

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Pediatric Cardiac Technical Advisory Panel

LFIR # 1398

2. Senate Sponsor	Aaron Bean					
3. Date of Request	02/06/2021					
4. Project/Program Do	escription					
physicians with expension Administration (AHC and quality outcome catheterization outcome licensure in Florida. programs or any neviewed by the PC	ertise in pediatric car CA). The PCTAP has es; they recommend omes from the existing During the 2019-20 w programs. All site	diology and postilized collaboratively biannual data ng ten pediatri legislative ses visit teams are commendation	ediatrion y deve collect ic card ssion, in converse	c cardiac surgery wi loped evidence base tion on cardiac surgi iac surgical centers nitiatives were appre ened by the AHCA S	thin the Agency for ed recommendation ical and intervention and any future new oved for prospective Secretary, with indive	ns for program structure
5. State Agency to re	ceive requested fur	n ds Agen	cy for	Health Care Admini	stration	
State Agency conta	acted? Yes		-			
		for Figaal Vac	·* 202	1 2022		
6. Amount of the Non	recurring Request i	ioi riscai rea	11 202		4	1
Type of Funding				Amo		
Operations Fixed Capital Outlay				125,000		
Total State Funds				125,000		
Total Otale I ulius	requesteu				123,000	I
7. Total Project Cost f	for Fiscal Year 2021	-2022 (includ	ling m	atching funds avai	lable for this proje	ect)
7. Total Project Cost f	for Fiscal Year 2021	-2022 (includ	ling m	atching funds avai	lable for this proje	ect)
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10	. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?
	No
	If yes, indicate the amount of funds received and what the funds were used for.

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	AHCA FTE staff plus support and benefits	75,000
Expense/Equipment/Travel/Supplies/ Other	During periods of declared Statewide emergency (COVID pandemic) site visits may be performed virtually and therefore at negligible cost. In non-pandemic times, face-to-face site visits are preferred and allow for more comprehensive reviews of a program and its strengths and weaknesses. When the pandemic restrictions and the State feel that travel is permitted, PCTAP will amend this request for travel/per diem expenses at published Florida rates.	C
Consultants/Contracted Services/Study	Statutorily mandated contracts with the Society of Thoracic Surgeons (STS) for biannual data harvest and compilation of an annual aggregate Florida data performance report and license to publish STS public reporting documents. Annual contract with the American College of Cardiology (ACC) for data reports on interventional cardiac catherization outcomes (IMPACT database) from all existing Florida centers.	50,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	125,000

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The intent of the PCTAP is to monitor compliance with AHCA quality and safety standards previously developed by the PCTAP and AHCA. This will be done through a combination of biannual performance data collection and an annual aggregate Florida data report by the STS on surgical outcomes; additionally, outcomes from cardiac catheterizations at all Florida centers will be done through the American College of Cardiology IMPACT database. Three Florida Centers per year will be virtually site visited by a team of physician experts nominated by the PCTAP and appointed by the AHCA Secretary to conduct prospective reviews of outcomes data, deaths and complications, and to share best practice scenarios with each other. Individual site visitor reports and recommendations will be reviewed by the PCTAP and the reports submitted with an advisory opinion made to the Secretary about any proposed corrective action. Mild programmatic changes will be handled by the PCTAP.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Dedicated FTE staff plus support and benefits are requested to assist the PCTAP in the coordination of data collection, public reporting, virtual site visit logistics, and member concerns. The remainder of the budgeted funds request comprises cost of annual contracts with the STS and the American College of Cardiology. Additional funds may be requested in the future for travel/per diem cost for the 15 panel members to attend twice yearly face-to-face meetings and for three site visit teams/year composed of 6 subspecialist physician reviewers in the event that the pandemic restrictions and State policy allows.

c. What direct services will be provided to citizens by the appropriation project?

The members of PCTAP feel that regular, recurring compliance site visits to all participating pediatric cardiac surgical programs in Florida are the most important component to ensuring public safety and quality outcomes for the children of Florida and adults with congenital heart disease. The contracts specified in 11.b. provide modern, twenty-first century, statistically vetted and complexity adjusted performance data. The contracts will also provide for public reporting of all center's outcome data in a lay public friendly report to be posted on the AHCA website; such transparency will provide easy public access to surgical outcomes across the State, thereby enabling parents to make informed choices in selection of centers for treatment of their child. While face-to-face site visits provide a more thorough evaluation of a program, accommodations for virtual site visits are proposed during the COVID pandemic.

d. Who is the target population served by this project? How many individuals are expected to be served?

Children of Florida with congenital and acquired diseases of the heart, their parents, and adult patients with congenital heart disease. Adults with congenital heart disease are the largest growing population of patients following successful repair or palliation of their often complex cardiac defects. Often adult cardiologists have little to no training in this area, and later surgeries in adult survivors require the surgical skill of a certified pediatric cardiac surgeon in their management.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected benefit of this project is to ensure the quality and safety of Florida's existing and any future new pediatric cardiac surgical programs. There have been recent concerns publicized in the national news media about varying outcomes of surgeries performed in several centers. In the last 2-3 years, two hospitals in Florida have been found to have substandard rates of performance compared to national aggregate data causing one to close and one to temporarily suspend doing operations pending redevelopment of their staff. This center is now operational with a new department chair and new subspecialists. Similar problems have emerged at previous venerable institutions in North Carolina and Pennsylvania. Given the repeal of CON legislation, such safety monitoring becomes imperative as potentially new centers apply for licensure in Florida. Our methodology for preventing similar tragedies is close monitoring of surgical outcomes data at our licensed State centers.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

The AHCA rule for licensure standards has been written by the PCTAP with collaboration of AHCA staff and was presented to its first public workshop in March 2020. Public comments were reviewed, and edits made based on those comments and are awaiting a second public workshop and referral to the Joint Administrative Procedures Commission. In conjunction with AHCA staff, an algorithm has been approved where minor improvements based on a physician site visit are handled by the PCTAP with review and approval of the AHCA Secretary. Major deviations from standards found on a site visit are reviewed by the PCTAP and referred to the enforcement arm of AHCA for review and further corrective or disciplinary action.

13.	The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the
	relationship between the owners of the facility and the entity.

NI/A		
N1/Λ		
I N/A		



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14. Requestor Contact	Informat	ion					
a. First Name	William		Last Name	Blanchard, M. FACC, FA	D. FAAP,		
b. Organization	Retired Pediatric Cardiologist, Chair- Pediatric Cardiac Taskforce, Fla.Chapter AAP						
c. E-mail Address	bcblanch	bcblanchard@cox.net					
d. Phone Number	(850)554-3818 Ext.						
15. Recipient Contact	15. Recipient Contact Information						
a. Organization	AHCA						
b. Municipality and	l County	Leon					
c. Organization Ty _l	ре						
□For Profit Entity	□For Profit Entity						
□Non Profit 501(c	iit 501(c)(3)						
□Non Profit 501(c	it 501(c)(4)						
□Local Entity	Entity						
□University or Co	□University or College						
☑Other (please sp	☑Other (please specify) State Agency						
d. First Name	Molly		Last Name	McKinstry			
e. E-mail Address	Molly.Mckinstry@ahca.myflorida.com						
f. Phone Number	(850)412-4334						
16. Lobbyist Contact Information							
a. Name	None						
b. Firm Name	None						
c. E-mail Address							
d. Phone Number							