

LONG RANGE PROGRAM PLAN

September 28, 2012

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

Terry Rhodes, 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 2013-2014 through Fiscal Year 2017-2018. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is:

[http://www.doh.state.fl.us/planning\\_eval/strategic\\_planning/strategic\\_health\\_plan.htm](http://www.doh.state.fl.us/planning_eval/strategic_planning/strategic_health_plan.htm),

This submission has been approved by Dr. John H. Armstrong, State Surgeon General.

Sincerely,



C. Meade Grigg, Director,  
Division of Public Health Statistics and  
Performance Management

**STATE OF FLORIDA**



**DEPARTMENT OF HEALTH**

# **Long-Range Program Plan**

**Fiscal Years 2013-14 through 2017-18**

**SEPTEMBER 28, 2012**

# FLORIDA DEPARTMENT OF HEALTH

## Agency Mission

**To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.**

## Agency Goals

1. Prevent and Treat Diseases of Public Health Interest
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 Diseases of Public Health Interest

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
40.7 / 1997	17.5	17.1	16.8	16.5	16.2

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
2377.7 / 2007*	2615	2610	2605	2600	2595

\* Improved reporting resulted in an increase over baseline.

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
9.5 / 1997	3.7	3.6	3.5	3.2	2.4

# Florida Department of Health

## Goals, Objectives, Service Outcomes and Performance Projections Tables

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
90.0% / 1997-98	96.6	96.6	96.6	96.6	96.6

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
65.2% / 2005-06	78	79	80	81	81

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

**OUTCOME:** Percent of children whose individual Family Support Plan session was held within 45 days of referral

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
69.0% / 2004-05	93	93	93	94	94

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
94% / 2009-10	95.5	95.5	95.5	95.5	95.5

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

**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)

<b>Baseline/ Year</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>
5.6 / 2009	9.0	9.5	10	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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
7.1 / 1997	6.3	6.2	6.2	6.1	6.1

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
12.4 / 1999	10.6	10.4	10.4	10.1	10.1

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
58.2 / 1997	24.8	22.9	21.1	19.5	18.0

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
69.4/2000	75.0	75.6	75.7	75.8	75.9

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

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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
45.8/1997	64.6	64.7	64.8	64.8	65

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
9.6% / 1997-98	18.00	18.25	18.75	19.00	19.25

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

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
3.0 / 1997	2.56	2.55	2.54	2.53	2.52

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

**OUTCOME:** Percent of required food service inspections completed

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
80.15 / 2009	100	100	100	100	100

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

**OUTCOME 1:** Confirmed foodborne disease outbreaks identified per million population\*

Baseline/ Year	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
2.69 / 2011	2.89	2.99	3.09	3.19	3.29

\*Indication more disease being identified by improved surveillance



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

**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

<b>Baseline/ Year</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>
30.4% / 1997-98	11.9	11.7	11.5	11.3	11.0

# 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:** Percent of emergency actions taken within 30 days of receipt of a priority complaint

<b>Baseline/ Year</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>
103 / 1996-97	50	60	70	75	80

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

**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

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
91.0% / 1997-98	94	100	100	100	100

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

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
79.2% / 1995-96	94.9	95.1	95.2	95.3	95.4

**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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
14.7% / 1993	7.8	7.6	7.4	7.1	6.9

**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 2015-2016 reduce the statewide trauma mortality rate to meet the average U.S. trauma mortality rate of 4.4% or less.

Baseline/ Year	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
6.5% / 2002	4.7	4.6	4.4	4.3	4.2

# 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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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; investigates and manages 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.

As a part of the Florida Department of Health's commitment to improving the health for all Floridians, two planning initiatives have been implemented to supplement the Long Range Program Plan. The State Health Improvement Plan, published in April 2012, is a plan for the entire public health system which enables loosely-networked partners to coordinate health improvement efforts in a more efficient and targeted approach. The Agency Strategic Plan, scheduled to be released in October 2012, is a balanced scorecard approach which ensures alignment of the agency priorities to the state's public health system priorities. Taken together, the three planning documents provide clarity of focus, alignment to legislative mandates and allocation of resources to the established priorities.

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. A healthy workforce promotes economic development and job growth.

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 19 million residents and over 82 million visitors each year. The median age of Florida's residents is 40.3 and 17.6% 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 2010 U.S. Census, 19.2% of people living in Florida are foreign born and 26.6% speak a language other than English at home. This places additional demands on the state's public health system.

Public health must address the continued threat of infectious diseases; the large number of substance abusers; 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. Florida has large disparities in health status with minority populations bearing a disproportionate burden of disease. 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 increase in international travel. The World Health Organization noted that there are now 40 infectious diseases of global importance that were not known only one generation ago.

## Florida Department of Health Trends and Conditions Narrative

These new threats underscore the need for the Department of Health to maintain scientific expertise and to apply new technology to implement surveillance systems and effective response plans. The Department of Health needs to maintain and enhance 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.

Florida is also faced with a growing epidemic of obesity. This epidemic affects children as well as adults. Accompanying obesity is a parallel epidemic of chronic diseases such as diabetes, heart disease, kidney failure, blindness, neuropathy, and limb amputation. The costs of treating the chronic diseases associated with obesity are enormous. Prevention of obesity requires initiatives that focus both on individuals and communities.

By rallying the department around three cross cutting initiatives – healthy weight, cancer system of care and public health accreditation – the vision for the future of public health is positioned to continue improving the health of all Floridians.

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 DISEASES OF PUBLIC HEALTH INTEREST**

The Division of Disease Control and Health Protection include several Bureaus. The Bureau of Communicable Diseases is making efforts in prevention, treatment, surveillance, preparedness, disease investigation, and public education more effective. Several factors influence the need for improved integration of prevention and disease control services among HIV/AIDS, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) programs. Among these are the interactions between concurrent infections, common risk behaviors, and the cumulative effects of the multiple diseases. The new Division also includes the Bureau of Environmental Health, which works to prevent diseases of environmental origin by ensuring safe food and water; safe disposal of wastewater through onsite sewage systems; and promoting safe and healthy facilities. Finally, the reorganized Bureau of Epidemiology offers new opportunities to collaborate by co-locating epidemiologists who specialize in surveillance (monitoring of cases) and case investigations of zoonotic, waterborne, vector-borne, or foodborne diseases with those whose specialty is communicable diseases.

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 60% 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.

## Florida Department of Health Trends and Conditions Narrative

- 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.

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 as a model state program.

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 virtually 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 still occur. In 2009-2010 the program led the statewide effort to investigate an outbreak of dengue fever in Key West.

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 immunocompromised. By the year 2025 Florida is projected to be the 3<sup>rd</sup> 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 to its residents. It will also put great pressure on more undeveloped areas that may have inadequate sanitation infrastructure or contaminated lands and water. Air pollution may be another concern -- the department is involved in 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 have 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.



## Florida Department of Health Trends and Conditions Narrative

Changing patterns of individual and global economic behavior have complicated the control of enteric food and waterborne diseases and highlighted the need for 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* 0157:H7 have also caused recent outbreaks of illness. Primary causes of food and waterborne diseases are poor personal hygiene on the part of food workers, cross contamination between raw and cooked foods, time/temperature abuse of food, and fecal contamination of recreational water venues. Department personnel are responsible for surveillance and investigation of these illnesses as well as providing public education for their prevention.

### Epidemiology Intervention Strategies and Initiatives

- Support disease control and prevention program offices by providing analysis of surveillance (case monitoring) data across disease areas to assist office staff keeping abreast of the changing epidemiology of diseases, disease risks, and population subgroups most at risk for diseases, thereby better targeting interventions and prevention services.
- Recognizing that the veterinarians in the Bureau of Epidemiology are at the intersection of human, animal and public health, increased collaborations between public health, physicians, veterinarians, environmental health professionals and industry partners. As many emerging public health problems will need greater resources, expertise and authority to be solved, DOH offers “One Health” inter-professional trainings, and produces multi-disciplinary guidance documents and response protocols.

A major part of the Florida Department of Health’s efforts focus on the prevention and control of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), viral hepatitis, other sexually transmitted diseases (STD), tuberculosis (TB), and all vaccine-preventable diseases.

Several factors influence the need for improved collaborative work and integration of control and prevention services especially among HIV/AIDS, viral hepatitis, STD, and TB programs. 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 and account for substantial healthcare spending.

Health disparities occur when some groups of people are affected more than others. Disparities may occur by gender, race or ethnicity, age, education, income, disability, geographic location, and sexual orientation. Social determinants of health such as poverty, unequal access to healthcare, and lack of education 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.

## Florida Department of Health Trends and Conditions Narrative

### **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 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 2010 and 2011, HIV/AIDS was the second leading cause of death for black females aged 25-44 years, and the fourth leading cause among black males aged 25-44 years. On a positive note, diagnosed HIV cases from 2002 to 2011 have decreased by 40% 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 2011, it was six times greater.

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 because of 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.

### **Hepatitis**

Viral hepatitis continues to be a growing public health problem. Hepatitis A and B continue to occur in the United States, although they are vaccine-preventable diseases. There is no vaccine for hepatitis C. Reports of chronic hepatitis C virus have increased dramatically during the past several years. Hepatitis C 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 five million Americans are infected with hepatitis C, more than four times the number of HIV infections nationally. One in thirty-three persons aged 47 to 67 has hepatitis C infection, and 75% of hepatitis C deaths occur in persons aged 45 to 64. An estimated 305,000 persons have hepatitis C infection in Florida. In addition, there are estimated to be more than 76,000 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 2007 through December 2011 there were 45,889 doses of hepatitis A vaccine and 82,481 doses of hepatitis B vaccine given to adults through the Florida Hepatitis Prevention Program. During that same five-year

## Florida Department of Health Trends and Conditions Narrative

period, 40,084 doses of combination hepatitis A/B vaccine were provided to clients, 129,273 hepatitis panels were provided, and 167,435 risk assessments were performed.

### 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 number of childhood vaccine-preventable diseases. Measles, mumps, rubella, pertussis, diphtheria, tetanus, polio, varicella, pneumococcal disease, hepatitis A, hepatitis B, influenza, meningococcal, 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 2011, there were seven cases of measles in children under age nineteen, acquired outside the United States, no cases of *Haemophilus influenzae* type b (Hib) in children under age five and three cases of acute hepatitis B in children under nineteen. Of the seven measles cases, the only geographic clustering was in Alachua County with three (37.5%) outbreak-associated cases acquired in India. 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 2011, the Bureau of Immunization shipped 4.8 million doses of vaccine to almost 2,000 public and private healthcare providers. This vaccine was valued at over \$207 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 13.5 million patient records and 140 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 2020 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 2011, 86.1% of two year olds in Florida were fully immunized. The next step toward meeting and surpassing the Healthy People 2020 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 2020.

Florida has also directed increased attention to the immunization of adults. A grant-funded program provides a nurse in each of 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 2012/2013, children entering kindergarten through fourth 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 most cases reported in children who

## Florida Department of Health Trends and Conditions Narrative

had no doses of vaccine. Additionally, varicella disease (chickenpox) became a reportable disease in Florida in 2007. Effective school year 2012/2013, in addition to all other compulsory school immunizations, children entering the seventh through tenth grades are required to have one dose of tetanus-diphtheria-pertussis (Tdap) vaccine. With vaccine waning in adolescents and pertussis increasing in this age group, it is important that all children entering these grades be vaccinated.

### **Sexually Transmitted Disease Control**

Sexually transmitted diseases (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 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.

Current challenges, both nationally and globally, are congenital syphilis, the emerging cephalosporin resistant gonorrhea strains, and above average rates of infectious syphilis. In the past five years there have been increases in the total number of reportable bacterial STDs. In 2007, there were 88,427 reported cases of chlamydia, gonorrhea and infectious syphilis. By 2011, this number increased by 13% to 99,872. Since 2007, primary and secondary syphilis morbidity has increased by 32% as congenital syphilis cases increased by 50% in 2011. The number of cases co-infected with HIV and a newly diagnosed bacterial STD has increased over 28% in the past five years.

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.

It is critical to decrease the case rate of bacterial STDs in Florida. 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.

### **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. Globally, the percentage of people successfully treated reached its highest level at 87% in 2009. Since 1995, 46 million people have been successfully treated and up to 6.8 million lives saved. The TB death rate has fallen by 40% since 1990, and the number of deaths is declining. The number of people who fell ill with TB dropped to 8.8 million in 2010, including 1.1 million cases among people with HIV. The number of people who died from TB fell to 1.4 million in 2010, including 350,000 people with HIV.

Florida has experienced a downward trend in the tuberculosis rate in recent years. In 2011, 753 TB cases were reported in Florida. This represents a 10 percent (10%) decrease in cases since 2010 (835 cases) and a 21% decrease since 2008 (957 cases). The TB case rate has declined from 5.0 per 100,000 populations in 2008 to 4.0 per 100,000 populations in 2011. The decrease in the case rate indicates that current tuberculosis control strategies have been effective. These strategies include: 1)

## Florida Department of Health Trends and Conditions Narrative

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, a few major factors challenge tuberculosis control progress. First, DOT, a treatment regimen based on intensive case management that ensures patients comply with treatment protocols via direct observation of medication ingestion, must remain a high priority and communicated to private health care providers who do not understand how to effectively implement DOT. Educating some private and other health care providers to use the latest treatment and case management strategies will be a local CHD task to ensure progress continues. Second, 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. Finally, within this matrix of complexity, identifying and medically evaluating contacts, and completing treatment of latent TB infection for infected contacts is of paramount importance.

Changes to the TB program were made by the 2012 Legislature (Chapter 2012-184, L.O.F.), and DOH was directed by s. 392.51, F.S. to contract with community hospitals to provide inpatient hospitalization services that had previously been provided by A.G. Holley (State) Hospital (AGH), closed July 2, 2012. To facilitate change to a more community-based provision of care, a new **TB System of Care for Florida** was adopted in July, 2012 that organizes TB control activities into three levels of services. At Level 1, TB control strategies are implemented by local public health systems comprised of hospitals, medical providers, community based organizations and partners, all coordinated by a county health department (CHD). The CHDs conduct intensive case management and maintain an effective outreach program so all TB cases remain under medical supervision until completion of a full course of therapy and identified contacts receive appropriate medical care.

An estimated 5 percent of TB patients may require specialized medical and social services not readily available within the local public health system. There are eight geographically coherent Level 2 Area TB Networks that will collaboratively manage active cases needing clinical management for medically complex TB patients.

Level 3 ensures Florida has a statewide program for hospital in-patient services and other specialized patient medical and social support services that are not readily available in a given local public health system or area network. Currently two hospitals (Shands-Jacksonville in Duval County and Jackson Memorial Hospital in Dade County) are providing inpatient hospital care for both voluntary and court-ordered TB patients. The contracted providers and their medical staffs are highly specialized and experienced with TB care. To manage medically complex patients, these facilities provide expert care for those court-ordered or voluntarily-admitted patients requiring confinement.

### Communicable Diseases 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:

## Florida Department of Health Trends and Conditions Narrative

- 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.
- Ensure that 100% of CHD prenatal clients are offered HIV counseling and testing during their initial visit.
- Manage and reduce social stigma associated with communicable diseases and the consequences of such stigma to those accessing services.

### **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 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 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 developmental delay or established medical conditions such as Down's syndrome, spina bifida, cerebral palsy, 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

## Florida Department of Health Trends and Conditions Narrative

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.

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 15 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 five 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.

The Children's Medical Services Special Technologies Unit supports use of two-way interactive videoconference and other technologies to provide Telehealth and Telemedicine-based health care services. According to the American Telemedicine Association, "Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patient's health status. Closely associated with telemedicine is the term "telehealth," which is often used to

## Florida Department of Health Trends and Conditions Narrative

encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.”

Telemedicine is used in the Children’s Medical Services Network to increase access to specialty physician services and by the Child Protection Teams to provide 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. 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, ensuring that children in foster care who are clinically eligible for the CMS network have the opportunity to enroll if foster family chooses. 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.
- 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.



## Florida Department of Health Trends and Conditions Narrative

- Children's Medical Services Network has completed the sixth 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 2012-2012.
- 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. The claims processing, payment, eligibility enrollment, provider management and clinic management modules are being rolled out statewide on a staggered basis and should be fully functional statewide by the end of April. The care coordination module should be ready to pilot by the fall of 2013.
- 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 Telemedicine Initiatives

- Complete the migration of Children's Medical Services Network and Child Protection Team Telemedicine Programs from ISDN-to-Internet Protocol (IP) based communications services: ISDN-based services are secure, but are usage sensitive (i.e.; pay by the minute) and are becoming increasingly unreliable; IP-based services are not usage sensitive and have improved 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 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, and to ensure 100% compatibility with the Department's Enterprise Videoconference platform
- Expand the use of Telemedicine technologies 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.
- 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.
- Complete deployment of Telehealth technologies 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.

## Florida Department of Health Trends and Conditions Narrative

### Children's Medical Services CPT Program Initiatives

- Enhanced peer review Quality Assurance Process to include concurrent administrative monitoring;
- 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.
- 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 Sexual Abuse Treatment Initiatives

- Expansion of Sexual Abuse Treatment to underserved areas through Victims of Crime Act (VOCA) grant funding;
- Automated security training updates;
- 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.

## Florida Department of Health Trends and Conditions Narrative

### Children's Medical Services CPT Other Initiatives

- 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 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;
- 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 programs.

### **ENSURE FLORIDA'S HEALTH AND MEDICAL SYSTEM ACHIEVES AND MAINTAINS NATIONAL PREPAREDNESS CAPABILITIES**

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:

- 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.

## Florida Department of Health Trends and Conditions Narrative

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.
- 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.

### **IMPROVE ACCESS TO BASIC FAMILY HEALTH CARE SERVICES**

A critical public health function is to assure access to basic family health care services for families and individuals who have difficulty obtaining this care from the private sector. The provision of routine screenings and check-ups, maternal and child health care, and the treatment of minor conditions before they progress to major problems are very cost effective.

## Florida Department of Health Trends and Conditions Narrative

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 care as one of its key priorities. People lacking access to 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.

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, 17.0% (95% confidence interval (CI): 16.0%-18.2%) of persons interviewed for the 2010 Behavioral Risk Factor Surveillance System (BRFSS) Survey reported they had no health insurance. Income is interrelated with health insurance coverage – 35.8% (95% CI: 33.2%-38.5%) of Floridians with household incomes below \$25,000 reported they had no health insurance while 8.5% (95% CI: 7.4%-9.7%) of Floridians with incomes \$50,000 and above reported no health insurance (2010 BRFSS Survey).

Income is a major determinant of a person’s ability to access 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 18.3% (95% CI: 17.3%-19.5%) of Floridians reported they did not have a personal doctor (2010 BRFSS Survey). Within this survey group, 29.0% (95% CI: 26.5%-31.7%) of people in households with income below \$25,000 reported they had no regular provider of care whereas only 13.4% (95% CI: 12.2%-14.8%) of persons with income \$50,000 and above reported they did not have a personal doctor.

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 health care services either directly or through contracts with local providers. Through this effort the department assures that basic 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 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

## Florida Department of Health Trends and Conditions Narrative

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

As a public health agency, the department puts much emphasis on outreach, education, and care coordination services that promote the benefits of regular care. 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 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 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 serves a disproportionately high number of minority patients. Related to this, the department emphasizes culturally sensitive delivery systems. In addition, the department invests in interpretive and translator services including telephone accessible translators who are able to interpret virtually any language. Through these efforts the department 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 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 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.

## Florida Department of Health Trends and Conditions Narrative

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.

Beginning early 2012, the department joined with 12 states in the Collaborative Improvement and Innovation Network (COIN) which is being led by the Health Resources and Services Administration (HRSA). The COIN is made up of five Strategy Teams: 1) Reduction in elective preterm deliveries (<39 weeks gestation); 2) Expansion of interconception and preconception health services (with a focus on 1115 waivers); 3) Increased utilization of smoking cessation services among pregnant women; 4) Reduction of SIDS and SUID rates (with a focus on promoting safe sleep); and 5) Perinatal regionalization. The five strategy areas were identified to develop state-specific plans to reduce infant mortality. Each of the five teams will be lead by experts in the field (Team Leads), supported by data and methods experts as needed, and staff from partner organizations. Over the life of the COIN (12-18 months) these teams will work to identify strategies and test interventions to “move the needle” on infant mortality.

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. 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 17,080 reported births in FY2010-11 at a cost of over \$89.0 million.

## Florida Department of Health Trends and Conditions Narrative

### **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. 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. Breastfeeding protects babies from infections and illnesses that include diarrhea, ear infections and pneumonia and reduces the risk of sudden infant death syndrome (SIDS). 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 205,487 children each day through more than 1,776 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 implemented collaboratively 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 and epilepsy do not constitute barriers to successful learning. 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 2001-02 – 2010-11), reported student health conditions increased by 83.97% (305,534 to 562,085), which included a 66.22% (3,804 to 6,323) increase in diabetes, a 62.80% (8,412 to 13,695) increase in epilepsy and a 69.59% (97,386 to 165,156) increase in asthma. During this same time period, the number of RNs providing school health services increased by 26.27% (917 to 1,158).

The statewide ratio of registered professional school nurses (RN) to students improved from one RN to 2,614 students in 2001-02 to one RN to 2,261 students in 2010-11. The school nurse (professional registered nurse) to student ratio recommended by the American Academy of Pediatrics, National Association of School Nurses, and U.S. Department of Health and Human Services is one school nurse for every 750 students. To ensure the health and safety of Florida's students, school nurses not only provide direct services, but in school districts with insufficient RNs, they must delegate school-day management of student health conditions to unlicensed assistive personnel (UAP) and school staff. This involves child-specific training and on-going supervision of these staff to perform in some cases, complex medication administration and medical procedures per s. 1006.062, F.S.



## Florida Department of Health Trends and Conditions Narrative

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. During 2011-12, 15,799,110 Basic school health services were provided. Full Service Schools in 66 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. During 2011-12, Full Service School programs provided 3,760,200 school health services. In addition to direct services provided by school health staff, community-based agencies donated approximately 398,317 hours of in-kind health and social services valued at \$13.69 million in FY 2010-11. 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. A total of 5,433,270 Comprehensive school health services were provided in 2011-12. In FY 2010-11, Comprehensive programs also provided services that enabled an average of 89.98% of students to return to the classroom after health room visits, and 74.33% 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 until graduation.

### **Family Planning**

Unintended pregnancies and teenage pregnancies intended or not, are significant public health concerns. Approximately 50% of all pregnancies among adult women and 95% of pregnancies among teens are unplanned or unwanted. 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 offered 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. Preconception and interconception health information are also provided through printed materials and face-to-face counseling with the health care provider.

The average state cost of a family planning client was \$284.74 for county contract year 2010-11. 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](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

## Florida Department of Health Trends and Conditions Narrative

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 29.1 births per 1,000 in 2011.

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.

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

### **Sexual Violence Prevention Program**

Sexual violence is a serious public health problem. 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. Rape, excluding the cost of child sexual abuse, is the most costly of all crimes to its victims, with total estimated costs at \$127 billion a year (DeLisi, 2010).

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 (2007-2012) and the subsequent 2012-2017 statewide strategic plan to end sexual violence. These strategic plans were 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 2017 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.

## Florida Department of Health Trends and Conditions Narrative

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 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.

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

## Florida Department of Health Trends and Conditions Narrative

Health Departments now includes fifty-three (53) counties, up from 50 counties last fiscal year. Two new programs will begin in FY 2012-2013. In FY 2011-2012, 229,755 individuals received dental services during 518,792 scheduled visits provided by the county health department programs. 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 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 programs such as WIC and chronic disease programs.

### **Prevent and Treat 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 provides a comprehensive statewide approach to address one of the leading causes of death in Florida, cardiovascular disease. In 2011, 52,799 deaths in Florida were due to cardiovascular disease. Deaths due to cardiovascular disease continue to decrease annually. The Department 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

## Florida Department of Health Trends and Conditions Narrative

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 2011, 63.3% are overweight, including 26.6% who are obese. Since 1986, the prevalence of overweight has increased nearly 80% while the prevalence of obesity has doubled. In 2011, 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 now the leading cause of death in Florida. The American Cancer Society estimates about 118,000 Floridians will receive a new cancer diagnosis in 2012. Additionally, they estimate in 2012, over 42,000 Floridians die from cancer. Nearly one out of every four deaths (25%) in Florida was due to cancer. The Comprehensive Cancer Control Program was created to convene statewide partners to broaden and diversify efforts, develop a comprehensive cancer strategic action plan for the state and assist with implementation of cancer control efforts to achieve prioritized goals and strategies. The state cancer plan addresses 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 strategic, data-driven and comprehensive cancer control efforts to reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to optimal treatment and survivorship (after the course of treatment) initiatives. Since its inception in 2001, the program has diligently worked to enhance the network of regional collaboratives and the state's governor-appointed council to coordinate efforts.

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 out 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. The program increases public and provider education to decrease the number of women who smoke, as smoking doubles the risk of 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 3,656 deaths in 2011. 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 especially related to disparate populations and those with lower screening rates by utilizing a systems approach when possible.

In 2011, 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. In 2011, diabetes was the sixth leading cause of death in Florida, accounting for 5,044 deaths with diabetes as the underlying

## Florida Department of Health Trends and Conditions Narrative

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. A significant proportion of mortality and morbidity related to diabetes could be prevented by addressing cardiovascular risk factors. Efforts to reduce complications among persons with diabetes should promote exercise, weight control, smoking prevention and cessation, hypertension prevention, glycemic control, and elimination of barriers to preventive care and treatment.

Certain populations have a disproportionate burden of diabetes. Compared with whites, African Americans have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates. Persons 65 years of age and older have a higher prevalence of diabetes, and have higher rates of mortality and disability resulting from diabetes compared to their younger counterparts. Research indicates that the elder and minority populations will experience the most rapid growth in the number of people with diabetes. The Department's diabetes statewide efforts include developing an infrastructure for delivery of the National Diabetes Prevention Program, building partnerships to improve the performance of the diabetes health system; 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. In 2010, it was estimated that approximately four million adult Floridians had physician-diagnosed arthritis (27%). Two modifiable risk factors, overweight/obesity and physical activity, are associated with an increased prevalence of physician-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 program's 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 six agencies throughout the state covering all 67 counties.

### Chronic Disease Intervention Strategies and Initiatives

- Continue to focus on policy and environmental changes in the areas of heart disease and stroke, employee wellness, diabetes, physical activity, nutrition and healthy weight, 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).

## Florida Department of Health Trends and Conditions Narrative

### **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 2011, 25,985 persons eligible for federal refugee benefits arrived in Florida and 92.9% of the arrivals received a health assessment from a CHD. These arrivals originated from 56 different countries and resettled in 43 counties throughout the state. Although the arrivals increased from 2010 to 2011, the screening rate remained consistent with 93.2% of Florida's 25,019 eligible arrivals receiving a health assessment in 2010. In 1998, Florida received 13,345 arrivals, and provided health assessments to 90% of the arrivals.

In 2011, the largest population of new arrivals originated from Cuba, Haiti, Myanmar (formerly known as Burma), Venezuela, Iraq, Colombia, Bhutan, and Ethiopia. The majority of the remaining refugee population originated from countries in Africa, Asia, the Middle East, and 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.

### **PREVENT DISEASES OF ENVIRONMENTAL ORIGIN**

The Florida Department of Health (DOH) works to prevent disease of environmental origin by assuring safe food and water, safe disposal of wastewater through onsite sewage systems and promoting safe facilities and healthy built environment. The department works collaboratively with its local county health departments to deliver essential environmental health services.

Environmental health activities focus on prevention, preparedness, and education and are implemented through routine monitoring, education, surveillance and sampling of facilities and conditions that may contribute to the occurrence or transmission of disease. Environmental health programs include addressing risks from facilities like onsite sewage disposal systems; biomedical waste generation, handling, and treatment; food service facilities in schools and group care facilities; body piercing, tanning and tattooing establishments; migrant labor camps; mobile home and recreational vehicle parks; public swimming pools and bathing places; and private and public drinking water systems. Environmental health programs also include beach water sampling and potential groundwater contamination. A major environmental health activity is to uncover possible associations between environmental contaminants and human health problems.

Ensuring safe drinking water is a crucial function of environmental health services. The department has regulatory authority over private and small public water systems and shares responsibilities with the Department of Environmental Protection (DEP) for larger public water systems under the Safe Drinking Water Act (SDWA). Over three million people or roughly 20% percent of Florida's population is served by private or small public water systems. In addition, about 8.6 million people or nearly 50% of Florida's

## Florida Department of Health Trends and Conditions Narrative

population is served by larger Safe Drinking Water Act public water systems regulated by eight delegated county health departments under an Interagency Agreement with the Department of Environmental Protection. Cooperation between DOH and DEP leverages expertise and resources to help both agencies achieve their missions more efficiently. Since 2000, DOH staff have performed nearly 36,000 drinking water well surveys, and collected and tested nearly 150,000 samples from 61,000 potable wells. These services allow the DEP to prioritize groundwater cleanup and enforcement, while allowing DOH to monitor threats to the health and safety of the state's citizens and visitors. As a result of this program, over 5,000 potable wells have been remediated with treatment or connection to a safe public supply. Electronic mapping of these locations has increased the effectiveness of Department of Environmental Protection's petroleum and toxic 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. In Florida, the use of onsite sewage treatment systems has been regulated by the Department of Health or its predecessors since 1920. 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 on the nutrient load to ground and surface waters of the state. The 2008 Legislature appropriated \$1.0 million for Phase 1 of an anticipated 3-5 year project to develop passive nitrogen reduction for onsite sewage treatment and disposal systems (OSTDS). The legislative direction identified three areas of concern: (1) quantification of life-cycle costs and cost-effectiveness of passive nitrogen reduction treatment technologies in comparison to more active technologies and to convention treatment systems; (2) characterization of nitrogen removal from effluent in the soil underneath the drainfield and in shallow groundwater; and (3) development of simple models to describe the fate and transport of nitrogen from onsite sewage treatment and disposal systems. The study contract was awarded on January 2009 to a Project Team led by Hazen and Sawyer, P.C., and was based upon an anticipated budget of \$5 million over a 3-5 year project timeframe. The project is currently in its fourth year and has received additional funding from the Legislature every year. Environmental Health actively supports research into the proper use of onsite wastewater systems and monitors both installations and repairs.

The Department has partnered with DEP, the U.S. Environmental Protection Agency, and the National Environmental Services Center to educate community leaders on how to manage and maintain onsite sewage treatment systems.

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.

In addition, the Legislature gave Environmental Health the responsibility of regulating body-piercing establishments, tanning facilities and recently added the regulation of tattoo establishments and tattoo artists. Program personnel worked with body art industry to meet the requirements of the legislation in developing the body piercing program and tattooing program which included the development of the rules, training, and inspections. Both the body piercing program and tattooing program have been actively embraced by the body art community as they desire their respective industries to be recognized as licensed professionals.



## Florida Department of Health Trends and Conditions Narrative

### Environmental Health 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; 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. 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.

### **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 [Free Florida](#) 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;
- Launch a statewide mass media campaign to address tobacco initiation, cessation and secondhand smoke exposure;
- Develop and maintain 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;

## Florida Department of Health Trends and Conditions Narrative

- 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 six councils, is responsible for regulatory activities of 200-plus license types in 41 health care professions and eight types of facilities. MQA's three core business processes are the **licensure** of and **enforcement** of laws and rules governing Florida's 1,083,767 health care practitioners and facilities, as well as providing **information** and data to the public.

- **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 priorities and 5 operational goals:

#### Strategic Priorities

1. Enforce regulation of facilities and practitioners involved with prescribing or dispensing controlled substances in Florida to reduce inappropriate and over prescribing
2. Reduce the time it takes to impose emergency action against a healthcare practitioner or facility that poses an immediate threat to public health and safety
3. Develop a comprehensive communication plan that ensures timely, accurate, relevant, and critical information for workforce, customers, and stakeholders
4. Ensure cost-effective regulation.
5. Improve information and data analysis systems to enable MQA to be more proactive in protecting and promoting public health and safety

## Florida Department of Health Trends and Conditions Narrative

### Operational 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;
- 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 to develop and implement action plans related to strategic priorities
- 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.

### **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 271 licensed EMS providers, 180 training programs, 1,145 continuing education courses, 65,335 certified EMTs and Paramedics, 4,177 permitted vehicles, 124 permitted Air Ambulances, over three million annual requests for EMS and over 5,000 certified Public Safety Telecommunicators with over 125 training programs.

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

## Florida Department of Health Trends and Conditions Narrative

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 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 rehabilitation, outpatient rehabilitation, transitional living services, home and vehicle modifications and access to other adaptive devices and equipment. Through contracts with community partners, the BSCIP provides community-based resources that help individuals maintain their independence in the community after they are closed from the BSCIP.

The BSCIP meets the long-term care needs of up to 375 individuals per year through the TBI/SCI Home and Community-Based Medicaid Waiver. This program provides twelve 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. During FY 2009-2010, 19 individuals that would have otherwise remained in a nursing home were transitioned to the community as a direct result of this initiative. In FY 2010-2011, a total of 60 individuals had transitioned from a skilled nursing facility into the community. As of FY 2011-2012, a total of 88 individuals were transitioned from skilled nursing facilities into the community. This total is cumulative over the three year period.

The BSCIP continues its efforts to work with the Paralyzed Veterans of America (PVA) and the Veterans Administration (VA) 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 FY 2011-2012, BSCIP developed and distributed a resource guide (brochure) entitled, *Active Duty Military/Veterans in Florida with a Brain or Spinal Cord Injury: There is Help!* This guide contains a vast array of local, state, and federal resources and services available to veterans and soldiers living with a traumatic brain or spinal cord injury. An agreement was reached with the PVA and VA to ensure that all veterans with a brain or spinal cord injury receive a copy of the brochure prior to their discharge from service. In addition, the guide was distributed statewide by BSCIP community partners to their case management and/or field staff to educate them on resources available for those they serve.

In FY 2011-2012, BSCIP staff and selected experts completed 12 site surveys/follow-up reviews of BSCIP Designated Facilities throughout Florida. BSCIP Designated Facilities must maintain the highest level of expertise and experience to address the unique medical, rehabilitation, and psychosocial needs of individuals who have sustained a traumatic brain and/or spinal cord injury. The completion of these surveys brought all facilities into compliance.

Through its contract with the Brain Injury Association of Florida, the BSCIP requested the development and production of multi-sectional resource packets containing brain injury-specific resource materials

## Florida Department of Health Trends and Conditions Narrative

targeted to newly injured individuals and their families. Distribution of these packets to individuals referred to the BSCIP Central Registry began in the second quarter of FY 2011-2012.

The BSCIP made significant changes to the Rehabilitation Management Information System (RIMS) for the purpose of implementing Direct Provider Billing for TBI/SCI Home and Community-Based Medicaid Waiver providers on July 1, 2012. RIMS enhancements included the creation of an Automated Data Access Manager (ADAM) system that joins two data sets together and allows the BSCIP to quickly respond to data requests that are not within existing reports within the system. RIMS enhancements continued to improve the validity, reliability, and quality of the data used to track clients and report on performance indicators.

In addition to the program activities listed above, the BSCIP modified its Central Registry Referral Form and Instructions to make them more user-friendly and distributed them to every trauma and acute care hospital throughout Florida. Facilities were instructed to eliminate previous versions of the referral form and instructions and to report all traumatic brain and/or spinal cord injuries to the Central Registry using the revised form and its instructions only. Facility reporting utilizing the revised form will ensure consistency in data entry by BSCIP staff in RIMS and will improve the validity, reliability, and quality of data reported.

### **Enhance and Improve Florida's Trauma System**

The department's Trauma Program within the Bureau of Emergency Medical Oversight 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 works with the Emergency Medical Services Program to regulate 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; collaborative 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 Trauma Program works diligently to ensure all areas of the state are covered by a verified trauma center. Section 395.402, F.S., allows for 44 trauma center positions disbursed throughout 19 trauma service areas. By law, each TSA is to have at least one Level I or Level II trauma center.

A trauma center is a type of hospital that provides trauma and other specialized medical personnel, equipment, and facilities, for immediate treatment for patients who have received severe traumatic injuries, 24-hours, 7-days-a-week. If you or your family member experiences a mild or moderate injury, the non-trauma center hospital emergency departments are ready with basic emergency services to treat you; however, if you have severe traumatic injuries, having fast access to a verified trauma center is critical to survival.

Currently, Florida has 22 verified trauma centers providing direct coverage for fifteen of the nineteen trauma service areas. During the FY 2010-2011 trauma center application process, Delray Medical Center was granted provisional Level I trauma center status and the following four applicant hospitals were granted approval to operate as a provisional Level II trauma center: Blake Medical Center, Regional Medical Center Bayonet Point, Orange Park Medical Center, and Kendall Regional Medical Center. The Trauma Program will be conducting provisional onsite surveys of these provisional trauma centers in late 2012 and 2013. If these trauma centers are found to be in compliance with the trauma

## Florida Department of Health Trends and Conditions Narrative

center standards and pass the onsite survey, these centers will become verified trauma centers in late 2012 or 2013.

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. During the FY 2011-2012 letter of intent and application processes, Bay Medical Center was granted provisional Level II trauma center status and six acute care hospitals were granted 18-month extensions on their trauma center applications pursuant to s. 395.4025, F.S., and Rule 64J-2.013, F.A.C. St. Mary's Medical Center, currently a Level II and Pediatric trauma center is seeking a change to a Level I verification; and the following hospitals are seeking Level II verification: Jackson North Medical Center (Miami-Dade); Jackson South Community Hospital (Miami-Dade); Mercy Hospital; Ocala Regional Medical Center; and Osceola Regional Hospital. The Trauma Program staff provides continuous technical assistance to applicant hospitals during the application, review and provisional status 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.

Each fiscal year, the Trauma Program 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 2011-2012 site survey process, there were seven trauma center site surveys conducted to ensure continued quality assurance of Florida's trauma centers. For more information regarding Florida's trauma center application and verification processes, please click on the following Trauma Program domain website link: [www.fltraumasystem.com](http://www.fltraumasystem.com) (click on "Trauma Center").

Injury prevention and research are important components of Florida's trauma system. In 2011, the verified trauma centers conducted 349 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 2012. In 2011, Florida's Level I and Pediatric trauma and burn centers conducted 263 ongoing research projects and publications, as well as 73 research presentations to continually expand the body of knowledge in the field of trauma and improve the quality of trauma services. More information regarding these injury prevention programs and research projects conducted by the verified trauma centers is included in the 2011 Florida Trauma System Annual Report, which will be published in November 2012 and will be posted on the Office of Trauma domain website at [www.fl-traumasystem.com](http://www.fl-traumasystem.com). 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 trauma center 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 \$30 Million has been distributed to the 22 trauma centers in the state to ensure availability of specialized trauma acute care to injured victims. The 2010 Florida Legislature added a \$158 traffic violation fine for red-light running that is enforced using traffic infraction detection devices (cameras). The red-light running legislation generated revenue of just over

## Florida Department of Health Trends and Conditions Narrative

\$4 million in 2011 and would bring in \$7 million in revenue as of June 2012. The red-light camera ticket revenue from the 2010 Red-Light Camera Bill is representing an increase in funding per quarter with anticipated continued growth as more detectors are installed. The annual breakdown for each of the trauma center funding sources and the quarterly payout reports can be found on the Office of Trauma's Florida Trauma System domain website at [www.fl-traumasystem.com](http://www.fl-traumasystem.com) (click on "Trauma Center Funding Sources and Payouts").

In FY 2011-2012, the Trauma Program staff continued the disaster and emergency management preparedness (DEMP) courses, funded by the Assistant Secretary for Preparedness and Response (ASPR) grants, to assure trauma system readiness for all components of the trauma system. Four face-to-face DEMP courses were scheduled and held in Jacksonville (February 6), Melbourne (March 1), Tampa (April 20), and Gainesville. In addition, the trainers conducted a fifth course, held at a Tampa Bay location on June 22, 2012. One hundred and sixty-five physicians, nurses, helicopter crewmembers and other health care providers attended the FY 2011-12 series of courses; bringing the total number of attendees to 810 since the inception of the course in 2007.

The Trauma Program staff continued to work on the expansion of the Florida Emergency Trauma Telemedicine Network (FETTN). This network provides technology to share valuable medical information between the trauma centers and the rural and community hospitals within their trauma service areas; provide trauma consultation and continuing education; as well as treat and care for trauma patients in the event of a public health incident. Phase IV (FY 2011-2012) of the FETTN was integrated into a more overall interoperability communications project to meet the revised national objectives for submitting projects for funding. For the FY 2011-2012 cycle, the Trauma Program received \$365,000 in sustainment funding for the trauma centers and rural/distant facilities operating the current trauma telemedicine network. Contracts were executed with Holmes Regional Medical Center, Tallahassee Memorial Hospital, Sacred Heart Hospital and the University of Miami to sustain their trauma telemedicine hub centers. The FETTN sustained its four Level I Trauma Centers (Miami/Ryder, Shands-Gainesville, Shands-Jacksonville and Orlando), and three Level II Trauma Centers (Holmes-Melbourne, Tallahassee and Sacred Heart); with eight rural/distant emergency facilities connected to the network maintained with the grant funds. Three trauma centers, Orlando, Shands-Gainesville, and Shands Jacksonville elected to not take grant funds, but will continue to be a part of the network capability utilizing their own resources. Efforts were made to bring on two additional distant/rural facilities utilizing non-ASPR funds, but were not successful. The possibility of connecting these two distant/rural sites will continue in FY 2012-2013.

Utilizing the ASPR Hospital Preparedness Grant awards, the Trauma Program and its disaster planning consultants updated the *Burn Care 2<sup>nd</sup> Edition* DVD to include blast injuries, which included curriculum development, implementation and program evaluation with input from military experts.

This funding was also used to update the Mass Casualty TBI CD to include blast injuries. The revised Burn Care DVD and the Mass Casualty TBI CD and posters were distributed to provide this training to staff of all non-trauma center acute care hospitals' emergency departments (including rural hospitals), trauma centers, and EMS providers in August 2011.

In January 2011, the Trauma Program and Florida's Trauma System continuum-of-care providers and partners deployed the new 2011-2015 Florida Trauma System Plan, pursuant to s. 395.40, F.S., and completed 49 percent of the plan's 104 strategies in calendar year 2011. The *2011 Trauma System Plan Annual Report*, which will be released in November 2012, includes the 2011 trauma system accomplishments and collaborative efforts of the Trauma Program and its internal and external partners and the *2011 Florida Trauma Registry Data Report*.

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

## Florida Department of Health Trends and Conditions Narrative

2011. In 2012 and 2013, the department anticipates continued reductions in the mortality rate due to the additional provisional and verified trauma centers to cover underserved areas of the state. In addition to the increase in the number of trauma centers, the positive trend from 2002 to 2011 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 annual reports, click on the following link: [www.fl-traumasystem.com](http://www.fl-traumasystem.com)

### **Bureau of Radiation Control:**

The Bureau of Radiation Control (BRC) is charged, through Chapter 404, Florida Statutes to: institute and maintain a program to permit development and utilization of sources of radiation for purposes consistent with the health and safety of the public and to prevent any associated harmful effects of radiation upon the public through the institution and maintenance of a regulatory program for all sources of radiation.

Responding to radiation incidents, inspecting facilities that contain radiation sources, issuing certificates and licenses to businesses and individuals who possess and use radiation sources, and conducting environmental sampling are some of the activities performed by our staff.

#### Primary functions are:

To train first responders on the safe handling of radioactive materials.

To respond to radiation incidents, allegations and emergencies, not only within Florida but surrounding states if required.

To perform inspections of licensees, facilities, machines and personnel.

To grant or deny licenses to radioactive material users.

To register radiation machines and machine service providers.

To enforce regulatory requirements.

And to approve and review continuing education units for radiologic technologists.

#### We also:

Develop inspection procedures.

Operate a statewide health physics lab.

Conduct emergency response training.

Monitor the environment around nuclear power plants and phosphate mining areas.

Inspect low level waste shipments.

Register high powered lasers.

And provide expertise to the public, staff, government agencies and others regarding radiation issues.

The bureau has many responsibilities and a dedicated staff of 102. These employees and their sophisticated equipment are assigned to statewide offices giving the bureau the ability to respond to any incident or event within 3 hours. In Tallahassee the administrative, licensing and standards development office can be found. Our x-ray registration program offices are in Orange Park. The



## Florida Department of Health Trends and Conditions Narrative

bureau's Environmental Radiation Program is located in Orlando and the environmental lab is based there as well. The remaining locations are the central offices of our inspectors who live in the surrounding areas.

These functions are divided into five regulatory programs. These are Environmental Radiation, Inspections, Radioactive Materials, Radiation Machines, and finally Radiologic Technology Standards, & CE and Nonionizing Radiation. Each program area contributes to the overall goal of the department to monitor activities that have the potential to threaten the public's health.

The Inspections Program inspects radiation machines and facilities; radioactive materials licensees; and radiologic technologist certifications. Additionally, field inspectors respond to radiation incidents, allegations or emergencies.

The Radioactive Materials Program issues licenses for users of radioactive materials, educates and sanctions those who do not comply with established safety requirements and investigates accidents or misuse of radioactive materials. Florida is an agreement state with the Nuclear Regulatory Commission and works closely with our federal partner for consistent regulatory oversight to assure the safe and secure use of radioactive materials.

The Radiation Machine Program regulates through registration, education & enforcement the use of x-ray and other radiation-producing machines, such as accelerators. We are a partner with the Food and Drug Administration as inspectors of mammography equipment as described in the Federal Mammography Quality Assurance Act. Program staff also investigate incidents or misuse of radiation-producing machines.

There are five nuclear power reactors operating at three sites in Florida: Units 1 and 2 at St. Lucie, Units 3 and 4 at Turkey Point, and Unit 3 at Crystal River. The federal Nuclear Regulatory Commission licenses these reactors. In an event the Bureau would support off site response. In assuring the plant is operating as licensed, the bureau conducts environmental monitoring programs around all three sites. Radiation detection equipment surrounding each site identifies direct radiation and special air sampling stations look for radioactive particulate emissions. Bureau staff also collect and analyze other samples, including vegetation, fish, citrus, milk, garden vegetables, shoreline sediment, surface water, and ground water.

Every state is responsible for the disposal of their low-level radioactive waste. Florida's shipments come from radioactive material users such as nuclear power plants, universities, hospitals, manufacturers, mining companies, and private laboratories. The department inspects each shipment for compliance with U.S. Department of Transportation standards for container integrity, external radiation levels, proper labeling, and accurate shipping papers. The bureau operates a fully equipped radiochemistry laboratory to conduct chemical and physical analyses of samples collected by the radiation control programs. The bureau also evaluates private laboratories that wish to analyze radiological water samples in Florida. The Radiation Surveillance Section processes detection devices around nuclear power plants and calibrates detection instrumentation for county and municipal first responders. The calibration lab is capable of calibrating and repairing many different types of radiation detectors.

Florida has several large phosphate deposits that have been mined since the turn of the century. These deposits contain varying concentrations of uranium and thorium. Although generally the radiation dose received from these concentrations is insignificant, the dose can become significant if the concentration increases through mining the ore, if the radionuclides dissolve in drinking water, or if they build up in structures on the deposits. To monitor this situation, the bureau takes soil, air, and water samples from the land before and after the mining occurs and measures the radiation levels. The Pre & Post Mining Section monitors radiation levels in air, water & soil before mining activities & after land reclamation to evaluate the radiological environmental impact of mining activities.

## Florida Department of Health Trends and Conditions Narrative

The Non-Ionizing Program registers all high-powered lasers, including lasers used in medicine, industry & entertainment, investigates non-ionizing radiation complaints and provides technical expertise to the public.

The Radiologic Technology, Standards and CE program approves continuing education, enforces provisions of the Radiologic Technologist Certification Act and provides technical expertise to the Division of Medical Quality Assurance, the agency responsible for certifying radiologic technologist in the state.

September 11, 2001 changed our lives and our bureau. Because of the threat of terrorism activity, the emphasis in our office has switched to emergency preparedness planning and training. The role of our bureau is expanding and changing, and will continue to evolve along with federal, state, and local efforts to ensure a swift and effective response to any radiological event. The BRC has the duty to respond to all radiation incidents and emergencies, including unexpected radiation releases from nuclear power plants, transportation accidents, lost or stolen radioactive sources, and contamination of a facility or the environment. Regardless of what type of radiological incident that may occur in Florida, the bureau's major role will be to: evaluate radiation levels and the extent of contamination; provide protective action recommendations to local officials; and acquire, distribute and coordinate additional resources as needed for proper response to radiological hazards. To prepare for these incidents, the bureau trains its staff and other emergency personnel in emergency response and decontamination procedures, dose assessment, and preparedness. Staff prepare to respond to nuclear reactor emergencies during six annual training exercises in cooperation with the state's nuclear power plants. In addition, the department provides the Kennedy Space Center with emergency response assistance during the launch of spacecraft containing radioactive material. The Emergency Response Section coordinates and provides this training on radiological incident response. Emergency Response staff provide training to county health department personnel, law enforcement, fire fighters and other first responders on their actions and responsibilities during a radiological event and how they may assist the bureau during such responses.

In 2008, the Bureau received funding through the public health preparedness grant from the U.S. Centers for Disease Control and Prevention (CDC) to kick off a drive to encourage radiation safety professionals to join the Medical Reserve Corps (MRC) as radiation protection specialists in the event of a radiological incident. The kick off meeting was held in June, 2008 and over 100 volunteers and department employees attended to learn more about the need for this specialized group of volunteers. Intelligence from the Department of Homeland Security has indicated that there is a REAL threat and that we need to be ready in the event that it occurs in Florida. As part of the National Response Plan, population monitoring will be a required activity in the event of a large-scale radiological event. Floridians will want to know if they are contaminated with radioactive material and if so, what they need to do to reduce the effects of radiation exposure. These volunteers would assist the Bureau with this assessment.

BRC staff worked with the Office of Public Health Nursing and the CDC to develop a category of health and medical physicists who could participate in rapid population monitoring. The Radiation Response Volunteer Corps (RRVC) is now a sub-set of the MRC. The Florida RRVC has received significant national attention and the Florida model has been introduced at several national meetings. The Bureau has been fortunate to receive grant funding the last few years to conduct training for RRVC members to allow them to role play for disasters, become familiar with the equipment and learn their role in a radiological event. Since 2008, BRC staff have trained over 500 volunteers.

The BRC health physicists are part of a multiagency, multidisciplinary, Preventative Radiological Nuclear Detection (PRND) team that includes local law enforcement, Florida Highway Patrol troopers and pilots, and federal Department of Energy scientists from South Carolina. The BRC team helps conduct counter-terrorism activities at multiple locations in and around large-scale event venues.

## Florida Department of Health Trends and Conditions Narrative

Operations during the event consist of facility sweeps looking for hidden radioactive material (which can be used in dirty bombs, improvised nuclear devices or radiation exposure devices), followed by radiation monitoring at the vehicle/pedestrian entrances, and roving patrols.

Each agency will contribute equipment including several mobile gamma spectroscopy systems (also known as radioisotope identification devices or RIIDs), personal radiation detectors (PRDs), backpack radiation detectors, and hand-held RIIDs. These missions are a great example of what can be accomplished when different agencies and disciplines work together toward a common goal of protecting Florida's citizen's from the threat of terrorism.

The BRC is devoted to protecting Floridians and the environment from potential radiation hazards, while making it possible to enjoy the benefits derived from the peaceful uses of radiation. Given the times we live in, it's important that knowledgeable radiation professionals be capable of responding to any incident or emergency; accidental or deliberate. Because of the training and dedication of our staff, the bureau can respond with personnel and equipment anywhere in the state within three hours. With a 24 hour hotline you can be in touch with a radiation protection professional immediately, and trained individuals with specialized equipment including a mobile laboratory can be on its way. The Bureau has a strong relationship with individuals in the local, state, federal and international organizations and has been recognized as a leader in state radiation control programs.

### Office of Injury Prevention:

In Florida, injuries are the number one cause of fatalities for ages 1-44 and the 3<sup>rd</sup> leading cause overall after heart disease and cancer (Florida Vital Statistics). In 2011, injuries claimed 12,364 lives and accounted for 7.2% 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 Legislature’s **LEGISBRIEF**, Vol. 17, No. 3).*

In 2009 (most current national injury data), Florida’s age-adjusted injury death rates were higher than the national average by 15.1% for all unintentional injuries, 14.7% for unintentional motor vehicle injuries, 77% for unintentional poisonings, 23.7% for suicides, and a staggering 487% for unintentional drownings among children ages 1-4. In addition, Florida’s age-adjusted death rates in each of the above categories, except motor vehicle injuries, were the highest among the nation’s five most populous states: CA, TX, NY, FL, and IL (see below).

2009	US	<b>Florida</b>	California	Texas	New York	Illinois
All Unintentional Injuries	37.2	<b>42.8</b>	29.3	39.9	23.5	30.1
- Motor Vehicle Traffic	12.6	<b>14.5</b>	9.5	14.98	6.99	8.7
- Poisonings	10.3	<b>18.2</b>	12.1	11.0	9.0	12.0
- Drownings (Ages 1-4)	1.1	<b>6.64</b>	2.64	4.34	0.52	2.1
Suicides	11.8	<b>14.6</b>	10.3	10.3	6.9	9.0

(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

## Florida Department of Health Trends and Conditions Narrative

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 one of 28 State Health Departments injury programs awarded a five-year Public Health Injury Surveillance and Prevention Program grant from the Centers for Disease Control and Prevention. The 2004-2008 Florida 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 was one of 20 state health department's injury programs that 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

- **Safe Kids Florida** - In 2010, the childhood unintentional injury fatality rate in Safe Kids counties was **30% lower** than the rate in non-Safe Kids counties which corresponds to **104 fewer deaths** than expected had the fatality rates been the same.
- **Bicycle Safety and Helmet Program** - From 2003–2010, the hospitalization rate for non-fatal traumatic brain injuries sustained in bicycle crashes among residents ages 5–14 **decreased 39%**.
- **Pool Safety/Drowning Prevention-Waterproof FL-** From 2007 to 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%** which corresponds to **24 fewer deaths** than expected had the fatality rate stayed the same. (2007–2010, decreased by 1% and the drowning rate for the same population decreased by 6%, which corresponds to **5 fewer deaths**.)

## Florida Department of Health Trends and Conditions Narrative

### **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 national growth in receipts (9.5% increase this past fiscal year) and major technological changes, the division cleared 30% of the region's caseload and 8.3% of the national workload. Florida is ranked first in the region in production, and second 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 386,675. This represented a 23.4% 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 2010 SSA paid out over nine billion dollars in cash benefits to 968,838 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;
- 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 59 days at the end of the fiscal year 2011. 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, and acceptance of electronic signatures, resulting in improved processing time and decrease in costs;
- Maintain strong positive relationships with SSA and DCF partners, to ensure efficient workload processing.
- Aggressive mentoring of entry- and mid-level managers to ensure readiness and smooth transition of the agency's management "generation conversion" due to many long-time managers reaching retirement over the next few years.

Department of Health  
2012 - LEGISLATIVE ACTION ITEMS  
Taskforces/ Boards/ Councils

BILL NUMBER & SECTION	TASKFORCES/BOARDS/COUNCILS DESCRIPTION	DOH MEMBER(S)	DEPARTMENT RESPONSIBLE	WHO APPOINTS	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/CS/HB 227</b>	Creates the Florida Statewide Task Force on Prescription Drug Abuse and Newborns within DOH. The Surgeon General shall serve as the vice chair of the task force.	1	CMS/Department of Legal Affairs	Senate President (1 appointment); Speaker of the House (1 appointment); Attorney General (1 appointment) other members from different organizations as specified in the bill.	Bob Peck	The task force is required to hold an organizational meeting by May 1, 2012 and meet at least four times a year.	
<b>HB 5301 ER / Section 4</b>	Executive Steering Committee: To have overall responsibility for ensuring that the Internet-based eligibility determination system for Medicaid and the Children's Health Insurance Program meets its primary business objectives and to provide governance for the project.	1	Children's Medical Services	Children's Medical Services	Mary Beth Vickers	1-Jan-14	

Department of Health  
2012 - LEGISLATIVE ACTION ITEMS  
Rules

REGULAR SESSION					
BILL NUMBER & SECTION	RULE DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/HB 309</b>	This bill adds a new type of radiological personnel certification called a "specialty technologist" and allows the Department of Health (DOH) to certify a radiologic technologist who holds an advanced, post-primary or specialty license from a department-recognized, national, radiologic technology organization. The Department shall approve letter designations (PET/CRT-X/CT) by rule for each area, consistent with the designation used by a national organization.	Division of Medical Quality Assurance	James Futch		
<b>CS/HB 479</b>	This bill requires the Board of Pharmacy (board) to adopt rules to increase the number of controlled substances and legend drugs available to euthanize injured, sick, or abandoned animals or to chemically immobilize animals; providing that only certain persons are authorized to possess and use these drugs while acting within the scope of their employment.	Division of Medical Quality Assurance	Mark Whitten		
<b>CS/CS/HB 509</b>	This bill revises the types of vaccines that pharmacists may administer to include the Influenza and Pneumococcal vaccine and authorizes pharmacists to administer vaccines or epinephrine auto-injection within the framework of established protocol. The bill also revises the requirements which must be met to continue a professional pharmaceutical education, with respect to the administration of said vaccines or auto-injection. The proposed language does not specifically direct the board to promulgate a rule; however, the proposed changes will require the board to amend its rules related to vaccinations.	Division of Medical Quality Assurance	Mark Whitten		
<b>CS/CS SB 704</b>	Amend 64E-6, FAC, to new statute standards; Rule promulgation on January 1, 2013	Division of Disease Control and Health Protection	Gerald Briggs		Y
<b>CS/CS HB 787 Section 32 and Section 43</b>	Amending s. 458.3265 and s. 459.0137, F.S.; defining the term "board eligible"; revising the definition of the term "chronic nonmalignant pain" to exclude reference to rheumatoid arthritis; permitting specified board-eligible physicians to own a pain-management clinic without registering the clinic; permitting a rheumatologist to own a pain-management clinic without registering the clinic; including a physician multispecialty practice to permitted ownership forms of pain-management clinics; requiring at least one specialist in multispecialty practice to be board-eligible; recognizing the American Board of Pain Medicine, the American Association of Physician Specialists, and the American Osteopathic Association as board-certification organizations for purposes of determining a board-certified pain medicine specialist as an owner of a pain-management clinic; Amending s. 468.1695, F.S.; providing that a health services administration or an equivalent major satisfies the education requirements for nursing home administrator applicants	Division of Medical Quality Assurance	BOM/Crystal Stanford and Bruce Deterding		Y
<b>CS/CS/CS H 943 Section 13</b>	Rule making regarding application and licensure process for retention of fingerprints	Division of Medical Quality Assurance	Allison Stachnik		Y
<b>SB 1040</b>	This section requires the board to adopt rules regarding issuance of a certificate to dental hygienists who meet all criteria specified in law.	Division of Medical Quality Assurance	Board of Dental Hygenist		Y
<b>CS/CS/CS H 1163</b>	Requires the petitioner to submit to the Bureau of Vital Statistics a copy of the petition for termination of parental rights or a document executed by the clerk of the court showing the style of the case, the names of the persons whose rights are sought to be terminated.	Division of Health Statistics and Performance Management	Betty Shannon Shelia Perez		Y
<b>CS H 1227</b>	Ensure law enforcement officers who are applying for the certification waiver are eligible to do so. This will require defining by rule "chief executive" and "occasional or limited basis".	Division of Emergency Preparedness and Community Support	Rebecca Cash / Wendy Parkinson / R.C. Pippin		Y
<b>HB 7029 ER / Section 9</b>	Repeal of rules: (a) Rule 10D-116.001, Florida Administrative Code, relating to Purpose. (b) Rule 10D-116.002, Florida Administrative Code, relating to Definitions. (c) Rule 10D-116.003, Florida Administrative Code, relating to Department Responsibilities. (d) Rule 10D-116.004, subsections (1), (2), and (3), Florida Administrative Code, relating to Provider Hospital Responsibilities. (e) Rule 10D-116.005, Florida Administrative Code, relating to Practice Parameters. (f) Rule 10D-116.006, subsections (1), (2), and (3), 645 Florida Administrative Code, relating to Functions of Peer 646 Review Boards.	General Counsel	Jennifer Tschetter		

Department of Health  
20120- LEGISLATIVE ACTION ITEMS  
Reports and Studies

REGULAR SESSION					
BILL NUMBER & SECTION	REPORTS/STUDIES DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/CS/HB 227</b>	Requires the department submit a report to the President of the Senate and Speaker of the House of Representatives regarding the impact of prescription drug use and neonatal withdrawal syndrome, evaluating effective strategies for treatment and prevention, and providing policy recommendations to the Legislature.	CMS/Department of Legal Affairs	Bob Peck	January 15, 2013 (interim report); January 15, 2015 (final report)	
<b>CS/CS/CS/CS H 1261</b>	Submit report of OPS employees to the Executive Office of the Governor each year by August 15	Division of Administration	Penny Dyer	8/15/2012	Y
<b>HB 5003 ER / Section 5</b>	Completion of Phase 2 and Phase 3 of the 230 Department of Health's Florida Onsite Sewage Nitrogen Reduction 231 Strategies Study	Research Review and Advisory Committee, and the Department of Environmental Protection	Gerald Briggs		



Department of Health  
2012 SESSION - LEGISLATIVE ACTION ITEMS  
Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/CS/HB 119</b>	The bill changes the statutory process for the payment of PIP benefits and applies two different coverage limits for PIP medical benefits, based upon the severity of the medical condition of the individual and if there has been a determination of emergency medical condition by a specified licensed health care provider. Massage and acupuncture services are not reimbursable.	Division of Medical Quality Assurance	Joy Tootle		
<b>CS/HB 171</b>	This bill will allow the Board of Osteopathic Medicine (Board) to place conditions on a license of an osteopathic physician applicant who has not practiced for a period of time. The bill also eliminates outdated terms and fixes a glitch by removing a requirement that osteopathic physicians in training who wish to practice as a resident, intern or fellow have already successfully completed internship and have passed all parts of the examination prior to registration as a resident physician, intern or fellow.	Division of Medical Quality Assurance	Anthony Jusevitch		
<b>CS/SB 226 Section 2</b>	This section requires Department of Highway Safety and Motor Vehicles (DHSMV) to randomly review disabled parking permits at least once every six months. This random review includes audits of death records maintained by the Department of Health to ensure the disabled parking permit holder has not died. This section requires the Department of Health Bureau of Vital Statistics to provide death data to DHSMV.	Vital Statistics	Ken Jones		
<b>CS/CS/HB 227</b>	The bill creates a 15 member task force for the express purpose of researching the impact of prescription drug use and neonatal withdrawal syndrome, evaluating effective strategies for treatment and prevention, and providing policy recommendations to the Legislature. The Surgeon General serves as the Vice Chair.	CMS/Department of Legal Affairs	Bob Peck	The task force is required to hold an organizational meeting by May 1, 2012 and meet at least four times a year.	
<b>CS/HB 309</b>	This bill adds a new type of radiological personnel certification called a "specialty technologist" and allows the Department of Health (DOH) to certify a radiologic technologist who holds an advanced, post-primary or specialty license from a department-recognized, national, radiologic technology organization.	Division of Medical Quality Assurance	James Futch		
<b>CS/CS/HB 363</b>	This bill removes the requirement that a physician assistant obtain an additional license authorizing him or her to prescribe medication. The bill authorizes, rather than requires, the Department of Health ("DOH") to issue to a physician assistant a prescriber number if the physician assistant provides specified evidence of education in pharmacotherapy.	Division of Medical Quality Assurance	Joy Tootle		
<b>CS/HB 413</b>	This bill revises requirements for obtaining a chiropractic medicine faculty certificate, adds language regarding the denial of approval for continuing education courses, addresses the retention of patient funds, deletes a requirement for a qualifying chiropractic physician's assistant course to exceed 24 months, and corrects an oversight to add Part IV and the physiotherapy examination to the educational licensure requirements for a chiropractor. The bill also clarifies the exceptions to proprietorship of a chiropractic practice by persons other than licensed chiropractic physicians.	Division of Medical Quality Assurance	Bruce Deterding		
<b>CS/HB 479</b>	This bill requires animal control officers, wildlife officers, and disease laboratories to report potential health risks to humans in relation to animals. The bill also provides for the use of additional prescription drugs for euthanasia and chemical immobilization of animals and provides for rulemaking to expand the list of prescription drugs used. The Board of Pharmacy or the Department of Health may revoke or suspend a permit to purchase, possess, and use prescription drugs upon determination that the permittee or their employees or agents use or have used an authorized drug for purposes other than prescribed, or if the permittee has committed specified violations.	Division of Medical Quality Assurance	Mark Whitten		

Department of Health  
2012 SESSION - LEGISLATIVE ACTION ITEMS  
Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/CS/CS/CS/HB 503</b>	This bill creates, amends, and revises numerous provisions relating to environmental permitting. It provides that a county or municipality may not require as a condition of processing or issuing a development permit that the applicant obtain a permit or approval from any other state or federal agency. The bill provides that any religious institutions with permitted transient non-community public drinking water systems may request waiver to some of the Safe Drinking Water Act requirements.	Division of Environmental Health	Patti Anderson		
<b>65</b>	This bill revises the types of vaccines that pharmacists may administer to include the Influenza and Pneumococcal vaccine and authorizes pharmacists to administer vaccines or epinephrine auto-injection within the framework of established protocol. The bill also revises the requirements which must be met to continue a professional pharmaceutical education, with respect to the administration of said vaccines or auto-injection.	Division of Medical Quality Assurance	Mark Whitten		
<b>CS/CS/HB 653</b>	This bill provides grounds under which a board or the Department of Health (DOH), if there is no board, would be required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner. This bill also contains an exception for certain applicants.	Division of Medical Quality Assurance	Cassandra Pasley		
<b>CS/HB 655</b>	The bill makes operational changes to biomedical research programs within the Department of Health. The bill extends the period during which certain expenditures may be made from Biomedical Research Trust Fund from 3 years to 5 years. It revises composition, terms, and duties of the Biomedical Research Advisory Council. It exempts grant programs under purview of council from Chapter 120, F.S. and requires council to submit a progress report and specifies contents thereof. It revises provisions relating to James and Esther King Biomedical Research Program and William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program. It provides that certain types of applications may, rather than shall, be considered for funding under programs. It revises provisions relating to the appointment, duties, and meetings of peer review panels and revises the composition of advisory council under Florida Center for Universal Research to Eradicate Disease.	Office of Public Health Research	Nicole Joens		
<b>CS/CS SB 704</b>	Amends s. 381.0065, F.S., "Onsite sewage treatment and disposal systems; regulation," to define "bedroom," provide for the transfer of permits with title transfers, establish abandonment standards, grandfather systems constructed but not final approved to rule existing at time of permit, and limit modifications.	Division of Disease Control and Health Protection	Gerald Briggs		Y
<b>CS/CS HB 787 Section 32 and Section 43</b>	Amending s. 458.3265 and s. 459.0137, F.S.; defining the term "board eligible"; revising the definition of the term "chronic nonmalignant pain" to exclude reference to rheumatoid arthritis; permitting specified board-eligible physicians to own a pain-management clinic without registering the clinic; permitting a rheumatologist to own a pain-management clinic without registering the clinic; including a physician multispecialty practice to permitted ownership forms of pain-management clinics; requiring at least one specialist in multispecialty practice to be board-eligible; recognizing the American Board of Pain Medicine, the American Association of Physician Specialists, and the American Osteopathic Association as board-certification organizations for purposes of determining a board-certified pain medicine specialist as an owner of a pain-management clinic; Amending s. 468.1695, F.S.; providing that a health services administration or an equivalent major satisfies the education requirements for nursing home administrator applicants	Division of Medical Quality Assurance	BOO and Bruce Deterding		Y

Department of Health  
2012 SESSION - LEGISLATIVE ACTION ITEMS  
Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>CS/CS/CS H 799 Section 1 and 2</b>	This bill authorizes the issuance of a temporary permit to practice as a physical therapist or a physical therapist assistant under the direct supervision of a licensed physical therapist. It establishes the requirements for granting a temporary permit and specifies that the temporary permit is not renewable and is void if the permittee does not pass the national examination within six months after the date of graduation.	Division of Medical Quality Assurance	Allen Hall		Y
<b>CS/CS/CS H 943 Sections 12-14</b>	This bill revises background screening requirements for persons working with vulnerable populations. This bill creates the Care Provider Background Screening Clearinghouse under AHCA which provides for specified agencies to share results of criminal history checks. The bill creates s. 456.0135, F.S. which allows DOH to retain fingerprints for those professions already required to undergo a criminal history check at initial licensure under chapters 458, 459, 460, 461, 464 and 465.022, F.S., and for applicants to bear those costs. This bill also adds DOH to the list of agencies who receive sealed and expunged criminal history information. The Board of Nursing is required to waive additional background screenings requirements for certified nursing assistants who have successfully completed the required screening pursuant to s. 400.215 or s. 408.809, F.S., within 90 days before applying for a certificate.	Division of Medical Quality Assurance	Jennifer Wenhold, Anthony Jusevitch, Joe Baker Jr.	ASAP	Y
<b>S 1040</b>	This bill amends s. 466.017, F.S., to expand the scope of practice of a dental hygienist to include the administration of local anesthesia with successful completion of a 60 hour course, accredited by the American Dental Association Commission on Dental Accreditation of the American Dental Association. The Department of Health is required to collect a fee not to exceed \$35 and issue a certificate to any dental hygienist who has met the criteria for administration of local anesthesia. The dental hygienist must display this certificate at his/her place of employment. The bill further clarifies in s. 466.006, F.S., that graduates of non-accredited dental colleges must submit proof of completion of 2 consecutive academic years of dental education at a full time supplemental general dentistry program accredited by the Commission on Dental Accreditation. The bill also amends s. 466.006, F.S. and s. 466.007, F.S., to specify requirements for licensure and examination as a dentist and dental hygienist.	Division of Medical Quality Assurance	Sue Foster	3/23/2012	Y
<b>CS/CS/CS H 1163</b>	Requires the petitioner to submit to the Bureau of Vital Statistics a copy of the petition for termination of parental rights or a document executed by the clerk of the court showing the style of the case, the names of the persons whose rights are sought to be terminated.	Division of Public Health Statistics and Performance Management	Betty Shannon Shelia Perez	6/30/2012	Y
<b>CS/CS/CS H 1205</b>	State Employee Drug Testing - Agency may conduct random drug testing; requires testing be done within agency appropriation; update DOH drug free workplace policy	Division of Administration	Susan Veal	6/30/2012 (pending court ruling)	
<b>CS/ H 1227</b>	This bill revises requirements for the certification of 911 public safety telecommunicators. It provides conditions under which a requirement for certification as a 911 public safety telecommunicator may be waived for certain law enforcement officers. The bill authorizes the Department of Health to approve examinations that measure competencies and proficiencies in the subject matter of public safety telecommunication. It changes the training requirement for sworn law-enforcement officers who are selected by his/her chief executive to perform as a 911 public safety telecommunicator on an occasional or limited term basis. The law-enforcement officer would have to pass a department-approved examination that measure competency and proficiency. The bill provides for an exemption from the examination fee of the Department of Health approved certification examination.	Division of Emergency Preparedness and Community Support	Roy C. Pippin, Wendy Parkinson		Y

Department of Health  
2012 SESSION - LEGISLATIVE ACTION ITEMS  
Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
CS/CS/CS/CS H 1261	Changes statutes regarding annual leave/comp time; clarifies OPS may participate in agency's award program	Division of Administration	Susan Veal		Y
HB 1263 Section 22	The Department of Health shall establish dedicated positions within the department for HIV and AIDS regional minority coordinators and one position for a statewide HIV and AIDS minority coordinator.	Division of Disease Control and Health Protection		6/1/2012	Y
HB 1263	Discontinue A.G. Holley Hospital and contract with Shands Jacksonville and Jackson Medical Center for care of TB patients	Division of Disease Control		1/1/2013	Y
HB 1263 Section 1	Eliminates CMS Division of Prevention and Intervention. Moved to CMS Network as required by Sections 77 and 84 of HB 1263.	CMS		Not specified	Y
HB 1263 Section 78	Eliminates central office and area CMS offices and authorizes the director to appoint staff and contract with providers to establish a system to provide program activities on a statewide basis.	CMS		Not specified	Y
HB 1263 Section 79	Develop sliding fee scale; requires that adopted children must have serious and chronic special health needs to be eligible for CMS services; eliminates ability to pay travel expenses for eligibility determination	CMS		Not specified	Y
HB 1263 Section 80	Requires that Medicaid and Title XXI children be enrolled before receiving any benefit through CMS	CMS		Not specified	Y
HB 1263 Section 84	Places posion control centers under CMS	CMS			Y
HB 1263 Section 73	Repeals 385.210 F.S.	Community Health Promotion		Not specified	Y
HB 1263 Section 72	Requires DOH to establish on its website a clearinghouse of information related to developmental disabilities	Community Health Promotion		Not specified	In progress
HB 1263 Section 71	DOH is designated as agency to receive funds for WIC; DOH shall establish interagency agreement with DCF for fiscal management and DCF shall develop EBT transfer system for WIC	Community Health Promotion		Not specified	In progress
HB 1263 Section 1	EMT's and Paramedics are added to list of boards and professions within MQA	MQA		Not specified	Y
HB 1263 Section 116	MQA shall develop a plan to improve the efficiency of its functions by reducing average length of time on licensure renewal by 1/3; improve agenda process, increase transparency; identify and analyze best practices to increase efficiency; receive recommendations from regulatory boards in developing plan; report to Speaker, President and Governor	MQA		Report due 11/1/2012, others in progress	Y
HB 1263 Section 37	Facilitates participation in USDA Afterschool Meal Program located at facilities or sites not inspected for compliance with sanitation standards by another state agency	Bueau of Environmental Health		Not specified	Y
HB 1263 Section 38	Eliminates DOH authority to adjust license fees in the tattoo program according to US CPI	Bueau of Environmental Health		Not specified	Y
HB 1263 Section 40	Eliminates legislative intent in 381.0098 and ability to obtain penalties under 381.0025 for violations of biomedical waste program requirments	Bueau of Environmental Health		Not specified	Y
HB 1263 Section 41	Requires State Surgeon General or designee to be a member of the Environmental Health Professionals Advisory Board.	Bureau of Environmental Health/State Surgeon General		Not specified	Y
HB 1263 Section 125	The bill eliminates the department's ability to obtain penalties under 381.0025 for violation of mobile home park program requirements.	Bureau of Environmental Health		Not specified	Y
HB 1263 Section 113	Transfers Nursing Student Loan Forgiveness Program to DOE	Public Health Nursing		In Progress	Y
HB 1263 Section 90	The Department of Health shall contract for the evaluation and review of laboratory certification applications, and laboratory inspections.	Bureau of Laboratories		In Progress	Y
HB 1263	Repealed Florida Center for Universal Research to Eradicate Disease	Public Health Research		In Progress	Y

Department of Health  
2012 SESSION - LEGISLATIVE ACTION ITEMS  
Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>HB 1263 Section 105 and 107</b>	Public bathing places shall be dealt with in a similar fashion to coastal beaches, i.e., water quality testing and public notices only; Limits the authority of DOH related to the construction plan approval of public swimming pools and bathing places, allows local governments to conduct plan reviews and inspections with regard to the Florida Building Code	Bureau of Environmental Health		In Progress	Y
<b>CS H 1351</b>	This bill defines the term "certified homeless youth" and allows those persons designated as a certified homeless youth to obtain a certified copy of his/her birth certificate. The bill allows unaccompanied youths who are certified homeless youths 16 years of age or older to apply to court to have disabilities of nonage removed and will not be required to pay court fees associated with the process. The bill requires courts to advance such cases on the calendar.	Division of Health Statistics and Performance Management	Kathleen Dunkley Stephens		Y
<b>CS S 1856</b>	This bill establishes exemptions from the public records and public meetings laws for biomedical research grant applications considered by a peer review panel and makes them confidential and exempt, except for final recommendations, from the public records and public meetings laws. It requires compliance with the Open Government Sunset Review Act. This bill also provides the legislative justification for the exemptions with findings of public necessity and public good from the closing of these meetings and records.	Office of Public Health Research	Nicole E. Joens		Y
<b>HB 4163 ER</b>	The Boards of Athletic Training and Massage Therapy would no longer need to approve courses in HIV/AIDS and staff would not need to include this requirement when conducting biennial continuing education audits.	Boards of Athletic Training and Massage Therapy	Anthony Jusevitch		
<b>HB 5003 ER / Section 5</b>	Completion of Phase 2 and Phase 3 of the Department of Health's Florida Onsite Sewage Nitrogen Reduction Strategies Study	Research Review and Advisory Committee, and the Department of Environmental Protection	Gerald Briggs		
<b>HB 5007 ER</b>	This bill provides for the resolution of collective bargaining issues, pursuant to specified instructions, which are at an impasse between the State of Florida and certified bargaining units for state employees.	Labor Relations	Gary Smith		
<b>HB 5301 ER / Section 4</b>	Adds a Children's Medical Services representative to the Medicaid and Children's Health Insurance Program eligibility determination steering committee	CMS	Mary Beth Vickers	1/1/2014	
<b>HB 5511 ER: / Section 2</b>	This bill creates the Division of Drugs, Devices, and Cosmetics trust fund within the Department of Business and Professional Regulation; it also transfers regulatory authority for ch. 499, F.S., from the Department of Health to the Department of Business and Professional Regulation. The bill terminates the trust fund within the Department of Health and provides for disposition of balances in and revenues of trust fund to the Department of Business and Professional Regulation.	Budget	Terry Walters	11/1/2012	
<b>HB 7029 ER</b>	This bill provides for repeal of administrative rules upon repeal of law implemented; provides process for summary repeal of administrative rules that are no longer in full force and effect; directs The Department of Health and DOE to initiate necessary rulemaking before effective date of specified rule nullifications.	General Counsel	Jennifer Tschetter		
<b>HB 7035 ER / Sections 1-2</b>	The bill amends ss. 458.3193 and 459.0083, F.S., which relates to personal identification information provided by medical doctors and osteopathic physicians that is contained in physician workforce surveys submitted to the Department of Health (DOH).	Board of Medicine and Board of Osteopathic Medicine	Anthony Jusevitch		

Department of Health  
 2012 SESSION - LEGISLATIVE ACTION ITEMS  
 Other Implementation Activity

REGULAR SESSION					
BILL NUMBER & SECTION	IMPLEMENTATION ACTIVITY DESCRIPTION	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
<b>HB 7049 ER / Section 2</b>	This bill requires an employee of a massage establishment and any person performing a massage in a massage establishment to present, upon request of an investigator, valid government identification while in the establishment. The bill also provides documentation requirements of an owner of a massage establishment. It creates criminal penalties and a severity ranking of the criminal offenses for failure to comply with the documentation requirements.	Board of Massage Therapy	Anthony Jusevitch		
<b>HB 7095 ER / Section 18</b>	Before renewing any professional license, a state agency that issues a professional license must use the Comprehensive Case Information System of the Florida Association of Court Clerks and Comptrollers, Inc., to obtain information relating to any conviction for the sale of, or trafficking in, a controlled substance or for conspiracy to sell, or traffic in, a controlled substance. The clerk of court shall provide electronic access to each state agency at no cost and also provide certified copies of the judgment upon request to the agency.	Medical Quality Assurance	Lola Pouncey		

**FLORIDA DEPARTMENT OF HEALTH**

**PERFORMANCE MEASURES AND  
STANDARDS**

**LRPP Exhibit II**

## LRPP Exhibit II - Performance Measures and Standards

<b>Department:</b> Department of Health	<b>Department No:</b> 64
---	--------------------------

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 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Agency administrative costs/administrative positions as a percent of	0.80%	0.93%	0.80%	0.80%
Technology costs as a percent of total agency costs	1.0%	1.0%	1.0%	1.0%



## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
----------------------------------	-------------------

Program: COMMUNITY PUBLIC HEALTH	64200000
Service/Budget Entity: COMMUNITY HEALTH PROMOTION	64200100

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Infant mortality rate per 1,000 live births	6.9	6.4	6.4	6.3
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	11.1	10.7	10.6
<b>DELETE</b> - Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	8.7%	8.5%	8.5%
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	29.1	27	24.8
Number of monthly participants-Women, Infants and Children (WIC) program	500,000	494,615	500,000	500,000
Number of child care food meals served monthly	9,030,000	10,215,607	10,270,500	10,329,125
Percent of middle and high school students who report using tobacco products in the last 30 days	16.8%	14.7%	14.0%	11.9%
<b>NEW</b> - Percent Women, Infants and Children (WIC) clients fully breastfed for at least 6 months.	N/A	14.3%	14.3%	14.3%
Age-adjusted death rate due to diabetes	20	20	19	19
Prevalence of adults who report no leisure time physical activity	20.0%	26.9%	20.0%	20.0%
Age-adjusted death rate due to coronary heart disease	104	103.9	103.4	103.2

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
---	--------------------------

Program: COMMUNITY PUBLIC HEALTH	64200000
Service/Budget Entity: DISEASE CONTROL AND HEALTH PROTECTION	64200200

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
AIDS case rate per 100,000 population	28.0	18.2	17.8	17.5
HIV/AIDS resident total deaths per 100,000 population	9.0	5.3	5.2	5.1
Tuberculosis case rate per 100,000 population	6.0	4.0	3.8	3.7
Immunization rate among 2 year olds	90.25%	86.10%	90.00%	90.00%
<b>DELETE</b> - Number of patient days (A.G. Holley tuberculosis hospital)	13,500	18,191	closed	closed
Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,635	2,620	2,615
<b>DELETE</b> - Enteric disease case rate per 100,000	47	66.5	delete	delete
<b>DELETE</b> - Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department	3.55	2.25	delete	delete
<b>NEW</b> - Confirmed foodborne disease outbreaks identified per million population	N/A	*2.69	*2.79	*2.89
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	2.57	2.56	2.55
Percent of required food service inspections completed	100.0%	88.13%	100.0%	100.0%

\*Indication more disease being identified by improved surveillance

## LRPP Exhibit II - Performance Measures and Standards

<b>Department:</b> Department of Health	<b>Department No:</b> 64
---	--------------------------

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

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
<b>REVISE</b> - Number of Healthy Start clients	236,765	304,259	310,000	324,430
Number of school health services provided	18,816,788	24,805,543	24,800,000	24,806,000
Number of Family Planning clients	219,410	193,879	195,000	195,000
Immunization services	1,457,967	1,087,966	1,087,966	1,087,966
Number of sexually transmitted disease clients	99,743	117,040	120,000	123,874
<b>REVISE</b> - Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	12,821	19,994	19,000	17,918
Number of tuberculosis medical, screening, tests, test read services	289,052	227,060	230,000	223,000
Number of onsite sewage disposal systems inspected	407,668	160,231	165,000	165,000
Number of community hygiene services	126,026	79,475	80,000	80,000
Water system/storage tank inspections/plans reviewed.	258,974	158,993	143,993	143,993
Number of vital events recorded.	406,083	498,444	500,000	508,000

## LRPP Exhibit II - Performance Measures and Standards

<b>Department: Department of Health</b>	<b>Department No: 64</b>
---	--------------------------

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

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Percent of laboratory test samples passing routine proficiency testing	100.0%	98.99%	100.0%	100.0%
<b>DELETE</b> - Percent saved on prescription drugs compared to market price	40.0%	51.0%	delete	delete
Number of birth, death, fetal death, marriage and divorce records	653,447	589,913	600,000	602,430
<b>DELETE</b> - Percent of health and medical target capabilities met - no longer measureable	75.0%	delete	delete	delete
Percent of emergency medical service providers found to be in compliance during licensure inspection	92.0%	93.0%	93.0%	94.0%
Number of emergency medical technicians and paramedics certified	50,000	65,335	65,500	66,000
Number of emergency medical services providers licensed	262	271	272	272
<b>NEW</b> - Level of preparedness against national standards	N/A	7.5	8.0	9.0
<b>NEW</b> - Number of errors per million per yearly number of repacks/prepacks to pharmacy customer	N/A	0.09%	0.08%	0.08%
<b>NEW</b> - Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	N/A	0.16%	0.15%	0.15%
Number of radiation facilities, devices and users regulated	75,148	90,058	90,500	91,859
<b>REVISE</b> - Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	94.7%	94.8%	94.9%
<b>REVISE</b> - Number of brain and spinal cord injured individuals served	2,985	2,327	2,362	2,362
<b>DELETE</b> - Number of students in health professions who do a rotation in a medically underserved area	5,598	unfunded	delete	delete
<b>DELETE</b> - Number of providers who receive continuing education	16,750	unfunded	delete	delete

## LRPP Exhibit II - Performance Measures and Standards

<b>Department:</b> Department of Health	<b>Department No:</b> 64
---	--------------------------

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

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Percent of families served with a positive evaluation of care	96.6%	95.0%	96.6%	96.6%
<b>REVISE</b> - Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	91.0%	91.7%	78.0%	78.0%
<b>DELETE</b> - Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	delete	delete	delete
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	92.0%	96.0%	99.0%	99.0%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	78,273	81,500	81,500
<b>DELETE</b> - Number of children provided early intervention services	47,502	delete	delete	delete
Number of children receiving Child Protection Team (CPT) assessments	25,123	25,146	30,000	30,000
Percent of CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	95.7%	95.5%	95.5%
<b>NEW</b> - Total number of new referrals received in early intervention program	N/A	27,213	27,350	27,500
<b>NEW</b> - Total number served with individual family service plans (IFSP)	N/A	24,747	25,000	25,000

## LRPP Exhibit II - Performance Measures and Standards

<b>Department:</b> Department of Health	<b>Department No:</b> 64
---	--------------------------

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

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

Approved Performance Measures	Approved Prior Year Standard <b>FY 2011-12</b> (Numbers)	Prior Year Actual <b>FY 2011-12</b> (Numbers)	Approved Standards for <b>FY 2012-13</b> (Numbers)	Requested <b>FY 2013-14</b> Standard (Numbers)
Average number of days to issue initial licenses	60	73	70	70
Number of unlicensed cases investigated	700	583	700	700
Number of licenses issued	500,000	493,249	500,000	500,000
<b>DELETE</b> - Average number of days to take emergency action on Priority I practitioner investigations	150	74	74	74
<b>NEW</b> - Percent of emergency actions taken on priority cases within 30 days from receipt of the complaint	N/A	41.0%	50.0%	50.0%
Percent of initial investigations & recommendations as to the existence of probable cause completed within 180 days of receipt	90.0%	91.10%	90.0%	92.0%
Average number of practitioner complaint investigations per FTE	352	207.9	208	208
<b>DELETE</b> - Number of inquiries to practitioner profile website	2,000,000	4,121,682	4,200,000	4,200,000
<b>NEW</b> - Percent of practitioners with a published profile on the internet	N/A	99.50%	100%	100
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	1.5%	63.1%	65.0%	65.0%
Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (cease & desist, citation)	28.0%	32.2%	33.0%	33.0%
<b>DELETE</b> - 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%	76.20%	80.0%	80.0%
<b>DELETE</b> - Percent of disciplinary fines and costs imposed that are collected by the due date.	65.0%	52.40%	55.0%	65.0%
Percent of applications deemed complete or deficient within 30 days.	100.0%	99.97%	100.0%	100.0%
Average number of days to resolve unlicensed activity cases	410	436	90	90

## LRPP Exhibit II - Performance Measures and Standards

<b>Department:</b> Department of Health	<b>Department No:</b> 64
---	--------------------------

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

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

Approved Performance Measures	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	98.1%	97.00%	97.00%
Number of disability determinations completed	249,608	358,438*	370,000	375,000

\* Actual FY 2011-12 numbers are for the federal fiscal year ending July 27, 2012 (week 43). Actual year-end numbers not available until October 2012.

**FLORIDA DEPARTMENT OF HEALTH**

**ASSESSMENT OF PERFORMANCE for  
APPROVED PERFORMANCE MEASURES**

**LRPP Exhibit III**



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Executive Direction and Support  
**Service/Budget Entity:** Administrative Support/64100200  
**Measure:** Agency administrative costs as a percent of total agency costs

**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
.80%	.93%	.16%	16%

**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 annual budget amount is affected by a number of technical adjustments every year. These can include a shift between recurring and non-recurring authority, the elimination or granting of budget authority for various programs or purposes, etc. The department does not consider the difference between .80% and .16% significant under these circumstances.

**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:** [Community Health Promotion / 64200100](#)  
**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	11.1	0.4	3.73 %

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**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:** Community Health Promotion / 64200100  
**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 non-white 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.

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.

**Continuation**  
**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** **Community Health Promotion / 64200100**  
**Measure:** **Nonwhite Infant Mortality per 1,000 Nonwhite Births**

**Management Efforts to Address Differences/Problems (continued):**

In January, 2012, the Department of Health participated in the Health Resources and Services Administration's (HRSA) regional summit on infant mortality convening representatives from 13 states in Regions IV and VI which represent the southern region of the U.S. and have some of the highest rates of infant mortality and disparity in the country. The purpose of the summit was to kick off the Maternal and Child Health Bureau's (MCHB) initiative to reduce infant mortality.

In order to transform the initiative from a regional initiative to a national effort, MCHB formed a Collaborative Improvement and Innovation Network (COIN) to continue the work begun at the Infant Mortality Summit. Five strategy teams were formed to focus on 1) reduction in elective preterm deliveries; 2) expansion of interconception and preconception health services; 3) increased utilization of smoking cessation services among pregnant women; 4) reduction of SIDS and SUID rates with a focus on promoting safe sleep; and 5) perinatal regionalization. The Department of Health is represented on each of the five teams. The five strategy areas were identified based on previous work by the 13 states to develop state specific plans to reduce infant mortality. Each of the five teams will be lead by experts in the field (Team leads), supported by data and methods experts as needed, and staff from MCHB and partner organizations. Over the life of the COIN (12-18 months) these teams will work to identify strategies and test interventions for the participating states to implement.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**Measure:** Percent of low birth weight births among WIC clients

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8.5	8.7	0.2	2.35%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

The department's WIC program proposes to **delete the WIC low birth weight measure** and replace it with the percent of WIC infants fully breastfed for at least six months. Low birth weight is heavily impacted by multiple births which are invariably low birth weight. The increase in multiple births is a national phenomenon and not unique to WIC clients. The trend towards delaying childbirth to a later age is a contributing factor as the probability of multiple births increases with age. The WIC program believes the low birth weight measure provides little insight into program performance

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

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

**Explanation:**

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

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

**Recommendations:**

Delete the WIC low birth weight measure and replace it with the measure: Percent of WIC infants fully breastfed for at least six months.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community of Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**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	25.4 (2007 data)	5.4	27%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

The overweight and obesity rates in Florida and the U.S. have been steadily increasing for all ages. Lack of physical activity is a key component of this measure. Without a substantial commitment of financial and personnel resources, this figure will continue to climb.

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

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

**Explanation:**

State and national resources have been diverted to other priorities.

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

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

**Recommendations:**

This measure is taken from Healthy People 2010 and 2020 Objectives for Physical Activity. However, Chapter 2012-184, LOF (Section 58) repealed the Healthy Communities, Healthy People Program (ss. 381.732-734, F.S.).

# LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** **Disease Control and Health Protection / 64200200**  
**Measure:** **Bacterial Sexually Transmitted Disease Case Rate  
Among Females 15-34 per 100,000**

**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
2,540	2,635	95	3.7%

**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:**

Limited resources in addition to competing priorities, i.e., the increase in HIV partner services and syphilis morbidity beyond the target population has impacted performance.

**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 lack of adequate funding to expand current screening and treatment for the target population has contributed to the difference in the expected performance measure. Additionally, strong uptake of routine chlamydia/gonorrhea screening recommendations among organizations serving females younger than 25 and receiving regular reproductive services have impacted the expected annual morbidity trends originally estimated.

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

We continue to expand electronic lab reporting across the state. These efforts should improve notification/reporting of infection, help to assure timely treatment, and ultimately decrease the overall pool of infection.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**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	86.1	(4.15)	(4.59%)

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**Explanation:** Vaccines are held to the highest standard of safety. The United States currently has the safest, most effective vaccine supply in history. However, vaccine safety has become a growing concern among parents of young children in recent years. Parents are confronted with information on the internet that is not always evidence-based science. An increasing number of children are delaying their vaccines or becoming exempt due to the family's religious tenets or beliefs. Religious exemptions for kindergarten entry have increased from 0.9% in 2008/2009 to 1.2% in 2011/2012. The Immunization Program works with county health departments to target immunization services to children who are at the highest risk for under-immunization. Ongoing efforts continue to increase linkages with the WIC program and targeting interventions in geographic areas with populations at high-risk for under-immunization. The Immunization Program continues its efforts to develop strategies to increase immunization coverage levels in two-year olds.

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

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

**Recommendations:**



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** Enteric Disease Case Rate per 100,000

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
47	66.5	19.5	41.9%

**Factors Accounting for the Difference:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors<br><input type="checkbox"/> Competing Priorities<br><input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Staff Capacity<br><input type="checkbox"/> Level of Training<br><input 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 (Community Health Assessment Resource Tool Set). Prior to 2010, the enteric disease rate reported in CHARTS only included five enteric disease organisms but now includes four more organisms. By including the more comprehensive list of enteric disease organisms, a more accurate rate of enteric disease in FL can be calculated. One of the indicators used by the Centers for Disease Control and Prevention (CDC) in the 2009 Guidelines for Foodborne Disease Outbreak Response guidance, "*Foodborne disease outbreaks per million population*" is a more accurate indicator by which to evaluate the work being done by the county health department (CHD), regional and state epidemiology staff. There is at least ten years of data available for this measure.

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

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

**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 reduce this rate and many factors contribute to the spread of infection caused by these organisms. Although the county health departments (CHDs) and state health department epidemiologists work diligently to implement control measures, especially education, to prevent further spread of disease, not all are evenly accepted and utilized in the community which allows for continued transmission. As relationships are built with healthcare partners, the CHDs are often informed of more reports of enteric diseases and not fewer. This is not a valuable measure by which to evaluate the efforts of the epidemiology staff in the counties, regions and at the state.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT (continued)

Department: Health  
Program: Community Public Health  
Service/Budget Entity: Disease Control and Health Protection / 64200200  
Measure: Enteric Disease Case Rate per 100,000

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

- Training  Technology  
 Personnel  Other (Identify) Replace measure

### Recommendations:

Request that the current measure be replaced with: *The number of confirmed foodborne disease outbreaks identified per million population.*

By maintaining a network of relationships with the local healthcare community (doctors, hospitals, laboratories), as well as relationships in the community at large, the CHDs will be notified of clusters of disease and be able to identify outbreaks. Identifying these outbreaks early will allow CHDs to implement control measures that can slow and eventually stop the spread of disease in outbreak scenarios. A way for CHDs and the Bureau of Epidemiology (BOE) to quantify our efforts is to identify foodborne outbreaks. The BOE is able to gather data on the number of foodborne outbreaks based on the population in Florida. This data is being collected and shared with CDC currently per the 2009 Guidelines for Foodborne Disease Outbreak Response guidance. The BOE is requesting that this measure be changed to: *The number of confirmed foodborne disease outbreaks identified per million population.*

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Protection/ 64200200  
**Measure:** Percentage of Required Food Service Inspections Completed

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	88.13%	(11.87)	(11.87%)

**Factors Accounting for the Difference:**

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

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

**Explanation:** The state food safety program is shared by several state agencies. Recent changes in state law have caused more changes. The Department of Health (DOH) has experienced a reduction in the permit fee revenue associated with the changes in the food safety program because there are fewer facilities under the supervision of DOH. The County Health Departments have had reduction in manpower because of the reduction in permit fees and other sources of revenue. The consequence of the manpower reduction is reflected in the quantity of work accomplished in the food program and other programs because there is limited staff to perform numerous programs.

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

- |  |  |
|--|--|
| <input 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:** Changes in state law have changed the DOH portion of the state food safety program. DOH food program fees are set by rule and even though the fees are insufficient to cover the cost of performing the program, due to economic factors including the impact of businesses, there is no anticipation of changing these fees.

**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 department will continue to work on a risk-based approach to food safety inspections. There is a pilot project underway currently that may lead to greater efficiencies in performing the program requirements while maintaining public health protection.

## 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:**

- |   |  |
|---|--|
| <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
219,410	193,879	(25,531)	(11.64%)

**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. Furthermore, one large CHD contracted out services which decreased their numbers by approximately 35 percent (from 12,044 to 7,734 for calendar year 2011).

**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	1,087,966	(370,001)	(25%)

**Factors Accounting for the Difference:**

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

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

**Explanation:**

**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**

Actual output was less than the standard for two reasons – (1) more children are being served in the private sector; and (2) CHDs are spending more time doing searches and case management services for children who are at the highest risk for under-immunization and working with private providers to improve immunization rates among the children served in the private sector. These services are typically more time-consuming than the actual delivery of vaccinations. The Vaccines for Children (VFC) Program shipped over \$72 million in vaccines during FY2005/2006 with almost \$17 million (25%) shipped to county health departments. In FY 2011/2012, the VFC Program shipped over \$205 million in vaccines with over \$29 million (14%) shipped to county health departments. This indicates a shift of more children receiving their immunization services at their private healthcare provider.

**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 / 64200700  
**Measure:** Number of tuberculosis medical management screenings, tests, skin test readings, nursing assignments and follow-up 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
289,052	227,060	(61,985)	(21.44%)

**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 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:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department-Local Health Needs/64200700  
**Measure:** Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance and housing HIV 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
19,994	17,918	(2,076)	(10.38%)

**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:**

**Trend is clients shifting to receiving primary care from contracted private providers instead of from the CHDs.**

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

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

**Explanation:**

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

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

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department-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	160,231	(247,437)	(60.70%)

### 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 number of systems inspected is dependent on the number of system construction permits issued and that is dependent on new housing starts. The 400,000 goal was increased significantly in 2005 when there were 90,000 new permits issued. The number of permits issued in 2012 was less than 23,000. While a modest increase in housing starts might be anticipated in 2013, this could be moderated by the reduction in modification permits issued due to a recent change in law. We recommend setting the 2012-2013 goal at 165,000. We continue to meet our statutory requirements for system inspections.

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

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

**Explanation:** The target population (people constructing new houses requiring new septic systems) has declined since 2005 when building activity was at a peak. Additionally, Chapter 2012-184, LOF reduced the instances when a modification permit is required and this will further decrease the number of inspections required. These are forces that the program/service cannot affect. We continue to meet our statutory requirements for inspections.

#### 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 measure should be evaluated for an accurate reflection of required activity by consider lowering the goal to 165,000 to reflect reasonably anticipated construction activity. The change is needed to reflect current economic reality of less new development, unlike in 2005.



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department-Local Health Needs/  
 64200700  
**Measure:** Number of Community Hygiene 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
126,026	79,475	(46,551)	(36.94%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

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

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** 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 checked="" 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	196,360	(62,614)	(24.2%)

**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 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:** County Health Departments (CHDs) review and inspect fuel storage tanks under direct contract with the Florida Department of Environmental Protection (DEP). DEP has terminated a number of the contracts with CHDs so the number of systems to be handled by CHDs is being reduced. Also, due to the economic recession, the Department of Health has not seen new applications for new water systems and some small private systems have been incorporated into larger systems. Finally, the Manatee CHD has discontinued providing Safe Drinking Water Act services for DEP. We expect this measurement to continue to show reduced level of activity.

**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:** Storage tanks inspections should be deleted from this measure since CHDs are under direct contract with DEP for this work. Recently DEP terminated a number of these contracts with CHDs.

# 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%	98.99%	(1.01)	(0.01%)

**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 98.99% accuracy rate in 2011-12 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:**

## 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       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
40%	51.0%	11	27.5%

**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:** The Bureau of Public Health Pharmacy (BPHP) 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 ( $\sigma$ ) (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 BPHP program production. The current measure does not present an indicator of performance but rather is a “managerial measure”.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Target Population Change                            | <input 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 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. Percent of errors rate per yearly number of repacks and prepacks to Bureau of Public Health Pharmacy customers
2. Percent of errors rate per yearly number of dispenses to Bureau of Public Health Pharmacy customers.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Statewide Health Support Services / 64200800  
**Measure:** Brain/Spinal Cord Injured Clients Served

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,985	2,327	(658)	(22.04%)

**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) Revised calculation for indicator |  |

**Explanation:** The Brain and Spinal Cord Injury Program's 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 significantly enhanced to improve data collection, data validity and reliability, as well as data reporting capabilities. These enhancements required BSCIP to revise its calculation methodology for indicator projections beginning July 1, 2011. The previous methodology counted individuals who were applicants to the program, but were not receiving "services." The new calculation methodology counts only those individuals who have been placed "in-service" with the program. As a result, there will be a significant decrease in the number served projections from this point forward.

**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 methodology for calculating this indicator was changed to more accurately reflect the number of "served" 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 (monitor change) |

**Recommendations:**

This issue has been resolved and will continue to be monitored.

## 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	589,913	(63,531)	(9.72%)

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

**Explanation:**

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

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

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care/ 64300100  
**Measure:** Percentage of Families Served With a Positive Evaluation of Care

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96.6%	95.0%	(1.6)	(1.6%)

**Factors Accounting for the Difference:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors<br><input type="checkbox"/> Competing Priorities<br><input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Staff Capacity<br><input type="checkbox"/> Level of Training<br><input type="checkbox"/> 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 95.0% to be exceptional.

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

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

**Explanation:**

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

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

**Recommendations:**



## DELETE

### LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	Unable to report		

**Factors Accounting for the Difference:**

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Personnel Factors    | Staff Capacity                            |
| <input checked="" type="checkbox"/> Competing Priorities | Level of Training                         |
| <input type="checkbox"/> Previous Estimate Incorrect     | <input type="checkbox"/> 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. **Additionally, 3 of 15 local Early Steps offices transitioned to the new CMS-KIDS system in FY 11-12, where encounter data is not collected.**

**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:** Early Steps is recommending that this measure be deleted and two new measures be added which will measure the **total number of children referred each year** and the **total number of children served under an Individual Family Service Plan (IFSP) each year**. Each of these counts of children has different associated costs. The current measure combines the two numbers and could be misinterpreted. The number of children referred will measure the success of Early Steps’ child find/out reach efforts to identify potentially eligible children. The number of children served under an IFSP will identify the number of children who were found eligible and for whom there are ongoing services provided. This will identify the extent that Early Steps’ outreach efforts are finding the right children. This is a federally accountability measure under the Individuals with Disabilities Education Act.

# DELETE

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

**Action:**

- 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
47,502	Unable to report		

**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:** Unable to report target because 3 of 15 local Early Steps offices transitioned to the new CMS-KIDS system during FY11-12, where encounter data is not collected.

**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:** Early Steps is recommending that this measure be deleted and two new measures be added which will measure the **total number of children referred each year** and the **total number of children served under an Individual Family Service Plan (IFSP) each year**. Each of these counts of children has different associated costs. The current measure combines the two numbers and could be misinterpreted. The number of children referred will measure the success of Early Steps' child find/out reach efforts to identify potentially eligible children. The number of children served under an IFSP will identify the number of children who were found eligible and for whom there are ongoing services provided. This will identify the extent that Early Steps' outreach efforts are finding the right children. This is a federally accountability measure under the Individuals with Disabilities Education Act.

## 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:**

- 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
60	73	22	22%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

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

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

**Recommendations:** None

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Florida Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance  
**Measure:** Number of unlicensed cases investigated

**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
700	583	(91)	(13%)

**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 number of ULA complaints received that required investigation decreased. The department plans a focused marketing campaign against the use of unlicensed practitioners.

**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: 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:** Average number of practitioner complaint investigations per FTE

**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
352	207.9	(144.10)	41%

**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:** 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):

- 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:**

The number of complaint investigations varies each year. There was a decrease in the number of complaints received but an increase in those complaints with more complex issues, e.g., prescription drug abuse, requiring more lengthy and extensive investigations.

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

- Training      Technology  
 Personnel      Other (Identify)

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

**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
85%	76.2%	(8.8%)	10%

**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:** Final Orders are drafted by contract board counsel as well as department staff for professions where there is no board. Through continued monitoring and coordination with the contracted board counsel, the performance is expected to continue to improve

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

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

**Explanation:**

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

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

**Recommendations:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Health Care Practitioner and Access  
**Service/Budget Entity:** Medical Quality Assurance / 64400100  
**Measure:** 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%	52.4%	(12.6%)	19%

**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. The percentage collected from those disciplined practitioners who are still licensed is much higher. 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. Either delete measure or change to the % of disciplinary fines and costs imposed that are collected by the due date for disciplined practitioners who are still licensed.

## 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:**

- |   |  |
|---|--|
| <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
410	436	26	6%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

**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:**

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.

**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:** An aggressive performance target has been set for this measure and management will monitor through data management reports.



**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

ADMINISTRATIVE 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:** Administrative Support / 64100200  
**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:** Community Health Promotion / 64200100  
**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:** Community Health Promotion / 64200100  
**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.



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

*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.*

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

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.*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**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.*

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:** Community Health Promotion / 64200100  
**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.

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

- *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.*

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

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:** Community Health Promotion / 64200100  
**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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**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.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotions / 64200100  
**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:** Community Health Promotion / 64200100  
**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.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**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:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**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.*

*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:** Disease Control and Health Protection / 64200200  
**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.*

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.*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Protection / 64200200  
**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:** Disease Control and Protection / 64200200  
**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?*



*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:** Disease Control and Protection / 64200200  
**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:** Disease Control and Health Protection / 64200200  
**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:** Disease Control and Health Protection / 64200200  
**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.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**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:** Disease Control and Health Protection / 64200200  
**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.

- *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?*

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

*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.*

*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:** Disease Control and Health Protection / 64200200  
**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.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** HEALTH  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** The number of confirmed foodborne disease outbreaks identified per million 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 data sources for the measure***

The data for this measure is obtained from the electronic Environmental Health Database (EHD). The data in this database is input by the Regional Environmental Epidemiologists (REE) after an outbreak investigation is complete. This database includes information about foodborne and waterborne disease outbreaks that occur in FL.

CHARTS, (**C**ommunity **H**ealth **A**ssessment **R**esource **T**ool **S**et), is used to gather the population by year which is necessary to calculate the rate of foodborne disease outbreaks per million population.

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

The number of confirmed foodborne outbreaks is gathered from the database by year.  
CHARTS data is obtained by selecting the Population Estimates by year.

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

The rate of confirmed foodborne disease outbreaks in Florida is calculated by dividing the number of outbreaks each year by the population of Florida and presented in a rate per 1 million population. Increasing rates each year are the desired goal as this indicates that the CHDs are identifying and investigating foodborne disease outbreaks. Decreasing rates may not indicate that foodborne illness are not occurring but that they are not being investigated.

**Validity:** TBD by Department of Health, Inspector General

**Reliability:** TBD by Department of Health, Inspector General

## Revised Calculation Methodology

### 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 22 (Non-CHD Interconception Women) , 25 (Maternal Health/IPO), 26 (Non-CHD Prenatal Services), 27 (Prenatal), 30 (Non-CHD Child Services), 31 (Infants), and 32 (Interconception Women). 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.

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

### Reason the Methodology was Selected:

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

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

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

## RELIABILITY

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

### Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes--instructions for interpreting the Healthy Start Executive Summary Report are provided quarterly.*
- *Is written documentation available that describe how the data are collected? Yes. Instructions for interpreting the Healthy Start Executive Summary Report quarterly.*
- *Has an outside entity ever completed an evaluation of the data system? No. However, Healthy Start Coalitions use the data on a quarterly basis and frequently call to inquire about data issues.*

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

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

### Reason the Methodology was Selected:

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

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

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



## 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:** HEALTH  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection/ 64200200  
**Measure:** Persons receiving HIV patient care from County Health Department general revenue (excludes ADAP, insurance and housing HIV 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 data sources for the measure*

The CAREWare database, the HMS database and the AIMS database. The CAREWare and HMS databases are used by contracted providers and CHD providers, respectively, to record the encounter every time a client is seen. The AIMS database is an aggregate level database that provides group level descriptive statistics.

*Describe the methodology used to collect the data*

Client level data collected in CAREWare and HMS is used to build reports on services, demographics and expenditures for all clients. The aggregate data from CAREWare and HMS is stored in AIMS, and does not change over time, and is unduplicated.

*Explain the procedure used to measure the indicator*

Actual clients and services are counted, therefore numbers reflect actual verifiable encounters not an estimate. Projections of future values are based on a three year moving average. Using a linear regression model the slope equation is determined for the 3 year moving average and future points are estimated

**Validity:** TBD Department of Health Inspector General

**Reliability:** TBD Department of Health Inspector General



## 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.”

Number of tuberculosis medical management screenings, tests, test reads, nursing assessments, directly observed therapy and paraprofessional follow-up services provided.

## 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.

Number of tuberculosis medical management screenings, tests, test reads, nursing assessments, directly observed therapy and paraprofessional follow-up services provided.

## VALIDITY

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

### Validity Determination Methodology:

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

Number of tuberculosis medical management screenings, tests, test reads, nursing assessments, directly observed therapy and paraprofessional follow-up services provided.

## 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.*

Number of water system and storage tank inspections and plans reviewed annually.

## 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.*

Number of water system and storage tank inspections and plans reviewed annually.

## 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 The department will use CIS/HMC as the data source.

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

Data are collected at each of the county health department's Environmental Health offices. Each county health department runs an export routine weekly that extracts data and creates a file that is uploaded to the state 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 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.



Number vital events recorded annually.

## 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.

Number vital events recorded annually.

## **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 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.

Number of relative workload units performed annually by the laboratory.

## 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.*

Number of relative workload units performed annually by the laboratory.

## 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.*

Number of birth, death, marriage, divorce and fetal death records processed annually.

## 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.

Number of birth, death, marriage, divorce and fetal death records processed annually.

## 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.*



Number of medical students who do a rotation in a medically underserved area.

## REQUEST TO DELETE

### LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Statewide Public Health Support / 64200100  
**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.*

Number of medical students who do a rotation in a medically underserved area.

## 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.*

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

Rate and number of Brain and Spinal Cord Injury customers returned (reintegrated) to their communities at an appropriate level of functioning for their injuries.

## **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:** Rate and number of Brain and Spinal Cord Injury customers returned (reintegrated) to their communities at an appropriate level of functioning for their injuries.

**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**

Rehabilitation Information Management System (RIMS)

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

As each customer's case is closed this information is entered into RIMS by field associate. Edits have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. These data are aggregated from RIMS and the report prepared directly by Brain and Spinal Cord Injury program staff .

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

*This information has not been provided by the program.*

Rate and number of Brain and Spinal Cord Injury customers returned (reintegrated) to their communities at an appropriate level of functioning for their injuries.

## VALIDITY

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

### Validity Determination Methodology:

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

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*
- *Health Care Practitioner and Access Program Purpose Statement  
To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.*
- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?  
Goal 8: Increase the availability of health care in underserved areas and assist persons with brain and spinal cord injuries to reintegrate into their communities.  
Objective 8C: Assist persons suffering brain and spinal cord injuries to rejoin their communities.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

### Reason the Methodology was Selected:

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

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

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

Rate and number of Brain and Spinal Cord Injury customers returned (reintegrated) to their communities at an appropriate level of functioning for their injuries.

## RELIABILITY

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

### Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Is written documentation available that describe how the data are collected? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has an outside entity ever completed an evaluation of the data system? Insufficient information was provided by the program for the Office of Inspector General to determine.*

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

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

### Reason the Methodology was Selected:

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

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

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

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.

## REVISION IN CALCULATION METHODOLOGY

### 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 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

## 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 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.

Number of Brain and Spinal Cord Injury customers served.

## 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 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:** Community Public Health  
**SERVICE/BUDGET ENTITY:** Statewide Public Health Support / 64200800  
**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

**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**

**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:** Percent error rate per yearly number of dispenses to Bureau of Public Health Pharmacy customers

**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 based on the national standard that include but are not limited to: 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 Bureau of Public Health Pharmacy (BPHP) customer. It identifies the “actual” and goal error rates acceptable for the action. The number of actual dispensing errors is divided by the total number of pharmacy scripts distributed/dispensed. That result is multiplied by 100 and the result is the percent of error.

**Validity:** BPHP 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 are relevant to the evaluation of BPHP 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:** Percent error rate per yearly number of repacks and prepacks to Bureau of Public Health Pharmacy customers

**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 based on the national standard 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 Bureau of Public Health Pharmacy (BPHP) customer. It identifies the “actual” and goal error rates acceptable for the action. The number of repack and prepack errors is divided by the total number of pharmacy repacks and prepacks distributed/dispensed. That result is multiplied by 100 and the result is the percent of error.

**Validity:** BPHP 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 are relevant to the evaluation of BPHP 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**

## 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.*

**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. .

*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  
**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.



Number of children receiving Child Protection Team Assessments

### **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 plsqli 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.

*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 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.

*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 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.

## 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.

*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 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.

## 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](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.clnt_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.clnt_cde as clnt_cde
        FROM   clnt c
         WHERE c.clnt_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.applc_id = h.applc_id
AND a.clnt_cde = c.clnt_cde
AND a.applc_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.applc_id = a.applc_id
AND ax.applc_hist_id = (SELECT MIN(ax2.applc_hist_id)
                        FROM appl_hst ax2
                        WHERE ax2.applc_id = ax.applc_id
                        AND ax2.applc_sta = '8'
                        AND ax2.applc_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.applc_id = a.applc_id
-- verify that the license has not already been established.
AND TRUNC(a.applc_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.applc_sta,a.applc_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.

## 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.

Percent emergency action issued within 30 days on priority complaints.

## NEW

### 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 Emergency Action Issued within 30 days on Priority Complaints

**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 number of priority complaints that reach a status 90 entry within 30 days of receipt, divided by the number of cases with a first status 90 entry falling within 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. Priority complaints are designated by the Consumer Services Unit (CSU) based upon whether the information contained in a complaint indicates that an immediate threat to the health and safety of the public may be present. An entry is made into COMPAS to reflect this designation in that the priority value under the applicable case number is set to 1,2 or 3. Also, a Receive Date is recorded in COMPAS by CSU to reflect the date each complaint is received and complete for a determination of legal sufficiency to investigate. Emergency actions are processed by the Prosecution Services Unit (PSU) and upon issuance of an emergency suspension or restriction order, a status 90 entry is made in COMPAS to reflect the emergency action under the applicable case number. For each case with emergency action taken, a query calculates the number of days that have elapsed since the Receive Date set by CSU. The total number cases where the first instance of a status 90 occurred within the applicable time frame and within 30 days of the Receive Date divided by the total number of cases where the first instance of a status 90 occurred within the applicable time frame yields the applicable percentage result for this measure.

Percent emergency action issued within 30 days on priority complaints.

**VALIDITY:**

The priority designations and receive date and status 90 date entries directly correspond to the units being counted in computing this percentage measure. Cases are counted for the purposes of this measure when the first emergency action is taken, and any subsequent status 90 entries are excluded as emergency action had already occurred. It should be noted that the Receive Date is re-set by CSU in the event that insufficient information is present at the outside for a determination of legal sufficiency, to the date when the receipt of additional information renders said complaint complete for said determination. Also, as emergency actions are taken to protect the health and safety of the public, this is a fundamental performance measure as it directly reflects the speed at which the Department responds when the health and safety of the public are threatened.

**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. The reliability of this measure is necessarily dependent upon the appropriate designation of Priority 1 status to specific complaints by CSU, as well as the accurate coding of the receive date and status 90 entry for emergency action by PSU. All sets of coding applicable to this measure are very long established and the reliability of their usage is very high. The usage of the status 90 code can be checked through a query that searches for the presence of the activity codes for emergency suspension orders (290) and emergency restriction orders (300) by PSU where the status 90 entry, which should always accompany said activity code entries, is not present.



## NEW

### 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 practitioners with published profile on the internet.

**Action** (check one):

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

**DEFINITION:** Practitioners with profiling requirement who have published profile information available to the Department's Practitioner Profile website located at <http://ww2.doh.state.fl.us/IRM00profiling/searchform.ASP>

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

Data is obtained from the Department of Health's 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.

This measure is only for professions that are required to provide their profile information. Professions include medical doctors, osteopathic physicians, podiatrists, advanced registered nurse practitioners, and chiropractors.

The percentage is determined by dividing the number of practitioners that have profile information available on the MQA Practitioner Profile website by the total number of practitioners that should have profile information available on the website.

#### **VALIDITY (determined by program office):**

The percentage measure provided by this report will be verified against the generated supporting data. Furthermore, staff will review the report and verify both the measure and the supporting data.

#### **RELIABILITY (determined by program office):**

A new COMPAS Datamart Report will be developed to provide this measure. The data will be generated using the same query each time thereby providing consistent 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.*

Number of disability decisions completed.

## 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.

Number of disability decisions completed.

## 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.*

Number of disability decisions completed.

## 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 2012-13 (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
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  
 64200100 Service/Budget Entity: COMMUNITY HEALTH PROMOTION

Measure Number	Approved Performance Measures for FY 2012-13 (Words)	Associated Activities Title
3	Infant mortality rate per 1,000 live births	Healthy Start Services ACT2330 Family Planning Services ACT2360 WIC ACT2340 CMS Network ACT3160 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 CMS Network ACT3160 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  
 64200200 Service/Budget Entity: DISEASE CONTROL AND HEALTH PROTECTION

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 CMS Network ACT3160
13	HIV/AIDS resident total deaths per 100,000 population	HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 CMS Network ACT3160
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
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
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 2012-13 (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 2012-13 (Words)	Associated Activities Title
34	Percent of laboratory test samples passing routine proficiency testing	Public Health Laboratory ACT2830
35	<del>DELETE</del> - 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	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
21	Number of radiation facilities, devices and users regulated	Control Radiation Threats ACT2620
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

**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 2012-13 (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
47	Number of children provided early intervention services	Early Intervention Services ACT3100 CMS Network ACT3160
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 2012-13 (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 2012-13 (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**

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

Measure Number	Approved Performance Measures for FY 2012-13 (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 2011-12			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,867,703,126		43,079,943	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		-43,567,490		0	
FINAL BUDGET FOR AGENCY		2,824,135,636		43,079,943	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					43,079,943
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		1,049,465,829	0.02	21,860,636	
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.		67	272,308.03	18,244,638	
Provide Quitline Services * Number of calls to the Florida Quit-for-Life Line.		56,831	224.79	12,774,831	
Cessation Interventions - Area Health Education Centers (ahecs) * Total number of tobacco users who received AHEC tobacco cessation services		12,171	328.65	4,000,000	
State And Community Interventions - Area Health Education Centers (ahecs) * Total number of health care practitioners trained in tobacco dependence, patient referrals and systems change.		7,820	767.26	6,000,000	
Provide School Health Services * Number of school health services provided		24,805,543	2.27	56,347,237	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.		229,755	309.96	71,214,536	
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.		304,259	491.90	149,663,685	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		494,615	785.65	388,596,656	
Child Care Food Nutrition * Number of child care meals served monthly		10,215,607	18.38	187,744,837	
Provide Family Planning Services * Number of family planning clients.		219,410	261.34	57,340,142	
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.		281,335	475.93	133,894,646	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		211,985	278.98	59,139,287	
Recruit Volunteers * Number of volunteers participating		32,327	14.26	461,009	
Provide Immunization Services * Number of immunization services provided		1,457,967	27.88	40,650,136	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		99,743	346.11	34,521,887	
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		46,446	3,309.42	153,709,257	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		289,052	137.53	39,754,634	
Operate Ag Holley Tuberculosis Hospital * Number of patient days.		18,191	583.04	10,606,041	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		117,211	161.53	18,932,532	
Monitor And Regulate Facilities * Number of facility inspections.		198,365	151.75	30,101,109	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		407,668	86.49	35,259,222	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		90,058	79.65	7,173,366	
Racial And Ethnic Disparity Grant * Number of projects		27	130,515.70	3,523,924	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		126,026	66.76	8,413,620	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		258,974	36.14	9,359,963	
Record Vital Events - Chd * Number of vital events recorded.		406,083	28.67	11,640,579	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.		653,447	14.23	9,301,098	
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.		1,545,904	85.59	132,311,655	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		5,060,915	5.94	30,037,865	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		55,566	974.72	54,161,020	
Statewide Research * Number of grants awarded annually		51	624,337.10	31,841,192	
Prescription Drug Monitoring * Number of queries to the Prescription Drug Monitoring Database		1,493,287	0.37	558,208	
Early Intervention Services * Number enrolled in early intervention program.		42,638	1,123.44	47,901,223	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments		47,400	357.11	16,926,961	
Poison Control Centers * Number of telephone consultations.		167,293	7.54	1,261,319	
Children's Medical Services Network * Number of children enrolled		64,740	3,761.73	243,534,642	
Issue Licenses And Renewals * Health care practitioner licenses issued		500,000	73.64	36,821,719	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.		583	2,242.25	1,307,230	
Profile Practitioners * Number of visits to practitioner profile website.		5,400,000	0.12	667,565	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		431	774.94	334,000	
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	127,709.67	1,149,387	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		2,327	10,715.72	24,935,484	
Dispense Grant Funds To Local Providers * Number of disbursements.		130	51,435.38	6,686,600	
Trauma Services * Number of Verified Trauma Centers		22	526,401.77	11,580,839	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		249,608	530.46	132,406,127	
Investigative Services * Number of practitioner cases investigated.		29,463	298.05	8,781,437	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		7,307	1,119.65	8,181,258	
Consumer Services * Number of complaints resolved.		19,294	131.37	2,534,605	
TOTAL				2,375,149,845	43,079,943
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				199,390,497	
REVERSIONS				249,593,838	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,824,134,180	43,079,943

## 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