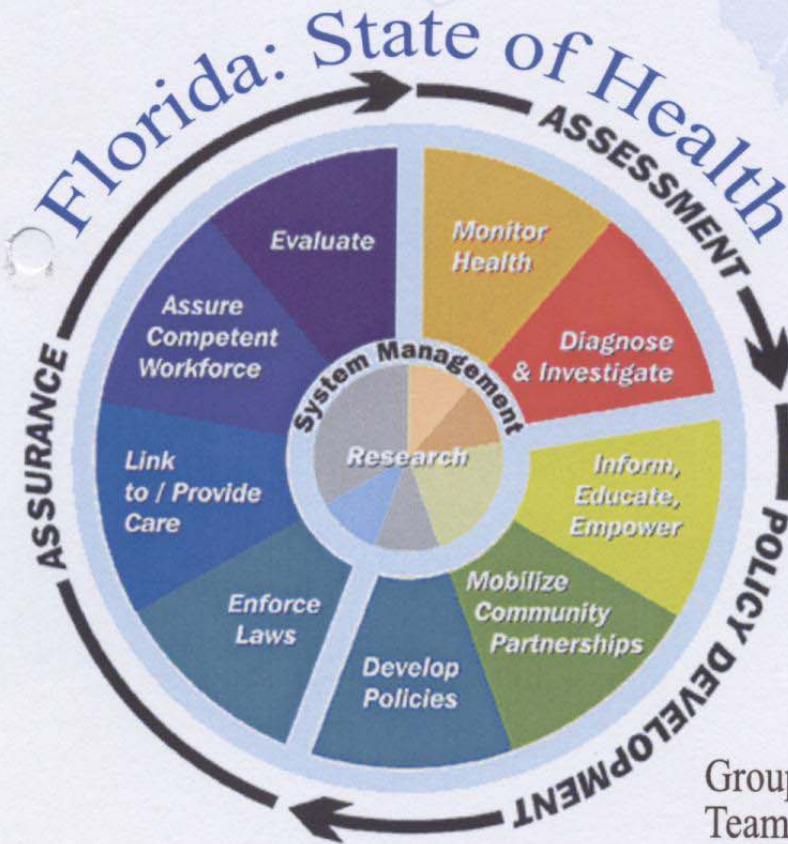


Citizen Review Group for
Governor-Elect Crist
Lieutenant Governor-Elect Kottkamp
Department of Health Plan
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Group Leader: AK Desai MD MPH
Team Leader: Akhil Agrawal
Team Leader: Alan Mendelsohn, MD
Robert M Levy
Fred Lippman RPh EdD
John Sinnott MD FACP
Jean Wortock ARNP PhD

Outline of Citizen’s Review Group Findings Department of Health

Observations:

1. Overall Management was extremely cooperative, gracious, and helpful in every way with the Citizen Review Group’s (CRG) efforts.
2. The Management, Secretary, Deputy Secretaries, and Assistant Secretaries who presented to the CRG are outstanding, committed individuals.
3. It is outside the scope of these findings to make specific recommendations on personnel actions.
4. Lack of performance metrics to measure results of programmed expenditures within the department is a pervasive problem.
5. Opportunity to provide more dignified, compassionate, quality care through introduction of customer friendly efficiencies at the local level, e.g. wait times, renaming clinics to Healthcare Centers, etc.
6. The AIDS Insurance Continuation Program (AICP) is one of the most successful program of it's sort in the nation - capturing Medicaid dollars to pay insurance premiums for HIV positive individuals, keeping them in the workplace and often keeping them as productive members of society - and saving the state of Florida literally millions of dollars annually as documented. Programs like this should be encouraged where ever possible.
7. Children’s Medical Services (CMS) is recognized by the pediatrician community as a “crown jewel” in the Department of Health (DOH) family of services.

Recommendations:

1. Create a Surgeon General Position to focus on true public health advocacy external to the management of the Department of Health. Florida faces a challenge as we are currently ranked 41st in health in the United States, stand to reap huge economic benefits as a result of a healthier workforce (stem the rising cost of health insurance for our employers), and lead the nation in healthcare disparities due to strong diversity of our population.
 - a. Specific Agenda for Incoming Person for Next 2-3 Years:
 - i. Obesity and Nutrition
 - ii. Occupational Health: Build business case for employers to actively promote a healthier workforce using evidence-based, best practices in advocating for the overall health and well-being of employees and Floridians including at DOH.
 - iii. Collaborate with community stakeholders, beyond DOH, to promote public health.
 1. Public and Private Colleges and Universities
 2. Public Schools
 3. Counties
 4. First Responders
 5. Law Enforcement
 6. Healthcare Providers – Public and Private
 7. Physician Groups
 8. Nursing Groups
 9. Research Institutes
 10. Insurance Carriers

11. Faith based Organizations

- iv. Disparities in Healthcare: Build a case for the economic costs of disparities and actively champion equitable care across race and socio-economic lines.
- v. Emergency Preparedness: Fight preparedness fatigue by making preparedness to both natural disasters (hurricanes with warning) and pandemic/bioterrorism without warning, a natural part of Floridians' lives.
- vi. Access and Prevention: Act as the State's leading Public Health Advocate should be closely aligned with U.S. Surgeon General's office using evidence-based best practices and advocacy in approaching overall health of Floridians.

b. Characteristics:

- i. Public Spokesperson with enough charisma to effectively articulate the benefits of a strong public health agenda.
- ii. Strong enough public credibility to be able to inspire non-traditional players in healthcare such as the state's private employers to take an active role in being part of the solution.
- iii. Must be an M.D. or D.O.

2. Secretary of Health position should be a CEO type with a strong internal organizational focus. Must be an M.D. or D.O.

a. Specific Agenda for Incoming Person for Next 2-3 Years:

- i. Information Technology (IT) Weakness – consistent theme throughout the CRG's review of the DOH.
 - 1. There appears to be a lack of informatics to support strong fact-based decisioning process.
 - 2. Multiple examples of a lack of a central database causing labs to be drawn over and over at different locations driving up overall costs since there is no central repository of data.
 - 3. Florida Shots Program: Enhance tracking of vaccines administered to avoid replication of services due to database limitations; streamline process to lessen the administrative burden on private practice primary care providers.
 - 4. Non-compliance of the PSN with HIPAA for CMS
 - 5. Expand usage of telemedicine to provide access in rural areas for specialty care as is currently being done within CMS.
 - 6.
- ii. Seamless integration of care across Medicaid, KidCare, CMS, and other programs. External feedback from providers suggests the frustration with accessing programs and inconsistent delivery of programs is keeping Floridians from being healthy, despite the existence of programs for which they are eligible. Examples discussed by the CRG include a single family with three children on different programs: Medicaid, KidCare, private insurance, none of which offer the same primary care physicians, different locations to draw labs, making it impossible for a parent to access care while still holding down a job. Additionally, DOH must find the most

favorable federal matching funding combination to maximize coverage for state resources expended. Any effort must be accompanied by an effective outreach effort.

- iii. Department of Health to initiate and coordinate bringing local stakeholders: Counties – all of them, public schools, public and private colleges and universities, private and public hospitals, law enforcement, and first responders – to generate a comprehensive local health safety net for the medically underserved. The resulting County level programs must include shared funding models that recognize the value of the services provided to the community by both the state and the local stakeholders. The funding model today provides very little funding from sources other than state.
 - iv. Workforce: The Department of Health workforce is aging. Statistics on exact numbers of upcoming retirees were not readily available. Partner with medical schools, nursing schools, dental schools, and allied health professional educational programs (nationally accredited). Efforts should be coordinated with the State’s Education governance.
 - v. School Nurse: Evidence-based models suggest access to a school nurse facilitates earlier identification/diagnoses of child sickness, reduces 911 calls and leads to more compliant care of children previously diagnosed, etc. A more in-depth study is warranted to support the very appealing idea of a school nurse in every school. DOH provided data suggesting that approximately 30% of school children are currently covered in some fashion by a nursing professional at this time (needs to be checked/verified).
- b. It is of paramount importance to have a strong and effective leader at DOH to help set a clear Strategic Direction to establish the gap between the Healthy People 2010 guidelines and the current performance County by County.
- i. Once the gap is identified, aggressive goals based performance agreement with the local and DOH leadership must be established to close the gap with annual incremental performance goals with commensurate accountability.
 - ii. Provide framework of autonomy, financial and management, for County Health Directors to address local needs but still be held accountable for results within their County.
3. Unified/Integrated/Singular Enforcement of Professional Regulations for Allied Health Professionals: Apparently there is much confusion and overlap in the functions performed by DOH, AHCA and Attorney General’s Office around enforcement actions, complaints, etc. There are efficiencies to be gained by consolidating them under the DOH and this should be done as soon as possible.
- a. This would also lead into the web posting issue that has been widely covered in the press about the lack of visibility of enforcement action information available to the public.
 - b. Conduct a workforce study for all health professionals in the State of Florida to determine shortfalls and gaps and actively champion filling those gaps with the State’s educational infra-structure on medical education. (See Council for Education Policy, Research and

Improvement report – *State of Florida Medical Education Needs Analysis, November, 2004*).

4. Access to Healthcare Issue: A growing concern of access is around providing care in our emergency rooms and for indigent patients. The CRG recommends a form of Sovereign Immunity be extended to providers and professionals providing care in emergency rooms and to indigent patient populations, including services provided free of charge and by not-for-profits.
5. DOH appears generally to have made good strides in being prepared, but we have a long way to go in the following areas:
 - a. Pandemic Flu: Outreach/education is needed.
 - b. Special Needs Shelters need complete assessment.
 - c. Better understanding of the economic impact, trade, workforce, poultry production, agriculture, tourism, etc. is required.
6. Hot Issues that need further understanding:
 - a. Florida Public Health Institute: AG Holley is an integral, effective and cost efficient part of Florida's Public Health Infrastructure that provides surge protection for Florida's Public's Health in cases of outbreaks of other potentially lethal airborne illnesses such as SARS or Bird Flu or in times of Mass Migration from Neighboring Areas. Our approach should be to retain access to this critical capability for future public health use.
 - b. WIC only stores being eliminated . . . understand the impact and formulate a policy accordingly.
 - c. Tamiflu not purchased – we run the risk of losing our priority.
 - d. Review effectiveness of State HIV Virology Laboratory Testing Program
7. Graduate Medical Education is likely to become a bigger issue in the future and the Secretary of Health must have a plan that works in concert with the State's public and private colleges and universities as well as maximizes federal funding. The State has already made the commitments and funded expansion of all health professional graduate medical education including medical schools, advanced nursing education and others.
 - a. The Department of Health should actively try to find residency slots and other hands-on training opportunities particularly in underserved communities and rural areas. This will allow us to keep Florida-trained physicians and health professionals in Florida and not export them to other states.
 - b. Align efforts with upcoming Federal legislative agenda.
 - c. Explore expansion of accessing Conrad 30 program J-1 Visa waivers with federal authorities to create a total of 100 slots for IMGs.
8. Continue to use the CRG as an external advisory group available to the new administration on a quarterly basis to provide input, ideas, and implementation feedback from community stakeholders to the incoming Secretary of Health and the Surgeon General (if adopted).
9. Better cooperation between public and private universities to collaborate on research opportunities. One potential vehicle for accomplishing this is the funding of the Research

Foundation already approved by the legislature. (The Florida Public Health Foundation was established by the legislative statute in 2004, at the urging of D.r John Agwanobi). Its role is to receive research and contract finds from industry and research to advance the Public health missions of research and education. It is identified as a preferred contractor in the bill. It will benefit our efforts to change the culture of the health department in fulfilling its mission and encouraging the ten “Key Public Health Functions.”

10. Affordable housing for healthcare professionals continues to be a challenge as Florida faces the possibility of a growing number of emergency room, and other essential medical service staffing shortfalls. This issue needs to be understood and a plan formulated to address these needs to be put in place by the Secretary of Health in conjunction with other state and local government entities.
11. Ensure the Secretary of Health retains a Chief Nursing Officer designated within the leadership of the Department of Health to act as the voice of the nursing profession within the Florida public health context: an individual with excellent credibility within the profession and preferably with an advanced nursing degree.
12. Cooperate and continue to fund the Florida Center for Nursing and further optimize the relationship with the Department of Health provider network in light of the acute nursing shortage in conjunction with State University System, colleges, community colleges, and private colleges and universities.
13. Continue to reimburse DOH clinics at the same level, as Federally Qualified Health Centers to optimize the mix of federal and state dollars available for the healthcare needs of all Floridians.
14. Woman’s Health Initiative is an area of strength that needs to be evaluated for success and potential allocation of additional resources.
15. Create an inter-agency working group required to meet periodically to ensure state agencies are working in concert to provide healthcare services. The work group would include Secretary-level participants from the Department of Health, Agency for Healthcare Administration, Department of Children and Families, Department of Corrections, Department of Elder Affairs, and other agencies providing healthcare services.