

## **DRAFT MEETING MINUTES**

Agency for Health Care Administration  
Pediatric Cardiac Technical Advisory Panel  
Date: July 29, 2021  
Time: 4:00 PM – 6:02 PM EST  
Location: Online Webinar

**Members Present:** Mel Almodovar, MD; Alfred Asante-Korang, MD; Peter Wearden, MD; Biagio Pietro, MD; Eric Eason, MD; Joel Hardin, MD; David Nykanen, MD; Jeremy Ringwald, MD; Michael Shillingford, MD; Brian Hogan, MD.

**Staff Present:** Simone Marstiller, AHCA Secretary; Cody Farrill, Chief of Staff; Tiffany Vause, Deputy Chief of Staff; Kimberly Smoak, Deputy Secretary for Health Quality Assurance; Nikole Helvey, Chief of the Florida Center; Patricia Vidal, Administrator; Abm Uddin, Cruz Conrad, and Jennifer Miller, Florida Center staff.

**Interested Parties:** Bill Blanchard, MD; Gerold Schiebler, MD; Marcy Hajdukiewicz; Diane Godfrey; Dusty Edwards; Robert Karch; Kristin Barnette; Patrick Steel; Cassandra Garza; Emily Reeves; Jacob Horner; Angelina Gonzalez, Elizabeth Pedersen; Lindsey Zander

**Call to Order, Welcome, Roll Call, and Meeting Minutes:** Dr. Nykanen called the Pediatric Cardiac Technical Advisory Panel (PCTAP or Panel) meeting to order and requested edits to minutes from the previous meeting (October 29, 2020). Dr. Jeremy Ringwald and Dr. Joel Hardin moved to accept the minutes with corrections.

**Introduction to AHCA Executive Leadership Team and AHCA Update:** Dr. Nykanen turned the meeting over to Simone Marstiller, AHCA Secretary, who introduced herself and provided the Panel with updates on Agency activities. She noted that she had been in State government since starting as a lawyer at AHCA in 1999. She presented that there were changes in leadership at the Agency:

- Tom Wallace, Deputy Secretary for Medicaid
- Kim Smoak, Deputy Secretary for Health Quality Assurance
- Julie Madden, Deputy Secretary for Division of Operations
- Cody Farrill, Chief of Staff
- Tiffany Vause, Deputy Chief of Staff
- Mike Magnuson, Chief of Florida Health Care Connections (“FX”)

Secretary Marstiller presented the duties of the Agency stating that three divisions- Medicaid, Health Quality Assurance, and Operations and Support Services support the Agency in performing its duties of ensuring the highest quality of health care for Floridians. Additionally, she said AHCA regulates over 45,000 health care facilities.

Secretary Marstiller stated that her vision for AHCA was aligned with the Governor’s in ensuring that health care in Florida is cost effective, high-quality, and transparent in costs. She made note of the Governor’s Canadian Prescription Drug Importation Program (CPDIP) and discussed goals for the program which covered quality of the drugs through screening and testing, the safety of the drugs by selecting and approving a limited class of drugs, and savings will reduce the overall state budget. Florida is the first state to submit a drug importation plan to the Food and Drug Administration.

Secretary Marstiller introduced Florida Health Care Connections (FX), which she said was a multi-year technology driven transformation project. In addition, she said it will provide the Agency with quality and accessible data for analysis to improve service to providers. She added that the Agency needs to replace an aging Medicaid system and the Agency will use updated integrated technology to provide services to stakeholders. The technology will be replaced in phases as opposed to at once in its entirety to prevent obsolescence. Additionally, the Agency wants to improve health outcomes and make sure decisions are based on data and good evidence.

Secretary Marstiller said the Agency is in early stages of planning to engage in negotiated rulemaking on Neonatal Intensive Care Unit (NICU) and is working through building a negotiating committee. She said the priority is ensuring high-quality services for patients and families served by the state NICUs. She told the Panel that there is an understanding to consider specifics of survey teams for the NICUs.

Dr. David Nykanen asked if the negotiated settlement is intended to expand to levels one through four and address the need for a cardiac program in level four. The Secretary clarified that negotiated rulemaking was being pursued. A committee will come together to negotiate- including hospital representatives and experts. A mediator will guide and facilitate the discussion. She said the committee will propose a rule that satisfies concerns and advances high quality of services and care that the Agency wants for all NICUs. She said they would like to get to four levels and anticipates a proposed rule before the end of the calendar year.

Dr. Nykanen asked if the rule for cardiac programs was going into the negotiated rulemaking process. Secretary Marstiller said she anticipates that some information that comes out of the NICU rulemaking will inform the Pediatric Cardiac Rule but that there has not been a decision to go through negotiated rulemaking for the Pediatric Cardiac rule.

Nikole Helvey, Bureau Chief of the Florida Center told the Panel about New Legislative Directives. She said rule-development had concluded on the Hospital Patient Safety Form, which must include information on readmission rates, infection rates and patient satisfaction and was available for access on the FloridaHealthFinder website. She said the form must be provided to all patients by hospitals upon scheduling of non-emergency services, stabilization, or discharge.

Ms. Helvey reported that the agency was in early stages of rule development for Patient Safety Culture Surveys. She said there is consideration to align with a model that is currently in use by AHRQ. She noted there is a specification to break down survey questions into work units and noted this included Pediatric Cardiac Surgery Teams. Ms. Helvey was not sure if the rule would be completed by the end of the year but told the Panel that they would see announcements from the Agency in the future.

Dr. William Blanchard inquired about the reason for delay of displaying the Society of Thoracic Surgeon results (STS), noting that rule had not been passed. Ms. Helvey said the Society of Thoracic Surgeons (STS) were in the process of implementing a new data warehouse and working with a new vendor which would be able to provide details to establish an agreement. She said that STS engaged with the Agency in the last few weeks and has begun working on a pricing model and completion of a data use agreement.

Dr. Nykanen inquired if each hospital had to agree to have their data displayed publicly. Ms. Helvey confirmed that the hospital must give their consent for their data to be displayed and added that

presumably the hospital would see a preview of the data prior to publishing. Dr. Nykanen asked if funding for the STS database came from appropriations and Ms. Helvey said that the funding is from contracted services and that she didn't see funding barriers.

**Overview of FX:** Ms. Helvey provided an overview of the FX project. She said the project would improve data connections between the operations of Medicaid and the Division of Health Quality Assurance. She reiterated the Secretary in that the improvements in modernization and streamlining will equate to higher quality outcomes to all Floridians. The current Medicaid system is antiquated, she said a modular approach allows the Agency more agile, flexible, and updated technology. She noted that Florida is the first of fifteen (15) states to implement this type of multi-year approach and the FX project is 90% funded by the US government.

**Discussion on Panel Membership:** Dr. Nykanen began a discussion on Panel membership terms and told the committee that the law provided for 2-year terms, which were renewable once. He said that July marked the beginning of the two-year term. He felt that there was an advantage to the hospitals that the members could cycle off the committee and then come back after two years. Such that when site visits start, they would be able to draw on members that were involved with the Panel to take part in the site visits. Dr. Nykanen stated that he, as representative for Arnold Palmer Hospital, would cycle-off of the committee and step down as Panel Chair. He asked for ideas in terms of how to proceed with organization of rotating out members whose terms were expiring.

Nikole Helvey added that staff has prepared correspondence to be forwarded to hospital CEOs explaining how panel membership works and to request they submit in writing their appointments. Dr. Nykanen said that there should be an opportunity for member to voluntarily cycle off. It was noted that Dr. Nykanen and Dr. Frank Pigula were members that would transition off along with possibly three (3) additional members. Dr. Nykanen asked that members who might transition off the Panel provide communication to staff via the PCTAP inbox.

The Panel noted that while it might be easier for medical representatives to transition off the Panel, there are only a few surgeons for every hospital. To which Dr. Nykanen said that there was not much control in making changes to the law which specified how the terms worked. The Panel said that if the primary representative is medical and the alternate is a surgeon, that the surgeon would move into the primary spot. The Panel make up was a way to introduce new members to the Panel and subject matter.

Dr. Nykanen said that the Chairmanship would be vacant, and suggested nominating Dr. Frank Scholl into the position as his alternate. He also invited other members to take over the position. The Panel agreed to allow staff to organize a period and a method for the Panel to submit for nominations for Chair and Vice Chair of the Panel via the PCTAP email inbox. He suggested that the matter of voting be placed on the agenda for the next meeting. He suggested having a surgeon and a cardiologist take the positions.

Nikole noted that electronic voting has been used for other Agency Councils and might be a viable model to use. She added that with Dr. Nykanen's term ending it might be a default that Dr. Scholl take the position until the new election could occur. She recommended that any nominations be submitted to the PCTAP email inbox no less than seven (7) days prior to the next meeting. Ms. Helvey noted that contact with regards to communication for PCTAP should be directed to the PCTAP inbox and items of urgency should include a copy to Trish Vidal.

Dr. Eric Eason stated that in the past there had been interest in the feasibility of real-time outcomes, which he said Owen White had produced an estimate to purchase a license. Ms. Helvey recommended that Dr. Eason forward the estimate to staff via the PCTAP inbox in consideration of Sunshine Laws.

**Public Comment and Adjournment:**

There were no public comments. Dr. Nykanen summarized the meeting and the Panel adjourned at 6:02pm.

**Action Items:**

1. AHCA staff to send members details on how to nominate for Panel Chair and Vice Chair.
2. AHCA Staff to send out reminders to members of the due date for nominations for Panel Chair and Vice Chair ten (10) days in advance to verify that any nominated members would be available to serve as nominated.
3. Dr. Eason to forward estimate for purchasing license to support real-time outcomes to staff via Panel email inbox.