

CHAMBER ACTION

Senate House Comm: FAV 3/5/2008

The Committee on Health Regulation (Peaden) recommended the following amendment:

Senate Amendment (with title amendment)

Delete line(s) 151-201 and insert:

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Encourage the use of evidence-based medicine by health care practitioners and health care facilities to improve health care quality and patient safety. Provide for access to an active library of evidence-based medicine and patient safety practices, together with the emerging evidence supporting their retention or modification, and make this information available to health care practitioners, health care facilities, and the public. Support for implementation of evidence-based medicine shall include:



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a. A report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Agency for Health Care Administration by January 1, 2005, on:

(I) The ability to join or support efforts for the use of evidence-based medicine already underway, such as those of the Leapfrog Group, the international group Bandolier, and the Healthy Florida Foundation.

(II) The means by which to promote research using Medicaid and other data collected by the Agency for Health Care Administration to identify and quantify the most cost-effective treatment and interventions, including disease management and prevention programs.

(III) The means by which to encourage development of systems to measure and reward providers who implement evidencebased medical practices.

(IV) The review of other state and private initiatives and published literature for promising approaches and the dissemination of information about them to providers.

(V) The encouragement of the Florida health care boards under the Department of Health to regularly publish findings related to the cost-effectiveness of disease-specific, evidencebased standards.

(VI) Public and private sector initiatives related to evidence-based medicine and communication systems for the sharing of clinical information among caregivers.

(VII) Regulatory barriers that interfere with the sharing of clinical information among caregivers.

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b. An implementation plan reported to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Agency for Health Care Administration by September 1, 2005, that must include, but need not be limited to: estimated costs and savings, capital investment requirements, recommended investment incentives, initial committed provider participation by region, standards of functionality and features, a marketing plan, and implementation schedules for key components.

- 6. Develop and recommend core competencies in patient safety that can be incorporated into the undergraduate and graduate curricula in schools of medicine, nursing, and allied health in the state.
- 7. Develop and recommend programs to educate the public about the role of health care consumers in promoting patient safetv.
- Provide recommendations for interagency coordination of patient safety efforts in the state.

======= T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete line(s) 14 and insert:

on patient safety; requiring the corporation to encourage 66 the use of evidence-based medicine; deleting

responsibilities related to