

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

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## LONG RANGE PROGRAM PLAN

September 30, 2014

Cynthia Kelly, Director  
Office of Policy and Budget  
Executive Office of the Governor  
1701 Capitol  
Tallahassee, Florida 32399-0001

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

Cindy Kynoch, Staff Director  
Senate Committee on Appropriations  
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 2015-16 through Fiscal Year 2019-20. The current internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is:

<http://www.floridahealth.gov/public-health-in-your-life/about-the-department/priorities.html>

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

Sincerely,

Patricia L. Ryder, MD, MPH, Director  
Division of Public Health Statistics and Performance Management

**STATE OF FLORIDA**



**DEPARTMENT OF HEALTH**

**Long-Range Program Plan**

**Fiscal Years 2015-16 through 2019-20**

**SEPTEMBER 30, 2014**

# 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. Health Protection**
- 2. Chronic Disease Prevention**
- 3. Access to Care**
- 4. Health Infrastructure**

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

## GOAL #1: Health Protection

**OBJECTIVE 1A:** Increase the immunization rate among young children  
**OUTCOME:** Percent of two year olds fully immunized

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
82.6 / 1997	90.0	90.0	90.0	90.0	90.0

**OBJECTIVE 1B:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
2377.7 / 2007*	2,600	2,595	2,590	2,585	2,580

\* Improved reporting resulted in an increase over baseline.

**OBJECTIVE 1C:** Reduce the AIDS case rate  
**OUTCOME:** AIDS case rate per 100,000 population

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
40.7 / 1997	13.7	13.5	13.2	12.9	12.7

**OBJECTIVE 1D:** Reduce the tuberculosis rate  
**OUTCOME:** Tuberculosis case rate per 100,000

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
9.5 / 1997	3.0	2.8	2.6	2.4	2.2

**OBJECTIVE 1E:** By June 30, 2016, achieve and maintain national Public Health Preparedness Capabilities and Standards

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

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
5.6 / 2009	9	9	10	10	10

**OBJECTIVE 1F:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
3.0 / 1997	1.87	1.86	1.85	1.84	1.83

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

## GOAL #1: Health Protection (continued)

**OBJECTIVE 1G:** Ensure regulated facilities are operated in a safe and sanitary manner  
**OUTCOME:** Percent of required food service inspections completed

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
80.15 / 2009	100	100	100	100	100

**OBJECTIVE 1H:** Protect the public from food and waterborne diseases  
**OUTCOME:** Confirmed foodborne disease outbreaks identified per million population\*

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
2.69 / 2011	3.88	3.93	3.98	4.03	4.08

\*Indication more disease being identified by improved surveillance/implementation of more rigorous inspection process since baseline

**OBJECTIVE 1I:** Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14  
**OUTCOME:** By 2020, reduce the baseline of 14.7 (1993) per 100,000 children ages 0-14 by 45% to 8.0 per 100,000 children ages 0-14 in those Florida counties with existing state-local injury prevention partnerships.

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
14.7% / 1993	7.5	7.3	7.1	6.8	6.6

**OBJECTIVE 1J:** 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 2018-2019 reduce the statewide trauma mortality rate to 3.4% or less.

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
6.5% / 2002	4.0	3.8	3.6	3.4	3.2

## GOAL #2: Chronic Disease Prevention

**OBJECTIVE 2A:** Increase the percentage of adults who are at a healthy weight from 34.9%% in 2011 to 38.2% in 2017-18.  
**OUTCOME:** Percent of adults who are at a healthy weight

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
34.9% / 2011	36.5	37.3	38.2	39.0	39.8

# Florida Department of Health

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

### GOAL #2: Chronic Disease Prevention (continued)

**OBJECTIVE 2B:** Reduce the proportion of Floridians, particularly young Floridians, who use tobacco  
**OUTCOME:** Percent of middle and high school students who report using tobacco in the last 30 days

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
30.4% / 1997-98	11.5	11.3	11.1	10.9	10.0

### GOAL #3: Access to Care

**OBJECTIVE 3A:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90.0% / 1997-98	98	98	98	98	98

**OBJECTIVE 3B:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
65.2% / 2005-06	80	80.2	80.4	8.6	81

**OBJECTIVE 3C:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
69.0% / 2004-05	93	94	94	94	95

**OBJECTIVE 3D:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
94% / 2009-10	95.5	95.5	95.5	95.5	95.5

**OBJECTIVE 3E:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
75.0% / 1996-97	100%	100%	100%	100%	100%

# Florida Department of Health

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

### GOAL #3: Access to Care (continued)

**OBJECTIVE 3F:** Improve maternal and infant health  
**OUTCOME:** Infant mortality rate per 1,000 live births

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
7.1 / 1997	5.6	5.4	5.2	5.0	4.8

**OBJECTIVE 3G:** Improve health care disparities in maternal and infant health  
**OUTCOME:** Nonwhite infant mortality rate per 1,000 nonwhite births

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
12.4 / 1999	8.9	8.5	8.1	7.7	7.3

**OBJECTIVE 3H:** Reduce births to teenagers  
**OUTCOME:** Live births to mothers age 15-19 per 1,000 females age 15-19

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
58.2 / 1997	21.0	18.0	15.0	12.0	9.0

**OBJECTIVE 3I:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
9.6% / 1997-98	19.0	19.1	19.2	19.3	19.4

**OBJECTIVE 3J:** Assist persons suffering brain and spinal cord injuries to rejoin their communities  
**OUTCOME:** Percent of Brain & Spinal Cord Injury clients reintegrated to their communities

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
79.2% / 1995-96	95.2	95.2	95.2	95.2	95.2

**OBJECTIVE 3K:** Assist in the placement of volunteer health care providers in underserved areas  
**OUTCOME:** Increase the number of contracted health care practitioners in the Volunteer Health Care Provider Program

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
12,867 / 2011-12	12,250	12,617	12,995	13,385	13,787

# Florida Department of Health

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

### GOAL #4: Health Care Financing and Infrastructure

**OBJECTIVE 4A:** Effectively address threats to public health from specific practitioners.  
**OUTCOME:** Percent of emergency actions taken within 30 days of receipt of a priority complaint

Baseline/ Year	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
8.99 / 2009-10	50%	55%	60%	60%	60%

**OBJECTIVE 4B:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90.6% / 1996-97	>97%	>97%	>97%	>97%	>97%

**OBJECTIVE 4C:** 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 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
91.0% / 1997-98	94	95	96	97	98

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



# Florida Department of Health Linkage to Governor's Priorities

## **#2 – ECONOMIC DEVELOPMENT AND JOB CREATION**

### **Regulatory Reform.**

- Health Care Financing and Infrastructure

### **Focus on Job Growth and Retention.**

- Access to Care
- Health Care Financing and Infrastructure

## **#3 – MAINTAINING AFFORDABLE COST OF LIVING IN FLORIDA**

### **Accountability Budgeting.**

- Health Care Financing and Infrastructure

### **Reduce Government Spending.**

- Chronic Disease Prevention

Florida Department of Health  
Trends and Conditions Narrative

## **Introduction**

The Florida Department of Health (DOH) is responsible for the health and safety of all citizens and visitors to the state (s.381.001 F.S.). The mission of the DOH is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. As a public health agency, DOH monitors the health status of Floridians, investigates and manages health problems, and mobilizes local communities to address health-related issues. DOH 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.

Four key issue areas are identified as factors that must be addressed in order to improve the health and safety of Florida's citizens and visitors: Health Protection, Chronic Disease Prevention, Access to Health Care, and Health Care Financing and Infrastructure. Infectious diseases, increasing drug resistance of bacteria, tobacco and substance use/abuse, the continual threat of natural disaster, and the growing epidemic of obesity present additional challenges. Obesity's concomitant epidemic of chronic diseases such as diabetes, heart disease, and kidney failure poses enormous personal and financial risks that require initiatives that focus on both individuals and communities. By targeting these key areas Florida's public health resources are strategically positioned to continue improving the health of all its residents. The following describes the four key issue areas, programs intended to impact these issues, recent public health care trends and conditions in the areas, and DOH's goals and operational intentions for the next five years.

## **Goal 1: Health Protection**

A key function of DOH is to protect the health of all people in Florida. In order to achieve its mission, DOH must work toward the objectives of preventing and controlling infectious disease, preventing illness, injury and death related to environmental factors, minimizing the loss of life, illness and injury from natural or man-made disasters and preventing and reducing unintentional and intentional injuries.

### **Immunization Section**

Purpose: The Immunization Section focuses on increasing immunization levels in Florida and decreasing vaccine-preventable diseases. Recognizing the importance of early childhood immunizations, DOH has made increasing the immunization coverage of two-year-old children a strategic priority.

Five-Year Trends: Objective 1A—Increase the immunization rate among two-year-old children. Over the last five years, the percentage of fully immunized two-year-olds has increased from a low of 81% to more than 86%. During 2013, 86.7% of two-year-olds in Florida were fully immunized. The next step is to ensure 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 (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B and 1 Varicella) series to 90% by the end of 2020.

Conditions: DOH promotes efforts to increase the immunization coverage of two-year-old children. The Immunization Section will increase immunization rates for two-year-olds by integrating the efforts of public health departments and private sector physicians. Florida's childhood immunization service delivery through the Vaccines for Children (VFC) Program is approximately 86% privatized, and continues to shift away from the public sector with some

## Florida Department of Health Trends and Conditions Narrative

indication of success. Although efforts have been made to increase the percentage immunized, rates have remained below the 90% target since the baseline of 79.2% in 2006.

Five-Year Plan and Projections: The Immunization Section plans to increase immunization rates by identifying and targeting under-immunized communities; continuing to link with the WIC program, tracking children whose immunization home is a county health department (CHD); utilizing the Florida State Health Online Tracking System (SHOTS) for reminder and recall activities to improve overall compliance with immunization schedules; and increasing partnerships with managed care organizations and private health care providers to promote the Standards for Pediatric Immunization Practices as well as Florida SHOTS. The goal for 2014 is to consolidate gains made in 2013 and increase the percentage of fully immunized two-year-olds to meet or exceed the 90% target, and maintain that level of performance through 2020.

### **STD and Viral Hepatitis Section**

Purpose: The STD and Viral Hepatitis Section works to reduce the number of new sexually transmitted diseases (STDs) and prevent disease related complications through early disease identification, timely treatment, and promotion of sexual health education. The STD and Viral Hepatitis Section promotes routine, systematic diagnostic testing of STDs among reproductive age females and high-risk populations.

Five-Year Trends: Objective 1B—Identify and reduce the incidence of bacterial STDs among females ages 15–34. The Florida STD and Viral Hepatitis Section works to decrease the number of residents with an STD, while increasing the number of residents who are screened and/or tested. Over the last five years, the rate of reportable bacterial STDs (syphilis, chlamydia, gonorrhea) has trended above 2,600 cases per 100,000.

Conditions: Through clinical services, outreach, and screening activities, the Section has strengthened surveillance and data collection capacity which has led to more reporting from laboratories, hospitals and private STD clinical providers. Investments in health care have shifted many at-risk populations to an expanded network of primary care providers who are now making routine STD screening a part of their patients' annual physical assessments. Although more STDs may be identified over the next year as those exposed are diagnosed, projections indicate an overall reduction in incidence over time. The STD and Viral Hepatitis Section closely monitors trends and determines whether adjustments to the target are needed.

Five-Year Plan and Projections: The STD and Viral Hepatitis Section has responded to the health care shift (previously uninsured now insured) and will continue through 1) strengthening data collection capacity to promote greater data sharing between applications that separately serve STD surveillance and clinic management needs, 2) increasing community screening and treatment per CDC guidance, and 3) increasing relationships with the private medical community to advance local STD field intervention services.

### **HIV/AIDS Section**

Purpose: The HIV/AIDS Section focuses on preventing exposure, infection, illness and death related to HIV and AIDS through surveillance, care and treatment, educational outreach, enhanced testing, and counseling efforts, along with county and community collaborations with particular focus on reducing the state's HIV/AIDS rates.

Five-Year Trends: Objective 1C—Reduce Florida's AIDS diagnosis case rate. Over the past five years, the overall trend of Florida's AIDS diagnosis case rate has decreased from 21.6 per 100,000 population to 15.8 per 100,000 population.

Conditions: Although the overall AIDS case rate has decreased over the past five years from 2012 to 2013 the AIDS case rate rose by 1.2 units from 14.6 to 15.8 in 2013. Contributing factors include the expansion of electronic laboratory reporting in 2012 which led to an increase in newly diagnosed cases of AIDS in 2013. In addition, the High Impact Prevention (HIP)

## Florida Department of Health Trends and Conditions Narrative

initiative and creation of a Linkage Team enhanced HIV/AIDS prevention efforts resulting in an increase in HIV testing over the past five years.

Five-Year Plan and Projections: The HIV/AIDS Section plans to continue to reduce the state's AIDS case rate by (1) increasing the percentage of HIV-infected people in Florida who have access to and are receiving appropriate prevention, care and treatment services; (2) reducing the number of new HIV infections in Florida to be at or below the national average per year; and (3) increasing the percentage of currently enrolled AIDS Drug Assistance Program (ADAP) clients with suppressed viral load. Starting with 2012 results, the HIV/AIDS Section plans to reduce the state's AIDS case rate annually by 2% to a goal of 12.7 per 100,000 population by FY2019-20.

### **Tuberculosis (TB) Control Section**

Purpose: The TB Control Section reduces the prevalence of TB in Florida through early diagnosis, rapid initiation of effective treatment of the disease to render the individual non-infectious in the shortest possible time, and continuous treatment until cure to prevent additional transmission in the community.

Five-Year Trends: Objective 1D—Reduce the TB rate. From FY2008-09 to FY2012-13, the TB case rate dropped by 22.7% from 4.4 to 3.4 TB cases per 100,000 of population.

Conditions: The TB case rate dropped over the previous five-year period due to new technologies to identify Mycobacterium tuberculosis in as little as 24 hours after the laboratory receives the specimen. These include cutting-edge procedures such as nucleic acid amplification (NAA) testing and molecular methods to identify gene mutations consistent with drug resistance within 24 hours of a positive NAA test result, resulting in effective initial therapy. The achievement of universal genotyping has helped identify previously unknown clusters of TB cases leading to interventions to interrupt transmission. It also enabled the identification of laboratory cross-contamination, preventing the misdiagnosis of TB. Lastly, effectively managing nursing case loads, using directly observed therapy (DOT), incentivizing treatment, removing barriers to care, and the exercising of public health powers (if all else fails), contribute to the cure and prevention of active TB disease.

Five-Year Plan and Projections: Over the next five-year period, the TB Control Section plans to (1) increase the use of rapid identification and drug susceptibility testing; (2) improve nurse case management strategies and share best practices; (3) make video DOT available to CHDs statewide; (3) expand the menu of incentives available to nurse case managers; (4) test for latent TB infection (LTBI) in populations at high-risk for progression to active disease, if infected; and (5) increase the acceptance of treatment for LTBI and the proportion of patients with LTBI that complete treatment.

### **Bureau of Preparedness and Response (BPR)**

Purpose: BPR supports state, local and departmental public health and health care system emergency/disaster preparedness and response efforts for all hazards. BPR achieves and maintains its capabilities through resourcing, planning, training, exercising, and response, mitigation and recovery efforts.

Five-Year Trends: Objective 1E—By June 30, 2016, achieve and maintain national Public Health Preparedness Capabilities and Standards. The current objective/scoring methodology was newly implemented in FY2011-12, scoring 7.5 out of 10.0. Rounded scores were 7.1 and 7.0 for FY2012-13 and 2013-14, respectively. Thus, the 3 year trend is essentially flat.

Conditions: Scores are derived from preparedness program teams' self-assessments of their capacity and ability to accomplish 23 federally defined preparedness capabilities and 96 associated functions, on 10-point Likert Scales. Subjectivity and variability in scoring may lead to larger standard errors. Federal grant requirements have increased, resulting in changing priorities and new work efforts although grant funding diminished during FY2011-12 and 2013-

## Florida Department of Health Trends and Conditions Narrative

14. Preparedness programs will continue to be challenged by further cuts in federal grant funding for FY2014-15.

Five-Year Plan and Projections: BPR follows a 5-year work plan, which is updated annually through periodic state hazards vulnerability analysis and risk assessment, per federal grant requirements. This work plan prioritizes gaps identified for closure and needs to sustain preparedness capabilities and functions. Facing the many challenges related to decreases in staff and funding, we have revised our FY2016-17 projected standard down from 10.0 to 9.0. However, our goal is still to achieve a standard of 10.0 by the end of the 5-year grant funding cycle.

### **Water and Onsite Sewage Section**

Purpose: The Water and Onsite Sewage Section prevents disease of environmental origin by ensuring safe water and safe disposal of wastewater. Twelve million Florida citizens obtain their drinking water from private and certain public water systems and a similar number of citizens use onsite sewage systems installed under Department oversight.

Five-Year Trends: Objective 1F—Monitor individual sewage systems to ensure adequate design and proper function. Over the last five years the rate of early failure for onsite sewage systems has dropped, albeit not uniformly, from 2.53 to 1.61 per thousand installations. The annual outcome has remained below the 3.0 goal since 2007.

Conditions: The failure of onsite sewage treatment disposal systems within two years of installation is a measure of the overall program quality. Early failure may be the result of a number of issues including improper siting, design, installation and operation. DOH has monitored this measure quarterly since 1998. Water and Onsite Sewage program staff document and review every early failure look for patterns and adjust the rules or inspection procedures as necessary. They educate system owners through distributing brochures and producing televised public service announcements. Additionally, they electronically monitor daily permitting data and communicate directly with the Environmental Health Director in the local DOH office when they detect an early system failure. This ongoing dialogue allows them to more precisely identify early failures and their causes on all levels.

Five-Year Plan and Projections: The Water and Onsite Sewage Section plans to sustain continuous monitoring followed by review and intervention where warranted or requested. More data may begin to show previously undetected trends related to specific products or practices.

### **Food Safety and Sanitation Program / Facility Programs Section**

Purpose: The Facility Programs Section works to prevent disease of environmental origin by ensuring safe and sanitary facilities. Approximately 79,178 facilities serve food, house migrant farmworkers, manage biomedical waste, perform body art procedures, provide tanning devices for public use, or accommodate mobile homes, recreational vehicles, or camps.

Five-Year Trends: Objective 1G—Ensure regulated facilities are operated in a safe and sanitary manner. Overall, the number of completed food inspections has increased 10 percent over the past five years from 80.15 percent to 90.15 percent. Although there has been a slight decrease in the number of completed food inspections midway through this five year period due to staff reduction, this past 12-month period has resulted in an increase of 2.2 percent.

Conditions: The food program permit fees in rule are not at a level sufficient to cover the cost of performing the inspections and other food program services. To continue increasing the number of food inspections, CHDs are increasing efficiency through cross-training staff over multiple program areas to allow them to complete more than one inspection type in facilities with multiple functions.

Five-Year Plan and Projections: The Facility Programs Section plans to continue to focus on workforce development to improve efficiency and increase the number of completed food service inspections as well as other programmatic inspections. Should future climate allow for

## Florida Department of Health Trends and Conditions Narrative

an increase in fees to cover all programmatic costs, it may allow for an increase in environmental health staff. These two factors combined should allow for achieving the goal of completing 100 percent of scheduled food service inspections.

### **Food and Waterborne Disease Program / Infectious Disease Prevention and Investigation Section**

Purpose: The Food and Waterborne Disease Program (FWDP) assists the county health department investigation team identify and investigate food and waterborne diseases and outbreaks. The program does this to ensure that outbreaks are properly investigated, described, and to remove contaminated products or prevent further exposures and illnesses.

Five-Year Trends: Objective 1H—Protect the public from food and waterborne diseases. To ensure outbreaks are investigated, the program has made increasing the number of outbreaks detected per million individuals a priority. Foodborne outbreaks from 2008 to 2012 have ranged from 52 to 97 outbreaks per year with a median of 65 per year. The goal for FWDP is to increase the detection of foodborne outbreaks by approximately 0.05 per million residents each year over the next five years.

Conditions: The FWDP ensures outbreak investigation team are properly trained on outbreak investigation methodologies and ensures that these outbreaks are properly tracked in the Florida Environmental Health Surveillance System and reported to federal authorities at the Centers for Disease Control and Prevention through the National Outbreak Reporting System (NORS). As staffing within the FWDP team has decreased and the size of the regions each must cover has increased, the ability to assist CHDs investigating outbreaks has been impacted. As the program is able to fill positions and is better able to support and train CHD staff, more foodborne outbreaks will be detected.

Five-Year Plan and Projections: The FWDP plans to increase the number of detected outbreaks per million population by continuing to assist the county health departments who have primary responsibility for investigating these outbreaks. FWDP will provide trainings and consultation services to CHDs when requested, and will continue to report these incidents to federal authorities. The goal is that as the FWDP is once again fully staffed, the target detection rate will increase by 0.05 each year.

### **Injury Prevention Program**

Purpose: The Injury Prevention Program (IPP) provides statewide coordination and expansion of injury prevention activities in conjunction with stakeholders and other agencies. Recognizing that unintentional injuries are the leading cause of death for residents ages 1–14, DOH prioritized programs and efforts to reduce their likelihood.

Five-Year Trends: Objective 1I—Prevent deaths from all causes of unintentional injury among Florida resident children ages 0–14. Over the past 5 years, the unintentional injury fatality rates for Florida residents ages 1–14, has decreased in Florida counties with existing state-local injury prevention partnerships (Safe Kids counties). In 2012, the childhood unintentional injury fatality rate in Safe Kids counties was 47.3% lower than the rate in non-Safe Kids counties which corresponds to 191 fewer deaths. From 2007 to 2012, the statewide number of drowning deaths among Florida's children ages 1–4 decreased by 18% and the drowning rate for the same population decreased by 17%.

Conditions: The IPP is the lead agency for Safe Kids Florida; part of Safe Kids WorldWide, a global effort to prevent injuries to children 14 and under. Florida's Safe Kids local coalitions work in their communities to prevent unintentional injuries to children. In addition, the 2014–2018 Florida Injury Prevention Plan encourages evidence-based interventions to address motor vehicle traffic (MVT) injuries, a leading cause of death and injury among children in Florida, and drowning prevention, the leading cause of fatalities to children ages 1–4.

## Florida Department of Health Trends and Conditions Narrative

Five-Year Plan and Projections: The IPP plans to continue to decrease unintentional injury fatality rates of residents ages 1–14 by continued support of the Safe Kids Florida activities and continued implementation of the 2014–2018 Florida Injury Prevention Plan activities. The goal for 2015 is to continue to reduce unintentional injury fatality rates, focusing on the top injury mechanisms of residents ages 1–14, such as drowning and MVT injuries.

### **Trauma Program**

Purpose: The goal of the Trauma Program is to make Florida's trauma system inclusive, sustainable and integrated. The department's Trauma Program plans, monitors, implements, and evaluates trauma center standards, verification site surveys, and application processes. The program processes trauma center payouts, and monitors trauma agencies' development and operations, the state trauma system plan, and performance improvement programs.

Five-Year Trends: Objective 1J—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. The current trauma mortality rate for Florida in 2013 was 4.3%, which is significantly below the 2002 baseline of 6.5%. The trauma mortality rate has fallen 0.3% in the last five years. While trauma mortality has decreased, it is still 0.3% above the target mortality rate for 2013 at 4.0.

Conditions: Trauma mortality has decreased since 2002 due to a renewed focus and emphasis on the development of the trauma system both at the state and local level. Additionally, Florida has added seven new trauma centers since 2000, which has improved access to care in some areas of the state.

Five-Year Plan and Projections: While trauma mortality is currently above the projected rate of 4.0 for 2013, continued improvements to the current trauma system position the state well within the ability to meet the objective goal in the next five years. Released in March 2014, the State Trauma Plan includes the development of regional trauma agencies that will strengthen connections on the continuum of care from hospital through rehabilitation. The formation of trauma agencies throughout the state will make Florida's trauma system more inclusive, leading to better patient care and a lower mortality for traumatic injuries. Florida's trauma mortality rate will continue to fall over the next five years with continued development and improvement in the trauma system.

## **Goal 2: Chronic Disease Prevention**

Reducing premature death and disability due to chronic diseases related in large part to obesity has become the Department's highest priority. People suffering from preventable chronic diseases have shorter lives, suffer more, and have higher health care costs. Obesity, sedentary lifestyle, tobacco and poor nutrition can cause or worsen numerous chronic diseases including heart disease, hypertension, asthma and arthritis. In order to reduce the growing population who suffer from chronic disease, DOH employs multiple strategies to increase the percentage of adults and children who are at a healthy weight. These strategies include increasing access to resources that promote healthy behaviors, improving nutrition, encouraging physical activity, and reducing tobacco use and secondhand smoke exposure.

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**Healthiest Weight / Bureau of Chronic Disease Prevention**

Purpose: Healthiest Weight Florida is a public-private collaboration bringing together state agencies, not for profit organizations, businesses, and entire communities to help Florida's children and adults make choices about healthy eating and active living. Priorities are based on the Institute of Medicine's recommendations for accelerating progress in obesity prevention.

Five-Year Trends: Objective 2A—Increase the percentage of adults who are at a healthy weight from 34.9% to 38.2%. In 2011, the Behavioral Risk Factor Surveillance System changed its sampling methodology. Since the 2011 data is the baseline, a five-year trend is unavailable. The percentage of adults at a healthy weight has increased from baseline to 36.4%.

Conditions: The initiative relies on the Collective Impact (CI) model where a group of actors from different sectors commit to a common agenda for solving a complex social or environmental problem. While a variety of interventions are being used the increase in healthy weight is most likely related to improvements in the physical activity and nutrition environments.

Five-Year Plan and Projections: Over the next five years, the initiative will continue to focus on its five priority areas: 1) increasing physical activity; 2) improving access and consumption of healthy foods; 3) increasing healthy weight in schools; 4) increasing healthy weight in worksites; and 5) increasing messaging about healthy weight and related health behaviors to a variety of populations.

**Bureau of Tobacco Free Florida**

Purpose: The Bureau of Tobacco Free Florida (BTFF) focuses on preventing and reducing tobacco use among Floridians. Youth prevention is a primary target of the BTFF. Tobacco companies spend about \$732 million per year marketing in Florida, and exposure to that advertising can lead to increased tobacco initiation among youth.

Five-Year Trends: Objective 2B—Reduce the proportion of Floridians, particularly young Floridians, who use tobacco. Over the last five years, the percentage of youth who use tobacco has decreased by 35.6%, from 16.3% in 2010 to 10.5% in 2014. Florida's goal is to continue the reduction in the number of youth using tobacco.

Conditions: BTFF administers a comprehensive tobacco prevention and control program, including a statewide prevention and cessation media campaign that contributes to changing the tobacco knowledge and attitudes of both users and non-users. Locally, BTFF staff and partners work to educate their communities about the way tobacco is promoted, sold and used. They also address policy, environmental and systems change. These activities have the potential to change social norms about tobacco use in the community and lead, in time, to reductions in tobacco use. The Florida DOH supports youth advocacy efforts through its Students Working Against Tobacco organization (SWAT). Youth are identified as being integral members of their local tobacco free partnership; working towards policy change, exposing tobacco industry tactics, and changing social norms by reducing pro-tobacco influences. All components of the program are externally evaluated and the BTFF makes changes to its programs based on evaluator recommendations.

Five-Year Plan and Projections: The BTFF plans to further reduce tobacco use among middle and high school students by continuing the strategies that have been successful over the last five years. These include the statewide media campaign and the community level interventions, both of which are recommended by the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs. It will also make programmatic improvements to these areas based evaluation recommendations.



### **Goal 3: Access to Health Care**

The goal of the DOH is to increase access to health care services, including behavioral and oral health care. Also improving access to preventive, restorative and emergency oral health care services, reducing maternal and infant morbidity and mortality, meeting special health care needs of children, persons with disabilities and elders, and providing equal access to culturally and linguistically competent care will increase access.

#### **Children's Medical Services Network**

Purpose: Children's Medical Services (CMS) provides a family-centered, comprehensive system of care and medical home for children with special health care needs enrolled in the CMS Network through KidCare, the CMSN Specialty Plan, or the CMS Safety Net. Recognizing the importance of family satisfaction, compliance with well child care and compliance with appropriate use of asthma medications, DOH has made each of these a strategic priority.

Five-Year Trends: Objective 3A—Provide a family-centered, coordinated managed care system for children with special health care needs. Over the last five years, the percentage of families served reporting a positive evaluation of care provided has increased from 95% to 98%.

Objective 3B—Ensure that CMS clients receive appropriate and high quality care. Over the past five years, the percentage of enrollees in compliance with the periodicity schedule for well child care as increased only very slightly from 75.6% to 75.9%.

Objective 3E—Compliance with appropriate use of asthma medications (national measure). Over the past five years, the percentage of CMS Network enrollees in compliance with appropriate use of asthma medications has varied, but ultimately resulted in a downward trend from 93.5% to 89.7%.

Conditions: Objective 3A—Provide a family-centered, coordinated managed care system for children with special health care needs: While there has been little change to this measurement, patient and family satisfaction is trending up. Children's Medical Services strives to provide family-centered, coordinated care.

Objective 3B—Ensure that CMS clients receive appropriate and high quality care: Compliance with the periodicity schedule for well child care is a fundamental component of health care for children and is a HEDIS measure. There has been very little change to this performance measure.

Objective 3E—Compliance with appropriate use of asthma medications (national measure): Compliance of medication administration and management for asthma patients is an important factor in controlling asthma symptoms. Although this performance measure has remained largely stable over the last three years, CMS saw a 4.3% drop this past evaluation cycle. While it remains unclear what factor or factors specifically lead to this decrease, each CMS enrollee has access to a care coordinator to assist with coordinating and managing care, including reviewing medications and assisting with assessing the patients' needs.

Five-Year Plan and Projections: Objective 3A—Provide a family-centered, coordinated managed care system for children with special health care needs: CMS will maintain satisfaction rates by continuing efforts to meet the needs of the CMS enrollees. Areas of satisfaction that CMS will focus on will be satisfaction with the care coordination provided, the child's primary care physician and the CMSN benefit package.

Objective 3B—Ensure that CMS clients receive appropriate and high quality care: CMS will increase periodicity compliance rates by utilizing our Care Coordination Module, a new electronic platform that will streamline and enhance the care coordinator's role in providing family-centered, coordinated care to enrollees, including the coordination of visits to the child's primary care physician. The goal for FY2014-15 is to meet or exceed the 81% target for this performance standard in FY2019-20.

## Florida Department of Health Trends and Conditions Narrative

Objective 3E—Compliance with appropriate use of asthma medications (national measure): CMS will increase asthma medication compliance rates by utilizing our Care Coordination Module, a new electronic platform that will streamline and enhance the care coordinator's role in providing family-centered, coordinated care to enrollees, including review of medications in the Electronic Health Record. The care coordinators will be encouraged to utilize the reports available through our pharmacy benefits manager to identify enrollees that have a downward trend in filling their asthma medication prescriptions. The goal for FY2014-15 is to meet or exceed the 95.5% target for this performance standard in FY2019-20.

### **Children's Medical Services, Early Steps**

Purpose: Early Steps is Florida's early intervention system that offers services to infants and toddlers (birth to thirty-six months) with significant delays or a condition likely to result in a developmental delay, and their families and caregivers. Early intervention is provided to help the child learn and develop. Services are provided to enable the family to implement developmentally appropriate learning opportunities during everyday activities and routines. Most services will be early intervention home visits.

Five-Year Trends: Objective 3C—Provide early intervention services for eligible children with special health care needs. The five year trend data for referrals to Early Steps and the number of children served with an Individual Family Support Plan (IFSP) have fluctuated. The performance trend for timely IFSP development has shown steady improvement from 91%-96%.

Conditions: Fluctuation in referrals and children served with an IFSP are the result of inconsistent screening and referral practices in early child, education, primary care systems and changes made in eligibility criteria for Early Steps. Improvement in timely IFSP development has been the result of better supervision and enhanced accountability requirements.

Five-Year Plan and Projections: Referrals to Early Steps will likely continue to increase due to focused efforts in early care and education and pediatric care on development screening statewide. Consistent application of eligibility criteria will be ensured with the development of an evaluator credential. Continued emphasis on performance and compliance accountability will ensure that timely IFSP development continues to improve.

### **Children's Medical Services, Child Protection Team**

Purpose: The CMS Child Protection Team (CPT) Program is a medically led, multidisciplinary program. CPTs supplement the assessment and protective supervision activities of the Department of Children and Families, local sheriff offices, and other community-based care providers in reports of child abuse and neglect. Services provided may include medical diagnosis, evaluation, and consultation; forensic interviews of suspected child victims; family psychosocial assessment, nursing assessment; psychological evaluation; multidisciplinary staffing; and expert court testimony.

Five-Year Trends: Objective 3D—Provide specialized team assessments for children suspected of suffering abuse or neglect. The five year trend for the CPTs to provide timely assessments has consistently been greater than 95%, reaching 100% this fiscal year.

Conditions: The number of assessments has been completed within the established timeframes due to increased monitoring of contract compliance.

Five-Year Plan and Projections: The CPT plans to continue contract monitoring to ensure CPT assessments are completed timely.

## Florida Department of Health Trends and Conditions Narrative

### **Maternal and Child Health**

Purpose: The Maternal and Child Health Section (MCH) focuses on improving maternal and child health outcomes.

Five-Year Trends: Objective 3F—Improve maternal and infant health. Reducing the infant mortality rate (IMR) to meet the state and national standards is a strategic priority. In 2009 the IMR was 6.9 infant deaths per 1,000 births. The IMR decreased from 6.0 infant deaths per 1,000 live births in 2012 to 6.1 infant deaths per 1,000 births in 2013. This is an 11.6% decrease over the five-year period. Since 2008, there has been a statistically significant decreasing trend in overall IMR of approximately 3.5% per year.

Objective 3G—Improve health care disparities in maternal and infant health. Targeting populations in which the IMR is higher for intervention is also a strategic priority. In 2009 the non-White IMR was 12.1 infant deaths per 1,000 births compared to 6.9 statewide. This decreased to 10.0 infant deaths per 1,000 births in 2013. This is a 17.4% decrease over the five year period. The ratio between the non-White IMR and the white IMR decreased from 1.75 in 2009 to 1.64 in 2013. This is a 6.3% decrease over the five year period.

Conditions: Objective 3F—Improve maternal and infant health. The IMR varies across areas due, in part, to the static demographic characteristics of the area populations such as maternal race, marital status and maternal education. There are also dynamic risk factors that are amenable to public health interventions, such as age at pregnancy and smoking status, which DOH can address.

Objective 3G—Improve health care disparities in maternal and infant health. Racial disparities continue to exist in Florida's IMR, with black infants being 2.3 times more likely to die within the first year of life than white infants in 2013. Continued work is needed to address the racial disparity in IMR. Racial disparities and risks of IMR could be lowered through improving preconception health, improving safe sleep practices, and increasing breastfeeding practices.

Five-Year Plan and Projections: Objective 3F—Improve maternal and infant health. MCH plans to continue participating in and implementing activities to reduce IMR and decrease disparities by continued collaboration and partnership with federal, state and local partners. Activities include promoting adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation; promoting safer infant sleeping practices to prevent suffocation; encouraging tobacco cessation; and reducing teen pregnancies. DOH is engaged in the assessment, planning and evaluation of the Healthy Start program to determine impact and move the program to evidence-based programs.

Objective 3G—Improve health care disparities in maternal and infant health. DOH is focusing on ways to ensure health equity, eliminate health disparities, and implement best programs, policies, and practices to reduce IMR. Embedded throughout the Healthy Start program is inclusive planning and service delivery approaches that reach deep into the community to ensure the perspectives, strengths, needs, and assets of persons directly affected are incorporated when striving for optimal community health. By viewing the community as a partner rather than the object of MCH planning and service delivery, MCH plans to leverage the skills and capacities of community members in this effort.

### **School, Adolescent and Reproductive Health**

Purpose: To promote positive behaviors, provide education and access to reproductive health services to prevent unintended pregnancies and the array of associated negative outcomes.

Five-Year Trends: Objective 3H—Reduce births to teenagers. Over the past five years, the percent of births to teens has been reduced from 37.4 percent in 2009 to 23.8 percent in 2013.

Conditions: High teen birth rates are a significant public health concern and an economic burden. Research has shown that births to teen mothers also correlate with lower educational attainment, lower earned income, and engagement in high-risk behavior, which can result in negative outcomes for both mother and infant. The School, Adolescent and Reproductive Health

## Florida Department of Health Trends and Conditions Narrative

Section uses a comprehensive approach to address the prevention of teen pregnancy, including positive youth development, abstinence education and various health and social interventions, including increased access to reproductive health education and services through the Title X Family Planning Program.

Five-Year Plan and Projections: DOH, with the assistance of federal, state and local partners, will continue to deliver a continuum of services to address teen pregnancy prevention.

### **Public Health Dental Program**

Purpose: The purpose of the Public Health Dental Program (PHDP) is to increase the number of dental services for low income children and families, facilitate and provide oral health education and oral disease-preventive programs.

Five-Year Trends: Objective 3I—Improve availability of dental health care services. During the past five years, the percentage of targeted low-income population receiving dental services from a local health department has remained relatively constant with a slight increase from 18.0% to 18.4%. During 2013, there were over 1.5 million dental services provided to the residents of Florida through local health departments.

Conditions: The prime measure used has been Medicaid-eligible children, ages 1-20 that have had a dental visit for preventive services. There are numerous reasons why these children have not been to a dentist. Major changes in the way Medicaid has reimbursed local health departments in the last 10 years have had an impact on the number and size of their dental programs. Program emphasis is on increasing services and health care access through school-based and school-linked programs, and on providing cost-effective preventive measures for controlling dental disease.

Five-Year Plan and Projections: PDHP plans to increase the percentage of low-income population receiving dental services from a local health department by increasing the number of counties providing school-based sealant programs and increasing referrals for dental services. The goal for 2014 is to reach 18.4% of the targeted low-income population receiving dental services from a local health department and to increase the percentage of the population served to 19.4% by 2020.

### **Brain and Spinal Cord Injury Program**

Purpose: The Brain and Spinal Cord Injury Program (BSCIP) provides eligible individuals the opportunity to obtain necessary services enabling them to return home or to other community-based living. Case management and resource facilitation are the primary services provided. The program purchases rehabilitative services as funding permits and is the payor of last resort.

Five-Year Trends: Objective 3J—Assist persons suffering brain and spinal cord injuries to rejoin their communities. The percent of clients reintegrated into the community has remained relatively constant, fluctuating between 94% to 95% from FY2011-12 (94.7%) to FY2013-14 (94.5%), despite significant declines in revenues deposited into the Brain and Spinal Cord Injury Trust Fund. This measure has been tracked only since July 1, 2011. Percentages prior to this date were calculated using a different methodology.

Conditions: Funding to purchase rehabilitative services for program clients is significantly decreased from previous years' allocations. Due to decreased funding, the program provides fewer rehabilitative services.

Five-Year Plan and Projections: The program will continue to identify third party payors for client services and to research and identify alternate resources to fund or provide client services. The program is working in conjunction with the Agency for Health Care Administration (AHCA) to transition its Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) waiver to the Long Term Care waiver administered and operated by AHCA. Transitioning the TBI/SCI waiver will reduce the program's financial obligation to pay state match for waiver services from its trust fund. These funds would then be available to fund or provide rehabilitative services to newly

## Florida Department of Health Trends and Conditions Narrative

injured clients and would provide increased opportunities for community reintegration. The program projects the community reintegration percentage rate will remain steady until there is additional funding available to purchase client services.

### **Volunteer Health Care Provider Program**

Purpose: The Volunteer Health Services Program is responsible for administering the two DOH volunteer programs, the Volunteer Health Care Provider Program and the Chapter 110 Volunteer Program. The objective of the program is to increase access to health care for uninsured and low-income Florida residents through the use of volunteers.

Five-Year Trends: Objective 3K—Increase the number of contracted health care practitioners in the Volunteer Health Care Provider Program. Over the past five years, the number of contracted volunteers has averaged around 12,000. The number of contracted volunteers during FY2012-13 at 11,893 represented a decrease from the previous year. Part of that decrease can be attributed to an update conducted by local clinics of their lists of volunteers who are actively providing services.

Conditions: DOH continues to provide assistance to existing clinics and actively works to assist groups and individuals to establish new points of access to care. Also, an appropriation for free clinics should enable recipient clinics to expand their ability to provide services through capacity building and provide additional opportunities for new contracted volunteer providers.

Five-Year Plan and Projections: DOH will continue to support efforts to increase the number of contracted volunteers, and assist the developing Association of Free and Charitable Clinics in promoting the program. The goal is to increase the number of active contracted providers by 3% over the projection period.

## **Goal 4: Health Care Financing and Infrastructure**

Performance measurement, continuous improvement, accountability and sustainability of the public health system are strategies DOH has adopted to ensure Florida's population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats and for crafting policies and programs to address them. Florida's public health system should: use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes. Additional strategies include ensuring adequate public health resources to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve health status of residents and visitors and attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida. Finally, we will promote an efficient and effective public health system through performance management and collaboration among public health partners.

### **Division of Medical Quality Assurance**

Purpose: The Division of Medical Quality Assurance (MQA) is responsible for regulatory activities of more than 200 types of licenses. The Division regulates health care professions for the preservation of the health, safety, and welfare of the public.

Five-Year Trends: Objective 4A—Percent of emergency actions taken within 30 days of receipt of a priority complaint. Over the last five years the percentage of emergency actions taken within 30 days has increased from 9.0% to 40.6% in FY2013-14.

Conditions: Emergency Actions are usually taken under Section 120.60(6), Florida Statutes, which requires showing of immediate serious danger to the public health, safety or welfare. The Uniform Rules that apply to Emergency Actions require DOH to initiate a formal proceeding in

## Florida Department of Health Trends and Conditions Narrative

compliance with Sections 120.569 and 120.57 within 20 days. Proceedings under these statutes require showing clear and convincing evidence. Therefore, within a very short time after the issuance of an emergency order, DOH must be able to prove the allegations by clear and convincing evidence. This level of proof frequently requires more than 30 days.

Five-Year Plan and Projections: MQA plans to increase the percent of Emergency Actions taken within 30 days by continuing to improve partnerships with law enforcement, continuing to identify and implement process improvements, and continuing to maintain an Emergency Action Unit to handle priority cases. The goal in 2014 is to continue to monitor and improve processes in order to reach a target of 60% by 2018 and maintain that level of performance through 2020.

### **Division of Disability Determinations**

Purpose: To provide, as engaged by and under the rules of the Social Security Administration (SSA), accurate entitlement determinations on claims for benefits made under the Social Security Act (Title II and Title XVI) and the state's Medically Needy program (administered by Department of Children and Families).

Five-Year Trends: Objective 4B—Complete medical disability determinations in an accurate manner. Over the last five years, the statewide pending initial disability determinations have decreased by 26 percent, while maintaining a strong decisional accuracy (96.4 percent). Actual FY2013-14 clearances exceeded the approved standard. The next step is to increase decisional accuracy to at least 97 percent by the end of FY2014-15, while meeting or exceeding our production goals.

Conditions: Total determinations completed have decreased over the last two years because fewer initial disability applications have been received by SSA.

Five-Year Plan and Projections: The Division of Disability Determinations plans to meet SSA performance targets and thresholds. The requested FY2014-15 standard (300,000 determinations completed) reflects the increased disability review workload anticipated by SSA. A combination of training and enhanced performance monitoring is expected to increase decisional accuracy to 97 percent or better by the end of FY2014-15.

### **Emergency Medical Services (EMS)**

Purpose: The EMS Section is responsible for the statewide regulation of emergency medical technicians (EMTs), paramedics, EMT and paramedic training programs, 911 Public Safety Telecommunicators (911 PSTs) and ambulance services and their vehicles. In concert with the State Emergency Medical Services Advisory Council, the bureau establishes and reviews the Florida EMS State Strategic Plan to provide new strategies to improve emergency medical services throughout Florida.

Five-Year Trends: Objective number 4C—Ensure EMS providers and personnel meet standards of care. Over the past 5 years, the percent of EMS providers found to be in compliance during licensure inspection has increased 2%.

Conditions: The EMS Section staff inspect ambulance providers, on average, once every two years. During the inspections, staff review records, ambulances and physical facilities. Provider compliance has increased over the past 5 years due to the EMS program's efforts to continue to educate the provider relative to the licensure requirements outlined in Chapter 401, Florida Statutes and Chapter 64J-1, Florida Administrative Code.

Five-Year Plan and Projections: The EMS program plans to continue to increase provider licensure compliance by continuing to provide program updates and revisions via Bureau of Emergency Medical Oversight newsletter, the EMS program quarterly highlights and the EMS Advisory Council and Constituent Group meetings. In addition, the EMS program will continue to award County and matching grants to improve and expand pre-hospital EMS.

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These initiatives and activities provide a framework for the improvement of the health of Florida's residents and visitors in the next five years. They allow the public and policymakers insight into the public health issues faced by the state and the interventions both underway and planned by DOH to address public health issues, improve quality of life, and reduce premature death and disability.





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<b>MQA</b>	HB 7015 – Military and Veteran Support	<p>Expand military fee waiver from 24 to 60 months and expand to spouses as well as military personnel</p> <p>Develop application for licensure under this bill for military personnel being discharged within 6 months</p>	<p><u>6/27/2014</u></p> <p><u>4/30/2014</u></p>	
<b>MQA</b>	HB 7077 – Non-resident Sterile Compounding Permits	<p>Develop application, communications procedures, update enforcement guidelines</p> <p>Board rule making</p>	<p><u>Complete</u></p> <p><u>Complete</u></p>	
<b>MQA</b>	HB 7177 – OGSR/Prescription Drug Monitoring Program	Develop law enforcement agency user agreement and adopt rule		In progress; awaiting rule publishing
<b>Disease Control and Health Protection (DCHP)</b>	HB 7147 - Relating to Building Construction Policies	Provide guidance to FDOH county offices regarding swimming pool construction permitting.	<u>8/30/2014</u>	
<b>Office of Compassionate Use (OCU)</b>	SB 1030 - Relating to Cannabis	Requires the Department of Health to create a compassionate use registry; authorize 5 facilities to cultivate, produce and distribute cannabidiol and low-THC cannabis; requires the department to establish an Office of Compassionate Use.		In progress; rule challenge hearing set for 10/14-15/14
<b>CMS</b>	HB 591 – Newborn Screening	<p>The Children’s Medical Services Provider Management application will be modified.</p> <p>An email blast will be sent to all Early Steps providers who indicated in the Provider Management System that they provide services to children with hearing impairments.</p>	<u>7/7/2014</u>	

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		<p>The Newborn Screening Program website will include information about the new requirement on the audiologist webpage.</p> <p>Early Steps will modify the webpage to include the list of providers who want to be notified by audiologists.</p> <p>Early Steps will modify the consent form to remove the DOH logo and post on the webpage for audiologists to use.</p>		
<p><b>CMS</b></p>	<p>SB 1666 – Child Welfare</p>	<p>Notify DCF upon request of the current Statewide Medical Director for Child Protection.</p> <p>Notify the Statewide Medical Director of his responsibilities under the Department of Health</p> <p>Develop policy in Child Protection Team Handbook</p> <p>Provide direction at Statewide Medical Director meeting</p> <p>Update Child Protection Team data system to capture data and measure compliance</p> <p>Create policy in CPT Handbook that requires CPT to attend DCF staffing on any case of medical neglect.</p> <p>Provide direction at Statewide Team Coordinator and Medical Director meetings.</p>		<p><b>Complete</b></p> <p><b>Complete</b></p> <p>Complete. Updated annually</p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p>Complete. Updated annually</p> <p><b>Complete</b></p> <p>For new cases beginning January 2015</p>

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		<p>Arrange for all cases of child death reported to the central abuse hotline to be reviewed by the local and state child abuse death review committees</p> <p>Appointment letter from Dr. Armstrong to the Statewide Medical Director for Child Protection</p>		<b>Complete</b>
<b>Community Health Promotion (CHP)</b>	<b>SB 1030 – OCU (Research)</b>	<p>For the 2014-2015 fiscal year, \$1 million in nonrecurring general revenue is appropriated to the Department of Health for the James and Esther King Biomedical Research Program and shall be deposited into the Biomedical Research Trust Fund. These funds shall be reserved for research of cannabidiol and its effect on intractable childhood epilepsy.</p>		In progress
<b>CHP</b>	<b>HB 511 - Cancer Control and Research Advisory Council</b>	<p>Prepare letters of appreciation for current members of CCRAB to be approved and signed by State Surgeon General (SSG) SSG will attend and/or appoint a designee The DOH will provide information on the State Health Plan and existing state programs.</p> <p>The State Surgeon General will consider the statewide research plan and treatment plan in developing department priorities.</p> <p>To ensure research is aligned with other</p>		<b>Complete</b>

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		<p>cancer activities, the BRAC chair or Manager of the Public Health Research Unit will present to CCRAB annually the research agenda developed by BRAC and the funding opportunities BRAC plans to announce. BRAC will also coordinate with the Prostate Cancer Advisory Council (PCAC) to get input on research in prostate cancer.</p> <p>The State Surgeon General will consider the statewide research plan and treatment plan in developing department priorities.</p>		
<b>CHP</b>	HB 5203 - Cancer Centers	<p>Determine which Florida-based cancer centers are eligible for Program</p> <p>Alert centers of their eligibility</p> <p>Set up budget codes for new funding allocation</p> <p>Determine disbursement methodology</p> <p>Send eligible cancer centers a request for necessary data, as described in Section 3 (5)</p> <p>Create and populate spreadsheet to calculate allocation fraction</p> <p>Report the calculated allocation fraction to the participating cancer</p>		<p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Within 15 days of</p>

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		<p>centers, EOG, and other interested parties.</p> <p>Assure that required metrics are included in center agreements.</p> <p>Schedule periodic calls with representatives from each cancer center to discuss metrics, trends, etc., Research the need for rules for new program.</p> <p>Send one fourth of funds to participating cancer centers.</p>		<p>the end of each quarter (9/30/14, 12/31/14, 3/31/15)</p> <p>Sept. 30, 2014</p>
<b>CHP</b>	<p>HB 709 - Relating to Alzheimer's Disease/Ed and Ethel Moore Alzheimer's Disease Research Program</p>	<p>Assign primary responsibility for research program.</p> <p>Set up budget codes for new funding allocation.</p> <p>Update DOH research website to include information about new research program.</p> <p>Publish call for applications/ funding opportunity.</p> <p>Modify on-line grant application system to include the Ed and Ethel Moore Alzheimer's Disease Research Program.</p> <p>Obtain Letters of Intent from eligible applicants.</p> <p>Close call for applications.</p> <p>Distribute applications to identified peer reviewers to score applications</p> <p>Conduct in-person peer review meeting.</p> <p>Present findings to Alzheimer's Disease</p>		<p><b>Complete</b></p> <p><b>Complete</b></p> <p>October 1, 2014</p> <p>By 10/10/14</p> <p>By 10/10/14</p> <p>By 10/17</p> <p>Due 11/7/14</p> <p>By 12/5/14</p> <p>Week of 12/10/14</p> <p>Week of 12/12/14</p> <p>Due 12/15/14</p>

**FLORIDA DEPARTMENT OF HEALTH**

**PERFORMANCE MEASURES AND  
STANDARDS**

**LRPP Exhibit II**

## LRPP Exhibit II - Performance Measures and Standards

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

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

Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
Agency administrative costs/administrative positions as a percent of total agency costs/ agency positions	0.80%	0.64%	0.80%	0.80%
Technology costs as a percent of total agency costs	1.0%	0.78%	1.0%	1.0%

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: COMMUNITY HEALTH PROMOTION	64200100			
Infant mortality rate per 1,000 live births	6.9	6.1	5.8	5.6
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	10.1	9.3	8.9
<b>DELETE</b> - Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	8.9	8.5%	8.5
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	23.8	24	21.0
Number of monthly participants-Women, Infants and Children (WIC) program	500,000	469,358	500,000	500,000
Number of child care food meals served monthly	9,030,000	11,192,027	10,472,290	11,238,332
Percent of middle and high school students who report using tobacco products in the last 30 days	16.8%	11.5	11.7%	11.5
<b>NEW</b> - Percent Women, Infants and Children (WIC) clients fully breastfed for at least 6 months.	14.3%	14.8%	14.7%	14.7%
Age-adjusted death rate due to diabetes	20	19.6	18.6	18
Prevalence of adults who report no leisure time physical activity	20.0%	23.3%	22.30%	22.0%
Age-adjusted death rate due to coronary heart disease	104	100	102.5	99.5



## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: DISEASE CONTROL AND HEALTH PROTECTION	64200200			
Approved Performance Measures	Approved Standard	<b>Actual FY 2013-14</b>	Requested FY 2014-15 Standard (Numbers)	<b>Requested FY 2015-16 Standard</b>
AIDS case rate per 100,000 population	28.0	15.8	15	13.7
HIV/AIDS resident total deaths per 100,000 population	9.0	4.8	5.2	4.5
Tuberculosis case rate per 100,000 population	6.0	3.4	3.2	3.0
Immunization rate among 2 year olds	90.25%	86.72	82.95	90.0%
<b>DELETE</b> - Number of patient days (A.G. Holley tuberculosis hospital)	13,500	* N/A	* N/A	* N/A
Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,619	2,606	2,600
<b>DELETE</b> - Enteric disease case rate per 100,000	47	63.5	delete	delete
<b>DELETE</b> - Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	3.55	3.15	delete	delete
<b>NEW</b> - Confirmed foodborne disease outbreaks identified per million population	2.89	3.83	3.47	3.88
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	1.61	1.89	1.60
Percent of required food service inspections completed	100.0%	90.15	87.9	93.3%

A.G. Holley hospital closed 2012/ measure no longer relevant

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS	64200700			
Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
<b>REVISE</b> - Number of Healthy Start clients	236,765	<b>303,344</b>	325,000	<b>325,000</b>
Number of school health services provided	18,816,788	<b>25,647,110</b>	24,807,000	<b>25,750,000</b>
Number of Family Planning clients	219,410	<b>162,115</b>	195,000	<b>141,008</b>
Immunization services	1,457,967	<b>836,725</b>	1,028,845	<b>720,191</b>
Number of sexually transmitted disease clients	99,743	<b>100,146</b>	109,006	<b>100,646</b>
Persons receiving HIV patient care from county health departments(excludes ADAP, Insurance, and Housing HIV clients)	12,821	<b>21,380</b>	21,400	<b>21,400</b>
Number of tuberculosis medical, screening, tests, test read services	289,052	<b>162,310</b>	200,000	<b>190,000</b>
Number of onsite sewage disposal systems inspected	407,668	<b>159,782</b>	145,833	<b>159,800</b>
Number of community hygiene services	126,026	<b>63,031</b>	65,932	<b>65,932</b>
Water system/storage tank inspections/plans reviewed.	258,974	<b>25,527</b>	144,233	<b>30,000</b>
Number of vital events recorded.	406,083	<b>398,487</b>	400,000	<b>402,472</b>

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES	64200800			
Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
Percent of laboratory test samples passing routine proficiency testing	100.0%	99.09%	100.0%	100.0%
<b>DELETE</b> - Percent saved on prescription drugs compared to market price	40.0%	66.0%	delete	66.0%
Number of birth, death, fetal death, marriage and divorce records processed	653,447	617,655	618,236	618,236
<b>DELETE</b> - Percent of health and medical target capabilities met - <b>no longer measureable</b>	75.0%	*	*	*
Percent of emergency medical service providers found to be in compliance during licensure inspection	92.0%	94%	94.00%	94%
Number of emergency medical technicians and paramedics certified	50,000	64,815	71,000	71,000
Number of emergency medical services providers licensed	262	273	274	274
<b>NEW</b> - Level of preparedness against national standards	9	6.97	8.00	9.00
<b>NEW</b> - Number of errors per million per yearly number of repacks/prepacks to pharmacy customer	0.08%	0.40%	1.06%	1.06%
<b>NEW</b> - Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	0.15%	0.05%	0.08%	0.08%
Number of radiation facilities, devices and users regulated	75,148	103,127	94,197	103,127
<b>REVISE</b> - Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	95.4%	95.1%	95.2%
<b>REVISE</b> - Number of brain and spinal cord injured individuals served	2,985	2,351	2,372	2,417
<b>DELETE</b> - Number of students in health professions who do a rotation in a medically underserved area	5,598	**	**	**
<b>DELETE</b> - Number of providers who receive continuing education	16,750	**	**	**

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: CHILDRENS MEDICAL SERVICES	64300000			
Service/Budget Entity: CHILDRENS MEDICAL SERVICES	64300100			
Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
Percent of families served with a positive evaluation of care	96.6%	<b>98.0%</b>	96.6%	<b>98.0%</b>
<b>REVISE</b> - Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	91.0%	* <b>75.9%</b>	79.0%	<b>80.0%</b>
<b>DELETE</b> - Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	**	**	**
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established	92.0%	<b>100.0%</b>	100.0%	<b>100.0%</b>
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	<b>140,321</b>	82,551	<b>140,321</b>
<b>DELETE</b> - Number of children provided early intervention services	47,502	**	**	**
Number of children receiving Child Protection Team (CPT) assessments	25,123	<b>29,980</b>	30,238	<b>29,980</b>
Percent of CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	<b>89.7%</b>	95.5%	<b>95.5%</b>
<b>NEW</b> - Total number of new referrals received in early intervention program	27,500	<b>27,537</b>	27,500	<b>28,500</b>
<b>NEW</b> - Total number served with individual family service plans (IFSP)	25,000	<b>26,521</b>	25,000	<b>29,000</b>

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: HEALTH CARE PRACTITIONER AND ACCESS	64400000			
Service/Budget Entity: MEDICAL QUALITY ASSURANCE	64400100			
Approved Performance Measures	Approved Standard	Actual FY 2013-14	Requested FY 2014-15 Standard (Numbers)	Requested FY 2015-16 Standard
Average number of days to issue initial licenses	60	74.0	70	70
Number of unlicensed cases investigated	700	598.0	700	700
Number of licenses issued	500,000	506,949	500,000	512,500
<b>DELETE</b> - Average number of days to take emergency action on Priority I practitioner investigations	150	78.3	150	150
<b>NEW</b> - Percent of emergency actions taken on priority cases within 30 days from receipt of the complaint	50.0%	40.6%	50.0%	50.0%
Percent of initial investigations & recommendations as to the existence of probable cause completed within 180 days of	90.0%	92.3%	92.0%	94.0%
Average number of practitioner complaint investigations per FTE	352	207	208	208
<b>DELETE</b> - Number of inquiries to practitioner profile website	2,000,000	3,719,194	3,756,386	3,800,000
<b>NEW</b> - Percent of practitioners with a published profile on the internet	100.0%	99.6%	100.0%	100.0%
Percent of applications approved or denied within 90 days from documentation of receipt of a complete application	100.0%	99.95%	100.0%	100.0%
Percent of unlicensed cases investigated and referred for criminal prosecution	*	58.6%	65.0%	65.0%
Percent of unlicensed activity cases investigated and resolved through remedies other than arrest (cease & desist,	28.0%	40.6%	33.0%	50.0%
<b>DELETE</b> - Percent of examination scores released within 60 days from the administration of the exam.	100.0%	100.0%	100	100.0%
Percent of disciplinary final orders issued within 90 days from issuance of the recommended order.	85.0%	43.8%	80.0%	100.0%
<b>DELETE</b> - Percent of disciplinary fines and costs imposed that are collected by the due date.	65.0%	57.5%	65.0%	65.0%
Percent of applications deemed complete or deficient within 30 days.	100.0%	99.98%	100.0%	100.0%
Average number of days to resolve unlicensed activity cases	410	300.4	90	301

## LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64
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Program: DISABILITY DETERMINATIONS	64500000			
Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS	64500100			
Approved Performance Measures	Approved Standard	<b>Actual FY 2013-14</b>	Requested FY 2014-15 Standard (Numbers)	<b>Requested FY 2015-16 Standard</b>
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	<b>96.4%</b>	97.00%	<b>97.00%</b>
Number of disability determinations completed	249,608	<b>315,351</b>	300,000*	<b>300,000</b>

**FLORIDA DEPARTMENT OF HEALTH**

**ASSESSMENT OF PERFORMANCE for  
APPROVED PERFORMANCE MEASURES**

**LRPP Exhibit III**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion / 64200100  
**Measure:** Percent of low birth weight births among prenatal WIC program 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
8.5	8.9	.4	4.7

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**Explanation:** The 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**. For the past four years, the percentage of low birth weight births for WIC prenatal women has remained within a small range. This figure was 8.8% in State Fiscal Year (SFY) 2010-11, 8.7% in SFY 2011-12, and 8.9% in SFY 2012-13 and again 8.9% for this reporting period.

Low birth weight percentages are heavily impacted by multiple births whose infants are often of a low birth weight. The increase in multiple births is a national phenomenon and not unique to WIC clients. Multiple births continue to contribute to the percentage of low birth weight births in the WIC population. There were 2,628 multiple WIC births during this reporting period, and 58.9% of these births were low birth weight. If multiple births are excluded from the total number of infant births for WIC prenatal clients, the low birth weight percentage decreases to 7.4%, which is below the target. The WIC program believes the low birth weight measure provides limited insight into program performance.

**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:** Delete the WIC low birth weight measure and replace it with the measure: **Percent of WIC infants fully breastfed for at least six months**. While the department can do relatively little to influence the frequency of multiple births in WIC clients, WIC continues to conduct outreach that promotes first trimester enrollment into WIC, which is associated with improved birth outcomes. WIC continues to encourage and support women breastfeeding for the first 12 months of life, which improves the health status of young children. In addition to its health benefits, breastfeeding can increase the inter-conceptual period, which allows time for the mother's nutritional status to improve before the onset of the next pregnancy. Infant birth outcomes are strongly associated with a mother's pre-pregnancy nutritional status. We believe that if we continue to focus on breastfeeding promotion and support activities, we will indirectly affect the low birth weight rate.



## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion/64200100  
**Measure:** Number of Monthly Participants – Women’s Infants and Children Program

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
500,000	469,358	30,642	6.1

**Factors Accounting for the Difference:**

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

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

**Explanation:** During SFY13-14, the WIC Program simultaneously implemented a new data system (FL-WiSE) and Electronic Benefits Transfer (WIC EBT) system in response to HB1263. A three month pilot began on July 1, 2013 which was followed by statewide rollout of the systems between November 2013 and March 2014. The legislative mandate required the program’s focus, at both the state and local level, to be shifted from outreach to the intensive preparation and training necessary to ensure a smooth and successful transition to the new systems and processes for over 1,500 staff, 450,000 clients and 2,000 authorized WIC grocery stores.

**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:** Several factors, both long term and short term, have influenced the recent decline in the number of WIC participants served. The continuing decline in Florida’s birth rate reduces long term the number of prenatal women and infants (primary WIC populations) entering the program. WIC clients’ confusion about whether WIC was open or closed during the October 2013 federal government shutdown is believed to have led to the short term drop of 1.7% in participation experienced between September and October 2013 when participation typically remains steady or slightly increases.

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

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:** With the recent completion of statewide rollout and issuance of EBT cards to all WIC participants and a return to staff focusing on program participation, the program appears to be seeing a rebound in participation. During the last 3 months of SFY 13-14, WIC participation has grown 3%. EBT is also expected to encourage WIC participation by reducing the stigma associated with WIC check redemption and by providing clients with greater shopping flexibility to obtain their prescriptive foods throughout the month. Other initiatives enhance WIC’s accessibility to working clients by extending service hours, and providing weekend and walk-in service for clients who have difficulty scheduling appointment times. Additionally, a variety of outreach activities by local WIC agencies continue to inform potential clients about WIC. These activities include traditional advertising such as billboards, bus wraps, radio spots and interviews, public service announcements, newspaper and magazine media. Printed outreach materials are regularly distributed to medical providers, community based organizations, health centers, schools, libraries, stores, day care centers, food banks, and churches.

### LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion  
**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%	23.3%	3.3% Over	17%

**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 "Approved Standard" was based on the HP2010 objective however, Florida has not yet achieved this level. Additionally, the trend of this indicator started anew in 2011 due to changes in Behavioral Risk Factor Surveillance System methodology. The percentage of adults who were sedentary in 2012 (23.3%) was statistically lower than the 2011 estimate (26.9%). Therefore, progress on this measure is moving in the correct direction.

**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:**

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** Identify and Reduce the Incidence of Bacterial STD case rate among females aged 15 – 34 (per 100,000)

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,606	2,619	13	.50%*

**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:** Advances in electronic laboratory reporting and the integration of multiple system applications coupled with more CHD outreach screening in high-morbidity areas has led to increased STD reporting/data collection from service providers.

**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:** Since the initiation of electronic reporting, there has been an increase in the number of cases received through laboratory, hospital and private provider sources. In addition, investments in the health care system have significantly increased the proportion of insured and shifted vulnerable at-risk populations to expanded primary care providers who screen for STDs. In 2013, 72% of bacterial STD cases were from private medical providers, further increases will occur during 2014. In addition, the number of reported bacterial STDs for females 15-34 increased by 7.0% among private providers, while there was a decrease of 1.2% among publicly funded providers from 2012 to 2013.

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

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

**Recommendations:**

The STD Section will continue to encourage routine, systematic and diagnostic testing of STDs among women of reproductive age and at-risk populations. Although further increases in this measure are anticipated in 2014, overall reductions in the incidence of STDs are expected over the next few years within high-morbidity communities. Efforts to promote annual STD screening among all at-risk clients, strengthen reporting and data collection capacity, and provide prevention education will help build toward the success of this measure.

- \*Percent difference is of a ratio.

# 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	86.72	(3.53)	(4.0%)

**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 1.7% in 2013/2014. The Immunization Section works with county health departments to target immunization services to children who are at the highest risk for under-immunization. Due to decreased funding to county health departments and Medicaid children enrolling in managed care organizations, there is a shift in services of more children receiving their care in the private sector. 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 Section 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:** Strategies to increase these rates include the use of an immunization registry, such as the Florida State Health Online Tracking System (SHOTS), reminder/recall activities, decreasing missed opportunities, patient/parent education and increasing access to immunization services.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**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:

- 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	63.5*	+16.5	35%

### 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 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):

- 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 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:** Department of 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 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 foodborne disease outbreaks identified per million population.*

*\*Data is from calendar year 2012 which is the most recent available on CHARTS.*

*Office of Policy and Budget – July 2014*

# LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Prevention / 64200200  
**Measure:** Food & waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3.55	0.64	(2.91)	138.9%

**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:** FL DOH is a partner with six other agencies in regulating food within Florida. FDOH detects and investigates foodborne and waterborne outbreaks with assistance of the regulatory entity. The Department is responsible for inspecting all Florida DOH regulated facilities, which includes lounges, fraternal orders, schools, movie theaters, pools, and other limited use water supplies. DOH is also responsible for investigating and implementing interventions to stop outbreaks that are identified by other agencies. As the team increases in size, the ability to enhance surveillance and investigation increases and therefore more outbreaks are detected. This measure addresses the protections offered through the inspection side (DOH inspections and regulation of specific facilities) with the goal of keeping these types of food facilities safe which should eventually lead to fewer outbreaks. It does not reflect all of the DOH outbreak responsibilities. Since the onset of HB5311, DOH has fewer facilities and resources for those facilities. DOH continues to work with the self-regulated facilities and assists with environmental assessments when outbreaks are documented at a facility regardless of the regulatory authority.

**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:** In 2013, the number of DOH food regulated facilities was 12,700 and water regulated facilities was 49,998. During this timeframe we detected four outbreaks in facilities regulated by DOH, however DOH was also involved in 77 other outbreak investigations involving the other regulatory agencies for a total of 81 outbreak investigations. The previous measure was calculated using different data that might not have fully accounted for all of the waterborne facilities regulated by DOH. The team has requested that this particular measure be deleted as it does not adequately represent the work of the FWDP nor the outbreak investigation team members at county health departments.

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

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

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

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

**Recommendations:** A more reflective measure of FWDP outbreak work is the number of outbreaks per 1,000,000 persons in the population with a reasonable goal of 1 or greater per million as adopted by the CDC OutbreakNet. This would also be consistent with national reporting and measuring standards outlined in the Council to Improve Foodborne Outbreak Response (CIFOR) guidelines.



## 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%	90.15%	(9.85)	9.85%

**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. The Department of Health (DOH) has experienced a reduction in the permit fee revenue associated with the food safety program. This reduction is due to legislative changes, which occurred over recent years and resulted in decreasing the number of facilities under the purview of the DOH. In turn this has reduced the workforce in the county health departments as revenues decreased. The consequence of the workforce 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 safety 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 as well as cross-training staff, which 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 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	836,725	(621,242)	(43%)

**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 2013/2014, the VFC Program shipped over \$204 million in vaccines with over \$27 million (13.6%) 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 Department Local Health Need / 64200700  
**Measure:** Number of medical management screenings tuberculosis tests, nursing assessments, directly observed therapy and paraprofessional follow-up services provided

**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	162,310	(126,742)	(43.8%)

**Factors Accounting for the Difference:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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:** In April 2013, CDC announced a shortage in the solution required to complete TB skin tests; this shortage impacted the number of TB skin tests that were performed in 2013 by health departments. To address the shortage, CDC recommends the use of interferon-γ release assay (IGRA) blood tests in place of the skin test. FDOH has established an HMC code to capture IGRA testing and is working on ensuring appropriate coding. Another factor contributing to fewer services is the identification of active TB disease via testing is often completed in the private healthcare sector. Once identified as having active TB, these clients are referred to the county health department for the medical management, nursing assessment and treatment (DOT and follow-up services). Lastly, as Florida continues to see a decrease in incidence of active TB, the provision of associated services by the health departments will decrease.

**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 following LRPP Exhibits should be updated to reflect the revised measure wording provided on this Exhibit: Exhibit II, Exhibit IV and Schedule X/Exhibit VI. The measure was reworded to remove skin test readings as the current business practice and client service record coding has merged this with skin tests.

In addition, the specifics outlined in the LRPP Exhibit IV: Performance Measure Validity and Reliability needs to be updated to address the changes in HMC codes used and current business practices of using IGRA.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
407,668	159,782	(247,886)	61%

**Factors Accounting for the Difference:**

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

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

**Explanation:** The number of systems inspected is dependent on the new number of system construction permits issued which 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 new permits issued in FY 2013-14 was less than 35,000. A modest increase in housing starts might be anticipated in FY 2014-15, this continues to be moderated by the reduction in modification permits issued due to changes in law. We recommend setting the 2014-2015 goal at 159,800. 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 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 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 considering lowering the goal to 159,800 to reflect reasonably anticipated construction activity. The change is needed to reflect current economic reality of a decrease in new development from 2005/2006.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department-Local Health Needs/ 64200700  
**Measure:** Number of Water System/Storage Tank Inspections/  
 Plans Reviewed

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
258,974	25,527	(233,447)	91%

**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 systems inspected and plan reviews conducted is dependent on the number of system construction or operating permits issued. The Department lost numerous Storage Tank contracts from the FL DEP during the last Fiscal Year. Nearly all the tank replacements required ten years ago have been accomplished thus reducing the plan review counts. Though a modest increase in new water system construction might be anticipated in FY 2014-15, this continues to be low. We recommend setting the 2014-2015 goal at 30,000. 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 type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input checked="" 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 target population of new water systems and new storage tanks has declined since 2005 when building activity was at a peak. Additionally, the Florida DEP storage tank inspection contracts formerly conducted by numerous DOH CHDs were rescinded. These are changes 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 considering lowering the goal to 30,000 to reflect reasonably anticipated new facility construction and needed inspections. The change is needed to reflect current economic reality of a decrease in development from 2005/2006.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

**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
406,083	398,487	(7,596)	(1.87%)

**Factors Accounting for the Difference:**

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological    |
| <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:** Statewide Health Support Services/ 64200800  
**Measure:** Percent saved on prescription drugs compared to market price.

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40%	66%	Over	26%

**Factors Accounting for the Difference:**

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

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

**Explanation:** Ability to purchase through MMCAP (Minnesota Multistate Contracting Alliance for Pharmacy).

**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:** Market prices through MMCAP have enabled us to save; however, the prices are speculative relative to national supply and demand.

**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:**

Increased savings is positive but the focus on measures for pharmaceuticals is a Lean Six Sigma (% errors and sigma metric) approach.

## 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	617,655	(35,792)	(5.48%)

**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:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Statewide Health Support Services/ 64200800  
**Measure:** Percent of Laboratory Test Samples Passing Routine Proficiency Testing

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.09%	(.91)	(0.91%)

**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:**

**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:** The department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The department did achieve a 99.09% accuracy rate in 2013-14 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%.

**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:** 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:**

- |  |  |
|--|--|
| <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 Requested revision	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79%	75.9%	3.1	3.1%

**Factors Accounting for the Difference:**

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

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

**Explanation:** Children's Medical Services has previously requested a change in this measure due to a change in the reporting methodology. As opposed to the previous use of parent reporting to assess compliance with this 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 file, telephone surveys and health insurance claims data and therefore more accurately depicts compliance with this performance measure. The requested target of 79% was not reached as predicted for this evaluation cycle and the factor or factors that lead to this decrease has not been identified. CMS exceeded both the national Medicaid mean of 71.9% and the national commercial HMO mean of 72.5%.

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

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

**Explanation:**

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

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

**Recommendations:** CMS will increase periodicity compliance rates by utilizing our Care Coordination Module, a new electronic platform that will streamline and enhance the care coordinator’s role in providing family-centered, coordinated care to enrollees, including the coordination of visits to the child’s primary care physician.

## LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

**Department:** Department of Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care/ 64300100  
**Measure:** Percent of CMS Network enrollees in compliance with appropriate use of asthma medications

**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
94%	89.7%	4.3	4.57%

**Factors Accounting for the Difference:**

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

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

**Explanation:** This is a Healthcare Effectiveness Data and Information Set (HEDIS) Quality of Care Measure. The approved target of 94% was not reached as predicted for this evaluation cycle. While it remains unclear what factor or factors specifically lead to this decrease, each CMS enrollee has access to a care coordinator to assist with coordinating and managing care, including reviewing medications and assisting with assessing the patients' needs. CMS exceeded both the national Medicaid mean of 88.4%.

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

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

**Explanation:**

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

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

**Recommendations:**

Our Care Coordination Module, a new electronic platform will streamline and enhance the care coordinator's role in providing family-centered, coordinated care to enrollees, including review of medications in the Electronic Health Record. The care coordinators will be encouraged to utilize the reports available through our pharmacy benefits manager to identify enrollees that have a downward trend in filling their asthma medication prescriptions.

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

**Action** (check one):

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

### Data Sources and Methodology:

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

The WIC Information Project Automated Data Processing System (WIP) is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP also includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration data.

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

Local agency WIC staff enter WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

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

Participation is based on the number of WIC clients who have received WIC food checks, which can be used during the reporting month. The monthly statewide participation is calculated by using the October to September monthly participation data for the most recent federal fiscal year using final data.

### Validity Determination Methodology:

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

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

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*  
*Goal 4: Improve access to basic family health care services*  
*Objective 4C: Reduce low birth weight births among prenatal WIC clients*
- *Has information supplied by programs been verified by the Office of the Inspector General?*  
*NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?* *NO*

Reason the Methodology was Selected:

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

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

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

**RELIABILITY**

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

Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* *Yes.* Section D of the WIC Coordinator's Guide relating to WIP Reports. Other edits identify possible problems that require follow-up
- *Is written documentation available that describe how the data are collected?*  
*Yes.* WIP System Guide, Florida WIC Program, June 1996.
- *Has an outside entity ever completed an evaluation of the data system?*  
*WIC did not report an outside evaluation.*

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

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

Reason the Methodology was Selected:

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

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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** 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:** HEALTH  
**Program:** Community Public Health  
**Service/Budget Entity:** Community Health Promotion/ 64200100  
**Measure:** Percent of WIC infants fully breastfed for at least six months

**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*

WIC breastfeeding data is recorded in the WIC Data System. Breastfeeding indicator reports are generated quarterly from the WIC Data System and are posted on the WIC Intranet website.

*Describe the methodology used to collect the data*

WIC clients are routinely asked information about their breastfeeding status and this information is recorded in the WIC Data System. The WIC Data System also has specific edits that link mothers with their infants to ensure that infants are considered “fully breastfeeding” only if they do not receive any formula from WIC.

*Explain the procedure used to measure the indicator*

The total number of infants who are fully breastfed for at least six months is compared to the total number of infants at least six months of age who were ever breastfed to determine the percentage of infants fully breastfed for at least six months. “Fully breastfed” is defined as infants who do not receive any infant formula from WIC.

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

**Reliability:** TBD 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:** 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.*

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

Number of HIV/AIDS resident total deaths per year.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?  
Goal 1: Prevent and treat infectious diseases of public health significance.  
Objective 1B: Reduce deaths due to HIV/AIDS.*
- *Has information supplied by programs been verified by the Office of the Inspector General?  
NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:

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

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

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

## RELIABILITY

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

Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS]*
- *Is written documentation available that describe how the data are collected?  
Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [HIV/AIDS]*
- *Has an outside entity ever completed an evaluation of the data system? No  
However, there are internal quality control checks to ensure data is accurate and complete. Death certificates with underlying cause indicated are required to be filed with the CHDs in a timely fashion. The CHDs forward the death certificate to the Office of Vital Statistics which routinely reviews them for completeness and accuracy, and enters the information into a database. Statistical reports are sent to the Bureau of HIV/AIDS quarterly and annually, and provisional data are updated as they are finalized. Further analyses are conducted by Bureau staff which are reviewed and checked for accuracy.*

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

- *Is there a logical relation between the measure, its definition and its calculation? YES*

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

Number of HIV/AIDS resident total deaths per year.

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

Reason the Methodology was Selected:

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

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

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



## 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 (**P**atient **R**eporting **I**nvigation and **S**urveillance **M**anager)

### 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:** 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

## 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.



## 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.*

## 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:** Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care / 64300100  
**Measure:** Total number of new referrals received in Early Intervention 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:

**1. List and describe data sources for measure.**

The data source for the measure will be the Early Steps client information. Currently that system is maintained by the University of Florida Family Data Center. The data source will change during FY 12-13 with the roll out implementation of the new CMS Third Party Administrator. Data will need to be combined from both sources until roll out implementation has been completed.

**2. Describe methodology to collect the data.**

A child count data report will identify the number of children referred during the report period. The number of children referred is one snapshot of measuring the success of child find/outreach efforts to identify children who are potentially eligible for ongoing services. There is a significant workload and cost associated with process each referral to determine whether the child is eligible for ongoing services, which often includes a multi-disciplinary evaluation. The cost for those children who are not found eligible is different than the cost for children who become eligible for ongoing services through an Individualized Family Support Plan (second new measure requested.)

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

The measure is a count of children referred, as described in #2 above.

**Validity:** To be determined by DOH Inspector General

**Reliability:** To be determined by DOH Inspector General

*Office of Policy and Budget – July 2011*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Health  
**Program:** Children's Medical Services  
**Service/Budget Entity:** Children's Special Health Care / 64300100  
**Measure:** Total number served in Early Intervention program with Individual Family Service Plan (IFSP)

**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 data sources for measure.**

The data source for the measure will be the Early Steps client information. Currently that system is maintained by the University of Florida Family Data Center. The data source will change during FY 12-13 with the roll out implementation of the new CMS Third Party Administrator. Data will need to be combined from both sources until roll out implementation has been completed.

**2. Describe methodology to collect the data.**

A child count data report will identify the number of children served under an Individual Family Support Plan (IFSP) during the report period. The cost for children who become eligible for ongoing services through an Individualized Family Support Plan is much greater than the cost to process each referral to determine whether the child is eligible for ongoing services. The number of children referred is proposed as a new measure to be included along with this measure.

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

The measure is a count of children served under an IFSP, as described in #2 above.

**Validity:**

To be determined by DOH Inspector General

**Reliability:**



**To be determined by DOH Inspector General**

*Office of Policy and Budget – July 2011*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** 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.

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.

## AVERAGE NUMBER OF DAYS TO ISSUE INITIAL LICENSE

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

The report used to generate the average issue date can be located in COMPAS Datamart package pkg\_rpt\_appl.p\_dxa523\_M2. The columns desired in the return set are pro\_cde and pro\_avg\_issue\_age. The report psql is available upon request.

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

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

*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 2013-14		
SECTION I: BUDGET	OPERATING		FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			2,786,167,628
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			48,021,426
FINAL BUDGET FOR AGENCY			2,834,189,054
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)
Executive Direction, Administrative Support and Information Technology (2)			13,233,332
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.	4,019,404,252	0.01	23,163,501
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.	67	155,992.63	10,451,506
Provide Quitline Services * Number of calls to the Florida Quit-for-Life Line.	75,735	129.98	9,844,326
State And Community Interventions - Area Health Education Centers (ahecs) * Total number of health care practitioners trained in tobacco dependence, patient referrals and systems change.	6,754	2,022.91	13,662,729
Provide School Health Services * Number of school health services provided	25,647,110	2.66	68,261,494
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.	213,416	336.12	71,732,791
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.	236,765	641.68	151,927,054
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants	469,358	831.81	390,414,337
Child Care Food Nutrition * Number of child care meals served monthly	11,192,027	17.35	194,190,600
Provide Family Planning Services * Number of family planning clients.	219,410	250.73	55,011,741
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.	214,658	584.78	125,528,266
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.	124,340	298.83	37,156,266
Recruit Volunteers * Number of volunteers participating	39,015	12.83	500,490
Provide Immunization Services * Number of immunization services provided	1,457,967	24.52	35,751,409
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.	99,743	397.15	39,612,584
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	45,671	3,336.89	152,399,108
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.	289,052	178.13	51,489,872
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.	141,966	93.75	13,309,123
Monitor And Regulate Facilities * Number of facility inspections.	138,580	218.19	30,237,311
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.	407,668	83.71	34,124,181
Control Radiation Threats *	75,148	94.91	7,132,440
Racial And Ethnic Disparity Grant * Number of projects	15	194,595.87	2,918,938
Provide Community Hygiene Services * Number of Community Hygiene Health Services	126,026	63.44	7,995,154
Monitor Water System/groundwater Quality * Water system / storage tank inspections / plans reviewed.	258,974	28.26	7,319,885
Record Vital Events - Chd * Number of vital events recorded.	406,083	28.91	11,741,555
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.	653,447	15.07	9,846,425
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.	1,666,378	97.71	162,827,406
Provide Public Health Laboratory Services * Number of relative workload units performed annually.	5,223,619	5.93	30,956,301
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)	84,911	581.11	49,342,450
Statewide Research *	42	1,350,603.29	56,725,338
Prescription Drug Monitoring * Number of queries to the Prescription Drug Monitoring Database	4,336,705	0.11	482,785
Early Intervention Services * Number enrolled in early intervention program.	43,753	1,369.02	59,898,814
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments	97,833	179.91	17,601,464
Poison Control Centers * Number of telephone consultations.	145,585	10.93	1,591,625
Children's Medical Services Network * Number of children enrolled	64,740	3,741.03	242,194,100
Issue Licenses And Renewals * Health care practitioner licenses issued	500,000	80.30	40,150,897
Investigate Unlicensed Activity * Number of unlicensed cases investigated.	700	1,652.46	1,156,725
Profile Practitioners * Number of visits to practitioner profile website.	2,000,000	0.21	410,791
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.	477	623.87	297,584
Support Local Health Planning Councils * Number of Local Health Councils Supported.	11	108,038.91	1,188,428
Support Rural Health Networks * Rural Health Networks supported.	9	150,670.67	1,356,036
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.	2,985	6,779.06	20,235,482
Dispense Grant Funds To Local Providers * Number of disbursements.	101	70,873.55	7,158,229
Trauma Services * Number of Verified Trauma Centers	27	464,575.41	12,543,536
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations	315,351	386.44	121,864,531
Investigative Services * Number of practitioner cases investigated.	34,410	282.10	9,706,931
Practitioner Regulation Legal Services * Number of practitioner cases resolved.	5,391	1,447.44	7,803,161
Consumer Services * Number of complaints resolved.	20,704	110.15	2,280,566
TOTAL			2,403,496,266
SECTION III: RECONCILIATION TO BUDGET			
PASS THROUGHS			
TRANSFER - STATE AGENCIES			
AID TO LOCAL GOVERNMENTS			
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			
OTHER			207,956,196
REVERSIONS			222,737,236
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			2,834,189,698

## 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