

**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

## LONG RANGE PROGRAM PLAN

September 30, 2015

Cynthia Kelly, Director  
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Tallahassee, Florida 32399-1300

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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 2016-17 through Fiscal Year 2020-21. 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. Celeste Philip, under the authority of Dr. John H. Armstrong, State Surgeon General.

Sincerely,

Jennifer A. Tschetter  
Chief Operating Officer

**STATE OF FLORIDA**



**DEPARTMENT OF HEALTH**

**Long-Range Program Plan**

**Fiscal Years 2016-17 through 2020-21**

**SEPTEMBER 30, 2015**

# 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. Healthy Moms and Babies**
- 2. Long, Healthy Life**
- 3. Readiness for Emergencies**
- 4. Effective Agency Processes**
- 5. Regulatory Efficiencies**

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

## GOAL #1 Healthy Moms and Babies

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

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
7.1 / 1997	5.6	5.4	5.2	5.0	4.8

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

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
12.4 / 1999	10.2	9.8	9.3	8.9	8.5

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

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
58.2 / 1997	18.0	16.0	14.0	12.0	10.0

**OBJECTIVE 1D:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
2377.7 / 2007*	2,540	2,515	2,490	2,465	2,440

\* Improved reporting resulted in an increase over baseline.

## GOAL #2: Long, Healthy Life

**OBJECTIVE 2A:** Increase the percentage of adults who are at a healthy weight  
**OUTCOME:** Percent of adults who are at a healthy weight

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
34.9% / 2011	37.3	38.2	39.0	39.8	40.6

**OBJECTIVE 2B:** Reduce the AIDS case rate  
**OUTCOME:** AIDS case rate per 100,000 population

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
40.7 / 1997	11.5	11.3	11.1	10.8	10.6

**OBJECTIVE 2C :** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
84.0% / 2014-15	84	84.5	85	85.5	86

# Florida Department of Health

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

### GOAL #2: Long, Healthy Life (continued)

**OBJECTIVE 2D :** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
65.2% / 2005-06	80	80.4	80.6	81	81

**OBJECTIVE 2E:** Compliance with appropriate use of asthma medications (national measure)  
**OUTCOME:** Percent of CMS Network enrollees in compliance with appropriate use of asthma medications

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
92.5% / 2014-15	92.5	93	93.5	94	94.5

**OBJECTIVE 2F :** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
69.0% / 2004-05	94	94	94	95	95

**OBJECTIVE 2G:** Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-19  
**OUTCOME:** By 2020, reduce the baseline of 10.4 (2013) per 100,000 children ages 0-19 to 6.5.

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
10.4 / 2013	8.2	7.8	7.3	6.9	6.5

**OBJECTIVE 2H:** 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 meet the average U.S. trauma mortality rate of 3.0% or less. (2012 US Trauma mortality rate = 3.8%)

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
6.5% / 2002	3.8	3.6	3.4	3.2	3.0

**OBJECTIVE 2I:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
9.6% / 1997-98	19.1	19.2	19.3	19.4	19.5

**OBJECTIVE 2J:** Assist persons suffering brain and spinal cord injuries to rejoin their communities  
**OUTCOME:** Percent of Brain & Spinal Cord Injury clients reintegrated to their communities at an appropriate level of functioning

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
79.2% / 1995-96	95.2	95.2	95.2	95.2	95.2

# Florida Department of Health

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

### GOAL #3: Readiness for Emerging Health Threats

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

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

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
5.6 / 2009	9	9	9	10	10

**OBJECTIVE 3B:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
30.4% / 1997-98	9.4	9.2	8.9	8.0	7.5

**OBJECTIVE 3C:** Increase the immunization rate among young children  
**OUTCOME:** Percent of two year olds fully immunized

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
82.6 / 1997	90.0	90.0	90.0	90.0	90.0

**OBJECTIVE 3D:** Reduce the tuberculosis rate  
**OUTCOME:** Tuberculosis case rate per 100,000

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
9.5 / 1997	2.8	2.6	2.4	2.2	2

### GOAL #4: Effective Agency Processes

**OBJECTIVE 4A:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
90.6% / 1996-97	>97%	>97%	>97%	>97%	>97%

**OBJECTIVE 4B:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
92.0% / 2014-15	96%	96%	96.5%	97%	97%

**OBJECTIVE 4C:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
12,867 / 2011-12	12,617	12,995	13,385	13,787	13,381

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

## GOAL #5: Regulatory Efficiency

**OBJECTIVE 5A:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
8.99 / 2009-10	55%	60%	60%	60%	60%

**OBJECTIVE 5B:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
91.0% / 1997-98	95	96	97	98	99

**OBJECTIVE 5C:** 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 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
3.0 / 1997	1.99	1.98	1.97	1.96	1.95

**OBJECTIVE 5D:** Ensure regulated facilities are operated in a safe and sanitary manner  
**OUTCOME:** Percent of required food service inspections completed

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
80.15 / 2009	95	96	97	98	98.50

**OBJECTIVE 5E:** Protect the public from food and waterborne diseases  
**OUTCOME:** Confirmed foodborne disease outbreaks identified per million population\*

Baseline/ Year	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
2.69 / 2011	3.93	3.98	4.03	4.08	4.13

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

# Florida Department of Health Linkage to Governor's Priorities

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

### Regulatory Reform.

- Regulatory Efficiency

### Focus on Job Growth and Retention.

- Long, Healthy Life
- Healthy Moms and Babies

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

### Reduce Government Spending.

- Effective Agency Processes
- Readiness for Emerging Health Threats



# 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 Florida Statutes). The mission of the Department 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. The Department develops policies and plans that support health goals, enforces laws and regulations that protect the health of all residents and visitors, links people to needed health care services, and provides services where necessary when people have difficulty accessing services from other providers.

Five 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: Healthy Mothers and Babies, Long, Healthy Life, Readiness for Emerging Health Threats, Effective Agency Processes, and Regulatory Efficiency. Reducing the infant mortality rate, improving health care disparities non-white and white infant mortality rate, 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 five 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: HEALTHY MOMS AND BABIES**

Keeping children, mothers and families healthy is the core of public health activities in Florida and the health and well-being of children and families across the globe are measured by infant mortality rates. While infant mortality has reached historic lows, there has been less success in reducing racial and ethnic disparities. Reducing the overall rates of infant mortality and eliminating disparities in infant death rates among racial and ethnic groups ensures we are creating healthier communities.

### **Maternal and Child Health**

Purpose: The Maternal and Child Health Section (MCH) focuses on improving maternal and child health outcomes and reducing the disparity between the Black infant mortality rate (IMR) and the White IMR.

Five-Year Trends: Objective 1A—Improve maternal and infant health. Reducing the IMR to meet the state and national standards is a strategic priority. The IMR decreased from 6.5 infant deaths per 1,000 live births in 2010 to 6.0 infant deaths per 1,000 births in 2014. This is a 7.7% decrease over the five-year period. Since 2007, there has been a statistically significant decreasing trend in overall IMR of approximately 2.8% per year.

Objective 1B—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 2010 the Black IMR was 11.8 infant deaths per 1,000 births compared to 6.5 statewide. This decreased to 11.0 infant deaths per 1,000 births in 2014. This is a 6.8% decrease over the five year period. The ratio between the Black IMR and the White IMR increased from 2.4 in 2010 to 2.5 in 2014. This is a 4.2% increase over the five year period.

Conditions: Objective 1A—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 the Department can address. Objective 1B—Improve health care disparities in maternal and infant health. Racial disparities continue to exist in Florida's IMR, with black infants being 2.5 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.

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

Five-Year Plan and Projections: Objective 1A—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 address social determinants of health, 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 1B—Improve health care disparities in maternal and infant health. DOH is focusing on ways to ensure health equity, eliminate health disparities, address social determinants of health, 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. The Department launched the “Florida’s Healthy Babies” initiative which is a collaborative effort with key partners across sectors to influence positively social determinants and reduce infant mortality disparities. Internally, a Health Equity Program Council was developed, comprised of county health officers and leaders in the state health office, will assist counties and programs, as well as emerging research, to determine how to expand best practices within counties throughout the state. Data from 2014 will be mapped to identify areas of the state with the greatest disparities in infant mortality to aid local leaders with information for discussion, planning and community engagement with each county. Initiatives that address behaviors, social circumstances, and healthy environments will be initiated in each county.

### **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 1C—Reduce births to teenagers. Over the past five years, the percent of births to teens has been reduced from 32.4 percent in 2010 to 21.9 percent in 2014.

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 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. The 67 local county health departments, Family Planning Programs, will continue to provide access to care for teens desiring reproductive health care planning and counseling.

### **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 sexual health education. This Section promotes routine, systematic diagnostic testing of STDs among reproductive age females and high-risk populations.

Five-Year Trends: Objective 1D—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 four years (from 2010 to 2013), the rate of reportable bacterial STDs (syphilis, chlamydia, gonorrhea) has trended around 2,600 cases per 100,000. In 2014, the rate of bacterial STDs was 2,574 per 100,000.

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

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.

### **GOAL 2: LONG, HEALTHY LIFE**

A key function of The Florida Department of Health is to increase life expectancy and quality of life. In order to do this, the Department must work toward the objectives of preventing and controlling infectious disease, preventing illness, injury and death related to environmental factors, and reducing unintentional and intentional injuries.

Additionally, the Department must work toward reducing premature death and disability due to chronic diseases, related in large part to obesity. People suffering from preventable chronic diseases have shorter lives, suffer more, and have higher health care costs. Obesity, sedentary lifestyle, tobacco use and poor nutrition can cause or worsen numerous chronic diseases including heart disease, hypertension, asthma and arthritis.

### **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. In 2011, the Behavioral Risk Factor Surveillance System changed its sampling methodology, making 2011 the baseline. From 2011 to 2013, the percentage of adults at a healthy weight has increased 34.9% to 35.0%.

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.

### **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 2B: Reduce Florida's AIDS diagnosis case rate. Over the past five years (2010 – 2014), the overall trend of Florida's AIDS diagnosis case rate has decreased from 16.9 per 100,000 population to 12.0 per 100,000 population.

Additionally, during this same five year period, Florida has also seen an overall decrease in HIV resident death rates, from 5.7 in 2010 to 4.5 in 2014.

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

**Conditions:** Over the past five years, the goals and objectives of the HIV/AIDS Section have been to counsel and test persons at risk for HIV and link them into care. Once linked into care, they are assessed for viral load and CD4 levels and placed on antiretroviral therapies with the goal of having an HIV-suppressed immune system. The expected outcomes were observed by the reduction in both the AIDS case rate and the HIV resident death rate during this five year period.

**Five-Year Plan and Projections:** The HIV/AIDS section plans to continue to reduce the state's AIDS case rate and the HIV resident death rate by: (1) increase the percentage of HIV-infected people in Florida who have access to and are receiving appropriate prevention, care and treatment services; (2) reduce the number of new HIV infections in Florida to be at or below the national state average per year, and (3) increase 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 and resident HIV death rates to 4.1 per 100,000 population by calendar year 2019.

### **Children's Medical Services, Managed Care Plan**

**Purpose:** Children's Medical Services (CMS) provides a family-centered, comprehensive system of care and medical home for children with special health care needs who have chronic and serious conditions enrolled in the CMS Managed Care Plan through the Managed Medical Assistance/Medicaid Program, Florida KidCare, or the CMS Safety Net Program. 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 2C—Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions. Over the last five years, the percentage of families served reporting a positive evaluation of care provided has increased from 95% to 98%. The percentage decreased to 83.6% in FY 2014-2015. Starting August 1, 2014, policy mandates required tracking children with chronic conditions receiving needed care and tracking children statewide in place of tracking children in 2 counties. The program is using 84% as the new benchmark based upon the FY 2014-2015 actual.

Objective 2D—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 has increased from 75.6% to 77%.

Objective 2E—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 slight decrease from 93.5% to 92.5%. The percentage increased from last year's 89.7% to this year's 92.5%.

**Conditions:** Objective 2C—Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: The previous measure showed an upward trend. The first year of the current measure of 84% shows 1% below the national average of 85%. Children's Medical Services strives to provide family-centered, coordinated care.

Objective 2D—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 2E—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 2.8% rise this past evaluation cycle. It is too early to determine if this upward movement will become a trend. 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 2C—Provide a family-centered, coordinated managed care system for children with special health care needs who have chronic and serious conditions: CMS will maintain satisfaction rates by continuing efforts to meet the needs of the CMS enrollees. Areas of

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

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 2D**—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 FY2015-16 is to meet or exceed the 81% target for this performance standard in FY2020-21.

**Objective 2E**—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 FY2015-16 is to meet or exceed the 94.5% target for this performance standard in FY2020-21.

### **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 2F**—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.

### **Injury Prevention Section**

Purpose: The Injury Prevention Section (IPS) 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 0-19, DOH prioritized programs and efforts to reduce their likelihood.

Five-Year Trends: **Objective 2G**—Prevent deaths from all causes of unintentional injury among Florida resident children ages 0–19. From 2008-2012, the unintentional injury fatality rates for Florida residents ages 0–19, has decreased in Florida counties with existing state-local injury prevention partnerships (Safe Kids counties). In 2013, the childhood unintentional injury fatality rate in Safe Kids counties was 20.3% lower than the rate in non-Safe Kids counties which corresponds to 142 fewer deaths than expected had the fatality rates been the same. From 2007 to 2013, the statewide number of drowning deaths among Florida's children ages 1–4 decreased by 13% and the drowning rate for the same population decreased by 14%.

Conditions: The IPS is the lead agency for Safe Kids Florida; part of Safe Kids WorldWide, a global effort to prevent injuries to children 19 and under. Florida's Safe Kids local coalitions work in their communities to prevent unintentional injuries to children. In addition, the 2014–2016 Florida Injury Prevention Plan encourages evidence-based interventions to address motor vehicle traffic (MVT)

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

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.

Five-Year Plan and Projections: The IPS plans to continue to decrease unintentional injury fatality rates of residents ages 1–19 by continued support of the Safe Kids Florida activities and continued implementation of the 2014–2016 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**

Purpose: The goal of the Trauma Section is to create an inclusive, integrated and sustainable trauma system in Florida. The Trauma Section coordinates trauma system planning, manages trauma center verification in accordance with established standards, facilitates performance improvement processes and monitors compliance. Additionally, the section manages the trauma center funding disbursement process.

Five-Year Trends: Objective 2H—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 for the 2014-15 FY was 4.15% which is significantly below the 2002 baseline of 6.5%. The trauma mortality rate has fallen 0.45% in the last five years. While trauma mortality has decreased, it is still 0.15% above the target mortality rate for FY 2015-16 at 4.0%.

Conditions: Trauma mortality has decreased since 2002 as a result of enhanced prevention efforts, increased access to specialized trauma care, improved patient data to drive performance improvement, and enhanced integration of patient care resources at all levels. Since 2000, the number of verified trauma centers increased from 20 to 27, with four new provisional trauma centers added during FY 2014-15 for a total of 31 trauma centers statewide.

Five-Year Plan and Projections: Even though the trauma mortality is currently above the projected rate of 4.0 for 2015-16 FY, the downward trend is expected to continue and on track to meet the targeted projections over the next five years. Released in March 2014, the State Trauma Plan emphasizes the development regional trauma systems, data collection and performance improvement programs. These strategic priorities will strengthen and improve trauma care throughout the state and positively affect health outcomes for severely injured patients. Florida's trauma mortality rate will continue to fall over the next five years with continued emphasis on performance at each level of the trauma system and improved patient resource coordination.

### **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 2I—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 17.8% to 18.6%. During 2014, there were over 1.8 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. Continued 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: PHDP 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 2015 is to reach 19.0% of the targeted low-income population receiving dental services from a local health department and to increase the percentage of the population served to 19.5% by 2020.

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

### **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 2J—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 FY2014-15 (95.3%) 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 continues working to identify third party payors for client services and to research and identify alternate resources to fund or provide client services. The program continues 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 injured clients and would provide increased opportunities for community reintegration. It is anticipated that the TBI/SCI waiver transfer to AHCA will be completed in FY2015-16. The program projects the community reintegration percentage rate will remain steady until there is additional funding available to purchase client services.

### **GOAL 3: READINESS FOR EMERGING HEALTH THREATS**

A key function of the Department is to maintain readiness to protect the health of all people from emerging and potential health threats such as natural disasters, health emergencies, health misinformation, tropical diseases and epidemics. While diseases that used to be common in Florida are now prevented by vaccination, decline or non-acceptance of proven immunization strategies continues to be a challenge. Additionally, the Department needs to respond to emerging health threats such as the safety of long-term exposure to inhaled nicotine (e.g., e-cigarettes).

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

Purpose: BPR ensures that state and federal preparedness and response investments are wisely leveraged to build a resilient Florida population and public health and health care system prepared for any disaster or emergency. The state supports Florida's health and medical response with grants from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), and Office of the Assistant Secretary for Preparedness and Response (ASPR).

Five-Year Trends: Objective 3A—By June 30, 2021, achieve and maintain national Public Health Preparedness Capabilities and Standards. The current objective/scoring methodology was 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, and 7.75 in 2014-15.

Conditions: Scores are derived from program team self-assessments of their capacity to accomplish 23 federally defined preparedness capabilities and 94 associated functions, on a 10-point Likert Scale. Subjectivity and variability in scoring may lead to larger standard errors. Federal grant requirements have increased and grant funding has decreased, resulting in changing priorities and efforts. Preparedness programs will continue to be challenged by further expected cuts in federal funding for FY2016-17.

Five-Year Plan and Projections: Florida conducts an annual capability analysis each year to measure progress in meeting the Public Health and Healthcare Preparedness (PHHP) capabilities. Florida has adopted the 15 federally-defined preparedness capabilities, as prescribed by our federal funding partners, CDC and ASPR. Each of these capabilities has an associated set of functions, tasks and resource elements. Florida augments the list of federal capabilities with 5 state-specific capabilities (as

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

defined in the PPHP Strategic Plan), which further build and sustain Florida's preparedness and response capabilities. Our goal is to achieve a standard of 10.0 by the end of a 5-year grant funding cycle.

### **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 3B—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 34.2%, from 14.6% in 2011 to 9.6% in 2015. 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.

### **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 3C—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: 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 86.72% privatized, and has shifted away from the public sector. 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/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



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

increase the percentage of fully immunized two-year-olds to meet or exceed the 90% target, and maintain that level of performance through 2020. The data for this objective is annual and will not be available nor reported again until January 2016.

### **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 3D—Reduce the TB rate. From FY2009-10 to FY2013-14, the TB case rate dropped by 31.8% from 4.4 to 3.0 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 caseloads, using directly observed therapy (DOT) and video DOT (VDOT), incentivizing treatment, removing barriers to care, and exercising 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) 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.

### **GOAL 4: EFFECTIVE AGENCY PROCESSES**

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; ensure that its workforce is prepared, diverse and sustainable; and promote efficiency and effectiveness through performance management and collaboration among public

### **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 4A: Complete medical disability determinations in an accurate manner. Initial pending continues a general decrease, while the division maintains good decisional accuracy. Accuracy for FY 2014-2015 made a notable, but possibly unsustainable, rise to 98.1 percent.

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 FY 2015-2016 standard (300,000 determinations completed) reflects the trending national disability workload anticipated by SSA. A combination of training and a more targeted, error-specific technique for monitoring performance and accuracy is expected to maintain the current trend of improved decisional accuracy.

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

### **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 4B—Provide specialized team assessment reports for children suspected of suffering abuse or neglect. The five year trend for the CPTs to provide timely assessment reports has consistently been greater than 95%, reaching 96% this fiscal year.

Conditions: The number of assessment reports 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 assessment reports are completed timely.

### **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 4C—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 FY 2013-2014 at 13,381 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. The Department is committed to continuously scrutinizing its regulatory system to ensure that its benefits exceed the costs and each regulation is implemented with maximum efficiency.

### **GOAL 5: REGULATORY EFFICIENCY**

The Department is committed to continuously scrutinizing its regulatory system to ensure that its benefits exceed the costs and each regulation is implemented with maximum efficiency.

### **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 5A—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 40.7% in FY2014-15.

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 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.

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

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 2015 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 2021.

### **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 5B—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.

### **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 5C—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 fluctuated between 1.45 and 2.53 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 80,755 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.

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

Five-Year Trends: Objective 5D—Ensure regulated facilities are operated in a safe and sanitary manner. Overall, the number of completed food inspections has increased 12 percent over the past five years from 79.1 percent to 91.46 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, the number of completed food inspections has been increasing the past couple of years. This past 12-month period has resulted in an increase of 1.31 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 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**

Purpose: The Food and Waterborne Disease Program (FWDP) assists county health departments (CHDs) in identifying and investigating food and waterborne diseases and outbreaks, ensuring they are investigated and control measures are implemented. Outbreaks are generally under-detected and under-reported. FWDP has made increasing the number of outbreaks detected per million individuals a priority.

Five-Year Trends: Objective 5E: Protect the public from food and waterborne diseases. Foodborne outbreaks from 2010-2014 have ranged from 52-93 outbreaks per year with a median of 66 foodborne outbreaks per year. The goal for FWDP is that the rate of detected foodborne outbreaks will increase by approximately 0.05/million population each year over the next five years. These data are currently reported to the Centers for Disease Control and Prevention (CDC).

Conditions: The FWDP ensures that outbreak investigation team members are properly trained on outbreak investigation methodologies, outbreaks are properly tracked in the Florida Environmental Health Surveillance System, and outbreaks are reported to federal authorities at the CDC through the National Outbreak Reporting System (NORS). Efforts are underway to improve the level of support and training CHDs receive with the goal of more foodborne outbreaks being detected and reported. The FWDP will be better able to identify and investigate foodborne outbreaks, leading to an increase in the rate.

Five-Year Plan and Projections: The FWDP plans to increase the detected number of outbreaks per million population by continuing to assist the county health departments (which have primary responsibility for investigating these outbreaks) by providing trainings and consultation services when requested, and to continue to report these incidents to federal authorities. The detected outbreak rate will increase by 0.05 each year. The FWDP has nine regional environmental epidemiologists to assist the county health departments with their food and waterborne disease investigations.

**FLORIDA DEPARTMENT OF HEALTH**

**PERFORMANCE MEASURES AND  
STANDARDS**

**LRPP Exhibit II**

**LRPP Exhibit II - Performance Measures and Standards**

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

Approved Performance Measures	Approved Standard	Actual FY 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Agency administrative costs/administrative positions as a percent of total agency costs/ agency positions	0.80%	0.69%	0.80%	0.69%
Technology costs as a percent of total agency costs	1.0%	0.96%	1.0%	0.96%

**LRPP Exhibit II - Performance Measures and Standards**

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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Program: COMMUNITY PUBLIC HEALTH	64200000			
Service/Budget Entity: COMMUNITY HEALTH PROMOTION	64200100			
Approved Performance Measures	Approved Standard	Actual FY 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Infant mortality rate per 1,000 live births	6.9	6.0	5.6	5.6
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	10.2	8.9	9.4
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	9.40%	8.5	8.5
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	21.9	21.0	18.0
Number of monthly participants-Women, Infants and Children (WIC) program	500,000	482,101	500,000	500,000
Number of child care food meals served monthly	9,030,000	11,767,335	11,238,332	12,263,917
Age-adjusted death rate due to diabetes	20	19.8	18	18
Prevalence of adults who report no leisure time physical activity	20.0%	27.7%	22.0%	22.0%
Age-adjusted death rate due to coronary heart disease	104	99.0	99.5	98.5
Percent of middle and high school students who report using tobacco products in the last 30 days	16.8%	9.6	9.4	9.2

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	Actual FY 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
AIDS case rate per 100,000 population	28.0	12.0	11.8	11.5
HIV/AIDS resident total deaths per 100,000 population	9.0	4.5	4.4	4.3
Bacterial sexually transmitted disease case rate among females 15-34 per 100,000	2,540	2,574	2,600	2,540
Tuberculosis case rate per 100,000 population	6.0	3.0	3.0	2.8
Immunization rate among 2 year olds	90.25%	85.65	90.0%	88.0%
<b>DELETE</b> - Number of patient days (A.G. Holley tuberculosis hospital)	13,500	* N/A	* N/A	* N/A
<b>DELETE</b> - Enteric disease case rate per 100,000	47	70.67	45	40
<b>DELETE</b> - Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department	3.55	4.17	3.45	3.35
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	2.03	1.60	1.99
Percent of required food service inspections completed	100.0%	91.46%	100.0%	100.0%
Percent of laboratory test samples passing routine proficiency testing	100.0%	99.85%	100.0%	100.0%
<b>NEW</b> - Number of confirmed foodborne disease outbreaks identified per million population	N/A	4.76	3.9%	3.9%

\* 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 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Number of Healthy Start clients	236,765	329,476	325,000	330,000
Number of school health services provided	18,816,788	26,806,869	25,750,000	28,055,216
Number of Family Planning clients	219,410	146,184	141,008	146,200
Immunization services	1,457,967	763,027*	720,191	763,050
Number of sexually transmitted disease clients	99,743	93,207	100,646	100,646
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, Housing HIV clients)	12,821	21,380	14,595	21,400
Number of tuberculosis medical, screening, tests, test read services	289,052	150,708*	150,000	150,000
Number of onsite sewage disposal systems inspected	407,668	164,372**	159,800	164,500
Number of community hygiene services	126,026	57,793***	65,932	57,800
Water system/storage tank inspections/plans reviewed.	258,974	127,760	130,000	130,000
Number of vital events recorded.	406,083	372,878***	402,472	402,472

\*reflects shift to private providers

\*\*Reflects construction slow-down

\*\*\*demand based service

\*\*\*\*reflects new construction reduction & termination of DEP contracts

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 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
<b>DELETE</b> - Number of radiation facilities, devices and users regulated	75,148	101,716	103,127	103,127
<b>DELETE</b> - Percent saved on prescription drugs compared to market price	40.0%	68.0%	66.0%	69.0%
Number of birth, death, fetal death, marriage and divorce records processed	653,447	635,328	618,236	651,211
<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%	95%
Number of emergency medical technicians and paramedics certified	50,000	61,119	71,000	71,000
Number of emergency medical services providers licensed	262	274	274	280
<b>DELETE</b> - Number of students in health professions who do a rotation in a medically underserved area	5,598	**	**	**
<b>REVISE</b> - Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	95.3%	95.2%	95.2%
<b>DELETE</b> - Number of providers who receive continuing education	16,750	**	**	**
<b>REVISE</b> - Number of brain and spinal cord injured individuals served	2,985	2,351***	2,417	2,418***
<b>NEW</b> - Level of preparedness against national standards	N/A	7.75	9.00	9.00
<b>NEW</b> - Number of errors per million per yearly number of repacks/prepacks to pharmacy customer	N/A	1.05%	1.06%	1.06%
<b>NEW</b> - Number of errors per million per yearly number of Pharmacy dispenses to the pharmacy customer	N/A	0.05%	0.08%	0.08%
<b>NEW</b> - Percent radioactive material inspection violations corrected in 120 days	N/A	98%	98%	98%
<b>NEW</b> - Percent of x-ray machine inspection violations corrected within 120 days.	N/A	95%	95%	95%

\* no longer measureable

\*\* unfunded 2011-12-not measurable

\*\*\* based on revised methodology

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 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Percent of families served with a positive evaluation of care	96.6%	83.6%	98.0%	84.0%
<b>REVISE</b> - Percent of CMS Network enrollees in compliance with periodicity schedule for well child care	91.0%	77%*	80%*	80%*
<b>DELETE</b> - Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	**	**	**
<b>REVISE</b> -Percent Child Protection Team assessments to Family Safety and Preservation within established	92.0%	96.0%	96.0%	92.0%
Percent CMS Network enrollees in compliance with appropriate use of asthma medications (national measure)	94.0%	92.5%	95.5%	92.5%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	109,835	140,321	93,000
<b>DELETE</b> - Number of children provided early intervention services	47,502	**	**	**
Number of children receiving Child Protection Team (CPT) assessments	25,123	32,881	29,980	32,881
<b>NEW</b> - Total number of new referrals received in early intervention program	N/A	26,671	28,500	28,500
<b>NEW</b> - Total number served with individual family service plans (IFSP)	N/A	27,475	29,000	29,000

\*New calculation methodology

\*\*No longer measureable- propose new measures

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 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Average number of days to issue initial licenses	60	64.5	70	70
Number of unlicensed cases investigated	700	903.0	700	903
Number of licenses issued	500,000	506,949	512,500	507,000
<b>DELETE</b> - Average number of days to take emergency action on Priority I practitioner investigations	150	72	150	72
Percent initial investigations & recommendations as to existence of probable cause completed within 180 days of	90.0%	93.3%	94.0%	94.0%
Average number of practitioner complaint investigations per FTE	352	269	208	270
<b>DELETE</b> - Number of inquiries to practitioner profile website	2,000,000	1,683,941	3,800,000	3,800,000
Percent applications approved or denied within 90 days from documentation of receipt of complete application	100.0%	99.93%	100.0%	100.0%
Percent of unlicensed cases investigated and referred_for criminal prosecution	*1.5%	49.6%	65.0%	65.0%
Percent unlicensed activity cases investigated & resolved through remedies other than arrest (cease & desist, citation)	28.0%	44.8%	50.0%	50.0%
<b>DELETE</b> - Percent of examination scores released within 60 days from the administration of the exam.	100.0%	100.0%	100.0%	100.0%
Percent of disciplinary final orders issued within 90 days from issuance of the recommended order.	85.0%	28.6%	85.0%	85.0%
<b>DELETE</b> - Percent of disciplinary fines and costs imposed that are collected by the due date.	65.0%	52.1%	65.0%	65.0%
Percent of applications deemed complete or deficient within 30 days.	100.0%	99.79%	100.0%	100.0%
Average number of days to resolve unlicensed activity cases	410	158.0	301	158
<b>NEW</b> - Percent of emergency actions taken on priority cases within 30 days from receipt of complaint	N/A	40.7%	50.0%	55.0%
<b>NEW</b> - Percent of practitioners with a published profile on the internet	N/A	99.5%	100.0%	100.0%

\*Measure was initially incorrectly copied from a recidivism measure.

**LRPP Exhibit II - Performance Measures and Standards**

<b>Department: Department of Health</b>	<b>Department No: 64</b>
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Program: DISABILITY DETERMINATIONS	64500000			
Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS	64500100			
Approved Performance Measures	Approved Standard	Actual FY 2014-15	Requested FY 2015-16 Standard	Requested FY 2016-17 Standard
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	96.7%	96.50%	96.70%
Number of disability determinations completed	249,608	332,846	300,000	315,000*

\*based on SSA's projection of number of determinations to be received

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8.5	9.4	.9	10.5

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**Explanation:** 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 2,835 multiple WIC births during this reporting period, and 59.9% 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 7.85%, which is below the target.

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:** 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. During SFY14-15, the percent of WIC prenatal enrollees certified during their first trimester increased from 57.7% in June 2014 to 59.8% in June 2015. 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. During SFY14-15, the percent of WIC infants' breastfed increased from 28.6% (June 2014) to 30.8% (June 2015). Infant birth outcomes are strongly associated with a mother's pre-pregnancy nutritional status. Despite these efforts, it appears that other factors are contributing to the increase in low birth weight among WIC populations which WIC does not directly impact. WIC, however, continues to believe that by focusing on early prenatal entry into WIC and breastfeeding promotion/support activities WIC may indirectly be affecting the low birth weight rate among its prenatal population.

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
500,000	482,101	(17,899)	(3.58%)

**Factors Accounting for the Difference:**

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

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

**Explanation:** 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. During SFY14-15, WIC staff continued to adjust clinic operating procedures to incorporate the new data system and EBT into routine program operations. In addition, the transferred data system was continuing to be refined and optimized to accommodate Florida WIC’s needs.

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

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

**Explanation:** Several factors, both long term and short term, have influenced the recent decline in the number of WIC participants served. Florida’s lower birth rate continues to impact the number of prenatal women and infants (primary WIC populations) entering the program. It also impacts the number of children under the age of five potentially eligible for WIC. Florida’s decreasing unemployment rate over the last several years may also be impacting the number of families seeking WIC assistance.

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:** As WIC operations stabilized during SFY14-15 after implementing the new data system and WIC EBT, staff was able to shift from implementation activities to more normal program operations. Between SFY13-14 and SFY14-15, average monthly statewide participation increased by 14,378 or 3.1%. EBT appears 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 undertaken have enhanced 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. 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 / 64200100  
**Measure:** Prevalence of adults who report no leisure time physical activity

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
20.0%	27.7%	7.7% Over	38.50%

**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" seems to be based on the HP2010 target of 20%. Nationally, this was not achieved and HP2020 set the target for this objective at 32.6%. However, the Behavioral Risk Factor Surveillance System (BRFSS) does not ask the same question used to measure the Healthy People Objective. Additionally, the trend of this indicator started anew in 2011 due to changes in BRFSS methodology. The percentage of adults who were sedentary in 2013 (27.7%) was not statistically different from the 2011 estimate (26.9%).

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

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

**Explanation:**

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

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:**

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** Bacterial 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
2,540	2,574	34	1.3*

**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:** 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):

- 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:** 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 2014, 77% of bacterial STD cases were from private medical providers. The number of reported bacterial STDs for females 15-34 increased by 3.3% among private providers, while there was a decrease of 12.8% among publicly funded providers from 2013 to 2014.

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

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:** The STD and Viral Hepatitis Section will continue to encourage routine, systematic and diagnostic testing of STDs among women of reproductive age and at-risk populations. Further increases in this measure are anticipated in 2015. As routine testing, prompt treatment, electronic laboratory reporting, and improvements in the standardization of STD services continue, overall reductions in the incidence of STDs are expected over the next few years. Efforts to provide prevention education and promote annual STD screening among all at-risk clients will further improve this measure over time.

\*Percent difference is of a ratio.

*Office of Policy and Budget – July 2015*

**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	85.65	(4.6)	(5.1%)

**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:**

**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:** 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 parents are delaying their children's 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. The 2014-15 statewide coverage rate for basic 4:3:1:3:3:1 (four DTaP, three Polio, one MMR, three Hib, three Hepatitis B, and one Varicella) immunizations series was 85.56%, as compared to the 2013 rate of 86.72%. 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):

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:** Strategies to increase these rates include the use of Florida State Health Online Tracking System (SHOTS), the statewide immunization registry, continued reminder/recall activities, decreasing missed opportunities, providing patient/parent education and increasing access to immunization services. ***Please Note:*** The 2015 data for this objective is annual and will not available nor reported again until January 2016.

**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:**

- 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%	91.46%	(8.54)	8.54%

**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 state food safety program is shared by several state agencies. The Department of Health (DOH) has experienced, due to legislative changes in recent years, decreased number of facilities under DOH authority. This has reduced the workforce in the county health departments and is reflected in the quantity of work accomplished in the food program.

**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:** Changes in state law have changed the DOH portion of the state food safety program.

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

- Training  Technology
- Personnel  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.

*Office of Policy and Budget – July 2015*

**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	763,027	(694,940)	(47.67%)

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Resources Unavailable                       | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change                               | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                               | <input type="checkbox"/> Other (Identify)       |
| <input checked="" 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 2014 statewide coverage rate for basic 4:3:1:3:3:1 (four DTaP, three Polio, one MMR, three Hib, three Hepatitis B, and one Varicella) immunizations series was 85.56%, as compared to the 2013 rate of 86.72%. Additionally, 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 2014/2015, the VFC Program shipped over \$231 million in vaccines with over \$30 million (13%) shipped to county health departments. This indicates a shift of more children receiving their immunization services at their private healthcare provider. ***Please Note:*** The 2015 data for this objective is annual and will not available nor reported again until January 2016.

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

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

**Recommendations:**

*Office of Policy and Budget – July 2015*

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
289,052	150,708	(138,344)	(48%)

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**Explanation:** 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):

- Training
- Personnel
- Technology
- 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 revised 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 has been 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 Needs / 64200700  
**Measure:** Number of Onsite Sewage Disposal System Inspections

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
407,668	164,372	(243,296)	60%

**Factors Accounting for the Difference:**

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

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

**Explanation:** The number of 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 permits issued in FY 2014-15 was 36,128 and permits for new systems exceeded 10,000 for the first time since 2008. A modest increase in housing starts might be anticipated in FY 2015-16, this continues to be moderated by the reduction in modification permits issued due to changes in law. We recommend setting the FY 2015-2016 goal at 164,500. We continue to meet our statutory requirements for system inspections.

**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 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):

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:** The measure should be evaluated for an accurate reflection of required activity by considering lowering the goal to 164,500 to reflect reasonably anticipated construction activity. The change is needed to reflect current economic reality of a decrease in new development from 2005/2006.

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** County Health Department-Local Health Needs / 64200700  
**Measure:** Number of Community Hygiene Services

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
126,026	57,793	(68,233)	(54.14%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:** With the economic recession there was a loss of population in the state that could affect the demand for services.

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:** The community hygiene services measurement includes many programs that could be tracked and trended separately to get a better prediction over time of what the community demand might be to understand lowest and highest demand probabilities. This measure was developed when Environmental Health was a Division-level entity. With its realignment in the Departments organizational structure in 2012-13, a number of programs within community hygiene services were transferred to the Bureau of Epidemiology including rabies and food complaints and not part of what is now the Bureau of Environmental Health. In the meantime we suggest changing the standard to 65,932, which better reflects the level of current service demands.

*Office of Policy and Budget – July 2015*



**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	127,760	(131,214)	(50.67%)

**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 systems constructed or operating permits issued. The Florida DEP significantly changed the number and frequency of required storage tank inspections two years ago. This affected several CHDs that were contracted to perform the program. Additionally, nearly all the petroleum 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 2015-16, this continues to be low. We recommend setting the 2015-2016 goal at 130,000. Please note that 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 130,000 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.

*Office of Policy and Budget – July 2015*

**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	372,878	(33,205)	(8.18%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

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

**Recommendations:**

*Office of Policy and Budget – July 2015*

**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%	99.85%	(.15)	(1.48%)

**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:**

**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 department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The department did achieve a 99.85% accuracy rate in 2014-15 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):

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:**

*Office of Policy and Budget – July 2015*

**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	635,328	(17,655)	(2.7%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

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

**Recommendations:**

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,985	2,351	(634)	(21.24%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:** The methodology for calculating this indicator was changed to more accurately reflect the number of “served” clients.

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

- Training
- Personnel
- Technology
- Other (monitor change)

**Recommendations:**

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

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Children’s Medical Services  
**Service/Budget Entity:** Children’s Special Health Care / 64300100  
**Measure:** Percentage of CMS network enrollees in compliance with the periodicity schedule for well child care

**Action:**

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

Approved Standard Requested revision	Actual Performance Results	Difference (Over/Under)	Percentage Difference
78%	77%	(1.0)	(1.0%)

**Factors Accounting for the Difference:**

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

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

**Explanation:** Children’s Medical Services has 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 more accurately depicts compliance with this performance measure. The requested target was missed by a small 1% margin. It is important to note that the current survey occurred during a different time of year than previous evaluation year. It is therefore possible that reports of routine visits were greater during the last year’s evaluation because the questions were asked for a different reference period (later in the calendar year) whereas the current survey was taken in the beginning of the calendar year.

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

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

**Explanation:**

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

*Office of Policy and Budget – July 2015*

**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 (national measure)

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94.0%	92.5	Under	1.5%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

The calculation method has changed due to statutory and policy changes. We are now measuring a statewide population with an expanded survey compared to 2 counties in our old methodology. We are requesting a new baseline of 92.5 for FY 2014-2015.

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

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

**Explanation:**

State policy changes required HEDIS survey process change to include all Medicaid MMA enrolled members and to target children with chronic conditions, making this measure more rigorous.

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

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

**Recommendations:**

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
60	64.5	4.5	7.5%

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems      |
| <input type="checkbox"/> Legal/Legislative Change                            | <input type="checkbox"/> Natural Disaster            |
| <input 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:** This measure includes time periods over which the department has no control. Once an applicant is approved for licensure, there may be requirements for the applicant to complete prior to receiving a license, e.g., pass an exam. This measure is from the time a complete application is received until the actual license is issued.

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

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

**Recommendations:** None

*Office of Policy and Budget – July 2015*



**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Health Care Practitioner 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:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.93%	(.07)	(.07%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Health  
**Program:** Health Care Practitioner 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:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
85%	28.6%	(56.4)	(66.35%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:** None

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	52.1%	(12.9)	(19.85%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

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

**Recommendations:** None

*Office of Policy and Budget – July 2015*

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

**Action:**

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.79%	(.21)	(.21%)

**Factors Accounting for the Difference:**

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

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

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

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

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

**Explanation:**

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

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

**Recommendations:**

*Office of Policy and Budget – July 2015*

**FLORIDA DEPARTMENT OF HEALTH**

**PERFORMANCE MEASURE VALIDITY AND  
RELIABILITY**

**LRPP Exhibit IV**

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department** Department of Health  
**Program:** Executive Director and Support Services  
**Service/Budget Entity** Administrative Support/ 64100200  
**Measure:** 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:

- **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.

- **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.

- **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

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.

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

### 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:

- **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.

- **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.

- **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

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.*

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.*

*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.*

*Office of Policy and Budget - July 2015*

## 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.*
- *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, 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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

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 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.*

*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, FS 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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

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.*

*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.* 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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

Validity Determination Methodology:

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

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Yes*
  - Community Public Health Program Purpose Statement:  
To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.
- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes*
- *If yes, state which goal and objective it relates to?*
  - Goal 4: Improve access to basic family health care services.
  - Objective 4D: Reduce births to teenagers.
- *Has information supplied by programs been verified by the Office of the Inspector General? No*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No*



Reason the Methodology was Selected:

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

*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, 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.*

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.*

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Family Health Services/ 64200300  
**Measure:** Number of monthly special supplemental nutrition program for Women, Infants and Children (WIC) participants

**Action** (check one):

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

### DATA SOURCES AND METHODOLOGY:

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

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

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

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

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

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

### VALIDITY

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.*

*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.* 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:**

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

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).

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

In addition to other information, contractors report the number of meals served to children in their care during the reporting month.

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

This data is transmitted monthly to the USDA Food and Nutrition Service and provides the basis for federal meal reimbursements.

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

Program contractors must document and report the number of meals served at each meal service – breakfast, lunch, snack, etc. MIPS edits these numbers against other information in the database to ensure validity. The system flags potential problems for follow-up and desk reviews and on-site monitoring reviews further ensure validity of reported numbers and consequent payments.

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

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

*Office of Policy and Budget – July, 2015*

## 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:

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

The data source used will be Florida Community Health Assessment Resource Tool Set (CHARTS).

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

CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

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

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.

### VALIDITY

As yet to be determined by Department of Health, Office of Inspector General

### RELIABILITY

As yet to be determined by Department of Health, Office of Inspector General

*Office of Policy and Budget – July, 2015*

## 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:

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

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.

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

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?"

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

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

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General  
*Office of Policy and Budget – July 2015*

## 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:

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

The data source used will be Florida Community Health Assessment Resource Tool Set (CHARTS).

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

CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

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

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.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General  
*Office of Policy and Budget – July 2015*

## 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

Validity Determination Methodology:

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

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

*Executive Direction and Support Program Purpose Statement*

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

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes*
- *If yes, state which goal and objective it relates to?*  
*Goal 5: Prevent and reduce tobacco use*  
*Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, 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.*

*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.* 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
  - 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*

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** AIDS case rate per 100,000 population

**Action** (check one):

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

### DATA SOURCES AND METHODOLOGY

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

HIV/AIDS Reporting System (HARS), which is a microcomputer database application developed by the Center for Disease Control (CDC), in which demographic and patient data on all AIDS cases are maintained.

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

The number of AIDS cases reported during the calendar year come from the regional HIV/AIDS surveillance coordinator who compiles AIDS case reports submitted to the county health departments and enters the data directly into HARS. Regional data are then transferred to Tallahassee on a regular basis. These regional data make up the statistics in the HARS database from which statistical reports are produced.

Population figures are obtained from the U.S. Census during census years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

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

Number of reported AIDS cases during the calendar year divided by population, 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 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.*

*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 [HIV/AIDS] and Public Health Indicators Data System Reference Guide [AIDS1, PARA18]*
- *Is written documentation available that describe how the data are collected? Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS]*
- *Has an outside entity ever completed an evaluation of the data system? Yes. Centers for Disease Control and Prevention. In addition, there are internal quality control checks to ensure that the data are accurate and complete. Internal quality control by staff ensures accurate data through routine data verification and edits of reports entered into the statewide HIV/AIDS case registry. Each electronic data transfer and hard copy of case reports are subject to computer software procedures that identify outliers and other data entry errors. Monthly data audits are conducted and case reports are sent back to the county health department as necessary to correct or update data. All case reports sent to the Bureau of HIV/AIDS are reviewed to ensure an unduplicated count of cases both at the local and state level. Completeness of reporting is accomplished through active surveillance for AIDS cases by field staff.*

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

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

Reason the Methodology was Selected:

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

*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.*

*Office of Policy and Budget – July 2015*

## 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

Validity Determination Methodology:

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

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

Community Public Health Program Purpose Statement:

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

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

Reason the Methodology was Selected:

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

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

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

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

Reason the Methodology was Selected:

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

*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.*

*Office of Policy and Budget – July 2015*

## 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.

### DATA SOURCES AND METHODOLOGY:

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

Database: BSTD's Patient Reporting Investigation and Surveillance Manager (PRISM) application

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

Required Reportables: Provider and Laboratory Reports

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

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

Authority: Chapters 381 and 384 Florida State Statutes and 64D – 3 Florida Administrative Code

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

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 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 (as determined by program office):

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.

*Office of Policy and Budget – July, 2015*

## 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.*

*Office of Policy and Budget – July 2015*



## 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:

*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.*

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Community Public Health  
**Service/Budget Entity:** Disease Control and Health Protection / 64200200  
**Measure:** Number of annual patient days at A. G. Holey Tuberculosis Hospital

**Action** (check one):

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

### DATA SOURCES AND METHODOLOGY:

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

A report entitled "Fiscal Year XX-XX Prior Year Actual Report." This report is prepared by a private firm.

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

These data are kept on an AG Holley Tuberculosis Hospital spreadsheet using information derived from admission records and discharge records.

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

Admission and discharge records are reviewed to determine number of days a patient is enrolled at the hospital. Additionally, Medicaid, Medicare, veterans' benefits, private insurance reimbursements, and private pay records are reviewed. A log is maintained which documents this information. The data collection period is the state fiscal year 7/1/XX through 6/30/XX.

Program staff's assessment of accuracy is "excellent."

### VALIDITY

Validity Determination Methodology:

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

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Not enough information provided by the program for the Office of the Inspector General to determine*

*Community Public Health Program Purpose Statement:*

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

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

Reason the Methodology was Selected:

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

*Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.*

## **RELIABILITY**

Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable? The definition of “patient day” is the same used by the Agency for Health Care Administration for the term “length of stay.”*
- *Is written documentation available that describe how the data are collected?*  
No.
- *Has an outside entity ever completed an evaluation of the data system?*  
No, however, the hospital’s quality assurance department verifies documentation and accuracy, and routinely reviews all medical records. Also, the hospital must meet licensing requirements of the Agency for Health Care Administration, including a medical records review.

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

- *Is there a logical relation between the measure, its definition and its calculation? Not enough information has been provided by the program for the Office of the Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? No*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? No.*
- *If yes, note test results.*

Reason the Methodology was Selected:

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

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

*Office of Policy and Budget – July 2015*

## 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.

### **VALIDITY:**

As yet to be determined by Department of Health, Office of the Inspector General

### **RELIABILITY:**

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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.*

*Office of Policy and Budget – July 2015*

## 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 programming language, 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?*
  - 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**

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.*

*Office of Policy and Budget – July 2015*

## 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:**

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

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

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

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.

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

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.

### **VALIDITY:**

As yet to be determined by Department of Health, Office of the Inspector General

### **RELIABILITY:**

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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

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.*

*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*
- *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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:** 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 Florida.

Community Health Assessment Resource Tool Set (CHARTS) 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 illnesses are not occurring but that they are not being investigated.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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

Validity Determination Methodology:

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

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

Community Public Health Program Purpose Statement:

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

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes*
- *If yes, state which goal and objective it relates to?*

*Goal 4: Improve access to basic family health care services*

*Objective 4A: Improve maternal and infant health*

- *Has information supplied by programs been verified by the Office of the Inspector General? No*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No*

*Reason the Methodology was Selected:*

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

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

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

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

*Reason the Methodology was Selected:*

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

*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.*

Office of Policy and Budget – July 2015

## 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

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.*

*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, 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.*

*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.*

*Office of Policy and Budget July 2015*

## 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

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.*

*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 [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.*

*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.*

Office of Policy and Budget – July 2015

## 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

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.*

- *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, 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.*

*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.*

Office of Policy and Budget – July 2015

**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**

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.*

*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, 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.*

*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*

Office of Policy and Budget – July 2015

## 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

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.*

*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, 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.*

*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."*

Office of Policy and Budget – July 2015

## 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, 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 0583—TB test, 0584—IGRA (Interferon-Gamma Release Assay), 4801—Directly Observed Therapy, Nurse; 4802—Video Directly Observed Therapy, Nurse; 4803—Directly Observed Therapy, Paraprofessional; 4804—Video Directly Observed Therapy, Paraprofessional; 5000—Nursing Assessment, 5040—Drug Issuance, Nurse, 6000—Medical Management, 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, 0584, in the CIS/HMC system are counted and added to the total number of services coded to service codes 4801, 4802, 4803, 4804, 5000, 5040, 6000 and 6500 in the tuberculosis program (program component 04 in the CIS/HMC 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:

As yet to be determined by Department of Health, Office of the Inspector General

#### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General  
*Office of Policy and Budget – July 2015*

## 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 programming language, 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

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.*

*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, 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.*

*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.*

*Office of Policy and Budget - July 2015*

## 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

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*
- *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? 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.*

*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.*

*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.*

Office of Policy and Budget – July 2015

## 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 department will use the Client Information System/Health Management Component (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 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:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

### Action (check one):

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

### DATA SOURCES AND METHODOLOGY

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

Vital Statistics is a mainframe data system, which records the registration of vital record events from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

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

County health departments submit records of births and deaths to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

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

Data are collected throughout the year. Although the county health department contract year is 10/1 through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the calendar year.

### VALIDITY:

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.*



*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:

*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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:

- **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

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

Program staff update these databases routinely as they perform workload activities

- **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.

*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.*

- *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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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):

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

### DATE SOURCES AND METHODOLOGY

**• 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 fiscal year of detailed drug cost information.
- (3) Current Minnesota Multistate Contracting Alliance for Pharmacy-Group Purchasing Organization (MMCAP-GPO) drug manufacturer price list and Section 340B Public Health Service (340B PHS) contracted price lists, updated on a quarterly basis as per federal regulation.
- (4) The current wholesale acquisition cost (WAC) for each drug.

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

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

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

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

### VALIDITY:

Validity Determination Methodology:

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

Community Public Health Program Purpose Statement:

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

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

- *If yes, state which goal and objective it relates to?*

*Goal: Provide public health-related ancillary and support services*

*Objective: Provide cost efficient statewide pharmacy services.*

- *Has information supplied by programs been verified by the Office of the Inspector General? No*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No*

Reason the Methodology was selected:

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

**RELIABILITY:**

Reliability Determination Methodology:

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

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, eAudit Solutions, Inc. maintains documentation.*
- *Is written documentation available that describe how the data are collected? Yes, eAudit Solutions, Inc. maintains documentation.*
- *Has an outside entity ever completed an evaluation of the data system? Yes, eAudit.*

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

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

Reason the Methodology was Selected:

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

*Office of Policy and Budget – July 2015*

## 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

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.*

*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, 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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 of counties reporting significant progress in achieving the Public Health and Medical-Related Target Capabilities

**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**

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.

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

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.

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

The Office of Public Health Preparedness has developed an online assessment for health and medical stakeholders to measure progress each year.

### VALIDITY (as 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 (as 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 2015*

## 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

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.*

*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:

*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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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

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.*

*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? 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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.

### DATE SOURCES AND METHODOLOGY

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

Mainframe database with:

Operating system - Digital VMS running on a Vax 3600 Database interface: Dataflex

There are Licensure database tables that include demographic data, application information, permitted vehicles data, etc.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5).

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

Data collected directly from licensure application. Hand entered into database. Frequency count of providers licensed.

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

The number of Emergency Medical Services (EMS) providers licensed. The collection period is each fiscal year.

### 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*

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, 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*

*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.*

*Office of Policy and Budget – July 2015*

## 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 medical students who do a rotation in a medically underserved area.

**Action** (check one):

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

### DATE SOURCES AND METHODOLOGY

- **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

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.*
- *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. 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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.

**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 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:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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**

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.

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

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

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.

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

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.

Based on our reliability assessment methodology, there is a high probability that this measure is reliable subject to data testing results.

*Office of Policy and Budget – July 2015*

## 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:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

- **List and describe the data sources(s) for the 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.

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

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.

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

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:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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

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

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.

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

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.

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

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 (as determined by the program office):

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.

**RELIABILITY (as determined by the program office):** The performance outputs sited above below meet or exceed retail industry standards.

*Office of Policy and Budget – July 2015*

## 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

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

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.

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

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.

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

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 (as determined by the program office):

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.

### RELIABILITY (as determined by the program office):

The performance outputs cited above below meet or exceed retail industry standards.

*Office of Policy and Budget – July 2015*



## 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 radioactive material inspection violations corrected in 120 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.**

Radioactive material database for the number of licensees with violations and the date of the inspection

Radioactive material database for the violation corrected documentation and the date corrected

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

Inspection staff uploads their inspection reports.

Inspection Coordinator reviews reports for accuracy and creates a violation correction letter to be sent to licensee

The date of the violation correction letter is entered in the database

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

When the violation correction documentation is received by the radioactive material section, it is entered into the database

The receipt date is then compared to the date of the violation correction letter.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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 of x-ray machine inspection violations corrected within 120 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.**

X-ray machine database for the number of x-ray machine facilities with violations and the date of the inspection

X-ray machine database for the violation corrected documentation and the date corrected

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

Inspection staff uploads their inspection reports to the X-ray Machine Registration Section.

The X-ray Machine Registration Section staff enters the inspection results indicating the date of the inspection.

A violation letter is sent to the registrant and tracking is started.

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

When the violation correction documentation is received by the X-ray Machine Registration Section, it is entered into the database.

The receipt date is then compared to the date of the inspection

### **VALIDITY:**

As yet to be determined by Department of Health, Office of the Inspector General

### **RELIABILITY:**

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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.**

For the purposes of this evaluation, an NCQA-certified vendor was used to administer surveys to statewide enrollees.

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

Eligibility requirements mandated that enrollees had:

- An age of 21 years or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last 6 months
- No more than one gap in enrollment of up to 45 days during the measurement year
- Prescreen Status Code, where the member has claims or encounters during the measurement year or the year prior to the measurement year. The Prescreen Status Code indicates the child is likely to have a chronic condition

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

Per contract specifications, NCQA methodologies were utilized. A list of all eligible members [per the criteria above] was supplied to the NCQA-certified CAHPS vendor for survey administration. In turn, a sample was pulled based upon NCQA guidelines. Multi-modal (mail and phone) administration of the survey was employed per NCQA guidelines. Eligible participants were contacted in five waves:

- Wave 1: Initial survey is mailed.
- Wave 2: A thank you/reminder postcard is mailed four to ten days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents approximately 35 days after the initial questionnaire.
- Wave 4: A thank you/reminder postcard to non-respondents is mailed four to ten days after replacement questionnaire.
- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up began approximately 21 days after the replacement survey is mailed.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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:** 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:**

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

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.

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

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.

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

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.

*Office of Policy and Budget – July 2015*

## 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.**

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

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

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:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Agency:** Department of Health  
**Program:** Children's Medical Services (CMS) Program  
**Service/Budget Entity:** 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

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

Child Protection Team (CPT) program utilized the Child Protection Team Information System (CPTIS) for the collection of CPT data. CPTIS was created to meet the data needs of the local Child Protection Teams and Children's Medical Services. This includes tracking client registration, service provision, assessment reports and case progress notes as well as the ability to track program compliance with contractual requirements, and measuring program performance on key indicators. CPTIS is a .NET web-based program supported by the CPT program office and the DOH Information Technology (IT) office. Major elements of the system are: demographic information, referral information, registration information, assessment activities and reports, family information, abuse report review, other CPT activity, and provider information. Each of these sections contains screens necessary for data input. Each screen has "mandatory" fields, i.e., fields that are required to successfully create a new record. Each screen also has built-in edit checks to ensure data integrity.

- **Describe the methodology used to collect the data and to calculate the result**

Each contract provider collects required information on all children seen by the local CPT program and enters the data into CPTIS. The local CPT staff also enters all assessments activities completed by the staff into CPTIS, when the assessments reports were completed, and the date the assessment report was sent to the CPI or CBC.

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

This measure is number of reports completed and submitted to Child Protective Investigators within specified timeframes. Data reports required to measure this indicator are available through CPTIS. These reports are available to both local providers and program office staff.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General  
*Office of Policy and Budget – July 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

Data sources used to calculate quality of care indicators include: (1) enrollment data, (2) claims and encounter data, and (3) pharmacy data. For some measures, data abstracted from the review of medical records may be used to augment the claims and encounter data. Enrollment files contain information about the child's age, sex, and the number of months of enrollment. This is used to determine eligibility for a given measure. The claims and encounter data contain Current Procedural Terminology (CPT) codes, International Classification of Diseases, 9th Revision (ICD-9-CM) codes, place of service codes, and other information needed to calculate a measure. Pharmacy data contain information about prescriptions filled.

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

Of the 12 HEDIS® measures, five were conducted using the hybrid methodology, using both administrative data and information obtained from medical records, as mentioned above. The Institute uses QSI software to determine the eligible members for the five measures. The Institute uses Quality Spectrum Hybrid Reporter (QSHR) for medical record data abstraction. Data from Florida State Health Online Tracking System (FL SHOTSTM) was also used to extract immunization records.

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

The Institute for Child Health Policy uses Quality Spectrum Insight (QSI), an NCQA-certified software to calculate HEDIS® measures as well as most of the AHCA-defined measures (CD4/VL, FHM, HAART, HIVV, and RER), which are based off of the HEDIS® 2014 technical specifications produced by NCQA. Per the specifications, rates are not reported when the measure's denominator is less than 30. Results for TRA and TRT are produced using auditor-approved Statistical Analysis System (SAS) code.

### VALIDITY (as 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 (as 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, 2015*

## 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:** 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

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.*

*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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:** 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

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.*

*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? 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.*

*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.*

*Office of Policy and Budget – July 2015*

## 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:** 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**

Child Protection Team (CPT) program utilized the Child Protection Team Information System (CPTIS) for the collection of CPT data. CPTIS was created to meet the data needs of the local Child Protection Teams and Children's Medical Services. This includes tracking client registration, service provision, assessment reports and case progress notes as well as the ability to track program compliance with contractual requirements, and measuring program performance on key indicators. CPTIS is a .NET web-based program supported by the CPT program office and the DOH Information Technology (IT) office. Major elements of the system are: demographic information, referral information, registration information, assessment activities and reports, family information, abuse report review, other CPT activity, and provider information. Each of these sections contains screens necessary for data input. Each screen has "mandatory" fields, i.e., fields that are required to successfully create a new record. Each screen also has built-in edit checks to ensure data integrity.

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

Each contract provider collects required information on all children seen by the local CPT program and enters the data into CPTIS. The local CPT staff also enters all assessments activities completed by the staff into CPTIS.

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

Data reports required to measure this indicator are available through CPTIS. These reports are available to both local providers and program office staff.

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

## 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:

- **List the data source(s) for the 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.

- **Describe the methodology used 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.)

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

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

### VALIDITY:

As yet to be determined by Department of Health, Office of the Inspector General

### RELIABILITY:

As yet to be determined by Department of Health, Office of the Inspector General

*Office of Policy and Budget – July 2015*

**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:**

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

- **Describe the methodology used 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.

- **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:**

As yet to be determined by Department of Health, Office of the Inspector General

**RELIABILITY:**

As yet to be determined by Department of Health, Office of the Inspector General  
*Office of Policy and Budget – July 2015*

## 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.

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

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.

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

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.

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

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.

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, 2015*



## 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.

### DATA SOURCES AND METHODOLOGY:

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

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

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

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.

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

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.

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.

### VALIDITY (as 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 (as 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."

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, 2015*

## 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.

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

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

This measure is a total count of initial licenses and renewal licenses issued during a certain time period. Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

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

The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

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

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. Licensees must renew their license based on 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.

*Office of Policy and Budget – July, 2015*

## 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:

- **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.

- **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.

- **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 (as determined by program office):

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 (as determined by program office):

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.

*Office of Policy and Budget – July 2015*

## 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:

- **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.

- **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.

- **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 (as determined by program office):

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 (as determined by program office):

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, 2015*

## 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:

- **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.

- **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).

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

An investigation has been defined as a complaint that has been worked by the Bureau of Consumer and Investigative Services. Complaints that meet this criteria are counted when they are 1) closed administratively (1000-1090 disposition code, run from query at the end of the year), 2) transmitted to the legal section from either the field or Consumer Services as a desk investigation (status 50, referred to legal, see annual report measure to Department of Health), 3) closed with a citation issued by Consumer Services (4085 disposition code). The number of FTE is the numerator and is a count by the Consumer Services Unit and the Investigative Services Unit Managers of the number of FTE employed to analyze complaints for legal sufficiency or investigate complaints during the fiscal year. For Fiscal Year 2000-2001, this number was 67 for Investigative Services and 15 for Consumer Services for a total of 82 FTE.

### VALIDITY:

This measure roughly indicates the productivity of the practitioner regulation investigation program component. The number of complaints that are analyzed for legal sufficiency and closed per investigator is much higher than the number of full investigations per investigator. By combining these two figures in the denominator, productivity improvements in the individual sections (between Consumer Services and Investigative Services) may be diluted.

### RELIABILITY:

The numbers for the denominator are gathered monthly in a monthly critical business report. They are then recorded in a fiscal year spreadsheet for annual reporting. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

*Office of Policy and Budget – July, 2015*

## 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

**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 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.

- **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.

- **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.

*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.*

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.

*Office of Policy and Budget – July 2015*



## 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.

**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:

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

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.

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

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.

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

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%'
        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 (as 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 (as 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, 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

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.

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

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.

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

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 (as 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 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 (as 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 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

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. **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.

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

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.

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

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.

### **VALIDITY (as 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 (as 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 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

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.

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

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 Prometrics. 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.

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

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 (as determined by program office):**

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 (as determined by program office):**

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.

*Office of Policy and Budget – July 2015*

## 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

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

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

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.

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

When the Recommended Order is received from DOAH, support staff personnel in the Prosecution Services Unit (PSU) enter the applicable activity code of 440 with the effective date into COMPAS under that case number. The case is thereafter placed on the agenda of the next board meeting for the respective profession, and upon said board taking action on the case and determining the appropriate penalty (if any), a final order is subsequently prepared by the Office of the Attorney General and filed with the

Department's Agency Clerk. At the time said final order is filed, Central Records staff will enter a status code of 120 to put the case into closed status, and enter the appropriate "4000" series disposition code to reflect the applicable disciplinary penalty or dismissal of the case. The final orders resulting from a Recommended Order are identified by the Final Order Index Number entered by Central Records, and where the "FOF" (final order - formal) suffix is entered upon the filing of a Final Order resulting from a Recommended Order. The numerator for this measure is the number of cases that proceed from a received Recommended Order to a filed Final Order within 90 days or less. The denominator is the total number of cases that proceeded from Recommended Order to Final Order within the applicable time frame regardless of the number of days following the Recommended Order.

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

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

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

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

*Office of Policy and Budget – July, 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

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

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.

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

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 (as 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 (as 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.

*Office of Policy and Budget – July, 2015*

## 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.

### DATA SOURCES AND METHODOLOGY

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

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

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.

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

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.

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_nāme,
       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
  )

```

```

FROM cntct_hist ch,
     ltr_mstr T,
     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 T2
     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 T
     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

```

```

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, 2015*



## 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.

### DATA SOURCES AND METHODOLOGY

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

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

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.

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

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.

*Office of Policy and Budget – July 2015*

## 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.

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

- **List and describe the data source(s) for the 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 is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart.

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

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.

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

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.

### **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.

Office of Policy and Budget – July 2015

## 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.

### DATA SOURCES AND METHODOLOGY

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

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.

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

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.

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

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 (as 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 (as 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.

*Office of Policy and Budget – July, 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Disability Determination  
**Service/ Budget Entity:** Disability Determination/64500100  
**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

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.*

*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? 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.*

*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.*

*Office of Policy and Budget – July 2015*

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Health  
**Program:** Disability Determination  
**Service/Budget Entity:** Disability Benefits Determination/64500100  
**Measure:** Number of disability decisions completed annually.

**Action** (check one):

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

### DATA SOURCES AND METHODOLOGY

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

The number of completed disability decisions are obtained from the National Disability Determinations Service System (NDDSS) maintained by the Social Security Administration (SSA). Medically Needy determinations were added for 2001-02 fiscal year.

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

A claim is logged into the NDDSS when it is filed in a SSA district office. Each step of the claim adjudication processes is recorded. Upon completion relevant data about the claim are accessible including completed decision data.

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

Number of disability decisions completed annually.

Program information: Historically this output measure has been a key process measure used by the SSA as a "standard" for comparing states' disability determination programs. This measure is recorded when a claim is completed and is reported weekly on SSA's NDDSS.

All disability claims filed in SSA's district offices are logged into the NDDSS. Each step in the claim adjudication process is recorded. Upon completion relevant data about the claim are accessible and comparisons with other states are made.

### VALIDITY

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.*

*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? 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.*

*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.*

*Office of Policy and Budget – July 2015*

**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 ACT4110
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 2014-15			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,809,442,898		35,388,448	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		711,828,321		-1,100,000	
FINAL BUDGET FOR AGENCY		3,521,271,219		34,288,448	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					32,246,447
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		4,055,414,099	0.01	23,743,517	
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.		67	157,853.58	10,576,190	
Provide Quitline Services * Number of calls to the Florida Quit-for-Life Line.		75,735	151.47	11,471,366	
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	2,073.56	14,004,820	
Provide School Health Services * Number of school health services provided		18,816,788	3.15	59,230,119	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.		207,449	338.29	70,177,435	
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.		236,765	463.63	109,770,382	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		500,000	815.31	407,655,172	
Child Care Food Nutrition * Number of child care meals served monthly		9,030,000	22.68	204,808,156	
Provide Family Planning Services * Number of family planning clients.		219,410	246.35	54,052,441	
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.		187,381	710.13	133,065,037	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		121,348	303.92	36,879,973	
Recruit Volunteers * Number of volunteers participating		27,915	16.78	468,398	
Provide Immunization Services * Number of immunization services provided		1,457,967	24.47	35,682,597	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		99,743	396.45	39,542,719	
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	3,359.78	153,444,368	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		289,052	175.52	50,733,920	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		218,661	68.94	15,074,494	
Monitor And Regulate Facilities * Number of facility inspections.		187,754	154.09	28,931,948	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		407,668	84.41	34,409,223	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		75,148	99.42	7,470,874	
Racial And Ethnic Disparity Grant * Number of projects		16	180,598.13	2,889,570	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		126,026	62.27	7,847,298	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		258,974	27.28	7,066,031	
Record Vital Events - Chd * Number of vital events recorded.		406,083	28.39	11,528,404	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.		653,447	16.34	10,675,055	
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.		1,600,584	95.86	153,436,548	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		4,925,709	5.90	29,079,845	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		95,240	476.67	45,398,119	
Statewide Research * Number of grants awarded annually.		26	3,525,150.23	91,653,906	
Prescription Drug Monitoring * Number of queries to Prescription Drug Monitoring database.		9,990,749	0.06	565,885	
Early Intervention Services * Number enrolled in early intervention program.		47,610	1,150.79	54,788,934	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments		99,526	206.33	20,535,487	
Poison Control Centers * Number of telephone consultations.		142,770	13.24	1,890,227	
Children's Medical Services Network * Number of children enrolled		64,740	12,876.60	833,630,845	
Issue Licenses And Renewals * Health care practitioner licenses issued		500,000	80.83	40,417,311	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.		700	1,984.66	1,389,263	
Profile Practitioners * Number of visits to practitioner profile website.		2,000,000	0.20	409,599	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		516	502.47	259,276	
Support Local Health Planning Councils * Number of Local Health Councils Supported.		11	104,008.91	1,144,098	
Support Rural Health Networks * Rural Health Networks supported.		9	171,387.33	1,542,486	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		2,985	6,738.68	20,114,951	
Dispense Grant Funds To Local Providers * Number of disbursements.		89	85,278.55	7,589,791	
Trauma Services * Number of Verified Trauma Centers		27	338,389.33	9,136,512	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		249,608	526.74	131,478,125	
Investigative Services * Number of practitioner cases investigated.		33,311	293.44	9,774,764	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		4,516	1,729.00	7,808,149	
Consumer Services * Number of complaints resolved.		31,918	71.36	2,277,677	
TOTAL				3,005,521,305	32,246,447
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				210,662,736	
REVERSIONS				305,087,647	2,042,001
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				3,521,271,688	34,288,448

## 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.

**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  
**STD** – Sexually Transmitted Disease  
**STO** - State Technology Office  
**TBD** – To Be Determined  
**TCS** - Trends and Conditions Statement  
**TF** - Trust Fund