cannot complete more than received.  
 \*\*\* SSA standard is min of 90.6% and goal of 97%



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Infectious Disease Control/64200400  
**Measure:** Chlamydia case rate per 100,000

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
239	307.7	68.7	28.7

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input checked="" type="checkbox"/> Staff Capacity   |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

**Explanation:**

There are three primary internal factors involved in this dramatic increase:

- 1) STD's deployment of the centralized PRISM application which has many enhanced automated features that enable staff to rapidly process information such as all laboratory test results from the FDOH electronic laboratory reporting effort.
- 2) The PRISM application captures all results and those results require staff to act to complete associated work, without the ability to delete or misplace reported results – dramatically increasing accountability in data integrity.
- 3) The infrastructure in public health to conduct case investigations appear to have reached a “tipping point”. Due to the population growth, current statewide staff can no longer keep pace with the growing workload.

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster                  |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:**

The external factors can be most attributed to the use of technology. The FDOH electronic lab reporting effort has yielded many participants which include the

major reporting laboratories for Florida. This utilization of electronic reporting has dramatically increased the capability to capture and process test results reported under the Florida Administrative Code. Additionally, increased focus on National Performance by our private health care partners, for measures like the HEDIS measure on screening for females between the ages of 15 and 24 has influenced the increase of testing and detection of disease.

**Management Efforts to Address Differences/Problems** (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Training  | <input checked="" type="checkbox"/> Technology       |
| <input checked="" type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

**Recommendations: *Increase funding to support public health infrastructure to better detect cases, and locate and manage partners.***

The Bureau of STD has been proactive to anticipate the increases that have been seen and work diligently to address the problem. With the submission of its competitive grant application for the period of 2009 through 2013, the Bureau has clearly established a strategic plan and operational approach that will address the noted differences.

From a strategic perspective, the Bureau has adopted performance measures that will ensure adequate treatment for those infected with chlamydia and additionally will dedicate resources to pursue, educate, and treat partners and at risk individuals exposed to chlamydia within the target population of 15 to 24 year olds. This target population accounts for nearly 70% of the reported cases of chlamydia annually.

Operationally, personnel and training will be used to increase interventions associated with chlamydia infections in Florida. Through proven interview and case management techniques, staff will seek to treat the partners of infected individuals within the target population and therefore attempt to reduce re-infection. Increased health education efforts are planned increase awareness of the infection, treatment options, and encourage partner referral.

Limitations: State appropriations for STD prevention have been level for 26 years, while the number of STDs has broadened and population has increased to nearly 19 million. The Bureau has applied for additional federal funding in our 2009-2013 application. However, it is important to note that in an environment of limited resources, external factors may affect the Bureau's ability to screen and intervene. The Bureau is committed to leverage all available resources to optimize the impact of STD prevention activities for all Florida's citizens.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Infectious Disease Control/64200400  
**Measure:** Chlamydia case rate per 100,000

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
239	307.7	68.7	28.7

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:**

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *Improved sexually transmitted disease testing technology has resulted in an increase in the number of Chlamydia cases detected. The department does not believe there to be an actual increase in the prevalence of this disease, only that the department has become more effective at detecting this infection.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Infectious Disease Control/64200400  
**Measure:** Immunization rate among two year olds

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90.0 %	83.2%	(6.8%)	(7.5%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:**

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input checked="" type="checkbox"/> Target Population Change                 | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:** *The addition of varicella (chickenpox) to the vaccinations necessary to qualify as fully immunized has raised the standard for public and private providers in terms of determining whether a child is "fully immunized". Additionally, efforts continue to increase the timeliness of the 4<sup>th</sup> DtaP (diphtheria/tetanus/pertussis) immunization. Parents historically become more relaxed when children turn this age and do not visit their healthcare provider as often. The department believes there has been no drop-off in the effectiveness of its immunization program, only that the addition of vaccines sets a much higher standard.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/64200700  
**Measure:** Number of Family Planning Clients

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
224,215	213,546	(10,669)	4.7%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *Funding for family planning services has been limited in recent years and the unit costs of Family Planning supplies have increased resulting in lower capacity for client services*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/ 64200700  
**Measure:** Number of Healthy Start Clients

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure  | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards          |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
269,086	263,227	(5,859)	(2.17%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *In counting this measure, the number of SOBRA (Sixth Omnibus Budget Reconciliation Act) MomCare clients receiving initial/case management services from Healthy Start Coalitions that are then referred to the ongoing Healthy Start program is deducted from the total client number for the purpose of unduplication. Because a greater percentage of MomCare clients are now being referred, the total client count was lower than anticipated. The percentage by which the target was missed, however is relatively insignificant.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Family Health Services  
**Measure:** Nonwhite infant mortality per 1,000 nonwhite births.

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12.0	12.1 provisional	0.1	1%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:**

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *The leading causes of death for infants 0-1 year include perinatal conditions, congenital anomalies, and sudden infant death. Perinatal conditions include conditions related to extreme prematurity. Research and data collection both in Florida and throughout the United States suggest that the health of the mother prior to pregnancy is an important factor in birth outcomes. Screening for maternal infections, genetic history, and general health of the woman is a critical factor in the ability to improve birth outcomes. Women are delaying pregnancy resulting in older maternal age, which can influence the occurrence of congenital anomalies. The advent of assisted reproductive technology has influenced maternal age as well as the incident of multiple gestations. Infants who are a member of a twin or multiple births are more likely to be born prematurely and at a lower birth weight. Florida non-white infant mortality rates continue to mirror national trends indicating a two-fold greater infant mortality rate for non-white infants when compared to white infant mortality. Ongoing scientific and public health research continues to focus on racial disparities in health outcomes, as the root causes of these disparities remain poorly understood.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Training             | <input type="checkbox"/> Technology                  |
| <input checked="" type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

**Recommendations:** *In addition to the factors discussed above, there is also a need to continue and expand current health education and interventions to assure positive health behaviors for nonwhite pregnant women. This includes assuring access to early and*

*continuous quality prenatal care, provision of screening for prenatal smoking and offering of smoking cessation services, and care coordination for substance abusing pregnant women. Florida's MomCare program is designed to provide choice counseling and case management for women eligible for Medicaid due to their pregnancy. Florida's Healthy Start program continues to strive for universal prenatal and infant risk screening for all pregnant women and infants. The Healthy Start Medicaid waiver is allowing communities to provide a higher intensity service to families in need. The Department is also working in partnership with local Healthy Start coalitions and local county health departments to assure that the preconceptional and interconceptional health and educational needs of minority women are addressed prior to pregnancy whenever possible. These health screening and education services include focus on issues such as maternal infection, chronic illnesses, and access to primary health care. Finally, Florida's "Closing the Gap" projects continue to be an important mechanism for addressing racial disparities in health outcomes for local communities.*

*Office of Policy and Budget – July 2008*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Family Health Services/64200300  
**Measure:** Births to teens age 15-19 per 1000 females age 15-19

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
41.5 (target)	42.9 (provisional)	1.4	3.4%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)            |  |

**Explanation:** None identified.

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *Although the rate of births among teens 15-19 years old in Florida exceeds the target of 41.5, this trend is specifically attributed to an increase in the rate of births among teens 18-19 years. The birth rate for teens 15-17 years old has actually decreased over the same period.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology                  |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

**Recommendations:** *Because of the complexity of issues contributing to teen pregnancy, it is important that the department develop multiple strategies to address the problem. Such strategies may include identifying those areas of the state with higher than average teen birth rates and directing resources to address the needs of these communities; developing departmental policy which recognizes that preventing teen pregnancy is more than a reproductive health issue, but one which involves a host of social issues; and ensuring the availability of primary care services; adolescent well-care services and family planning services.*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Family Health Services/64200300  
**Measure:** Percent of low birth weight births among WIC clients  
**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8.5	8.7	0.2	2.3%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)            |  |

**Explanation:**

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:**

*The increase in low birth weight births among the WIC population appears to be due to an increase in the incidence of multiple births. Multiple births are invariably low birth weight. If multiple births are excluded from the total number of infant births among WIC prenatal clients the percentage decreases to 7.5%, which is below the target. The increase in the number of multiple births is a national phenomenon and not unique to WIC clients. The trend towards delaying childbirth to a later age is a contributing factor as the probability of multiple births increases with age.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

**There is relatively little the department can do with regards to the frequency of multiple births among our WIC clients. We will continue to stress early entry to prenatal care and an increased level of breastfeeding to improve birth outcomes and the health status of young children but are limited to tracking and analyzing the frequency and impact of multiple births.**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/64200700  
**Measure:** Number of community hygiene services

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
121,127	109,477	251,062	9.61%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *Community hygiene services are difficult to predict because these services are based on demand and are provided in response to community requests and/or local conditions. For example, the demand for rabies control services and complaints related to sanitary nuisances tend to vary greatly from year to year.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/64200700  
**Measure:** Number of onsite sewage disposal system inspections

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure  | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards          |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
466,008	226,596	(239,412)	(51.37%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *Over half of the activities counted are performed in response to the construction of new housing units. With the downturn in building construction, the number of services required has fallen by 60% from average years. As of July, 2008, the number permits for new construction had not leveled off. It is difficult to predict how low this number may eventually fall. We recommend setting the standard at 200,000 for next year. The Department continues to meet its regulatory responsibilities.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department: Health**

**Program: Community Public Health**

**Service/Budget Entity: Environmental Health/64200600**

**Measure: Overall safety and sanitation score in department-regulated facilities**

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
95.75	93.6	(2.15)	2.25%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *Although the department missed the target of 95.75%, the department believes the actual score of 93.6% still represents a good score, especially since the department's inspection process has become more thorough in recent years.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel           | <input type="checkbox"/> Other (Identify) |

**Recommendations:** *We have provided inspection training in several of our programs, which historically lowers our score in this indicator. Trainees are refreshed on the requirements of our rules, and typically identify more violations.*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/64200700  
**Measure:** Number of water system/storage tank inspections plans reviewed

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
250,291	247,067	(3,324)	(1.32%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)            |  |

**Explanation:**

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *A decrease in plans reviewed is a reflection of the economic downturn. This decrease is expected to continue until new housing starts/new development/redevelopment takes an up-swing perhaps in the next 19 to 24 months.. Under these circumstances, the discrepancy between the standard and actual performance is not considered significant.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Statewide Health Support Services/64200800  
**Measure:** Percent of laboratory test samples passing routine proficiency testing

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	98%	(2.0)	(2.0%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)                       |  |

**Explanation:** *The department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The department did achieve a 98% accuracy rate in 2007-08 which represents excellent performance and exceeds all federal and professional standards, which are set at 90%. However, the laboratory will continue to set its target at 100%.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:** None

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department/64200700  
**Measure:** Number of vital events recorded in county health departments.

**Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure            |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |   |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
416,878	384,580	(31,298)	(15.3%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *The department recommends this measure be deleted from the department's list of Legislative performance measures. The department does not control the number of birth or death certificates issued and recorded. This measure is mere count that has little value added to the performance measurement process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

Office of Policy and Budget – July 2008

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Statewide Health Support Services/64200800  
**Measure:** Number of births, deaths, fetal deaths, marriage and divorce records processed.

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
666,189	650,592	(15,997)	(2.4%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)                       |  |

**Explanation:** *The department recommends this measure be deleted from the department's list of Legislative performance measures. The department does not control the number of birth, death, fetal death, divorce, and marriage certificate records processed and recorded. This measure is mere count that has little value added to the performance measurement process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Florida Department of Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care/64300100  
**Measure:** Number of children provided early intervention services

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40000	38261	(1739)	(4.3%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors               | <input type="checkbox"/> Staff Capacity    |
| <input checked="" type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect     | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *Target not met due to a prioritization of resources towards compliance with the Office of Special Education Programs (OSEP) targets as well as the continuing effects of the change in the Early Steps service delivery model.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care/64300100  
**Measure:** Percentage of families served with a positive evaluation of care

**Action:**

- Performance Assessment of Outcome Measure     Revision of Measure  
 Performance Assessment of Output Measure     Deletion of Measure  
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94.0%	92.9%	(1.1)	(1.1%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *The department came very close to meeting a challenging target. Obtaining a satisfaction record of even 90% is difficult with families of children with complex health problems. Although the target was missed, we still consider a satisfaction rate of 92.9% to be excellent.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Community Health Resources/64400200  
**Measure:** Percent of Individuals with Brain/Spinal Cord Injuries Reintegrated to the Community

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
86.7%	86.3%	(.4)	(.4%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities         | <input type="checkbox"/> Level of Training         |
| <input type="checkbox"/> Previous Estimate Incorrect  |  |
| <input type="checkbox"/> Other (Identify)             |  |

**Explanation:** *Due to budget constraints at the Department level, the Brain and Spinal Cord Injury Program (BSCIP) was unable to fill three vacant positions in Region 2 for the majority of the 07-08 fiscal year. As a result of these vacancies, the Region 2 program office experienced extremely high case loads per case manager and low community reintegration percentages during this time period. Increased case loads require case managers to focus the majority of their efforts on serving higher risk, newly injured individuals as opposed to closing cases on those individuals who are receiving necessary services. Community reintegration percentages are lowered since cases are not being closed.*

*In addition to budget-related staffing vacancies, there was a dramatic increase in client service costs during the 07-08 fiscal year. As a result, the program experienced a budget shortage during the last quarter of the fiscal year and was unable to continue funding some client services. For example, several regions experienced an increase of approximately 73 percent in the daily rate for inpatient rehabilitation. (\$907.24 to \$1566.65 per day)*

*The combined effect of budget-related short falls and increasing service costs has resulted in a lower community reintegration percentage for the 07-08 fiscal year.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Resources Unavailable                    | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:** *Inability to fill vacant positions, Department wide budget short falls.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| X Personnel                       | <input type="checkbox"/> Other (Identify)      |

**Recommendations:** *Continue to identify community resources at the local, state and federal level to help off set the current budget shortfall and to ensure that the BSCIP program is the payor of last resort.*

*Decrease client service expenditures to the bare essentials necessary to return and/or maintain individuals in the community post-injury. This will be accomplished through rule promulgation to develop and implement an order of selection to determine eligibility to the program and to define the scope of services that can be provided.*



*Evaluate realignment of BSCIP regions to lessen the client to case manager ratio in Region 2.  
Attempt to negotiate lower costs with providers for contracted services (e.g. per diem for inpatient rehabilitation).  
Continue to use and identify new technologies that can reduce dependence on provider services (adaptive equipment, cognitive memory aids, telemedicine, etc.).  
Explore other possible funding sources or the potential for increasing funds from existing funding sources.  
In summary, BSCIP, in concert with the Division of Emergency Medical Operations leadership team, will continue to explore options to meet the challenge of reintegrating individuals into the community with fewer resources.*

*Office of Policy and Budget – July 2008*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance/64400100  
**Measure:** Number of inquiries to practitioner profile website

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,000,000	1,081,901	(918,099)	45.9%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:**

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *The number of visits to the practitioner profile website varies as it is based on the needs of MQA customers.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Percent of Priority 1 practitioner investigations resulting in emergency action.

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
44.5%	37.1%	(7.4%)	(16.6%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities         | <input checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect  |   |
| <input type="checkbox"/> Other (Identify)             |   |

Explanation: *More complaints received during this fiscal year met the criteria for a Priority I investigation, e.g., allegations of sexual misconduct, impairment, inappropriate prescribing. However, after investigation, the facts did not merit emergency action.*

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Resources Unavailable                    | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:**

The reduction of the percentage of emergency actions taken on priority one cases was not due to reduction of effort or emphasis on emergency action. Often priority 1 investigations do not result in emergency action because the respondent practitioner voluntarily withdraws, relinquishes or restricts his/her practice.

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Average number of days to take emergency action on Priority 1 practitioner investigations.

**Action:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure             | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                     |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
77	117	40 (over)	52.3%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)            |  |

Explanation:

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *Emergency Actions are usually taken under Section 120.60(6), Florida Statutes, which requires a showing of immediate serious danger to the public health, safety or welfare. The Uniform Rules that apply to emergency actions require the Department to initiate a formal proceeding in compliance with Sections 120.569 and 120.57 within 20 days. Proceedings under these statutes require a showing of clear and convincing evidence. Therefore, within very short time after the issuance of an emergency order, the Department must be able to prove the allegations by clear and convincing evidence. This level of proof frequently requires more than 77 days to acquire.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Average number of days to issue nursing licenses

**Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input checked="" type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure  | <input type="checkbox"/> Deletion of Measure            |
| <input type="checkbox"/> Adjustment of GAA Performance Standards          |   |

Approved Standard	Actual Performance Results	Difference(Over/Under)	Percentage Difference
15	31	16 (over)	106.6%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

**Explanation:** *The previous estimate was based on a process that involved issuing temporary licenses prior to background screening results. Historically, background screening took between 6 to 8 weeks to receive results. The Division has implemented electronic fingerprinting, thereby, substantially limiting the need for temporary licenses. Although the length of time is longer, we are still meeting the statutory timeframes and are better protecting the public by not issuing temporary licenses to nurses who may have a criminal record. Requesting revision to the measure to more accurately reflect the performance of the licensure process. The nursing profession is one of over 40 professions regulated by the division.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Average number of practitioner complaint investigations per FTE

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
385	379	6 (under)	1.58%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training         |
| <input type="checkbox"/> Previous Estimate Incorrect |  |
| <input type="checkbox"/> Other (Identify)            |  |

Explanation: *This performance measure is based on the number of FTE appropriated regardless of whether positions are filled. Personnel vacancy rates plus related train-up periods challenge staff production capacity.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health

**Program:** Health Care Practitioner and Access

**Service/Budget Entity:** Medical Quality Assurance/64400100

**Measure:** Number of legally sufficient practitioner complaints resolved by findings of formal hearings

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure  | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards          |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
49	33	-16 (under)	32.6%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

**Explanation:** *Formal hearings are held where there are disputed issues of material fact and where the Department is unable to reach settlement with the Respondent. Most cases are resolved through settlement. The Department has been steadily referring cases that cannot be resolved for formal hearing.*

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Resources Unavailable                    | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology                  |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Number of licenses and renewals issued

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
793,785	427,510	-366,275	46.1%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify)  |

**Explanation:** *The estimate given was based on an incorrect understanding of the measure.*

**External Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input type="checkbox"/> Other (Identify)       |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |   |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |   |

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology                  |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

**Recommendations:** The definition of the measure has been documented.



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Disability Determinations  
**Service/Budget Entity:** Disability Benefits Determinations  
**Measure:** Number of disability determinations completed

**Action:**

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure           | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards                    |  |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
235,000	219,864	(15,136)	-6.4%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Personnel Factors           | <input checked="" type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect |   |
| <input type="checkbox"/> Other (Identify)            |   |

**Explanation:** *DDD has endured stiff hiring freezes for the past several federal fiscal years. Attrition rate among disability adjudicator staff is historically very high, and our inability to replace these losses as they occur has resulted in inadequate staffing for over a year. SSA recently released DDD to hire with a fixed number of positions provided; consequently, we now have a more adequate staffing level, but with continued limitations in our ability to produce claims due to the high rate of inexperience. As noted in the past, the training period to expect an efficient, independently functioning examiner is one to two years. Finally, DDD's continued struggle with the implementation of the national electronic case processing system has impacted production to a minor degree. Multiple inefficiencies of the system, coupled with the changes from the upgrade releases to fix them, have and will continue to impact production.*

**External Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission |  |

**Explanation:** *The DDD does not control the volume of disability claims sent to the DDS for adjudication. The approved standard above was based on annual 5% minimum increases over prior year claims completions, however, the compelling fact is that over time that number became so large that the DDD would have to complete more claims than it received from SSA in one year. Also, the federal actuaries continue to overestimate the number of expected applications for disability as evidenced by lower applications than anticipated nationwide (overestimation is presumed by SSA to be due to aging baby boomer population not yet needing expected services). The FL DDD continues to produce at a rate that keeps current with the volume of incoming cases. We met our SSA goal this past federal fiscal year and although will be producing fewer cases this federal fiscal year, we will again meet our budgeted workload. If SSA actuary indicators prove true for an increase in applications in the near future, then the DDD trusts SSA will approve sufficient FTE authority to continue to process all the claims applications for the citizens of Florida in a timely fashion.*

**Management Efforts to Address Differences/Problems** (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:** N/A.

## **Performance Measure Validity and Reliability Form**

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND ADMINISTRATION

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT

**ACTIVITY:** EXECUTIVE DIRECTION

**MEASURE:** PERCENT OF AGENCY ADMINISTRATIVE COSTS AND POSITIONS COMPARED TO TOTAL AGENCY COSTS AND POSITIONS.

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

The Legislative Appropriations System/ Planning and Budgeting Subsystem (LAS/PBS) — this is the statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

**2. Describe the methodology used to collect the data and to calculate the result.**

The data in LAS/PBS is a combination of automated and manually entered data. The automated data is loaded from FLAIR, the state's accounting system. Legislative budget request issues are manually entered by Budget staff.

**3. Explain the procedure used to measure the indicator.**

Total operational costs of the Executive Direction and Administration program component divided by total agency costs less fixed capital outlay. Total positions in the Executive Direction and Administration program component divided by the total agency positions. This formula was provided by the Governor's Office.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.*

- Does a logical relationship exist between the measure's name and its definition/ formula?  
Yes
- Does this measure provide a reasonable measure of what the program is supposed to accomplish? No. (according to the program: It is an effort to represent Executive Direction costs as a percent of total agency cost.)
- Is this performance measure related to a goal in the Department of Health's current strategic plan? No.
- Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor? Yes

### Reason the Methodology was selected:

This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.

### **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002-2003*, this measure is considered valid for the purposes of this review.

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology

*The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.*

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, the measure is defined in the *Agency Performance Measures For Fiscal Year 2002-2003*, issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions .
- Is written documentation available that describe how the data are collected? No, the data is extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.
- Has an outside entity ever completed an evaluation of the data system? Not that Department of Health Budget Office is aware.
- Is there a logical relation between the measure, its definition and the calculation? Yes

### Reason the Methodology Was Selected:

*This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.*

**State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**ACTIVITY:** HEALTH SERVICES TO INMATES

**MEASURE:** NUMBER OF CORRECTIONAL INSTITUTIONS SURVEYED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Florida Statutes Chapter 945.6031 mandates that the Correctional Medical Authority conduct a survey of the physical and mental health care system at each correctional institution at least triennially. One-third of the 60 institutions are surveyed annually so that all surveys are completed in a three year cycle. A manual record is maintained listing the institutions in operation that are surveyed and the date surveyed.

- **Describe the methodology used to collect the data.**

A manual log is maintained of the annual surveys conducted at institutions in operation. This information is also entered into a database.

- **Explain the procedure used to measure the indicator.**

A count of the total number of correctional institutions surveys completed during the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? NO*

#### **Executive Direction and Support Program Purpose Statement**

To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services.*  
*Objective 4F: Improve access to personal health screening and acute care services.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately low probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. Florida Statute §945.6031 determines the schedule of the survey. A report on the status of the Department of Corrections' health care delivery system is submitted annually to the Governor and the Legislature.*
- *Is written documentation available that describe how the data are collected? No.*
- *Has an outside entity ever completed an evaluation of the data system? No, however a report by the Office of Program Policy Analysis and Government Accountability and the Florida House Corrections Committee was published that would have indicated an incorrect "count" of surveys performed.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** INFORMATION TECHNOLOGY

**ACTIVITY:** INFORMATION TECHNOLOGY

**MEASURE:** TECHNOLOGY COSTS AS A PERCENT OF TOTAL AGENCY COSTS.

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

The Legislative Appropriations System/ Planning and Budgeting Subsystem (LAS/PBS) — this is the statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

**2. Describe the methodology used to collect the data and to calculate the result.**

The data in LAS/PBS is a combination of automated and manually entered data. The automated data is loaded from FLAIR, the state's accounting system. Legislative budget request issues are manually entered by Budget staff.

**3. Explain the procedure used to measure the indicator.**

Total operational costs of the Information Technology (IT) program component divided by total agency costs less fixed capital outlay. This formula was provided by the Governor's Office.



## VALIDITY

### **Explain the methodology used to determine validity and the reason it was used.**

#### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.*

- Does a logical relationship exist between the measure's name and its definition/ formula? Yes
- Does this measure provide a reasonable measure of what the program is supposed to accomplish? No. (according to the program: It is an effort to represent Information Technology costs as a percent of total agency cost.)
- Is this performance measure related to a goal in the Department of Health's current strategic plan? No.
- Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor? Yes

#### Reason the Methodology was selected:

*This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

#### **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002-2003*, this measure is considered valid for the purposes of this review.

## RELIABILITY

### **Explain the methodology used to determine reliability and the reason it was used.**

#### Reliability Determination Methodology

*The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.*

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, the measure is defined in the *Agency Performance Measures For Fiscal Year 2002-2003*, issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions .
- Is written documentation available that describe how the data are collected? No, the data is extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.
- Has an outside entity ever completed an evaluation of the data system? Not that Department of Health Budget Office is aware.
- Is there a logical relation between the measure, its definition and the calculation? Yes

#### Reason the Methodology Was Selected:

*This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.*

#### **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** Department of Health

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**ACTIVITY:** ANTI-TOBACCO MARKETING ACTIVITIES

**MEASURE:** NUMBER OF ANTI-TOBACCO IMPRESSIONS (MARKETING)

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Crispin, Porter & Bogusky Marketing

- **Describe the methodology used to collect the data.**

Collected at county level, calculated based on formula maintained by Crispin, Porter & Bogusky Marketing.

- **Explain the procedure used to measure the indicator.**

Counts either circulation or Nielson numbers multiplied by 2.5. Because some markets do include either, this data likely underreports the actual number of impressions.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Executive Direction and Support Program Purpose Statement

To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 5: Prevent and reduce tobacco use*  
*Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, from Crispin, Porter and Bogusky Marketing.*
- *Is written documentation available that describe how the data are collected? Yes, from Crispin, Porter and Bogusky Marketing.*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? NO*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**ACTIVITY:** COMMUNITY-BASED ANTI-TOBACCO ACTIVITIES

**MEASURE:** NUMBER OF COMMUNITY-BASED ANTI-TOBACCO ACTIVITIES PROVIDED

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Data are collected via the Partnership Information Management System (PIMS), an Internet-based automated information system that includes both work plan and reporting features.

- **Describe the methodology used to collect the data.**

Data are entered regularly upon completion of activities. The database is updated automatically and reports are generated on-line with the most current information. Data are regularly reviewed on-line by headquarters staff, and are downloaded monthly for review, validation, and use by staff and external evaluators.

- **Explain the procedure used to measure the indicator.**

Count of the number of activities and number of members.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Executive Direction and Support Program Purpose Statement**

To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 5: Prevent and reduce tobacco use*  
*Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Partnership Information Management System on-line instructions.*
- *Is written documentation available that describe how the data are collected? Yes, Partnership Information Management System on-line instructions.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, the University of Miami.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

**INSTRUCTIONS:** This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**ACTIVITY:** TOBACCO PREVENTION

**MEASURE:** NUMBER OF EVALUATION REPORTS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

University of Miami has the contract to do these evaluations. Data will be gathered by multiple means.

- **Describe the methodology used to collect the data.**

Varies by evaluation. Will receive approximately 40 major evaluation reports focusing on all aspects of the tobacco control effort.

- **Explain the procedure used to measure the indicator.**

Not applicable.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Executive Direction and Support Program Purpose Statement**

To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 5: Prevent and reduce tobacco use*  
*Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

### Where there is enough information to make a preliminary assessment

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? NO*
- *Is written documentation available that describe how the data are collected? NO*
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

**INSTRUCTIONS:** This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**SERVICE:** EXECUTIVE DIRECTION AND SUPPORT SERVICES

**ACTIVITY:** SCHOOL-BASED ANTI-TOBACCO EDUCATION AND TRAINING.

**MEASURE:** NUMBER OF MIDDLE AND HIGH SCHOOL STUDENTS RECEIVING COMPREHENSIVE TOBACCO PREVENTION EDUCATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Florida Youth Tobacco Survey.

- **Describe the methodology used to collect the data.**

Data extracted from responses to survey instrument. Data entered into automated database.

- **Explain the procedure used to measure the indicator.**

Number of students responding “yes” to five questions divided by the total number of students surveyed. Extrapolation based on sample applied to total population of students to derive total number.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Executive Direction and Support Program Purpose Statement**

To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 5: Prevent and reduce tobacco use*  
*Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, the Florida Youth Survey Report #5.*
- *Is written documentation available that describe how the data are collected? Yes, the Florida Youth Survey Report #5.*
- *Has an outside entity ever completed an evaluation of the data system? Yes*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) SERVICES.

**MEASURE:** AIDS CASE RATE PER 100,000 POPULATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

HIV/AIDS Reporting System (HARS), which is a microcomputer database application developed by the Center for Disease Control (CDC), in which demographic and patient data on all AIDS cases are maintained.

- **Describe the methodology used to collect the data.**

The number of AIDS cases reported during the calendar year come from the regional HIV/AIDS surveillance coordinator who compiles AIDS case reports submitted to the county health departments and enters the data directly into HARS. Regional data are then transferred to Tallahassee on a regular basis. These regional data make up the statistics in the HARS database from which statistical reports are produced.

Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

- **Explain the procedure used to measure the indicator.**

Number of reported AIDS cases during the calendar year divided by population, multiplied by 100,000.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1B: Reduce deaths due to HIV/AIDS.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS] and Public Health Indicators Data System Reference Guide [AIDS1, PARA18]
- *Is written documentation available that describe how the data are collected?* YES, Performance Measure Definitions, Summer 1998 [HIV/AIDS]
- *Has an outside entity ever completed an evaluation of the data system?* YES. Centers for Disease Control and Prevention. In addition, there are internal quality control checks to ensure that the data are accurate and complete. Internal quality control by staff ensures accurate data through routine data verification and edits of reports entered into the statewide HIV/AIDS case registry. Each electronic data transfer and hard copy of case reports are subject to computer software procedures that identify outliers and other data entry errors. Monthly data audits are conducted and case reports are sent back to the county health department as necessary to correct or update data. All case reports sent to the Bureau of HIV/AIDS are reviewed to ensure an unduplicated count of cases both at the local and state level. Completeness of reporting is accomplished through active surveillance for AIDS cases by field staff.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO If yes, note test results.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** INFECTIOUS DISEASES SURVEILLANCE

**MEASURE:** NUMBER OF EPIDEMIOLOGICAL INTERVIEW AND FOLLOW UP SURVEILLANCE SERVICES.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. CIS/HMC can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Service counts in county health department program component 06—Communicable Disease Surveillance of service codes 2540—Epidemiological Interview Notifiable Disease, 2541--Epidemiological Interview—Foodborne; 2542 Epidemiological Interview—Food/Waterborne, 2543 Epidemiological Interview, 2544—Follow-up Surveillance. These records are recorded into the local CIS/HMC program at the county health departments. The data are then electronically transmitted to the state CIS/HMC system, from which statistical reports can be produced for federal, state, and local needs.

- **Explain the procedure used to measure the indicator.**

The total number of Communicable Disease Surveillance services coded to service codes 2540, 2541, 2542, 2543, 2544 in the CIS/HMC system recorded in the county health department Communicable Disease program (program component 06). Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

**NOTE:** Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 21, 2000.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Goal 3. Prevent diseases of environmental origin*  
*Objective 3C: Protect the public from food and waterborne diseases*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.*
- *Is written documentation available that describe how the data are collected? Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and the calculation? **YES***
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED/ INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE HUMAN IMMUNODEFICIENCY VIRUS /ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) SERVICES

**MEASURE:** NUMBER OF PERSONS RECEIVING HIV PATIENT CARE FROM COUNTY HEALTH DEPARTMENTS, RYAN WHITE CONSORTIA, AND GENERAL REVENUE NETWORKS ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Data on client demographics is collected by the HIV/AIDS Patient Care program office on a quarterly basis from the Patient Care Network contract providers, County Health Departments, and Ryan White Title II Consortia contract providers on the HIV/AIDS Quarterly Demographic Report. The statewide data are then electronically compiled. *This is not an unduplicated count.*

- **Describe the methodology used to collect the data.**

Data on client enrollment are collected by all HIV/AIDS patient care service providers. These data are forwarded to the applicable lead agency for quarterly reporting to the HIV/AIDS Patient Care Program at the state health office. The data are then aggregated statewide. The state program office provides detailed reporting instructions on the quarterly reporting form. The HIV/AIDS Program Coordinators review the quarterly reports in detail, and work with county health departments and lead agencies in resolving data deficits and/or discrepancies.

- **Explain the procedure used to measure the indicator.**

This number is derived by summing the data from the appropriate four quarters as reported in the HIV/AIDS Quarterly Demographic Report. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? **YES***

Community Public Health Program Purpose Statement:

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? **YES***
- *If yes, state which goal and objective it relates to?*  
**Goal 1: Prevent and treat infectious diseases of public health significance.**  
**Objective 1A: Reduce the AIDS case rate.**
- *Has information supplied by programs been verified by the Office of the Inspector General? **NO***
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? **NO***

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable.* Yes, a brief description is found in the contract between the service provider and the department and detailed instruction are provided on the reporting document.
- *Is written documentation available that describe how the data are collected?* Yes, a brief description is found in the contract between the service provider and the department and detailed instruction are provided on the reporting document.
- *Has an outside entity ever completed an evaluation of the data system?* NO

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* **NO**
- *Has information supplied by programs been verified by the Office of the Inspector General?* **NO.**
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* **NO**
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**
- Based on our reliability assessment methodology, and the fact that the staff collecting this data report that it is not an unduplicated count, there is a low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results. Even the program staff assess the accuracy of the data as only “fair.”

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH PROGRAM

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS

**ACTIVITY:** IMMUNIZATION SERVICES

**MEASURE:** NUMBER OF IMMUNIZATION SERVICES PROVIDED BY COUNTY HEALTH DEPARTMENTS DURING THE FISCAL YEAR.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Each county health department reports immunization services through the CIS/HMC. This methodology was selected due to the consistently reliable results from year to year. The data are collected in a routine, repeatable manner and follows departmental policy and procedures for data collection. The measure is reliable through repeatable automated data collection methods that are standardized in all county health departments. The data are also backed by paper copy.

- **Explain the procedure used to measure the indicator.**

All vaccines and nurse/paraprofessional contacts administered in the county health department immunization program. This includes the range of direct services reflected on the DE385 Variance Report.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1C: Increase the immunization rate among young children*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the Department of Health documents Performance Measure Definitions, Summer 1998 [Immunization]  
The immunization staff suggest that this measure provides a reasonable estimate of immunization services provided in county health departments through standard data conversion methods. The staff also say that the instrument is valid for the purposes of determining immunization services rendered in county health departments due to standardized reporting of doses of vaccine administered.
- *Is written documentation available that describe how the data are collected?*  
Yes. Personal Health Coding Pamphlet, DHP-20, June 1, 1998
- *Has an outside entity ever completed an evaluation of the data system?* Unknown

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*  
*Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
NO
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results.*  
*The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) SERVICES.

**MEASURE:** NUMBER OF HIV/AIDS RESIDENT TOTAL DEATHS PER YEAR.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, deaths, marriages, and dissolution's of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments collect birth and death information and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends this data to Tallahassee.

- **Explain the procedure used to measure the indicator.**

Number of annual HIV/AIDS resident deaths per calendar year (as coded ICD9 042-044 on the death certificate).

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1B: Reduce deaths due to HIV/AIDS.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS]*
- *Is written documentation available that describe how the data are collected? Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [HIV/AIDS]*
- *Has an outside entity ever completed an evaluation of the data system? No*  
However, there are internal quality control checks to ensure data is accurate and complete. Death certificates with underlying cause indicated are required to be filed with the CHDs in a timely fashion. The CHDs forward the death certificate to the Office of Vital Statistics which routinely reviews them for completeness and accuracy, and enters the information into a database. Statistical reports are sent to the Bureau of HIV/AIDS quarterly and annually, and provisional data are updated as they are finalized. Further analyses are conducted by Bureau staff which are reviewed and checked for accuracy.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.**

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE SEXUALLY TRANSMITTED DISEASE SERVICES

**MEASURE:** CHLAMYDIA CASES PER 100,000 POPULATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Sexually Transmitted Disease Management Information System (STDMIS) is a microcomputer database system that collects data on cases of sexually transmitted diseases including patient name, address, demographic data, diagnosis, laboratory test results, treatment information, provider, district, county, worker number, and case number.

- **Describe the methodology used to collect the data.**

Data are input at the regional county health department offices and then transmitted to Tallahassee to the Statewide STDMIS, and reports are produced. Morbidity reports are sent from the health provider (county health department, hospital, lab, etc) to the Department of Health area coordinator who electronically transmits the data to Department of Health Headquarters (STDMIS) on a weekly basis.

Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

- **Explain the procedure used to measure the indicator.**

Calendar year number of Chlamydia cases divided by the population multiplied by 100,000

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1E. Identify and reduce the incidence of chlamydia.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [STD] and Public Health Indicators Data System Reference Guide*
- *Is written documentation available that describe how the data are collected? Yes, Performance Measure Definitions, Summer 1998 [STD]*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General?*
- *Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE IMMUNIZATION SERVICES

**MEASURE:** IMMUNIZATION RATE AMONG TWO YEAR OLDS

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Annual Immunization Survey of Florida's Two-year-old Children

- **Describe the methodology used to collect the data.**

A random population-based sample from Florida birth records for children born two years prior to the survey. Bureau of Immunization staff contact county health departments, private providers, and parents regarding the child's immunization status.

- **Explain the procedure used to measure the indicator.**

(Total number of 2 year old children with complete immunization status) divided by (total number of two year old children located and surveyed) multiplied by 100.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance*  
*Objective 1C: Increase the immunization rate among children*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [Immunization]*
- *Is written documentation available that describe how the data are collected? Yes For each survey done, the program has detailed memos, guidelines, and forms to ensure that data are collected in a consistent manner.*
- *Has an outside entity ever completed an evaluation of the data system? Unknown*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** PROVIDE TUBERCULOSIS SERVICES

**MEASURE:** TUBERCULOSIS CASES PER 100,000 POPULATION

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Tuberculosis Information Management System (TIMS) is a microcomputer database system that collects surveillance information on tuberculosis cases including demographics, address information, lab results, X-ray information, skin test results, information on contacts, medication pickups and drug susceptibility studies. Data are input at the regional TB offices and then transmitted up to Tallahassee to the Statewide TIMS, and reports are produced.

- **Describe the methodology used to collect the data.**

County health departments submit data to Department of Health Area Coordinators who confirm the data and then enter it into the TIMS where it is electronically transmitted to Department of Health headquarters on a monthly basis.

Population figures are obtained from the U.S. Census during census years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

- **Explain the procedure used to measure the indicator.**

Calendar year number of tuberculosis cases divided by population estimate multiplied by 100,000.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance*  
*Objective 1F: Reduce the tuberculosis rate*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [TB]*
- *Is written documentation available that describe how the data are collected? Yes, Performance Measure Definitions, Summer 1998 [TB]*
- *Has an outside entity ever completed an evaluation of the data system? Yes, Centers for Disease Control*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION/CONTROL

**ACTIVITY:** PROVIDE IMMUNIZATION SERVICES

**MEASURE:** VACCINE PREVENTABLE DISEASE RATE PER 100,000 POPULATION.

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data source is vaccine-preventable disease case reporting by county health departments. Data is stored in the Bureau of Epidemiology Merlin System and transmitted to CDC via a microcomputer database application developed by CDC called the EPI-INFO system, which tracks vaccine preventable diseases.

**2. Describe the methodology used to collect the data and to calculate the result.**

Data is reported to the county health departments, who in turn report the case information electronically the Bureau of Epidemiology. Data is shared with the Bureau of Immunization. Statewide statistical reports are then produced.

**3. Explain the procedure used to measure the indicator.**

The measure consists of the number of cases of vaccine-preventable diseases which are reported weekly, which include measles, mumps, rubella, tetanus, diphtheria, pertussis, polio, haemophilus influenzae B, congenital rubella syndrome and hepatitis B acute, divided by population, multiplied by 100,000.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1998-99 through 2002-03
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
- The following program purpose statement was created:

Provides immunization services, vaccine-preventable disease outbreak control, and the community outreach necessary to ensure that county-wide needs are being met.
- These questions relating to validity were answered:
  - Does a logical relationship exist between the measure's name and its definition/ formula? Yes
  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? Yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the department's submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to data testing results.

## **RELIABILITY**

Reported number and rate of vaccine preventable disease cases in adults

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Based on the interviews and the documents' review, the following questions relating to reliability were answered.
  - Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, in the Performance Measure Definitions, Summer, 1998.
  - Is written documentation available that describe how the data are collected?  
Yes. Data is collected using criteria from the Florida and Public Health Case Definitions.
  - Has an outside entity ever completed an evaluation of the data system?  
Unknown
  - Is there a logical relation between the measure, its definition and the calculation?  
Yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a high probability that this measure is reliable subject to data testing results.



## EXHIBIT D-2B VALIDITY AND RELIABILITY

**INSTRUCTIONS:** This form is designed to assess the validity and reliability of a measure. The Agency Inspector General must approve this form for each outcome and output measure. Agencies use the form when submitting performance-based program legislative budget requests, as well when requesting new programs and measures and/or revisions to approved performance measures (output and outcome).

**AGENCY:** Department of Health

**PROGRAM NAME:** Community Public Health Program

**SUBPROGRAM:** Sexually Transmitted Diseases

**MEASURE/INDICATOR:** Output

Number of clients served in county health department Sexually Transmitted Diseases (STD) programs

### DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Data source:

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. CIS/HMC can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

Data collection methodology:

County health department provider personnel indicate on the Client Service Record whether the client has been seen by the STD staff or contracted provider for STD services previously during the contract year. These records are entered into the CIS/HMC system locally and are then electronically transmitted into the statewide CIS/HMC system.

- **Explain the procedure used to measure the indicator.**

The number of clients served in county health department STD programs as reported by unduplicated client ID number, typically social security numbers, in county health department program component 02 – Sexually Transmitted Disease..

## VALIDITY

Number of clients served in county health department STD programs

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1999-00 through 2003-04
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
- These questions relating to validity were answered:
  - Does a logical relationship exist between the measure's name and its definition/formula? Yes
  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? Yes
- Considering the following program purpose statement, does this measure provide a reasonable measure of what the Community Public Health Program is supposed to accomplish? Yes

#### *Community Public Health Program Purpose Statement:*

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- Is this performance measure related to a goal in the Department of Health's current strategic plan? Yes.
  - Strategic Issue C: Control Infectious Diseases
  - Strategic Goal IV: Reduce Sexually Transmitted Diseases

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable assessment of validity. Further testing will be necessary to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to further testing results.

## RELIABILITY

Number of clients served in county health department STD programs

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Based on the interviews and the documents' review, the following questions relating to reliability were answered.
  - Is written documentation available that describe/define the measure and the formula used, if applicable?  
Yes, this information is found in the Department of Health documents:
    - Performance Measure Definitions, Summer 1998 [STD]
    - Public Health Indicators Data System Reference Guide
  - Is written documentation available that describe how the data are collected?  
Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [STD]
  - Has an outside entity ever completed an evaluation of the data system? No
  - Is there a logical relation between the measure, its definition and the calculation?  
Yes

### Reason the Methodology was Selected:

This methodology was selected because it provides a reasonable beginning point for assessing reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a high probability that this measure is reliable subject to data testing results.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE TUBERCULOSIS CONTROL SERVICES

**MEASURE:** NUMBER OF TUBERCULOSIS MEDICAL MANAGEMENT SCREENINGS, TESTS, TESTS READ, NURSING ASSESSMENTS, DIRECTLY OBSERVED THERAPY AND PARAPROFESSIONAL FOLLOW-UP SERVICES PROVIDED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management.

- **Describe the methodology used to collect the data.**

Clients receiving the tuberculosis services listed above will have the service codes 6000—Medical Management, 4801—Directly Observed Therapy, Nurse; 4803—Directly Observed Therapy, Paraprofessional, 5040— Drug Issuance, Nurse, 0583—TB test, 0883—TB test read, 5000—Nursing Assessment and 6500—paraprofessional follow-up recorded on the Client Service Record. These records are recorded into the local CIS/HMC program at the county health departments. The data are then electronically transmitted to the state CIS/HMC system, from which statistical reports can be produced for federal, state, and local needs.

- **Explain the procedure used to measure the indicator.**

The total number of tuberculosis services coded to service codes 0583, 0883, 4801, 4803, 5000, 5040, 6000 and 6500 in the CIS/HMC system recorded in the county health department tuberculosis program. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following description of the tuberculosis control services activity from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Yes*

#### Description of the Tuberculosis Control Services Activity:

Tuberculosis control services are provided statewide to ensure that all active tuberculosis cases are identified and treated until cured; that all persons who have had contact with tuberculosis patients have been identified, evaluated and are treated appropriately and that populations at high-risk for tuberculosis infection are screened and that those identified with latent TB infection complete appropriate treatment to prevent progression to active disease.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes.*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1F: Reduce the tuberculosis rate.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.*
- *Is written documentation available that describe how the data are collected? Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Yes*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? Yes. The Office of the Inspector General completed an internal audit of the CIS/HMC system in October 2000, in which several control deficiencies were noted. Subsequent to that audit, follow-up activities revealed that the department had addressed and corrected each of the audit findings. However, staff interviews suggest that coding problems and other data entry errors could occur without being detected in a timely fashion.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** INFECTIOUS DISEASE PREVENTION AND CONTROL

**ACTIVITY:** OPERATE A.G.HOLLEY TUBERCULOSIS HOSPITAL

**MEASURE:** NUMBER OF ANNUAL PATIENT DAYS AT A.G. HOLLEY TUBERCULOSIS HOSPITAL

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

A report entitled "Fiscal Year XX-XX Prior Year Actual Report." This report is prepared by a private firm.

- **Describe the methodology used to collect the data.**

These data are kept on an AG Holley Tuberculosis Hospital spreadsheet using information derived from admission records and discharge records.

- **Explain the procedure used to measure the indicator.**

Admission and discharge records are reviewed to determine number of days a patient is enrolled at the hospital. Additionally, Medicaid, Medicare, veterans' benefits, private insurance reimbursements, and private pay records are reviewed. A log is maintained which documents this information. The data collection period is the state fiscal year 7/1/XX through 6/30/XX.

Program staff's assessment of accuracy is "excellent."

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Not enough information provided by the program for the Office of the Inspector General to determine*

#### *Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control, and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes.*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance.*  
*Objective 1F: Reduce the tuberculosis rate.*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following reliability test questions were created by the Office of the Inspector General and answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? The definition of "patient day" is the same used by the Agency for Health Care Administration for the term "length of stay."*
- *Is written documentation available that describe how the data are collected?*  
No.
- *Has an outside entity ever completed an evaluation of the data system?*  
No, however, the hospital's quality assurance department verifies documentation and accuracy, and routinely reviews all medical records. Also, the hospital must meet licensing requirements of the Agency for Health Care Administration, including a medical records review.

*The following reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Not enough information has been provided by the program for the Office of the Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? NO.*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## **Appendix K - Performance Measure Validity and Reliability Form**

**INSTRUCTIONS:** This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** Department of Health

**PROGRAM:** Community Public Health

**SERVICE:** Family Health Services

**ACTIVITY:** Child Care Food Program

**MEASURE:** Output

Annual average daily child care food program participants.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Child Care Food Program participation data are from the Bureau of Child Nutrition Programs Management Information and Payment System (MIPS). The system generates monthly reports that are submitted to the USDA Food and Nutrition Service Regional Office.

- **Describe the methodology used to collect the data.**

Child Care Food Program data are obtained from daily claims filed monthly by some 1200 private, not-for-profit and public institutions that contract with the department. The claim identifies the total number of meals served by type (breakfast, lunch, afternoon snack, etc.). The claim also identifies the number of days per month the contractor was operating. For institutions that sponsor multiple sites, MIPS collects the data by site and compiles the data into a “master” claim.

- **Explain the procedure used to measure the indicator.**

Average daily Child Care Food Program participants are calculated based on a formula prescribed by USDA Food and Nutrition Service to provide the estimated number of children receiving at least one meal or snack each day. For each independent provider, the highest meal count (breakfast, lunch, or snack, etc.) for a given month is divided by the number of program operating days in the month.

For instance, Happy Kids Child Care Center reports that for the month of June they served 2,208 breakfasts, 2,336 lunches, and 2,838 afternoon snacks. They also report they operated 22 days during this month. Average daily participation would be calculated by dividing the highest number (snacks in this case) of 2,838 by the number of operating days, 22, to arrive at an ADP for this center of 129.

For a sponsor with multiple sites, the average daily participant number is determined as mentioned above for each individual site and then added together for a cumulative ADP.

Our data system calculates the average daily participation for each contractor and totals them to arrive at the statewide average daily participation for each month.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 1: Prevent and treat infectious diseases of public health significance*  
*Objective No specific objective*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* YES. The USDA FNS prescribes a formula (previously described above). The MIPS system incorporates a number of edits to increase accuracy of data. Claims will not be paid if certain edits are not passed. Other edits identify possible problems that require follow-up
- *Is written documentation available that describe how the data are collected?*  
YES There are written instructions provided by the program office on how to complete the claim form.
- *Has an outside entity ever completed an evaluation of the data system?*  
The MIPS system was developed for the bureau by an outside contractor, Information Systems of Florida (ISF). The department's Division of Information Resource Management has worked closely with the bureau and ISF on the system design. The system allows providers to quickly file claims over the Internet. While not a formal system evaluation, USDA FNS staff have looked at the system and described it as "state of the art."

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*  
YES
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
NO
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO

Annual average daily child care food participants.

Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 23, 2000.**

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE CHRONIC DISEASE SERVICES

**MEASURE:** NUMBER OF PERSONS RECEIVING CHRONIC DISEASE SERVICES FROM COUNTY HEALTH DEPARTMENTS ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC), which is a department-wide mainframe client information system can that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Chronic Disease--County health department provider personnel indicate on the Client Service Record whether the client has been seen by the county health department or contracted provider previously during the contract year. If it is the first time the contract year the client has been served, this is noted on the Client Service Record via marking the first time this year (FTTY) box.

- **Explain the procedure used to measure the indicator.**

The number of clients will be derived by summing the FTTYs in program component 10 (Chronic Disease Preventive Services) for service codes 4500- Nutrition Assessment and Counseling, 4505- Nutrition Assessment/Cardiovascular, 4507-Nutrition Assessment/Diabetes, 7500-Community Presentation, 8005-Education Class: Cardiovascular Disease, 8007-Education Class: Diabetes, 8010-Nutrition Education Group, 8020-Education Class, 8027-Smoking Cessation, 8093-Education Class: Cancer, 8021-Health Education Class. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Community Public Health Program Purpose Statement:**

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4F: Improve access to personal health screening and acute care services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. The Department of Health Personal Health Coding Pamphlet--DHP 50-20.*
- *Is written documentation available that describe how the data are collected? Yes. The Department of Health Personal Health Coding Pamphlet--DHP 50-20.*
- *Has an outside entity ever completed an evaluation of the data system? NO.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results.*

*Yes. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE DENTAL HEALTH SERVICES

**MEASURE** NUMBER OF ADULTS AND CHILDREN RECEIVING COUNTY HEALTH DEPARTMENT SPONSORED PROFESSIONAL DENTAL CARE ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Dental Health Program Activities Database which is a microcomputer database application which records all dental preventive, screening, education and treatment services provided by county health departments and emergency referral projects.

- **Describe the methodology used to collect the data.**

The number of adults and children receiving treatment services through county health department sponsored dental treatment programs is recorded in the database. These data are reported monthly to the Dental Health Program Office.

- **Explain the procedure used to measure the indicator.**

Number of adults and children receiving county health department sponsored professional dental care.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### *Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4G: Improve access to dental health care services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. Instructions for the county health department Monthly Activities Report.*
- *Is written documentation available that describe how the data are collected? Yes. Instructions for the county health department Monthly Activities Report.*
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE FAMILY PLANNING SERVICES

**MEASURE:** NUMBER OF CLIENTS SERVED ANNUALLY IN COUNTY HEALTH DEPARTMENT FAMILY PLANNING PROGRAM.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Client Service Records are completed for county health department clients receiving family planning services. These records are entered into the CIS/HMC system locally and are then electronically transmitted into the statewide CIS/HMC system.

- **Explain the procedure used to measure the indicator.**

This is the number of clients provided Family Planning services, as reported, based on number of unduplicated client ID numbers, typically social security numbers, in county health department program component 23—Family Planning. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  - Goal 4: Improve access to basic family health care services*
  - Objective 4A: Improve maternal and infant health*
  - Objective 4D: Reduce births to teenagers*
  - Objective 4A: Reduce repeat births to teenagers*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.*
- *Is written documentation available that describe how the data are collected? Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.*
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES If yes, note test results.*
- *The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE HEALTHY START SERVICES

**MEASURE:** NUMBER OF WOMEN AND INFANTS RECEIVING HEALTHY START SERVICES ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Employees record the services provided to clients on Client Service Records (CSRs) and are entered into a local CIS/HMC program at each of the county health departments. For every person receiving a Healthy Start service an unduplicated count is derived by the client identification number. These data are then electronically transmitted to the state CIS/HMC database and reports are produced.

- **Explain the procedure used to measure the indicator.**

An unduplicated number based on client ID number of women and infant clients receiving Healthy Start Prenatal program services - program components 25, 26, 27, 30, and 31. Added to this figure is the average monthly SOBRA (Sixth Omnibus Budget Reconciliation Act) MomCare caseload, unduplicated by the percent of MomCare clients referred to the Health Start Program. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

**NOTE:** Information provided by the Department of Health's Office of the Inspector General is presented in italics and was

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Community Public Health Program Purpose Statement:**

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4A: Improve maternal and infant health*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes--instructions for interpreting the Healthy Start Executive Summary Report are provided quarterly.
- *Is written documentation available that describe how the data are collected?* Yes. Instructions for interpreting the Healthy Start Executive Summary Report quarterly.
- *Has an outside entity ever completed an evaluation of the data system?* No. However, Healthy Start Coalitions use the data on a quarterly basis and frequently call to inquire about data issues.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results* The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** FAMILY HEALTH SERVICES

**ACTIVITY:** PROVIDE WOMEN, INFANTS AND CHILDREN (WIC) NUTRITION SERVICES

**MEASURE:** PERCENT OF LOW BIRTH WEIGHT BIRTHS AMONG PRENATAL SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) CLIENTS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The WIC Information Project (WIP) Automated Data Processing System, which is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration.

- **Describe the methodology used to collect the data.**

Local agency WIC staff enters WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

- **Explain the procedure used to measure the indicator.**

Total number of low birthweight infants certified during a reporting period who were born to mothers who participated prenatally in the WIC program divided by the total number of infants certified during that same reporting period who were born to mothers who participated prenatally in the WIC program. Data are collected throughout the year. Although the county health department contract

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.*

year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services.*  
*Objective 4C: Reduce low birth weight births among WIC clients.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No. This information will be included in the Department of Health document: Performance Measure Definitions, [WIC]
- *Is written documentation available that describe how the data are collected?* NO
- *Has an outside entity ever completed an evaluation of the data system?* NO

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO If yes, note test results.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PRIMARY CARE FOR ADULTS AND CHILDREN

**MEASURE:** NUMBER OF CHILDREN AND ADULTS RECEIVING WELL CHILD CARE AND CARE FOR ACUTE AND EPISODIC ILLNESSES/INJURIES ANNUALLY AT THE COUNTY HEALTH DEPARTMENTS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC), which is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

The data will be compiled by counting the number of unduplicated client ID numbers, typically social security numbers, in county health department program components 229—Comprehensive Child Health and 237—Comprehensive Adult Health.

- **Explain the procedure used to measure the indicator.**

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4F: Improve access to personal health screening and acute care services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. The Department of Health Personal Health Coding Pamphlet--DHP 50-20, which can be obtained from the Office of Planning, Evaluation and Data Analysis.
- *Is written documentation available that describe how the data are collected?* Yes. The Department of Health Personal Health Coding Pamphlet--DHP 50-20, which can be obtained from the Office of Planning, Evaluation and Data Analysis.
- *Has an outside entity ever completed an evaluation of the data system?* No. However, edits are incorporated into the CIS/HMC system to prevent the entry of improperly coded or incomplete data.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system indicated that there are internal control deficiencies in the EIP Data System.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

**NOTE:** Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS

**ACTIVITY:** SCHOOL HEALTH

**MEASURE:** TOTAL NUMBER OF SCHOOL HEALTH SERVICES PROVIDED ANNUALLY BY THE COUNTY HEALTH DEPARTMENTS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

School nurses in all 67 counties group or batch code the number of services provided to all Basic and Comprehensive School Health Services (CSHSP) students. This information is entered in the local CIS/HMC program and then transmitted electronically to the state CIS/HMC System, which produces State and county-level quarterly year to date and yearly total reports. The state School Health Program office utilizes the yearly total CIS/HMC reports to provide counts for the state and county number of school health services.

- **Explain the procedure used to measure the indicator.**

The measure is the total number of school health services as reported quarterly in the Combined School Health Service Report. The appropriate four quarters are summed to yield data that will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4H: Improve access to health care services for school children*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the following Department of Health documents:
  - Performance Measure Definitions, Summer 1998 [School Health]
  - CIS/HMC Coding Report
- *Is written documentation available that describe how the data are collected?* Yes, a very brief description is documented in the following documents:
  - Department of Health Performance Measure Definitions, Summer 1998
  - CIS/HMC Coding Report
- *Has an outside entity ever completed an evaluation of the data system?* No

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General?* Part of the program submitted information has been verified through the review of the following documents
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results.* The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** FAMILY HEALTH SERVICES

**ACTIVITY:** RECRUIT VOLUNTEERS

**MEASURE:** NUMBER OF VOLUNTEERS RECRUITED ANUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Volunteer Services Annual Report

- **Describe the methodology used to collect the data.**

Eleven regional volunteer coordinators collect the data from county health department volunteer specialists and not-for-profit health care clinics. These data are compiled to develop the annual report.

- **Explain the procedure used to measure the indicator.**

It is a count of the number of volunteers in the Chapter 110, F.S. volunteer program and the volunteers in the health care provider program, during the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Community Public Health Program Purpose Statement:**

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4F: Improve access to personal health screening and acute care services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Chapter 110, F.S. authorizes the Volunteer Provider program. The output measure is a count of participants.*
- *Is written documentation available that describe how the data are collected? There are standard reporting formats with instructions.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** FAMILY HEALTH SERVICES

**ACTIVITY:** PROVIDE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN NUTRITION SERVICES (WIC)

**MEASURE:** NUMBER OF MONTHLY SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN PARTICIPANTS

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The WIC Information Project Automated Data Processing System (WIP) is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP also includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration data.

- **Describe the methodology used to collect the data.**

Local agency WIC staff enter WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

- **Explain the procedure used to measure the indicator.**

Participation is based on the number of WIC clients who have received WIC food checks, which can be used during the reporting month. The monthly statewide participation is calculated by using the October to September monthly participation data for the most recent federal fiscal year using final data.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Community Public Health Program Purpose Statement:**

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4C: Reduce low birth weight births among prenatal WIC clients*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. Section D of the WIC Coordinator's Guide relating to WIP Reports. Other edits identify possible problems that require follow-up*
- *Is written documentation available that describe how the data are collected? Yes. WIP System Guide, Florida WIC Program, June 1996.*
- *Has an outside entity ever completed an evaluation of the data system? WIC did not report an outside evaluation.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** PROVIDE COMMUNITY HYGIENE SERVICES

**MEASURE:** NUMBER OF COMMUNITY HYGIENE SERVICES PROVIDED BY COUNTY HEALTH DEPARTMENTS ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

County health department personnel indicate on the Daily Activity Report the type of service provided by service code and the program to which the service should be credited by program code.

- **Explain the procedure used to measure the indicator.**

The service counts are based on the total number of direct services coded to the following environmental health programs—Toxic Substances (pc73), Rabies Surveillance (pc66), Arbovirus Surveillance (pc67), Rodent/Arthropod Control (pc68), Sanitary Nuisance (pc65), Occupational Health (pc44), Consumer Product Safety (pc45), EMS (46), Water Pollution (pc70), Air Pollution (pc71), Radiological Health (pc72), Lead Monitoring (pc50), Public Sewage (pc62), Solid Waste (pc63). The direct services and associated counts are the same as those reflected in the department's DE385 Variance Report under the grouping Community Hygiene.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 3: Prevent diseases of environmental origin*  
*Objective 3C: Protect the public from food and waterborne diseases.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.*
- *Is written documentation available that describe how the data are collected? Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** REGULATE AND MONITOR FACILITIES

**MEASURE** NUMBER OF FACILITY INSPECTIONS

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

The data is collected in Centrax (Comprehensive Environmental Health Tracking System), the department's environmental health data tracking system which tracks selected program information.

**2. Describe the methodology used to collect the data and to calculate the result.**

Each county health department inspector is required to complete a scannable inspection form as part of the inspection process. The forms are scanned and the data is collected in Centrax. The inspector's supervisor is tasked with reviewing each field inspector's work to ensure all data is promptly and accurately collected. A tally of inspections is performed to calculate the necessary figure.

**3. Explain the procedure used to measure the indicator.**

The number of facility inspections will be derived by summing all services coded to service code 1500 (inspections) in program components 48—Food Hygiene; 49—Body Art; 51—Group Care Facilities; 52—Migrant Labor Camp & Field Sanitation; 53—Housing and Public Buildings, 54—Mobile Home, Lodging, Recreational Vehicle Parks; 60—Swimming Pool and Bathing Places; 64—Biomedical Waste and 69—Tanning Facilities. The number of inspections is compared to previous years and quarters to track progress toward our goal.

## VALIDITY:

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### *Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*

### **Goal 3: Prevent diseases of environmental origin**

#### **Objective 3C: Protect the public from food and waterborne diseases**

- 
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY:

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the Department of Health document: Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities.]
- *Is written documentation available that describe how the data are collected?* Yes, a very brief description is documented in the Department of Health Performance Measure Definitions, Summer 1998 [Environmental Health – Facilities]
- *Has an outside entity ever completed an evaluation of the data system?* No.

The following data reliability test questions were created and answered by the Office of the Inspector General:

*Is there a logical relation between the measure, its definition and its calculation?* **YES**

*Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*

- *Performance Measure Definitions, Summer 1998*
- *County Health Profiles, March 1997*
- *County Outcome Indicators, August 1994*
- *Resource Manual, December 1996*
- *Public Health Indicators Data System Reference Guide, October 1994*
- *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

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- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** ENVIRONMENTAL HEALTH SERVICES

**ACTIVITY:** PROVIDE ENVIRONMENTAL EPIDEMIOLOGY

**MEASURE:** FOOD AND WATERBORNE DISEASE OUTBREAKS PER 10,000 FACILITIES REGULATED BY THE DEPARTMENT OF HEALTH.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Data are stored in a microcomputer database application developed by Center for Disease Control (CDC) called the EPI-INFO system, which tracks foodborne illness complaints and outbreaks.

- **Describe the methodology used to collect the data.**

Data collection at the county health department may be either by hand or electronic. Regional food and waterborne illness epidemiologists collect the data from the county health departments on a monthly basis, enter them into a standard file in EPI-INFO software and send them in electronic format to the statewide coordinator in the Bureau of Community Environmental Health in Tallahassee. The data are then concatenated into a file that is used for quarterly and annual reports and individual information inquiries.

- **Explain the procedure used to measure the indicator.**

The number of food and waterborne illness outbreaks that occurred at public food service establishments licensed and inspected by the Department of Health,. This number is first divided by the total number of public food service establishments licensed and inspected by the Department of Health, and then multiplied by 10,000. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? **YES***

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? **YES***
- *If yes, state which goal and objective it relates to?  
Goal 3: Prevent diseases of environmental origin.  
Objective 3C: Protect the public from food and waterborne diseases.*
- *Has information supplied by programs been verified by the Office of the Inspector General? **NO***
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? **NO***

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? **NO***
- *Is written documentation available that describe how the data are collected? **NO***
- *Has an outside entity ever completed an evaluation of the data system? **NO***

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? **YES***
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? **NO***
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** MONITOR WATER SYSTEMS AND GROUNDWATER QUALITY.

**MEASURE:** NUMBER OF WATER SYSTEM AND STORAGE TANK INSPECTIONS AND PLANS REVIEWED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The CIS/Health Management Component and the Comprehensive Environmental Health Tracking System (CENTRAX). The department will initially use CIS/HMC as the data source until CENTRAX is operational in all county health departments. CENTRAX is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced. CENTRAX data are uploaded to CIS/HMC.

- **Describe the methodology used to collect the data.**

Data are collected at each of the county health department's Environmental Health offices. Within the first five days of each month, each county health department runs an export routine that extracts data and creates a file that is uploaded to the state Environmental Health server in Tallahassee. This creates a statewide master file data and inspection report data that is used in preparing this report.

- **Explain the procedure used to measure the indicator.**

The number of water system and storage tank inspections and plan reviews will be derived by summing all services coded in program components 55—Storage Tank Compliance; 56—SUPER ACT; 57—Limited Use Public Water Systems; 58—Public Water System; 59—Private Water System. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 3: Prevent diseases of environmental origin*  
*Objective 3C: Protect the public from food and waterborne diseases*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, this information is found in Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and Environmental Health Coding Pamphlet DHP 50-21*
- *Is written documentation available that describe how the data are collected? Yes, a very brief description is documented in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and the Environmental Health Coding Pamphlet DHP 50-21*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

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- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

**ACTIVITY:** MONITOR AND REGULATE ONSITE SEWAGE DISPOSAL SYSTEMS

**MEASURE:** NUMBER OF ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTIONS COMPLETED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The CIS/Health Management Component and the Comprehensive Environmental Health Tracking System (CENTRAX). The department will initially use CIS/HMC as the data source until CENTRAX is operational in all county health department's. CENTRAX is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced. CENTRAX data are uploaded to CIS/HMC.

- **Describe the methodology used to collect the data.**

Data are collected at each of the county health department's Environmental Health offices. Within the first five days of each month, each county health department runs an export routine that extracts data and creates a file that is uploaded to the state Environmental Health server in Tallahassee. This creates a statewide master file data and inspection report data that is used in preparing this report.

- **Explain the procedure used to measure the indicator.**

The number of inspections will be derived by summing a series of inspection related service codes in program component 61—Individual Sewage. The service codes are 1500, 3100 and 3210.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
Goal 3: Prevent diseases of environmental origin  
Objective 3A: Monitor individual sewage systems to ensure adequate design and function
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and the Environmental Health Coding Pamphlet DHP 50-21*
- *Is written documentation available that describe how the data are collected? Yes, a very brief description is documented in the Department of Health Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] Environmental Health Coding Pamphlet DHP 50-21*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES.*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

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- when data sources or measurement methodologies change,
- when requesting new measures, and
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**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** ENVIRONMENTAL HEALTH SERVICES

**ACTIVITY:** MONITOR AND REGULATE FACILITIES

**MEASURE:** ANNUAL SANITATION AND SAFETY LEVELS IN DEPARTMENT OF HEALTH REGULATED FACILITIES AS INDICATED BY INSPECTION SCORE.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Comprehensive Environmental Health Tracking System (CENTRAX) is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced.

- **Describe the methodology used to collect the data.**

Individual standards on inspection forms are assigned a point value based on the amount of public health risk associated with non-compliance. The sum of the violations' values is subtracted from the total points possible. That number is divided by the total possible points to calculate a sanitation level. Within the first five days of each month, the county health department runs an export routine that extracts data and creates a file that is uploaded to the Environmental Health server in Tallahassee. This creates a master file data and inspection report data that is used in preparing this report.

- **Explain the procedure used to measure the indicator.**

Sanitation and safety levels are reported for the following facilities: department-regulated food service establishments, group care facilities, migrant labor camps, mobile home/recreational vehicle parks, tanning facilities, and biomedical waste. The average of all inspections' sanitation levels during the review period is used in this report. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Community Public Health Program Purpose Statement:**

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?  
Goal 3: Prevent diseases of environmental origin.  
Objective 3C: Protect the public from food and waterborne diseases.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities]*
- *Is written documentation available that describe how the data are collected? Yes, a very brief description is documented in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities]*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology and the fact that program staff report that not all county health departments are submitting data monthly, there is a low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

**INSTRUCTIONS:** This form (formerly the Exhibit D-2B) is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measure, when the data source or methodology changes, when requesting new measures, and when requesting deletion of a measure.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** ENVIRONMENTAL HEALTH SERVICES

**ACTIVITY:** MONITOR AND REGULATE ONSITE SEWAGE DISPOSAL (OSDS) SYSTEMS

**MEASURE:** SEPTIC TANK FAILURE RATE PER 1,000 WITHIN TWO YEARS OF SYSTEM INSTALLATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Comprehensive Environmental Health Tracking System (CENTRAX) is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. There is a module in CENTRAX called the On-line Sewage Treatment and Disposal System (OSTDS) which is used to record septic tank information.

- **Describe the methodology used to collect the data.**

Programs are maintained and the data are input at the local county health departments. Data are transmitted monthly to the state environmental health office and statewide reports are produced. Those county health departments not currently using CENTRAX submit their data on a quarterly basis.

- **Explain the procedure used to measure the indicator.**

The number of repair permits issued within two years of installation is divided by the total number of permits issued within two years, and then multiplied by 1,000.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 3: Prevent diseases of environmental origin.*  
*Objective 3A: Monitor individual sewage systems to ensure adequate design and proper function.*
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
*NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Sewage and Waste]*
- *Is written documentation available that describe how the data are collected? Performance Measure Definitions, Summer 1998 [Sewage and Waste]*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** ENVIRONMENTAL HEALTH

**ACTIVITY:** RADIATION CONTROL

**MEASURE** NUMBER OF FACILITIES, DEVICES AND USERS REGULATED AND MONITORED

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

- X-ray machine registration database for the number of x-ray machines registered
- Radioactive materials licensing database for the number of active radioactive materials licensees
- Radiologic technologist certification database for the number of active radiologic technologists certified
- Laser device registration database for the number of lasers registered
- Phosphate mining database for the number of acres monitored

**2. Describe the methodology used to collect the data and to calculate the result.**

- Program staff update these databases routinely as they perform workload activities

**3. Explain the procedure used to measure the indicator.**

- The numbers of facilities, devices and users and acres are totaled.

## VALIDITY:

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*
- *If yes, state which goal and objective it relates to?*

*Goal:*

*Objective:*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

### **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately low probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY:

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. This is included in the bureau's regulations and in inspection procedures.
- *Is written documentation available that describe how the data are collected?* YES. This is included in the inspection procedures.
- *Has an outside entity ever completed an evaluation of the data system?* NO.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General?* NO
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO
- If yes, note test results.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

## *Appendix K - Performance Measure Validity and Reliability Form*

**INSTRUCTIONS:** This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** Department of Health

**PROGRAM:** Community Public Health

**SERVICE:** Statewide Health Support Services

**ACTIVITY:** Disaster Preparedness

**MEASURE:** Output

Number of hours expended for disaster preparedness.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Data for this project is extracted from the State of Florida COPES (Cooperative Personnel and Employment System) personnel system.

- **Describe the methodology used to collect the data.**

A ad hoc report is run which extracts the number of FTE (full time equivalents) assigned to the Emergency Operations program (organizational code 64-30-20-00-000).

- **Explain the procedure used to measure the indicator.**

The number of FTEs is multiplied by 1854 hours which is the statewide standard of actual hours worked in one year per full time position.

**NOTE:** Information provided by the Department of Health's Office of the Inspector General is presented in italics

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

*Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Insufficient information was provided by the program for the Office of Inspector General to determine.*

#### Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?*
- *If yes, which goal and objective does it relate to?*
- *Has information supplied by programs been verified by the Office of the Inspector General?*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?*

### Reason the Methodology was Selected:

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics**

## **RELIABILITY**

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable. Chapter number 2000-256, Laws of Florida and Closing the Gap grant application packet.*
- *Is written documentation available that describe how the data are collected?*
- *Has an outside entity ever completed an evaluation of the data system?*

*The following reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*
- *Has information supplied by programs been verified by the Office of the Inspector General?*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results?*
- *If yes, note test results*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure.**

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COMMUNITY PUBLIC HEALTH LOCAL HEALTH NEED

**ACTIVITY:** RACIAL AND ETHNIC DISPARITY GRANTS

**MEASURE:** NUMBER OF RACIAL AND ETHNIC DISPARITY PROJECTS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Data for this project is maintained in a Microsoft Access database.

- **Describe the methodology used to collect the data.**

In compliance with the Reducing Racial and Ethnic Disparity (RED) Bill (HB 239/ Chapter number 2000-256, Laws of Florida) the Office of Equal Opportunity and Minority Health publicizes the availability of funds and established an application process for submitting grant proposals. Data was collected from interested parties through letters of intent, which are submitted to the office.

- **Explain the procedure used to measure the indicator.**

Program staff count the number of grants awarded during the state fiscal year.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

*Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Insufficient information was provided by the program for the Office of Inspector General to determine.*

#### Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*
- *If yes, which goal and objective does it relate to?*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No.*

### Reason the Methodology was Selected:

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was**

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable. Chapter number 2000-256, Laws of Florida and Closing the Gap grant application packet.*
- *Is written documentation available that describe how the data are collected? Not at this time.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? NO*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? NO*
- *If yes, note test results*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** STATEWIDE HEALTH SUPPORT SERVICES

**ACTIVITY:** PROCESS VITAL RECORDS

**MEASURE:** NUMBER OF BIRTH, DEATH, MARRIAGE, DIVORCE, AND FETAL DEATH RECORDS PROCESSED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, deaths, marriages, and dissolution's of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments submit records of births and deaths and county clerks submit records of marriages and divorces to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

- **Explain the procedure used to measure the indicator.**

Number of birth, marriage, divorce, death and fetal death records received and processed annually.

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following description of the program's activities from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Community Public Health Vital Statistics Description of Activity:*

*Provide for the timely and accurate registration, amendment, and issuance of certified copies of birth, death, fetal death, marriage, and divorce records. This includes data entry of vital records, microfile, and permanent storage.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, monthly production and statistical reports and Vital Statistics annual report.
- *Is written documentation available that describe how the data are collected?* Yes, Florida Statutes Chapter 382, Vital Statistics handbook and office procedures.
- *Has an outside entity ever completed an evaluation of the data system?* Yes, the State of Florida Auditor General performed an Information Technology audit of the Office of Vital Statistics' Death System. The audit report was released on February 28, 2001. Additionally, the National Center for Health Statistics and Social Security Administration reviews our data monthly for accuracy and completeness.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** COUNTY HEALTH LOCAL HEALTH NEED

**ACTIVITY:** RECORD VITAL EVENTS – COUNTY HEALTH DEPARTMENT

**MEASURE:** NUMBER OF VITAL EVENTS RECORDED

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments submit records of births and deaths to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

- **Explain the procedure used to measure the indicator.**

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the calendar year.

## VALIDITY:

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY:

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, monthly production and statistical reports and Vital Statistics annual report.
- *Is written documentation available that describe how the data are collected?* Yes, Florida Statutes Chapter 382, Vital Statistics handbook and office procedures.
- *Has an outside entity ever completed an evaluation of the data system?* YES - The Auditor General completed an audit of the Death System component of the Vital Statistics Program (February 2001). In addition, the Auditor General is currently finalizing an operational audit of the county health departments that included the vital statistics program. The National Center for Health Statistics also reviews data monthly for accuracy and completeness.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** STATEWIDE HEALTH SUPPORT SERVICES

**ACTIVITY:** PROVIDE PUBLIC HEALTH LABORATORY SERVICES

**MEASURE:** NUMBER OF RELATIVE WORKLOAD UNITS PERFORMED ANNUALLY BY THE LABORATORY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Laboratory monthly, semiannual, and annual reports of tests performed and the relative workload units performed.

- **Describe the methodology used to collect the data.**

Each branch laboratory and each section of the central laboratory reports the number and types of specimen processed for that monthly period. The monthly reports are compiled to produce semiannual and annual reports.

- **Explain the procedure used to measure the indicator.**

The Relative Workload Units (RWU) were established in a cooperative effort by the Centers for Disease Control and Prevention and the state public health laboratories. The RWU system was adopted to provide a basis for the comparison of workloads among the various state laboratories and between different types of tests performed in the laboratory. The workload factor assigned to each procedure adjusts for the batch size and the level of automation and the methodology used for testing. Therefore, very complex manual testing methods will have a high RWU factor because of the labor intensity and the lack of automation; whereas, an automated procedure, such as clinical chemistry, will have a very low RWU factor since there is little hands on time and the testing is not labor intensive plus the procedure is nearly independent of the batch size.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal: Provide public health related ancillary and support services*  
*Objective: Provide timely and accurate laboratory services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? YES*
- *Is written documentation available that describe how the data are collected? YES, monthly report form and RWU factors*
- *Has an outside entity ever completed an evaluation of the data system? Yes, CDC ca 83-84*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** STATEWIDE HEALTH SUPPORT SERVICES

**ACTIVITY:** PROVIDE PUBLIC LABORATORY SERVICES

**MEASURE:** PERCENT OF LABORATORY SAMPLES PASSING ROUTINE PROFICIENCY TESTING.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Proficiency test scores by outside proficiency test surveys of identifying unknown analytes by American Association of Bioanalysts (AAB), College of American Pathologists (CAP), Centers for Disease Control and Prevention (CDC), etc. Reports are quarterly and semiannual.

- **Describe the methodology used to collect the data.**

These providers send participating laboratories samples of unknown substances. Participating laboratories send the providers their test results, which are compared to the known substances, values or mean values of all participants. The providers report to the bureau the results of this comparison. Performance scores in proficiency testing (PT) of all five branch laboratories with average score calculated.

- **Explain the procedure used to measure the indicator.**

The number of samples analyzed correctly is divided by the total number of samples analyzed. Mean of total scores. One-year testing service program.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### *Community Public Health Program Purpose Statement:*

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal: Provide public health-related ancillary and support services*  
*Objective: Provide timely and accurate laboratory services.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

**note from program:** *Regulatory agencies such as the federal Health Care Financing Administration under the Clinical Laboratory Improvement Act (CLIA) and the state Agency for Health Care Administration (AHCA) recognize the above mentioned proficiency testing service providers as valid participation for the laboratories.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, test scores provided by testing service. In-house, each laboratory.*
- *Is written documentation available that describe how the data are collected? Yes, testing service scores in-house.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, inspectors annually, for state laboratory, certification law-Chapter 483, F.S.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

**note from program:** Regulatory agencies such as the federal Health Care Financing Administration under the Clinical Laboratory Improvement Act (CLIA) and the state Agency for Health Care Administration (AHCA) recognize the above mentioned proficiency testing service providers as valid participation for the laboratories.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** STATEWIDE HEALTH SUPPORT SERVICES

**ACTIVITY:** PROVIDE PUBLIC HEALTH PHARMACY SERVICES

**MEASURE:** NUMBER OF DRUG UNITS DISTRIBUTED BY PHARMACY ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Drug Units distributed per year to county health departments by bulk distribution from Central Pharmacy Warehouse based on annualized average monthly distribution obtained from SIMS Inventory Value Report.

The SIMS, a mainframe database system managed by the Bureau of General Services, Procedures & Systems section, is an automated inventory system used to manage and control stock items in Department of Health distribution centers. It is. The system maintains an inventory of many types of stock items including pharmaceuticals, office supplies, forms, and other items used in the daily operations of the Department of Health. The distribution centers are housed in county health departments, institutions, warehouses, and pharmacies strategically located around the state.

- **Describe the methodology used to collect the data.**

Obtained from SIMS Inventory Value Report (Annualized) and from reports generated by Central Pharmacy's DataStat Software

- **Explain the procedure used to measure the indicator.**

Total number of drug units distributed by Central Pharmacy's Warehouse. Collection period is the state fiscal year 7/1 through 6/30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

*To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal: Provide public health related ancillary and support services*  
*Objective: Provide cost efficient statewide pharmacy services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? New indicator, only written on this form.*
- *Is written documentation available that describe how the data are collected?*  
YES pharmacy procedural files
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and the calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** COMMUNITY PUBLIC HEALTH

**SERVICE:** STATEWIDE HEALTH SUPPORT SERVICES

**ACTIVITY:** PROVIDE PUBLIC HEALTH PHARMACY SERVICES

**MEASURE:** PERCENT SAVED ON PRESCRIPTION DRUGS PURCHASED UNDER  
STATEWIDE PHARMACEUTICAL CONTRACT COMPARED TO MARKET PRICE

### DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

- (1) A database supplied by Bindley Western Drug Company containing a master list of items carried in its inventory.
- (2) A database supplied by Bindley Western Drug Company containing a list of items purchased by eligible State of Florida accounts. This database contains approximately six months of detail information, starting with the time that Bindley Western assumed responsibility for data collection.
- (3) Current Bindley Western catalog used to confirm prices.
- (4) The current (1997/1998) Pharmaceutical Contract database listing awards by National Drug Code (NDC) number along with awarded contract price.

- **Describe the methodology used to collect the data.**

A source database of awarded contract items' NDC numbers was created from the 1997/1998 Pharmaceutical Contract database. This source database was run against the Bindley Western databases to obtain the wholesaler's acquisition cost (WAC) and the cost of the drug to the state. This data was placed into a newly created pricing database.

- **Explain the procedure used to measure the indicator.**

A total of 628 separate contract-awarded items were purchased from Bindley Western during the prior six months. Based upon a conversation with a representative of Bindley Western, the market price of a drug, i.e., the cost to a retail pharmacy, can be estimated as wholesaler's acquisition cost (WAC) +2%. This figure was used to determine the total acquisition cost (TAC) of the 628 items in this study.  $TAC = WAC + 2\%$

The cost of the drugs to the state (TCS) is the wholesaler's acquisition cost (WAC) plus a prime vendor fee of 0.45%.  $TCS = WAC + 0.45\%$

The total acquisition cost (TAC) and the total cost to the state (TCS) were used to determine the percentage savings, calculated as:

$$\text{Percent Savings} = ((TAC - TCS) / TAC) * 100$$

**NOTE:** Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal: Provide public health-related ancillary and support services*  
*Objective: Provide cost efficient statewide pharmacy services.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.**



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? New indicator, only written on this form.*
- *Is written documentation available that describe how the data are collected? New indicator, only written on this form.*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** CHILDREN'S MEDICAL SERVICES NETWORK

**MEASURE:** PERCENT OF FAMILIES SERVED WITH A POSITIVE EVALUATION OF CARE

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Family satisfaction of the parents or guardians of children enrolled in the Children's Medical Services Network (CMSN) and its related programs is measured by the Institute for Child Health Policy (ICHP). ICHP is provided CMS client enrollment information and utilizing the methods and procedures described below issues a report presenting program satisfaction of Children's Medical Services enrollees.

- **Describe the methodology used to collect the data.**

ICHP obtains CMSN enrollment sample files directly from CMS data specialists or contracted providers. ICHP then administers the Consumer Assessment of Health Plans Survey (CAHPS) to collect information regarding enrollee satisfaction. The CAHPS instrument collects information regarding specialty care, routine care, and care coordination services. The CAHPS was chosen because it is currently used to assess enrollee satisfaction in both commercial and state Medicaid evaluations and the National Commission on Quality Assurance (NCQA) recommends its use.

- **Explain the procedure used to measure the indicator.**

Results of the CAHPS survey described above are included in the Children's Medical Services Enrollee Satisfaction Report issued by ICHP. The results of the survey for specialty care, routine care and care coordination services are averaged together to determine overall enrollee satisfaction with the Children's Medical Services Program.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.*

Percent of families in the Children's Medical Services network indicating a positive evaluation of care.

**VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** MEDICAL SERVICES TO ABUSED AND NEGLECTED CHILDREN

**MEASURE:** NUMBER OF CHILD PROTECTION TEAM (CPT) ASSESSMENTS PROVIDED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Children's Medical Services Case Management Data System (CMDS) Child Protection Team Report. This is a sub-component of the CMDS mainframe computer database application designed specifically for child protection team reporting of selected statistics and outcomes.

- **Describe the methodology used to collect the data.**

Each contract provider collects this information through its own internal procedures from their records of closed children seen by the program and enters the data into the CMS CPT reporting program using specialized coding. The CPT automated reporting system is programmed to report the number of child victims closed that are re-abused and the total number of child victims closed, initial abuse or re-abused. The periodic reports of the contract providers are provided to the central Health Information Systems office, which compiles statewide data.

- **Explain the procedure used to measure the indicator.**

The total number Child Protection Team Assessments provided during the state fiscal year, which is 7/1/XX – 6/30/XX.

[Note from the program: CMS is currently implementing a network based system that will become operational in early calendar year 2000. This will result in an improvement in data management capability and data quality.]

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Children's Medical Services Program Purpose Statement;*

*To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs.*  
*Objective 2C: Provide specialized team assessments for children suspected of suffering abuse or neglect..*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. The CPT Program Reporting Guidelines are available in the Health Information Systems Office, the CMS Program Office and on site at each provider office.
- *Is written documentation available that describe how the data are collected?* Yes. The CPT Program Reporting Guidelines are available in the Health Information Systems Office, the CMS Program Office and on site at each provider office.
- *Has an outside entity ever completed an evaluation of the data system?* No.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*  
YES
- *Has information supplied by programs been verified by the Office of the Inspector General. Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* NO

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

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- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** EARLY INTERVENTION SERVICES

**MEASURE:** NUMBER OF CHILDREN PROVIDED EARLY INTERVENTION SERVICES  
ANNUALLY

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Early Intervention Program Data System (EIP) is a microcomputer database system developed and maintained by the University of Florida. It captures and summarizes all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The EIP contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Intervention Program.

- **Describe the methodology used to collect the data.**

Each of 16 local Early Intervention Program providers enter data on each child served under the auspices of the CMS Early Intervention Program into the statewide EIP. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

- **Explain the procedure used to measure the indicator.**

The measure is an unduplicated count of the number of 0-36 month old children served under the auspices of the CMS Early Intervention Program. The number of children is reported for the most recent state fiscal year period completed, 7/1 through 6/30.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Children's Medical Services Program Purpose Statement;*

*To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs.*  
*Objective 2B: Provide early intervention services for eligible children with special health care needs.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No
- *Is written documentation available that describe how the data are collected?*  
Yes, Early Intervention Program Data System Handbook.
- *Has an outside entity ever completed an evaluation of the data system?*  
Yes, Florida TaxWatch, Inc.

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
*Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results.* The Office of the Inspector General completed a computer systems audit of the Early Intervention Program Data System (EIP) on November 16, 1998, which indicated that there are internal control deficiencies in the EIP Data System.

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** GENETIC INTERVENTION

**MEASURE:** NUMBER OF GENETIC EVALUATIONS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**  
Manual reports from health care providers on a quarterly basis.
  
- **Describe the methodology used to collect the data.**  
Manual quarterly reporting.
  
- **Explain the procedure used to measure the indicator.**  
It is a count of genetic evaluations provided.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Children's Medical Services Program Purpose Statement;

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-centered, coordinated managed care system for children with special health care needs*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? The measure is a count derived from quarterly reports. An annual report is also compiled by providers. The CMS Office provides guidance on how to complete the quarterly and annual reports.*
- *Is written documentation available that describe how the data are collected? The CMS program office provides data reporting formats to the providers.*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** KIDNEY DISEASE

**MEASURE:** NUMBER OF CHILDREN ENROLLED IN THE KIDNEY DISEASE PROGRAM.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

CMS Minimum Data Set, an automated data warehouse maintained by Department of Health, Office of Planning, Evaluation, and Data Analysis.

- **Describe the methodology used to collect the data.**

Data are collected by each service provider on each child enrolled in their Children's Medical Services (CMS) Kidney Disease program, and submitted via diskette to the Department of Health for inclusion in the statewide database. These clients may be counted in other CMS Network Programs.

- **Explain the procedure used to measure the indicator.**

A count of the number of children enrolled in the CMS Kidney Disease program.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Children's Medical Services Program Purpose Statement;

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-centered, coordinated managed care system for children with special health care needs*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No.*
- *Is written documentation available that describe how the data are collected? No.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** CHILDREN'S MEDICAL SERVICES NETWORK

**MEASURE:** NUMBER OF CHILDREN IN THE CHILDREN'S MEDICAL SERVICES NETWORK RECEIVING COMPREHENSIVE MEDICAL SERVICES.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Client Information System (CIS), this is a mainframe computer application maintained by the Department of Children and Families and Case Management Data System (CMDS), a distributed, locally maintained computer system.

- **Describe the methodology used to collect the data.**

Data are collected on each child in the Children's Medical Services (CMS) Network receiving Comprehensive Medical Services, which is indicated in the CIS and CMDS. This allows the program to identify the total CMS recipient enrollment by county of children with special health care needs.

- **Explain the procedure used to measure the indicator.**

The total number of children enrolled in the Children's Medical Services Network and receiving Comprehensive Medical Services, which includes Medicaid and Title XXI eligible children, as well as the uninsured (safety net) population.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Children's Medical Services Program Purpose Statement;

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-oriented, coordinated managed care system for children with special health care needs.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, CIS and CMDS specifications on file.*
- *Is written documentation available that describe how the data are collected? Yes, CIS and CMDS programming specifications.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** NEWBORN SCREENING

**MEASURE:** NUMBER OF NEWBORNS STATEWIDE

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments submit records of births to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

- **Explain the procedure used to measure the indicator.**

Number of birth records received and processed annually. Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the calendar year.

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** MEDICAL SERVICES TO ABUSED/ NEGLECTED CHILDREN

**MEASURE:** PERCENT OF CHILD PROTECTION TEAM (CPT) ASSESSMENTS PROVIDED TO FAMILY SAFETY AND PRESERVATION WITHIN ESTABLISHED TIMEFRAME

### **DATA SOURCES AND METHODOLOGY**

#### **1. List and describe the data source(s) for the measure.**

Children's Medical Services Case Management Data System (CMDS) Child Protection Team Report. This is a sub-component of the CMDS mainframe computer database application designed specifically for child protection team reporting of selected statistics and outcomes. Each team has the CPT program for data collection and reporting.

#### **2. Describe the methodology used to collect the data and to calculate the result**

Each provider codes the completion of the Team Assessment and enters the codes into the CMDS database. The automated report is programmed to compare the date the Team Assessment Summary (TAS) of a child has been completed and sent to Family Safety and Preservation with the date of referral of the child to calculate the elapse time between the two dates. Teams copy monthly reports on to disks which are sent to the central Health Information Systems office for compilation of statewide statistics reporting, including this outcome measure.

#### **3. Explain the procedure used to measure the indicator.**

The number of Team Assessment Summaries completed and sent within the prescribed period divided by the total closed cases within the reporting period (45 days of the referral date of the report alleging abuse to the child). The data are reported annually at the state level.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1998-99 through 2002-03
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
- The following program purpose statement was created:  
CMS is a managed care program aimed at helping 54,000 children with serious and chronic physical and developmental conditions with health care needs through 22 local CMS clinics and private providers. CMS case managers control access to expensive specialists and hospitals. Health related intervention – contains the child protection teams (1-1-99), the sexual abuse treatment program (1-1-99) and the poison information center. CPT assesses (17,142) children reported as abused through a medically-directed multidisciplinary process to identify factors indicating whether abuse has occurred and provides findings and recommendations to DCF – Family Safety and Preservation to support the department in its assessment and decisions regarding the child’s safety and future risk of abuse. The Sexual Abuse Treatment Program provides counseling to child-victims (1200) and their families when the assessment of the allegation of sexual abuse results in findings that sexual abuse is “indicated” or “somewhat indicated”.
- These questions relating to validity were answered:
  - Does a logical relationship exist between the measure’s name and its definition/ formula?  
Yes
  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? Yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the department’s submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid subject to data testing results.

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Based on the interviews and the documents' review, the following questions relating to reliability were answered.
  - Is written documentation available that describe/define the measure and the formula used, if applicable? Yes – The CPT Program Guidelines for Reporting, available in the Health Information Systems Office, the CMS state Program Office and at each provider site describe and define the measure the coding instructions and the formula used.
  - Is written documentation available that describe how the data are collected? Same as above.
  - Has an outside entity ever completed an evaluation of the data system? No
  - Is there a logical relation between the measure, its definition and the calculation? Yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a moderately low probability that this measure is reliable subject to data testing results.

The automated reporting system for SATP is still fairly new. Accurate data collection is still not complete at this time. Based on reporting data reviewed to date, further training of providers is definitely needed in program reporting instructions in order to produce automated data for this outcome measure. While the programming revisions currently in testing stage, were not revisions that affect this outcome, any general revision of a program may affect other data and the program designed to produce this outcome.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** EARLY INTERVENTION SERVICES

**MEASURE:** PERCENT OF HOSPITALIZATIONS FOR CONDITIONS PREVENTABLE WITH GOOD AMBULATORY CARE

### **DATA SOURCES AND METHODOLOGY**

**Data Sources:** Medicaid Claims File

**Methodology:** First, CMS send a list of children enrolled in their network to Medicaid. Medicaid puts a flag on the eligibility file. Next, all hospitalizations for individuals enrolled in CMS is abstracted from Medicaid claims files. Hospitalizations for maternity or mental health services are excluded. The remaining hospitalizations are classified as to whether they have an ICD-9 code that is considered to be an ambulatory sensitive condition. The percent is derived by dividing the number of selected ICD-9 codes by the total number hospitalized with Medicaid as payer excluding those hospitalization for maternity or mental health services.



## **VALIDITY**

A condition is considered ambulatory sensitive if provision of quality care could reduce or eliminate the need for hospitalization. Some hospitalizations will always occur due to patient non-compliance. However, providers are expected to work with patients to increase their likelihood of compliance in addition to providing direct treatment. The codes used to classify a hospital visit as ambulatory sensitive are a conservative number developed by Weissman as reported in "Rates of Avoidable Hospitalizations by Insurance Status in Massachusetts and Maryland" *Journal of the American Medical Association*, November 4, 1992. Some researchers have used additional conditions.

## **RELIABILITY**

The reliability of the measure is high. The ICD-9 codes are used for numerous purposes such as billing, hospital report cards etc. Medicare monitors hospitals coding and hospitals have incentives to be accurate in their use of these codes. Since the measure is based on the ratio of the two types of hospitalization not absolute numbers the figure is useful for tracking purposes.

## ***Performance Measure Validity and Reliability Form***

0INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM :** CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** EARLY INTERVENTION SERVICES

**MEASURE:** PERCENT OF ELIGIBLE INFANTS/TODDLERS PROVIDED CMS EARLY INTERVENTION PROGRAM SERVICES

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

#### Data source:

Early Intervention Program (EIP) Data System :

The EIP Data System is a microcomputer database system developed and maintained by the University of Florida to capture and summarize all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The EIP Data System contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Intervention

#### Data collection methodology:

Each of 16 local EI Program providers enters data on each child served under the auspices of the CMS EI Program into the statewide EIP data system. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

- **Explain the procedure used to measure the indicator.**

Numerator: The actual number of 0-36 month old children served through the EIP is obtained for the state fiscal year period most recently completed.

Denominator: The number of 0-36 month old children potentially eligible for EIP services is based on 75% of the 0-4 year old children reported by vital statistic for the most recent year available.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1998-99 through 2002-03
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
- The following program purpose statement was created:  
CMS is a managed care program aimed at helping 54,000 children with serious and chronic physical and developmental conditions with health care needs through 22 local CMS clinics and private providers. CMS case managers control access to expensive specialists and hospitals. The prevention/early intervention program - identifies children age birth to three years with disabilities and assures appropriate services
- These questions relating to validity were answered:
  - Does a logical relationship exist between the measure's name and its definition/ formula?  
Yes
  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the department's submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to data testing results.

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Based on the interviews and the documents' review, the following questions relating to reliability were answered.
  - Is written documentation available that describe/define the measure and the formula used, if applicable? No
  - Is written documentation available that describe how the data are collected?  
Yes, EI Program Data System Handbook
  - Has an outside entity ever completed an evaluation of the data system?  
Yes, Florida TaxWatch, Inc. (a non-profit organization)
  - Is there a logical relation between the measure, its definition and the calculation? Yes

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a moderately low probability that this measure is reliable subject to data testing results.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** CHILDREN'S MEDICAL SERVICES NETWORK

**MEASURE:** PERCENT OF CMS PATIENTS IN COMPLIANCE WITH THE PERIODICITY SCHEDULE FOR WELL CHILD CARE

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Compliance with the periodicity schedule for well child care is reported in the Florida KidCare Program Evaluation Report prepared by the Institute for Child Health Policy (ICHP). Data for this evaluation report comes from KidCare application and enrollment files and extensive telephone surveys conducted with families involved in the KidCare Program.

- **Describe the methodology used to collect the data.**

Utilizing information obtained from KidCare application and enrollment files ICHP administered telephone surveys to collect information necessary to assess compliance with the periodicity schedule for well child care.

- **Explain the procedure used to measure the indicator.**

When ICHP administered the telephone survey mentioned above parents were asked how many preventive care visits their child had in the preceding year. This information was used to assess compliance with the periodicity schedule and determine the percentage of children that were in compliance with the periodicity schedule for well child care.

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** PEDIATRIC HUMAN IMMUNODEFICIENCY VIRUS /ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)

**MEASURE:** NUMBER OF PEDIATRIC HIV/AIDS PATIENTS SERVED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**  
Manual reports from health care providers on a quarterly basis.
- **Describe the methodology used to collect the data.**  
Manual quarterly reporting by providers.
- **Explain the procedure used to measure the indicator.**  
It is a count of pediatric patients served.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Children's Medical Services Program Purpose Statement;  
To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-centered, coordinated managed care system for children with special health care needs*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? The contract between the provider and the department includes two standardized data reporting forms and instructions. The client count is derived from these forms.*
- *Is written documentation available that describe how the data are collected? See response to question above—the contract includes data reporting formats.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** POISON CONTROL CENTERS

**MEASURE:** NUMBER OF TELEPHONE CONSULTATIONS TO THE POISON CONTROL CENTERS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Florida Poison Information Centers Data Collection and Analysis Network located at the University of Florida (UF) is a microcomputer database application that is used to record information regarding poisonings.

- **Describe the methodology used to collect the data.**

The three poison centers receive calls regarding poisonings via a statewide 800 toll-free number. An abstract of each call is entered into an on line data system. This production system is currently running at all three centers. It uses a client-server design. All the centers are equipped with data servers to provide local repositories for their call exposure data. The centers all run the same software (center specific items are implemented as data elements), using a common data dictionary and providing a unique identifier for every call. Data are combined by the UF data center into center specific and a statewide report which is forwarded to the Children's Medical Services (CMS) program office on a quarterly and annual basis.

- **Explain the procedure used to measure the indicator.**

The total number of exposure calls entered into on-line system at the three centers during the reporting period.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? NO*

*Children's Medical Services Program Purpose Statement;*

*To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4F: Improve access to personal health screening and acute care services*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately low probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? No*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** REGIONAL PERINATAL INTENSIVE CARE CENTERS

**MEASURE:** NUMBER OF HIGH RISK WOMEN RECEIVING REGIONAL PERINATAL INTENSIVE CARE CENTER OBSTETRICAL SATELLITE CLINIC SERVICES

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Regional Perinatal Intensive Care Center (RPICC) Data Center is a microcomputer database system developed and maintained by a contract with the University of Florida (UF).

- 

- **Describe the methodology used to collect the data.**

Statewide tracking of mothers and infants at risk for or in RPICC centers, including birth, service, and billing information. Data are collected at the local hospitals and input into a local RPICC system, and then periodically transmitted to the UF statewide RPICC system, and then reports are produced quarterly and annually.

- **Explain the procedure used to measure the indicator.**

The measure is the number of high risk women receiving services at the RPICC OB satellite clinic services during the period being measured.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 29, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Children's Medical Services Program Purpose Statement;*

*To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-centered, coordinated managed care system for children with special health care needs*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? Yes. RPICC OB Satellite Handbook*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** CHILDREN'S MEDICAL SERVICES

**SERVICE:** CHILDREN'S SPECIAL HEALTH CARE

**ACTIVITY:** SICKLE CELL SCREENING AND INTERVENTION

**MEASURE:** NUMBER OF PEOPLE RECEIVING SICKLE CELL SCREENING AND INTERVENTION SERVICES.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Manual reports from providers.

- **Describe the methodology used to collect the data.**

Data are manually collected on each child in the Sickle Cell program. These clients may also be enrolled and counted in other CMS Network Programs.

- **Explain the procedure used to measure the indicator.**

A count of the number of people receiving sickle cell screening and intervention services.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Children's Medical Services Program Purpose Statement;

To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*  
*Goal 2: Provide access to care for children with special health care needs*  
*Objective 2A: Provide a family-centered, coordinated managed care system for children with special health care needs*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No.*
- *Is written documentation available that describe how the data are collected? No.*
- *Has an outside entity ever completed an evaluation of the data system? No.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** REHABILITATE PERSONS WITH BRAIN AND SPINAL CORD INJURY VICTIMS

**MEASURE:** NUMBER OF BRAIN AND SPINAL CORD INJURY CUSTOMERS SERVED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The Rehabilitation Information Management System (RIMS) data are used; the information is entered into the system by field associates for every customer.

- **Describe the methodology used to collect the data.**

“Edits” have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. The data are aggregated and the report prepared directly from the mainframe computer.

- **Explain the procedure used to measure the indicator.**

The “number served” represents unique customers for the interval measured. It represents all applicants, active cases, and customers closed from the programs

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.*  
*Objective 8C: Assist persons suffering brain and spinal cord injuries to rejoin their communities.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? The criteria for assigning the status codes are well defined and the results represent unique individuals*
- *Is written documentation available that describe how the data are collected? The criteria for assigning the status codes are well defined and the results represent unique individuals*
- *Has an outside entity ever completed an evaluation of the data system? The Rehabilitation Services Administration (RSA) audits the data regularly.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** COMMUNITY HEALTH RESOURCES

**ACTIVITY:** REHABILITATE BRAIN AND SPINAL CORD INJURY VICTIMS

**MEASURE:** RATE AND NUMBER OF BRAIN AND SPINAL CORD INJURY CUSTOMERS RETURNED (REINTEGRATED) TO THEIR COMMUNITIES AT AN APPROPRIATE LEVEL OF FUNCTIONING FOR THEIR INJURIES.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Rehabilitation Information Management System (RIMS)

- **Describe the methodology used to collect the data.**

As each customer's case is closed this information is entered into RIMS by field associate. Edits have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. These data are aggregated from RIMS and the report prepared directly by Brain and Spinal Cord Injury program staff .

- **Explain the procedure used to measure the indicator.**

*This information has not been provided by the program.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*
- *Health Care Practitioner and Access Program Purpose Statement  
To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.*
- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?  
Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.  
Objective 8C: Assist persons suffering brain and spinal cord injuries to rejoin their communities.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

Rate and number of Brain and Spinal Cord Injury customers returned (reintegrated) to their communities at an appropriate level of functioning for their injuries.

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Is written documentation available that describe how the data are collected? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has an outside entity ever completed an evaluation of the data system? Insufficient information was provided by the program for the Office of Inspector General to determine.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** EMERGENCY MEDICAL SERVICE AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** SUPPORT AREA HEALTH EDUCATION

**MEASURE:** NUMBER OF PROVIDERS RECEIVING CONTINUING EDUCATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Data source:

Four Area Health Education Center Programs (AHEC). Composed of four medical schools and 10 Area Health Education Center offices. This information is collected manually at each continuing education program through specific forms. The information from these forms is input into the Florida AHEC Network Data System.

Data collection methodology:

Data are collected through the registration process of the AHEC continuing education programs for physicians and others. In order to receive continuing education units required for licensure, these professionals must register. This information is collected on specific forms at each continuing education program and input by each center into the Florida AHEC Network Data System. This information is reported to the Division in the AHEC Program Office's Quarterly Report.

- **Explain the procedure used to measure the indicator.**

An unduplicated count of the registrants number of individuals who were awarded continuing education units through AHEC programs during the calendar year.

## **VALIDITY**

Number of persons who receive continuing education services through Workforce Development programs

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1999-00 through 2003-04
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
- These questions relating to validity were answered:
  - Does a logical relationship exist between the measure's name and its definition/ formula?  
Yes
    - Considering the following program purpose statement, does this measure provide a reasonable measure of what the Health Care Practitioner and Access Program is supposed to accomplish? Yes.

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care practitioners and ensuring those practitioners including Emergency Medical Services personnel and providers meet credentialing requirements and practice according to accepted standards of care.

- Is this performance measure related to a goal in the Department of Health's current strategic plan? Yes.
  - Strategic Issue I: Ensuring Competent Health Care Practitioners
  - Strategic Goal: Increase the Number of Licensed Practitioners

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable assessment of validity. Further testing will be necessary to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to further testing results.

## **RELIABILITY**

Number of persons who receive continuing education services through Workforce Development programs

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Based on the interviews and the documents' review, the following questions relating to reliability were answered.
- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, AHEC reports
- Is written documentation available that describe how the data are collected?  
Office of Workforce Development, AHEC Contract Manager
- Has an outside entity ever completed an evaluation of the data system?  
Contract with Learning Systems Institute, FSU, July '93-June '94.
- Is there a logical relation between the measure, its definition and the calculation?  
Yes.

### Reason the Methodology was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is an high probability that this measure is reliable subject to data testing results.

## **PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM**

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** COMMUNITY HEALTH RESOURCES

**ACTIVITY:** LICENSE EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS

**MEASURE:** PERCENT OF EMERGENCY MEDICAL SERVICES PROVIDERS FOUND TO BE IN COMPLIANCE DURING LICENSURE INSPECTION

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Manually compiled from the Bureau of Emergency Medical Service (EMS) Inspection files

- **Describe the methodology used to collect the data.**

Ambulance providers are inspected, on average, once every two years. During the inspections, records, ambulances and physical facilities are reviewed and the results are recorded on a series of forms designed and approved by bureau staff. Deficiencies are rated according to their severity as either lifesaving, intermediate support, or minimal support. The performance measure is the percentage of providers inspected that did not have any deficiencies.

- **Explain the procedure used to measure the indicator.**

Numerator: Number of EMS providers not found to have any deficiencies during licensure inspection

Denominator: Total number of EMS providers having licensure inspections during a calendar year

#### Program information

The measure identifies necessary components of a good provider, but does not guarantee the provider will furnish acceptable service. In other words, the measure provides necessary, but insufficient, conditions to assure acceptable service.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following description of the license emergency medical services providers activity from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Description of the License Emergency Medical Services Providers Activity  
The Bureau of Emergency Medical Services licenses and inspects ground and air ambulance providers and permits their emergency vehicles according to state regulations which are consistent with federal standards.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 7: Enhance and Improve the Emergency Medical Services system*  
*Objective 7A: Ensure Emergency Medical Services providers and personnel meet standards of care*
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
*Yes*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Bureau of EMS compliance monitoring inspection manual and Operating Procedure 30-4 "Inspection and Correspondence Processing Procedures".*
- *Is written documentation available that describe how the data are collected? Yes, Bureau of EMS compliance monitoring inspection manual.*
- *Has an outside entity ever completed an evaluation of the data system? Not applicable, data is gathered manually.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO.*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS PROGRAM

**SERVICE:** EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** DISPENSE GRANT FUNDS TO LOCAL PROVIDERS.

**MEASURE:** NUMBER OF FUND DISBURSEMENTS TO LOCAL PROVIDERS.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure.**

MS Windows NT database

- **Explain the procedure used to measure the indicator**

Information is collected manually from matching grant applications. The information is entered into an MS Windows NT database.

- **Explain the procedure used to measure the indicator.**

Providers apply for grants. These grant applications are reviewed and scored by a grant review team using the scoring mechanism established by Florida Administrative Code 64E-2.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

*Does a logical relationship exist between the measure's name and its definition/ formula? Insufficient information was provided by the program for the Office of Inspector General to determine.*

*Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Insufficient information was provided by the program for the Office of Inspector General to determine.*

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

*Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Insufficient information was provided by the program for the Office of Inspector General to determine.*

- *If yes, which goal and objective does it relate to?*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No.*
- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

**NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was**



## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Florida Administrative Code, 64E-2.*
- *Is written documentation available that describe how the data are collected? No, but a Grant Systems User's Manual is available.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, Infinity Software Development, Inc.*

*The following reliability test questions were created and answered by the Office of the Inspector General:*

*Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*

- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** LICENSE EMERGENCY MEDICAL SERVICES PROVIDERS

**MEASURE:** NUMBER OF EMERGENCY MEDICAL SERVICES PROVIDERS LICENSED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Mainframe database with:

Operating system - Digital VMS running on a Vax 3600 Database interface: Dataflex

There are Licensure database tables that include demographic data, application information, permitted vehicles data, etc.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5).

- **Describe the methodology used to collect the data.**

Data collected directly from licensure application. Hand entered into database. Frequency count of providers licensed.

- **Explain the procedure used to measure the indicator.**

The number of Emergency Medical Services (EMS) providers licensed. The collection period is each fiscal year.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

*Health Care Practitioner and Access Program Purpose Statement*

*To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 7: Enhance and improve the Emergency Medical Services system*  
*Objective 7B: Ensure Emergency Medical Services providers and personnel meet standards of care.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

**NOTE:** *Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, EMS ambulance providers licensure files.*
- *Is written documentation available that describe how the data are collected Yes, Bureau of EMS files*
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** COMMUNITY HEALTH RESOURCES

**ACTIVITY:** CERTIFICATION OF EMERGENCY MEDICAL TECHNICIANS (EMT) AND PARAMEDICS

**MEASURE:** NUMBER OF EMERGENCY MEDICAL TECHNICIANS (EMTS) AND PARAMEDICS CERTIFIED OR RE-CERTIFIED BIANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Mainframe database with:

Operating system: Digital VMS running on a Vax 3600 Database Interface: Dataflex

There are database files that provide information of those who apply and/or receive Emergency Medical Services certification (EMTs/paramedics), including demographics, personal profiles, certificate date, test results and correspondence.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5). Certification database is slated to be moved by end of December 1998.

- **Describe the methodology used to collect the data.**

Certification data received each month on disk from SMT (testing contractor) on all applicants that pass their exams and have received new EMT or paramedic certificates. This is an ongoing tabulation.

- **Explain the procedure used to measure the indicator.**

Number of EMTs and paramedics certified or re-certified during the fiscal year. (EMS re-certifies EMTs and paramedics as of 12/1 each even number year.)

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES NO*

#### **Health Care Practitioner and Access Program Purpose Statement**

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 7: Enhance and improve the Emergency Medical Services system*  
*Objective 7B: Ensure Emergency Medical Services providers and personnel meet standards of care.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? Yes, Bureau of EMS files*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** SUPPORT LOCAL HEALTH PLANNING COUNCILS

**MEASURE:** NUMBER OF LOCAL HEALTH PLANNING COUNCILS SUPPORTED

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Local Planning Councils are required by Chapter 408.033, F.S. The department has contracts with each of the 11 Local Planning Councils. These councils are organized along the old HRS 11 district geographical configuration.

- **Describe the methodology used to collect the data.**

Manual data is collected from the Local Planning Councils based on contracts. This output measure is merely a count of Planning Councils.

- **Explain the procedure used to measure the indicator.**

The activity reflects the number of Local Planning Councils supported. It is count of the number of active councils.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

*Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Insufficient information was provided by the program for the Office of Inspector General to determine.*

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

*Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Insufficient information was provided by the program for the Office of Inspector General to determine.*

- *If yes, state which goal and objective it relates to?*  
Goal  
Objective
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No.*
- *Is written documentation available that describe how the data are collected? No.*
- *Has an outside entity ever completed an evaluation of the data system? Each Local Planning Council submits audited financial statements; DOH Contract Administration reviews the work of the contract manager*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** COMMUNITY HEALTH RESOURCES

**ACTIVITY:** RECRUIT PROVIDERS TO UNDERSERVED AREAS

**MEASURE:** NUMBER OF HEALTHCARE PROVIDERS RECRUITED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Two logs are maintained in the office of Health Professional Recruitment. One is a log of the foreign physicians recommended by the department for placement in an underserved area under the J-1 Visa Waiver Program. The second is a log of the health professionals recommended for placement in an underserved area under the National Health Corp program.

- **Describe the methodology used to collect the data.**

Information concerning the placement is entered into the log at the time that the placement is recommended to the U.S. Department of State (for J-1 Visa Waiver physicians) or to the federal Southeast Region Field Office (for National Health Service Corps health professionals) by the Office of Health Professional Recruitment. The name of the health professional, the profession or specialty area, the placement location and the anticipated date of placement are entered into the logs.

- **Explain the procedure used to measure the indicator.**

The number of recommended placements listed on each log are counted and added together to arrive at a total number of placements recommended during the time period for which the information is requested.

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Health Care Practitioner and Access Program Purpose Statement**

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.*  
*Objective 8A: Assist in the placement of providers in underserved areas.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

*NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? NO*
- *Is written documentation available that describe how the data are collected? NO*
- *Has an outside entity ever completed an evaluation of the data system? NO*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

**ACTIVITY:** SUPPORT RURAL HEALTH NETWORKS

**MEASURE:** NUMBER OF RURAL HEALTH NETWORKS SUPPORTED.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

Bi-annual and annual reports

- **Describe the methodology used to collect the data.**

This data is collected manually.

- **Explain the procedure used to measure the indicator.**

A count of providers, number of services, and number of contacts.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

*Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Insufficient information was provided by the program for the Office of Inspector General to determine.*

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

*Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Insufficient information was provided by the program for the Office of Inspector General to determine.*

- *If yes, state which goal and objective it relates to?*  
Goal  
Objective
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. A written questionnaire is attached to the contract.*
- *Is written documentation available that describe how the data are collected? No.*
- *Has an outside entity ever completed an evaluation of the data system? No*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** COMMUNITY HEALTH RESOURCES

**MEASURE:** NUMBER OF MEDICAL STUDENTS WHO DO A ROTATION IN A MEDICALLY UNDERSERVED AREA.

- **List and describe the data source(s) for the measure**

Area Health Education Center Programs (AHEC) maintain records on placements of medical providers including physician/resident medical students, nurses, dental students, physical therapists, dentists, emergency medical technicians, dietitians, etc., in defined underserved areas. This data is collected manually by each AHEC Center and input into a Florida AHEC Network Data System by each center.

- **Describe the methodology used to collect the data.**

AHEC's data of program participants' activities is reported to the AHEC contract manager. Each quarter the AHEC Program Offices provide this information in their Quarterly Report.

- **Explain the procedure used to measure the indicator.**

The unduplicated count of medical providers who were placed in underserved areas for the calendar year.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Health Care Practitioner and Access Program Purpose Statement**

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.*  
*Objective 8A: Assist in the placement of providers in underserved areas.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes. AHEC Contracts and Reports*
- *Is written documentation available that describe how the data are collected? Yes. AHEC Contract Manager.*
- *Has an outside entity ever completed an evaluation of the data system? Contract with Learning Systems Institute, FSU, July '93-June '94.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** ISSUE LICENSES AND RENEWALS; CREDENTIAL PRACTITIONERS

**MEASURE:** PERCENT OF HEALTH CARE PRACTITIONERS' APPLICATIONS APPROVED FOR LICENSURE WITHIN 90 DAYS AFTER RECEIPT OF A COMPLETED APPLICATION.

- **List and describe the data source(s) for the measure**

The Practitioners Regulation Administration and Enforcement System (PRAES) of the Department of Health. The PRAES System is a fully integrated and comprehensive data based licensing, receipting, and examination management system.

- **Describe the methodology used to collect the data.**

Application processors record in PRAES on an application checklist items the date items are received that are required for licensure. The date the individual is approved for licensure is also recorded in PRAES.

- **Explain the procedure used to measure the indicator.**

The measure of the indicator will be based on determining the actual time in days that it takes to approve an applicant for licensure once the division receives a completed application with all items needed for licensure and the date the individual is approved for licensure. The Division's PRAES staff is working with the Division of Information Technology to develop a report that will compare the dates of approval of each item on the application checklist to determine the latest date that the final item came in and compare this date with the date the application was approved for licensure. The report will be developed for two professions as a pilot before preparing it for all professions. The staff for these two professions will manually determine compliance with the 90-day requirement to determine if the report is correct.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Health Care Practitioner and Access Program Purpose Statement

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care*  
*Objective 6B: Evaluate and license health care practitioners*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? NO*
- *Is written documentation available that describe how the data are collected? NO*
- *Has an outside entity ever completed an evaluation of the data system? Yes, the Office of the Auditor General reviewed the system.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** DEPARTMENT OF HEALTH

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** PRACTITIONER REGULATION LEGAL SERVICES

**MEASURE:** NUMBER OF CEASE AND DESIST ORDERS ISSUED

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart.

**2. Describe the methodology used to collect the data and to calculate the result.**

The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

The number of Cease and Desist Orders can be simply derived by counting both the number of cases with an activity code entry reflecting a Cease and Desist Order or Agreement and the number of cases closed with those disposition codes that reflect the closure of an unlicensed activity case with a Cease and Desist Order or Agreement, specifically 4121 and 4122, taking care that no case number is double-counted.

**VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** CONSUMER SERVICES

**MEASURE:** NUMBER OF COMPLAINTS RESOLVED

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart.

**2. Describe the methodology used to collect the data and to calculate the result.**

The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

Those complaints that are resolved and closed by the Consumer Services Unit are those closed with a disposition code lower than 1099, with the exception of citations, which are designated by a 1099 closure of the complaint and the opening of a probable cause found case that is then closed with a 4085 disposition code.

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** ISSUE LICENSES AND RENEWALS

**MEASURE:** NUMBER OF DAYS TO ISSUE A NURSING LICENSE

The target performance measure for 2003-2004 is:

For nursing applications, (1) a license, (2) an exam eligibility, or (3) a deficiency letter will be issued within 30 days of receipt of application fees

### **DATA SOURCES AND METHODOLOGY:**

- 1. List and describe the data source(s) for the measure.**
  - a. Data in extracted from the PRAES licensing data base
  - b. Data fields include
    - i. Date money receipted into PRAES by vendor
    - ii. Date of completed transaction in PRAES
      1. License issued, or
      2. Exam eligibility issued
    - iii. Date of Deficiency letter in PRAES sent to applicant
- 2. Describe the methodology used to collect the data and to calculate the result.**
  - a. On a quarterly basis, the BON Executive Director requests the report from IT
  - b. The report includes all application and licensing transactions for the period.
  - c. The report specifies the count of days from the date of money receipted for each of the following:
    - i. Date license is issued
    - ii. Date exam eligibility is issued
    - iii. Date Deficiency letter sent
  - d. Each of these date are entered automatically into the PRAES system
  - e. The average of c(i), c(ii), and (ciii) individually and in sum is calculated
  - f. The result reported for performance monitoring is the overall average of the three individual indicators
- 3. Explain the procedure used to measure the indicator.**
  - a. The overall average for the three indicators is evaluated monthly and reported quarterly and annually

## **VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
  - a. 100% sample of applicants
  - b. Assignment of dates to three indicators is automatic in PRAES system
  - c. Evaluation of all outliers in pilot development revealed that data accurately reflected each of the three indicators
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.
  - a. The business functions of the board office center on issuing licenses or making applicant eligible for examination
  - b. Issuing a deficiency letter tolls the indicator for issuing a license as the application is incomplete until documents are furnished by the applicant; incomplete documents are not an indicator of board office performance but the issuing of a deficiency letter demonstrates that the application has been worked as far as board staff can with the information provided by the applicant.

## **RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
  - a. 100% sampling of nursing applications since it was available in PRAES system
  - b. Outlier analysis of items to the right and to the left of the target revealed that the indicator accurately reflect board office performance and that the data was not reflective of extraneous environmental factors
  - c. Manual audit of 200 randomly selected files showed similar results
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).
  - a. 100% in the Pilot data for calendar year 2002 sample of 16,323 nursing applications
  - b. 100% in the Fiscal Year 2002-2003 data from 17,645 applications

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: MEDICAL QUALITY ASSURANCE

ACTIVITY: INVESTIGATIVE SERVICES

MEASURE: AMOUNT OF REVENUE COLLECTED FROM DELINQUENT LICENSE FINES

### **DATA SOURCES AND METHODOLOGY:**

#### **1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition. Cases where discipline is imposed due to practicing on a delinquent license are identified in PRAES by the entry of violation code "2." The amount of the fine imposed either by citation or board final order is entered into PRAES by Compliance staff.

#### **2. Describe the methodology used to collect the data and to calculate the result.**

The methodology used to collect the data and calculate the result involves utilizing the Microsoft Access program to run a query that provides a total of the fine amounts imposed for those cases where the sole basis of an imposed fine was a violation for practicing on a delinquent license, as reflected by a violation code of "2" being entered into PRAES.

#### **3. Explain the procedure used to measure the indicator.**

The accuracy of the measure is dependent upon the accuracy of the data entries made by Compliance staff in recording the fines imposed in those cases where the violation was practicing on a delinquent license. The high level of experience on the part of Compliance staff in making these entries has resulted in data that is highly reliable and error-free.

**VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** INVESTIGATIVE SERVICES

**MEASURE:** NUMBER OF LICENSEES WHO ARE FOUND TO BE PRACTICING  
ON A DELINQUENT LICENSE

DATA SOURCES AND METHODOLOGY:

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart.

**2. Describe the methodology used to collect the data and to calculate the result.**

The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

Cases that produced a finding of practicing on a delinquent license are indicated by a probable cause found case being closed with a non-dismissal disposition code (i.e., not 4015, 4016, 4082, 4097 or 4099), and an entry of violation code "2."

**VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** PROFILE PRACTITIONERS

**MEASURE:** NUMBER OF INQUIRIES TO PRACTITIONER PROFILE WEBSITE

### **DATA SOURCES AND METHODOLOGY:**

#### **1. List and describe the data source(s) for the measure.**

The data source consists of log files. The web server generates a file (the "log file") that documents all activity on the site, including, but not limited to the IP address or domain name of the visitor to your site, the date and time of their visit, what pages they viewed, whether any errors were encountered, any files downloaded and the sizes, the URL of the site that referred to yours, if any, and the Web browser and platform (operating system) that was used.

#### **2. Describe the methodology used to collect the data and to calculate the result.**

The server gathers information and stores it continuously as hits to the web site occur.

#### **3. Explain the procedure used to measure the indicator.**

Off the shelf software is used that analyzes and displays statistical analyses from the log file information. The reports are available on the intranet at the following location:

[http://dohiws.doh.state.fl.us/Special\\_Groups/WebManagers/SiteStatistics/index.htm](http://dohiws.doh.state.fl.us/Special_Groups/WebManagers/SiteStatistics/index.htm)

The reports include information such as how many people visit the Web site, which pages on the site are the most popular, and what time of day the visits occur.

## VALIDITY:

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? **YES***

#### *Health Care Practitioner and Access Program Purpose Statement*

*To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? **YES***
- *If yes, state which goal and objective it relates to?*

**Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care**

**Objective 6B: Evaluate and license health care practitioners**

- *Has information supplied by programs been verified by the Office of the Inspector General? **NO***
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? **NO***

### Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY:

### Reliability Determination Methodology:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* NO – However, software that was purchased by the Department tracks the number of hits on the website. Web managers within the division have the capability to retrieve the necessary information by logging on to the site.
- *Is written documentation available that describe how the data are collected?* **NO Web managers may query the intranet site for specific data.**
- *Has an outside entity ever completed an evaluation of the data system?* **NO**

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?* **YES**
- *Has information supplied by programs been verified by the Office of the Inspector General?* **NO**
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* **NO**

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES

**MEASURE:** NUMBER OF COMPLAINTS DETERMINED LEGALLY SUFFICIENT

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

A complaint is legally sufficient if analysis finds facts contained therein which show that a violation has occurred. A more thorough definition is provided statutorily under s. 456.073, F.S.:

“...A complaint is legally sufficient if it contains ultimate facts that show that a violation of this part, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation...”

Once a Consumer Services Investigator makes the determination of legal sufficiency, the complaint is put into one of two statuses:

25 – Transmitted to field for investigation

35 – Conducted as a desk investigation

The Access query was written to add the total number of complaints put into a status “25” with the total number of complaints put into a status “35.”

**VALIDITY:**

Data is input by investigative and support staff in the Consumer Services Unit. Reports are run monthly to verify the accuracy of all data entry, particularly those entries affecting the date of legal sufficiency. The status "25" and status "35" are used to reflect that an investigation has been deemed necessary (legal sufficiency). The occurrence of either one of these is an appropriate and direct reflection of this performance measure.

**RELIABILITY:**

The numbers are gathered monthly in a monthly critical business report. They are then recorded in a fiscal year spreadsheet for annual reporting. Occasionally, a complaint is returned to Consumer Services Unit for various reasons. If the complaint is then closed as a duplicate of a previous complaint, the history of the status 25 is not erased and the complaint will still be counted as legally sufficient. In addition, if a complaint is then returned back to the field after some corrections are made, the status 25 would be entered again to indicate the transmittal. The complaint would then be counted twice as legally sufficient. The total number of returned complaints from the field offices in FY 2000-2001 was 68, or 1.2 percent of the total number of legally sufficient complaints. Furthermore, the annual data from the monthly reports (5,751) was crosschecked with the data in the Datamart at the end of the fiscal year (5,705). The difference between the two numbers was 46 complaints (.7% of the total). The lesser of the two was used for the measure as the 46 were likely duplicate entries within the same complaint. Therefore, the method for data collection has been deemed sufficiently valid and reliable representation of the measure.

The data collected monthly is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF PROBABLE CAUSE (ISSUANCE OF CITATION  
FOR MINOR VIOLATIONS)

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

The fact that an investigation has taken place means that the complaint was determined legally sufficient. Once the investigator has determined that the violation is minor and that statutory authority exists, a citation is issued. The Consumer Services section closes the case, after acceptance of the citation and as of the date of the filing of the citation as a Final Order with the DOH Agency Clerk, and enters a disposition code of "4085". The occurrence of a case with a disposition code of "4085" and a status 120 date during the fiscal year is then counted for this measure.

**VALIDITY:**

Data is input by Consumer Services support staff. The disposition "4085" is used to reflect that a complaint was closed "citation issued." The occurrence of this disposition code is an appropriate and direct reflection of this performance measure.

**RELIABILITY:**

The number of citations issued is gathered monthly in a monthly critical business report. These are tracked for compliance with mandatory timeframes. The subject has the option of accepting or rejecting the citation. The disposition "4085" is only entered on those citations that are accepted or in which no response is received within 30 days from receipt of the citation as provided by statute. This number is run quarterly by board for review and then run again for the annual figure.

The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the monthly and quarterly monitoring of this measure, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES, INVESTIGATIVE SERVICES AND  
PRACTITIONER REGULATION LEGAL

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF NO PROBABLE CAUSE (LETTERS OF  
GUIDANCE)

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition. The fact that an investigation has taken place means that the complaint was determined legally sufficient.

**3. Explain the procedure used to measure the indicator.**

Once an investigation is completed, the probable cause panel can make a determination of no probable cause with a letter of guidance. Practitioner Regulation Legal staff close the complaint as of the date of the probable cause determination with a status 120 and enter a disposition code of "2006." The occurrence of a complaint with a disposition code of "2006" and a status 120 date during the fiscal year is then counted for this measure.



**VALIDITY:**

Data is input by Practitioner Regulation Legal support staff. The disposition “2006” is used to reflect that a complaint was closed “no probable cause found with a letter of guidance.” The occurrence of this disposition code is an appropriate and direct reflection of this performance measure.

**RELIABILITY:**

The statistic is gathered periodically for the critical business reports but it is combined with other dispositions of no probable cause finding. Therefore, the actual number of letter of guidance closures is not generated until after the fiscal year end. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month or year without it being considered an error by the PRAES system. In this case, the number would be different if run again. However, this is not likely to significantly affect this measure and therefore reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF NO PROBABLE CAUSE (NOTICE OF NON-  
COMPLIANCE)

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

Investigative staff in the Consumer Services Unit can make a determination of legal sufficiency and issue a notice of noncompliance. Support staff in Consumer Services will then close the complaint with a status 120 as of the date of the notice in a disposition code "1021." The occurrence of a complaint with a disposition code of "1021" and a status 120 date during the fiscal year is then counted for this measure.

**VALIDITY:**

Data is input by Consumer Services support staff after being verified as an appropriate closure by a manager. The disposition "1021" is used to reflect that a complaint was closed with a notice of noncompliance. The occurrence of this disposition code is an appropriate and direct reflection of this performance measure.

**RELIABILITY:**

The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month or year without it being considered an error by the PRAES system. In this case, the number would be different if run again. Due to the small number of occurrences, each one was reviewed for possible error. Therefore reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** PRACTITIONER REGULATION LEGAL

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF STIPULATIONS OR INFORMAL HEARINGS

### **DATA SOURCES AND METHODOLOGY:**

#### **1. List and describe the data source(s) for the measure.**

Data for this measure is maintained within the index number assigned by the Deputy Agency Clerk for the Department of health and attached to the Final Order upon filing. In previous years, the data was hand counted from the agenda records and minutes of board meetings, which identify how the individual board or council has reached a final order. These records are maintained by Practitioner Regulation Attorneys and support staff.

#### **2. Describe the methodology used to collect the data and to calculate the result.**

As these codes were not coded on the PRAES system, a computer run of all resolved complaints after a finding of probable cause was conducted for the fiscal year. The list included any case closed with a 4000-4099 disposition code and excluded those cases closed with a "4085"(citation issued).

#### **3. Explain the procedure used to measure the indicator.**

The list of Final Order Index numbers was then used to count the number of resolutions through stipulation or informal hearing at the Agency Clerk's Office of the Department of Health. This was found to be a more accurate measure as the determination of resolution method was made in a central location and the actual number of resolutions could be reconciled with the database as the number of Final Orders filed.

As this method counts the number of orders filed while the previous years count was based on the numbers closed at the Board meetings, the number may have differed slightly. Therefore, the hand count was still conducted for FY 2000-2001 by Practitioner Regulation Legal staff to ensure that the approximately 30-day shift in timeframe would not effect the measure (minutes of meeting may reflect the closure mandated by the Board, but the actual Final Order filing may be 30 days after the meeting date).

**VALIDITY:**

The Deputy Agency Clerk for the Department of Health determines the actual method of resolution for each final order and makes a notation on the end of the index number. This is the best representation of how a case was resolved by the board or council.

**RELIABILITY:**

The measure is compiled by a hand count based on the computer run of resolved cases for the fiscal year. Each page was numbered and the counts were tallied by Consumer Services Staff to determine the actual number of resolutions by stipulation or informal hearing. The final number of 1,690 was compared to the count derived by Practitioner Regulation Legal's count from agenda records. The difference was 48 resolutions, which is less than a 3% difference. Therefore, any shift in the method of counting from the previous year appeared to be marginal. Although errors in hand counting may occur, it is not likely to significantly affect this measure and therefore reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** PRACTITIONER REGULATION LEGAL

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF FORMAL HEARINGS

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data for this measure is maintained within the index number assigned by the Deputy Agency Clerk for the Department of health and attached to the Final Order upon filing.

**2. Describe the methodology used to collect the data and to calculate the result.**

In previous years, the data was hand counted from the agenda records and minutes of board meetings, which identify how the individual board or council has reached a final order. These records are maintained by Practitioner Regulation Attorneys and support staff. As these codes were not coded on the PRAES system, a computer run of all resolved complaints after a finding of probable cause was conducted for the fiscal year. The list included any case closed with a 4000-4099 disposition code and excluded those cases closed with a "4085"(citation issued).

**3. Explain the procedure used to measure the indicator.**

The list of Final Order Index numbers was then used to count the number of resolutions through formal hearing at the Agency Clerk's Office of the Department of Health. This was found to be a more accurate measure as the determination of resolution method was made in a central location and the actual number of resolutions could be reconciled with the database as the number of Final Orders filed. As this method counts the number of orders filed while the previous years count was based on the numbers closed at the Board meetings, the number may have differed slightly. Therefore, the hand count was still conducted for FY 2000-2001 by Practitioner Regulation Legal staff to ensure that the approximately 30-day shift in timeframe would not effect the measure (minutes of meeting may reflect the closure mandated by the Board, but the actual Final Order filing may be 30 days after the meeting date).

**VALIDITY:**

The Deputy Agency Clerk for the Department of Health determines the actual method of resolution for each final order and makes a notation on the end of the index number. This is the best representation of how a case was resolved by the board or council.

**RELIABILITY:**

The measure is compiled by a hand count based on the computer run of resolved cases for the fiscal year. Each page was numbered and the counts were tallied by Consumer Services Staff to determine the actual number of case resolutions by formal hearing. When compared to the hand count from Practitioner Regulation Legal, the number differed by one (the Agency Clerk showed 73 while the hand count from agenda records reflected 72). Although an error may occur, it is not likely to significantly affect this measure and therefore reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** ISSUE LICENSES AND RENEWALS, CREDENTIAL PRACTITIONERS,

**MEASURE:** NUMBER OF LICENSES ISSUED AND RENEWALS MAILED ANNUALLY BY MEDICAL QUALITY ASSURANCE.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The Practitioners Regulation Administration and Enforcement System (PRAES) of the Department of Health. The PRAES System is a fully integrated and comprehensive data based licensing, receipting, and examination management system.

- **Describe the methodology used to collect the data.**

For licenses issued: Data on the total number of licenses issued is extracted from the PRAES System through the use of a query program.

For renewals mailed: Data on the total number of renewals mailed is provided by the PRAES System through a report generated by the renewal run.

- **Explain the procedure used to measure the indicator.**

The total number of licenses issued during the period 7/1 through 6/30 and the total number of renewals mailed during the period 7/1 through 6/30.

***NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000. The Information provided by the Division of Medical Quality Assurance was updated March 26, 2001***



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### *Health Care Practitioner and Access Program Purpose Statement*

*To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.*

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care*  
*Objective 6B: Evaluate and license health care practitioners*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? Yes, a user manual is available on the PRAES System as well as policies and procedures on processing applications and renewals.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, PRAES was reviewed by the Auditor General's Office*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** INVESTIGATE UNLICENSED ACTIVITY

**MEASURE:** NUMBER OF CASES INVESTIGATED

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart.

**2. Describe the methodology used to collect the data and to calculate the result.**

The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

**4.**

The number of cases of unlicensed activity that have been investigated is derived by simply counting the number of complaints opened with an allegation code of "0" or "1" that have proceeded to the completion of the investigation, as reflected by a status code of "50."

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** PRACTITIONER REGULATION LEGAL SERVICES

**MEASURE:** NUMBER OF CASES RESOLVED

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart.

**2. Describe the methodology used to collect the data and to calculate the result.**

The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database. Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

Cases resolved by legal will result in either a "2000" series closure (designating a finding of no probable cause), or in the event of a probable cause finding, a closure of the case with a "4000" series disposition code with the exception of 4085, which designates that a citation was issued through the Consumer Services Unit.

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES, INVESTIGATIVE SERVICES AND  
PRACTITIONER REGULATION LEGAL

**MEASURE:** NUMBER OF LEGALLY SUFFICIENT PRACTITIONER COMPLAINTS  
RESOLVED BY FINDINGS OF NO PROBABLE CAUSE (NOLLE PROSSE)

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health (DOH) Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition. The fact that an investigation has taken place means that the complaint was determined legally sufficient.

**3. Explain the procedure used to measure the indicator.**

Once an investigation is completed, the probable cause panel can make a determination of no probable cause (nolle proesse). Practitioner Regulation Legal staff close the complaint with a status 120 as of the date of the probable cause determination and enters a disposition code of "2082." The occurrence of a complaint with a disposition code of "2082" and a status 120 date during the fiscal year is then counted for this measure.

**VALIDITY:**

Data is input by legal support staff Practitioner Regulation Legal. The disposition “2082” is used to reflect that a complaint was closed nolle prosequere. Therefore, the occurrence of this disposition code is an appropriate and direct reflection of this performance measure.

**RELIABILITY:**

The statistic is gathered quarterly for the AHCA/DOH joint committee report but it is combined with other dispositions of no probable cause finding. Therefore, the actual number of nolle prosequere closures is not generated until after the fiscal year end. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month or year erroneously without it being considered an error by the PRAES system. In this case, the number would be different if run again. However, this is not likely to affect this measure and therefore reliability is high and sufficiently error free.



## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** ISSUE LICENSES AND RENEWALS

**MEASURE:** NUMBER OF LICENSES THAT TURN NULL AND VOID

### **DATA SOURCES AND METHODOLOGY:**

- 1. List and describe the data source(s) for the measure.**  
The data source used for this measure is captured by licensee in the Divisions licensing database system (PRAES).
- 2. Describe the methodology used to collect the data and to calculate the result.** Pursuant to s. 456.036(5), FS. if a licensee does not renew their license by the expiration date, the license is moved to delinquent status. If the licensee fails to become active or inactive before the expiration of the delinquent status, the license becomes null as stated in s. 456.036(6), FS. The result is calculated by running a query from the PRAES licensing system to find the number of licenses that went to null and void status.
- 3. Explain the procedure used to measure the indicator.**  
This measure is a count of the number of null and void status licenses. Measuring the indicator lets the Department of Health know how many licensees by profession failed to renew their license while in a delinquent status. This indicator can also be used to track trends within the Department of Health professions.

**VALIDITY:**

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**RELIABILITY:**

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

## PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM

**INSTRUCTIONS:** This form (formerly the Exhibit D-2B) is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measure, when the data source or methodology changes, when requesting new measures, and when requesting deletion of a measure.

**AGENCY:** Department of Health

**PROGRAM:** Health Care Practitioner and Access

**SERVICE:** Medical Quality Assurance

**MEASURE:** Outcome

[Number of unlicensed practitioners identified and referred to State Attorneys.](#)

- **List and describe the data source(s) for the measure**

The Breakthrough to Exceptional Services and Technology System (BEST) of the Department of Business and Professional Regulation. The BEST System is a fully integrated and comprehensive data based licensing, receipting, and examination management system. ACHA maintains the information on unlicensed activities in a subsystem of the BEST system, called the Complaint Management Subsystem (CMS). This subsystem maintains and tracks complaints filed, including cost and time accounting and reporting regarding the regulation of health care practitioners.

The Division of Medical Quality Assurance is in the process of transitioning the enforcement of unlicensed activities from the Agency for Healthcare Administration. The division is establishing a unit to educate the public on unlicensed activities and to receive complaints. Once this unit is established the data for this measure will be stored in the MQA data base system.

- **Describe the methodology used to collect the data.**

The data source is the complaint filed against a practitioner for unlicensed activity. The Division of Medical Quality Assurance contracts with the Agency for Healthcare Administration (ACHA) to investigate complaints on unlicensed activities. ACHA collects the data from complaints, cease and desist orders and reports from the field investigators and inputs the data into the CMS, where reports are generated via a query language and provided to MQA.

- **Explain the procedure used to measure the indicator.**

The measure determines the total number of individuals who were not licensed by an appropriate board or council or the department and had violated a provision of the Florida Statute that relates to the practice of the profession, during the collection period July 1– June 30.

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Health Care Practitioner and Access Program Purpose Statement**

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care*  
*Objective 6A: Identify unlicensed activity*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? Yes, in the user manual for the Complaint Management Subsystem.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, OPPAGA reviewed the system as part of a review of the Board of Medicine.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*  
**YES**
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES

**MEASURE:** PERCENT OF CEASE AND DESIST ORDERS ISSUED TO UNLICENSED PRACTITIONERS IN WHICH ANOTHER COMPLAINT OF UNLICENSED ACTIVITY IS SUBSEQUENTLY FILED AGAINST THE SAME PRACTITIONER

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health PRAES Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

The definition of this measure was determined in a joint meeting with the previous division director and agency audit staff in 1997 to be: The number of practitioners with a cease and desist notice against them during the fiscal year with a subsequent complaint of unlicensed activity; divided by; the total number of cease and desist notices issued during the fiscal year.

**3. Explain the procedure used to measure the indicator.**

A cease and desist notice is identified by an entry of disposition 4017,4025,4026, 4121, and 4122. These codes are not entered by AHCA personnel and are instead entered by the DOH Unlicensed Activity Office.

**VALIDITY:**

This measure indicates the effectiveness of issuing cease and desist orders in stopping unlicensed activity. The dispositions above indicate whether or not a cease and desist notice was issued as long as it was entered with a closure date within the fiscal year.

**RELIABILITY:**

The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this in AHCA, the inventories are reconciled monthly to capture any erroneously backdated information. However, the Unlicensed Activity office is under the Department of Health and monitors its own caseload and may or may not operate under the same monitoring system.

It was requested that this outcome be removed from AHCA performance measures last year. This request is being made again due to the lack of AHCA control over the accuracy of the disposition input.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES, INVESTIGATIVE SERVICES AND PRACTITIONER REGULATION LEGAL

**MEASURE:** PERCENT OF INITIAL INVESTIGATIONS AND RECOMMENDATIONS AS TO THE EXISTENCE OF PROBABLE CAUSE COMPLETED WITHIN 180 DAYS OF RECEIPT OF COMPLAINT

### **DATA SOURCES AND METHODOLOGY:**

#### **1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

#### **2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

#### **3. Explain the procedure used to measure the indicator.**

The denominator for this measurement is a combination of 3 figures: administrative closures by Consumer Services (entry of a closure date and a disposition "1000" – "1090" by the Consumer Services Unit), recommendations to probable case panel (indicated by the entry of status "70" by Practitioner Regulation Legal, and citations issued (indicated by the entry of code "70" by the Consumer Services Unit). The numerator is determined by calculating the number of days from the received date (also the date of legal sufficiency) to the date of the closure, recommendation, or issuance of citation. If the number of days is 180 or less, then it is counted in the numerator. An Access query was written to calculate both numbers. This number is tracked in the monthly Critical Business Reports, which includes a running tally for the fiscal year.



**VALIDITY:**

This measure indicates the Department's responsiveness to consumer complaints against health care practitioners and the ability to meet the timeframes set forth in statute. The date that a recommendation of probable cause is drafted for the panel is indicated by the status "70" date. The date of the Activity "70" (issuance of a citation) has been determined to be a recommendation of probable cause.

**RELIABILITY:**

The backup data for this measure is monitored weekly as meeting the 180-day compliance rate, which has been a priority within the program. The figures are gathered monthly in a monthly critical business report. A running total is reported for the fiscal year in the monthly critical business report. The number in the June report is then used for the annual statistic. In order to check this number against the database, the number is run for the entire fiscal year. In this case the figure was 88.3%, rather than 88.7%. This could be due to the process of reopening complaints if additional information is received. Therefore, the figure collected from the monthly reports is sufficiently reliable (within .4%).

The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES AND INVESTIGATIVE SERVICES

**MEASURE:** PERCENT OF PRIORITY I PRACTITIONER INVESTIGATIONS  
RESULTING IN EMERGENCY ACTION

### **DATA SOURCES AND METHODOLOGY:**

#### **1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

#### **2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

#### **3. Explain the procedure used to measure the indicator.**

Once a Consumer Services Investigator makes the determination that the allegation is of a priority one nature (as defined in the procedure manual in Consumer Services), the priority is changed to a "1" on the complaint maintenance screen in the PRAES system. The complaint is then fast tracked through the Investigative Services Unit and the completed investigation submitted to Practitioner Regulation Legal. If the legal section determines that emergency action is necessary, it goes forward with an Emergency Suspension Order or an Emergency Restriction Order using a status "90" to indicate that emergency action was taken. If, during or after investigation, the prosecuting attorney determines that the matter is no longer an immediate threat to the public, then the complaint is downgraded to a priority two. The Access query was written to identify the number of complaints opened during the fiscal year having a priority one indicator and the number of status "90"s entered during the fiscal year on complaints with a priority one indicator.

**VALIDITY:**

This measure indicates the efficiency of the identification, investigation and restrictions or removal from practice those health care practitioners posing an immediate threat to the health, safety and welfare of the public. The status "90" identifies when emergency action is taken and is entered by legal staff designated in Practitioner Regulation Legal to monitor priority one complaints to ensure consistency.

**RELIABILITY:**

The priority and current status of complaints and cases are monitored monthly and weekly (by request) on all open complaints and cases. These reports are sent to the section managers for review and distribution. Once a status "90" is entered, it can only be deleted by restricted and password protected authority. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of the priority one complaints, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES AND INVESTIGATIVE SERVICES

**MEASURE:** AVERAGE NUMBER OF DAYS TO TAKE EMERGENCY ACTION ON PRIORITY I PRACTITIONER INVESTIGATIONS

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

**3. Explain the procedure used to measure the indicator.**

Once a Consumer Services Investigator makes the determination that the allegation is of a priority one nature (as defined in the procedure manual in Consumer Services), the priority is changed to a "1" on the complaint maintenance screen in the PRAES system. The complaint is then fast tracked through the Investigative Services Unit and the completed investigation submitted to Practitioner Regulation Legal. If the legal section determines that emergency action is necessary, it goes forward with an Emergency Suspension Order or an Emergency Restriction Order using a status "90" to indicate that emergency action was taken.. If, during or after investigation, the prosecuting attorney determines that the matter is no longer an immediate threat to the public, then the complaint is downgraded to a priority two. The Access query was written to identify the number of priority one complaints and the number of status "90"s entered during the fiscal year. The average days were then determined on all instances of emergency action, counting the days between the received date (also the date of legal sufficiency) and the date of the status "90."

**VALIDITY:**

This measure indicates the Agency's responsiveness to practices by health care practitioners that pose a serious threat to the public. The status "90" identifies when emergency action is taken and is entered by legal staff designated in each legal section to monitor priority one complaints to ensure consistency.

**RELIABILITY:**

The priority and current status of complaints and cases are monitored monthly and weekly (by request) on all open complaints and cases. These reports are sent to the section managers for review and distribution. Once a status "90" is entered, it can only be deleted by restricted and password protected authority. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of the priority one complaints, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE REGULATION

**SERVICE:** HEALTH FACILITIES AND PRACTITIONER REGULATION

**ACTIVITY:** CONSUMER SERVICES AND INVESTIGATIVE SERVICES

**MEASURE:** AVERAGE NUMBER OF PRACTITIONER COMPLAINTS PER FTE

### **DATA SOURCES AND METHODOLOGY:**

**1. List and describe the data source(s) for the measure.**

Data is obtained from the Department of Health Professional Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

**2. Describe the methodology used to collect the data and to calculate the result.**

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition of a practitioner complaint investigation (denominator).

**3. Explain the procedure used to measure the indicator.**

An investigation has been defined as a complaint that has been worked by the Bureau of Consumer and Investigative Services. Complaints that meet this criteria are counted when they are 1) closed administratively (1000-1090 disposition code, run from query at the end of the year), 2) transmitted to the legal section from either the field or Consumer Services as a desk investigation (status 50, referred to legal, see annual report measure to Department of Health), 3) closed with a citation issued by Consumer Services (4085 disposition code). The number of FTE is the numerator and is a count by the Consumer Services Unit and the Investigative Services Unit Managers of the number of FTE employed to analyze complaints for legal sufficiency or investigate complaints during the fiscal year. For Fiscal Year 2000-2001, this number was 67 for Investigative Services and 15 for Consumer Services for a total of 82 FTE.

**VALIDITY:**

This measure roughly indicates the productivity of the practitioner regulation investigation program component. The number of complaints that are analyzed for legal sufficiency and closed per investigator is much higher than the number of full investigations per investigator. By combining these two figures in the denominator, productivity improvements in the individual sections (between Consumer Services and Investigative Services) may be diluted.

**RELIABILITY:**

The numbers for the denominator are gathered monthly in a monthly critical business report. They are then recorded in a fiscal year spreadsheet for annual reporting. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** HEALTH CARE PRACTITIONER AND ACCESS

**SERVICE:** MEDICAL QUALITY ASSURANCE

**ACTIVITY:** INVESTIGATE UNLICENSED ACTIVITY

**MEASURE:** NUMBER OF UNLICENSED HEALTH CARE PRACTITIONERS INVESTIGATED ANNUALLY

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The data source for the measure is the Professional Regulation Administration Enforcement System (PRAES) is utilized by the Department of Health. The PRAES System is a fully integrated and comprehensive data based licensing, receipting, and examination management system. In addition, the Unlicensed Activity Office uses a local Dbase System to maintain unlicensed activity cases in the unit. The system is a subsystem of Lotus Notes used and operated by the Office of Attorney General where the Unlicensed Activity Office is housed.

- **Describe the methodology used to collect the data.**

The data source is the complaint filed against a practitioner for unlicensed activity. The Division of Medical Quality Assurance under the direction and control of the Department's General Counsels Office maintains an Unlicensed Activity Office (U LAO) in the Fort Lauderdale Area with Statewide jurisdiction that investigates all unlicensed activity complaints in the four south Florida counties, all Statewide and out-of-state cases, but may investigate anywhere in the State if the severity of the case warrants.

The U LAO collects the data from complaints, arrests, number of criminal convictions, civil injunctions, cease and desist orders and reports from the field investigators and inputs the data into the Professional Regulation Administration Enforcement System (PRAES) of the Department of Health or the Lotus Notes System provided by the Office of Attorney General where reports are generated via a query language and provided to MQA. The Department contracts with the Agency for Health Care Administration (ACHA) to investigate complaints on unlicensed activities in the remaining 63 counties. ACHA collects the data from complaints, cease and desist orders and reports from the field investigators and inputs the data into the Professional Regulation Administration Enforcement System (PRAES) of the Department of Health where reports are generated via a query language and provided to MQA.

- **Explain the procedure used to measure the indicator.**

The measure determines the total number of individuals who were not licensed by an appropriate board or council or the department and had violated a provision of Florida Statutes that relates to the practice of a health care the profession, during the collection period 7/1 through 6/30.



## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### **Health Care Practitioner and Access Program Purpose Statement**

To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care*  
*Objective 6A: Identify unlicensed activity*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? No*
- *Is written documentation available that describe how the data are collected? Yes, in the user manual for PRAES.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, Office of The Auditor General reviewed PRAES.*

*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** DISABILITY DETERMINATION

**SERVICE:** DISABILITY BENEFITS DETERMINATION

**ACTIVITY:** REVIEW AND DETERMINE ELIGIBILITY FOR DISABILITY BENEFITS.

**MEASURE:** NUMBER OF DISABILITY DECISIONS COMPLETED ANNUALLY.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

The number of completed disability decisions are obtained from the National Disability Determinations Service System (NDDSS) maintained by the Social Security Administration (SSA). Medically Needy determinations were added for 2001-02 fiscal year.

- **Describe the methodology used to collect the data.**

A claim is logged into the NDDSS when it is filed in a SSA district office. Each step of the claim adjudication processes is recorded. Upon completion relevant data about the claim are accessible including completed decision data.

- **Explain the procedure used to measure the indicator.**

Number of disability decisions completed annually.

#### Program information

Historically this output measure has been a key process measure used by the SSA as a “standard” for comparing states’ disability determination programs. This measure is recorded when a claim is completed and is reported weekly on SSA’s NDDSS.

All disability claims filed in SSA’s district offices are logged into the NDDSS. Each step in the claim adjudication process is recorded. Upon completion relevant data about the claim are accessible and comparisons with other states are made.

***NOTE: Information provided by the Department of Health’s Office of the Inspector General is presented in italics and was updated August 31, 2000.***

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Disability Determination Purpose Statement

To decide in a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 9: Process disability determinations*  
*Objective 9A: complete disability determinations in an accurate manner*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
- *Is written documentation available that describe how the data are collected? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
- *Has an outside entity ever completed an evaluation of the data system? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

•  
*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation?*  
YES
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
NO.
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*

## ***Performance Measure Validity and Reliability Form***

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances [**check one**]:

- when requesting revisions to approved measures,
- when data sources or measurement methodologies change,
- when requesting new measures, and
- when providing backup for performance outcome and output measures.

**AGENCY:** DEPARTMENT OF HEALTH

**PROGRAM:** DISABILITY DETERMINATION

**SERVICE:** DISABILITY BENEFITS DETERMINATION

**MEASURE:** PERCENTAGE OF DISABILITY DECISIONS COMPLETED ACCURATELY AS MEASURED BY THE SOCIAL SECURITY ADMINISTRATION.

### **DATA SOURCES AND METHODOLOGY**

- **List and describe the data source(s) for the measure**

See below.

- **Describe the methodology used to collect the data.**

Historically this key process measure has been used by the SSA as a “standard” for comparing states’ disability determination programs. This measure is reported weekly on SSA’s State Agency Operations Report (SAOR) and is used to evaluate Disability Determination Services performance.

The Social Security Administration (SSA) Office of Program Integrity Review (OPIR) determines decision accuracy by reviewing a random sample of approximately 100 - 200 completed claims per month. Claims are computer selected after being logged into the system with the decision code. Each SSA region has a Disability Quality Branch (DQB) to review random samples of completed claims.

Each region’s DQB submits a random sample of their reviewed claims to the Central Office in Baltimore for an accuracy review. All claims require adequate documentation for an independent reviewer to reach the same decision..

- **Explain the procedure used to measure the indicator.**

This accuracy measure is calculated from the percentage of correct decisions divided by the total reviewed.

**NOTE:** *Information provided by the Department of Health’s Office of the Inspector General is presented in italics and was updated August 31, 2000.*

## VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

### Validity Determination Methodology:

*The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).*

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

#### Disability Determination Purpose Statement

To decide in a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*  
*Goal 9: Process disability determinations*  
*Objective 9A: complete disability determinations in an accurate manner*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.*

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

*Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.*

## RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

### Reliability Determination Methodology:

*The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:*

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
- *Is written documentation available that describe how the data are collected? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
- *Has an outside entity ever completed an evaluation of the data system? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

•  
*The following data reliability test questions were created and answered by the Office of the Inspector General:*

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

### Reason the Methodology was Selected:

*This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.*

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

*Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.*



**Performance Measure Validity and Reliability  
Request for Additions, Changes, Deletions**

**The following Exhibits are to request either NEW measures,  
CHANGES to current measures and/or DELETION of a measure.**

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Infectious Disease Control/64200400**

**Measure: Bacterial STD case rate among females 15-34 per 100,000**

**Action (check one):**

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's Sexually Transmitted Disease Control program is requesting to delete the "Chlamydia rate per 100,000" measure and replace it with "Bacterial STD case rate among females 15-34 per 100,000". Chlamydia is only one of several STDs of interest to the department. The bacterial STD measure captures more of these STDs including gonorrhea and syphilis. Focusing on females 15-34 is desirable because this group is at the highest risk for these infections and focusing on young females provides more reliable data since females typically have more consistent contacts with the health care system and get screened more regularly than males.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Family Health Services/64200300**

**Measure: Number of Child Care Food Program meals served monthly**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.  
Requesting new measure.
- Backup for performance measure.

The department's Child Care Food Program is requesting a **new measure**, "**number of Child Care Food Program meals served monthly**" to replace "number of daily Child Care Food Program participants" measure which has been requested to be deleted.. The current "number of participants" figure is estimated using a mathematical calculation of questionable validity. The "number of meals served" is a more valid and reliable number and a better indicator of program services.

### **Data Sources and Methodology:**

Data is derived from monthly claims filed by program contractors using the Child Care Food Program's web based Management Information and Payment System (MIPS). In addition to other information, contractors report the number of meals served to children in their care during the reporting month. This data is transmitted monthly to the USDA Food and Nutrition Service and provides the basis for federal meal reimbursements.

### **Validity:**

Program contractors must document and report the number of meals served at each meal service – breakfast, lunch, snack, etc. MIPS edits these numbers against other information in the database to ensure validity. The system flags potential problems for follow-up and desk reviews and on-site monitoring reviews further ensure validity of reported numbers and consequent payments.

### **Reliability:**

System edits, on-going training, written guidance, technical assistance and on-site monitoring help ensure the reliability of reported numbers.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Family Health Services/64200300**

**Measure: Percent of WIC clients who are initially breastfed**

**Action (check one):**

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's WIC program proposes to delete the WIC low birth weight measure and requesting the new measure **percent of WIC clients who are initially breastfed**. Low birth weight is heavily impacted by multiple births which are invariably low birth weight. The increase in multiple births is a national phenomenon and not unique to WIC clients. The trend towards delaying childbirth to a later age is a contributing factor as the probability of multiple births increases with age. The WIC program believes the low birth weight measure provides little insight into program performance.

The department believes the percent of WIC clients who are initially breastfed is a better indicator of program performance. Breast milk is widely acknowledged to be the optimal form of nutrition for infants with a range of benefits for infant health, growth, immunity, and development. In addition, breastfeeding has been shown to improve maternal health and demonstrated effects that include an earlier return to pre-pregnancy weight. The WIC program also has more direct control over the percent of clients who are initially breastfed than the percent of clients who have a low birth weight birth.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Preparedness and Response**

**Measure: Percent of health and medical target capabilities met**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure is intended to provide insight into the extent to which the Department of Health, Division of Emergency Medical Operations, Office of Public Health Preparedness, is achieving the health and medical system capabilities necessary to effectively respond to a large-scale disaster or emergency. This indicator is based on national standards.

### **Data Sources and Methodology:**

(How the measure will be calculated)

The Office of Public Health Preparedness developed and facilitated a statewide health and medical capabilities assessment during the first six months of 2006, beginning with a pilot in Region 5 in February 2006. The project included an in-depth self-assessment by each county health and medical system and statewide preparedness program against the Department of Homeland Security health and medical-related target capabilities, as well as Centers for Disease Control and Prevention (CDC) and Health Services Resource Administration (HRSA) grant requirements. The county health department planners/trainers and state project leads were responsible for the assessment, however, they sought input from a variety of partners, including Emergency Management, hospitals, Emergency Medical Services, law enforcement, and other health and medical stakeholders. In addition to collecting Florida's baseline data regarding health and medical system preparedness capabilities, the process also educated health and medical stakeholders in the national standards, identified local and regional best practices, and strengthened relationships among health and medical stakeholders.

The Office of Public Health Preparedness is currently developing a system to conduct an annual assessment of progress against the national capabilities standards, using the newly formed health and medical Target Capabilities teams to conduct the assessment.

**Validity:**

(Describe why this is a good measure)

The methodology for collection of this data was based on national models, such as the CDC State and Local Public Health Assessment. In an effort to further assure the validity of the data, additional steps were added to the process: The self-assessments utilize a five point Likert scale to assess critical tasks performed in each target capability. Point scale: 5=Completely meets (capability); 4=meets to a large extent; 3=moderate progress in meeting; 2=(meets) to a small extent; 1=(meets) to no extent. The score selected in each critical task required supporting evidence. An independent subject matter expert validated each score against the evidence/documentation provided, and calibrated the scores within each region. The assessment provides a snapshot of our health and medical preparedness capabilities at the county, regional and state level at a specific point in time. It does not assess performance or outcomes. The data was validated in September 2007 during a review of progress and gaps conducted as part of the Department of Homeland Security funding process.

**Reliability:**

(Describe the reliability and accuracy of the data used to calculate this measure)

The capabilities data were analyzed by the Florida State University College of Medicine, Division of Health Affairs. First the data from the 67 counties for each of the performance activities within the eighteen health and medical target capabilities, were analyzed and conflated into three categories: Critical tasks that were assessed as *completely met*, or *met to a large extent*, were classified as **significant progress**. Critical tasks that were assessed as *met to a moderate extent* were classified as **moderate progress**. Critical tasks that were assessed as *met to a small extent*, or *to no extent*, were classified as **gaps**. Data were then aggregated and average at the target capability level. Next, percentages were computed for each target capability for the county, regional, and state levels. The data point reflects the percentage of Florida Counties achieving significant progress in meeting all national health and medical preparedness standards.

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Department of Health

**Program:** Children's Medical Services

**Service/Budget Entity:** Children's Special Health Care/64300100

**Measure:** Percent of CMS Network enrollees in compliance with appropriate use of asthma medications

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's Children's Medical Services Program is requesting to delete the "percent of hospitalizations for conditions preventable by good ambulatory care" measure and replace it with "percent of CMS Network enrollees in compliance with appropriate use of asthma medications". The ambulatory care measure has been stable for many years and CMS personnel do not anticipate any significant fluctuations in this data in the upcoming years. The "percent of enrollees in compliance with appropriate use of asthma medications" is a national measure for health plans and a good indicator of program effectiveness and continuity of care. Many asthma-related hospitalizations, emergency department visits and missed school days can be avoided if children have appropriate medications and medical management.

### **Data Sources and Methodology:**

CMS's contracted pharmacy benefit manager, MedImpact, will calculate the percentage of CMS enrolled children with persistent asthma who were prescribed medications acceptable as primary therapy for long-term control of asthma. For this measure persistent asthma is defined as having four or more asthma medications dispensed during the a twelve month period.

### **Validity:**

Healthcare Effectiveness Data and Information Set (HEDIS) measures are used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. "Use of appropriate medications for people with asthma" is one of the HEDIS measures and is required by both commercial and public (Medicaid) insurers.

### **Reliability:**

The contract CMS pharmacy benefit manager, MedImpact, will develop an annual report to collect this data.

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (Cease & Desist, citation)**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure reflects compliance with internally established performance measures that better reflect efficiencies, better business results and customer service.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of disciplinary fines and costs imposed that are collected**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure reflects compliance with internally established performance measures that better reflect efficiencies, better business results and customer service.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of examination scores released within 60 days from the administration of the exam**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Request addition of this measure as it more accurately reflects performance of meeting statutory requirements and of a key process within Medical Quality Assurance.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of Disciplinary Final Orders issued within 90 days from issuance of the Recommended Order**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure reflects compliance with internally established performance measures that better reflect efficiencies, better business results and customer service.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of Licensure denials issued within 90 days from receipt of application**

**Action (check one):**

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure reflects compliance with internally established performance measures that better reflect efficiencies, better business results and customer service.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of licenses issued or denied within 90 days from documentation of receipt of a complete application**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Request addition of this measure as it more accurately reflects performance of meeting statutory requirements and of a key process within Medical Quality Assurance.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of notices of errors and/or omissions issued within 30 days from receipt of an application**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Request addition of this measure as it more accurately reflects performance of meeting statutory requirements and of a key process within Medical Quality Assurance.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of uncollected fines referred for enforcement action or collections within 30 days of non-compliance**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This measure reflects compliance with internally established performance measures that better reflect efficiencies, better business results and customer service.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: The avg. # of days to issues a notice of errors and/or omissions**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Request addition of this measure as it more accurately reflects performance of meeting statutory requirements and of a key process within Medical Quality Assurance.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Health Access and Tobacco  
**Service/Budget Entity:** Community Health Resources/64400200  
**Measure:** Output  
**Number of anti-tobacco impressions**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

**List and describe the data source(s) for the measure:**

*Crispin, Porter & Bogusky Marketing*

**Describe the methodology used to collect the data:**

*Collected at county level, calculated based on formula maintained by Crispin, Porter & Bogusky Marketing.*

**Explain the procedure used to measure the indicator:**

Counts either circulation or Nielson numbers multiplied by 2.5. Because some markets do include either, this data likely underreports the actual number of impressions.

**Validity:**

**Reliability:**

*Office of Policy and Budget – July 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Average number of days to issue initial nursing license**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting change to this measure to more accurately reflect the performance of the licensure process within the Division of Medical Quality Assurance. The nursing profession is one of over 40 professions regulated by the division.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of licenses and renewals issued**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This revision is being requested to more accurately define the measure.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Department of Health

**Program:** Health Care Practitioner and Access

**Service/Budget Entity:** Medical Quality Assurance

**Measure:** Percent of unlicensed cases investigated and referred for criminal prosecution

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This revision is being requested to more accurately define the measure.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of unlicensed activities cases investigated**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

This revision is being requested to more accurately define the measure.

**Data Sources and Methodology:**

**TBD**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Infectious Disease Control/64200400**

**Measure: Chlamydia case rate per 100,000**

**Action (check one):**

- Requesting revision to approved performance measure. -- DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's Sexually Transmitted Disease Control program is requesting to delete the "Chlamydia rate per 100,000" measure and replace it with "Bacterial STD case rate among females 15-34 per 100,000". Chlamydia is only one of several STDs of interest to the department. The bacterial STD measure captures more of these STDs including gonorrhea and syphilis. Focusing on females 15-34 is desirable because this group is at the highest risk for these infections and focusing on young females provides more reliable data since females typically have more consistent contacts with the health care system and get screened more regularly than males.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of immunization services**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of immunization-related services and has little value-added to the performance tracking process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of tuberculosis services**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of tuberculosis services provided and has little value-added to the performance tracking process. The department will still track this internally and report out put in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Family Health Services/64200300**

**Measure: Number of daily Child Care Food participants**

**Action** (check one):

- Requesting revision to approved performance measure.- DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's Child Care Food Program is requesting to **delete the "number of daily Child Care Food Program participants"** measure and replace with the "number of Child Care Food Program meals served monthly". The current "number of participants" figure is estimated using a mathematical calculation of questionable validity. The "number of meals served" is a more valid and reliable number and a better indicator of program services.

### **Data Sources and Methodology:**

Data is derived from monthly claims filed by program contractors using the Child Care Food Program's web based Management Information and Payment System (MIPS). In addition to other information, contractors report the number of meals served to children in their care during the reporting month. This data is transmitted monthly to the USDA Food and Nutrition Service and provides the basis for federal meal reimbursements.

### **Validity:**

Program contractors must document and report the number of meals served at each meal service – breakfast, lunch, snack, etc. MIPS edits these numbers against other information in the database to ensure validity. The system flags potential problems for follow-up and desk reviews and on-site monitoring reviews further ensure validity of reported numbers and consequent payments.

### **Reliability:**

System edits, on-going training, written guidance, technical assistance and on-site monitoring help ensure the reliability of reported numbers.

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of school health services**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of services provided in schools and has little value-added to the performance tracking process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health

**Program:** Community Public Health

**Service/Budget Entity:** Family Health Services/64200300

**Measure:** Percent of Low Birth Weight Births among WIC Clients

**Action** (check one):

- Requesting revision to approved performance measure. -- DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's WIC program proposes to **delete the WIC low birth weight measure** and replace it with the percent of WIC clients who are initially breastfed. Low birth weight is heavily impacted by multiple births which are invariably low birth weight. The increase in multiple births is a national phenomenon and not unique to WIC clients. The trend towards delaying childbirth to a later age is a contributing factor as the probability of multiple births increases with age. The WIC program believes the low birth weight measure provides little insight into program performance.

The department believes the percent of WIC clients who are initially breastfed is a better indicator of program performance. Breast milk is widely acknowledged to be the optimal form of nutrition for infants with a range of benefits for infant health, growth, immunity, and development. In addition, breastfeeding has been shown to improve maternal health and demonstrated effects that include an earlier return to pre-pregnancy weight. The WIC program also has more direct control over the percent of clients who are initially breastfed than the percent of clients who have a low birth weight birth.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of community hygiene services**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of miscellaneous environmental sanitation and other services and has little value-added to the performance tracking process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of water systems, system plans, and storage tank inspections**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of water system related inspections and plan reviews and has little value-added to the performance tracking process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Department of Health

**Program:** Community Public Health

**Service/Budget Entity:** Environmental Health/64200600

**Measure:** Number of radiation facilities, devices, and users regulated

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of a wide variety of radiation-related units regulated and has little value-added to the performance tracking process. The department will still track this internally and report out put in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: County Health Department/64200700**

**Measure: Number of vital events recorded**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. The department does not control the number of birth or death certificates issued and recorded. This measure is mere count that has little value added to the performance measurement process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Community Public Health**

**Service/Budget Entity: Statewide Health Support/64200800**

**Measure: Number of birth, death, fetal death, marriage, and divorce records processed.**

**Action** (check one):

- Requesting revision to approved performance measure -- DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. The department does not control the number of birth, death, fetal death, divorce, and marriage certificate records processed and recorded. This measure is mere count that has little value added to the performance measurement process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health

**Program:** Children's Medical Services

**Service/Budget Entity:** Children's Special Health Care/64300100

**Measure:** Percent of hospitalizations for conditions preventable by good ambulatory care

**Action** (check one):

- Requesting revision to approved performance measure. - DELETE
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department's Children's Medical Services Program is requesting to **delete** the "percent of hospitalizations for conditions preventable by good ambulatory care" measure. It will be replaced by "percent of CMS Network enrollees in compliance with appropriate use of asthma medications". The ambulatory care measure has been stable for many years and CMS personnel do not anticipate any significant fluctuations in this data in the upcoming years. The "percent of enrollees in compliance with appropriate use of asthma medications" is a national measure for health plans and a good indicator of program effectiveness and continuity of care. Many asthma-related hospitalizations, emergency department visits and missed school days can be avoided if children have appropriate medications and medical management.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Community Health Resources/64400200**

**Measure: Number of providers who receive continuing education.**

**Action** (check one):

- Requesting revision to approved performance measure -- deletion.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of providers who receive some sort of continuing education service supported by Area Health Education Center funds and has little value added to the performance measurement process. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Community Health Resources/64400200**

**Measure: Number of emergency medical services providers licensed annually.**

**Action** (check one):

- Requesting revision to approved performance measure -- deletion.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of emergency medical services providers licensed by the department. The department does not control the number of providers licensed. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Community Health Resources/64400200**

**Measure: Number of emergency medical technicians and paramedics certified.**

**Action** (check one):

- Requesting revision to approved performance measure -- deletion.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

The department recommends this measure be deleted from the department's list of Legislative performance measures. This measure is merely a count of emergency medical technicians and paramedics certified by the department. The department does not control the number of EMTs and paramedics certified. The department will still track this internally and report output in the activities section of the Legislative Budget Request.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of cease and desist orders issued**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance or outcome of key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of inquiries to practitioner profile website**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance or outcome of key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of practitioner complaints determined legally sufficient**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of legally sufficient practitioner complaints resolved by the issuance of citation for minor violations**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance. Resolution of complaints by citation is a minor process within a larger process of resolving complaints.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of legally sufficient practitioner complaints resolved by findings of formal hearings**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance. Formal hearings are one method within a larger process of resolving complaints.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Department of Health

**Program:** Health Care Practitioner and Access

**Service/Budget Entity:** Medical Quality Assurance

**Measure:** Number of legally sufficient practitioner complaints resolved by findings of no probable cause (letters of guidance)

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance. Resolution of complaints by letters of guidance is a minor process within a larger process of resolving complaints.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of legally sufficient practitioner complaints resolved by findings of no probable cause (notice of noncompliance)**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance. Resolution of complaints by Notice of Non-compliance is a minor process within a larger process of resolving complaints.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department:** Department of Health

**Program:** Health Care Practitioner and Access

**Service/Budget Entity:** Medical Quality Assurance

**Measure:** Number of legally sufficient practitioner complaints resolved by findings of stipulations or informal hearings

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the outcome of key processes of Medical Quality Assurance. Resolution of complaints by stipulation or informal hearings is a process within a larger process of resolving complaints.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of licenses that turn null and void**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance or outcome of key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Number of licensees who are found to be practicing on a delinquent license**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance of the enforcement program, one of the key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Percent of Priority I practitioner investigations resulting in emergency action**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance or outcome of key processes of Medical Quality Assurance. Emergency actions are as a result of priority 1 investigations.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*

## **LRPP EXHIBIT IV: Performance Measure Validity and Reliability**

**Department: Department of Health**

**Program: Health Care Practitioner and Access**

**Service/Budget Entity: Medical Quality Assurance**

**Measure: Amount of revenue collected from delinquent license fines**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

Requesting deletion of this measure as it does not accurately reflect the performance of key processes of Medical Quality Assurance.

**Data Sources and Methodology:**

**Validity:**

**Reliability:**

*Office of Policy and Budget – July, 2008*



## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
1	Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions		NA
2	Percent of middle and high school students who report using tobacco products in the last 30 days		Tobacco Prevention Services ACT4300
			School Health Services ACT2300
3	Technology costs as a percent of total agency costs		NA
4	Infant mortality rate per 1,000 live births		Healthy Start Services ACT2330
			Family Planning Services ACT2360
			WIC ACT2340
			Regional Perinatal Intensive Care Centers ACT3170
			Dental Health Services ACT2310
			Recruit Volunteers ACT2390
5	Nonwhite infant mortality rate per 1,000 nonwhite births		Healthy Start Services ACT2330
			Family Planning Services ACT2360
			WIC ACT2340
			Racial/Ethnic Disparity Grant ACT2700
			Regional Perinatal Intensive Care Centers ACT3170
			Dental Health Services ACT2310
			Recruit Volunteers ACT2390
6	Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients		WIC ACT2340

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
7	Live births to mothers age 15 - 19 per 1,000 females 15 - 19		Family Planning Services ACT2360
			School Health Services ACT2300
			Recruit Volunteers ACT2390
8	Number of monthly participants-Women, Infants and Children (WIC) program		WIC ACT2340
9	Number of daily child care food participants		Child Care Food ACT2350
10	AIDS case rate per 100,000 population		HIV/AIDS Services ACT2420
			Sexually Transmitted Disease Services ACT2410
			Pediatric HIV/AIDS ACT3130
11	HIV/AIDS resident total deaths per 100,000 population		HIV/AIDS Services ACT2420
			Sexually Transmitted Disease Services ACT2410
			Pediatric HIV/AIDS ACT3130
12	Chlamydia case rate per 100,000 population		Sexually Transmitted Disease Services ACT2410
			Family Planning Services ACT2360
13	Tuberculosis case rate per 100,000 population		Tuberculosis Services ACT2430
			AG Holley TB Hospital ACT2440
14	Immunization rate among 2 year olds		Immunization Services ACT2400
			Primary Care Adults and Children ACT2370
15	Vaccine preventable disease rate per 100,000 population		Immunization Services ACT2400

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
16	Number of patient days (A.G. Holley tuberculosis hospital)		AG Holley TB Hospital ACT2440
			Tuberculosis Services ACT2430
17	Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health		Monitor/Regulate Facilities ACT2600
			Infectious Disease Surveillance ACT2450
			Environmental Epidemiology ACT2630
			Monitor Water Systems/Groundwater ACT2720
18	Overall sanitation and safety score in department regulated facilities		Monitor/Regulate Facilities ACT2600
19	Septic tank failure rate per 1,000 within 2 years of system installation		Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
20	Number of radiation facilities, devices and users regulated		Control Radiation Threats ACT2620
21	Number of school health services provided		School Health Services ACT2300
22	Number of Healthy Start clients		Healthy Start Services ACT2330
23	Number of Family Planning clients		Family Planning Services ACT2360
24	Immunization services		Immunization Services ACT2400
25	Number of sexually transmitted disease clients		Sexually Transmitted Disease Services ACT2410
			Family Planning Services ACT2360

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
26	Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)		HIV/AIDS Services ACT2420
27	Number of tuberculosis medical, screening, tests, test read services		Tuberculosis Services ACT2430
28	Number of onsite sewage disposal systems inspected		Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
29	Number of community hygiene services		Community Hygiene Services ACT2710
30	Water system/storage tank inspections/plans reviewed.		Monitor Water Systems/Groundwater ACT2720
31	Number of vital events recorded.		Record Vital Events ACT2810
			Process Vital Records ACT2810
32	Percent saved on prescription drugs compared to market price		Public Health Pharmacy ACT2820
33	Percent of laboratory test samples passing routine proficiency testing		Public Health Laboratory ACT2830

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
34	Number of birth, death, fetal death, marriage and divorce records processed		Record Vital Events ACT2810
			Process Vital Records ACT2810
35	Percent of families served with a positive evaluation of care		CMS Network ACT3160
36	Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care		CMS Network ACT3160
37	Percent of eligible infants/toddlers provided CMS early intervention services		Early Intervention Services ACT3100
38	Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes		Medical Services to Abused/Neglected Children ACT3110
39	Percent of hospitalizations for conditions preventable by good ambulatory care		CMS Network ACT3160
40	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)		CMS Network ACT3160
			Kidney Disease ACT3180

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
41	Number of children provided early intervention services		Early Intervention Services ACT3100
			Genetic Intervention ACT3140
42	Number of children receiving Child Protection Team (CPT) assessments		Sickle Cell Screening and Intervention ACT3150
			Medical Services to Abused/Neglected Children ACT3110
43	Average number of days to issue nursing licenses		
			Issue License and Renewals ACT4100
44	Number of licensees who are found to be practicing on a delinquent license		
			Consumer Services ACT7060
45	Amount of revenue collected from delinquent license fines		Investigative Services ACT7040
			Practitioner Regulation Legal Services ACT7050
46	Number of cease and desist orders issued		Issues Licenses and Renewals ACT4100
47	Number of licenses that turn null and void		Investigate Unlicensed Activity ACTACT4110
48	Percent of unlicensed cases referred for criminal prosecution		Issues Licenses and Renewals ACT4100
			Investigate Unlicensed Activity ACTACT4110

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
49	Number of unlicensed activities investigated		Investigate Unlicensed Activity ACT4110
50	Number of licenses and renewals issued		Issue License and Renewals ACT4100
51	Number of inquiries to practitioner profile website		Profile Practitioners ACT4130
52	Percent of Priority I practitioner investigations resulting in emergency action		Consumer Services ACT7060
			Practitioner Regulation Legal Services ACT7050
53	Average number of days to take emergency action on Priority I practitioner investigations		Consumer Services ACT7060
			Investigative Services ACT7040 Practitioner Regulation Legal Services ACT7050
54	Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt		Consumer Services ACT7060
			Investigative Services ACT7040 Practitioner Regulation Legal Services ACT7050
55	Number of practitioner complaints determined legally sufficient		Consumer Services ACT7060
56	Number of legally sufficient practitioner complaints resolved by findings of no probable cause		Practitioner Regulation Legal Services ACT7050

## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
57	Number of legally sufficient practitioner complaints resolved by findings of no probable cause (letters of guidance)		Practitioner Regulation Legal Services ACT7050
58	Number of legally sufficient practitioner complaints resolved by findings of no probable cause (notice of noncompliance)		Consumer Services ACT7060
59	Number of legally sufficient practitioner complaints resolved by the issuance of citation for minor violations		Consumer Services ACT7060
60	Number of legally sufficient practitioner complaints resolved by findings of stipulations or informal hearings		Practitioner Regulation Legal Services ACT7050
61	Number of legally sufficient practitioner complaints resolved by findings of formal hearings		Practitioner Regulation Legal Services ACT7050
62	Average number of practitioner complaint investigations per FTE		Consumer Services ACT7060
			Investigative Services ACT7040
63	Percent of emergency medical service providers found to be in compliance during licensure inspection		License EMS Providers ACT4250



## LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2008-09 (Words)		Associated Activities Title
64	Number of medical students who do a rotation in a medically underserved area		Recruit Providers to Underserved Areas ACT4210
65	Percent of individuals with brain and spinal cord injuries reintegrated to the community		Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
66	Number of providers who receive continuing education		Support Area Health Education Centers ACT4200
67	Number of emergency medical services providers licensed annually		License EMS Providers ACT4250
68	Number of brain and spinal cord injured individuals served		Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
69	Number of emergency medical technicians and paramedics certified		Certification of EMTs/Paramedics ACT4260
70	Percent of disability determinations completed accurately as determined by the Social Security Administration		Eligibility Determination for Benefits ACT5100
71	Number of disability determinations completed		Eligibility Determination for Benefits ACT5100

HEALTH, DEPARTMENT OF		FISCAL YEAR 2007-08			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,804,585,236		34,596,900	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		8,519,366		(250,000)	
FINAL BUDGET FOR AGENCY		2,813,104,602		34,346,900	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>					34,346,900
Health Services To Inmates * Number of correctional institutions surveyed and reviewed		12	75,433.58	905,203	
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		4,747,713,056	0.0041	19,299,596	
Community Based Anti-tobacco Activities * Number of community based anti-tobacco activities.		1,186	19,555.58	23,192,919	
Provide Quitline Services * Number of call to the Florida Quit-for-Life Line.		40,450	125.50	5,076,597	
Provide School Health Services * Number of school health services provided.		17,867,203	4.29	76,642,871	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.		148,003	344.24	50,948,755	
Provide Healthy Start Services * Number of Healthy Start clients.		269,086	642.40	172,860,508	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		380,000	854.59	324,743,911	
Child Care Food Nutrition * Number of daily Child Care Food Program participants		160,559	786.07	126,209,937	
Provide Family Planning Services * Number of family planning clients.		224,215	296.44	66,465,199	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.		279,612	509.65	142,503,774	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		208,818	152.73	31,892,833	
Recruit Volunteers * Number of volunteers recruited.		20,341	25.73	523,434	
Provide Immunization Services * Number of immunization services provided		1,365,258	35.93	49,053,248	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		103,317	363.99	37,606,585	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan White Consortia and General Revenue Networks		29,673	4,978.48	147,726,571	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		289,467	142.73	41,315,716	
Operate Ag Holley Tuberculosis Hospital * Number of patient days.		14,500	1,102.83	15,991,100	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		131,454	148.81	19,561,342	
Monitor And Regulate Facilities * Number of facility inspections.		214,695	163.85	35,177,974	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		266,008	207.70	55,249,456	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		76,162	139.50	10,624,659	
Racial And Ethnic Disparity Grant * Number of projects.		50	37,851.52	1,892,576	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		121,127	109.38	13,248,633	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		250,291	49.75	12,451,180	
Record Vital Events - Chd * Number of vital events recorded.		416,878	30.43	12,685,414	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.		666,189	21.58	14,375,083	
Provide Public Health Pharmacy Services * Number of drug units distributed.		6,500,000	16.95	110,182,872	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		4,645,486	9.18	42,645,812	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		35,148	2,503.27	87,984,914	
Early Intervention Services * Children provided early intervention services		40,000	1,190.45	47,617,814	
Medical Services To Abused / Neglected Children * Assessments Provided by Child Protection Teams.		26,000	733.96	19,082,909	
Poison Control Centers * Number of telephone consultations.		180,792	16.93	3,060,998	
Pediatric Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (hiv/Aids) * Number of pediatric patients served		1,402	1,511.58	2,119,231	
Genetic Intervention * Number of genetic evaluations.		1,834	542.78	995,456	
Sickle Cell Screening And Intervention * Number of programs presented		1,090	1,202.46	1,310,686	
Children's Medical Services Network * Number of children enrolled		66,231	3,105.30	205,667,104	
Regional Perinatal Intensive Care Centers * Number of eligible regional perinatal intensive care centers newborns, obstetrical patients, obstetrical satellite clinic patients and transported patients in the program.		14,924	113.07	1,687,484	
Kidney Disease * Number of children enrolled		379	3,068.80	1,163,077	
Issue Licenses And Renewals * Health care practitioner licenses issued and renewals mailed		793,785	50.51	40,090,968	
Investigate Unlicensed Activity * Number of unlicensed persons investigated.		676	2,186.17	1,477,850	
Profile Practitioners * Number of visits to practitioner profile website.		2,000,000	1.67	3,346,689	
Support Area Health Education Centers * Number of providers receiving continuing education.		19,800	599.96	11,879,290	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		215	941.33	202,387	
Support Local Health Planning Councils * Number of Local Health Councils Supported.		11	87,827.82	966,106	
Support Rural Health Networks * Rural Health Networks supported.		9	520,970.11	4,688,731	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		2,970	10,139.22	30,113,475	
Dispense Grant Funds To Local Providers * Number of disbursements.		123	102,793.72	12,643,628	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		235,000	529.19	124,358,609	
Investigative Services * Number of practitioner cases investigated.		33,148	409.20	13,564,165	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		8,773	1,501.80	13,175,303	
Consumer Services * Number of complaints resolved.		36,588	97.56	3,569,693	
TOTAL				2,291,820,325	34,346,900
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				379,829,593	
REVERSIONS				141,453,171	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,813,103,089	34,346,900
SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY					

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

## Department of Health

# Glossary of Terms

**Budget Entity:** A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. “Budget entity” and “service” have the same meaning.

**EPI-INFO** – Database application developed by the Centers for Disease Control and Prevention which tracks vaccine preventable diseases.

**Indicator:** A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word “measure.”

**Long-Range Program Plan:** A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

**Outcome:** See Performance Measure.

**Output:** See Performance Measure.

**Performance Measure:** A quantitative or qualitative indicator used to assess state agency performance.

- Input means the quantities of resources used to produce goods or services and the demand for those goods and services.
- Outcome means an indicator of the actual impact or public benefit of a service.
- Output means the actual service or product delivered by a state agency.

**Program:** A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act for FY 2001-2002 by a title that begins with the word “Program.” In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. “Service” is a “budget entity” for purposes of the LRPP.

**Program Component:** An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

**Department of Health**  
**Glossary of Terms**

Reliability: The extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently error free for the intended use.

Service: See Budget Entity.

Standard: The level of performance of an outcome or output.

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

## Department of Health

# Glossary of Acronyms

**AHEC** – Area Health Education Center

**BSCIP** – Brain and Spinal Cord Injury Program

**CDC** – Centers for Disease Control and Prevention

**CHD** – County Health Department

**CHSP** – Coordinated School Health Program

**CIC/HMC** – Client Information System/Health Management Component

**DOH** – Department of Health

**DOT** – Direct Observed Therapy

**EMS** – Emergency Medical Service

**FCASV** – Florida Council Against Sexual Violence

**F.S.** - Florida Statutes

**GAA** - General Appropriations Act

**GR** - General Revenue Fund

**HSPA** – Health Professional Shortage Areas

**IT** - Information Technology

**L.O.F.** - Laws of Florida

**LRPP** - Long-Range Program Plan

**PBPB/PB2** - Performance-Based Program Budgeting

**SARS** – Severe Acute Respiratory Syndrome

**SHOTS** – State Health Online Tracking System

**SIS** – SOBRA Information System

**SOBRA** – Sixth Omnibus Reconciliation Act

**SPRANS** – Special Projects of Regional and National Significance

**SSA** – Social Security Administration

**Department of Health**  
**Glossary of Acronyms**

**STD** – Sexually Transmitted Disease

**STO** - State Technology Office

**TBD** – To Be Determined

**TCS** - Trends and Conditions Statement

**TF** - Trust Fund