



Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

LONG RANGE PROGRAM PLAN

Florida Department of Health
4052 Bald Cypress Way, BIN A05
Tallahassee, Florida 32399-1706

September 30, 2011

Jerry L. McDaniel, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

JoAnne Leznoff, Staff Director
House Full Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

Craig Meyer, Staff Director
Senate Budget Committee
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Health is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2012-2013 through Fiscal Year 2016-2017. This submission has been approved by Dr. Frank Farmer, State Surgeon General.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Meade Grigg".

C. Meade Grigg, Director,
Office of Health Statistics and Assessment

STATE OF FLORIDA



DEPARTMENT OF HEALTH

Long-Range Program Plan

Fiscal Years 2012-13 through 2016-17

SEPTEMBER 30, 2011

FLORIDA DEPARTMENT OF HEALTH

Agency Mission

PROMOTE AND PROTECT HEALTH

Agency Goals

1. Prevent and Treat Infectious Diseases of Public Health Significance
2. Provide Access to Care for Children with Special Health Care Needs
3. Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities
4. Improve Access to Basic Family Health Care Services
5. Prevent Diseases of Environmental Origin
6. Prevent and Reduce Tobacco Use
7. Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care
8. Enhance and Improve Emergency Medical Systems
9. Process Medical Disability Determinations

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
40.7 / 1997	18.1	17.7	17.3	17.0	16.7

OBJECTIVE 1B: Increase the immunization rate among young children

OUTCOME: Percent of two year olds fully immunized

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
2377.7 / 2007	2620	2615	2610	2605	2600

OBJECTIVE 1D: Reduce the tuberculosis rate

OUTCOME: Tuberculosis case rate per 100,000

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
9.5 / 1997	4.4	4.3	4.3	4.2	4.2

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
90.0% / 1997-98	96.6	96.6	96.6	96.6	96.6

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
65.2% / 2005-06	77	78	79	80	81

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
65.0% / 1997-98	99	99	99	99	99

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
75.0% / 1996-97	99	99	99	99	99

OBJECTIVE 2E: Compliance with appropriate use of asthma medications (national measure)

OUTCOME: Percent of CMS Network enrollees in compliance with appropriate use of asthma medications

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
94% / 2009-10	95.5	95.5	95.5	95.5	95.5

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

OBJECTIVE 3A: By June 30, 2016, achieve and maintain national Public Health Preparedness Capabilities and Standards

OUTCOME: Level of preparedness against national standards (on a scale of 1 to 10)

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
5.6 / 2009	8.0	9.0	9.5	10	10

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

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

OBJECTIVE 4A: Improve maternal and infant health

OUTCOME: Infant mortality rate per 1,000 live births

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
7.1 / 1997	6.5	6.4	6.4	6.3	6.3

OBJECTIVE 4B: Improve health care disparities in maternal and infant health

OUTCOME: Nonwhite infant mortality rate per 1,000 nonwhite births

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
12.4 / 1999	10.7	10.7	10.7	10.6	10.6

OBJECTIVE 4C: Reduce births to teenagers

OUTCOME: Live births to mothers age 15-19 per 1,000 females age 15-19

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
58.2 / 1997	32.6	32.1	31.6	31.1	30.6

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

OUTCOME 1: Percent of individuals with diabetes who had their A1C checked at least two times in the past year

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
69.4/2000	74.2	75.0	75.6	75.7	75.8

OUTCOME 2: Percent of adults aged 50 and over who have ever had a colonoscopy/sigmoidoscopy.

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
45.8/1997	64.5	64.6	64.7	64.8	64.8

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

OBJECTIVE 4E: Improve availability of dental health care services

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

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
9.6% / 1997-98	18.18	18.43	18.64	18.83	19.02

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 1,000 within two years of system installation

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
3.0 / 1997	3.00	2.99	2.98	2.97	2.96

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

OUTCOME: Percent of required food service inspections completed

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
80.15 / 2009	100	100	100	100	100

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
11.8 / 1998	3.55	3.55	3.55	3.55	3.55

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
30.4% / 1997-98	14.0	13.5	13.0	12.5	12.0

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

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: Average number of days to take emergency action on Priority I investigations

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
103 / 1996-97	75	75	75	75	75

GOAL #8: Enhance and Improve Emergency Medical Systems

OBJECTIVE 8A: Ensure Emergency Medical Service (EMS) providers and personnel meet standards of care

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

*Have implemented a more rigorous inspection process since baseline year

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
91.0% / 1997-98	100	100	100	100	100

OBJECTIVE 8B: 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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
79.2% / 1995-96	90.2	90.4	90.6	90.8	91.0

OBJECTIVE 8C: Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14

OUTCOME: By 2020, meet the projected U.S. unintentional injury death rate (based on national trend for 1993-2007) of 4.3 per 100,000 children ages 0-14, in those Florida counties with existing state-local injury prevention partnerships.

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
14.7% / 1993	8.0	7.8	7.6	7.4	7.1

OBJECTIVE 8D: 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	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
6.5% / 2002	4.3	4.0	3.8	3.5	3.3

Florida Department of Health Goals, Objectives, Service Outcomes and Performance Projections Tables

GOAL #9: **Process Medical Disability Determinations**

OBJECTIVE 9A: Complete medical disability determinations in an accurate manner

OUTCOME: Percent of disability determinations completed accurately as determined by the Social Security Administration

Baseline/ Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
90.6% / 1996-97	>97%	>97%	>97%	>97%	>97%

Florida Department of Health Linkage to Governor's Priorities

#1 – Accountability Budgeting.

- Process medical disability determinations.

#2 – Reduce Government Spending.

- Prevent and reduce tobacco use.

#3 – Regulatory Reform.

- Ensure health care practitioners meet relevant standards of knowledge and care.
- Enhance and improve Emergency Medical Systems.

#4 – Focus on Job Growth and Retention.

- Provide access to care for children with special health care needs.
- Ensure Florida's health and medical system achieves and maintains national preparedness capabilities.
- Improve access to basic family health care services.
- Prevent and treat infectious diseases of public health significance.
- Prevent diseases of environmental origin.

Florida Department of Health Trends and Conditions Narrative

Introduction

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.

Florida's public health system has achieved notable successes. 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 successes, a number of factors contribute to the challenge of meeting the state's public health needs. Florida is large and diverse with nearly 19 million residents and approximately 82 million visitors each year. The median age of Florida's residents is 39.8 and 16.9% of the population is older than 65. Florida has the highest proportion of persons age 65 and older in the nation.

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, 18.7% of people living in Florida are foreign born and 25.8% speak a language other than English at home. This places additional demands on the state's public health system.

Additional stressors on the state's public health system include 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 growing epidemic of obesity. This epidemic is not limited to overweight adults but is affecting our children. Accompanying this 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 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 initiatives that focus both on individuals and communities. 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

Florida Department of Health Trends and Conditions Narrative

there are now 40 infectious diseases of global importance that were not known only one generation ago. Florida's subtropical climate provides an environment hospitable to many organisms that could not prosper in colder climates, making us particularly vulnerable to infectious diseases. These new threats underscore the need for the Department of Health to maintain scientific expertise and capacity 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. The Department of Health needs to maintain and enhance the highly technical disciplines such as 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

Control and Prevent Communicable Diseases

A major part of the Florida Department of Health's mission to protect and promote the health of all residents and visitors in the state is control and prevention of communicable diseases. The Division of Disease Control's programs maximize public health and safety in Florida through the elimination, prevention, and control of disease, disability, and death caused by human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), viral hepatitis, other sexually transmitted diseases (STD), tuberculosis (TB), and all vaccine-preventable diseases. In addition to these, the division's programs identify, investigate, and conduct surveillance on over 80 communicable diseases and syndromes of public health significance. The division works collaboratively with local county health departments (CHD's), community based organizations, and federal partners to deliver essential services.

Disease Control activities focus on prevention, treatment, surveillance, preparedness, disease investigation, public education, training of healthcare professionals, targeted testing, technical assistance, expert consultations, and immunization services. Several factors influence the need for improved collaborative work and integration of prevention services especially among HIV/AIDS, hepatitis, STD, and TB programs. Among these are the interactions between concurrent infections, risk behaviors, and the cumulative effects of multiple diseases and health inequities affecting at-risk populations:

- HIV, viral hepatitis, and STDs share common risks and modes of transmission.
- Sexually transmitted infections increase the risk of acquiring and transmitting HIV, and sexually transmitted infections; treatment reduces transmission of HIV.
- HIV accelerates progression of viral hepatitis and complicates its treatment.
- End-stage liver disease secondary to viral hepatitis co-infection has become a leading cause of death among HIV-positive people in the United States and Western Europe.
- HIV is one of the greatest risk factors for progression to TB disease.
- TB is an AIDS-defining opportunistic condition.
- Clinical course and outcomes are influenced by concurrent disease (e.g., HIV/TB can be deadly and TB accelerates HIV disease progression).

The net impact of this interaction is the excess morbidity and mortality experienced currently by affected populations and individuals. HIV and other STDs, viral hepatitis, and TB remain among the leading causes of morbidity and death in Florida as in the United States and account for substantial healthcare spending in both the public and private sector.

Florida Department of Health Trends and Conditions Narrative

Health disparities occur when some groups of people are affected more than others by HIV/AIDS, viral hepatitis, STDs, TB, and other diseases of public health significance. Disparities may occur by gender, race or ethnicity, age, education, income, disability, geographic location, and sexual orientation, among others. Social determinants of health such as poverty, unequal access to healthcare, lack of education, and racism are frequently contributing factors to health disparities. Reducing health disparities is prioritized through focusing on better data collection and reporting on disparities, closer monitoring of healthcare access and utilization, targeted testing, case management of high risk individuals, targeted media or public message campaigns, and improving the delivery of healthcare services.

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 80 reportable diseases are considered a threat to the public's health. Statewide, individual cases are reported by all health care providers and licensed laboratories. This includes bioterrorism agents as well as more common but potentially serious infectious diseases such as salmonellosis, shigellosis, meningococcal infection, Legionnaires' Disease, malaria, dengue, novel strains of influenza, and viral hepatitis. Over 50% of all reported cases of diseases are received through electronic reporting from the state public health laboratory and clinical laboratory systems.

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, so that other people 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.

The Department maintains surveillance information systems to capture, store, manage, and visualize data on cases, contacts and laboratory reports of notifiable diseases under investigation. Surveillance includes reporting systems designed for early event detection (also called syndromic surveillance) and systems based on sentinel providers (such as influenza, Respiratory Syncytial Virus, and 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 covers 85% of all emergency department visits in Florida. 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 prepare 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 epidemiology capability, develop information systems, train CHDs, community partners, and headquarters staff, and support epidemiologists in CHDs to extend Florida's preparedness capacity.

HIV/AIDS

HIV/AIDS is a life-threatening disease that attacks the body's immune system and leaves the person 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

Florida Department of Health Trends and Conditions Narrative

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. In 2009, HIV/AIDS was the leading cause of death for black females aged 25-44 years, and declined from third to fourth leading cause among black males aged 25-44 years.

Generally, HIV cases remained fairly stable with an increase in 2002 attributed to increased HIV testing statewide as part of the “Get to Know Your Status” campaign. Since that time, newly reported HIV cases have decreased each year until 2007. Since then, reporting changes have caused fluctuations in HIV cases. For example, enhanced reporting laws were implemented in November 2006, and the expansion of electronic laboratory reporting in 2007 led to an artificial peak in HIV cases in 2007 and 2008 followed by an artificial decrease in 2009. The number of persons living with HIV/AIDS continues to rise because people 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 people 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 resulting in increased 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 effective drug levels vary which increases the problem of adherence to rigid dosage schedules. Many areas lack sufficient providers and facilities skilled in treating HIV/AIDS. These same areas often 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 STD 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 cases from 2000 to 2009 have decreased by 26% among blacks. The racial/ethnic gap has been closing; in 2000 the HIV case rate among blacks was 11 times greater than among whites, but in 2009, it was 7 times greater.

Hepatitis

Viral hepatitis is a growing public health problem. Hepatitis A and B continue to occur in the United States, although they are vaccine preventable. There is no vaccine for hepatitis C. Reports of chronic hepatitis C virus have increased dramatically during the past several years. The hepatitis C situation is often referred to as “the silent epidemic” because more than half of those who are infected with the virus are unaware 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 75,000 Floridians with chronic hepatitis B infection.

Hepatitis A and B are both vaccine preventable. Currently, all 67 CHDs conduct risk assessments on adults 18 years of age and older and those at risk are offered testing and vaccine. From January 2005 through December 2009, there were 54,813 doses of hepatitis A vaccine and 95,963 doses of hepatitis B vaccine given to adults through the Florida Hepatitis Prevention Program. Additionally, during that same four-year period, 29,524 doses of combination hepatitis A/B vaccine were provided to clients.

Immunization

Immunizations are extremely cost effective, saving \$18.40 for every \$1.00 invested. Florida’s immunization program is nationally recognized for its success. Florida has effectively eradicated a

Florida Department of Health Trends and Conditions Narrative

number of childhood vaccine-preventable 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 such as deafness, retardation, brain and spinal cord damage and, occasionally, death. Of the three primary disease indicators in 2009, there were five cases of measles in children under age nineteen, acquired outside the United States, one case of *Haemophilus influenzae* type b (Hib) in children under age five and no cases of acute hepatitis B in children under nineteen. Section 1003.22, F.S. requiring the immunization of children in kindergarten through grade 12 for all vaccine preventable diseases has contributed to the decline of these diseases.

Recommended childhood vaccines are provided to physicians and CHDs through the Vaccines for Children Program (VFC). In 2009, the Bureau of Immunization shipped 4.7 million doses of vaccine to over 2,000 public and private healthcare providers. This vaccine was valued at over \$174 million.

Another major initiative is the development and on-going implementation of a statewide immunization registry, Florida State Health Online Tracking System (SHOTS). Florida SHOTS is a centralized data base which currently includes approximately 10.8 million patient records and 110 million vaccinations for children and adults throughout the state. Florida SHOTS registry is now available in both the public and private health care sectors. Florida SHOTS is rapidly becoming the cornerstone of the state's automation tool for tracking the vaccination of children and improving vaccination levels.

The Healthy People 2010 goal is to have 95% of children from birth to age six enrolled in a fully functional registry with at least two immunization events recorded in the system. Currently, Florida SHOTS has met 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 that enroll in Florida SHOTS.

Recognizing the importance of early childhood immunizations, the Department of Health 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 2009, 81.9% of two year olds in Florida were fully immunized. The next step toward meeting and surpassing the Healthy People 2010 immunization goal is to assure that 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 the end of 2010.

Florida has also directed increased attention to the 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 2010/2011, children entering kindergarten, first and second grades 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. Effective school year 2010/2011, in addition to all other compulsory school immunizations, children entering the seventh and eighth grades are required to have one dose of tetanus-diphtheria-pertussis (Tdap) vaccine.

Sexually Transmitted Disease Control

STDs are infectious diseases spread almost exclusively from one person to another by sexual contact. STDs include chlamydia, gonorrhea, herpes simplex, human papillomavirus (HPV), and syphilis. These

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can cause many health problems such as pelvic inflammatory disease, sterility, cancer, birth defects, miscarriages, and general systemic complications. Persons infected with another STD, such as HPV, 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 there have been increases in the total number of bacterial STDs. In 2005, there were 65,409 reported cases of chlamydia, gonorrhea and infectious syphilis. By 2007, this number increased by 30% to 85,001. From 2007 to 2009, this number continued to increase another 15% to 97,658 cases of chlamydia, gonorrhea and syphilis reported in Florida.

Several important factors may have contributed to this increase: 1) high unemployment rates 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; 4) persistent lack of knowledge among Florida's youth and young adults about how STDs are acquired and their personal risk; and 5) increased use of social networking sites as venues leading to sexual encounters.

Since 2005, primary and secondary syphilis morbidity has increased by 43%, with 1,041 cases being reported in 2009, compared to 730 reported cases in 2005. During this time period there was a significant increase in heterosexual female infections. Historically, such trend direction will later contribute to neonatal and infant adverse outcomes.

It is critical to decrease the case rate of bacterial STDs in the 15-34 age groups. Chlamydia and gonorrhea are often asymptomatic and are a frequent cause of pelvic inflammatory disease among females, which can lead to infertility and life-threatening ectopic pregnancy. 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 the public's 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, Special Afghan and Iraqi immigrants, and unaccompanied alien and refugee minors.

Each state determines the content and structure of its refugee health services program. In Florida, CHDs are the refugee health service providers. Eligible clients may receive an initial health assessment that includes screening for communicable and chronic diseases, pregnancy testing, mental health and domestic violence screening, and health education services. Eligible clients may also receive necessary immunizations locally through their CHD or other refugee health providers. Other services may be added as federal and state program partners collaborate on new health screening protocols to improve program consistency across all states.

In comparison to other states, the most recent data show that Florida continues to receive the largest number of persons eligible for refugee benefits. In 2009, 23,453 persons eligible for federal refugee benefits arrived in Florida and 92% of the arrivals received a health assessment from a CHD. These arrivals originated from 58 different countries and resettled in 42 counties throughout the state. Although the arrivals decreased from 2008 to 2009 the screening rate remained fairly consistent, with 92.4% of Florida's 25,773 eligible arrivals receiving a health assessment in 2008. In 1998, Florida received 13,345 arrivals, and provided health assessments to 90% of the arrivals.

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In 2009, the largest population of new arrivals originated from Cuba, Haiti, Myanmar (formerly known as Burma), Iraq, Colombia, Bhutan, and Venezuela. The majority of the remaining refugee population originated from countries in Africa, Asia, or Eastern Europe. This diverse client mix, while challenging to work with due to language and cultural barriers, receives culturally and linguistically appropriate care through their CHD or other refugee health providers.

Tuberculosis

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

Florida has experienced a downward trend in the tuberculosis rate in recent years. In 2009, 821 TB cases were reported in Florida. This represents a fourteen percent (14%) decrease in cases since 2008 (953 cases) and a sixteen percent (16%) decrease since 2007 (980 cases). The TB case rate has declined from 5.0 per 100,000 population in 2008 to 4.4 per 100,000 population in 2009. The decrease in the case rate indicates that current tuberculosis control strategies have been effective. These strategies include: 1) treatment of all cases until cured utilizing Directly Observed Therapy (DOT); 2) timely and thorough contact investigations; 3) an emphasis on the completion of treatment for latent tuberculosis therapy; 4) targeted skin testing of persons at high risk; and 5) 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 a high number of persons with HIV, migrant workers and individuals from countries where TB is endemic; these populations are at an increased risk for TB infection.

Although Florida's record of success in the battle against TB is impressive, several factors continue to impede tuberculosis control progress. 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 CHD personnel who are available to assist. Although the number of TB cases has declined, an increasing number of cases exhibit complex clinical manifestations of TB, such as multiple-drug resistance or HIV co-morbidity, and are difficult to treat with standard drug regimens. The clinical picture is further compounded by additional social and economic factors such as mental illness, homelessness, substance abuse, and unemployment.

A.G. Holley State Hospital

A.G. Holley State Hospital (AGH) 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. All of AGH's patients have failed treatment in their communities or have been diagnosed as medically complex (such as co-infections, highly resistant strains of TB, and/or disease of the liver, lungs, kidney or pancreas) requiring specialized care and treatment. It has been shown that one infectious patient with TB can spread the disease to as many as 30 others. AGH hospital works closely with the CHDs and hospitals throughout the state to treat and cure those patients that local hospitals may not be equipped to treat due to the complexity of their illness and length of hospitalization required for completed treatment. The average patient stay at AGH is 180 days and patients with resistant strains of TB have required hospitalization for up to 18 months.

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AGH is nationally recognized for its ability to cure difficult cases of TB with a cure rate of over 93% in a group of patients that traditionally have a cure rate of 50%. Patients are admitted to AGH through the CHDs. 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, drug resistance, and other conditions.

AGH is a valuable provider of TB education and training for the 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 continue to research and develop enhanced treatment modalities for patients with TB.

In April 2010, the Legislature enacted Chapter 2010-152 (HB 5311ER) which indicates that:

“The Department of Health shall develop a plan that exclusively uses private and non-state public hospitals to provide treatment to cure, hospitalization, and isolation for persons with contagious cases of tuberculosis, who pose a threat to the public. The department shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2010. The plan shall include the following elements:

- (1) Identification of hospitals functionally capable of caring for such patients.
- (2) Reimbursement for hospital inpatient services at the Medicaid rate and reimbursement for other medically necessary services that are not hospital inpatient services at the relevant Medicaid rate.
- (3) Projected cost estimates.
- (4) A transition plan for closing the A.G. Holley State Hospital and transferring patients to private and non-state public hospitals over a 90-day period of time.”

The plan has been submitted and the Department will continue to work towards implementation.

Disease Control 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. This benefits the people afflicted with disease, and protects others from exposure and illness, thus reducing the burden on taxpayer supported resources. The following disease control intervention strategies and initiatives are planned for the next five (5) years:

- Increase enrollment in Florida SHOTS to all health care providers, schools, and day care centers.
- Increase screening and treatment for bacterial STDs among 15-34 year old females.
- Increase the use of telemedicine capabilities to provide remote access and better X-ray interpretation and treatment consultations.
- Ensure appropriate treatment until cure for TB cases.
- Ensure appropriate contact investigation (identification, and follow-up of contacts) for infectious and potentially infectious TB cases.
- Ensure appropriate targeted testing efforts and completion of treatment for identified individuals with latent TB infection.
- Increase the emphasis on HIV/AIDS minority initiatives to reduce the HIV infection rate among vulnerable populations.
- Increase the percentage of blacks enrolled in AIDS Drug Assistant Program as this population continues to be underserved.
- Maintain an emphasis on HIV perinatal efforts with a goal of reducing the mother to infant HIV transmission rate to zero.

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- Ensure that 100% of CHD prenatal clients are offered HIV counseling and testing during their initial visit.
- Provide cultural competency training to CHD staff on an annual basis for effective disease control and prevention efforts in communities.

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 Children's Medical Services typically have serious, chronic illnesses or injuries and require ongoing care. Families are deeply involved in the medical decision-making process. CMS programs are coordinated and uniformly available statewide and expect services are to be effective and based on family concerns, priorities and resources. This will be a key goal over the next five years.

CMS 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 Children's Medical Services Program to children with special health care needs as a Medicaid managed care option. Children were enrolled in the Children's Medical Services Network and are managed by a Children's Medical Services approved primary care physician who has met specific pediatric standards and enrolled as a Medicaid MediPass and Children's Medical Services 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 Children's Medical Services 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 Children's Medical Services 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 Children's Medical Services is essential to the effective delivery of these services. Children's Medical Services administers newborn screening activities for Florida. All newborns are screened for selected metabolic, endocrine, and genetic disorders, including cystic fibrosis. Hearing screening is performed before the baby is discharged from the hospital or 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' 25 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 in the investigation of alleged maltreatment. Child Protection Teams 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.

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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, developmental screening, other specialized assessments, and multidisciplinary staffing. The teams provide an assessment of risk; assist in ascertaining both the validity of the current alleged maltreatment and the likelihood of re-abuse; and 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 14 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 and children who have been chronically physically abused.

The Florida Poison Information Center Network 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 four years the Florida Poison Information Centers have received additional Health Resources and Services Administration and Center for Disease Control funds to increase bioterrorism, disaster, and pandemic response activities. The Centers were instrumental in providing real-time data and responding to inquiries related to the 2010 Deepwater Horizon oil spill and have provided information related to prescription drug deaths.

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 Children's Medical Services 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.

Training and prevention activities are a core component of Children's Medical Services programs. Current and emerging research has highlighted the impact of adverse childhood experiences, exposure to traumatic events, and the intersection between child health, development and long term health, educational and social outcomes. Prevention activities include educational efforts aimed at reducing Shaken Baby Syndrome/Abusive Head Trauma, promoting safe sleep for infants, and recognizing the impact of trauma on the health and well-being of our children and their families.

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.

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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.

Children's Medical Services Network Division Initiatives

- Children's Medical Services Network has partnered with Department of Children's and Families, creating the Medical Home/Foster Care Program. Children in foster care are eligible for the CMS network. Each child will be assigned a primary care physician and receive care coordination services.
- Children's Medical Services Network has partnered with 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 has developed a web-based access system for primary care physicians to access newborn screening results. A process to ensure that all infants who fail the hearing screening test receive follow-up services has been developed with the participation of the Family Resource Specialists provider.
- Children's Medical Services Network has been designated by the Florida Legislature as a managed care plan for participation in Medicaid Reform. Children's Medical Services has developed partnerships with the University of Florida (PED-I-CARE) for the Duval area and with the North Broward Hospital District and Memorial Healthcare Systems (South Florida Community Care Network) for the Broward application.
- During the past legislative session Children's Medical Services was designated a statewide managed care plan for children with special health care needs. This expansion effort will begin as soon as the Agency for Health Care Administration receives federal waiver approval to proceed.
- Children's Medical Services Network has initiated new care coordination practice guidelines.
- Children's Medical Services Network has completed the fifth 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 1,200 children and their families in 44 counties in Florida. The program will continue to expand statewide in 2011-2012.
- Children's Medical Services Network maintains a statewide automated provider management system, which allows healthcare providers to submit electronic applications for Children's Medical Services participation.
- The CMS Network contracts with a Pharmacy Benefits Management (PBM) service to provide comprehensive and efficient services for our members statewide. The services provided by the PBM include, but are not limited to member eligibility verification using real-time on-line eligibility data, claims processing and adjudication, customer service, drug utilization review and related reporting services, prescription drug pricing and quality assurance.
- CMS is developing a project to implement a Third Party Administrator (TPA) of CMS claims processing, payment, eligibility/enrollment, provider management, clinic administration and care coordination services for the Title XIX, Title XXI, Early Steps and Safety Net programs.

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- CMS has initiated Health Care Transition program that is based on the goal of the Maternal and Child Health Bureau, which stipulates that beginning at age 12, all teens and young adults with special health care needs who are enrolled in the CMS Network and their families will receive the services needed to make transitions to all aspects of adult life, including adult health care, work and independence.
- CMS has implemented Disease Management Guidelines for CMS providers and CMS staff.
- CMS will participate in a statewide project to test and implement child health quality measures in the Kidcare Program.

Children's Medical Services Network Major Telemedicine Goals

- Complete the migration of Children's Medical Services Network Telemedicine Programs from ISDN-to-IP Based Network Services: ISDN-based services are secure, but are usage sensitive and are becoming increasingly unreliable; IP-based services are not usage sensitive and have improved recently to become more reliable and secure. This migration will lead to lower operational costs and serve as a model that may be applied to other Children's Medical Services telemedicine programs that are based on two-way interactive videoconference services.
- Complete telemedicine equipment technology refresh to support high definition video and other emerging features as needed.
- Expand the use of Telemedicine technology to all Children's Medical Services Network clinics in Florida to provide access to specialty health care services that are currently limited or don't exist.

Children's Medical Services 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.
- Revise and update Child Protection Team Information System reports components to provide electronic assessment capture and reporting capabilities.
- Inclusion of developmental screening for all infants and toddlers seen by the Child Protection Teams and referrals as appropriate.
- Enhance the Child Protection Team service delivery process by modifying the Interviewing process to emphasize both forensic and safety/social assessment aspects of interviews.
- Enhance the Child Protection Team service delivery process, by incorporating in the QA peer review an evaluation of *key decision-making points* of teams, and how these interface with decision-making points of the Child Protective Investigations and Community Based Care programs.
- Increase multidisciplinary staffings that result in *treatment plans* utilized by dependency courts and Community Based Care programs to reduce recidivism of child maltreatment and overall enhance child well-being in Florida.
- Enhance quality improvement of Child Protection Team program by developing *casework guidelines for decision-making*, which reflect acceptable practice in the child protection field.

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- Enhance the effectiveness of Child Protection Team services through implementing *one-on-one interviews* with program stakeholders during the QA/QI review process, to ensure their needs are met.
- Expand *interactive* training for Child Protection teams, to increase casework skills in assessment.
- Enhance expertise of teams by expanding the concept of peer review to include networks among teams in close proximity of one another, congregating regularly to practice peer review of a specific number of Child Protection Team cases.
- Initiate Sexually Transmitted Disease Prophylaxis medicine protocols for Child Protection Teams.

Children's Medical Services Prevention and Intervention Major Sexual Abuse Treatment Initiatives

- Expansion of Sexual Abuse Treatment to underserved areas through Victims of Crime Act (VOCA) grant funding;
- 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.
- Expand therapeutic treatment services to children who have been physical or emotionally abused and neglected (not just sexually abused children).
- Development and implementation of a web-based information system for the Sexual Abuse Treatment program.
- Provision of web-based, broadcast or other education opportunities for professional staff.

Children's Medical Services Prevention and Intervention Major Telemedicine Initiatives

- Support efforts to expand and enhance Child Protection Team Telemedicine services throughout Florida to provide additional medical and other assessments for children in designated remote sites.
- Deploy telehealth technology to all Child Protection Team sites to enhance peer review and other direct service capabilities, administrative/management support and training opportunities between the Child Protection Team Statewide Medical Director, Child Protection Team Central Office management, and each Child Protection Team Region.
- Complete Child Protection Team Information System (CPTIS) enhancements for standardization and migration of all child abuse data and reports to the system.
- 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 with the Office of Adoption and Child Protection in the Governor's Office and implementation activities related to the 5 Year Plan for Child Abuse Prevention and Permanency.
- Develop and implement a long-range, intra-agency, coordinated initiative for the promotion of prevention awareness related to childhood trauma, adverse childhood experiences, including child maltreatment, and their impact of child and adult health outcomes. 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;
- 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;
- Develop resources to support training and awareness activities related to child abuse prevention for targeted professionals and the general public;

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- Identify mechanism to increase ready access to recorded Distance Learning training programs for varied targeted audiences including: Child Protection Teams, Sexual Abuse Treatment Programs, other Children's Medical Services programs, other Department of Health programs, and other pertinent agency and community providers.
- Identify topics, develop training and broadcast/record at least 2 new Distance Learning training programs.
- Expand resource dissemination capabilities for child abuse prevention/child and family enhancement/trauma informed care information through increased collaboration Department of Health and other agencies and through increase use of electronic media options.

Enhance and Improve the Emergency Medical Services (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 complaint/investigations/discipline. The department updates the Florida EMS State Plan (biennially) 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 272 licensed EMS providers, 176 training programs, 847 continuing education courses, 64,095 certified EMTs and Paramedics, 4,140 permitted vehicles, 51 permitted helicopters, and over three 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 is 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 26 constituent groups, and other stakeholders to improve and expand prehospital care through the ten goals in the *2010-2012 Florida EMS Strategic Plan*. The goals focus on leadership, data, benchmarking, customer satisfaction (includes injury prevention), financial sustainability, key EMS processes, disaster preparedness/response, air medical safety, access to care, patient/responder safety, education, communication. More information may be found at the bureau's website at <http://www.fl-ems.com> on the strategic visions page.

Brain and Spinal Cord Injury Program (BSCIP)

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

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managers, rehabilitation 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 and agreements 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 375 individuals per year through the TBI/SCI Home and Community-Based Medicaid Waiver. This program provides fifteen specific services that allow Medicaid nursing home eligible individuals to remain safely in their community with supportive services. During 2009, the Nursing Home Transition Initiative, which is funded solely through Medicaid, was implemented through proviso. The purpose of this initiative is to move eligible people who have been in a Skilled Nursing Facility for a minimum of 60 days into a community setting utilizing the assistance of waiver services and supports. Sixty individuals that would have otherwise remained in a nursing home were transitioned to the community as a direct result of this initiative. The BSCIP will continue its efforts to work with the Paralyzed Veterans of America and the Veterans Administration to 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. During this year, an electronic pamphlet was developed and posted on the BSCIP website that provides contact information and web links to the vast array of services through the BSCIP coordinated system of care for active duty military and Veterans. In addition to the program activities listed above, the BSCIP made significant changes to the Rehabilitation Management Information System for the purpose of improving the validity, reliability, and quality of the data used to track clients and develop performance indicators.

Enhance and Improve Florida's Trauma System

The department's Office of Trauma plans, monitors, implements and evaluates trauma center standards, trauma center verification site surveys, trauma center application processes, processes trauma center quarterly payouts of legislatively mandated funding, trauma agencies development and operation, state trauma system plan, state trauma registry, the end-of-life program (Do Not Resuscitate Orders), and regulates trauma transport protocols for the 272 licensed air and ground EMS providers and four 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 trauma care of the highest quality; rehabilitation; returning patients to their home communities; research; and data collection and reporting of trauma center patient and quality improvement data to Florida's Trauma Registry. Most importantly, this valuable system returns Florida's injured residents and visitors 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.

The department's Office of Trauma works diligently to ensure all areas of the state are covered by a verified trauma center. Currently, there are 22 verified trauma centers providing direct coverage for fifteen of the nineteen trauma service areas. Annually, through the Letter of Intent process, the Office of Trauma encourages acute care hospitals to apply to operate as a verified trauma center to expand these life-saving trauma services into the underserved areas of the state. Currently, there are still four trauma service areas in the state that do not have direct access to a trauma center.

The Office of Trauma staff provides continuous technical assistance to applicant hospitals during the application and review processes, culminating in a hands-on evaluation of their operations prior to determining their ability to meet all of the requirements to operate as verified trauma centers in Florida. In 2010, four applicant hospitals received an 18 month extension on their trauma center applications, Orange Park Medical Center, Clay County; Blake Medical Center, Manatee County; Kendall Regional

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Medical Center, Dade County; and Regional Medical Center Bayonet Point, Pasco County; which expires on October 1, 2011. During the 2011 application process, the Office of Trauma staff received and reviewed 3 applications. Delray Medical Center and St. Mary's Medical Center in Palm Beach County were existing Level II trauma centers seeking to convert to Level I status. Delray Medical Center began operating as a Provisional Level I trauma center on May 1, 2011; St. Mary's Medical Center withdrew its application. Bay Medical Center in Bay County requested an 18 month extension based on Rule 64J-2.013, F.A.C., which will expire on October 1, 2012.

Each fiscal year, the Office of Trauma staff schedule interim, renewal and focus site surveys that are conducted by out-of-state experts (trauma surgeon, orthopedic surgeon, neurosurgeon, emergency department physician, and a trauma nurse) with the knowledge of trauma patient management as evidenced by experience in trauma care at a trauma center, approved by the Governing body of the state of which they are licensed. During the FY 2010-2011 Site Survey Process, there were three interim, four renewals and one focus site surveys conducted to ensure continued quality assurance of Florida's trauma centers. For more information regarding Florida's trauma centers and verification processes, please click on the following link: <http://doh.state.fl.us/demo/Trauma/center.htm>

Injury prevention and research are important components of Florida's trauma system. In FY 2009-2010, the verified trauma centers conducted 260 injury prevention programs throughout the state, including evidence-based programs, such as: "Prom-Night," Prom Promise," "Shattered Dreams," and "Walksafe™." These evidence-based programs are examples of programs that have contributed to the reduction in the trauma mortality rate in the areas of the state where these programs have been implemented. In 1998, Florida had 50 teen deaths due to motor-vehicle accidents, of teens on prom night. With the implementation of "Prom Night" and similar injury prevention programs, there were no teen deaths associated with motor vehicle accidents on prom night in 2006 through 2011. In FY 2009-2010, Florida's Level I and Pediatric trauma centers conducted 180 research projects (totaling approximately \$300 million) to improve the quality of trauma services. The FY 2010-2011 injury prevention programs and research projects conducted by the verified trauma centers will be reported in the 2010 Florida Trauma System Annual Report, which will be published in November 2011. For more information about the trauma system injury prevention and research projects, please click on the following links:

Injury Prevention: <http://doh.state.fl.us/demo/Trauma/InjuryPrevention.htm>

Research: <http://doh.state.fl.us/demo/Trauma/ResearchProjects.htm>

The Florida Trauma Registry captures data on each trauma patient treated in Florida's trauma centers and other outcome and output quality improvement data that is utilized to identify trends, best practices, gaps and opportunities for improvement. The department and Florida's trauma centers' nationally known researchers utilize the registry's valuable data to implement and evaluate evidenced-based injury prevention programs; support the 180 research projects to improve the quality of Florida's trauma care for all residents, and assist in the evaluation of Florida's trauma system performance.

From the inception of the trauma center funding program in FY 2005 to 2011 (via the six legislatively mandated funding sources from traffic fines), over \$26 Million has been distributed to the 22 trauma centers in the state to ensure availability of specialized trauma acute care to injured victims.

From 2002 to present, a total of \$56 Million has been allotted by the Assistant Secretary for Preparedness and Response (ASPR), Human and Health Services grants to obtain equipment for bombs/burns/blast incident capabilities at trauma centers, acute care emergency rooms and rural facilities. Specialized training DVD for bombs and burns 2nd edition has been completed and a total of 50,000 pre-hospital and 28,000 health care providers have been educated on burn care. The curriculum for the trauma and emergency room staff on blasts and crush injuries has been developed and the CD and posters were distributed to trauma centers, acute care hospitals, rural hospitals and EMS providers.

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The burn care web based training and education program for trauma surgeons and trauma nurses has been implemented and a total of 650 physicians and 300 trauma nurses have completed the training programs. A DVD neuro-trauma training program was developed for improving mild-to-moderate traumatic brain injury diagnosis and treatment for emergency room and EMS providers and is now available. Additionally, the Florida Trauma Telemedicine Network, also funded via ASPR grants, allows incident response communication and incident/disaster training of trauma and emergency room staff at six trauma centers connected with 14 distant/rural emergency rooms.

The department continues to work closely with the Florida Trauma System Plan Advisory Council (created by the State Surgeon General pursuant to s. 20.43(6)), the Florida Committee on Trauma, constituent groups, partners and state agencies to establish collaborative relationships needed to implement the nine goals of the new 2011-2015 Florida Trauma System Strategic Plan that directs the improvement and expansion of trauma services throughout the state. As of December 31, 2010, the department had completed 92 percent of the strategies included in the 2006-2010 Florida Trauma System Strategic Plan. The 2010 Trauma System Plan Annual Report, which will be released in November 2011, includes the accomplishments of these collaborative efforts and partnerships and trauma system performance data from 2002 to 2010.

Florida's coordinated and inclusive trauma system saves lives and reduces health care costs. The mortality rate due to traumatic injuries in Florida decreased from 6.5 percent in 2002 to 4.8 percent in 2009; however, slightly increased to 4.9 percent in 2010. In 2011 and 2012, the department anticipates continued reductions in the mortality rate due to the increased interest of acute care hospitals seeking to become verified trauma centers in underserved areas of the state. In addition to the increase in the number of trauma centers, the positive trend from 2002 is the result of continual quality improvement and research efforts of Florida trauma centers and emergency medical services providers to ensure access to prompt critical care for traumatic injuries; collaborative efforts of injury prevention and outreach programs of the trauma centers and local and state injury prevention partners; and continuous trauma system planning, evaluation and quality assurance activities. In addition to the reduction in the mortality rate, the early trauma care services provided by the Florida Trauma System has reduced healthcare costs by providing timely, effective intervention for life-threatening injury, thus reducing complications, decreasing the length of hospital stay, and reducing community reintegration and long-term care costs.

For more information about Florida's inclusive trauma system and to obtain a copy of the Florida Trauma System Plan Annual Reports, click on the following link: <http://doh.state.fl.us/demo/Trauma/index.html>

Bureau of Preparedness and Response: Preparing Florida's Health and Medical System:

The Bureau of Preparedness and Response (BPR) is part of the DOH Division of Emergency Medical Operations (DEMO). The Bureau was created in 2010 through the merger of the Office of Public Health Preparedness and the Office of Emergency Operations. In 2011, the Bureau was expanded to include preparedness activities previously managed by the Office of Public Health Nursing, DEMO Administrative Services Unit and the Division of Information Technology.

Florida faces many threats with the potential for negative health consequences, including disease outbreaks, natural disasters, and terrorist attacks. BPR's role is to protect the public health and safety of Florida's residents and visitors by **minimizing loss of life, injury and illness from natural and man-made disasters**. BPR recognizes that preparing for and responding to these threats requires the commitment of and cooperation among all segments of the health care system and the public. BPR's primary role is to ensure a culture of preparedness and the capability to respond by providing the following **key services**:

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- **Facilitate** a culture of preparedness in the Department of Health through developing policy, ensuring a competent and trained public health workforce and maintaining a viable DOH Emergency Operations Plan.
- **Guide** the state's public health and health care preparedness efforts through collaborative strategic planning and engaging and maintaining key partnerships.
- **Coordinate** the development of capabilities that build community resilience and ensure sustainable public health, health care and emergency management systems. This coordination is accomplished through allocating federal funding; engaging partners; building sustainable planning, equipping, training and exercise processes; and sharing best practices.
- **Support** incident response through maintaining situational awareness, providing leadership and staff to the State Emergency Response Team, conducting incident planning and mobilizing medical logistics.

BPR'S services are delivered through the following **key processes**:

- **Risk Management Program** that systematically provides threat assessments, vulnerability analyses, capability and capacity assessments, and other assessments/analyses to establish priorities, allocate resources and evaluate effectiveness of preparedness initiatives. Risk management is supported by strategic planning, program and process management, performance measurement and quality improvement systems.
- **Medical Surge Program** initiatives to enhance health care system ability to provide a surge capability in medical care service delivery as a response to natural or man-made events. Medical surge preparedness is supported through dissemination of tools, planning resources, supplies and equipment that support readiness.
- **Community Resiliency Program** initiatives to enhance community readiness and support the delivery of services to those vulnerable populations most at risk for poor health outcomes due to a disaster or incident. Community resiliency is support through dissemination of tools, planning resources, supplies and equipment that support readiness in the local community.
- **Planning Program** to create and sustain viable plans and annexes including the Florida Comprehensive Emergency Management Plan, Emergency Support Annex 8 and the Department of Health Emergency Operations Plan.
- **Training and Exercise Program** to develop a competent, trained and credentialed public health and medical workforce by implementing a Multi-Year Training and Exercise Plan, which educates and tests individual and organizational competencies necessary to implement response plans.
- **Medical Logistics Program** to ensure equipment, supplies and personnel assets are available to support local response needs. The system includes sustainable processes to assess needs, and to purchase, store, maintain, mobilize and recover assets.
- **Public Health and Medical Response System** to provide support to local incident management through maintaining situational awareness, conducting incident planning and coordinating mobilization of state, regional and federal resources based on the needs of the local jurisdictions. The public health and medical response is a component of the State Emergency Response Team and is responsible to the State Coordinating Officer.
- **Administrative System** to support sustaining and building capabilities, receiving and managing federal funding, supporting personnel resources and monitoring administrative activities to ensure compliance with department, state and federal requirements.
- **Knowledge Management System** to support the gathering, analysis and sharing of information critical to sustaining and building capabilities and responding to emergencies. Knowledge management is supported through the maintenance of interoperable communications systems and processes that provide real-time situational awareness on threats, hazards and incidents.

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- **Communication and Coordination** with key stakeholders, including the Florida Domestic Security Oversight Council, the State Working Group on Preparedness, the Regional Domestic Security Task Forces, county health departments, hospitals, emergency medical services providers, interstate and federal preparedness partners, and other public and private partners engaged in preparedness and response.

Office of Injury Prevention:

In Florida, injuries are the number one cause of fatalities for ages 1-44 and the 3rd leading cause overall after heart disease and cancer (Florida Vital Statistics). In 2009, injuries claimed 13,000 lives and accounted for 7.7% of all resident deaths.

“According to the CDC, injuries cost an estimated \$406 billion per year in medical expenses and lost productivity. Nearly 50 million injuries occur each year, placing a staggering burden on the US health care system. *State budgets share this burden* through Medicaid, state employee health benefits, health care for the uninsured, child welfare services, and lost tax revenue for the injured and their caregivers”. (Excerpt from the National Conference of State Legislatures’s LEGISBRIEF, Vol. 17, No. 3).

In 2007 (most current national injury data), Florida’s age-adjusted injury death rates were higher than the national average by 13% for all unintentional injuries, 23% for unintentional motor vehicle injuries, 39% for unintentional poisonings, 23% for suicides, and a staggering 186% for unintentional drownings among children ages 1-4. In addition, Florida’s age-adjusted death rates in each of the above categories were the highest among the nation’s five most populous states: CA, TX, NY, FL, and IL (see below).

	US	Florida	California	Texas	New York	Illinois
All Unintentional Injuries	41.1	46.5	31.9	41.4	25.1	33.4
- Motor Vehicle Traffic	13.9	17.1	11.3	15.6	7.1	10.2
- Poisonings	9.9	13.8	9.1	8.5	6.9	8.5
- Drownings (Ages 1-4)	2.8	8.0	2.6	3.4	1.3	1.9
Suicides	11.5	14.2	9.9	10.2	7.2	8.6

(Source: CDC WISQARS; Age-Adjusted Rates per 100,000 population)

In 2004, the Florida Legislature recognized the need to create and maintain a comprehensive statewide injury prevention program to support state and community health systems. Section 401.243, Florida Statutes, was created and states the Department of Health shall establish an injury prevention program with responsibility for the statewide coordination and expansion of injury prevention activities. Section 381.0011, Florida Statutes, was amended to include maintenance of the statewide injury prevention program.

The Office of Injury Prevention, with Florida’s injury prevention community, created the 2004-2008 Florida Injury Prevention Strategic Plan, a statewide injury prevention plan, to serve as a road map in carrying out its duties and responsibilities. In addition, a statewide Injury Prevention Advisory Council was established to serve in an advisory capacity to the Office of Injury Prevention and the Department of Health.

In 2005, the Office of Injury Prevention was awarded a five year Public Health Injury Surveillance and Prevention Program grant from the Centers for Disease Control and Prevention. The 2004-2008 Florida

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Injury Prevention Strategic Plan was concluded in late 2008 and 74% of the plan was implemented. This state injury prevention plan was referred to as a model plan by the Centers for Disease Control and Prevention and other injury prevention organizations.

The Office of Injury Prevention is the first state injury program to complete the implementation of a five-year strategic plan and immediately create a successor plan, the 2009-2013 Florida Injury Prevention Strategic Plan. Florida's injury prevention program is known nationally as a progressive leader.

“In only five years, Florida has moved from being known within the national injury prevention community as an unfunded state to a progressive leader.” – Dr. Ileana Arias, Director - National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, October 2008.

In 2009, the Florida Department of Health, Office of Injury Prevention received the State and Territorial Injury Prevention Directors Association's Prevention Program Achievement Award. This award recognizes a state or local injury and violence prevention program that has implemented an innovative approach to maintain or grow their program's infrastructure.

In 2011, the Office of Injury Prevention successfully competed for a Core Violence and Injury Prevention Program five-year grant from the Centers for Disease Control and Prevention, one of 28 states. Funds in the amount of \$250,000 a year will be used to provide leadership to Florida's violence and injury prevention community by continuing to increase capacity to develop, expand, implement, and evaluate strategies and interventions to prevent injury.

Florida Injuries Reduced and Lives Saved Through Collaborative Efforts of the Office of Injury Prevention and Community Partners

- From 2003–2009, the hospitalization rate for non-fatal traumatic brain injuries sustained in a bicycle crash was **reduced by 32%** among residents ages 5–14 years old.
- From 2007–2009, the number of drowning deaths among Florida's children ages 1–4 **decreased by 13%** and the drowning rate for the same population **decreased by 16%**.
- In 2009, the childhood unintentional injury fatality rate in Safe Kids counties **was 30% lower** than the rate in non-Safe Kids counties, which corresponds to **116 fewer deaths** than expected had the fatality rates been the same.

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 is 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.

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.

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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 Florida, 18.7% of persons interviewed during the 2009 Behavior Risk Factor Survey reported they had no health insurance. Income is interrelated with health insurance coverage – 36% of Floridians with household incomes below \$25,000 reported they had no health insurance while only 3.7% of Floridians with incomes \$50,000 and above reported no health insurance.

Income is also 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 21% of Floridians reported they did not have a personal doctor. Within this survey group, 34% of people in households with income below \$25,000 reported they had no regular provider of care whereas only 12% of persons with income \$50,000 and above reported they did not have a personal doctor.

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 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 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

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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 preconception and prenatal periods through early childhood are critical to the health, growth, and development of children. Infants and children who encounter health and psychosocial hurdles during these early stages may never develop to their full life potential. We can improve pregnancy 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. Health education and promotion, routine preventive care, mental health services, and accessible dental services for the mother and infants through this vulnerable time periods are all important components to improving pregnancy 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, infants, and children helps reduce maternal morbidity and mortality, and reduces 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 residents.

The Department of Health works closely with local communities to improve pregnancy outcomes. 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 appropriate services, if needed. Healthy Start also created local maternal and child health community coalitions that perform needs assessment and service prioritization decisions, assure the provision of

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prenatal and infant health care services, and Healthy Start care coordination of 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 at an increased duration and intensity of these services. The Medicaid waiver also allows Healthy Start coalitions to facilitate helping women select a Medicaid primary care provider, assist in scheduling and keeping medical appointments, to follow medical guidance, and resolve problems with their access to services. A simplified Medicaid eligibility form was also created during this period that eases the eligibility process for pregnant women. Through this waiver, the state receives over \$19 million annually in federal Medicaid 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 they become 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 enable creative avenues to address access to care, education, public awareness and provider education.

Florida's Pregnancy-Associated Mortality Review (PAMR) consists of an interdisciplinary team providing ongoing surveillance and analysis of pregnancy-related deaths and promoting recommendations for improvements to systems of care at the local, state, and national level. PAMR has been instrumental in promoting screening for depression and domestic violence in pregnant women, providing preconception education and counseling and family planning services particularly for women with chronic illness, improving communication between providers and patients to decrease medical error and improving quality of clinical services to promote optimal health outcomes for women and children.

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 immigrants 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, lack of insurance, substance abuse issues, or insufficient 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 to deal with multi-lingual and multi-cultural populations. The number of emergency deliveries paid by Medicaid to undocumented immigrants has grown dramatically, from 4,556 reported births in 1996 at a cost of over \$10.5 million compared to 17,695 reported births in FY2010-11 at a cost of over \$86.5 million.

Women, Infants, and Children Nutrition (WIC) Program

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.

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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.

Child Care Food Program

The federally funded Child Care Food Program and its component programs, the After-school Snack Program and the Homeless Children's Nutrition Program reimburse contractors for nutritious meals provided to children in their care. Participating facilities include child care centers, family child care homes, recreational centers, after-school educational or enrichment programs and domestic violence and homeless shelters. 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 all meals and snacks meet up to 2/3 of the Recommended Dietary Allowances for children and 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 196,700 children each day through more than 1,705 contractors that provide services at over 6,000 facilities located throughout the state. Contractors receive continuing education on child nutrition topics, such as healthy menu planning, food safety and infant feeding practices.

School Health Services Program

Florida school health services are provided by county health departments, school districts and public-private partners. Registered professional school nurses (RN), licensed practical nurses and health aides provide the services that help protect the health and safety of Florida's pre-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 and 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 the past ten years (FY 2000-01 – 2009-10), reported student health conditions increased by 62.86% (334,880 to 545,401), which included a 91.84% (3,454 to 6,626) increase in diabetes, a 59.90% (9,063 to 14,492) increase in epilepsy and a 50.93% (108,365 to 163,556) increase in asthma. During this same time period, the number of RNs providing school health services increased by only 3.74% (997 to 1,034).

The Basic School Health Services 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. Full Service Schools in all 67 counties 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 addition to direct services provided by school health staff, community-based agencies donated approximately 283,251 hours of in-kind health and social services valued at \$9.7 million in FY 2009-10. The Comprehensive School Health Services Program provides basic and expanded services 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. In FY 2009-10, Comprehensive programs also provided services that enabled an average of 86.99% of students to return to the classroom after health room

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visits, and 86.59% 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

Unintended pregnancies and teenage pregnancies intended or not, are significant public health concerns. Approximately 50 percent of all pregnancies among adult women and 95 percent of pregnancies among teens are unplanned or unwanted. Florida's premature births, and low birth weight rates have risen in recent years. High rates of unplanned and unwanted pregnancies are associated with poor birth outcomes. The family planning program lessens the impact of unplanned and unwanted pregnancies by providing individuals who request their services with comprehensive medical knowledge and assistance to help them manage the number and spacing of their children. Services we provide to women of childbearing age include: annual physical exams; screenings for cervical cancer, breast cancer, and sexually transmitted diseases (STDs); counseling and education on all contraceptive methods; counseling and education on STDs, HIV, and other associated risks; and health promotion. We also offer preconception and interconception health information through printed materials and face-to-face counseling with the health care provider.

The average state cost of a family planning client was \$270.77 for county contract year 2009-10. The department conducted an analysis and found that for every \$1.00 spent for family planning services, an estimated \$4.70 is saved as a result of preventing expenditures for programs that support women with unplanned and unwanted pregnancies and their infants. Of the \$4.70 saved, \$4.36 or 92.8 percent of the cost would be paid by Medicaid according to the analysis. The report is available at http://www.doh.state.fl.us/Family/famplan/documents/pdf/fpcostandsavings12_04_09.pdf

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 utilizing 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 51.8 births per 1,000 in 1999 to 37.4 births per 1,000 in 2009.

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 outcomes 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.

While communities consistently rate reducing teen pregnancy as one of their highest priorities, there is no consensus on the best ways to address the needs of sexually active teens. Access to information on contraception and services for 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 comprehensive physical examinations; education and counseling on all contraceptive options and health promotion; and provision of a contraception method, if requested.

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In collaboration with the Department of Health, the Agency for Health Care Administration implemented the Family Planning Medicaid Waiver Program in 1998 to provide up to 24 months of Medicaid coverage for family planning services to eligible women who have lost full Medicaid coverage after the birth of a child or after a miscarriage. Without the waiver, women who were enrolled in Medicaid due to a pregnancy only were no longer eligible for Medicaid coverage 60 days after the birth of a child or miscarriage. In 2006, the eligible population was expanded to all women who lost full Medicaid coverage beyond women who were enrolled in Medicaid due to their pregnancy only.

The Family Planning Medicaid Waiver Program provides the following services: annual physical exams, including screenings for cervical and breast cancer and interconception counseling and education; contraceptive supplies; pregnancy testing and counseling, if indicated; limited treatment for sexually transmitted diseases; and related medicines and lab tests. Family Planning Medicaid Waiver services reduce financial barriers to health care services for women, prevent unintended pregnancies, and reduce infant deaths.

Prior to the end of the previous Family Planning Medicaid Waiver Program in November 30, 2009, the Agency for Health Care Administration submitted an application to extend the waiver program for another three years. The federal Centers for Medicare and Medicaid Services granted several extensions during the application review period. In June 2011, the Family Planning Medicaid Waiver Program application received final approval and the waiver was extended through December 31, 2013.

Sexual Violence Prevention Program

Sexual violence is a serious public health problem in Florida, the nation, and the world. According to the National Violence Against Women Survey (NVAWS), approximately 300,000 women and 90,000 men are forcibly raped each year in the United States. The National Institute of Justice estimates that rape and sexual assault of adults cause an annual minimum loss of \$127 billion, or about \$508 per U.S. resident. This makes sexual assault one of the highest costing crimes, even more than murder (U.S. Department of Justice, *Victim Costs and Consequences: A New Look*, 1996).

The Sexual Violence Prevention Program (SVPP) is responsible for coordinating the implementation of the goals contained in the Department's first-ever, five-year statewide strategic plan to end sexual violence. The strategic plan was developed in collaboration with a diverse group of state and community-based partners. The goals include modifying or eliminating the individual, relationship, community, and societal influences associated with perpetration, victimization, and bystander attitudes and behaviors that allow sexual violence to occur. Through the year 2012 and beyond, these state and community partners will work together to prevent sexual violence through strategies related to education, social norms and policy change, capacity building, funding opportunities, and data collection and analysis.

Through a competitive process, the SVPP provides funding and technical assistance to community stakeholders to implement comprehensive prevention activities based on each community's unique needs. These activities include multi-session primary prevention education classes on sexual violence topics; building capacity for program planning and evaluation, special projects to identify and address risk and protective factors that influence social norms surrounding rape, operation of 24/7 hotlines, and service provision to primary rape victims.

The program also is responsible for the oversight of county health department guidelines and internal policies on sexual and domestic violence; and legislative analysis pertaining to sexual and domestic violence issues. Program team members participate in several national, state and local task forces and committees including human trafficking, Sexual Assault Response Team, rape/prevention, domestic violence/prevention, suicide/depression, school health education, 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. The guidelines are implemented throughout several Department of

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Health programs (such as family planning, and HIV) 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.

Dental Health

Access to dental health care is often limited for low-income families. Without good oral health, overall health may suffer. Good oral health is achieved through community and school-based preventive and educational programs in conjunction with routine, periodic professional care. 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.

The state's dental health programs must compete for resources with more politically visible programs and programs that target more life threatening conditions. 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 2007, only an estimated 12.1% 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 22% received an annual visit in 2007. 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 2007. Additional resources are critically needed to reduce existing barriers to care through publicly funded programs and to expand safety net programs.

The Department of Health's lead organization for improving access to dental health care services and reducing oral health disparities is the Public Health Dental Program. The focus of the Public Health Dental Program is to improve and maintain the oral health of all persons in Florida by eliminating oral health disparities. The Public Health Dental Program conducts statewide promotional activities to increase access to primary-care services and community and school-based preventive programs; it performs statewide and county oral health needs assessments; it collects county health department dental health service data for the statewide information management system; and it researches and develops innovative dental delivery systems.

The Public Health Dental Program provides technical assistance, administrative oversight, and quality assurance guidance to the county health department dental programs and emergency dental treatment referral projects. Continued expansion of the safety net dental clinics operated through the County Health Departments now includes fifty-three (53) counties, up from 50 counties last fiscal year. The Public Health Dental Program also supports school-based fluoride mouth rinse and dental sealant programs and promotes and implements community water fluoridation for eligible communities. The program provides

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funding assistance for the installation and upgrading of fluoridation systems; develops and monitors fluoridation contracts; provides technical assistance; and prepares quarterly fluoridation reports.

The Public Health Dental Program, facilitated by a Health Resources and Services Administration and Maternal and Child Health State Oral Health Collaborative Systems grant and more recently a Targeted Oral Health Services Systems grant, coordinates a broad-based, statewide oral health coalition, Oral Health Florida. The Coalition developed a state oral health improvement plan with an appropriate action plan to address recommended strategies. The initiative has increased awareness of oral health disparities, encouraged collaborative partnerships and support of common goals, and enhanced the continued development of an integrated, coordinated oral health system between the public and private sectors. In August of 2009, the Coalition held the first annual Florida Oral Health Conference, which attracted national presenters and highlighted oral health efforts in Florida.

The Public Health Dental Program has many projects focused upon improving the dental delivery system in Florida. Through the Health Resources and Services Administration grant, Grants to Support Oral Health Workforce Activities, it coordinates a state Oral Health Care Workforce Workgroup that is initiating a statewide oral health needs assessment and developing a strategic plan to identify specific workforce issues that affect access to oral health care in Florida. The Workgroup is building upon the work of the State Surgeon General's Oral Health Care Workforce Ad Hoc Committee and the Oral Health Florida Coalition's state oral health improvement plan. The Workgroup, in coordination with Department, has developed and administered state dentist and dental hygienist workforce surveys and has proposed statutory changes in supervision requirements for dental hygienists and dental assistants in health access settings in order to increase access to preventive oral health care services.

The Public Health Dental Program also is assessing the use of teledentistry in Nassau County to increase access to preventive dental care services in rural areas and to improve the efficiency of county health department dental programs. It promotes an early childhood caries prevention program using medical personnel in county health departments and private physician offices. And it promotes the integration of oral health education and services into medical programs such as WIC and chronic disease programs.

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 2009, six 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 22 million persons.

The Department of Health provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. In 2009, 53,351 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 health care providers of Florida specifically related to reducing and controlling the risk factors for cardiovascular disease and following clinical practice guidelines for treatment. Statewide public/private partnerships have been formed around the issues of cardiovascular health, employee 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.

Among adults in Florida, in 2010, 65% are overweight, including 27.2% who are obese. Since 1986, the prevalence of overweight has increased nearly 80% while the prevalence of obesity has doubled. In

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2009, data among Florida high school youth show that 14.7% of high school students are overweight while 10.3% are obese. 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 1,596,670 Americans will receive a new diagnosis of invasive cancer in 2011. In 2009, 40,817 people died from cancer. Nearly one out of every four deaths (24%) in Florida was due to cancer. The Comprehensive Cancer Control 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 Comprehensive Cancer Control 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. Florida ranks second in the nation in the number of new breast cancer cases per year and third in mortality due to breast cancer. Incidence and mortality rates of invasive cervical cancer are higher in Florida than the U.S. rates. Florida ranks fourth in the nation in the number of new cervical cancer cases per year and ranks third in the nation in the number of cervical cancer deaths. 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.

Colorectal cancer is the second leading cause of combined male and female cancer mortality, resulting in 3,634 deaths in 2009. The Florida Colorectal Cancer Control Program Florida Screen for Life, established in 2009, seeks to increase colorectal screening among persons 50 years and older. Program efforts are two-fold: statewide promotion of colorectal screening among the general population and provision of limited colorectal screenings to targeted populations in three geographic areas of the state through partnering health facilities. Reducing barriers and exploring incentives to screening are being promoted in the disparate populations and those with lower screening rates.

In 2010, about 1.5 million Florida adults (10.4% of the adult population) reported having been diagnosed with diabetes. Between 1995 and 2010, the prevalence of diabetes has doubled from 5.3% of the adult population in 1995 to the 2010 rate. In 2009, diabetes was the sixth leading cause of death in Florida, accounting for 4,899 deaths with diabetes as the underlying cause. Research indicates that diabetes reported as the underlying or contributing cause of death is underreported. Between 1995 and 2010, 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

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

More than 27 million adults in America have Osteoarthritis. This number is expected to increase with longer life expectancies, the obesity epidemic, and the first of the 78.2 million baby boomers reaching retirement age in 2011. 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 2010, it was estimated that more than 4.4 million adult Floridians had doctor-diagnosed arthritis (32%). 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 provides materials and technical assistance to county health departments and community service providers to provide science-based self-management and physical activity programs, 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 five agencies throughout the state covering all 67 counties.

Family Health 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;
- Decrease the number of women who receive late or no prenatal care;
- 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;
- Continue to promote infant Safe Sleep environment and the use of a pacifier for sleep times to reduce the number of infants who die each year from suffocation and Sudden Infant Death Syndrome;
- Reduce the incidence of Shaken Baby Syndrome;

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- Increase the numbers of students in grades specified in Ch. 64F-6.00 that receive of vision (K, 1st, 3rd, 6th grades) and hearing (K, 1st, 6th) screening, referral and follow-up.
- 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.
- 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;
- Increase the number of adults screened for hypertension;
- Increase the number of at risk individuals screened for colorectal cancer;
- 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.

Prevent Diseases of Environmental Origin

The Florida Department of Health works to prevent disease of environmental origin by assuring safe food and water, controlling diseases from animals and vectors and promoting safe and healthy places. The

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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 and vector-borne disease. 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 3rd most populous state with 20.7 million people and a doubling of the senior population. This will put great pressure on cities to provide healthy environments as well as undeveloped areas that may have inadequate sanitation infrastructure or contaminated lands and water. Air pollution may be another concern and the department is involved in both surveillance and the coordination of prevention and control activities.

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 Fever, 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. Another important role of the department is to facilitate environmental and human health data linkage and data use.

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 gastroenteritis, salmonellosis, shigellosis, staphylococcal food intoxication, giardiasis and hepatitis A. Newly recognized and emerging pathogens such as cryptosporidium, cyclospora, and *E. coli* O157: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 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 50% 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. Cooperation with Department of Environmental Protection has also resulted in the remediation of hundreds of contaminated private wells that were discovered and sampled by the Division and the county

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health departments, with lab work conducted by the Department of Health laboratories. Electronic mapping of these locations has increased the effectiveness of Department of Environmental Protection'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 the 1920's or before. Approximately 2.6 million systems are in use within the state. On average, over 10,000 new systems are permitted and 15,000 systems are repaired or modified 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. Of particular concern is 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 Department of Environmental Protection to support the daily maximum load program which develops new standards to restore polluted waterways. The department has also partnered with the Department of Community Affairs, Department of Environmental Protection, the Environmental Protection Agency, and the National Environmental Services Center 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 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. 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 Environmental Protection Agency. 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 and healthy homes program has been recognized by the Centers for Disease Control and Prevention (CDC) for its prevention activities. Another cooperative agreement was awarded to the state to expand prevention and outreach activities statewide, with a transition from surveillance to early intervention and prevention of diseases associated with the in-home environment. The Department has also received federal funding to prevent asthma and occupational diseases. The Agency for Toxic Substances and Disease Registry (ATSDR) continues to recognize the Florida Superfund Health Assessment and Education Program a model state program. In addition, the legislature gave Environmental Health the responsibility of regulating body-piercing establishments and recently added tattooing. Program personnel worked with body piercers to meet the requirements of the legislation in developing a program for training and inspections. The same will be done with the tattooing industry. The body piercing program is one of the first in the nation and has been actively embraced by the body piercing community.

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 follows 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;

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- 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 been exceptionally successful in uncovering environmental health issues related to the built environment and securing over \$28 million dollars worth of improvements in Florida communities.
- Recognizing that Environmental Public Health is at the intersect of human, animal and environmental health, the department is also working to foster increased collaborations between public health, physicians, veterinarians, environmental health professionals and industry partners recognizing that many emerging public health problems need greater resources, expertise and authority to be solved. We offer "One Health" inter-professional trainings, and produce multi-disciplinary guidance documents and response protocols.
- The Vector-Borne Disease Program coordinates the investigation of non-native diseases such as dengue and malaria. These diseases used to be endemic in Florida but were eliminated when mosquito control programs were established and better housing became available in the 1950s. The mosquito vectors are still present in the state and isolated cases occur regularly. In 2009-2010 the program led the statewide effort to investigate an outbreak of dengue fever in Key West. The last Florida outbreak was reported in 1934.

Prevent and Reduce Tobacco Use

Tobacco use is the leading cause of preventable death, disability and disease in our society. Tobacco prevention and cessation programs are designed to reduce premature death and disability, and reduce health care costs through public health evidence-based interventions at both the state and local levels. The Bureau of Tobacco Prevention Program is outlined in Chapter 381.84, F.S., and required to follow the 1999 (now updated to 2007) *Centers for Disease Control and Prevention's Best Practices for Tobacco Control Programs*. Program interventions are evidence-based and focused on achieving the *Healthy People 2020 Objectives*.

The Bureau is appropriated funding by the Florida Legislature in the following categories: State and Community Interventions, Cessation, Health Communications, Surveillance and Evaluation, and Administration and Management. Approximately one-third of the funding must be used for health communications and counter-marketing media campaigns. The remaining budget provides funding for: 1) community-based projects that implement evidence-based interventions, tobacco free partnerships and youth advocacy efforts – Students Working Against Tobacco (SWAT), 2) expanding cessation efforts through Florida Quitline, WebCoach and in-person cessation classes and free nicotine replacement therapy, 3) interventions designed to identify and eliminate tobacco-related disparities; and 4) eliminating exposure to secondhand smoke. The program uses community partners to implement policy, environmental and systems changes at the state and local levels that make tobacco free the easy choice.

Tobacco Intervention Strategies and Initiatives

- Implement the program consistent with CDC's Best Practices;

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- Launch a statewide mass media campaign to address tobacco initiation, cessation and secondhand smoke exposure;
- Develop community-based tobacco prevention and control partnerships to promote tobacco-free norms;
- Implement a strategic plan to reduce tobacco related disparities and achieve the Healthy People 2020 objectives;
- Support youth advocacy activities to promote policy, environmental and systems changes at the local level;
- Promote the Florida Quitline, WebCoach and in-person cessation classes for smokers who want to quit;
- Conduct tobacco surveillance and evaluation activities that include the administration of the Florida Youth and Adult Tobacco Surveys.

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 43 health care professions and 34 types of facilities. MQA's three core business processes are the **licensure** and **enforcement** of laws and rules governing Florida's **1,049,406** health care practitioners and facilities, as well as providing **information** and data.

- **Licensure** activities include preparing and administering licensure examinations; analyzing applications for licensure, conducting criminal background checks; issuing and renewing licenses; tracking licensure conditions and restrictions; monitoring compliance with continuing education and financial responsibility requirements; and evaluating and approving training programs and continuing education.
- **Enforcement** activities include in-taking, analyzing, and investigating complaints and reports; monitoring licensees' 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; ensuring that data are accurate, timely, consistent and reliable; and collecting and reporting workforce data.

The Division regulates health care professions for the preservation of the health, safety, and welfare of the public and because it has been determined by the Florida Legislature that their unregulated practice can endanger the public.

The Division's major stakeholders include health care consumers, licensure applicants, and licensees. The Division issues licenses only to individuals who meet minimum standards established by the Florida Legislature and provides an avenue for recourse if a consumer is harmed by a health care practitioner.

The Division's long-range plan includes five strategic goals:

- License expeditiously all health care practitioners who meet statutorily mandated minimum standards of competency;
- Enforce health care standards through education, remediation, and timely discipline of health care practitioners found in violation of the law;
- Inform stakeholders by providing accessible, timely, and accurate information to assist them in making health care, business, and policy decisions;

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- Motivate the workforce to achieve excellence; and
- Minimize licensure costs, while maintaining a sufficient cash balance, through cost effective operations to ensure that all fees are reasonable, fair, and do not serve as a barrier to licensure.

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;
- 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 thorough program monitoring. In addition to providing health services through county health departments, Department of Health works with the private sector to sustain and improve existing services and 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 Rural 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 waiver 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 supports recruitment of 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.

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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. Health care providers who are willing to work in Health Professional Shortage Areas are recommended for employment under the National Health Service Corps and the J-1 Visa Waiver Foreign Medical Graduate programs. The Department is a member of the National Rural Recruitment and Retention Network (3RNet) linking 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 provide a wide array of health professional recruitment, training, and retention programs through the ten local Area Health Education Centers affiliated with Florida's five medical schools. Area Health Education Centers 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. Area Health Education Centers also provide continuing education courses for medical professionals. In addition, Area Health Education Centers conduct recruitment programs targeted to underprivileged and minority youth for health professional education and training programs. Area Health Education Centers 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 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 healthcare 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

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volunteers rendering their services through faith-based organizations, private practices, non-profit agencies and Department of Health facilities. More than 25,000 volunteers actively participated in over 48 counties during fiscal year 2007-08 and provided more than \$178.8 million of donated goods and services.

Intervention Strategies and Initiatives

- Continue to develop community partnerships through Area Health Education Center 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, the J-1 Visa Waiver program; and 3RNet.
- Continue to expand the Volunteer Health Services Program, including the participation of over 25,000 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 Department of Health entity;
- Provide support and assistance to nine Rural Health Networks and 11 Local Health Planning Councils in Florida;
- Restore funding for the Rural Hospital Capital Improvement Program.

Process Disability Determinations

The Division of Disability Determinations provides 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 (administered by the Department of Children and Families). Even in the face of continued growth in receipts (16.2 % increase this past fiscal year) and major technological changes, the division cleared 28% of the region's caseload and 7.2% of the national workload. Florida is ranked first in the region in production, and third in the nation for production.

The number of individuals applying for Social Security title II or Supplemental Security Income title XVI benefits in Florida continues to grow annually. This past fiscal year, total claims were 313,346. This represented an 8% increase in the number of claims received. This number is predicted to continue to 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 (although the weak economy and unemployment are also likely factors as well).

Benefits to Florida citizens with disabilities are a vital part of Florida's economy. In calendar year 2009 SSA paid out over nine billion dollars in cash benefits to 916,182 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

- Continue using core training instruments for adjudicator and supervisory training to enhance consistencies from area office to area office, additionally utilizing in-service training and mentorships to enhance a successful learning process;
- Evaluate and improve upon all components of the agency's performance using statewide assessment/monitoring tools, recognizing best practices that can be replicated in all area offices;
- Maintain a policy and training team centrally to ensure understanding and dissemination of rapidly changing Social Security Administration policy and to provide current body system modules for on-going refresher training for existing staff;

Florida Department of Health Trends and Conditions Narrative

- In 2011 Florida joined other states in becoming certified as a state eligible to process disability claims using the Electronic Case Analysis Tool (eCat). The progressive implementation of electronic case processing, beginning with Florida's certification to process electronic cases in 2006, has eliminated the need for paper in approximately 95% of our workload and has reduced the time taken to make an eligibility decision from 110 in 2006 to 75 days at the end of the fiscal year 2010. The Florida Division of Disability Determinations continues to roll out frequent systems software releases and upgrades to move Florida to a totally electronic case processing environment;
- Continue to partner with health care facilities for secured electronic transmission of health records, resulting in improved processing time and decrease in costs;
- Maintain strong positive relationships with SSA and DCF partners, to ensure efficient workload processing.

Florida Department of Health
Trends and Conditions Narrative

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 legislation action, including the elimination of programs, services and/or activities.

In accordance with HB 5311 (2010), the department is finalizing a departmental reorganization.

A list of all task forces, studies, etc. in progress follows.

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

TASKFORCES/BOARDS/COUNCILS

REGULAR SESSION							
BILL NUMBER & SECTION	TASKFORCES/BOARDS/COUNCILS DESCRIPTION	DOH MEMBER(S)	DEPARTMENT RESPONSIBLE	WHO APPOINTS	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
HB 5311 Section 29	Creates the Physician Workforce Advisory Council within DOH.	1	Division of Health Access & Tobacco	Surgeon General	Jan Myrick	Not specified beyond the effective date of the bill July 1, 2010.	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Rules

REGULAR SESSION				
BILL NUMBER & SECTION	RULE DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	IMPLEMENTATION PLAN RECEIVED?
CS/CS/CS SB 550 Section 35	Requires the department, beginning January 1, 2011, to administer an onsite sewage treatment and disposal system evaluation program for the purpose of assessing the fundamental operational condition of systems and identifying any failures within the systems. The department is required to to adopt rules implementing the program standards , procedures, and requirements.	Division of Environmental Health	Gerald Briggs	
CS/CS/CS SB 550 Section 36	Effective January 1, 2012 DOH is required to administer a grant program to assist owners of onsite sewage treatment and disposal systems identified pursuant to s. 381.0065 or rules adopted. Requires rules to be adopted establishing the grant application and awards process.	Division of Environmental Health	Gerald Briggs	
CS/CS SB 2272 & CS SB 2722 ER Section 4 & Section 8	The department shall adopt rules necessary to administer the registration and inspection of pain-management clinics which establish the specific requirements, procedures, forms, and fees. The department shall adopt a rule defining what constitutes practice by a designated physician at the clinic location for which the physician has assumed responsibility, as set forth in subsection (1). When adopting the rule, the department shall consider the number of clinic employees, the location of the pain-management clinic, the clinic's hours of operation, and the amount of controlled substances being prescribed, dispensed, or administered at the pain-management clinic.	Division of Medical Quality Assurance	Larry McPherson	
CS/CS SB 2272 & CS SB 2722 ER Section 4	The Board of Medicine shall adopt a rule establishing the maximum number of prescriptions for Schedule II or Schedule III controlled substances or the controlled substance Alprazolam which may be written at any one registered pain-management clinic during any 24-hour period. The Board of Medicine shall adopt rules setting forth standards of practice for physicians practicing in privately owned pain-management clinics that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications. Such rules shall address, but need not be limited to: 1. Facility operations; 2. Physical operations; 3. Infection control requirements; 4. Health and safety requirements; 5. Quality assurance requirements; 6. Patient records; 7. Training requirements for all facility health care practitioners who are not regulated by another board; 8. Inspections; and 9. Data collection and reporting requirements.	Division of Medical Quality Assurance	Larry McPherson	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Rules

REGULAR SESSION				
BILL NUMBER & SECTION	RULE DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	IMPLEMENTATION PLAN RECEIVED?
CS/CS SB 2272 & CS SB 2722 ER Section 8	The Board of Osteopathic Medicine shall adopt a rule establishing the maximum number of prescriptions for Schedule II or Schedule III controlled substances or the controlled substance Alprazolam which may be written at any one registered pain-management clinic during any 24-hour period. The Board of Osteopathic Medicine shall adopt rules setting forth standards of practice for physicians practicing in private owned pain-management clinics that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications. Such rules shall address, but need not be limited to: 1. Facility operations; 2. Physical operations; 3. Infection control requirements; 4. Health and safety requirements; 5. Quality assurance requirements; 6. Patient records; 7. Training requirements for all facility health care practitioners who are not regulated by another board; 8. Inspections; and 9. Data collection and reporting requirements.	Division of Medical Quality Assurance	Larry McPherson	
CS/HB 729 ER Section 10	Requires the department to adopt rules for the the licensure and regulation of tattoo artists and establishments.	Division of Environmental Health	Lisa Conti	
CS/HB 729 ER Section 6	Requires the department to establish by rule fees associated with licensure of tattoo artists and establishments.	Division of Environmental Health	Lisa Conti	
HB 742 ER Section 3	(b) A public safety agency, as defined s. 365.171(3)(d), may employ a 911 public safety telecommunicator trainee for a period not to exceed 12 months if the trainee works under the direct supervision of a certified 911 public safety telecommunicator, as determined by rule of the department , and is enrolled in a public safety telecommunication training program.	Division of Emergency Medical Operations	Jean Kline	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Reports and Studies

REGULAR SESSION						
BILL NUMBER & SECTION	REPORTS/STUDIES	DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
CS/CS/CS SB 550 Section 35	Requires the department in consultation with DEP submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives recommending alternative methods to establish enhanced treatment levels for the land application of septage from onsite sewage and disposal systems. The report is also required to include recommendations for legislation or rule authority needed to reduce land application of sewage.		Division of Environmental Health	Gerald Briggs	2/1/2011	
CS/SB 2386 Section 24	Each agency contracting for health and human services shall annually evaluate the performance of its designated lead administrative coordinator in establishing coordinated systems, improving efficiency, and reducing redundant monitoring activities for state agencies and their service providers. The annual report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.		Division of Administration	Gary Mahoney	Date not specified	
HB 5311 Section 34	Requires the department to conduct an evaluation and justification review of each division established under s. 20.43, F.S. The report shall be submitted to the President of the Senate, Speaker of the House of Representatives, the chairs of the appropriate substantive committees, the chairs of the appropriations committees, the Legislative Auditing Committee, Governor, and the Surgeon General.		All Divisions	All Division Directors	3/1/2011	
HB 5001 Item 425	Line Requires the department to contract with a private financial consultant to prepare a cost allocation plan that includes a comprehensive planning and management review of each county health department's financial structure and a detailed cost allocation methodology for all expenditures. The plan shall be submitted to the Executive Office of the Governor, the chair of the Senate Policy and Steering Committee on Ways & Means, and the chair of the House Full Appropriations Council on General Government and Health Care.		Division of Planning, Evaluation & Data Analysis	Meade Grigg	3/31/2011	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Miscellaneous Implementation Activities

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
CS/CS/CS SB 550 Section 37	Requires the department to determine a revenue neutral fee schedule for the onsite evaluation program.	Division of Environmental Health	Gerald Briggs	1/1/2011	
CS/CS/CS HB 1337 ER Section 5	The Board must create an interactive website that contains a list of accredited schools which the Department shall determine based on the provisions outlined in lines 484-490 of the bill; specified data; average NCLEX scores for the past 2 calendar years published by degree program; and updated quarterly.	Division of Medical Quality Assurance	Joe Baker	10/1/2010	
CS/CS/CS HB 1337 ER Section 5	The board shall place programs that do not equal or exceed required passage rates on probationary status. If program does not meet passage rate by 2 years board shall terminate program.	Division of Medical Quality Assurance	Joe Baker	n/a	
CS/CS/CS HB 1337 ER Section 5	Programs are required to submit annual report pursuant to the requirements stated in the legislation, however, if program fails to submit annual report to department within 6 month of due date, the department shall terminate the program.	Division of Medical Quality Assurance	Joe Baker	November 1 each year; Program who miss this date have 6 months	
CS/CS/CS HB 1337 ER Section 5	Department shall disclose graduate passage rates to program directors at written request.	Division of Medical Quality Assurance	Joe Baker	n/a	
CS/CS/CS HB 1337 ER Section 5	Department shall comply with data requested from Florida Center for Nursing and OPPAGA.	Division of Medical Quality Assurance	Joe Baker	n/a	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Miscellaneous Implementation Activities

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
CS/CS/CS/HB 1143 ER Section 3	50% of fines received by fines under s. 318.18(3)(e) shall be remitted to DOR and deposited into the Brain and Spinal Cord Injury TF of DOH and shall be appropriated by the Department to Medicaid patient with spinal cord injuries that are medically complex with technological and respiratory dependent.	Division of Medical Quality Assurance	Joe Baker	n/a	
CS/CS/CS/HB 1143 ER Section 4	Department shall accept funds as provided under s.252.35(2)(a) and deposit funds into Grant and Donations TF and expend funds on behalf of the donor county, municipality, or other entity for the purchase the licensable products made available under the contract.	Division of Emergency Medical Operations	Jean Kline	n/a	
CS/CS/CS/HB 1143 ER Section 5	Department shall inspect food services establishments in nursing homes under Part II of Ch. 400 twice a year and coordinate with AHCA on the inspection.	Division of Environmental Health	Lisa Conti	n/a	
HB 5309 ER Section 1	Department shall administer the program within the expenditures limit established in subsection (8) in the bill.	Division of Health Access and Tobacco	Jan Myrick	n/a	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Miscellaneous Implementation Activities

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
CS/CS SB 2272 & CS SB 2722 ER Section 4	The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Medicine adopted pursuant to subsection (4) unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Medicine. During an onsite inspection, the department shall make a reasonable attempt to discuss each violation with the owner or designated physician of the pain-management clinic before issuing a formal written notification.	Division of Medical Quality Assurance	Larry McPherson	n/a	
CS/CS SB 2272 & CS SB 2722 ER Section 8	The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Osteopathic Medicine adopted pursuant to subsection (4) unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Medicine. During an onsite inspection, the department shall make a reasonable attempt to discuss each violation with the owner or designated physician of the pain-management clinic before issuing a formal written notification.	Division of Medical Quality Assurance	Larry McPherson	n/a	

**DOH
2010 SESSION - LEGISLATIVE ACTION ITEMS**

Miscellaneous Implementation Activities

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
HB 5311 ER Section 26	The Department of Health shall develop a plan that exclusively uses private and nonstate public hospitals to provide treatment to cure, hospitalization, and isolation for persons with contagious cases of tuberculosis who pose a threat to the public. The department shall submit the plan to the Governor, President of the Senate, and Speaker of the House of Representatives.	Division of Disease Control	Dr. Julia Gill	11/1/2010	
CS/CS/ HB 325 Section 5	Funds deposited into the Department of Health Administrative Trust Fund under this sub-subparagraph shall be distributed as provided in s. 395.4036(1). Proceeds of the infractions in the Brain and Spinal Cord Injury Trust Fund shall be distributed quarterly to the Miami Project to Cure Paralysis and shall be used for brain and spinal cord research.	Division of Emergency Medical Operations	Jean Kline		
HB 5001 Line Item 427	The Department of Health shall execute service level agreements, pursuant to s. 282.203(1)(g), F.S., to specify the services and levels of services it is to receive from the Northwood Shared Resources Center and Southwood Shared Resources Center.	Division of Information Technology	David Stokes	9/1/2010	

FLORIDA DEPARTMENT OF HEALTH

PERFORMANCE MEASURES AND STANDARDS

LRPP Exhibit II

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: EXECUTIVE DIRECTION AND SUPPORT	64100000
Service/Budget Entity: ADMINISTRATIVE SUPPORT	64100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Agency administrative costs/administrative positions as a percent of total agency costs/ agency positions	0.80%	0.80%	0.80%	0.80%

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: EXECUTIVE DIRECTION AND SUPPORT	64100000			
Service/Budget Entity: INFORMATION TECHNOLOGY	64100400			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Technology costs as a percent of total agency costs	1.0%	0.80%	1.0%	0.80%

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No: 64**

Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: FAMILY HEALTH	64200300			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Infant mortality rate per 1,000 live births	6.9	6.5	6.9	6.5
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	10.8	10.7	10.7
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	8.8%	8.5%	8.5%
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	32.6	41.5	32.6
Number of monthly participants-Women, Infants and Children (WIC) program	500,000	492,419	500,000	500,000
Number of child care food meals served monthly	9,030,000	9,686,024	9,030,000	9,981,356
Age-adjusted death rate due to diabetes	20	19	20	19
Prevalence of adults who report no leisure time physical activity	20.0%	24.0%	20.0%	20.0%
Age-adjusted death rate due to coronary heart disease	104	103.4	104	103.4

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: INFECTIOUS DISEASE	64200400			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
AIDS case rate per 100,000 population	28.0	18.4	28.0	18.1
HIV/AIDS resident total deaths per 100,000 population	9.0	5.6	9.0	5.3
Tuberculosis case rate per 100,000 population	6.0	4.4	6.0	4.4
Immunization rate among 2 year olds	90.25%	81.10%	90.25%	90.00%
Number of patient days (A.G. Holley tuberculosis hospital)	13,500	12,712	13,500	12,500
Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,627	2,540	2,620
REVISE - Enteric disease case rate per 100,000	47	61.7	47	51.7

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: ENVIRONMENTAL HEALTH	64200600			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	3.55	6.37	3.55	3.55
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	1.60	3.50	3.00
Number of radiation facilities, devices and users regulated	75,148	85,584	75,148	85,584
Percent of required food service inspections completed	100.0%	79.12%	100.0%	100.0%

2010-11 results highly atypical

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No: 64**

Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS	64200700			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Number of Healthy Start clients	236,765	323,878	236,765	324,430
Number of school health services provided	18,816,788	23,615,717	18,816,788	23,616,000
Number of Family Planning clients	219,410	208,287	219,410	219,410
Immunization services	1,457,967	1,162,614	1,457,967	1,162,614
Number of sexually transmitted disease clients	99,743	129,299	99,743	134,841
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	12,821	20,831	12,821	21,000
Number of tuberculosis medical, screening, tests, test read services	289,052	271,775	289,052	257,000
Number of onsite sewage disposal systems inspected	407,668	172,978	407,668	175,000
Number of community hygiene services	126,026	118,045	126,026	126,026
Water system/storage tank inspections/plans reviewed.	258,974	181,307	258,974	200,000
Number of vital events recorded.	406,083	498,444	406,083	500,000

reflects workload shift to private providers

fewer cases require fewer services

reflects construction slow-down

reflects construction slow-down

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No: 64**

Program: COMMUNITY PUBLIC HEALTH	64200000				
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES	64200800				
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)	
Percent of laboratory test samples passing routine proficiency testing	100.0%	99.6%	100.0%	100.0%	
DELETE - Percent saved on prescription drugs compared to market price	40.0%	30.0%	delete	delete	replaced by Pharmacy error rules
Number of birth, death, fetal death, marriage and divorce records processed	653,447	612,299	653,447	615,000	
DELETE - Percent of health and medical target capabilities met - no longer measureable	75.0%	N/A	75.0%	delete	replaced by national preparedness standards
Percent of emergency medical service providers found to be in compliance during licensure inspection	92.0%	92.5%	92.0%	93.0%	
Number of emergency medical technicians and paramedics certified	50,000	64,095	50,000	64,095	
Number of emergency medical services providers licensed	262	272	262	272	
NEW MEASURE - Level of preparedness against national standards	N/A	5.6	7.0	8.0	new standard
NEW MEASURE - Number of errors per million per yearly number of repacks/prepacks to pharmacy customer	N/A	4.535	6.0	6.0	statistical standard
NEW MEASURE - Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	N/A	4.524	6.0	6.0	statistical standard

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: CHILDRENS MEDICAL SERVICES	64300000			
Service/Budget Entity: CHILDRENS MEDICAL SERVICES	64300100			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Percent of families served with a positive evaluation of care	96.6%	91.4%	96.6%	96.6%
REVISE - Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	91.0%	76.0%	91.0%	77.0%
Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	96.3%	100.0%	100.0%
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	92.0%	99.0%	92.0%	99.0%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	81,343	64,740	81,500
Number of children provided early intervention services	47,502	43,693	47,502	44,000
Number of children receiving Child Protection Team (CPT) assessments	25,123	29,925	25,123	30,000
Percent of CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	95.2%	94.0%	95.5%

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No: 64**

Program: HEALTH CARE PRACTITIONER AND ACCESS	64400000			
Service/Budget Entity: MEDICAL QUALITY ASSURANCE	64400100			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Average number of days to issue initial licenses	60	71.9	60	60
Number of unlicensed cases investigated	700	806	700	810
Number of licenses issued	500,000	486,806	500,000	500,000
Average number of days to take emergency action on Priority I practitioner investigations	150	106.5	150	75
Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of	90.0%	89.90%	90.0%	90.0%
Average number of practitioner complaint investigations per FTE	352	224.9	352	352
Number of inquiries to practitioner profile website	2,000,000	5,315,072	5,000,000	5,400,000
Percent of applications approved or denied within 90 days from documentation of receipt of a complete application	100.0%	99.90%	100.0%	100.0%
Percent of unlicensed cases investigated and referred for criminal prosecution	1.5%	65.10%	77.0%	77.0%
Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (cease & desist, citation)	28.0%	36.0%	28.0%	28.0%
Percent of examination scores released within 60 days from the administration of the exam.	100.0%	100.0%	100.0%	100.0%
Percent of disciplinary final orders issued within 90 days from issuance of the recommended order.	85.0%	72.2%	85.0%	85.0%
Percent of disciplinary fines and costs imposed that are collected by the due date.	65.0%	51.00%	65.0%	65.0%
Percent of applications deemed complete or deficient within 30 days.	100.0%	99.80%	100.0%	100.0%
Average number of days to resolve unlicensed activity cases	410	493.3	410	410

entry error

* 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: HEALTH CARE PRACTITIONER AND ACCESS	64400000				
Service/Budget Entity: COMMUNITY HEALTH RESOURCES	64400200				
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)	
DELETE - Number of students in health professions who do a rotation in a medically underserved area	5,598	5,672	delete	delete	funding eliminated
REVISE - Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	87.3%	91.7%	90.2%	
DELETE - Number of providers who receive continuing education	16,750	**9,227	delete	delete	funding eliminated
REVISE - Number of brain and spinal cord injured individuals served	2,985	2,868	2,985	2,458	
Percent of middle and high school students who report using tobacco products in the last 30 days	16.8%	16.3%	16.8%	14.0%	

**funding reduced 50% * 2011-12 Standards not updated pending department reorganization

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health **Department No:** 64

Program: DISABILITY DETERMINATIONS	64500000			
Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS	64500100			
Approved Performance Measures	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Requested FY 2011-12 Standard* (Numbers)	Requested FY 2012-13 Standard (Numbers)
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	98.6%	95.31%	97.00%
Number of disability determinations completed	249,608	321,328	249,608	370,000

SSA Standard

* 2011-12 Standards not updated pending department reorganization

FLORIDA DEPARTMENT OF HEALTH

**ASSESSMENT OF PERFORMANCE for
APPROVED PERFORMANCE MEASURES**

LRPP Exhibit III

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services / 64200300
Measure: Nonwhite Infant Mortality per 1,000 Nonwhite Births

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
10.7	10.8	0.1	0.93%

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 unexplained infant death (SUID). 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 the general health of the woman are critical factors 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 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.

Sudden Infant Death Syndrome (SIDS) and accidental suffocation/strangulation in bed are the most frequently reported types of Sudden Unexpected Infant Death (SUID). SIDS is defined as the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation. Since the early 1990s, the U.S. SIDS rates have declined more than 50 percent, but SIDS still remains the third leading cause of infant mortality and the leading cause of death for infants age 1 to 12 months in the United States (CDC).

Continuation
LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services / 64200300
Measure: Nonwhite Infant Mortality per 1,000 Nonwhite Births

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:

In addition to the factors discussed above, there is also a need to continue and expand current health education and interventions to ensure positive health behaviors for nonwhite pregnant women. This includes ensuring access to early and continuous quality prenatal care, provision of screening for prenatal smoking and offering of smoking cessation services, care coordination for substance abusing pregnant women and the practice of safe sleep for infants. Florida's MomCare program, now fully implemented, provides 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 allows 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 ensure that the preconception and interconception health and educational needs of minority women are addressed prior to pregnancy whenever possible. In partnership with the March of Dimes, the preconception health Every Woman Florida initiative is now fully implemented throughout the state through hospital grand rounds and marketing of the department's Every Woman Florida website. These health screening and education services include focus on issues such as maternal infection, chronic illnesses, and access to primary health care.

A national telephone survey as well as focus groups conducted in Florida have documented that women are aware of the current recommendations regarding safe sleep but many choose not to follow them. Women who do not follow safe sleep recommendations are worried about infant safety and infant comfort. They also may lack knowledge of soothing techniques to use when infants are fussy and unable to sleep. To address this, the safe sleep education provided by health departments and Healthy Start coalitions are increasing the provision of information about choking and comforting techniques.

The Department of Health continues its collaboration with Florida medical examiners in a SUID investigation. The investigation objectives are to 1) Estimate the SUID rate, 2) Estimate the proportion of SUID deaths by underlying cause of death reported on the death certificate, 3) Describe the changes in reporting that may take place from the medical examiner report, to the death certificate, to the final underlying classification of SUID, 4) Identify the type(s) and intensity of SUID investigation completed, 5) Determine the factors that impact accurate reporting of SUID causes, and 6) Estimate the prevalence of known SUID risk factors. The findings of the investigation will help communities to understand the SUID problem and develop SUID prevention messages and strategies, including safe sleep messages and strategies, to help prevent future SUID cases.

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	8.8	0.3	3.5%

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 type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input checked="" type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

The percentage of low birth weight births for WIC prenatal women decreased slightly from 8.9% last year to 8.8% during this reporting period. Multiple births, however, continue to contribute to the percentage of low birth weight births in the WIC population. The number of multiple births has increased from 3,034 for SFY 2009 - 2010 to 3,154 for this reporting period. The birth weight of multiple birth infants is generally lower than the birth weight of singleton birth infants, and this factor contributes to the low birth weight percentage. If multiple births are excluded from the total number of infant births for WIC prenatal clients, the percentage decreases to 7.3%, which is below the target. The increase in the number of multiple births is a national phenomenon and not unique to WIC clients.

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:

There is relatively little the department can do with regards to the frequency of multiple births among our WIC clients. The percentage of multiple births in the WIC population increased from 2.7% to 2.9% in the last year. This continues to contribute the percentage of low birth weight births among WIC clients. When multiple births are excluded from the analysis, the low birth weight percentage decreased from 7.5% in SFY 2009-2010 to 7.3% in the past year. WIC will continue to stress early entry to prenatal care to improve birth outcomes and to promote breastfeeding to improve the health status of young children, but we are limited to tracking and analyzing the frequency and impact of multiple births.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services / 64200300
Measure: Number of Monthly Participants - WIC

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
500,000	492,419	(7,581)	1.5%

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: Several factors have influenced the recent decline in the number of WIC participants served. The birth rate in Florida has declined by 8 percent reducing the number of prenatal women and infants (primary WIC populations) entering the program. WIC clients are drawn from a diverse set of statewide populations and are employed in occupations which have been adversely affected by the downward trend in Florida's economy. This has resulted in many workers and families leaving the state to find employment elsewhere. Finally, WIC clients were probably drawn to the less restrictive Food Assistance (SNAP) program when benefit increases resulted in FY2010 client growth of 13.6 percent.

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 – Outreach |

Recommendations: A variety of outreach initiatives are conducted by local WIC agencies to inform potential clients about WIC. These activities include traditional advertising such as billboards, bus and van wraps, television and radio spots and interviews, public service announcements, newspaper and magazine media. Printed outreach materials are regularly distributed to medical providers, community based organizations, health centers, schools, libraries, stores, day care centers, food banks, and churches. Other initiatives enhance WIC's accessibility to working clients by extending service hours, and providing weekend and walk-in service for clients who have difficulty scheduling appointment times. WIC will continue to reach out to inform potential applicants of WIC program services, remind clients of their appointments, and offer options for working parents to participate in program services.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community of Public Health
Service/Budget Entity: Family Health Services / 64200300
Measure: Prevalence of adults who report no leisure time physical activity

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
20.0	24.0	4.0	20%

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:

The prevalence of adults who report no leisure time physical activity has been relatively stable for the past ten years. The prevalence of physical inactivity is measured through the Behavior Risk Factor Surveillance Survey, which is a self-reported survey. The Bureau of Chronic Disease Prevention's, Obesity Prevention Program focused many efforts toward increasing physical activity and reducing screen time. When funding for this program was lost, the bureau had to distribute physical activity related initiatives through several programs. Without staff dedicated to addressing physical inactivity full time there will continue to be minimal decline in the prevalence.

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

Recommendations:

Restored funding for Obesity Prevention, which entails increasing physical activity and healthy nutritional eating, would aid in decreasing physical inactivity in Florida. The Department of Health Healthy Communities, Healthy People Program supports coordinators in counties throughout the state. In lieu of dedicated funding, a primary objective of these coordinators now focuses on working with community leaders to create policy and environmental changes to help all Floridians reach and maintain a healthy weight, including increasing opportunities for physical activity. The Centers for Disease Control and Prevention are releasing several new grants to address physical activity, which the bureau hopes to secure. In 2010, we secured American Recovery and Reinvestment Act funds to address physical activity, nutrition, and tobacco use throughout the state. This limited-time funding allowed the bureau to address increased physical activity in elementary and middle school-aged children.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control / 64200400
Measure: Bacterial Sexually Transmitted Disease Case Rate Among Females 15-34 per 100,000

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
2,540	2,627	87	3%

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:

Increased identification of disease within this population continues to be the result of: 1) Increased use of improved non-invasive testing technology that has a much higher sensitivity to the infection, 2) Increased volume of testing for this population based both federal HEDIS requirements and the U.S. Preventive Services Task Force (USPSTF) recommendations on screening and 3) expected increases in laboratory testing results reported through the use of electronic laboratory reporting from more participating Florida laboratories.

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:

See above detailed Internal factors.

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

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

Recommendations:

Education and awareness efforts will continue to promote prevention messages, enhancements in business systems and modifications to the operations of the program can better address the needs within this population, and monitoring of the trend will enable staff to provide targeted information to affected populations.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control / 64200400
Measure: Immunization Rate Among Two-Year Olds

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
90.25	81.1	(9.15)	(11%)

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: Immunization coverage levels for two-year olds have decreased. Immunization partners must focus resources on identifying and targeting interventions toward geographic areas with populations at high risk for under-immunization or “pockets of need”. Also, many parents are questioning the safety of vaccines as a result of information available on the internet.

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) |

The Centers for Disease Control and Prevention, the American Academy of Pediatricians, the Bureau of Immunization and many healthcare organizations promote the importance of immunizing to protect against vaccine-preventable diseases and the safety of vaccines. Bureau field staff provide on-site visits to public and private providers to educate them on the importance of immunizing children based on the Advisory Committee on Immunization Practices.

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control / 64200400
Measure: Enteric Disease Case Rate per 100,000

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
47	61.7	14.7	31%

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 calculated enteric disease rate is greater than the approved standard because of the change in how the enteric disease rate was calculated in CHARTS. Prior to 2010, the enteric disease rate reported in CHARTS only included five enteric disease organisms: campylobacteriosis, giardiasis, hepatitis A, salmonellosis and shigellosis. The enteric disease rate now includes cryptosporidiosis, cyclosporiasis, E. coli shiga toxin + (not serogrouped), E. coli shiga toxin + (serogroup non-O157), enterohemorrhagic E. coli (EHEC), escherichia coli shiga toxin producing, and typhoid fever. By including the more comprehensive list of enteric disease organisms, a more accurate rate of enteric disease in FL can be calculated.

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 enteric disease rate is comprised of reportable enteric infections that are caused by bacteria and parasites which have varied sources and different routes of transmission. These organisms may affect populations differently depending on factors such as age, sex, immunocompromising conditions and exposure, to name a few. The enteric disease rate is a comprehensive rate affected by all the organisms included in the calculation. Due to the fact that so many different organisms are included in the calculation, no one prevention effort can improve this rate and many factors contribute to the spread of infection with these organisms. Although the county health departments and state health department epidemiologists work diligently to implement control measures to prevent the further spread of disease, not all are evenly accepted and utilized in the community which allows for continued transmission.

Continuation
LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control / 64200400
Measure: Enteric Disease Case Rate per 100,000

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:

Enteric diseases, because they are so easily spread, have the ability to affect large populations. Now that a more comprehensive calculation of the enteric disease rate is being produced annually, epidemiologists will be able to more accurately monitor the complete enteric disease rate. This information can be used to target prevention efforts, to reduce the infection rate and improve the health of all Floridians.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Service / 64200300
Measure: Food & waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

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
3.55	6.37	2.8	79%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

DOH is a partner with other agencies in detecting outbreaks. We have responsibility for inspecting a percentage of all Florida facilities, but we also have the responsibility to conduct investigation and possible intervention to stop outbreaks that get identified by other agencies in any facility. With the more outbreaks we detect and report on, it actually reflects the good surveillance and investigation that our team is doing. This measure is attempting to get at the protection offered through the inspection side (DOH inspections and regulation of specific facilities) with goals of keeping these types of food facilities safe that should eventually lead to fewer outbreaks. It does not reflect all of the outbreak work DOH is responsible for. Since the onset of HB5311, DOH does have less resources for the facilities we are specifically responsible for, though our role in any outbreak regardless of facility has not changed.

External Factors (check all that apply):

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

Explanation:

In 2010, after the passage of house bill 5311 the number of DOH regulated facilities changed from 19,699 to 12,555. This does impact the number of DOH personnel associated with responding to outbreaks. The role in which we do recover some costs was reduced while the overall role in responding to outbreaks was not. In 2010 this program investigated and reported on 8 outbreaks in DOH facilities. As such the types of facilities inspected by DOH has changed and outbreaks associated with these types of facilities would have a different baseline. The overall role to assist in any outbreak has not changed.

Continuation
LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Service / 64200300
Measure: Food & waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

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: A more reflective measure of all our outbreak work may be the number of outbreaks per 1,000,000 persons in the population with a reasonable goal of 1 or greater per million as adopted by the CDC Outbreak Net. This would also be consistent with national reporting and measuring standards.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services / 64200600
Measure: Percentage of Required Food Service Inspections Completed

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
100%	79.1%	20.9%	21%

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: County health department environmental health staffs continue to be reduced because of state General Revenue funding cuts and reductions in permit fees, including those that became effective in the 2010/2011 state fiscal year. This reduced the ability of CHDs to perform the inspections at the proper frequency in the food program. In addition, food program staffs also generally have responsibilities in other environmental health programs. This further diminishes their abilities to be as responsive as needed in the food program.

External Factors (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" 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: House bill 5311 removed the authority of county health departments to inspect child care centers, hospitals, nursing homes and other types of food service establishments. Each of these types of facilities was charged permit fees. Since the department was no longer able to collect these fees, this greatly contributed to the reduction in permit fees mentioned in the Internal Factors section above.

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 Central Office will continue to work with health departments to see how the inspection goal can be achieved with reduced staffing. CHDs began implementing an updated risk based inspection frequency schedule that the Central Office developed (with CHD input) starting in November 2010. This will help to realign inspection frequencies so that facilities within each risk category will be assigned the appropriate inspection frequency based on the public health risk they present. In turn, health departments should be able to target their resources better and be more efficient in getting the inspections completed in the food program.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Departments-Local Health Needs / 64200700
Measure: Number of Family Planning Clients

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
214,432	208,337	(6,095)	(2.84%)

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 checked="" type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: The recruitment of medical staff, physicians and nurses, is difficult related to competitive salaries in the private sector.

External Factors (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" 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 in state general revenue over the past several years along with the local reductions in funding and other resources at the county level has reduced the capacity to provide services at the same level.

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: County Health Department-Local Health Needs / 64200700
Measure: Number of Immunization Services Provided by 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 type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1,457,967	1,162,614	(295,353)	(20%)

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: Actual output is less than the standard for two primary reasons – (1) more children are being served by private healthcare providers; and (2) CHDs are serving children who are at the highest risk for under-immunization and providing case management services for these children to ensure they receive their immunizations. CHD staff also work with private healthcare providers to improve immunization rates among children served in the private sector. These services are typically more time-consuming than the actual delivery of vaccinations.

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: County Health Departments-Local Health Needs / 6420070
Measure: Number of tuberculosis medical management screenings, tests, skin test readings, nursing assignments and follow-up 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
289,052	271,775	(17,277)	(5.9%)

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 (Reduced disease morbidity) |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

The lower number of services reflects reduced number of TB cases and contacts.

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 (N/A) |

Recommendations:

TB elimination remains the primary goal of the statewide TB Program, and Florida is making significant progress towards its attainment. The reduced output measures (fewer services) reflect improved outcome achievement (less disease).

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department – Local Health Needs/ 64200700
Measure: Number of Onsite Sewage Disposal System Inspections

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
407,668	172,978	(234,690)	(57%)

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: Over half of the inspections counted are directly related to the construction of new housing units. Building construction has fallen by over 80% since establishment of the standard. New permit numbers remain flat. **We recommend reducing the standard to 175,000.** The department is meeting all regulatory responsibilities in regard to system inspections.

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 checked="" 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: County Health Department-Local Health Needs / 64200700
Measure: Number of Community Hygiene Services

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
126,026	118,045	(7,781)	(6%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect 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. So can the demand for rodent and arthropod control services. The percentage difference listed above is well within typical fluctuations.

External Factors (check all that apply):

- Resources Unavailable Technological Problems
 Legal/Legislative Change Natural Disaster
 Target Population Change Other (Identify)
 This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations: None

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department-Local Health Needs / 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
258,974	191,925	(67,049)	(26%)

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 (Economy) |
| <input checked="" type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: A constant decrease in the number of new facility plans, reviews, and inspections is a reflection of the economic recession. Also reflected in the decrease in the number of inspections is the number of facilities that have gone out of business, been foreclosed or abandoned. This decrease is expected to continue at a level trend until new housing starts/new development/redevelopment takes an up-swing perhaps in the next 2 to 4 years.

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:

- 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
100%	99.6%	(0.4)	(0.04%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect 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 99.6% accuracy rate in 2010-11 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):

- Resources Unavailable Technological Problems
 Legal/Legislative Change Natural Disaster
 Target Population Change Other (Identify)
 This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

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DELETE

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: DEPARTMENT OF HEALTH
Program: COMMUNITY PUBLIC HEALTH
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES / 64200800
Measure: Percent saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40%	37.6%	(2.40)	(6%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

Explanation: The Bureau of Statewide Pharmaceutical Services employs a set of Internal Operating Procedures (IOP), coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOP and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting “Kaizen Events”, according to the Quality Engineering principles of Motorola’s Lean Six Sigma (σ) (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this CPI program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics registered in the LRPP are relevant to the evaluation of BSPS program production. The current measure does not present an indicator of performance but rather is a “managerial measure”.

External Factors (check all that apply):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation: The data is dependent on circumstances out of the Bureau’s control: Procurement of non-contract items by State agencies; 340B PHS prices negotiated by the Federal government; manufacturer contracts negotiated by the GPO; product discount formulas that remain static with the manufacturer while current market values for pharmaceuticals increase. These are contributing factors to the request to delete this as a “managerial measure” replacing it with indicators controlled by the Bureau.

Continuation:

DELETE

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: DEPARTMENT OF HEALTH
Program: COMMUNITY PUBLIC HEALTH
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES
Measure: Percent saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

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

Training

Technology

Personnel

Other (New Measures)

Recommendations:

Replace with two new measures:

1. Number of errors per million per yearly number of repacks/prepacks to pharmacy customer
2. Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer.

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
653,447	612,299	(41,148)	(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 checked="" type="checkbox"/> Previous Estimate Incorrect | |
| <input type="checkbox"/> Other (Identify) | |

Explanation: The department's projection is overstated. The department has no control over the number of records that require processing in a given 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:

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of 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
96.6%	91.4%	(5.2)	(5.2%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Staff Capacity
- Competing Priorities
- Level of Training
- Previous Estimate Incorrect
- Other (Identify)

Explanation: Children’s Medical Services came close to meeting a challenging target. Obtaining a satisfaction result of even 90% is a difficult task with families of children with complex health problems. Though this target was missed, we still consider a satisfaction rate of 91.4% to be exceptional.

External Factors (check all that apply):

- Resources Unavailable
- Technological Problems
- Legal/Legislative Change
- Natural Disaster
- Target Population Change
- Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

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

- Training
- Technology
- Personnel
- Other (Identify)

Recommendations:

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care / 64300100
Measure: Percent of CMS enrollees in compliance with the periodicity schedule for well child 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
91.0%	76.0%	(15.0)	(15.0%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: As opposed to the previous use of parental reporting to assess compliance with this measure the Healthcare Effectiveness Data and Information Set (HEDIS) quality of care measure for children ages 3-6 was used to report this measure (completed Exhibit IV). These data more accurately depict compliance with this performance measure as it is gathered through a variety of sources including enrollment files, telephone surveys and health insurance claims data. Historically parental self reporting has been used to assess this measure which is consistently higher than actual claims driven data.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: Change in data source.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care /64300100
Measure: Percent eligible infants/toddlers provided CMS early intervention services

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
100%	96.3%	(3.7)	(3.7%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Staff Capacity
- Competing Priorities
- Level of Training
- Previous Estimate Incorrect
- Other (Identify)

Explanation: The number of children referred to Early Steps who received services has remained stable at 95% over the past 5 years. This year's performance shows there was an increase in the number of children who passed screening, withdrew before eligibility was determined, and were evaluated and found not eligible as well as an increase in the number of children referred very close to their third birthday (45 days or less), which is insufficient time to provide services.

External Factors (check all that apply):

- Resources Unavailable
- Technological Problems
- Legal/Legislative Change
- Natural Disaster
- Target Population Change
- Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

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

- Training
- Technology
- Personnel
- Other (Identify)

Recommendations:

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: 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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
47,502	43,693	(3,809)	(8%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- 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):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Average number of days to issue an initial license

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
60	71.9	11.9	19.8%

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:

This measure includes time periods over which the department has no control. Once an applicant is approved for licensure, there may be requirements for the applicant to complete prior to receiving a license, e.g., pass an exam. This measure is from the time a complete application is received until the actual license is issued.

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: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Number of licenses issued

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
500,000	486,806	(13,194)	2.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

Explanation: The standard is based on a projection of the number of licenses to be issued considering licensing trends from previous years and the number of applications received.

External Factors (check all that apply):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Percentage of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt.

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%	89.9%	(.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 checked="" type="checkbox"/> Other (Identify) |

Explanation: Complaints are received from a variety of sources and differ in complexity. More complex complaints often take more time to obtain information needed to make a recommendation of probable cause.

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: Management routinely monitors this measure and is continuing to identify ways to increase the efficiency and quality of the enforcement processes.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
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
352	224.9	(127.1)	36.1%

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 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 type="checkbox"/> Other (Identify) |

Recommendations:

Office of Policy and Budget – July 2011

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Percent of applications approved or denied within 90 days from documentation of receipt of a complete application

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
100%	99.9%	(.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 checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: The performance target was not met because of training issues. Emphasis is placed on training staff to close out application transactions when an application is determined to be complete and is monitored by error reports.

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: Continue to monitor through error reports.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Percent of disciplinary final orders issued within 90 days fro issuance of the recommended order

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
85%	72.2%	(12.8%)	15.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect Other (Identify)

Explanation: Final Orders are drafted by contract board counsel as well as department staff for professions where there is no board. This measure was created in FY09-10 and performance has improved, however, not yet met the approved standard. Through continued monitoring, the performance is expected to continue to improve

External Factors (check all that apply):

- Resources Unavailable Technological Problems
 Legal/Legislative Change Natural Disaster
 Target Population Change Other (Identify)
 This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Office of Policy and Budget – July 2011

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Percent of disciplinary fines and costs imposed that are collected by the due date

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
65%	51%	(14%)	21.5%

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 checked="" type="checkbox"/> Other (Identify) |

Explanation: Reminder notices are sent 30 days prior to the due date to improve collection. Compliance with this policy is being monitored monthly. Downturn in the economy may be a contributor to the decrease in this measure as well as the difficulty in collecting fines and costs from those persons whose license has been revoked. . Process improvement initiatives are in process.

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:

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: Continue to review processes for improvement in collection.

Office of Policy and Budget – July 2011

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Percent of applications deemed complete or deficient within 30 days

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
100%	99.8%	(.2%)	.2%

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 checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: The performance target was not met because of training issues. Emphasis is placed on training staff to close out application transactions when an application is determined to be complete and is monitored by error reports.

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:

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:

Office of Policy and Budget – July 2011

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance / 64400100
Measure: Average Number of Days to Resolve Unlicensed Activity Cases

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
410	493.3	83.3	20.3%

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 checked="" type="checkbox"/> Other (Identify) |

Explanation: Unlicensed activity is a criminal offense and investigations often require undercover investigations, surveillance, and coordination with law enforcement. Once an investigation is completed, prosecution is handled by State Attorneys through criminal proceedings.

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 2011

DELETION REQUEST

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources / 64400200
Measure: Number of health professions students who do a rotation in a medically underserved area.

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
5,598	5,672	74	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 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:

The funding for the Area Health Education was eliminated.

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
91.7%	87.3%	(4.4)	(4.8%)

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 (Funding shortage) | |

Explanation: The percent of clients that were closed community reintegrated during the 2010-2011 fiscal year was 4.4% under the target goal of 91.7%. This decline is likely to be the result of a continuing decline in revenues being deposited in the BSCIP Trust Fund (\$18 million FY 2005-06 to \$10.6 million FY 2010-11). Community reintegration is highly dependent on the availability of high cost rehabilitation services. As such it is unlikely that the community reintegration percentage will return to previous levels until resources become available to purchase these types of services.

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: Revenue shortfalls being deposited into the BSCIP Trust Fund.

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

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other: Obtain additional resources |

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 include only basic and essential services necessary to reintegrate individuals in the community post-injury. Attempt to negotiate lower costs with providers for contracted services. Continue to use and identify new technologies that can reduce dependence on provider services (adaptive equipment, cognitive memory aids, telemedicine, etc.). Explore options to increase funding for the program.

DELETION REQUEST

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/ 64400200
Measure: Numbers of Providers Who Receive Continuing Education

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 checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
16,750	9,227	(7,449)	(44%)

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 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:

The funding for the Area Health Education Center Network was eliminated.

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: Brain/Spinal Cord Injured Clients Served

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
2,985	2,868	(117)	(3.9%)

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 checked="" type="checkbox"/> Other (Identify) – Decline in hospital census as a result of economic conditions | |

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 number of new referrals submitted to the Central Registry was 117 referrals less (3.9%) than the target goal of 2985 referrals. It has been consistently reported from State Verified Trauma Centers, at the time of their site review with the Department, that overall hospital census is down as a result of the economy and less tourism in the state. This indicator will be closely monitored to determine if the decrease continues in coming years.

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 (monitor change) |

Recommendations: Monitor trends by hospitals in the coming year. Compare decreases with Trauma Registry once the 'Next Generation Trauma Registry' is up and running.

FLORIDA DEPARTMENT OF HEALTH

**PERFORMANCE MEASURE VALIDITY AND
RELIABILITY**

LRPP Exhibit IV

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

DEPARTMENT

PROGRAM:

SERVICE/BUDGET ENTITY:

MEASURE:

DEPARTMENT OF HEALTH

EXECUTIVE DIRECTION AND SUPPORT SERVICES

EXECUTIVE DIRECTION AND SUPPORT / 64100200

Percent of agency administrative costs and positions compared to total agency costs and positions.

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:

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Executive Direction and Support Services
Service/Budget Entity: Information Technology / 64100400
Measure: Technology costs as a percent of total agency costs

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:

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Total infant mortality rate per 1,000 live births

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**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) 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 live birth information from the birth facility/certifier and death information from the funeral director/certifier 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.**

Calendar year number of infant deaths divided by number of live births multiplied by 1,000. An infant death is defined as less than one year of age.

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 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.

Total infant mortality rate per 1,000 live births.

- *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

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, Vital News (Office of Vital Statistics newsletter), Monthly vital statistics data files, and Florida Vital Statistics Annual Report.
- *Is written documentation available that describe how the data are collected?*
Yes, F.S. 382 describes live birth and death record completion/filing procedures. Vital Statistics Registration Handbook describes item by item procedures for completion of the records.
- *Has an outside entity ever completed an evaluation of the data system?* No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data 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.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Non-white infant mortality rate per 1,000 non-white live births

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**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) 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 live birth information from the birth facility/certifier and death information from the funeral director/certifier 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.**

Calendar year number of non-white infant deaths (based on the infant's race) divided by number of non-white live births (based on the mother's race) multiplied by 1,000. An infant death is defined as less than one year of age.

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?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Goal 4: Improve access to basic family health care services

Objective 4B: Improve nonwhite 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, Vital News (Office of Vital Statistics newsletter), Monthly vital statistics data files, and Florida Vital Statistics Annual Report.*
- *Is written documentation available that describe how the data are collected? Yes, F.S. 382 describes live birth and death record completion/filing procedures. Vital Statistics Registration Handbook describes item by item procedures for completion of the records.*
- *Has an outside entity ever completed an evaluation of the data system? No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data 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.*

Non-white infant mortality rate per 1,000 non-white live births.

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 30, 2000.

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 prenatal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clients.

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**

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 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 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.*

NOTE: *Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.*

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services
Measure: Number of live births to mothers age 15 – 19 per 1,000 females age 15-19.

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**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and dissolutions 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 information from the birth facility/certifier and forward 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.**

Calendar year number of live births to females age 15-19 divided by the total number of female adolescents age 15-19 (population) multiplied by 1,000.

Population data is the July 1 mid-year estimates from the winter consensus estimating conference Office of the Governor.

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 4D: Reduce 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, this information is found in Performance Measure Definitions, Summer 1998 [Family Planning] and Monthly vital statistics data files and Florida Vital Statistics Annual Report (Office of Vital Statistics)*
- *Is written documentation available that describe how the data are collected? Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and F.S. 382 describes live birth record completion/filing procedures, and Vital Statistics Registration Handbook describes item by item procedures for completion of the records.*
- *Has an outside entity ever completed an evaluation of the data system? Yes. The National Center for Health Statistics annually review the Vital Statistics data 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.*

Number of live births to mothers age 15-19 per 1,000 females age 15-19.

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.

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 monthly special supplemental nutrition program for Women, Infants and Children (WIC) participants

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**

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 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.

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.

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. TBD BY DOH INSPECTOR GENERAL

Reliability:

System edits, on-going training, written guidance, technical assistance and on-site monitoring help ensure the reliability of reported numbers. TBD BY DOH INSPECTOR GENERAL

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: Age-adjusted death rate due to diabetes

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:

The data source used will be Florida CHARTS. CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

1. DOH extracts data using ICD-10 codes specific to diabetes.
2. A crude death rate is calculated by dividing the total number of deaths due to diabetes in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
3. The next step is to calculate diabetes death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
4. Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
5. Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data is always approximately 1 year behind.

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

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: Prevalence of adults who report no leisure time physical activity

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:

The Florida Behavioral Risk Factor Surveillance System (BRFSS) will be the data source for this measure. The Florida BRFSS is a cross-sectional telephone survey that uses random-digit-dialing methods to select a representative sample from Florida’s adult population (18 years of age or older) living in households.

The Florida Department of Health, Bureau of Epidemiology implements BRFSS throughout the state. Next, they analyze the data and produce annual reports of the results. The measure above is defined as persons who answer no to the BRFSS question “During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity:

To be determined by Department of Health, Office of the Inspector General

Reliability:

To be determined by Department of Health, Office of the Inspector General

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: Age-adjusted death rate due to coronary heart disease

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:

The data source used will be Florida CHARTS. CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

1. DOH extracts data using ICD-10 codes: I20-I25 specific to coronary heart disease.
2. A crude death rate is calculated by dividing the total number of deaths due to coronary heart disease in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
3. The next step is to calculate coronary heart disease death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
4. Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
5. Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data is always about 1.5 years behind.

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

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 Prevention and Control/ 64200400
Measure: AIDS case rate per 100,000 population

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:

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.*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control /64200400
Measure: Number of HIV/AIDS resident total deaths per 100,000 population

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**

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.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of HIV/AIDS resident total deaths per year.

- *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*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of HIV/AIDS resident total deaths per year.

- *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.

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 of Health’s Bureau of Sexually Transmitted Diseases (BSTD) 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 sexually transmitted diseases (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:

Authority: Chapters 381 and 384 Florida State Statutes and 64D – 3 Florida Administrative Code
Required Reportables: Provider and Laboratory Reports
Database: BSTD’s PRISM application (**Patient Reporting Investigation and Surveillance Manager**)

Calculation Method:

Numerator: # Females diagnosed with Syphilis, Gonorrhea, Chlamydia aged 15 – 34 at the time of diagnosis reporting

Denominator: # of Females age 15 – 34 from Florida Population tables.

Scaling: Quotient is multiplied by 100,000 to get value per 100,000

Validity:

Yes, this is a valid performance measure. The measure addresses the heart of the BSTD’s mission to prevent, control, and intervene in the spread of STD infection. The PRISM data used to calculate this measure will provide an accurate measure of the disease burden in Florida. Over time, this measure will reflect any impact the Bureau has in completing its function to safeguard and improve the health of the citizens of Florida with respect to the bacterial STDs of chlamydia, gonorrhea and syphilis.

Reliability:

Yes, this is a reliable performance measure. The reliability of the data for this performance measure is reflected in the traceability of the information back to its original source. Due to the fact that this information is based on laboratory and provider reports of disease, the information can be traced back through the laboratory that performed the test, using the laboratory accession number, back to the original health care provider via the provider information required under the current Florida Administrative Code 64D-3.

*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.*

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control/ 64200400
Measure: Tuberculosis cases per 100,000 population

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**

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 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 tuberculosis cases divided by population estimate multiplied by 100,000.

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 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?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

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.

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

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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**
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

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:

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

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.

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

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control/ 64200400
Measure: Number of annual patient days at A. G. Holey Tuberculosis Hospital

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**

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

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

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control Services/64200400
Measure: Enteric disease case rate 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.

Data Sources and Methodology:

List and describe the data source(s) for the measure:

The enteric disease case rate per 100,000 population is obtained from data submitted to Merlin, the Florida's web-based notifiable disease surveillance system utilized by the 67 county health departments (CHD) to report and track reportable disease conditions in Florida as required by rule 64D-3.

Describe the methodology used to collect the data:

Each case of campylobacteriosis, giardiasis, hepatitis A, salmonellosis, and shigellosis is reported by health care providers to county health departments along with demographic information, symptoms, diagnosis status (confirmed or probable) laboratory tests, exposure history, prophylaxis if indicated, and other information as appropriate. The case reports are entered into Merlin.

Explain the procedure used to measure the indicator:

Bureau of Epidemiology epidemiologists review the cases to insure complete and timely data submission, and calculate disease rates per 100,000 population. This gives a measure of the enteric disease burden in Florida annually. In response, epidemiologic measures including prompt case finding, education and intervention can be used to prevent outbreaks and achieve desired target rates of enteric disease.

Office of Policy and Budget – July, 2008

Revised Methodology

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control Services / 64200400
Measure: ENTERIC DISEASE CASE RATE 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.

Data Sources and Methodology: The enteric disease case rate per 100,000 population is obtained from data submitted to Merlin, Florida's web-based notifiable disease surveillance system utilized by the 67 county health departments (CHD) and laboratories that report data through ELR, electronic laboratory reporting, to report and track reportable disease and conditions in Florida as required by rule 64D-3. This data is then pulled into CHARTS and made available to the public.

Each case of confirmed and probable reported enteric infection is reported by health care providers and laboratories to county health departments along with demographic information, symptoms, diagnosis status (confirmed or probable) laboratory tests, exposure history, prophylaxis if indicated, and other information as appropriate. The case reports are entered into Merlin.

Bureau of Epidemiology epidemiologists review the cases to insure that the case definition is satisfied and to ensure complete and timely data submission, and calculate disease rates per 100,000 population. This gives a measure of the enteric disease burden in Florida annually. In response, epidemiologic measures including prompt case finding, education and intervention can be used to prevent secondary cases as well as outbreaks and achieve desired target rates of enteric disease.

Validity: Prior to 2010, the CHARTS data drawn from Merlin did not include all the relevant and appropriate enteric diseases. Although the data did include some of the highest burden diseases (campylobacteriosis, giardiasis, hepatitis A, salmonellosis and shigellosis) it did not include all the reportable diseases that cause enteric illness in Florida. The data excluded cryptosporidiosis, cyclosporiasis, E.coli shiga toxin+ (not serogrouped), E. coli shiga toxin + (serogroup non-O157), enterohemorrhagic E. coli (EHEC), escherichia coli, shiga toxin producing, and typhoid fever. By including all of these organisms in the enteric disease rate, a more accurate enteric disease rate can be calculated. By calculating a more comprehensive enteric disease rate, the true burden of illness can be measured and evaluated. **TO BE DETERMINED BY DOH INSPECTOR GENERAL**

Reliability: The data that is included in the enteric disease rate is assimilated from data that is reportable by Chapter 64D-3 F.A.C. By maintaining a consistent list of reportable diseases included in this measure, the data can be compared annually to more accurately identify changes in the burden of illness in the state. This updated list is more comprehensive and reliable as it captures the same reportable disease information each year as reportable by law. **TO BE DETERMINED BY DOH INSPECTOR GENERAL**

Office of Policy and Budget – July 2011

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services/ 64200600
Measure: Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

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**

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

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.

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

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services/ 64200600
Measure: Septic tank failure rate per 1,000 within two years of system installation

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**

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

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.

Septic tank failure rate per 1,000 within two years of system installation.

- *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.

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.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Septic tank failure rate per 1,000 within two years of system installation.

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 30, 2000.

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 FACILITIES, DEVICES AND USERS REGULATED AND MONITORED

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:

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services/64200600
Measure: PERCENT OF REQUIRED FOOD SERVICE INSPECTIONS COMPLETED

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:

The data will come from inspection records collected by the department's Environmental Health database.

Food inspection results are entered into the department's Environmental Health database. That data is uploaded to and compiled at DOH Central Office.

Facility inspection frequencies depend on the level of food service they provided to their customers. Each facility will be multiplied by its' assigned inspection frequency to determine how many inspections should have been performed. This number will be compared to the number of inspections actually performed during the prescribed time period.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of women and infants receiving Healthy Start services annually.

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**

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.

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.

Number of women and infants receiving Healthy Start services annually.

- *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.*

Number of women and infants receiving Healthy Start services annually.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Total number of School Health services provided annually by the county health departments.

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of clients served annually in county health department Family Planning program

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**

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of immunization services provided by county health departments during the fiscal year.

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of clients served in county health department Sexually Transmitted Diseases (STD) programs annually

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**

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.**

County health department provider personnel record the services provided to clients on Employee Activity Reports and are entered into a local CIS/HMC program at each of the county health departments. For every person receiving a sexually transmitted disease 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.**

The number is derived by totaling the unduplicated client identification numbers served in county health department STD programs.

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 1E: Identify and eventually 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, 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

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. 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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of persons receiving HIV Patient Care from county health departments, Ryan White Consortia, and General Revenue Networks annually

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**

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.”

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of tuberculosis medical management screenings, tests, tests read, nursing assessments, directly observed therapy and paraprofessional follow-up services provided

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of on-site sewage disposal system inspections completed annually

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of community hygiene services provided by county health departments annually

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Local Health Need / 64200700
Measure: Number of vital events recorded

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Public Health Support / 64200800
Measure: Number of relative workload units performed annually by the laboratory.

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**

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.

REQUEST TO DELETE

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services / 64200800
Measure: Percent saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

Action (check one):

REQUEST TO DELETE

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

• List and describe the data source(s) for the measure

(1) A database supplied by eAudit Solutions, Inc.; an independent, contracted drug invoice reconciliation service.

(2) A database supplied by eAudit Solutions, Inc. containing a list of all drugs purchased by eligible State of Florida accounts. This database contains a full FY of detailed drug cost information.

(3) Current Minnesota Multistate Contracting Alliance for Pharmacy-Group Purchasing Organization (MMCAP-GPO) drug manufacturer price list and Section 340B Public Health Service (340B PHS) contracted price lists, updated on a quarterly basis as per federal regulation.

(4) The current wholesale acquisition cost (WAC) for each drug.

• Describe the methodology used to collect the data.

eAudit Solutions, Inc. prepares a daily and annual invoice reconciliation reports verifying all drug purchases and reconciling same. The annual report provides MMCAP-GPO and 340B PHS drug cost savings vs. wholesale acquisition cost (WAC) to measure the value of participating in the GPO and the 340B PHS program.

• Explain the procedure used to measure the indicator.

The total percent saved for drugs purchased under the MMCAP-GPO and 340B PHS are compared to the previous year's percent savings. Any loss in 340B PHS percent saving provides detail for additional negotiations with individual drug manufacturers to obtain additional, future savings; loss in savings for MMCAP-GPO procured drugs is used to negotiate with MMCAP-GPO awarded drug manufacturers for additional, future savings during the biennial drug manufacturer award negotiations. For FY07-08, MMCAP-GPO drug procurement averages a savings of WAC minus 25%; 340B PHS drug procurement averages WAC minus 50%.

Validity:

Validity Determination Methodology:

- *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.

Reliability:

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, eAudit Solutions, Inc. maintains documentation.*

- *Is written documentation available that describe how the data are collected? Yes, eAudit Solutions, Inc. maintains documentation.*

- *Has an outside entity ever completed an evaluation of the data system? Yes, eAudit.*

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.

Office of Policy and Budget – July 2009

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Public Health Support / 64200800
Measure: Number of birth, death, marriage, divorce, and fetal death records processed annually.

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**

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.

REQUEST TO DELETE

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services
Measure: Percent of counties reporting significant progress in achieving the Public Health and Medical-Related Target Capabilities

Action (check one):

REQUEST TO DELETE

- 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.

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 has developed an online assessment for health and medical stakeholders to measure progress each year.

PERCENT OF COUNTIES REPORTING SIGNIFICANT PROGRESS IN ACHIEVING THE PUBLIC HEALTH AND MEDICAL RELATED TARGET CAPABILITIES

Validity (determined by program office): The methodology for the original 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 data was validated in September 2007 during a review of progress and gaps conducted as part of the Department of Homeland Security funding process. In 2008, a new assessment methodology, using a similar approach, was developed using an online assessment sent to all health and medical partners (including hospitals, emergency medical services agencies, medical examiners, community health providers and others). The assessment asks each stakeholder to rate their level of confidence in being able to achieve the desired outcomes in each target capability and to identify high priority gaps in achieving these outcomes. The data provide 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

Reliability (determined by program office): The initial 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, 2009

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Public Health Support / 64200800
Measure: Percent of Emergency Medical Services (EMS) providers found to be in compliance during licensure inspection

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Public Health Support / 64200800
Measure: Number of Emergency Medical Technicians (EMTs) and paramedics certified or re-certified biannually.

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**

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Public Health Support / 64200800
Measure: Number of Emergency Medical Services providers licensed annually.

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

- **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.

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.

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.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services
Measure: Increase the accuracy of the yearly number of Pharmacy dispenses to the Bureau of Statewide Pharmaceutical Services customer

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: The source of the data used to calculate the error rate is based on errors per million operations that include: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc. as they are related to the act of pill dispensing activities. The data is accumulated through the pharmacy dispensing system software and constitutes the performance metric equivalent to the yearly rate of service/product delivered to the BSPS customer. It identifies the “actual” and goal error rates acceptable for the action.

Validity: The BSPS employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOP and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting “Kaizen Events”, according to the Quality Engineering principles of Motorola’s Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics registered in the LRPP, in concert with PB², are relevant to the evaluation of BSPS program production. **TBD by DOH Inspector General**

Reliability: The performance outputs sited above below meet or exceed retail industry standards. **TBD by DOH Inspector General**

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services
Measure: Increase the accuracy of the yearly number of repacks/prepacks to the Bureau of Statewide Pharmaceutical Services customer

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: The source of the data used to calculate the error rate is based on errors per million operations that include: medication duplicated Rx, incorrect pill count, labeling errors, incorrect drug edits, etc as it relates to the act of repackaging and prepackaging medications. The data is accumulated through the pharmacy dispensing system software and constitutes the performance metric equivalent to the yearly rate of service/product delivered to the BSPS customer. It identifies the “actual” and goal error rates acceptable for the action.

Validity: The BSPS employs a set of Internal Operating Procedures (IOPs) coupled with periodic audits by an internal Quality Assurance/Quality Improvement Manager to inspect ongoing operations to grade compliance with current Good Manufacturing Practices (cGMP) and to grade compliance with set performance standards and metrics established by IOP and each program. Corrective actions for non-compliance with performance metrics and IOPs include conducting “Kaizen Events”, according to the Quality Engineering principles of Motorola’s Lean Six Sigma (LSS) Continuous Process Improvement Program. Following the principles, resulting outcomes and implementation of associated corrective actions of this continuous process improvement program ensures adequate control of performance metrics and compliance with same. Adherence to the LSS CPI program ensures that performance standards and metrics registered in the LRPP, in concert with PB², are relevant to the evaluation of BSPS program production. **TBD by DOH Inspector General**

Reliability: The performance outputs sited above below meet or exceed retail industry standards. **TBD by DOH Inspector General**

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services
Measure: Level of preparedness against national standards
(on a scale of 1 to 10)

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 Florida is achieving the health and medical system capabilities necessary to effectively respond to a large-scale disaster or emergency. **This NEW indicator is based on the national target capabilities.**

Prior to there being a national standard, the Office of Public Health Preparedness developed and facilitated a statewide health and medical capabilities assessment. The project included an in-depth self-assessment by each county health and medical system against the national target capability critical tasks. It is recognized that self-assessments are soft data, but these were the only data available at the time. A second assessment was conducted in 2008 using an electronic survey to health and medical stakeholders.

In 2010, two federal capabilities assessments were conducted in Florida (the FEMA State Preparedness Report and the Department of Homeland Security Domestic Security Assessment). Both national assessments used a 10 point Likert scale to assess capability status, although the scales for each assessment were slightly different (with 1 demonstrating no level of capability and 10 demonstrating capability completely achieved). Health participated in both national assessments. **In order to be in compliance with national standards, it is requested that the federal assessment reflected in the new measure will replace the internal assessment previously conducted.**

Validity:

PENDING REVIEW BY DOH INSPECTOR GENERAL

Reliability:

PENDING REVIEW BY DOH INSPECTOR GENERAL

Office of Policy and Budget – July, 2010

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 families in the Children's Medical Services Network indicating a positive evaluation of care

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**

A family satisfaction survey developed by Children's Medical Services (CMS). This survey is sent to a random sample of families in the third quarter of the fiscal year. This survey is designed to determine the family's satisfaction with the services obtained and support provided through the specific CMS program under which the child was served. CMS will also be included in the Institute for Child Health Policy's evaluation of families' perception of care, which will be a more statistically acceptable survey.

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

A random sample of children/families is generated from the CMS Minimum Data Set during the third quarter of the fiscal year. A survey instrument is sent to each selected family. The results of all returned surveys are manually tallied to determine the percentage of families indicating a positive perception of care.

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

Each item on the survey rated "C" or better is considered satisfactory. The total number of satisfactory responses are divided by the total number of responses for each item.

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, as an attachment to each contract.*
- *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 (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: Children's Medical Services

SERVICE: Children's Special Health Care

MEASURE: Outcome

Percent of Children's Medical Services 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**

The Children's Medical Services (CMS) Minimum Data Set is a microcomputer database application, which is used to collect information on all CMS clients, including demographic and encounter level data (at the CMS clinics and private providers).

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

Client data are input into the CMS Minimum Data Set at the local CMS offices. Quarterly and annually these data are shipped to headquarters. Statewide statistical reports are produced at headquarters using the aggregated information.

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

Numerator: The number of children that have had the appropriate number of well-child visits in a specified period of time by age category.

Denominator: The suggested number of well-child visits in a specified period of time by age category, as provided in the immunization periodicity schedule by the American Academy of Pediatrics.

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; other than the periodicity schedule*
- *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.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

REVISION IN CALCULATION METHODOLOGY

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 the periodicity schedule for well child care.

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:

As opposed to the previous use of parental reporting to assess compliance with this performance measure, the Healthcare Effectiveness Data and Information Set (HEDIS) Quality of Care Measure for children ages 3-6, will be utilized, which reflects children who received one or more well-child visits with a primary care physician. These data are gathered through a variety of sources including enrollment files, telephone surveys and health insurance claims data and more accurately depicts compliance with this performance measure. Therefore, the baseline for this measure has been changed, using data from 2005-06. This baseline is considerably lower than the previous baseline since actual claims data is used. Parental self reporting with well child visits tends to be higher than actual claims driven data.

Validity (as determined by Program Office):

The HEDIS is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).

Reliability (as determined by Program Office):

The National Committee for Quality Assurance (NCQA) assumed responsibility for management of the evolution of the Healthcare Effectiveness Data and Information Set (HEDIS) by devising a standardized set of performance measures that could be used by various constituencies to compare health plans, and to help drive quality improvement activities. HEDIS is utilized by numerous entities, including employers, and state and federal regulators as the performance measurement tool of choice. For the purposes of this performance measure, HEDIS is a more reliable source of data as it is claims driven, as opposed to parental reporting.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

DEPARTMENT: Department of Health
PROGRAM: Children’s Medical Services (CMS) Program
SERVICE/BUDGET ENTITY: Children’s Special Health Care
MEASURE: Percent of eligible infants/toddlers provided CMS Early Intervention Program services

Action (check one):

- Requesting revisions to approved measures,
- Change in data sources or measurement methodologies
- Requesting new measures
- Backup for performance measure.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

AGENCY: Department of Health

PROGRAM: Children's Medical Services (CMS) Program

SERVICE: Children's Special Health Care

MEASURE: Percent of Child Protection Team (CPT) assessments provided to Family Safety and Preservation within established timeframe

Action (check one):

- Requesting revisions to approved measures,
- Change in data sources or measurement methodologies
- Requesting new measures
- Backup for performance measure.

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.

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 “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 (determined by program office):

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 a twelve month period.

Validity (determined by program office): 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 (determined by program office):

The contract CMS pharmacy benefit manager, MedImpact, will develop an annual report to collect this data. .

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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
MEASURE: Number of children in the Children's Medical Services Network receiving Comprehensive Medical Services.

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**

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.

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
MEASURE: Number of children provided early intervention services annually

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**

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.

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.

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
MEASURE: Number of children receiving Child Protection Team Assessments

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 and describe the methodology used to collect the data.**

Data source:

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.

Data collection methodology:

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 SATP reporting program using specialized coding. The SATP 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 of children receiving Child Protection Team Assessments during the period measured.

VALIDITY

Number of Children receiving Child Protection Team Assessments-

- **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 (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.
- 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

Number of Children Receiving Child Protection Team Assessments

- **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 Reporting Guidelines are available in the Health Information Systems Office, the CMS state Program Office and on site at each provider office.
 - Is written documentation available that describe how the data are collected? Yes, see 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.

RELIABILITY (cont'd)

Number of Children Receiving Child Protection Team Assessments

- **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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/ 64400100
Measure: Average number of days to issue initial 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.

Definition: The average number of days from the date the application is received to the date the license is issued. The professions and initial applications measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

This measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

To determine the average number of days to issue a license, 2 pieces of information are required for each application, the Application Date and the License Original Issue Date. The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by DOH staff and any corrections are made at this time by the DOH staff. When an initial license is approved, COMPAS generates the License Original Issue Date. The License Original Issue Date should never change and is stored in the main license (lic) table.

The HCPR Balanced Scorecard – Average Number of Days to Issue an Initial License Report gives both the average number of days analysis and the supporting data for this measure.

AVERAGE NUMBER OF DAYS TO ISSUE INITIAL LICENSE

For the analysis portion, each Profession's Average Issue Age is determined by the Average of (License Original Issue Date – Application Date) for each non cancelled/non error application/transaction for each profession measured. The overall DOH Average Issue Age is determined by summing the weighted Profession's Average Issue Age (multiplying the Profession's Average Issue Age by the Number of Applications Issued for that Profession) and dividing by the total number of Licenses Issued for All Professions.

For the supporting data portion of the report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, License Original Issue Date, Application ID, Application Status, and License ID.

The report used to generate the average issue date can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M2. The columns desired in the return set are pro_cde and pro_avg_issue_age. The report psql is available upon request.

Validity (determined by program office): The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data. This report can also be cross checked against several other reports to verify the number of licenses issued during a date range (dxa516: HCPR Applications Issued Licenses and dxl515: Licenses Issued by Profession. Care must be used while comparing with dxl515 as not all licenses listed will be the result of applications/transactions being counted in this measure of initial licensure).

Reliability (determined by program office): Because this data is retrieved via a Compas Datamart Report (dxa523: HCPR Balanced Scorecard – 1.1.1.1 Average Number of Days to Issue an Initial License), this data will be generated using the same query each time thereby providing consistent results.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Number of unlicensed 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.

DEFINITION:

The definition of the number of ULA cases investigated would be the quantity of Uniform Complaint Forms forwarded to the field offices for investigation where an investigation has been completed and the case forwarded to the ULA Chief Legal Counsel, who is responsible for review and final closure.

DATA SOURCES AND METHODOLOGY:

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The ULA Program includes boards and professions under Chapter 456, Florida Statutes. Upon completion of an unlicensed activity investigation, a status 50 entry is entered into COMPAS under the applicable case number by investigative support staff and the case is forwarded to the ULA Chief Legal Counsel for review and final closure. The query for this measure counts the number of unlicensed activity cases with the first occurrence of the status 50 entry falling within the applicable date parameters.

VALIDITY (determined by program office):

The status 50 entry directly corresponds to the activity being counted by this measure. The unlicensed activity complaints are distinguished the presence of an unlicensed activity allegation code (0 or 1) and/or the unlicensed activity classification code (13) entered into COMPAS under each case number. As the ULA program excludes professions outside of Chapter 456, the query excludes those client codes in COMPAS falling under DDC, EMS, and Radiation Technology

RELIABILITY (determined by program office):

The cases are assigned and documented in the COMPAS System as to what field office and investigator is responsible. The completed cases are transmitted to the ULA Chief Legal Counsel for closure in the COMPAS System. The ULA cases can be distinguished from the regulatory cases, which also receive a status 50 entry upon completion of an investigation, by the destination staff code beginning with "UL."

NUMBER OF UNLICENSED CASES INVESTIGATED

The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure is necessarily dependent upon the correct entry of the ULA allegation and/or classification codes as well as the status 50 entry upon completion of an investigation by the ISU. As these codes are long-established and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Number of licenses issued

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

DEFINITION:

The total count of initial licenses and renewal licenses issued during a certain time period.

DATA SOURCES AND METHODOLOGY:

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform. When an initial license is approved and printed it establishes an original licensure date. This date should never change and is stored in the main license table.

Licenses must renew their license based off of what each board requires.

VALIDITY (determined by program office):

The license table stores very important data pertaining to all of the licensed medical professionals throughout the state of Florida. The date that the licensee was first issued a license is considered the original license date. This date is and should never be modified in the COMPAS Datamart. Where the original license date lies between the chosen date parameters is an appropriate and direct reflection of this performance measure.

RELIABILITY (determined by program office):

All date fields used for initial renewals licenses issued are automatically populated by the system. These dates should never be modified. Application status codes can, but very unlikely, be changed. For example, if the status code of "8" which equals closed is modified then the staff member who is running this measurement will need to be notified.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Average number of days to take emergency action on Priority I practitioner investigations

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:

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt of complaint

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:

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.

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Average number of practitioner complaint Investigations per FTE

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:

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.

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/64400100
Measure: Number 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

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Percent of applications approved 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.

MEASURE: 1.1.1.4 % of Complete Initial Licensure Applications Approved or Denied with in 90 Days

DEFINITION: The overall percentage of complete initial licensure application/transactions that are approved or denied within 90 days of the complete date. The professions and initial application transactions measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

DATA SOURCES AND METHODOLOGY:

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

The 1.1.1.4 measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only applications where the application date is prior to the original license issue date, and the complete and action dates are not null are counted in this measure. The complete and action dates are required as these dates give us the start of and stop of the 90 day clock. Only those applications where the final application status of APPROVED or DENIED are counted.

Percent of applications approved or denied within 90 days from documentation of receipt of a complete application

To determine the percentage of complete applications approved or denied within 90 days, 3 pieces of information are required for each application:

- the complete date (the date stamped on the last piece of mail received to deem the file complete)
- the action date (the date action was taken on the application- approval (the applicant has been approved to sit for the exam or the applicant has been approved for licensure), denied, tolled, waived, pending ratification),
- and the application/transaction timestamp of when the application/transaction was APPROVED or DENIED.
-

The complete and action dates are required during data entry before an application/transaction can be APPROVED. But this is not the case for application/transactions that are DENIED.

Each application/transaction is counted in this measure when the application/transaction reaches its final status of APPROVED or TO BE DENIED status and can no longer be edited. At this point, the complete and action dates can no longer be edited either. This is the total number of applications/transactions to be counted. To verify if the application/transaction is within the 90 day clock, the action date must be within 90 days of the complete date. The 90 day measure can then be defined as:

Total Number of applications where action date – complete date <= 90 and the final application status is during the selected date range / total Number of applications where the final application status is during the date range.

For the supporting data portion of this report, each application/transaction that was APPROVED or DENIED during the selected date range is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, Complete Date, Action Date, Application ID, Application Status, Application Approved Status, Application Status Description, License status and effective date, and License ID.

The report used to generate the percentage approved or denied can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M3.

The plsql for the report is shown below.

```
SELECT l.cnt_cde      as pro_cde,
       l.file_nbr    as file_nbr,
       l.lic_id      as lic_id,
       a.applc_id    as applc_id,
       (SELECT n.key_nme
          FROM compas_dm.t_cur_name n
         WHERE n.lic_id = a.lic_id) as appl_key_name,
       a.applc_dte   as applc_dte,
       h.app_comp_dte as app_comp_dte,
       h.app_closed_dte as app_closed_dte,
       a.applc_sta   as applc_sta,
       a.applc_apprv_sta as applc_apprv_sta,
       pkg_rpt_appl.f_get_appl_sta_desc(a.lic_id, a.applc_sta,a.applc_apprv_sta) as appl_status_desc,
       (SELECT lic_sta_cde FROM lic_sta ls WHERE ls.lic_sta_id = l.lic_sta_id) as lic_sta_cde,
       l.sta_efct_dte as lic_status_efct_dte
FROM   lic l,
       appl a,
       appl_hcpr h,
       appl_hst ax,
       (SELECT c.cnt_cde as cnt_cde
          FROM   clnt c
         WHERE  c.cnt_cde_prnt LIKE '80%')
```

Percent of applications approved or denied within 90 days from documentation of receipt of a complete application

```
AND LENGTH(c.clnt_cde_prnt) = 4
AND ( (in_clnt_cde = '9999')
      OR (in_clnt_cde = c.clnt_cde)
      OR (in_clnt_cde = c.clnt_cde_prnt))
AND pkg_rpt_appl.f_rpt_hcpr_clnt_cde(c.clnt_cde) = 'Y' c
WHERE a.appl_id = h.appl_id
AND a.clnt_cde = c.clnt_cde
AND a.appl_dte >= TO_DATE('07/01/2007','MM/DD/YYYY')
AND h.app_closed_dte IS NOT NULL
AND h.app_comp_dte IS NOT NULL
AND ax.appl_id = a.appl_id
AND ax.appl_hist_id = (SELECT MIN(ax2.appl_hist_id)
                       FROM appl_hst ax2
                       WHERE ax2.appl_id = ax.appl_id
                             AND ax2.appl_sta = '8'
                             AND ax2.appl_apprv_sta IN ('Y','D'))
AND ax.evnt_tme_stmp BETWEEN rpt_start_dte AND rpt_end_dte
AND a.lic_id = l.lic_id
AND c.clnt_cde = l.clnt_cde
AND h.appl_id = a.appl_id
-- verify that the license has not already been established.
AND TRUNC(a.appl_dte) <= TRUNC(NVL(l.orig_dte,SYSDATE))
AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_xtran(a.clnt_cde, a.xact_defn_id) = 'Y')
AND EXISTS(SELECT 1 FROM DUAL
           WHERE pkg_rpt_appl.f_get_appl_sta_desc(
             a.lic_id, a.appl_sta,a.appl_apprv_sta) IN ('TO BE DENIED','APPROVED'));
```

VALIDITY (DETERMINED BY PROGRAM OFFICE): The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data.

RELIABILITY (DETERMINED BY PROGRAM OFFICE): Because this data is retrieved via a COMPAS Datamart Report (dxa523: HCPR Balanced Scorecard – % of Complete Initial Licensure Applications Approved or Denied with 90 Days Report), this data will be generated using the same query each time thereby providing consistent results.

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/ 64400100
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.

DEFINITION: The number of Unlicensed Activity complaints that have proceeded to investigation and where entered activity codes reflect that a referral to a law enforcement agency and/or prosecuting authority occurred within the specified time frame, divided by the total number of non-duplicate complaints of unlicensed activity that were received into the Consumer Services Unit during the identical time frame.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The Unlicensed Activity program includes the healthcare professions licensed under Chapter 456, Florida Statutes. When an unlicensed activity investigation is referred to a law enforcement investigative agency (such as a police department), an activity code 29 is entered into that case number by investigative staff. When a referral is made to a prosecuting authority (such as a state attorney's office), an activity code 30 is entered by investigative staff. A referral that includes a request for an arrest is likewise coded as an activity 43. The presence of one of these activity code entries within the applicable time frame in an unlicensed activity investigation constitutes the numerator for this percentage measure. The denominator is represented by a total count of the number of unlicensed activity complaints received into CSU during the applicable time period. Complaints closed in CSU with a 1013 disposition code as a duplicate complaint are excluded from this denominator.

VALIDITY (determined by program office): The activity codes 29, 30 and 43 directly correspond to the actions being counted in the numerator of this measure. The denominator consists of the total number of unlicensed complaints received. One limitation on the validity of this measure is that a time lag can easily occur where an unlicensed activity complaint is received into CSU in one time period and investigated and referred to law enforcement in a later time period. For that reason, this measure could be considered more of a ratio rather than a percentage calculation where the

PERCENT OF UNLICENSED CASES INVESTIGATED AND REFERRED FOR CRIMINAL PROSECUTION

numerator is entirely a subset of the denominator. The validity of this measure increases when longer time periods are considered, such as a full year, while the validity may be lessened if a shorter period such as a quarter of a fiscal year is under consideration.

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of allegation and, where applicable, the disposition code for a duplicate complaint by CSU. The numerator of this measure is additionally dependent upon the accurate entry of the law enforcement referral activity codes by investigative or prosecution staff. As the process for the coding of ULA complaints in COMPAS is well established, and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high. Backup data provided to Enforcement staff upon computation of this measure allows for the identification and correction of errors or omissions that would impact the reliability of this measure.

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/64400100
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.

DEFINITION: The number of Unlicensed Activity investigations resolved to closure during a specified time frame and where the resolution of the investigation includes one of the non-arrest remedies of the issuance of a Notice or Agreement to Cease & Desist and/or the issuance of an Unlicensed Activity Citation, or both, divided by the total number of Unlicensed Activity investigations resolved to closure during the identical time frame.

DATA SOURCES AND METHODOLOGY:

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When an Order to Cease and Desist is issued in an unlicensed activity (ULA) investigation, an activity code of 35 (for an informal agreement to cease and desist) or 36 (for a notice to cease and desist being issued) is entered into COMPAS under the applicable case number by investigative enforcement staff. Upon closure of the case by the ULA Prosecutor, a disposition code of 4121 or 4122 (reflecting formal or informal notices to cease and desist, respectively). In the event an Unlicensed Activity Citation is issued, the case will be closed with a 4185 disposition code entered by the ULA Prosecutor's Office, and which code will be upgraded to 5185 by the Compliance Management Unit (CMU) upon completion of the penalty. The numerator for this measure looks for the entry of either one of the applicable activity codes or one of the applicable closing disposition codes entered in those ULA cases closed during the applicable time frame. The denominator is a count of all ULA cases closed with a 4100 disposition code during the applicable time frame, also accounting for the possibility that the 4185 disposition code entered for a ULA citation can be subsequently upgraded to 5185 by the CMU upon completion of the penalty.

Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (Cease & Desist, citation)

VALIDITY (determined by program office): The 35 and 36 activity codes and the 4121, 4122, 4185 and 5185 disposition codes directly correspond to the resolution of ULA complaints by means other than arrest, the activity being counted in the numerator of this measure. The denominator is simply all ULA cases being closed during the same time frame. The query counts a case in the numerator of this measure if a Notice or Agreement to Cease & Desist occurred during the investigation of the case, even if the ULA Prosecutor's Office should subsequently assign a disposition code other than the codes for Cease & Desist or ULA Citation to the case at the conclusion. With both the numerator and the denominator, the time frame being applied is the status 120 closure of the case, so the resulting figure is a valid percentage where the numerator is a subset of the denominator.

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the entry of the applicable activity codes and/or closing disposition codes by investigative and prosecution staff involved in the handling of unlicensed activity investigations. In addition to the activity codes for Notice or Agreement to Cease & Desist, the disposition codes entered by the ULA Prosecutor's Office add an extra degree of reliability as both would have to be missed in order for the Cease & Desist to be omitted in the numerator count. Overall, the business processes of entering activity codes and closing disposition codes has been well established in the investigative offices and the ULA Prosecutor's Offices. When this measure is computed, backup data of the cases being counted is provided to Investigative Services and the ULA Prosecutor's Office for review and verification, adding to the reliability of the computed measure. Thus, confidence in the reliability of this measure can be considered very high.

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/64400100
Measure: Percentage of examination scores released within 60 days from the administration of the examination.

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

DEFINITION: The percentage of examination scores that were released and posted to the website within 60 days of the date the examination was administered. The examination scores measured are those defined and administered by the Testing Services Unit (TSU) under the Florida Department of Health to those whose initial application by examination has been approved by each Board's Executive Director that were not cancelled or generated in error.

DATA SOURCES AND METHODOLOGY:

TSU provides and administers examinations for Chiropractic Physicians, Optometrists, Opticians, Dentists and Dental Hygienists. There are two formats provided for testing. Computer Based Testing (CBT) that is administered via personal computer during a given time frame (window). Clinical examinations that are provided in a classroom setting on set dates.

Examination scores for CBT for Dentistry and Dental Hygiene are calculated and provided to TSU by the vendor Northeast Regional Board of Dental Examiners (NERB). CBT scores for Chiropractic Physicians, Optometrists, and Opticians are calculated and provided to TSU by the vendor Prometric. In all, Testing Services administers thirteen CBT examinations. CBT scores are provided to TSU on a weekly basis which TSU then perform a quality check of the data. Once data has been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

Clinical Examination answer sheets are retrieved by TSU at the time the examinations are administered. The answer sheets are then forwarded to the vendor Image API for scanning and calculating. Image API provides TSU with the scanned file which TSU then performs a quality check of the data. Once data has been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

The measure is for the percentage of examination scores that are posted to the website within 60 days of the date the examination was administered. Examinations contain multiple parts and are not deemed complete until all parts have been taken. The date is calculated from the date the last exam part is completed to the date the scores are posted and accessible from the online score look-up application on the Medical Quality Assurance website(s). To calculate this measure TSU has an established process utilizing an Excel spreadsheet that is updated with the examination start and end dates and data provided from the examinations that were administered. This report is provided to Executive Management on a quarterly basis.

VALIDITY:

TSU maintains a project plan for each examination administered. Project plans contain the dates, times and locations of each examination administered.

When an examination has been deemed complete, all parts taken, the data is checked for accuracy. This is the start date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

TSU performs several quality checks before examination scores are uploaded into COMPAS and posted to the website which include the following:

1. Review to ensure scores uploaded into COMPAS are accurate.
2. Review to ensure that the online score look-up data coincides with the COMPAS data.
3. Reviews pass list for accuracy and provides to Strategic Planning Services (SPS).

Once the examination score data has been reviewed and approved for accuracy, the Board offices are notified and the date(s) are posted to the online score look-up website application. This is the end date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

The measure is calculated using the date the examination is deemed complete, all parts taken, to the date the scores are uploaded to the online score look-up website application.

RELIABILITY:

TSU has an established process by which the examination start dates and end dates of this measure are consistently captured and calculated utilizing an Excel spreadsheet which contains the necessary formulas to determine the percentage of examination scores posted to the website within 60 days. This measure is currently being provided to the Executive Management on a quarterly basis. Since the Excel formulas are imbedded in the spreadsheet, the calculations should be consistent with each report.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
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.

DEFINITION: The number of disciplinary Final Orders issued where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order and where the number of days between the issuance of the Final Order and the activity code reflecting receipt of the DOAH Recommended Order was 90 days or less, divided by the total number of Final Orders issued during the identical time frame where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When an administrative complaint results in a formal hearing before an Administrative Law Judge of the Division of Administrative Hearings (DOAH), the resulting findings of fact and recommended penalty (where applicable) are contained in a Recommended Order which is provided to the Department. The matter is thereafter scheduled to be heard before the respective licensing board for issuance of a disciplinary Final Order. When the Recommended Order is received from DOAH, support staff personnel in the Prosecution Services Unit (PSU) enter the applicable activity code of 440 with the effective date into COMPAS under that case number. The case is thereafter placed on the agenda of the next board meeting for the respective profession, and upon said board taking action on the case and determining the appropriate penalty (if any), a final order is subsequently prepared by the Office of the Attorney General and filed with the Department's Agency Clerk. At the time said final order is filed, Central Records staff will enter a status code of 120 to put the case into closed status, and enter the appropriate "4000" series disposition code to reflect the applicable disciplinary penalty or dismissal of the case. The final orders resulting from a Recommended Order are identified by the Final Order Index Number entered by Central Records, and where the "FOF" (final order - formal) suffix is entered upon the filing of a Final Order resulting from a Recommended Order. The numerator for this measure is the number of cases that proceed from a received Recommended Order to a filed Final Order within 90 days or less. The denominator is the total number of cases that proceeded from Recommended Order to Final Order within the applicable time frame regardless of the number of days following the Recommended Order.

VALIDITY (determined by program office): The activity code 440 for receipt of a DOAH Recommended Order directly corresponds to the starting event for the number of days being counted in this measure. The status 120 entry with a disciplinary "4000" series disposition code directly corresponds to the ending event for the number of days being counted in this measure. As it might be possible (though, rare) for more than one Recommended Order to be issued in the event that a matter was remanded to DOAH for further proceedings or clarification, the query utilized in this measure applies the latest activity 440 date in the event that said activity code occurs more than once in a case. The only other foreseeable limitation on the validity of this measure might occur if a case was reopened on appeal, and upon the Department prevailing in the matter, a later status 120 close date (well after the Final Order) were to be applied to a case. This situation could result in a long period between the Recommended Order and the date of case closure, however these could be distinguished and removed from cases being counted in the measure by observation that the prefix of the Final Order Index No. does not correspond with the date of case closure.

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of the activity 440 code by PSU support staff upon receipt of the Recommended Order, and the status 120 case closure entry by Central Records upon the filing of the disciplinary Final Order. Each time this measure is computed, an error report is generated which displays as a blank field the activity 440 code effective date in the event that PSU failed to capture the date of receipt of the Recommended Order in the system. Any such cases can then be referred to PSU for the appropriate entry to be completed. The status 120 entry with a disciplinary disposition code by Central Records, and entry of the Final Order Index Number with the appropriate "FOF" suffix, is a very long established business process and of very high 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/64400100
Measure: Percent of disciplinary fines and costs imposed that are collected by the due date.

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

DEFINITION: Percentage of fines and costs imposed where the date of completion of the requirement (if any) occurred on or before the due date, for those fines and costs imposed within the applicable date parameters.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When a disciplinary action is imposed through a final order or citation, the Compliance Management Unit (CMU) will enter the fines and cost amounts due as well as the due date into the Compliance Module in COMPAS under the applicable case number. When payment has been received, CMU enters the amount paid and the date of completion. The denominator for this measure is the sum total of the fines and costs imposed where the due date falls within the time frame being applied in the measure. Of that group where fines and/or costs fell due, the numerator consists of the total dollar amount entered as paid and where the completion date of the fine and/or costs requirement was equal to or earlier than the entered due date.

VALIDITY (determined by program office): The dollar amounts entered by CMU as due and payable as well as those amounts having been collected, in connection with the entered due dates and payment collection date, directly correspond to this measure. The numerator for this measure is necessarily based upon the completion date entered by CMU, which may not be the same as the date the payment was stamped in as received in the mail room. It must be further kept in mind it is the percentage of imposed fine/cost dollar amounts timely paid that is being tracked, not the percentage of final orders and citations timely paid. A single case with a very large fine/cost amount not timely paid would greatly outweigh several cases with timely paid fines/costs where those amounts were small.

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure necessarily depends upon the accurate entry by CMU of the dollar amounts of fines and/or costs due under each applicable case number, as well as the accurate entry of the date when each requirement is due as well as the date each requirement was completed. Provided that CMU is diligent and accurate in making these entries as the disciplinary final order and citations are received, and when the required payments are received, the reliability of this measure should be high and sufficiently error-free.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/64400100
Measure: Percent of applications deemed complete or deficient within 30 days.

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

DEFINITION: The number of days to determine if the initial licensure application is complete or deficient from the application date. The professions and initial application transactions measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

This 1.1.1.3 measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

To determine the average number of days to determine if an application is complete or deficient, 3 pieces of information are required for each application: the Application Date, the earliest COMPAS generated application deficiency letter date, and the date the application is determined complete if a deficiency letter was not generated.

- The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by DOH staff and any corrections are made at this time by the DOH staff.
- If the application is deficient, an application deficiency letter is generated in COMPAS by DOH staff. The deficiency letter used must have a letter description with 'DEF' in the COMPAS Name Description (ltr_mstr.ltr_desc). This date will stop the 30 Day Clock. Not all applications will have an application deficiency letter.
- Once the application is to be determined complete, DOH Staff will enter the date the last piece of mail was received by DOH into the Application Complete Date field (appl_hcpr.app_comp_dte). This date cannot be prior to the application date, or in the future. This date will stop the 30 Day Clock if no application deficiency letter was sent.

PERCENT OF APPLICATIONS DEEMED COMPLETE WITHIN 30 DAYS.

The HCPR Balanced Scorecard – 1.1.1.3 Appl Complete or Deficient Notification Sent within 30 Days Report gives side by side analysis comparison of

- **Deficient in 30 Days** is the number of applications that had a COMPAS deficiency letter generated during the input date range within 30 days of the application date.
- **Total Deficient** is the total number of applications that had a COMPAS deficiency letter generated during the input date range.
- **Complete in 30 Days** is the number of applications that had an Application Complete Date within the report input date range and was also within 30 days of the Application Date. These applications do not have a COMPAS generated deficiency letter.
- **Total Complete** is the number of applications that had an Application Complete Date within the report input date range. These applications do not have a COMPAS generated deficiency letter.
- **Total Apps Proc in 30** is the **Deficient in 30 Days** plus **Complete in 30 Days**.
- **Total Apps Processed** is **Total Deficient** plus **Total Complete**.
- **% Process in 30 Days** is **Total Apps Proc in 30** divided by **Total Apps Processed**. If there are no applications processed during the time period, 100% is used.

For the supporting data portion of this report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, Deficiency Date, Complete Date, Application ID, and License ID.

The report used to generate the average processing time can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M1. The columns desired in the return set are pro_cde, pro_total_def, pro_total_def_in30, pro_total_comp, pro_total_comp_in30, pro_total_proc, pro_total_proc_in30. The report plsqli is shown below.

```

SELECT p.clnt_cde      as pro_cde,
       p.clnt_lng_nme  as pro_name,
       NVL(m1.clnt_total_def,0)      as pro_total_def,
       NVL(m1.clnt_total_def_in30,0) as pro_total_def_in30,
       NVL(m2.clnt_total_comp,0)     as pro_total_comp,
       NVL(m2.clnt_total_comp_in30,0) as pro_total_comp_in30,
       NVL(m1.clnt_total_def,0) + NVL(m2.clnt_total_comp,0) as pro_total_proc,
       NVL(m1.clnt_total_def_in30,0) + NVL(m2.clnt_total_comp_in30,0) as
pro_total_proc_in30,
       DECODE(
         NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0),0,1,
         ((NVL(m1.clnt_total_def_in30,0)+NVL(m2.clnt_total_comp_in30,0))/
          (NVL(m1.clnt_total_def,0) + NVL(m2.clnt_total_comp,0)))) * 100
         as pro_proc_in30_percent,
       NVL(m1.clnt_total_def_avg,0) as pro_total_def_avg_age,
       NVL(m2.clnt_total_comp_avg,0) as pro_total_comp_avg_age,
       DECODE(--verify denominator is not zero
              (NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0)),0,0,
              --calculate numerator as total number of days=avg days*number of apps
              ((NVL(m1.clnt_total_def_avg,0)*NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp_avg,0)*NVL(m2.clnt
_total_comp,0))
              / (NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0)))) as
pro_overall_avg_age
FROM
(
  SELECT c.clnt_cde      as clnt_cde,
         -- find the deficiency letter count
         COUNT(*)        as clnt_total_def,
         -- determine the average age
         AVG(TRUNC(ch.cntct_hst_dte) - TRUNC(a.applc_dte)) as clnt_total_def_avg,
         -- find the deficiency count within 30 days
         SUM(DECODE(SIGN(TRUNC(ch.cntct_hst_dte)-TRUNC(a.applc_dte)-30),1,0,1))
         as clnt_total_def_in30

```

PERCENT OF APPLICATIONS DEEMED COMPLETE WITHIN 30 DAYS.

```

FROM cntct_hist ch,
     ltr_mstr l,
     clnt c,
     appl a
WHERE l.ltr_id = ch.ltr_id
AND UPPER(l.ltr_desc) LIKE '%DEF%'
AND ch.cntct_hst_dte BETWEEN rpt_start_dte and rpt_end_dte
AND l.clnt_cde = c.clnt_cde
AND a.applc_id = ch.applc_id
AND a.applc_dte >= '01-JUL-2007'
AND a.xact_cls_cde IN ('I','X')
AND pkg_rpt_appl.f_rpt_hcpr_clnt_cde(a.clnt_cde) = 'Y'
AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_xtran(a.clnt_cde,
a.xact_defn_id) = 'Y')
AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_appl_sta(
                                pkg_rpt_appl.f_get_appl_sta_desc(
                                a.lic_id,
a.applc_sta,a.applc_apprv_sta)) = 'Y' )
AND NOT EXISTS (SELECT 1
                FROM cntct_hist ch2,
                ltr_mstr l2
                WHERE l2.ltr_id = ch2.ltr_id
                AND UPPER(l2.ltr_desc) LIKE '%DEF%'
                AND a.applc_id = ch2.applc_id
                AND ch.cntct_hst_dte > ch2.cntct_hst_dte)
AND c.clnt_cde_prnt LIKE '80%'
AND LENGTH(c.clnt_cde_prnt) = 4
AND ( (in_clnt_cde = '9999')
      OR (in_clnt_cde = c.clnt_cde)
      OR (in_clnt_cde = c.clnt_cde_prnt))
GROUP BY c.clnt_cde) m1,
(
SELECT a.clnt_cde as clnt_cde,
      -- find the complete count without deficiency
      COUNT(*) as clnt_total_comp,
      -- find the average age without deficiency
      AVG(TRUNC(ah.app_comp_dte) - TRUNC(a.applc_dte)) as clnt_total_comp_avg,
      -- find the complete within 30 day count - no deficiency
      SUM(DECODE(SIGN(TRUNC(ah.app_comp_dte)-TRUNC(a.applc_dte)-30),1,0,1))
      as clnt_total_comp_in30
FROM appl a,
     le.appl_hcpr ah,
     clnt c
WHERE a.applc_id = ah.applc_id
AND ah.app_comp_dte BETWEEN rpt_start_dte and rpt_end_dte
AND a.clnt_cde = c.clnt_cde
AND c.clnt_cde_prnt LIKE '80%'
AND LENGTH(c.clnt_cde_prnt) = 4
AND ( (in_clnt_cde = '9999')
      OR (in_clnt_cde = c.clnt_cde)
      OR (in_clnt_cde = c.clnt_cde_prnt))
-- initial date of beginning HCPR Reporting Measures.
AND a.applc_dte >= '01-JUL-2007'
AND a.xact_cls_cde IN ('I','X')
AND NOT EXISTS (SELECT 1
                FROM cntct_hist ch,
                ltr_mstr l
                WHERE l.ltr_id = ch.ltr_id
                AND UPPER(l.ltr_desc) LIKE '%DEF%'
                AND ch.applc_id = a.applc_id)
AND pkg_rpt_appl.f_rpt_hcpr_clnt_cde(a.clnt_cde) = 'Y'
AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_xtran(a.clnt_cde,
a.xact_defn_id) = 'Y')
AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_appl_sta(
                                pkg_rpt_appl.f_get_appl_sta_desc(
                                a.lic_id,
a.applc_sta,a.applc_apprv_sta)) = 'Y' )
GROUP BY a.clnt_cde) m2,
(
SELECT c.clnt_cde as clnt_cde,
      c.clnt_lng_nme

```

PERCENT OF APPLICATIONS DEEMED COMPLETE WITHIN 30 DAYS.

```
FROM      clnt c
WHERE     LENGTH(c.clnt_cde_prnt) = 4
AND       ( (in_clnt_cde = '9999')
           OR (in_clnt_cde = c.clnt_cde)
           OR (in_clnt_cde = c.clnt_cde_prnt))
AND       c.clnt_cde_prnt LIKE '80%'
AND       compas_dm.pkg_rpt_appl.f_rpt_hcpr_clnt_cde(c.clnt_cde) = 'Y') p
WHERE     m1.clnt_cde (+) = p.clnt_cde
AND       m2.clnt_cde (+) = p.clnt_cde
ORDER BY TO_NUMBER(p.clnt_cde);
```

VALIDITY (determined by program office): The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data.

RELIABILITY (determined by program office): Because this data is retrieved via a COMPAS Datamart Report (dxa523: HCPR Balanced Scorecard – Appl Complete or Deficient Notification Sent within 30 Days Report), this data will be generated using the same query each time thereby providing consistent results.

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/64400100
Measure: Average Number of Days to Resolve a Complaint of Unlicensed Activity

Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

DEFINITION:

The average number of days between the recorded date of complaint and the closure of investigated complaints of unlicensed activity by the Office of the General Counsel within professions licensed under Chapter 456 and for all such cases resolved during the applicable time frame.

DATA SOURCES AND METHODOLOGY:

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. Complaints of unlicensed activity are assigned a Receive Date by the Consumer Services Unit (CSU). Following the investigation of those complaints found legally sufficient by CSU, the Prosecutor within the Office of the General Counsel will then handle the final resolution of each case. The closure of a case is accomplished in COMPAS through a status 120 entry accompanied by a recorded disposition code in the 4100 range assigned to unlicensed activity complaints. Some of the cases resolved may be forwarded to the Compliance Management Unit (CMU) for additional enforcement action (such as citations), and upon completion by CMU the disposition code for said cases will be upgraded to a corresponding value in the 5100 series. For all Chapter 456 unlicensed activity complaints resolved within the applicable time frame, the reported measure result is the average number of days between the date received and the date of closure.

VALIDITY:

The recorded Receive Date and the status 120 effective date directly correspond to the two events involved in this measure. The measure is based upon a subtraction to determine the number of days having elapsed between the two events as recorded in COMPAS, and then the average of those values for all applicable cases. In computing the measure, the latest status 120 effective date is to be used in any instance where a complaint was previously closed prior to investigation due to insufficient information for legal sufficiency.

RELIABILITY:

The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon (a) a correct Receive Date being entered by CSU; (b) a correct effective date of closure (status 120 date) being entered by the Office of the General Counsel, and (c) a correct closing disposition code in the 4100 series being entered by the Office of the General Counsel. The business processes by which the applicable dates and disposition codes are entered are long established and basic in nature. In addition, error reports are generated following each quarter to identify status date entries outside of acceptable values, and the supporting data for this measure listing each case being counted is provided to the Office of the General Counsel for review and confirmation. In light of the foregoing, the reliability of the value reported for this measure can be considered to be very high.

REQUEST TO DELETE

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources
Measure: Number of medical students who do a rotation in a medically underserved area.

Action (check one):

DELETION

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

- **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.

REVISION IN CALCULATION METHODOLOGY

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

DEPARTMENT: Department of Health
PROGRAM: Health Care Practitioner and Access
SERVICE/BUDGET ENTITY: Community Health Resources
MEASURE: Percent of brain and/or spinal cord injured clients reintegrated to their communities at an appropriate level of functioning as defined in chapter 64i-1.001, f.a.c.

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 client's case is closed, this information is entered into RIMS by field associates. 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.**

The Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to the Brain and Spinal Cord Injury Program (BSCIP) when it was legislatively transferred to the Department of Health. BSCIP has since incorporated seven new program types into RIMS. Over time, RIMS has been enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements require BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011.

$$\% \text{ Community Reintegrations} = \frac{\# \text{ Community Reintegrated} + \# \text{ BSCIP Program Ineligible:Eligible for Vocational Rehabilitation}}{\# \text{ Community Reintegrated} + \# \text{ BSCIP Program Ineligible:Eligible for Vocational Rehabilitation} + \# \text{ Program Ineligible:Institutionalized} + \# \text{ Death}}$$

Note 1: The case closure date, for unduplicated clients who were in-service status, will be used to identify those clients to be included in the denominator for the reporting period.

Note 2: Closure sub statuses in RIMS define the reason in-service clients were closed from BSCIP. For a list of sub status definitions, you may contact the Brain and Spinal Cord Injury Program.

Note 3: Closure sub statuses that do not provide definitive information on the community reintegration status of clients who were closed from in-service during the reporting period are not included in the denominator of the % Community Reintegrated equation. These sub statuses are: declined services; failure to cooperate; other; program ineligible (excluding program ineligible – eligible for VR and program ineligible – institutionalized/incarcerated); and unable to locate.

Note 4: Calculations for this indicator include unduplicated counts for all program types for those clients who had sustained a brain and/or spinal cord injury.

Validity: To be determined by Department of Health Inspector General

Reliability: To be determined by Department of Health Inspector General

Percent of Brain and Spinal Cord Injured clients reintegrated to their communities at an appropriate level of functioning as defined in Chapter 64I-1.001, F.A.C.

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Office of Policy and Budget – July 2011

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources
Measure: Number of providers receiving continuing education.

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 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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources
Measure: Number of Brain and Spinal Cord Injury customers served.

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**

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.

REVISION IN CALCULATION METHODOLOGY

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 brain and/or spinal cord injured clients served

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**

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 Rehabilitation Information Management System (RIMS) originated from the Department of Labor and Employment Security, Division of Vocational Rehabilitation. It was designed for client management and could only accommodate one program type. The application was cloned and provided to the Brain and Spinal Cord Injury Program (BSCIP) when it was legislatively transferred to the Department of Health. BSCIP has since incorporated seven new program types into RIMS. Over time, RIMS has been enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements require BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011. The previous methodology counted those individuals who were applicants to the program and were not receiving “services”. The new methodology counts only those individuals who have been placed “in-service”. As a result, there will be a significant decrease in the number served projections.

‘Number Served’ = # of Unduplicated Clients with a status of “In-Service” during the reporting period.

Note 1: Number served includes all unduplicated clients with a status of “In-Service” at any time during the reporting period, regardless of the year they were referred to the program.

Note 2: Calculations for this indicator include unduplicated counts for all program types for those clients who had sustained a brain and/or spinal cord injury.

Note 3: An applicant must be determined eligible for community reintegration services and must have a Community Reintegration Plan developed and written before they are placed in “In-Service” status.

VALIDITY: To be determined by DOH Inspector General

RELIABILITY: To be determined by DOH Inspector General

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

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**

Self-reported tobacco use in the past 30 days, from an anonymous survey of Florida public middle and high school students. The data base is stored as a Statistical Analysis System (SAS) data set (v 6.04) and analyzed using the Survey Data Analysis (SUDAAN) software for complex sampling designs

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

Florida Youth Tobacco Survey, which is an anonymous self-administered school based classroom survey conducted in public middle and high schools. The survey is administered by school or health personnel during February and March. The sample is stratified by grade level and geographical region. The Florida Youth Tobacco Survey methodology was developed by the Centers for Disease Control and Prevention (CDC). The question items relating to 30 day use of tobacco products were developed and tested as part of the Youth Risk Behavior Surveillance System developed by the Division of Adolescent and School Health at CDC.

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

Students are asked a series of questions regarding use of cigarettes, cigars, and smokeless tobacco products within the previous 30 days.

The numerator is the number of students responding "yes" to the questions.

The denominator is the total number of students asked the question.

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.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

- *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, whose 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.* Florida Youth Tobacco Survey Report #1 presents the survey questions and methodology. This report is available from the Department of Health Epidemiology section.
- *Is written documentation available that describe how the data are collected? Yes.* Florida Youth Tobacco Survey Report. This report is available from the Department of Health Epidemiology section.
- *Has an outside entity ever completed an evaluation of the data system? Not an evaluation per se, however, the Centers for Disease Control assisted in the development of the survey to ensure questions used were reliable and valid. The questions used are standard youth risk behavior survey questions that have been tested and found reliable by many other states.*

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

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

- 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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:: Department of Health
Program: Disability Determination
Measure: Percentage of disability decisions completed accurately as measured by the Social Security Administration.

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**

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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:: Department of Health
Program: Disability Determination
Service/Budget Entity: Disability Benefits Determination
Measure: Number of disability decisions completed annually.

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**

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.

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.

FLORIDA DEPARTMENT OF HEALTH

**ASSOCIATED ACTIVITIES CONTRIBUTING
TO PERFORMANCE MEASURES**

LRPP Exhibit V

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64100000 Program: EXECUTIVE DIRECTION AND SUPPORT
 64100200 Service/Budget Entity: EXECUTIVE DIRECTION AND SUPPORT SERVICES

Measure Number	Approved Performance Measures for FY 2011-12 (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	Executive Direction ACT0010

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64100000 Program: EXECUTIVE DIRECTION AND SUPPORT
 64100400 Service/Budget Entity: INFORMATION TECHNOLOGY

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
2	Technology costs as a percent of total agency costs	Information Technology - Executive Direction ACT0300

Florida Department of Health

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH

64200300 Service/Budget Entity: FAMILY HEALTH

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
3	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
4	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
5	Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	WIC ACT2340
6	Live births to mothers age 15 - 19 per 1,000 females 15 - 19	Family Planning Services ACT2360 School Health Services ACT2300 Recruit Volunteers ACT2390
7	Number of monthly participants-Women, Infants and Children (WIC) program	WIC ACT2340
8	Number of Child Care Food program meals served monthly.	Child Care Food ACT2350
9	Age-Adjusted Death rate due to diabetes per 100,000	Chronic Disease Screening & Education ACT2380
10	Prevalence of adults who report no leisure time physical activity.	Chronic Disease Screening & Education ACT2380
11	Age-Adjusted death rate due to heart disease.	Chronic Disease Screening & Education ACT2380

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200400 Service/Budget Entity: INFECTIOUS DISEASE

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
12	AIDS case rate per 100,000 population	HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 Pediatric HIV/AIDS ACT3130
13	HIV/AIDS resident total deaths per 100,000 population	HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 Pediatric HIV/AIDS ACT3130
14	Bacterial sexually transmitted disease case reate among females 15-34 per 100,000 population	Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
15	Tuberculosis case rate per 100,000 population	Tuberculosis Services ACT2430
16	Immunization rate among 2 year olds	Immunization Services ACT2400 Primary Care Adults and Children ACT2370
17	Number of patient days (A.G. Holley tuberculosis hospital)	AG Holley TB Hospital ACT2440
18	Enteric disease case rate per 100,000 population	Infectious Disease Surveillance ACT2450

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200600 Service/Budget Entity: ENVIRONMENTAL HEALTH

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
19	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
20	Septic tank failure rate per 1,000 within 2 years of system installation	Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
21	Number of radiation facilities, devices and users regulated	Control Radiation Threats ACT2620
22	Percent of required food service inspections completed.	Monitor/Regulate Facilities ACT2600

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200700 Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
23	Number of Healthy Start clients	Healthy Start Services ACT2330
24	Number of school health services provided	School Health Services ACT2300
25	Number of Family Planning clients	Family Planning Services ACT2360
26	Immunization services	Immunization Services ACT2400
27	Number of sexually transmitted disease clients	Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
28	Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	HIV/AIDS Services ACT2420
29	Number of tuberculosis medical, screening, tests, test read services	Tuberculosis Services ACT2430
30	Number of onsite sewage disposal systems inspected	Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
31	Number of community hygiene services	Community Hygiene Services ACT2710
32	Water system/storage tank inspections/plans reviewed.	Monitor Water Systems/Groundwater ACT2720
33	Number of vital events recorded.	Record Vital Events ACT2810

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
 64200800 Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
34	Percent of laboratory test samples passing routine proficiency testing	Public Health Laboratory ACT2830
35	DELETE - Percent saved on prescription drugs compared to market price	Public Health Pharmacy ACT2820
36	Number of birth, death, fetal death, marriage and divorce records processed	Record Vital Events ACT2810
37	DELETE - Percent of health and medical trget capabilities met	Public Health Preparedness & Response to Bioterrorism ACT2850
38	Percent of emergency medical service providers found to be in compliance during licensure inspection	License EMS Providers ACT4250
39	Number of emergency medical services providers licensed annually	License EMS Providers ACT4250
40	Number of emergency medical technicians and paramedics certified	Certification of EMTs/Paramedics ACT4260
TBD	NEW - Increase the accuracy of the yearly number of repack/prepack to the pharmacy customer	Public Health Pharmacy ACT2820
TBD	NEW - Increase the accuracy of the yearly number of Pharmacy dispenses to the pharmacy customer	Public Health Pharmacy ACT2820
TBD	NEW - Percent of health and medical trget capabilities met	Public Health Preparedness & Response to Bioterrorism ACT2850

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64300000 Program: CHILDRENS MEDICAL SERVICES
 64300100 Service/Budget Entity: CHILDRENS MEDICAL SERVICES

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
41	Percent of families served with a positive evaluation of care	CMS Network ACT3160
42	Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	CMS Network ACT3160
43	Percent of eligible infants/toddlers provided CMS early intervention services	Early Intervention Services ACT3100
44	Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	Medical Services to Abused/Neglected Children ACT3110
45	Percent of Children's Medical Services Network enrollees in compliance with appropriate use of asthma medications.	CMS Network ACT3160
46	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	CMS Network ACT3160 Kidney Disease ACT3180
47	Number of children provided early intervention services	Early Intervention Services ACT3100 Genetic Intervention ACT3140 Sickle Cell Screening and Intervention ACT3150
48	Number of children receiving Child Protection Team (CPT) assessments	Medical Services to Abused/Neglected Children ACT3110

Florida Department of Health

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64400000 Program: HEALTH CARE PRACTITIONER AND ACCESS
 64400100 Service/Budget Entity: MEDICAL QUALITY ASSURANCE

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
49	REVISED - Average number of days to issue a license	Issue License and Renewals ACT4100
50	Number of unlicensed cases investigated	Investigate Unlicensed Activity ACT4110
51	Number of licenses issued	Issue License and Renewals ACT4100
52	Average number of days to take emergency action on Priority I practitioner investigations	Consumer Services ACT7060 Investigative Services ACT7040
53	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
54	Average number of practitioner complaint investigations per FTE	Consumer Services ACT7060 Investigative Services ACT7040
55	Number of inquiries to practitioner profile website	Profile Practitioners ACT4130
56	Percent of applications approved or denied within 90 days from documentation of receipt of a complete application.	Investigate Unlicensed Activity ACT4110
57	Percent of unlicensed cases investigated and referred for criminal prosecution	Investigate Unlicensed Activity ACTACT4110
58	Percent of unlicensed activity cses investigated and resolved through remedies other than arrest	Investigative Services ACT7040
59	Percent of examination scores released within 60 days from the administration of the exam.	Issue License and Renewals ACT4100
60	Percent of disciplinary final orders issued within 90 days from issuance of the recommended order.	Practitioner Regulation Legal Services ACT7050

Florida Department of Health

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64400000 Program: HEALTH CARE PRACTITIONER AND ACCESS
 64400100 Service/Budget Entity: MEDICAL QUALITY ASSURANCE

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
61	Percent of disciplinary fines and costs imposed that are collected by the due date.	Consumer Services ACT7060
62	Percent of applications deemed complete or deficient within 30 days.	Issue License and Renewals ACT4100
63	Average number of days to resolve unlicensed activity cases. Combination of 2 deletions directly above	Investigative Services ACT7040

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64400000 Program: HEALTH CARE PRACTITIONER AND ACCESS
64400200 Service/Budget Entity: COMMUNITY HEALTH RESOURCES

Measure Number	Approved Performance Measures for FY 2011-12 (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 brain and spinal cord injured individuals served	Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
68	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 Anti-Tobacco Marketing Activities ACT1220 Community Based Anti-Tobacco Activities ACT1240 QuitLine Services ACT1260

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64500000 Program: DISABILITY DETERMINATIONS
 64500100 Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS

Measure Number	Approved Performance Measures for FY 2011-12 (Words)	Associated Activities Title
69	Percent of disability determinations completed accurately as determined by the Social Security Administration	Eligibility Determination for Benefits ACT5100
70	Number of disability determinations completed	Eligibility Determination for Benefits ACT5100

HEALTH, DEPARTMENT OF		FISCAL YEAR 2010-11			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,891,052,744		19,889,160	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		54,323,268		0	
FINAL BUDGET FOR AGENCY		2,945,376,012		19,889,160	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					19,889,160
Health Services To Inmates * Number of correctional institutions surveyed and reviewed		15	52,683.27	790,249	
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		1,072,935,462	0.02	19,563,310	
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.		67	313,565.96	21,008,919	
Provide Quitline Services * Number of calls to the Florida Quit-for-Life Line.		53,570	237.25	12,709,682	
Provide School Health Services * Number of school health services provided		23,415,848	2.80	65,490,625	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.		221,025	359.31	79,416,249	
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.		323,878	541.38	175,340,845	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		492,419	779.13	383,658,125	
Child Care Food Nutrition * Number of child care meals served monthly		9,686,024	17.61	170,553,839	
Provide Family Planning Services * Number of family planning clients.		208,287	321.61	66,987,960	
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.		305,935	503.50	154,038,404	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		127,088	388.41	49,362,222	
Recruit Volunteers * Number of volunteers participating		29,624	18.08	535,695	
Provide Immunization Services * Number of immunization services provided		1,162,614	43.68	50,779,313	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		129,299	333.05	43,063,342	
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		55,831	2,972.85	165,976,945	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		262,093	163.67	42,897,376	
Operate Ag Holley Tuberculosis Hospital * Number of patient days.		12,712	976.79	12,416,912	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		117,211	175.01	20,512,539	
Monitor And Regulate Facilities * Number of facility inspections.		198,365	174.26	34,566,435	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		172,978	255.50	44,196,535	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		85,584	90.97	7,785,799	
Racial And Ethnic Disparity Grant * Number of projects		26	114,323.54	2,972,412	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		118,045	91.15	10,759,404	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		181,307	63.00	11,422,724	
Record Vital Events - Chd * Number of vital events recorded.		498,444	27.25	13,581,659	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.		612,299	16.88	10,334,558	
Provide Public Health Pharmacy Services * Number of drug units distributed.		36,841,518	2.72	100,383,757	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		4,913,510	7.16	35,196,648	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		47,092	1,499.20	70,600,477	
Early Intervention Services * Children provided early intervention services		43,693	1,266.03	55,316,828	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments		47,125	359.18	16,926,284	
Poison Control Centers * Number of telephone consultations.		186,286	8.54	1,591,693	
Children's Medical Services Network * Number of children enrolled		81,343	3,164.30	257,393,466	
Issue Licenses And Renewals * Health care practitioner licenses issued		486,806	77.01	37,487,985	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.		806	1,798.56	1,449,642	
Profile Practitioners * Number of visits to practitioner profile website.		5,315,072	0.14	721,477	
Support Area Health Education Centers * Number of providers receiving continuing education.		9,227	1,527.26	14,091,983	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		364	864.62	314,723	
Support Local Health Planning Councils * Number of Local Health Councils Supported.		11	90,909.18	1,000,001	
Support Rural Health Networks * Rural Health Networks supported.		9	179,549.11	1,615,942	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		2,868	8,012.10	22,978,713	
Dispense Grant Funds To Local Providers * Number of disbursements.		114	118,654.25	13,526,585	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		321,328	444.58	142,857,039	
Investigative Services * Number of practitioner cases investigated.		35,075	299.13	10,492,057	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		7,625	1,190.68	9,078,913	
Consumer Services * Number of complaints resolved.		21,870	129.06	2,822,639	
TOTAL				2,466,568,929	19,889,160
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				257,993,424	
REVERSIONS				220,812,320	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,945,374,673	19,889,160

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.

Florida 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.

Florida 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