

TEXAS HEALTH SERVICES AUTHORITY SELF-EVALUATION REPORT

THSA



TEXAS HEALTH SERVICES AUTHORITY



**Submitted to:
Sunset Advisory Commission
August 30, 2013**

INTRODUCTION

The Texas Health Services Authority (herein after referred to as “the THSA” or “the Corporation”) is pleased to submit its Self-Evaluation Report to the Texas Sunset Advisory Commission.

The THSA was created by the Texas Legislature in 2007 as a public-private partnership, legally structured as a nonprofit corporation, to support the improvement of the Texas health care system by promoting and coordinating health information exchange (HIE) and health information technology (HIT) throughout the state to ensure that the right information is available to the right health care providers at the right times.

In this report, we focus your attention on three basic components of the THSA’s operations:

- Implementation of the Local HIE Grant Program by the Texas Health and Human Services Commission (HHSC) with support from the THSA to partially fund the planning, development, and operations of local and regional HIE networks utilizing federal grants received pursuant to the American Recovery and Reinvestment Act;
- Facilitation of HIE capabilities in the Texas rural “white space” counties of the state not served by Local HIEs through the provision of connectivity services by Health Information Service Providers (HISPs); and
- Development of general state-level operations, including a transparent and collaborative governance structure to support coordinated implementation of HIE in Texas, development of policies and guidelines, and provision of statewide HIE connectivity services.

We appreciate the opportunity to present an overview of the THSA, including issues, challenges, and suggested improvements to help ensure that the THSA continues to meet its mission and key functions into the future. Please note that because the THSA is not a state-funded agency, a number of the original questions in this report have been modified to reflect the unique operations and nature of the THSA.

We look forward to working with your staff during the review process. Should you have any questions, please do not hesitate to contact us.

Sincerely,



Edward Marx, Chairman



Tony Gilman, CEO



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Texas Health Services Authority Self-Evaluation Report

I. Agency Contact Information

Texas Health Services Authority Exhibit 1: Agency Contacts				
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II. Key Functions and Performance

A. Provide an overview of your agency’s mission, objectives, and key functions.

The mission of the Texas Health Services Authority (THSA) is to promote and coordinate the development of a seamless electronic health information infrastructure to improve the quality, safety, and efficiency of the Texas health care sector while protecting individual privacy.

Legal Structure

The objective of the Texas Health Services Authority (“THSA”) is detailed in Chapter 182 of the Texas Health & Safety Code. The THSA is a public-private partnership, legally structured as a nonprofit corporation, to promote and coordinate the development of electronic health information exchange (“HIE”) and health information technology (“HIT”) throughout the state to ensure that the right information is available to the right health care providers at the right times. An 11-member Board of Directors appointed by the Governor of Texas with the advice and consent of the Texas Senate governs the THSA.

The THSA receives no state appropriations to carry out these functions. However, the THSA does carry out its responsibilities under the provisions of the Texas Open Meetings, Open Records, and Sunset Acts. In 2011, the 82nd Texas Legislature expanded the THSA’s authorizing statute to direct the THSA to develop privacy and security standards for the electronic sharing of protected health information, and to establish a process by which a Texas covered entity (as defined in Chapter 181, Health & Safety Code) may apply for certification by the THSA of the covered entity’s past compliance with these standards.

Operational and Funding Background

Because the THSA did not receive any funding from the Texas Legislature when it was established in 2007, the THSA was administered by the Office of the Governor in 2008 and 2009 as a policy advisory board on HIE and HIT.

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. In August 2009, the U.S. Department of Health and Human Services announced the State HIE Cooperative Agreement Program, which was authorized under HITECH, to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care. Texas' formula-funded allotment through this program was \$28.81 million over the four years of the program. The program first required states to develop strategic and operational plans to guide the establishment and operation of these electronic health information networks. States were then eligible for implementation funding following the development of strategic and operational plans.

The Texas Health and Human Services Commission (HHSC) submitted an application to the Office of the National Coordinator for Health Information Technology (ONC) in October 2008 for funding under the State HIE Cooperative Agreement Program. Under the application, HHSC serves as the fiscal agent for the Texas HIE Cooperative Agreement Program, which is managed by the Office of e-Health Coordination (OeHC). The application specified that the THSA, through an open and participatory state planning process, would develop HIE strategic and operational plans for Texas. Following approval of the application in January 2010, HHSC formally contracted with the THSA in April 2010 to complete the state's planning process. At that time, the THSA became an independent organization that was no longer administratively supported by the Office of the Governor.

The Texas HIE Strategic and Operational Plans (from this point forward collectively referred to as the Texas HIE Plan) were developed between April and August 2010 through a transparent, robust, and collaborative stakeholder planning process. The planning process addressed several key issues, including governance, finance, technical infrastructure, business operations, and privacy and security. In November 2010, the Texas HIE Plan was among the first group of state strategic and operational plans approved by ONC.

Following approval of the plan, HHSC contracted with the THSA to assist with the implementation of the Texas HIE Plan. To date, the key functions of the THSA have been determined by its role in implementing or supporting the strategies outlined in the Texas HIE Plan. Once the State HIE Cooperative Agreement Program grant ends in March 2014, the key function of the THSA will be to serve as the sole governing and operating organization for statewide HIE. The chart at the end of this section displays how the THSA's key functions outlined in the Texas HIE Plan intersect with the information in the THSA's enabling statute, Chapter 182 of the Texas Health & Safety Code.

Texas HIE Plan: Approach to Statewide HIE

The goal of the Texas HIE Plan is to enable improvements in the quality and efficiency of the Texas health care sector by establishing an electronic HIE infrastructure for the state. The objective is to deliver private, secure, and reliable HIE services to all Texas patients and providers through local HIE networks where the capacity exists and through Health Information Service Providers (HISPs) where it does not.

In order to fulfill the Texas HIE Plan, the THSA, in partnership with HHSC, is pursuing three strategies to achieve the objective of delivering private, secure, and reliable HIE services to all Texas patients and providers:

1. Developing general state-level operations;
2. Promoting local HIE activity through a grant program; and
3. Contracting with HISPs in areas in Texas that lack state-funded HIE activity.

Some of the following activities have been completed while others are ongoing or are still in the development and implementation phases.

Strategy 1: General State-Level Operations

Under this strategy, the THSA is responsible for implementing state-level operations to enable the establishment and operations of HIE capacity statewide. This includes the administration of HIETexas, the state-shared services network, and the maintenance of a transparent and collaborative governance structure to support coordinated implementation of HIE in Texas, development of policies and guidelines, and provision of statewide HIE connectivity services.

HIE Governance and Development of Policy Guidance

In order for Texas to achieve its statewide HIE objectives and the objectives required by the ONC, the THSA is managing an open and transparent collaborative process to support input from multiple stakeholder groups into the strategy and policy for HIE deployment within the state of Texas.

The THSA has formed several subject matter task forces to monitor ongoing developments related to HIE capabilities including data standards, security, and technical architecture, and to provide input to the THSA Collaboration Council on common policies and procedures, standards, technical approaches, and shared services. The Collaboration Council's role is to help provide oversight of the implementation of HIEs within the state, including the state-shared services network, and provide recommendations to the THSA Board of Directors. The Board of Directors considers common policies and other recommendations developed through this collaborative process and issues Statewide Policy Guidance to local HIEs and other contractors as necessary to support a common and consistent technical, privacy, security, and legal framework for HIE in Texas.

State-Level Shared Services

The THSA contracted with InterSystems Corporation on April 1, 2013 to assist the THSA with the development and implementation of the following state-level shared services (from this point forward referred to as HIETexas) in 2013:

- Clinical Document Exchange (Treatment);
- Federated Trust Framework (Security/Confidentiality/Accuracy);
- Patient Consent Management; and
- National eHealth Exchange Gateway.

Hospitals, physicians, and other health care providers are beginning to use Electronic Health Records within their private practices and facilities. They are also connecting to local HIE networks to share information with other authorized providers. HIETexas will be a private and secure network that spans the entire state and supports the exchange of information between Texas HIEs and other data sources within the state, and between Texas and other authorized HIEs and federal agencies outside of Texas.

Strategy 2: Local HIE Grant Program

Prior to 2011, Texas had several HIE initiatives that had already developed strategies to coordinate and improve care in local markets. The HHSC, with assistance from the THSA, worked to further these efforts in 2011 by implementing the Local HIE Grant Program to provide partial funding for the planning, implementation, and operations of local HIE initiatives and networks. A total of \$19 million from the HIE

Cooperative Agreement Program was allocated to the grant program, primarily through performance based contracts.

In December 2010, the HHSC released a Request for Application for funding under the Local HIE Grant Program and made planning grants to 16 community-based HIEs, entering into contracts with the HIEs to develop Business and Operational (B&O) Plans for the operation of the HIE in the community. Program awardees, which intend to connect the majority of physicians and hospitals in Texas, conducted a planning process in 2011 and submitted B&O Plans to THSA and HHSC for review and HHSC approval for subsequent implementation funding. In 2012, the local HIEs with approved B&O Plans used the implementation funding to support the overall operations of the HIEs, including personnel, HIE technology selection and deployment, development of marketing materials, and ongoing sustainability, outreach and provider and patient engagement activities.

Of the 16 initially funded HIEs, 12 remained in the program. At a minimum, these HIEs will support the delivery of lab results and exchange of patient clinical summaries. The HIEs may offer other types of HIE services requested by providers at the community level, such as population health analytic services or patient portals.

Strategy 3: White-Space Coverage

In 2012, the THSA established a marketplace of qualified health information service providers, or HISPs, to provide “lite” HIE connectivity services to physicians and hospitals located in counties that do not have a local HIE, otherwise referred to as the “White Space” in Texas.

A HISP is an organization that supports the secure, encrypted transport of data on behalf of the sending or receiving organization or individual by adhering to federal technical standards and operational policies. The HISPs qualified to participate in the Texas White Space marketplace must meet additional Texas-based requirements and must provide the electronic capabilities for the transmission of all clinical transactions necessary for White Space providers to achieve federal electronic health record (EHR) meaningful use requirements. Initially, this includes the transmission of clinical care summaries and lab results using Direct secure messaging.

As of November 2012, \$750,000 from the HIE Cooperative Agreement Program was available to support the White Space strategy and additional funds are supporting a “boots on the ground” strategy with the West Texas Regional Extension Center (REC). All HISPs participating in the Texas White Space marketplace are eligible to receive a subsidized payment, or voucher, from the THSA based on the number of eligible hospitals and physicians located in the identified White Space counties that each HISP is able to connect. The voucher is \$400 per White Space

<p>Different Approaches to HIE - Pull vs. Push</p> <p>There are different ways to exchange health information electronically, the most common being “push” and “pull”, or direct-based and query-based methods.</p> <p>The basic “push”-based HIE approach being promoted through the “white space” strategy is in contrast to the robust HIE approach being promoted through the local HIEs, which enable pull, or query-based, exchange. A simple analogy is that e-mail enables a “push” type of data exchange whereas Google enables an on-demand, query-based “pull” type of data exchange from any source in an exchange network. Through push-based HIE, providers can actively send clinical information to other providers, enabling particular HIE use cases such as delivery of laboratory results from the lab to the ordering provider or delivery of a clinical summary upon referral to a specialist of hospital.</p> <p>Through “pull”-based HIE, providers can query a network to find clinical data produced by other providers, enabling HIE use cases such as checking for the presence of lab results before performing lab tests or querying for medical history for patients arriving in the emergency department. There are clear theoretical mechanisms by which pull-based exchange can improve the quality, safety, and efficiency of health care and a growing body of empirical results supporting the theory.</p>
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physician connected and \$5,000 for each White Space hospital connected.

The voucher is intended to act as a subsidy to help offset initial connectivity costs, and the HISPs may not charge participating physician or hospitals for any services until the voucher funds have been expended on those services. As of July 2013, almost 200 voucher numbers had been issued and the THSA had made voucher payments to HISPs on behalf of 30 hospitals and 76 physicians.

As stated above, the chart on the next page displays how the THSA's key functions outlined in the Texas HIE Plan intersect with the information in the THSA's enabling statute, Chapter 182 of the Texas Health & Safety Code.

State Health Information Exchange ONC Project Plan Strategies

THSA Key Functions described in Chapter 182, Texas Health & Safety Code

	Health & Safety Code Reference	Strategy 1: Local HIE Grant Program	Strategy 2: Rural "White Space" Program	Strategy 3: General state-level Operations
Establish statewide health information exchange capabilities, including capabilities for electronic laboratory results, diagnostic studies, and medication history delivery, and, where applicable, promote definitions and standards for electronic interactions statewide.	§ 182.101(1)	☐	☐	☐
Seek funding to (A) implement, promote, and facilitate the voluntary exchange of secure electronic health information between and among individuals and entities that are providing or paying for health care services or procedures; and (B) create incentives to implement, promote, and facilitate the voluntary exchange of secure electronic health information between and among individuals and entities that are providing or paying for health care services or procedures.	§ 182.101(2)			☐
Establish statewide health information exchange capabilities for streamlining health care administrative functions including: (A) communicating point of care services, including laboratory results, diagnostic imaging, and prescription histories; (B) communicating patient identification and emergency room required information in conformity with state and federal privacy laws; (C) real-time communication of enrollee status in relation to health plan coverage, including enrollee cost-sharing responsibilities; and (D) current census and status of health plan contracted providers.	§ 182.101(3)	☐	☐	☐
Support regional health information exchange initiatives by: (A) identifying data and messaging standards for health information exchange; (B) administering programs providing financial incentives, including grants and loans for the creation and support of regional health information networks, subject to available funds; (C) providing technical expertise where appropriate; (D) sharing intellectual property developed under Section 182.105; (E) waiving the corporation's fees associated with intellectual property, data, expertise, and other services or materials provided to regional health information exchanges operated on a nonprofit basis; and (F) applying operational and technical standards developed by the corporation to existing health information exchanges only on a voluntary basis, except for standards related to ensuring effective privacy and security of individually identifiable health information.	§ 182.101(4)	☐		☐
Identify standards for streamlining health care administrative functions across payors and providers, including electronic patient registration, communication of enrollment in health plans, and information at the point of care regarding services covered by health plans.	§ 182.101(5)			☐
Support the secure, electronic exchange of health information through other strategies identified by the board.	§ 182.101(6)	☐	☐	☐

B. Do your key functions continue to serve a clear and ongoing objective? Explain why each of these functions is still needed. What harm would come from no longer performing these functions?

Yes, the THSA's key functions of operating a local HIE program, a white-space strategy, and general state-level services continue to serve a clear and ongoing objective. As further explained below, these functions are integral parts of expanding HIE across the state and the nation.

The functions performed by the THSA have a significant impact on healthcare providers in the state of Texas and contribute to the success of other programs managed by the state. In the short-term, ongoing support for statewide HIE will maximize the amount of federal HIT funding for Texas healthcare providers. In addition to the State HIE Cooperative Agreement Program, the HITECH Act authorized \$17.2 billion for incentives through Medicare and Medicaid for physicians and hospitals to adopt and become meaningful users of certified Electronic Health Record (EHR) technology. The Centers for Medicare and Medicaid Services (CMS) and ONC are issuing meaningful use requirements in stages. Meaningful use is intended to support the following health outcomes policy priorities:

1. Improve quality, safety, efficiency, and reduce health disparities;
2. Engage patients and families in their health;
3. Improve care coordination;
4. Improve population and public health; and
5. Ensure adequate privacy and security protection for personal health information.

CMS and ONC issued EHR Meaningful Use Stage 1 and 2 requirements in 2010 and 2012, respectively. Stage 2 requires a limited amount of HIE between providers using different EHR technologies. Stage 3, which may not be issued until 2014, will likely include more significant HIE requirements. In order for eligible Texas physicians and hospitals to receive billions in available federal meaningful use incentive payments over the next decade, providers must meet federal meaningful use requirements, including all meaningful use HIE requirements. By supporting HIE in Texas, the THSA will support providers seeking to meet these requirements and obtain these incentive payments.

The primary challenge for HIE in Texas over the last three years has been to successfully develop and implement programs while effectively collaborating to efficiently leverage the one-time federal HIE funding obtained to support the Local HIE Grant Program. The HIEs that have formed across the state have laid the groundwork for a modern, electronic enabled healthcare system in Texas. The operational status of each HIE differs, but all have selected an HIE technology partner, enabling them to move forward in (or toward) implementation of query-based data exchange services. Additionally, a majority of them are now offering Direct-based secure messaging services that support point-to-point exchange of information, including clinical summaries and lab results. The THSA has and continues to support the local HIEs through administration with HHSC of the grant program and by releasing model policies to aid the HIEs in their policy and legal responsibilities. In addition to work with the local HIEs, the THSA has provided rural physicians and hospitals at least one option to achieve the HIE elements of federal meaningful use requirements through the White Space Program. Despite this progress, the HIE capacity in Texas is still very limited.

In the long-term, further development of HIE through ongoing implementation of the Texas HIE Plan by the THSA will: enhance the state's health information infrastructure; increase the efficiency of the health care system; enable physicians and hospitals to deliver better care; and empower patients to use their

personal health information to better manage their health care. In addition, as the state continues to look at health care delivery and payment reform, having the infrastructure necessary to share data generated from separate sources of clinical information will play a critical role in helping providers manage patients across care settings.

C. What evidence can your agency provide to show your overall effectiveness and efficiency in meeting your objectives?

Below is a summary of the key activities undertaken in 2012-2013 by the THSA, in partnership with HHSC, to implement the THSA's objectives embodied in the Texas HIE Plan. All of the progress detailed below was accomplished without any state appropriated funds, within a very limited budget, and using minimal levels of staff ranging from 1 FTE in 2010 to 5 FTEs in 2013.

Supporting the Development of HIE Infrastructure in Texas

The THSA worked collaboratively with HHSC to monitor the activities of the twelve (12) Local HIE Grant Program HIEs with approved Business and Operational Plans. Through June 2013, HHSC has awarded about \$18.4 million, or about 97% of the funding allocated to support the initial planning, development, and implementation of local HIEs in Texas.

These 12 HIEs cover all of the major urban areas in Texas and have committed to connect 85% of the 53,000 physicians and 600 hospitals in Texas. The operational status of each HIE differs, but all have selected an HIE technology partner enabling them to move forward in (or toward) implementation of query-based data exchange services; and 11 of the HIEs are now offering Direct secure messaging services that support point-to-point exchange of information, including clinical summaries and lab results. Four of the twelve HIEs are considered live, including Greater Houston Healthconnect, Health Care Access San Antonio, Integrated Care Collaboration (Austin/Central Texas), and North Texas Accountable Healthcare Partnership (Dallas-Fort Worth Metroplex).

How does Texas compare to others states?

ONC is monitoring and tracking statewide HIE implementation and adoption. [The State HIE Program Measures Dashboard](#), which is managed by ONC, displays a consistent set of implementation metrics in an effort to share perspective on the HIE activity across the United States.

The Dashboard is organized largely by two types of exchange, directed exchange and query-based exchange. The maps, graphs, charts, and tables that comprise this dashboard track progress over time and are updated on a quarterly basis.

While there is still a long way to go, Texas is a leader in HIE implementation. Through the first calendar quarter of 2013, Texas ranks second among other states in the number of enabled HIE users, with 26,268 clinical and administrative staff enabled for query-based exchange. With 581 organizations enabled for query-based exchange, Texas ranks third among other states. Texas has 357 ambulatory entities and 56 acute care hospitals actively participating in query-based exchange.

The THSA also launched a marketplace of qualified Health Information Service Providers (HISPs) in January 2012 to support "lite" HIE connectivity in the predominantly rural Texas "white space" through secure messaging employing the Direct protocol. Through the Texas White Space program, physicians and hospitals in areas of Texas not currently served by a local HIE who select a qualified HISP's HIE

services are eligible to obtain a voucher, through the THSA, that will be paid to the HISP they select to help offset initial connectivity costs. The THSA's qualified HISPs are responsible for marketing their services to rural Texas physicians and hospitals. The THSA has also marketed the program through state-level professional associations and entered into a contract with the West Texas Health Information Technology Regional Extension Center in November 2012 for assistance with provider education and marketing. As of July 2013, the THSA has issued 195 vouchers to physicians and hospitals. Of that number, 106 have selected a HISP for HIE services.

The THSA also contracted with a technology partner, InterSystems Corporation (hereinafter "InterSystems"), on April 1, 2013 to support development of HIETexas, the THSA's state-level shared services. HIETexas will support HIE-to-HIE and HIE-to-state health data resources connectivity and connectivity of all Texas HIE participants to the national eHealth Exchange in 2013. HIETexas is currently available for connectivity testing with local HIEs, and THSA and InterSystems are on track to connect with at least three local HIEs before the end of 2013. The THSA is also involved in an open procurement to select a medication history service provider to allow authorized physicians and hospitals participating in local HIEs to request patient medication history information from multiple pharmacy data sources.

The THSA also monitored local HIE sustainability activities, developed a statewide sustainability discussion document, and initiated dialogue with key stakeholder groups to solicit input on sustainability options. SB 1367 (83rd Texas Legislature, Regular Session) redirects \$5 million in funding from the Texas Health Insurance Pool to the THSA to support statewide HIE activities.

Supporting the Development of HIE Policies, Guidelines, and Procedures

The THSA coordinated and facilitated the creation of several documents intended to help HIEs expedite the development of policies and agreements that are consistent with existing law and best practices.

These documents, listed below, consider a number of privacy, security, and technical topics.

- "[Texas HIE Options](#)," released in December 2011, provides an overview of options available to Texas healthcare providers for HIE in 2012. It includes a description of the Local HIE Grant Program and White Space Program.
- The "[Texas HIE Interoperability Guidance](#)" was published by the THSA in August 2011 following significant stakeholder input. The Guidance includes documents on a Technical Standards Landscape Review, Enterprise Architecture Blueprints (EAB), EAB Lifecycle Management Plan, and Technical Implementation Specifications.
- The [Texas State-Level Trust Agreement](#), released March 2012 and updated May 2013, was developed by the THSA through a collaborative stakeholder process. The Trust Agreement serves as a contractual agreement between the THSA, the state's grant funded local HIEs, applicable state agencies, and others who want to participate in the state-level shared services and the trust environment established under the agreement to electronically exchange protected health information with one another and, eventually, through the national eHealth Exchange. Operating policies and procedures related to the document have been defined following a public comment period.

- The [Texas Model Business Associates Agreement \(BAA\)](#), also released in March 2012 and updated in May 2013, is provided as an aid for use between physicians and hospitals (“Covered Entities”) and the state’s Local HIEs (“Business Associates”), to satisfy federal HIPAA requirements related to electronic exchange of PHI. The Model BAA was developed through a collaborative stakeholder process based on a BAA currently in use by one of the state’s local HIEs that was negotiated between that HIE and its Covered Entity participants.
- The Model Privacy and Security Policies and Procedures, developed by the THSA in November 2012, and updated in March 2013, reflect updates found in the HIPAA/HITECH omnibus final rule. These policies are currently being updated for compliance with recent changes in state law enacted during the 83rd Legislative Session.
- [HIETexas Legal Framework](#) to serve as a reference on the key elements of the legal framework being supported to ensure the private and secure exchange of health information in Texas.
- [Patient Privacy and Security FAQ](#) was developed to aid health care consumers in understanding how their health information is protected under state and federal medical privacy and security laws, such as HIPAA, the HITECH Act, and the Texas Medical Records Privacy Act.

Privacy and Security Policy

In 2011, under contract with HHSC and working closely with the THSA, the University of Houston Health Law and Policy Center developed a series of White Papers on issues relating to privacy and security. Together these papers form the basis for current and future state-level privacy and security guidance.

- [Implementing Privacy and Security Standards in Electronic Health Information Exchange](#)
- [Recommendations for Texas Health Information Trust Agreements](#)
- [Consent Options for HIE in Texas](#)
- [Primer – Medical Information Privacy Protections in Texas](#)

In 2013, the University of Houston Health Law and Policy Center also completed work on White Papers and other reference materials on issues relating to the proper use and disclosure of sensitive health information. Together these papers and reference materials act as guidance for HIEs in the proper handling of sensitive health information:

- [Strategies for Electronic Exchange of Mental Health Records](#)
- [Strategies for Electronic Exchange of Minor’s Health Information](#)
- [Strategies for Electronic Exchange of HIV and other Communicable Diseases Related Information](#)
- [Strategies for the Electronic Exchange of Substance Abuse Treatment Records](#)
- [Consent and Authorization Matrix – Nonemergency Treatment](#)
- [Consent and Authorization Matrix – Emergency Treatment](#)
- [Consent and Authorization Matrix – Payment](#)
- [Consent and Authorization Matrix – Health Care Operations](#)

Supporting an Open and Transparent Governance Structure

In conjunction with HHSC, the THSA has accomplished the following since the Texas Legislature formed it:

- Conducted fifteen (15) public THSA Board of Directors meetings;
- Facilitated monthly collaborative process meetings through the Collaboration Council and task forces to support input from multiple stakeholder groups into the strategy and policy for HIE deployment in Texas. Approximately 200 individuals are participating in THSA's collaborative governance process;
- Presented and participated in numerous statewide and local conferences, panels and advisory boards to provide updates on statewide HIE to key stakeholders;
- Launched a THSA website - www.HIETexas.org - to serve as a marketing and communications tool for the promotion of Texas HIE;
- Contracted with McGuireWoods and Bravarro to better market the benefits of health information exchange to consumers and providers; and
- Produced a video on the Texas Approach to HIE. The 5-minute video was showcased to a national audience of healthcare informatics professionals attending the American Medical Informatics Association (AMIA) Annual Symposium in Chicago November 2012. The video is available on YouTube at: <https://www.youtube.com/watch?v=ricf-cTsnww>

For more information on the THSA's policy and governance work, please go to www.hietexas.org/resources/policy-guidance. The THSA also is required to report to the Governor and the legislature on how the THSA is fulfilling its efforts to carry out its mission. These reports can be found at www.hitexas.org/about-thsa/organizational-documents.

D. Does your agency's enabling law continue to correctly reflect your mission, objectives, and approach to performing your functions? Have you recommended changes to the Legislature in the past to improve your agency's operations? If so, explain. Were the changes adopted?

Yes, Chapter 182, Health & Safety Code, continues to correctly reflect the THSA's mission, objectives, and approach to performing the THSA's functions. The THSA's enabling statute (Chapter 182, Texas Health and Safety Code) identifies the corporation's general powers and duties. Appendix 14 includes a table that cross-references the HIE strategies being implemented by THSA pursuant to the Texas HIE Plan with the general powers and duties outlined in Chapter 182.

E. Do any of your agency's functions overlap or duplicate those of another state or federal agency? Explain if, and why, each of your key functions is most appropriately placed within your agency. How do you ensure against duplication with other related agencies?

No. The THSA is in regular communication with HHSC's OeHC, the Office of the Attorney General, and other agencies involved in HIE policy development or guidance to avoid duplication of effort. The work of the various agencies in this field compliments the others but does not overlap.

OeHC provides leadership to and acts as a single point of coordination for health information technology initiatives in the state of Texas, such as HIE through the THSA, HHSC enterprise HIT and HIE initiatives, EHR adoption and use, and HIT education and workforce development. The office ensures that health information technology projects and programs are coordinated across the state's health and human services agencies, facilitates coordination between Texas and federal or multi-state projects, and provides assistance to local and regional health IT projects. This includes:

- Creating a collaboration and coordination infrastructure on related health information policy and technology, in particular in cross-divisional and multi-agency projects.
- Identifying and prioritizing health information technology initiatives that can help improve health outcomes.
- Serving as the single point of contact for state funding opportunities under Title XIII ARRA.
- Supporting the state-level infrastructure efforts by the THSA.
- Collaborating with the Medicaid Electronic Health Information Exchange System Advisory Committee and other state-level health information technology leadership bodies.

HHSC is the designated state-level entity for the State HIE Cooperative Agreement Program and the OeHC manages this program on behalf of the agency. The director of OeHC also serves as the State HIT Coordinator. HHSC's main focus following the end of the State HIE Cooperative Agreement Program will be on developing and managing HIT and HIE projects within and among the HHS agencies and coordinating HHS activity with other state-level initiatives. The THSA will continue, as is its mission, to coordinate HIE in Texas between all providers and meaningful data sources.

THSA's CEO serves as a member of the Medicaid Electronic Health Information Exchange System Advisory Committee, which further serves to ensure collaboration and eliminate duplication of effort.

F. In general, how do other states carry out similar functions?

With respect to the State HIE Cooperative Agreement Program administration, states have generally adopted one of three primary approaches to enabling statewide HIE: (1) A state agency-led approach where the state is the direct recipient of federal grant funds; (2) a non-profit organization designated by the state as eligible to directly receive grant funding from the federal government; or (3) a hybrid approach where an entity, such as a state designated entity, shares HIE governance responsibility with a state agency, but unlike a non-profit designated by the state, does not receive grant funding directly from the federal government.

Texas most closely mirrors the third approach, with grant funding being funneled through HHSC to the THSA. Florida took the first approach and New York is utilizing the second approach, while California took the same approach as Texas. Each state has a slightly different model, but most fit closely within the three approaches described above.

In terms of state HIE models, the following four models have emerged across the nation since 2010:

- Elevator Model – Rapid facilitation of Direct-based exchange capabilities to support federal meaningful use requirements;
- Capacity-Builder Model – Bolstering of sub-state exchanges through financial and technical support, tied to performance goals;

- Orchestrator Model – Thin-layer state-level network to connect existing sub-state exchanges; and
- Public Utility Model – State-level HIE providing a wide spectrum of HIE services directly to end-users and to sub-state exchanges where they exist.

Many of the smaller states, such as Nebraska, Utah, Vermont, Delaware, and Rhode Island, are implementing the Public Utility Model. Larger states like California, Florida, and New York are generally implementing the Orchestrator Model.

Due to the size and diversity of regional healthcare systems in Texas, Texas is supporting a network-of-networks model that empowers communities in Texas to meet the technology needs of the hospitals and physicians in their area. Our goal, through this approach, is to facilitate the development of HIE solutions that align with the specific and/or unique provider and patient challenges within each community. The THSA, through HIETexas, will support HIE-to-HIE and HIE-to-state health data resources connectivity and connectivity by all Texas HIE participants to the national eHealth Exchange. The Texas approach to support local HIE network development aligns most closely with the Capacity-Builder Model. Now that Texas is connecting these local HIE networks together through HIETexas, the Texas approach now also includes characteristics consistent with the Orchestrator Model.

G. What key obstacles impair your agency's ability to achieve its objectives?

As discussed above, recent state and federal activities support the adoption of HIE in order to improve the quality, safety, and efficiency of healthcare by addressing fragmented personal health information. There are a number of factors that underscore the need for a seamless, modern electronic healthcare system, including but not limited to the following: (1) patients – ranging from retired Texans or Texans receiving treatment for chronic diseases from different providers – are mobile and need access to healthcare information from different locations; (2) patient safety and quality issues arise during transitions of care if necessary information is not shared between treating providers; (3) natural disasters displace individuals to areas with unfamiliar providers who do not have access to the patient's medical history; and (4) the potential for pandemics increases the need for public health syndromic surveillance and access to accurate histories.

Despite these key factors and the progress that has been made over the last three years, there are several potential barriers that could impair the THSA's vision of a seamless, modern electronic healthcare system in Texas.

- **Lack of HIE Adoption in Rural Texas.** Adoption and use of HIE in rural West Texas is not keeping pace with the rest of the state. To address this issue, the THSA has implemented the Texas White Space Program discussed in Section A above. Through the development of a marketplace of qualified HISPs, the THSA is providing physicians and hospitals in rural Texas with at least one HIE option to electronically exchange health information with other clinicians in a way that is simple, secure, cost effective, and compliant with federal and state requirements, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and EHR Meaningful Use. As of July 2013, the THSA has issued 209 vouchers to physicians and hospitals. Of that number, 75 have selected a HISP for HIE services. The THSA and HHSC regularly evaluate the rural Texas strategy and will implement a re-aligned strategy to increase rural HIE participation in the last calendar quarter of 2013.

- **Lack of Access to Interoperable State Health Information Systems.** As noted earlier in the report, Texas healthcare providers are receiving incentives and investing private funding to implement EHR systems in order to improve the quality of care delivered and to help reduce the costs. A fundamental capability of those systems is to exchange patient and test data using national standards for interoperability through HIE. Texas providers are interested in receiving and sharing data with state agency programs, such as the Immunization and Cancer Registries, maintained by the Texas Department of State Health Services (DSHS). In many cases when providers need to send information to Texas Health and Human Services (HHS) agencies or when the agencies themselves have data that can help a provider care for a patient, the provider cannot use their EHR systems or local HIE to make such exchanges timely, efficient, and accurate. There are standards for interoperability that could be used to allow most, if not all, data flowing between HHS agencies and providers if the systems in use by the agencies were equipped to use them. The use of interoperability standards by the agencies would mean that vendors who build standards compliant systems would not need to customize those systems for each new client. In addition, it is currently unclear whether certain registries maintained by DSHS may be accessed by an HIE. Clarification on this matter, as well as, ensuring that new HHS agency systems (procured or developed) that involve the exchange of patient and/or test data should be able to do so using standards will reduce administrative burden on health care providers by allowing for efficiently and less costly connectivity to the state. To address these challenges, the THSA is working collaboratively with HHS agencies, local HIEs, and other stakeholders to address legal, policy, and interoperability barriers relating to connectivity to state agency data sources through local HIE infrastructure and HIETexas.
- **Provider Concerns about HIE Liability.** Some providers have expressed reluctance to exchange health information due to concern about the potential breach of electronic protected health information (e.g., substance abuse, minor health, HIV, behavioral and mental health, etc.), potential liability, and the assignment of responsibility. To address this issue, the THSA participates in provider education and outreach forums and is developing a rules-based consent management at the state level to ensure information decisions made at the local level are respected between HIEs in Texas. In addition, the THSA worked collaboratively with local HIEs, TMA, and THA on a provider liability protection amendment last session (See Section VII(M) for more detail).
- **Interoperability and Standardization.** ONC has been advancing standards-based HIE through a variety of programs and initiatives including the Standards and Interoperability Framework, the State HIE Cooperative Agreement Program, the Direct Project, the eHealth Exchange, and the ONC HIT Certification Program. Despite these efforts, interoperability and standardization continue to be a core challenge at the HIE-operational level where HIEs are working with providers using products that existed before meaningful use and thus have deployed pre-meaningful use standards. Those products are making progress, but aren't moving fast enough. As an example, ONC and CMS are really focusing on the consolidated CDA (the Clinical Document Architecture, an HL7 standard) for patient summary exchange. While federal approval of broad standards is in itself a good thing, the problem is that the vendors are not there yet, and the products in place do not support that standard. While many of them can exchange a C32 document (the HITSP 32 Summary Document using the HL7 Continuity of Care Document standard), that document often does not include problem lists, allergy information, or the level of detail you would expect; a lot of it is just demographic information. In other words, there is a level of standardization at the broad policy level, but that has not yet translated into true ground-level interoperability. To address this challenge, the THSA regularly monitors federal standards development, coordinates with the eHealth Exchange, and participates in the [EHR/HIE Interoperability Workgroup](#), a coalition of states, EHR vendors, and HIE vendors. The role of the

workgroup is to leverage existing standards and develop consistent implementation guides for interoperability between HIEs and the EHRs that interface with them. Finally, the THSA has published [Interoperability Guidance](#) for Texas HIEs.

H. Discuss any changes that could impact your agency's key functions in the near future (e.g., changes in federal law or outstanding court cases).

1. Changes to Federal Meaningful Use Requirements and Standards – Stages 2 and 3

Eligible healthcare professionals and hospitals must successfully attest to demonstrating meaningful use of certified EHRs to qualify for incentive payments through the Medicare EHR Incentive Program administered by the CMS. In order to meet the meaningful use criteria, healthcare professionals and hospitals must adopt certified EHR technology and use it to achieve specific objectives (Stages 1, 2, and 3).

Stage 1 Rules, which were promulgated in 2011-2012, mostly focused on setting up EHR technology and capturing health data within an EHR system. Stage 2, which will take effect in 2014, focuses on more rigorous electronic exchange of health information with other providers. A properly running HIE network is essential to successfully accomplishing Stage 2. Stage 3, among other things, will include allowing access to comprehensive patient data through patient-centered HIE. Similar to Stage 2, a properly running HIE network is essential to successfully accomplishing Stage 3.

The THSA, in collaboration with stakeholders, will update the state's approach to HIE to align with any future changes to Meaningful Use, including HIE requirements, interoperability standards for EHRs, and HIE content specifications (e.g., content information required to be included in a patient care summary).

2. Updates to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

On January 25, 2013, the Office for Civil Rights published the HIPAA/HITECH final omnibus rule, which updated privacy and security regulations regarding protected health information (PHI). However, more HIPAA regulations will be published in the near future, including but not limited to regulations on accounting of disclosures (a list of the disclosures of a patient's PHI made to third parties), access reports (a list of persons who have accessed the patient's PHI), and the minimum necessary rule (the rule requiring that disclosures of PHI be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure). Relevant THSA practices and policy documents will need to be updated and/or amended as these and other changes are made to privacy and security standards.

I. What are your agency's biggest opportunities for improvement in the future?

As HIT and the adoption of HIE evolve, the THSA, in partnership with HHSC, local HIEs, and other stakeholders, will have an opportunity to continue to enhance and update the State HIE Plan. Beginning in 2006, through the Texas Health Care Policy Council (HCPC), the state assessed the State of HIT in Texas. The HCPC published an update in 2009 and HHSC, with support from THSA and other stakeholders, just recently published, in June 2013, the third edition of the State of HIT in Texas report. HHSC also conducts an annual HIT provider survey and has conducted other surveys to gauge consumer attitudes towards HIT. The THSA uses information from these assessments to identify opportunities for improvement. Additionally, the THSA and HHSC have performed an assessment of the White Space

Initiative to identify additional strategies and ways to increase HIE adoption in rural Texas, a process that the THSA intends to continue in order to ensure HIE availability in all regions of the state. In the later part of 2013, THSA, HHSC, and other stakeholders will be developing the State HIT Plan, which will include updates from THSA on HIE.

Looking ahead to the later part of 2013 and 2014, the THSA will be focused on the following:

- Updating the State HIE Plan;
- Increasing the number of HIEs connecting to HIETexas;
- Increasing the number of state agency programs connected to HIETexas;
- Deploying a medication history service for Texas HIEs;
- Deploying an HIE certification and covered-entity privacy and security certification processes;
- Implementing new strategies to encourage greater adoption and use of HIETexas in rural Texas; and
- Increasing consumer and provider marketing and education.

J. In the following chart, provide information regarding your agency's key performance measures included in your appropriations bill pattern, including outcome, input, efficiency, and explanatory measures.

Not applicable.

III. History and Major Events

2005

S.B. 45, 79th Legislature, mandated the Texas Statewide Health Coordinating Council establish an advisory group to develop a long-range plan for the use of health care technology in Texas. An eleven member Health Information Technology Advisory Committee (HITAC) was subsequently formed in late 2005. The HITAC published the *Roadmap for the Mobilization of Healthcare Information in Texas*, which included a recommendation to create a public-private governance organization.

2006

The Texas Health Care System Integrity Partnership, which was convened pursuant to Executive Order RP-61, recommended the creation of a public-private partnership in the form of a state-chartered non-profit corporation to coordinate and facilitate HIE in Texas.

2007

H.B. 1066, 80th Legislature, which became effective June 15, 2007, created the Texas Health Services Authority as a public-private collaborative for the development of a seamless electronic health information infrastructure to support the Texas healthcare system and to improve patient safety and quality of care. The bill was codified as Chapter 182, Texas Health & Safety Code.

2008

Articles of Incorporation were filed with the Texas Office of the Secretary of State in April 2008. Gubernatorial appointments were made in July 2008. The THSA board held its kick-off/organizational meeting in September 2008.

2009

The HITECH Act was passed as part of the ARRA of 2009. The HITECH Act provided funding to states from the ONC through the State HIE Cooperative Agreement Program. The purpose of this program is to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care.

2010

The HHSC received an award from ONC from funding through the State HIE Cooperative Agreement Program. The HHSC is serving as the fiscal agent for this funding and the THSA, under contract with HHSC, is responsible for developing and implementing the HIE strategic and operational plans for the state of Texas. Texas’s allotment through this program is \$28.8 million over the four years of the program. Of that \$28.8 million, the THSA received \$954,500 to develop the State HIE Strategic and Operational Plan and up to \$7,069,025 for implementation. ONC approved the Texas HIE Plan in November 2010.

2011

H.B. 300, 82nd Legislature, was enacted, which tasked the THSA with developing privacy and security standards for the electronic sharing of protected health information, and to establish a process by which a Texas covered entity (as defined in Chapter 181, Health & Safety Code) may apply for certification by the THSA of the covered entity’s past compliance with these standards. The THSA has developed those standards, which can now be found in Ch. 390 of the Texas Administrative Code, and is in the process of developing a certification program for compliance with those standards.

2013

S.B. 1367, 83rd Legislature, redirected \$5 million in non-general fund revenue from the Texas Health Insurance Pool to the THSA to be used for a purpose under Chapter 182, Health & Safety Code.

IV. Policymaking Structure

A. Complete the following chart providing information on your policymaking body members.

THSA Policymaking Body			
Member Name	Term/Appointment Dates/Appointed by Governor	Qualification	City
Edward W. Marx	2011-2013 Governor	Chair <i>Hospital Representative</i>	Colleyville
Kathleen K. Mechler	2011-2013 Governor	Vice Chair <i>Rural Representative and Regional Extension Center Representative</i>	Fredericksburg
Matthew Hamlin	2011-2013 Governor	Treasurer <i>Lab Representative</i>	Argyle
Judy Powell	2011-2013 Governor	Secretary <i>Public Representative</i>	The Woodlands
Fred Buckwold	2011-2013 Governor	Member <i>Payer Representative</i>	Houston

David. C. Fleeger	2011-2013 Governor	Member <i>Physician Representative</i>	Austin
James Martin	2011-2013 Governor	Member <i>Pharmacy Representative</i>	Austin
J. Darren Rogers	2011-2013 Governor	Member <i>Payer Representative</i>	Dallas
Stephen Yurco	2011-2013 Governor	Member <i>Physician Representative</i>	Austin
William Phillips, Jr.	2011-2013 Governor	Member <i>Hospital Representative</i>	San Antonio
Jennifer Rangel	2011-2013 Governor	Member <i>Public Representative</i>	Austin
Thomas ‘Tate’ Erlinger	2011-2013 Governor	Ex-officio Member <i>Public Health Representative</i>	Austin

B. Describe the primary role and responsibilities of your policymaking body.

The primary role of the THSA Board of Directors is to provide general oversight of the THSA to ensure the Corporation is meeting its goals, objectives, and functions. The board sets overall corporate policy, including appointing the CEO, delegating authority to the CEO, providing long-range direction to the Corporation, setting policy, and approving the budget.

C. How is the chair selected?

The Governor appoints the board chair.

D. List any special circumstances or unique features about your policymaking body or its responsibilities.

Not applicable.

E. In general, how often does your policymaking body meet? How many times did it meet in FY 2012? In FY 2013?

Section 182.058(a), Texas Health & Safety Code, states that the board may meet as often as necessary, but shall meet at least twice a year. The board met four times in FY 2012, and has met three times in FY 2013, with an additional meeting scheduled to take place during September 2013.

F. What type of training do members of your agency's policymaking body receive?

New board members are provided an orientation on the mission of the THSA and Texas HIE Plan, as well as other briefings as requested. New members are also required to complete training developed by the Texas Office of the Attorney General on Texas open government laws. The THSA's Board Treasurer and CEO also take Public Funds Investment Act training.

G. Does your agency have policies that describe the respective roles of the policymaking body and agency staff in running the agency? If so, describe these policies.

Yes, please see the attached Accounting and Financial Policies and Procedures Manual.

H. What information is regularly presented to your policymaking body to keep them informed of your agency's performance?

The THSA regularly presents information to its policymaking body to keep them informed of the THSA's performance through (1) email updates, (2) annual reports, (3) quarterly reports, and (4) quarterly board meetings. Additionally, supplemental materials are given to the board at in advanced of board meetings. The board finds this information very helpful, and most recently stated so at the THSA's board meeting on June 21, 2013.

I. How does your policymaking body obtain input from the public regarding issues under the jurisdiction of the agency? How is this input incorporated into the operations of your agency?

All THSA board and Finance Committee meetings are posted with the Texas Secretary of State's Office and open to the public. Pursuant to Section 182.053(c), Health & Safety Code, one of the board members may represent consumers. The current board membership includes two members representing consumers – Judy Powell and Jennifer Rangel are the current THSA board member representing consumers. The THSA incorporates input for all board members, including that of Judy Powell and Jennifer Rangel. The THSA staff also provides board members with summaries of information shared during task force meetings, which includes comments and recommendations from various stakeholders and members of the public.

The THSA regularly seeks public input on HIE-related policies and standards prior to final adoption through stakeholder communications via email and the THSA's web site, as well as through input received from the THSA task forces and collaboration council. In addition, a public comment period is scheduled for each quarterly board meeting. THSA's [Open Meeting and Public Testimony Policy](#), developed pursuant to Section 182.058, is publicly available on www.HIETexas.org.

J. If your policymaking body uses subcommittees or advisory committees to carry out its duties, fill in the following chart.

Texas Health Services Authority Exhibit 4: Subcommittees and Advisory Committees			
Name of Subcommittee or Advisory Committee	Size/Composition/How are members appointed?	Purpose/Duties	Legal Basis for Committee
Executive Committee	5 members, including the boards 4 officers and one other member selected by the board.	To coordinate implementation of THSA directives and review of policies, issues, or other matters that will or may be subject to board deliberation in the interim between regular board meetings.	THSA Bylaws
Finance Committee	2 members, including the board treasurer and one other member selected by the board.	To assist the board by providing oversight of the financial management and financial reporting function.	THSA Bylaws
Audit Committee	2 members selected by the board.	To assist the board by providing oversight of the THSA’s audit functions (external and internal), as well as other investigations (external and internal).	TSHA Bylaws
Collaboration Council	16 members made of key HIE stakeholders, such as physicians, hospitals, health plans, consumers, vendors, state agency, etc.	To monitor the implementation of HIEs within the state and to make recommendations on common policies and procedures, standards, technical approaches, and services to support the necessary statewide HIE infrastructure in Texas.	THSA Bylaws
Data Standards Task Force	72 members	To support the secure, interoperable exchange of health information among unaffiliated organizations by providing input on the development of technical standards, data exchange standards, and technical	TSHA Bylaws

		security standards, and the development of implementation specification requirements.	
Technical Architecture Task Force	68 members	To provide input on the implementation of a hybrid architecture that supports a network of networks, linking local HIE networks together, linking local HIE networks to state agencies, and ultimately linking state networks among each other and to the national eHealth Exchange. The task force will support the development of a six-year enterprise architecture blueprint.	THSA Bylaws
Privacy and Security Task Force	91 members	To provide input on the development of privacy and security policies and standards that protect the privacy of patients involved in statewide HIE to the highest legal standard while enabling the secure exchange of health information. The task force will support ongoing analysis of legal framework for the state of Texas, including: authorization, authentication, consent, access, audit, breach, and patient engagement policies.	THSA Bylaws
Provider Engagement Task Force	76 members	To provide input on the development of a communications and engagement plan to inform providers about HIE in Texas, including the development of education and outreach strategies.	THSA Bylaws
Consumer Engagement Task Force	67 members	To provide input on the development of a communications and engagement plan to	THSA Bylaws

		inform consumers about HIE in Texas, including the development of education and outreach strategies. This group shall also provide input on use of personal health records and consumer expectations on the exchange of personal health information.	
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V. Funding

A. Provide a brief description of your agency’s funding.

The THSA does not receive any state appropriations. Pursuant to Section 182.107, Health & Safety Code, the THSA may be funded through (a) the General Appropriations Act, (b) fees charged for its services, and/or (c) other revenue-generating activities consistent with the THSA’s purposes.

In March 2010, the Texas Health & Human Services Commission (HHSC) received an award from the Office of the National Coordinator for Health Information Technology (ONC) for funding through the State Health Information Exchange (HIE) Cooperative Agreement Program. The purpose of this program, created by the American Recovery and Reinvestment Act, is to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care. Texas’s allotment through this program is \$28.8 million over the four years of the program. Of that \$28.8 million, the THSA received \$954,500 for planning and an implementation allotment that shall not exceed \$7,069,025.

SB 1367 (83R), a bill that abolishes the Texas Health Insurance Pool, redirects \$5 million in prompt-pay-penalty funds to the THSA to be used for a purpose described in Ch. 182, Health & Safety Code. The THSA anticipates receipt of these funds on or before January 1, 2014.

As HIETexas becomes operational, the THSA anticipates fees charged for use of that service as well as fees relating to the covered entity and HIE certification processes to be implemented in 2013-2014 will provide additional funding.

B. List all riders that significantly impact your agency’s budget.

Not applicable.

C. Show your agency’s expenditures by strategy.

The THSA is not a state agency and does not organize expenditures by goal or strategy. Instead, THSA’s expenses are summarized on a functional basis. Certain expenses are allocated between Program expenses and General and Administrative Expenses based on actual use or estimates made by management.

Texas Health Services Authority Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)			
Strategy	Amount Spent	Percent of Total	Contract Expenditures Included
Program	\$654,704	83%	Yes
General and Administrative	\$131,656	17%	No
GRAND TOTAL:	\$786,360	100%	

D. Show your agency’s sources of revenue. Include all local, state, and federal appropriations, all professional and operating fees, and all other sources of revenue collected by the agency, including taxes and fines.

Texas Health Services Authority Exhibit 6: Sources of Revenue — Fiscal Year 2012 (Actual)	
Source	Amount
U.S. Department of Health and Human Services; Pass through Texas Health and Human Services Commission – ARRA – State Grants to Promote Health Information Technology	\$780,417
Pass through RTI International – ARRA – Southwest Regional Health IT-HIE Collaboration (SERCH)	\$1,429
TOTAL	\$781,846

E. If you receive funds from multiple federal programs, show the types of federal funding sources.

Texas Health Services Authority Exhibit 7: Federal Funds — Fiscal Year 2012 (Actual)				
Type of Fund	State/Federal Match Ratio	State Share	Federal Share	Total Funding
U.S. Department of Health and Human Services; Pass through Texas Health and Human Services Commission – ARRA – State Grants to Promote Health Information Technology	100%*	NA	\$780,417	\$780,417
Pass through RTI International – ARRA – Southwest Regional Health IT-HIE Collaboration (SERCH)	100%	NA	\$1,429	\$1,429
TOTAL		NA	\$781,846	\$781,846

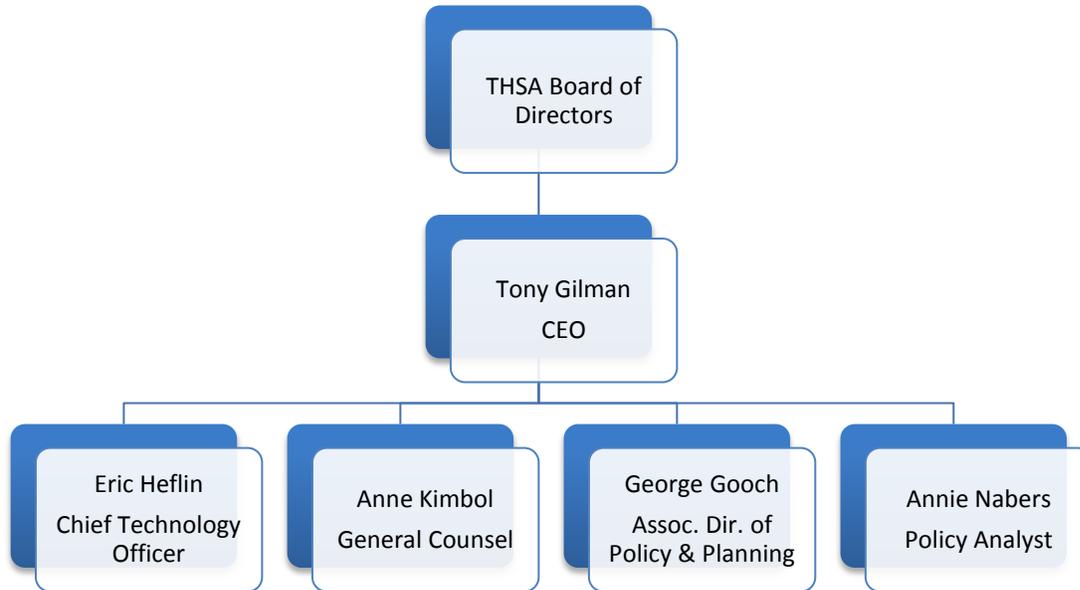
*The match requirement associated with this funding was not passed through to the THSA. The THSA, however, has identified \$145,432 in qualifying match to date.

F. If applicable, provide detailed information on fees collected by your agency.

Although the THSA does plan to begin collecting fees for several services in the last calendar quarter of 2013, including state-level shared services, medication history services, HIE certification services, and covered entity privacy and security certification services, the THSA does not currently collect fees.

VI. Organization

A. Provide an organizational chart that includes major programs and divisions, and shows the number of FTEs in each program or division. Detail should include, if possible, Department Heads with subordinates, and actual FTEs with budgeted FTEs in parenthesis.



B. If applicable, fill in the chart below listing field or regional offices.

Texas Health Services Authority Exhibit 9: FTEs by Location — Fiscal Year 2012				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of Actual FTEs as of June 1, 2013
Headquarters	Austin, TX	No	5	5
			TOTAL: 5	TOTAL: 5

C. What are your agency’s FTE caps for fiscal years 2012-2015?

Not applicable.

D. How many temporary or contract employees did your agency have as of August 31, 2012?

None.

E. List each of your agency’s key programs or functions, along with expenditures and FTEs by strategy.

Texas Health Services Authority Exhibit 10: List of Program FTEs and Expenditures — Fiscal Year 2012		
Strategies	FTEs as of August 31, 2012	Actual Expenditures
Program Implementation	4.2	\$417,709
General and Administrative	0.8	\$79,564
TOTAL	5	\$497,273

VII. Guide to Agency Activities

A. Provide the following information at the beginning of each strategy description.

Name of Program or Function	Promote, facilitate, create incentives, and implement a voluntary and secure electronic exchange of health information
Location/Division	Austin, TX
Contact Name	Tony Gilman, CEO
Actual Expenditures, FY 2012	\$780,417
Number of Actual FTEs as of June 1, 2013	5
Statutory Citation for Program	Chapter 182, Health & Safety Code

B. What is the objective of this strategy? Describe the major activities performed under this program.

To promote and facilitate the implementation of secure electronic exchange of health information through the implementation of the Texas HIE Plan, which supports the following key strategies:

- Implementation of a Local HIE Grant Program by HHSC to partially fund the planning, development, and operations of local and regional HIE networks utilizing federal grants received pursuant to the American Recovery and Reinvestment Act;
- Facilitation of HIE capabilities in the Texas rural “white space,” counties of the state not served by Local HIEs through the provision of connectivity services by Health Information Service Providers (HISPs); and
- Development of general state-level operations, including a transparent and collaborative governance structure to support coordinated implementation of HIE in Texas, development of policies and guidelines, and provision of statewide HIE connectivity services.

Additional detail on these key strategies is discussed in Section II of the SER.

C. What evidence can you provide that shows the effectiveness and efficiency of this strategy? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this strategy.

See Section II(C).

D. Describe any important history regarding this strategy not included in the general agency history section, including how the strategy has changed from the original intent.

HIETexas – THSA’s State-Level Shared Services

In March 2010, the Office of the National Coordinator for Health Information Technology (ONC) accepted Texas’s HIE Plan for Texas, including development of a state-level shared services program, to receive grant funding through the State Health Information Exchange (HIE) Cooperative Agreement Program. The THSA contracted with its technology vendor, InterSystems, on April 1, 2013 to assist the THSA with development and implementation of this program.

This program has not gone live yet, but the THSA is currently facilitating the onboarding process with several local HIEs across the state. The THSA will be able to provide more important history of this program before the end of the Sunset process, and will supplement this report accordingly.

White Space Program

In 2010, the THSA established a marketplace of qualified Health Information Service Providers (HISPs) to provide physicians and hospitals in the Texas White Space the ability to electronically exchange health information with other clinicians in a way that is simple, secure, cost effective, and compliant with federal and state requirements, including HIPAA and EHR Meaningful Use. The THSA has continued to run this program to date. The THSA and HHSC regularly evaluate the White Space strategy and will implement a re-aligned strategy to increase HIE participation in the White Space in the last calendar quarter of 2013.

Policy & Governance

The THSA has provided policy guidance to local HIEs in the form of white papers and other resource materials since 2011. The THSA’s Board structure has been in place since the THSA’s creation in 2007 and the collaborative governance structure has been in place since 2010.

E. Describe who or what this strategy affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The THSA’s State-Level Shared Services program has the potential to affect all persons providing or receiving healthcare in the state of Texas. Widespread electronic health information exchange will enable healthcare providers to make quicker, and more informed decisions regarding a patient’s health.

This program will also affect local and private HIEs in Texas by facilitating the meaningful exchange of electronic health information across different regions of the state. In order to onboard to the THSA’s State-Level Shared Services, an applicant must meet the following qualifications:

- Be a valid business in good standing or a governmental agency, operating in Texas;
- Meet all solvency and financial responsibility requirements imposed on the applicant by applicable statutes and regulatory authorities;
- Be a community-based organization that meets the definition of “Health Information Exchange” at Section 481.002, Health & Safety Code, or agency that oversees and conducts, on its own behalf and/or on behalf of its participant users, electronic transactions or exchanges of health information among groups of persons or organizations;

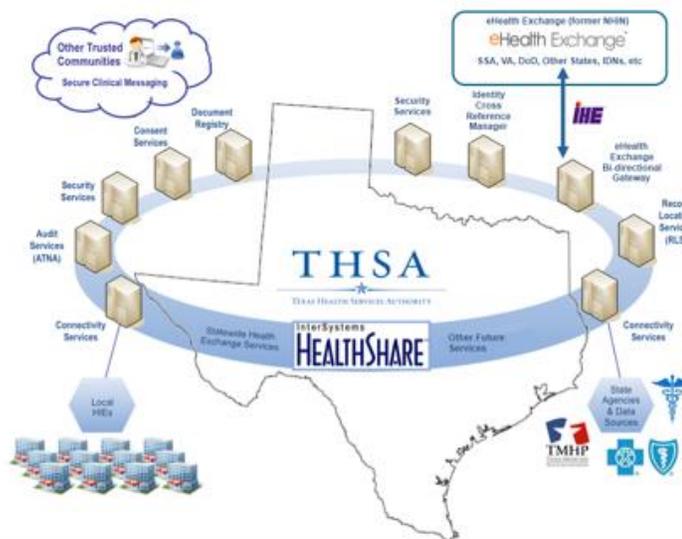
- Have a governing body that creates trust and consensus on exchange of health information, provides oversight, transparency, and accountability, and protects the interest of the public;
- Utilize a system which has been verified as compliant with the Performance and Service Specifications described in the State-Level Trust Agreement;
- Has successfully attained the THSA’s HIE certification or be under contract with HHSC as part of the Local HIE Grant Program;
- Have the organizational infrastructure and legal authority (through statutes, regulations, organizational agreements, contracts or binding policies) to comply with the obligations in the State-Level Trust Agreement and to require its Participant Users to comply with applicable requirements of the State Level Trust Agreement;
- Intend to Transact information with other Participants for a Permitted Purpose;
- Have sufficient financial, technical, and operational resources to support the testing and operation of transactions among Participants;
- Is not aware of any information that would preclude the Applicant from fully complying with the provisions of the State-Level Trust Agreement; and
- Submit a completed application and signed the Joinder Agreement (Attachment 6 of the State-Level Trust Agreement), along with the applicable participation fees.

No statistical breakdown of those affected by the THSA’s State-Level Shared Services program currently exists because no entities meeting the above-listed qualifications have been onboarded as of today’s date. The THSA anticipates onboarding to begin in late 2013-early 2014.

F. Describe how this strategy is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

HIETexas – THSA’s State-Level Shared Services

This program has not gone live yet, but will shortly. This program, as depicted to the right, is administered by the THSA in collaboration with its technology vendor, InterSystems, to provide a private and secure network that spans the entire state and supports the exchange of information between Texas HIEs and other data sources within the state, and between Texas and other authorized HIEs and federal agencies outside of Texas. A brief overview of HIETexas is available online [here](#).



White Space Program

The White Space Program is administered by the THSA, with the assistance of the HHSC. Below is a map of the Texas White Space.



The counties covered by the Texas White Space include Andrews, Archer, Baylor, Borden, Brewster, Brown, Callahan, Clay, Coke, Coleman, Comanche, Concho, Cooke, Cottle, Crane, Crockett, Culberson, Dawson, Dimmit, Duval, Eastland, Ector, Erath, Fisher, Foard, Gaines, Glasscock, Hardeman, Haskell, Hood, Howard, Hudspeth, Irion, Jack, Jeff Davis, Jones, Kent, Kimble, Knox, La Salle, Loving, Martin, Maverick, McCulloch, McMullen, Midland, Mitchell, Montague, Nolan, Palo Pinto, Pecos, Presidio, Reagan, Reeves, Runnels, Schleicher, Scurry, Shackelford, Somervell, Stephens, Sterling, Stonewall, Sutton, Taylor, Terrell, Throckmorton, Tom Green, Upton, Ward, Wichita,

Wilbarger, Winkler, Young, and Zavala.

Policy & Governance

The THSA's Collaboration Council and subject matter task forces met monthly in 2011 and 2012, and began meeting bimonthly in 2013. The THSA's board meets quarterly. THSA staff members manage The Collaboration Council and task forces, which are attended by task force members who have applied for and been accepted by the applicable task force. The following THSA staff members manage the THSA's governance process:

- Board of Directors – Tony Gilman and Anne Kimbol
- Collaboration Council – Tony Gilman
- Data Standards & Technical Architecture – Eric Heflin
- Privacy & Security – George Gooch
- Provider & Consumer Engagement – Annie Nabers

G. Identify all funding sources and amounts for the strategy, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

In March 2010, the Texas Health & Human Services Commission (HHSC) received an award from the Office of the National Coordinator for Health Information Technology (ONC) for funding through the State Health Information Exchange (HIE) Cooperative Agreement Program. The purpose of this program, created by the American Recovery and Reinvestment Act, is to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care. Texas's allotment through this program is \$28.8 million over the four years of the program. Of that \$28.8 million, the THSA received \$954,500 for planning and an implementation allotment that shall not exceed \$7,069,025.

SB 1367 (83R), a bill that abolishes the Texas Health Insurance Pool, redirects \$5 million in prompt-pay-penalty funds to the THSA to be used for a purpose described in Ch. 182, Health & Safety Code. The THSA anticipates receipt of these funds on or before January 1, 2014. The THSA is also considering using a portion of the funds received under SB 1367 to submit an HIE Implementation Advance Planning Document (IAPD) to draw down 90/10 Medicaid funding.

The THSA anticipates charging fees for its services, including but not limited to HIETexas, medication history, and covered entity and HIE certification beginning in late 2013-early 2014.

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Similar services are provided at the local level by local HIEs – entities providing health information exchange services to a specific community or region within the state. The THSA's State-Level Shared Services program ("HIETexas") connects these local HIEs to each other, so that a patient's health information may be available instantly to the patient's health care provider, regardless of where the patient receives healthcare in the state of Texas.

Similar services are also provided at the federal level by the eHealth Exchange – the national program that connects all HIEs across the United States. The THSA's State-Level Shared Services program allows local HIEs in Texas to connect to the eHealth Exchange, so that a patient's health information may be available instantly to the patient's health care provider, regardless of where the patient receives healthcare in the United States. Establishing a single gateway to the eHealth Exchange for Texas eliminates the need for healthcare providers to develop their own interface to the eHealth Exchange, which would be expensive. In addition, providers will not have to go through other onboarding activities with the eHealth Exchange, such as interoperability testing.

While these local and federal programs may seem similar, not all offer the services included in the THSA's state-level shared services, including clinical document exchange, a statewide federated trust framework, and statewide patient consent management. Additionally, none serve to connect Local HIEs with each other or with the eHealth Exchange, which will allow Texas HIEs and data sources to connect with those around the United States.

I. Discuss how the strategy is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

While the programs described above provide seemingly similar services, each program represents a different layer of connectivity that is essential to the long-term goal of a patient's medical information following the patient, regardless of where the patient received medical care.

The THSA's State-Level Shares Services program ("HIETexas") is designed to support a "network of networks" HIE model. In addition to connecting local HIEs to each other and to HIEs in other states through the national eHealth Exchange, the THSA's State-Level Shared Services program also offers services that are not available at the local level, including:

- Clinical Document Exchange (Treatment);
- Federated Trust Framework (Security/Confidentiality/Accuracy);
- Patient Consent Management; and
- eHealth Exchange (the federal-level services similar to HIETexas).

Furthermore, the THSA is in regular communication with HHSC's OeHC, the Office of the Attorney General, and other agencies involved in HIE policy development or guidance to ensure cooperation/collaboration and avoid duplication of effort.

J. If the strategy works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

See response to Section VII(I) above.

K. If contracted expenditures are made through this strategy, please provide:

A short summary of the general purpose of those contracts overall:

Considering its relatively small size (5 FTEs), the THSA hired contractors to perform several key functions in Federal Fiscal Year 2012, including audit and tax services, general accounting services, and website develop and maintenance. Since 2010, the THSA has contracted with the following organizations:

- Computer Task Group (March 2010 – November 2010) – To assist THSA in facilitating a multi-stakeholder collaborative planning process and the development of HIE strategic and operational plans.
- J. Coalter Baker, CPA/PFS (January 2010 – June 2011) – To assist the THSA with accounting and financial reporting.
- Byrne, Cardenas & Aris – To serve as THSA's outside legal counsel.
- Maxwell Locke & Ritter (December 2010 – Present). To provide audit and tax services.
- Accountware (October 2011 – Present) – To assist the THSA with accounting and financial reporting.

- Accenture (April 2011 – August 2011) – To assist the THSA with the development of HIE interoperability guidance, including the development of a technical standards landscape review, enterprise architecture blueprint (EAB), EAB lifecycle management plan, and local HIE technical implementation specifications.
- GSI Health (January 2012 – Present) – To serve as a THSA qualified HISP and offer basic connectivity options to physicians and hospitals in the Texas White Space that enable them to exchange health information through Direct e-mail that is secure, encrypted and fully HIPAA-compliant.
- Harris Healthcare Solutions (January 2012 – Present) – To serve as a THSA qualified HISP offer basic connectivity options to physicians and hospitals in the Texas White Space that enable them to exchange health information through Direct e-mail that is secure, encrypted and fully HIPAA-compliant.
- Inpriva (January 2012 – Present) – To serve as a THSA qualified HISP to offer basic connectivity options to physicians and hospitals in the Texas White Space that enable them to exchange health information through Direct e-mail that is secure, encrypted and fully HIPAA-compliant.
- Sandlot Solutions (January 2012 – March 2013) – To serve as a THSA qualified HISP to offer basic connectivity options to physicians and hospitals in the Texas White Space that enable them to exchange health information through Direct e-mail that is secure, encrypted and fully HIPAA-compliant.
- Secure Exchange Solutions (January 2012 – Present) – To serve as a THSA qualified HISP offer basic connectivity options to physicians and hospitals in the Texas White Space that enable them to exchange health information through Direct e-mail that is secure, encrypted and fully HIPAA-compliant.
- Go9Media (November 2011 – May 2012) – To design, develop, and implement www.HIETexas.org.
- Waller Lansden Dortch & Davis, LLP (August 2012 – Present) – To assist the THSA in creating the legal framework to establish and operate statewide HIE.
- Websedge (October 2012 – May 2012) – To produce a film of up to 5 minutes in length about the Texas approach to statewide HIE.
- West Texas HIT Regional Extension Center (December 2012 – Present) – To provide education and marketing services regarding the THSA's qualified HISPs and voucher program to physicians and hospitals in the Texas White Space.
- InterSystems Corporation (April 2013 – Present) – To assist the THSA with development and implementation of the following state-level shared services
- McGuireWoods Consulting & Bravarro (April 2013 – Present) – To assist with developing HIE communications and marketing materials
- Weaver (December 2012 – April 2013) – To assist the THSA with the development of a HIE sustainability literature review.

In the future, the THSA plans to contract with third party vendors to manage the HIE Certification Program and Covered Entity Privacy and Security Certification Program. The THSA may also contract with a vendor to provide medication history services.

The amount of those expenditures in federal fiscal year 2012:
\$74,135

The number of contracts accounting for those expenditures:
4 (FFY 2012)

Top five contracts (in FFY 2012) by dollar amount, including contractor and purpose:

Contract	Paid Amount	Purpose
Go9Media	\$44,500.00	To design, develop, and implement HIETexas.org website.
Maxwell Locke & Ritter	\$20,500.00	To complete an annual financial audit for the year ending September 30, 2011 and to file all appropriate tax forms for the year ending September 30, 2011.
Accountware	\$7,650.00	To assist the THSA with accounting and legal services.
Byrne, Cardenas & Aris	\$1,485.00	To assist the THSA with legal matters.

The methods used to ensure accountability for funding and performance:

In general, the THSA requires weekly, biweekly, or monthly reports from contractors depending on the size and nature of the contract. The THSA contracted with Maxwell Lock & Ritter for additional financial oversight.

A short description of any current contracting problems:

The THSA is not experiencing any contracting problems.

L. Provide information on any grants awarded through this strategy.

This program has not awarded any grants. However, the THSA does work with HHSC to administer the Local HIE Grant Program, wherein HHSC and THSA work to provide partial funding for the planning, implementation, and operations of local HIE initiatives and networks. The THSA regularly assists HHSC in quarterly review calls for all the local HIEs to report their progress in meeting program goals and objectives.

For more information, see Section I part A.

M. What statutory changes could be made to assist the agency in performing this strategy? Explain.

HIE Access to DSHS Registries – Ch. 80, 81, and 161, Texas Health & Safety Code

The THSA would like for Texas health care providers to be able to access information in certain DSHS registries (cancer, immunization, and communicable diseases) via electronic health information exchange. This would include amending Chapters 80, 81, and 161 of the Texas Health & Safety Code. Electronic access to this information via HIE would reduce administrative burden on health care providers, and, in turn, would also create greater incentive for those providers to participate in electronic health information exchange.

Public Information Act – Ch. 552, Government Code

The THSA would like to amend Section 552.139, Government Code, to include IT security systems in general (currently applies only to government programs), or at a minimum, specifically include confidentiality protection to security systems that are audited by an agency that is subject to the Public Information Act.

The THSA is currently developing a Texas Covered Entity certification program that would require auditing a Texas covered entity's compliance with state and federal medical privacy and security laws. However, once this information is held by the THSA, it becomes subject to the Public Information Act. Therefore, the THSA would like Section 552.139, Government code, to be expanded to include IT security systems in general so that Texas covered entities may apply for and obtain certification without subjecting their very sensitive security information to public disclosure. Additional problems may arise in the THSA's HIE certification program, in which the THSA and/or its vendor would need access to certain security systems and/or audits. If this information as provided by covered entities and HIEs were to be made public, hackers could use it to infiltrate these IT systems. Given that these systems contain personal health information, which is highly sensitive, the THSA is concerned about releasing these information in response to potential Public Information Act requests but does not see a current exemption that would apply.

Provider and HIE Liability Protection – Ch. 74A, Civil Practice & Remedies Code

The THSA would like to add Ch. 74A, Texas Civil Practice & Remedies Code, to create liability protection for health care providers and HIEs. This would make clear that unless a health care provider or HIE acts with gross negligence, the health care provider or HIE would not be liable for any damages, penalties, or other relief. The THSA believes that this is essential to creating incentive for widespread adoption of health information exchange across Texas. This was offered as an amendment to Senate Bill 7 (83R), but was ruled not germane by the House Parliamentarian. All affected stakeholders signed off on the amendment, including the local HIEs, the Texas Medical Association, and the Texas Hospital Association, and would likely support such legislation if it were filed during the next legislative session.

N. Provide any additional information needed to gain a preliminary understanding of the strategy.

For more information on the THSA's State-Level Shared Services (also known as "HIETexas"), please see the THSA's web site: www.hietexas.org/state-level-shared-services/overview

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity.

The THSA is not a regulatory body, and does not perform the above-described activities, other than through its two upcoming certification processes: (1) Texas covered entity certification, as described in Section 182.108(d), Health & Safety Code; and (2) Texas HIE certification, a voluntary certification for HIEs created to improve HIE interoperability and coverage for all Texans by providing a mechanism to establish trust.

In 2011, the 82nd Texas Legislature expanded the THSA’s enabling statute to direct the THSA to develop privacy and security standards for the electronic sharing of protected health information, and to establish a process by which a Texas covered entity (as defined in Chapter 181, Health & Safety Code) may apply for certification by the THSA of the covered entity’s past compliance with these standards. The THSA has developed those standards, which can now be found in Ch. 390 of the Texas Administrative Code, and is in the process of developing a certification program for compliance with those standards.

The THSA is also currently developing the Texas HIE certification program to improve HIE interoperability and coverage for all Texans by providing a mechanism to establish trust. Texans, including patients and providers, can look to a certified HIE knowing that the THSA has reviewed the organization’s policies and procedures, financials, and other relevant information to ensure that the organization is interoperable with state and federal programs, and promotes and provides the private, secure, and proper exchange of health information in accordance with the relevant laws and public policy.

These certification programs are still being developed by the THSA. Once the THSA has selected a vendor(s), and further implemented these certification programs, this report will be updated accordingly.

P. For each strategy, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency’s practices.

The THSA received no complaints in FY 2011 and FY 2012. To date, the THSA has not received any complaints in FY 2013.

VIII. Statutory Authority and Recent Legislation

A. Fill in the following chart, listing citations for all state and federal statutes that grant authority to or otherwise significantly impact your agency. Do not include general state statutes that apply to all agencies, such as the Public Information Act, the Open Meetings Act, or the Administrative Procedure Act. Provide information on Attorney General opinions from FY 2009 – 2013, or earlier significant Attorney General opinions, that affect your agency’s operations.

Texas Health Services Authority Exhibit 12: Statutes	
Statutes	
Citation/Title	Authority/Impact on Agency (e.g., Provides authority to license and regulate nursing home administrators@)
182.001, Health & Safety Code	Describes purpose of creation of the THSA
182.002, Health & Safety Code	Provides relevant definitions regarding the THSA’s enabling statute
182.051, Health & Safety Code	States the purpose of the administration of the THSA
182.052, Health & Safety Code	Applies the Sunset Act to the THSA

182.053-.060, .062, Health & Safety Code	Relates to the THSA board of directors and personnel
182.061, Health & Safety Code	Relates to liabilities and debts of the THSA
182.101, Health & Safety Code	Establishes the THSA’s general powers and duties
182.102, Health & Safety Code	Described prohibited acts of the THSA
182.103, Health & Safety Code	Describes the privacy of information held by the THSA
182.104, Health & Safety Code	Describes the THSA’s security compliance
182.105, Health & Safety Code	Describes intellectual property responsibilities of the THSA
182.106, Health & Safety Code	Requires the THSA to submit an annual report to the governor, lieutenant governor, the Senate, and the House
182.107, Health & Safety Code	Relates to the THSA’s funding mechanisms
182.108, Health & Safety Code	Requires the THSA to create standards for the electronic sharing of protected health information, and to create a certification for Texas covered entities for compliance with such standards

B. Provide a summary of recent legislation regarding your agency by filling in the chart below or attaching information already available in an agency-developed format. Briefly summarize the key provisions. For bills that did not pass, briefly explain the key provisions and issues that resulted in failure of the bill to pass (e.g., opposition to a new fee, or high cost of implementation). Place an asterisk next to bills that could have a major impact on the agency.

Texas Health Services Authority Exhibit 13: 83rd Legislative Session Chart		
Legislation Enacted – 83rd Legislative Session		
Bill Number	Author	Summary of Key Provisions
SB 1367	Duncan	SB 1367 abolishes the Texas Health Insurance Pool. One provision of that bill redirects \$5 million in prompt-pay-penalty funds from the low income subsidy fund to the Texas Health Services Authority, to be used for a purpose described in Ch. 182, Health & Safety Code.
SB 1609	Schwertner	SB 1609 amends certain provisions at Section 181.101, Health & Safety Code, regarding training on the handling of protected health information for employees of Texas Covered Entities.
SB 1610	Schwertner	SB 1610 amends certain provisions in Section 521.053, Business & Commerce Code, regarding notification to individuals when a breach of system security occurs within the business.
SB 1643	Williams	SB 1643 relates to the monitoring of prescriptions for Schedule II-V controlled substances. Certain provisions of this bill allow persons authorized to access the prescription drug monitoring program to do so through a health information exchange.
Legislation Not Passed – 83rd Legislative Session		

Bill Number	Author of Bill (not the amendment)	Summary of Key Provisions/Reason the Bill Did Not Pass
Amendment to SB 7	Nelson	<p>This amendment would have created authority for healthcare providers to use an HIE to access information in certain DSHS registries, including (1) communicable disease registries, (2) cancer registries, and (3) immunization registries. This amendment would have also created liability protection for HIEs and health care providers.</p> <p>The amendment did not pass because it was ruled non-germane by the House Parliamentarian.</p>

IX. Major Issues

1. HIE Access to Public Health Registries Maintained by the Texas Department of State Health Services

1A. Brief Description of Issue

Currently, it is not clear whether information held in registries maintained by DSHS may be accessed by authorized users via HIE. This issue affects all health care providers in Texas who must report data on immunizations, cancer, and communicable diseases. If it were clear in statute that this information could be accessed by authorized users via HIE, then the THSA could incorporate this service into its State-Level Shared Services (HIETexas). This issue was addressed in an amendment to SB 7 (83R), but the House Parliamentarian ruled the amendment non-germane. The amendment was drafted with input from relevant stakeholders to ensure the proper balance between privacy and security for these sensitive data sources and ensuring access to these sources as needed through HIE and HIT.

1B. Discussion

The THSA would like for Texas health care providers to be able to report and access information in certain DSHS registries (cancer, immunization, and communicable diseases) via electronic health information exchange. This would include amending Chapters 80, 81, and 161 of the Texas Health & Safety Code. Electronic access to this information via HIE would reduce administrative burden on health care providers, and in turn, would also create greater incentive for those providers to participate in HIE.

1C. Possible Solutions and Impact

The THSA believes that the proposed solution will reduce administrative burdens on health care providers, and their staff, who must report and access information in certain DSHS registries (cancer, immunization, and communicable diseases).

2. Provider and HIE Liability Protection

2A. Brief Description of Issue

Currently, there is no statutory law addressing liability of HIEs and health care providers when exchanging information through an HIE. This would make clear that unless a health care provider or HIE acts with gross negligence, the health care provider or HIE would not be liable for any damages, penalties, or other relief. The THSA believes that this is essential to creating incentive for widespread adoption of HIE across Texas.

2B. Discussion

The THSA would like to create Chapter 74A, Civil Practice and Remedies Code, to clarify that unless a health care provider or HIE acts with gross negligence, the health care provider or HIE would not be liable for any damages, penalties, or other relief. The THSA believes that this is essential to creating incentive for widespread adoption of health information exchange across Texas.

This was proposed as an amendment to SB 7 (83R), but ultimately failed because the House Parliamentarian ruled that it was not germane to the bill.

2C. Possible Solutions and Impact

The THSA believes that this is essential to creating incentive for widespread adoption of health information exchange across Texas.

3. Public Information Act – Security Exemption**3A. Brief Description of Issue**

Currently, Section 552.139, Government Code, protects information on the security systems of only government programs from being subject to the Public Information Act. The THSA believes this exemption needs to be expanded to include all IT systems. As part of the THSA's certification programs for covered entities and HIEs, the THSA and/or its vendor will need to review computer security systems and/or security audits to ensure compliance with relevant state and federal laws and regulations. Information on an entity's security policies obtained by the THSA or its vendor during a security audit is currently not exempted from disclosure under the Public Information Act. Disclosing this information would make protected health information held by the entity more prone to breach.

3B. Discussion

The THSA would like to amend Section 552.139, Government code, to be expanded to include IT security systems in general (currently applies only to government programs), or at a minimum, specifically include confidentiality protection to security systems that are audited by an agency that is subject to the Public Information Act.

In 2011, the 82nd Texas Legislature expanded the THSA’s authorizing statute to direct the THSA to develop privacy and security standards for the electronic sharing of protected health information, and to establish a process by which a Texas covered entity (as defined in Chapter 181, Health & Safety Code) may apply for certification by the THSA of the covered entity’s past compliance with these standards. However, once the THSA obtains the entity’s security policies, it becomes subject to the Public Information Act. Therefore, the THSA would like Section 552.139, Government Code, to be expanded to include IT security systems in general so that Texas covered entities may apply for and obtain certification without subjecting their very sensitive security information to public disclosure.

While the THSA strongly supports the public policy behind the Public Information Act, the THSA also supports public policies relating to the privacy and security of protected health information, which is some of the most personal and sensitive information on an individual that exists. Ensuring that security information that could be used by hackers to obtain these data remains protected is consistent with federal and state policies, which the THSA believes should be reflected in a Public Information Act exemption.

3C. Possible Solutions and Impact

The THSA believes that the proposed solution will fully protect the security of protected health information, which is specifically excluded from the Public Information Act, held by entity’s applying for and obtaining certification under the THSA’s covered entity certification program.

4. Feedback Received from THSA Stakeholders

On July 22, 2013, the THSA solicited feedback from its stakeholders via email and an [announcement](#) on the THSA’s web site regarding issues that Sunset could help address through changes in statute to improve the THSA’s operations and service deliver. Through that solicitation process, the THSA received the following feedback:

Comment Details			
Submitter:	Cindy Hielscher, President	Organization:	Texas e-Health Alliance
Email Address:	info@txeha.org	Phone Number:	(512) 536-1340
Suggested Statutory Change:	<p>Data sharing. The Sunset process provides an unprecedented opportunity to review all relevant existing statutes to maximize, as appropriate, data sharing by THSA and the local HIEs. Given that health information exchanges are a (relatively) new concept, many valuable streams of data are currently unavailable because of statutes that simply do not recognize the existence of HIEs and the role they play in patient care. The Sunset process is an opportunity to develop recommendations for statutory changes that would support data sharing while protecting patient privacy, and could also reduce artificial barriers to successful health information exchange.</p>		
Change Rationale:	<p>Supporting data sharing will protect patient privacy and reduce artificial barriers to successful health information exchange.</p>		

Comment Details			
Submitter:	Cindy Hielscher, President	Organization:	Texas e-Health Alliance
Email Address:	info@txeha.org	Phone Number:	(512) 536-1340
Suggested Statutory Change:	<p>Data collection. THSA’s enabling statute, Chapter 182 of the Texas Health and Safety Code, includes a number of prohibitions on clinical data collection, data aggregation and dissemination, and physician quality evaluation. Given that other, more recent legislation at the state and federal level has been moving to measure quality, we would agree that is not an appropriate role for THSA. However, we would encourage a review of the prohibition on data collection and dissemination. As the health care ecosystem continues to evolve, it is possible that there may be a role for the organization to play that includes the collection and dissemination of data at the state level. This review would also be timely given the emphasis on data sharing in the later stages of the meaningful use program. Since it remains a distinct possibility that not all Medicare and Medicaid providers will be part of a local HIE, THSA may need to provide functionality to assist those providers with meeting the meaningful use criteria. It would be unfortunate if THSA could not provide needed services to providers due to a dated statutory restriction.</p>		
Change Rationale:	<p>Review of the prohibition on data collection and dissemination could be beneficial in light of emphasis on data sharing in the later stages of the meaningful use program.</p>		

Comment Details			
Submitter:	Cindy Hielscher, President	Organization:	Texas e-Health Alliance
Email Address:	info@txeha.org	Phone Number:	(512) 536-1340
Suggested Statutory Change:	<p>Certification. Under House Bill 300 from the 82nd Texas Legislature, THSA was empowered to create a voluntary certification process around privacy and security standards for health information exchanges. Our organization supported this approach, and we believe that it is important for our industry to aggressively offer opportunities to self-regulate and meet standards. Providing consumers and providers with the assurance that an exchange has been reviewed for meeting privacy and security standards will foster greater confidence by the public and by the provider community in the HIEs. This approach to certification also offers the ability for THSA to be more flexible in terms of responding to rapidly evolving standards.</p>		
Change Rationale:	<p>A certification program will provide assurance that an exchange has been reviewed for meeting privacy and security standards and will foster greater confidence by the public and by the provider community in the HIEs; also offers the ability for THSA to be more flexible in terms of responding to rapidly evolving standards.</p>		

Comment Details			
Submitter:	Cindy Hielscher, President	Organization:	Texas e-Health Alliance
Email Address:	info@txeha.org	Phone Number:	(512) 536-1340
Suggested Statutory Change:	<p>Safe Harbors. One of the barriers for providers to participation in health information exchange that is frequently cited is the lack of liability protections specific to HIE activity. A provider must be able to use the data presented in an HIE in good faith, and should also be given assurances that they will not be penalized if the data they provide is misused by another party. We would encourage THSA to use the Sunset review process to work with stakeholders and develop language to provide the exchanges and the providers with a safe harbor that provides appropriate protections for both parties.</p>		
Change Rationale:	<p>Safe harbors will create incentive for health care providers to participate in health information exchange by providing appropriate protections for providers and health information exchanges.</p>		

Comment Details			
Submitter:	Joseph Schneider, MD	Organization:	Texas Medical Association
Email Address:	Shannon.vogel@texmed.org	Phone Number:	512-370-1411
Suggested Statutory Change:	<p>TMA appreciates the transparency and the work of the Texas Health Services Authority (THSA). The work of THSA created the foundation for health information exchange (HIE) in Texas. As a result of THSA’s guidance and federal funding, there are now 12 publicly funded community HIEs in Texas working to support the <u>secure</u> exchange of key clinical patient information resulting in care improvement and health system efficiencies.</p> <p>TMA is committed to encouraging physician participation in HIEs. Because physicians take their role as custodian of their patient’s data very seriously, they have concerns about how patient information is handled by other parties accessing the HIE. One of the barriers for physician participation has been the potential for a physician or physician group to be held responsible for an unauthorized release of confidential patient information that is beyond the scope of their control. Fundamentally, each party should be responsible for its own actions. TMA, working with HIE stakeholders, drafted legislative language creating safe harbors for each. TMA encourages THSA to support this language and assist in moving it forward. Suggested language:</p> <p style="text-align: center;">LIABILITY PROTECTIONS FOR PROVIDERS PARTICIPATING IN HEALTH INFORMATION EXCHANGES. (a) The use, failure to use, or existence of a health information exchange does not, in itself, establish a standard of care applicable to a health care provider for obtaining, using, or disclosing patient data.</p> <p style="text-align: center;">(b) Unless a health care provider acts with gross negligence, an action may not be commenced against the health care provider and the health care provider shall not be held liable for damages or other relief or for penalties of any nature, based on:</p> <p style="text-align: center;">(1) the health care provider’s or another health care provider’s</p>		

Comment Details	
	<p>obtainment or failure to obtain patient data from a health information exchange;</p> <p>(2) the health care provider’s or another health care provider’s disclosure or failure to disclose patient data to a health information exchange;</p> <p>(3) the health care provider’s or another health care provider’s reliance on inaccurate patient data obtained or disclosed by a health information exchange;</p> <p>or</p> <p>(4) a health information exchange’s, another health care provider’s or any other person’s obtainment, use or disclosure of health information exchange patient data in a manner that violates state or federal law after the health care provider receives from or releases information to a health information exchange or another health care provider in a manner that complies with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), as amended by the Health Information Technology for Economic and Clinical Health Act (codified at 42 U.S.C. §§300jj et seq.; §§17901 et seq.) and other applicable federal and state law.</p> <p>(c) Nothing in subsection (b) may be construed as creating a cause of action or creating a standard of care, obligation, or duty that provides a basis for a cause of action.</p> <p>Sec. 74A.003. LIABILITY PROTECTIONS FOR HEALTH INFORMATION EXCHANGES. (a) Unless a health information exchange acts with gross negligence, an action may not be commenced against a health information exchange and a health information exchange shall not be held liable for damages or other relief or for penalties of any nature, based on:</p> <p>(1) a health care provider’s obtainment or failure to obtain patient data from a health information exchange;</p> <p>(2) a health care provider’s disclosure or failure to disclose patient data to a health information exchange;</p> <p>(3) a health care provider’s reliance on inaccurate patient data obtained or disclosed by a health information exchange; or</p> <p>(4) a health care provider’s or any other person’s obtainment, use or disclosure of health information exchange patient data in a manner that violates state or federal law after a health information exchange receives from or releases information to a health care provider in a manner that complies with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), as amended by the Health Information Technology for Economic and Clinical Health Act (codified at 42 U.S.C. §§300jj et seq.; §§17901 et seq.), other applicable federal and state law, and the policies of the health information exchange.</p> <p>(b) Nothing in subsection (a) may be construed as creating a cause of action or creating a standard of care, obligation, or duty that provides a basis for a cause of action.</p> <p>Sec. 74A.004. SEVERABILITY. If any provision or clause of this chapter or its application to any person or circumstance is held invalid, the invalidity does not affect other clauses, provisions or applications of this chapter which can be given effect without the invalid clause, provision or application, and to this end the clauses and provisions of this chapter are severable.</p>
Change Rationale:	Encourage HIE participation by creating safe harbors for HIE participants.

X. Other Contacts

A. Fill in the following chart with updated information on people with an interest in your agency, and be sure to include the most recent e-mail address.

**Texas Health Services Authority
Exhibit 14: Contacts**

INTERAGENCY, STATE, OR NATIONAL ASSOCIATIONS (that serve as an information clearinghouse or regularly interact with your agency)			
Group or Association Name/Contact Person	Address	Telephone	E-mail Address
Texas Medical Association/Shannon Vogel	401 W. 15 th St., #100, Austin TX 78701	(512) 370-1411	shannon.vogel@texmed.org
Texas Hospital Association/John Hawkins	1108 Lavaca St., Ste. 700, Austin TX 78701	(512) 465-1000	Jhawkins@tha.org
Texas Organization of Rural Community Hospitals/David Pearson	11675 Jollyville Road, Suite 300, Austin TX 78759	(512) 873-0045	dpearson@torchnet.org
Texas Pharmacy Association/Joe DaSilva	12007 Research Blvd., Austin TX 78759	(512) 836-8350	jdasilva@texaspharmacy.org
Texas Association of Business/Ron Luke	1209 Nueces St., Austin TX 78701	(512) 477-6721	rluke@rpcconsulting.com
Texas eHealth Alliance/Nora Belcher	815-A Brazos Street, PMB 233, Austin TX 78701	(512) 536-1340	nora@txeha.org
Patient Privacy Rights/Dr. Deborah Peel	P.O. Box 248, Austin TX 78767	(512) 732-0033	dpeelmd@patientprivacyrights.org
Blue Cross Blue Shield of Texas/Pati McCandless	206 W. 13th Street Austin, TX 78701	(512) 231-7602	pati_mccandless@bcbstx.com
United Healthcare/Chris Cronn	1001 Congress Avenue Suite 300 Austin, TX, 78701	(512) 689-0497	chris_cronn@uhc.com
Humana/Jenny Aghamalian	823 Congress Ave., Suite 1200 Austin, TX, 78701	(512) 542-9550	jaghamalian@humana.com
Texas Association of Health Plans/David Gonazles	1001 Congress Avenue, Suite 300, Austin, Texas 78701	(512) 476-2091	dgonzales@tahp.org

LOCAL HEALTH INFORMATION EXCHANGES			
Group or Association Name/Contact Person	Address	Telephone	E-mail Address
FirstNet Exchange/Patrick Maloney	P.O. Box 6400, Tyler TX 75711	(800) 328-1638	pcmaloney@FirstNetExchange.com
Greater Houston Healthconnect/Jim Langabeer	1213 Hermann Drive, Ste. 135, Houston TX 77004	(832) 564-2599	Jim.langabeer@ghhconnect.org
Health Information Network of South Texas/Hank Fanberg	615 N. Upper Broadway, Ste. 1621, Corpus Christi, TX 78401	(361) 694-6432	hank.fanberg@christushealth.org
Health Information Partnership of Southeast Texas/Nicole Rodgers	550 Club Drive, Ste 350, Montgomery TX 77316	(936) 582-7283	Nicole@hipset.org
Healthcare Access San Antonio/Gijs van Oort	5535 Fredericksburg, Ste 220, San Antonio TX 78229	(210) 918-1357	gvanoot@hasatx.org
iHealth Trust/Manfred Sternberg	2425 Fountainview, Ste 160, Houston TX 77057	(713) 622-4300	Manfred@ihealthtrust.org
Integrated Care Collaboration/Carl Angel	8627 N Mopac Expwy, Ste 140, Austin TX 78759	(512) 524-9248	cangel@icc-centex.org
North Texas Accountable Healthcare Partnership/Joe Lastinger	1250 E Copeland Rd, Ste 200, Arlington TX 76011	(817) 274-6300	jlastinger@ntahp.org
Paso del Norte HIE/Jon Law	221 North Kansas, Ste 1900, El Paso, TX 79901	(915) 544-7636	jlaw@pdnhf.org
Rio Grande Valley HIE/Andrew Lombardo	1413 Stuart Place Rd, Ste. C, Harlingen, TX 78552	(956) 622-5801	Andrew@rgvhie.org
Rio One Network/Ron Tupper	5501 South McColl, Edinburg, TX 78539	(956) 362-3087	rontupper@aol.com
Southeast Texas Health Systems/Shannon Calhoun	P.O. Box 947, Goliad TX 77963	(361) 645-1762	Scalhoun.sths@att.net

LIAISONS AT OTHER STATE AGENCIES			
(with which your agency maintains an ongoing relationship, e.g., the agency’s assigned analyst at the Legislative Budget Board, or attorney at the Attorney General’s Office)			
Group or Association Name/Contact Person	Address	Telephone	E-mail Address
Texas Health and Human Services Commission, Office of eHealth Coordination/Stephen Palmer	P.O.Box 13247 Austin, Texas 78711-3247	(512) 487-3308	Stephen.palmer@hhsc.state.tx.us
Texas Health and Human Services Commission/Medicaid HIT/Ramdas Menon	P.O.Box 13247 Austin, Texas 78711-3247	(512) 462-6228	Ramdas.Menon@hhsc.state.tx.us
Texas Department of State Health Services/HIT Director/Kalunde Wambua	P.O. Box 149347 Austin, Texas 78714-9347	(512) 776-2972	Kalunde.Wambua@dshs.state.tx.us
Texas Office of the Attorney General/Jay Dyer	P.O.Box 12548, Austin, Texas 78711-2548	(512) 463-2057	Jay.dyer@oag.state.tx.us

LIAISONS AT LEGISLATIVE OFFICES			
Group or Association Name/Contact Person	Address	Telephone	E-mail Address
Office of the Governor/Andrea Franco	P.O. Box 12428 Austin, Texas 78711-2428	(512) 463-1778	andria.franco@governor.state.tx.us
Office of the Lieutenant Governor/Jamie Dudensing	P.O. Box 12068, Austin, Texas 78711	(512) 463-0001	Jamie.Dudensing@ltgov.state.tx.us
Office of the Speaker/Jennifer Deegan	P.O. Box 2910 Austin, TX 78768	(512) 463-1000	Jennifer.Deegan@speaker.state.tx.us
Senator Nelson/Sharen Ludher	214 East 14 th Street, Rm 420, Austin TX 78701	(512) 463-0360	sharen.ludher@senate.state.tx.us
Senator Duncan/Jennifer Chambers	P.O. Box 12068, Austin, TX 78711	(800) 322-9538	Jennifer.Chambers@senate.state.tx.us
Senator Paxton/Steve Roddy	P.O. Box 12068, Capitol Station Austin, TX 78711	(512) 463-0108	steve.rodny@senate.state.tx.us
Representative Kolkhorst/Chris Steinbach	P.O. Box 2910 Austin, TX 78768	(512) 463-0600	Chris.Steinbach@house.state.tx.us

Representative Smithee/Andrea Stingley	P.O. Box 2910, Austin, TX 78768	(512) 463-0702	Andrea.Stingley@house.state.tx.us
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THSA COLLABORATION COUNCIL MEMBERS		
Name	Entity	E-mail Address
Richard Howe	North Texas Regional Extension Center (REC)	rhowe@ntrec.org
Shannon Calhoun	Southeast Texas Health Systems	scalhoun.sths@att.net
Kalunde Wambua	DSHS	Kalunde.Wambua@dshs.state.tx.us
Susan Fenton	Consumer/Privacy and Security	Susan.H.Fenton@uth.tmc.edu
Jonathon Ishee	Gulf Coast REC	jonathan.ishee@gmail.com
Carrie Kroll	THA	ckroll@tha.org
Patrick Maloney	FirstNet Exchange	pcmaloney@FirstNetExchange.com
Matthew Murray	TMA	matt.murray59@gmail.com
Stephen Palmer	HHSC	Stephen.palmer@hhsc.state.tx.us
Pete Perialas	Integrated Care Collaboration	pperialas@lsctx.org
Billy Phillips	West Texas HIT REC	Billy.Phillips@ttuhsc.edu
Tom Quirk	Texas Association of Health Plans	tom_quirk@uhc.com
Nicole Rogers	Montgomery County HIE	Nicole@hipset.org
Peter Yu	CentrEast REC	peteryu@tamhsc.edu
Ex-Officio Members		
Charles Stuart	Rio One Health Network	c.stewart@dhr-rgv.com
Jon Law	Paso Del Norte HIE	jlaw@pdnhf.org
Hank Fanberg	Health Information Network of South Texas	hank.fanberg@christushealth.org
Andrew Lombardo	Rio Grand Valley HIE	Andrew@rgvhie.org
Jim Langabeer	Greater Houston Healthconnect	Jim.langabeer@ghhconnect.org
Joe Lastinger	North Texas Accountable Healthcare Partnership	jlastinger@ntahp.org
Todd Radloff	Texas Assoc. of Community Health Centers	TRadloff@tachc.org
Gijs van Oort	Healthcare Access San Antonio	gvanoot@hasatx.org
Manfred Sternberg	iHealth Trust	Manfred@ihealthtrust.org
Amber Pearce	PhRMA	amber.pearce@pfizer.com
Paul Sisler	Texas Council of Community Centers	psisler@chcsbc.org
Kim Roberson	Texas Pharmacy Association	KRoberson@texaspharmacy.org
Ken Pool	Texas eHealth Alliance	kpool@oz-systems.com
Telly Shackelford	Sandlot	tshackelford@sandlotsolutions.com

THSA TASK FORCE MEMBERS (that serve on the Privacy & Security, Consumer & Provider Engagement, and Data Standards & Technical Architecture task forces)			
Name	Entity	Telephone	E-mail Address
Over 200 individuals have registered to participate in the THSA’s task force governance process. Contact information is available upon request.			

XI. Additional Information

- A. Texas Government Code, Sec. 325.0075 requires agencies under review to submit a report about their reporting requirements to Sunset with the same due date as the SER. Include a list of each report that the agency is required by statute to prepare and an evaluation of the need for each report based on whether factors or conditions have changed since the statutory requirement was in place. If the list is longer than one page, please include it as an attachment.**

Pursuant to Section 182.106, Health & Safety Code, the THSA must submit an annual report to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the appropriate oversight committees in the Senate and the House of Representatives. The annual report must include financial information and a progress update on the THSA's efforts to carry out its mission. These reports can be found on the THSA's web site at www.hietexas.org/about-thsa/organizational-documents.

- B. Has the agency implemented statutory requirements to ensure the use of "first person respectful language"? Please explain and include any statutory provisions that prohibit these changes.**

In 2011, the 82nd Texas Legislature passed H.B. 1481, adding the "Person First Respectful Language Initiative" to the Texas Government Code. It directs the Texas Legislature, the Texas Legislative Council, the Texas Education Agency and each health and human services agency to avoid using certain terms and phrases, such as "mentally retarded" and to replace those terms with preferred phrases, such as "persons with intellectual disabilities."

While H.B. 1481 does not apply to the THSA, the THSA strives to be respectful of all persons, and uses "person first respectful language."

- C. Fill in the following chart detailing information on complaints regarding your agency. Do not include complaints received against people or entities you regulate. The chart headings may be changed if needed to better reflect your agency's practices.**

The THSA did not receive any complaints in FY 2011 and FY2012 and has received none to date for FY 2013.

- D. Fill in the following chart detailing your agency's Historically Underutilized Business (HUB) purchases.**

The State statute regarding HUB participation does not apply to THSA. The THSA, however, has adopted an "Affirmative Consideration of Minority, Small & Women-Owned Businesses" policy for procurements. The policy states that the THSA shall make positive efforts to utilize small businesses, minority-owned firms, and woman-owned business enterprises whenever possible. All procurements are published on the THSA's website, www.HIETexas.org and distributed to a distribution list of over 700 individuals interested in the work of the THSA. For large procurements, the THSA, as a Texas CO-OP Purchasing Member, utilizes the Electronic State Business Dailey and Texas Department of Information Resources Cooperative Contracts for Delivery-Based Information Technology Services.

E. Does your agency have a HUB policy? How does your agency address performance shortfalls related to the policy? (Texas Government Code, Sec. 2161.003; TAC Title 34, Part 1, rule 20.15b)

See response to IX (D) above.

F. For agencies with contracts valued at \$100,000 or more: Does your agency follow a HUB subcontracting plan to solicit bids, proposals, offers, or other applicable expressions of interest for subcontracting opportunities available for contracts of \$100,000 or more? (Texas Government Code, Sec. 2161.252; TAC Title 34, Part 1, rule 20.14)

See response to IX (D) above.

G. For agencies with biennial appropriations exceeding \$10 million, answer the following HUB questions.

Not applicable. See response to IX(D) above.

H. Fill in the chart below detailing your agency's Equal Employment Opportunity (EEO) statistics.

FISCAL YEAR 2010							
Job Category	Total Positions	Minority Workforce Percentages					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration			7.5%		21.1%		37.5%
Professional	1	0%	9.7%	0%	18.8%	0%	53.3%
Technical			13.9%		27.7%		53.9%
Administrative Support			12.7%		31.9%		67.1%
Service/Maintenance			14.1%		49.9%		39.1%
Skilled Craft			6.6%		46.3%		6.0%
FISCAL YEAR 2011							
Job Category	Total Positions	Minority Workforce Percentages					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration			8.99%		19.5%		39.4%
Professional	5	0%	11.33%	0%	17.4%	60.0%	59.14%
Technical			14.16%		21.63%		41.47%
Administrative Support			13.57%		30.53%		65.52%

Service/Maintenance			14.68%		48.18%		40.79%
Skilled Craft			6.35%		47.44%		4.19%
FISCAL YEAR 2012							
Job Category	Total Positions	Minority Workforce Percentages					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration			8.99%		19.5%		39.4%
Professional	5	0%	11.33%	0%	17.4%	40.0%	59.14%
Technical			14.16%		21.63%		41.47%
Administrative Support			13.57%		30.53%		65.52%
Service/Maintenance			14.68%		48.18%		40.79%
Skilled Craft			6.35%		47.44%		4.19%

I. Does your agency have an equal employment opportunity policy? How does your agency address performance shortfalls related to the policy?

The THSA's Equal Employment Opportunity (EEO) policy is part of the Corporation's employee handbook that is provided to all employees. No shortfalls have been identified to date. THSA staff will continue to work to ensure that all individuals are given equal employment opportunities.

XII. Agency Comments

Provide any additional information needed to gain a preliminary understanding of your agency.

THSA has no additional comments.

ATTACHMENTS

Attachments Relating to Key Functions, Powers, and Duties

1. **Agency's enabling statute.**
[Chapter 182, Health & Safety Code](#)
2. **Annual report published by the agency from FY 2008 – 2012.**
Financial Audits ([2010](#), [2011](#), [2012](#))
Annual Reports ([2010](#), [2011](#), [2012](#))
3. **Internal or external newsletters published by the agency from FY 2011 – 2012.**
Not applicable.
4. **List of publications and brochures describing the agency.**
[Approved Texas HIE Strategic and Operational Plans](#)
[White Space Program Brochure](#)
[White Space Program Background Paper FAQ](#)
[White Space Program Direct Mail Postcard](#)
[Texas Direct Strategy Mid-Program Assessment \(Prepared By HHSC staff with THSA support\)](#)
[HIETexas/State-Level Shared Services Overview Document](#)
Texas Medicine Article, "[Vital Connections: HIEs Improve Patient Care](#)"
[State of HIT in Texas – 2009 Report](#)
[State of HIT in Texas – 2013 Report \(Prepared by HHSC staff with THSA support\)](#)
[Video on Texas Approach to HIE](#)
5. **List of studies that the agency is required to do by legislation or riders.**
Not applicable.
6. **List of legislative or interagency studies relating to the agency that are being performed during the current interim.**
Not applicable.
7. **List of studies from other states, the federal government, or national groups/associations that relate to or affect the agency or agencies with similar duties or functions.**
ONC, in conjunction with the Centers for Medicare and Medicaid Services, recently published and received stakeholder input on a Request for Information (RFI) on the U.S. Department of Health and Human Services (HHS) can advance the interoperability and electronic exchange of health information. In response to the input received from the RFI, HHS released a new strategy for accelerating health information exchange in support of delivery and payment reform. HHS' new strategy is available at http://www.healthit.gov/sites/default/files/acceleratinghieprinciples_strategy.pdf.

Attachments Relating to Policymaking Structure

8. Biographical information (e.g, education, employment, affiliations, and honors) or resumes of all policymaking body members.

Edward W. Marx

Chair

Mr. Marx of Colleyville is chief information officer of Texas Health Resources. He served in the U.S. Army and received a bachelor's degree and a master's degree from Colorado State University.

Kathleen K. Mechler

Vice Chair

Ms. Mechler of Fredericksburg is a registered nurse and co-director and chief operating officer of Texas A&M Health Science Center Rural and Community Health Institute. She served in the U.S. Air Force and received a bachelor's degree and master's degree in administration from Texas State University.

Matthew Hamlin

Treasurer

Mr. Hamlin of Argyle is regional vice president of Quest Diagnostics. He received a bachelor's degree from Ohio Wesleyan University and a master's of business administration from George Washington University.

Judy Powell

Secretary

Judy Powell of The Woodlands is a community volunteer and former chair of the Texas State Board of Professional Counselors. She received a bachelor's degree from Wesleyan College and attended the University of Tennessee for graduate studies.

Fred Buckwold

Dr. Buckwold of Houston is Vice President - Medical Affairs for Community Health Choice in Houston. He received a medical degree from McMaster University. He is board certified in Internal Medicine, Infectious Diseases, and Quality Assurance and Utilization Review.

David C. Fleeger

Dr. Fleeger of Austin is a surgeon at Central Texas Colon and Rectal Clinic. He received a bachelor's degree from Baylor University and a medical degree from Texas A&M University.

James Martin

James Martin of Austin is a pharmacist and co-owner of Martin and Martin MMC LLC, which does business as Dripping Springs Pharmacy and Lamar Plaza Drug Store. He received a bachelor's degree from Georgia Southern University and a bachelor's degree in pharmacy from the University of George College of Pharmacy.

J. Darren Rodgers

Mr. Rodgers of Dallas is president of Blue Cross and Blue Shield of Texas. He received a bachelor's degree from the University of Georgia, a master's degree in liberal arts from Duke University, a master's of business administration from Tulane University, and a master's degree in dispute resolution from Southern Methodist University.

Stephen Yurco

Dr. Yurco of Austin is a partner at Clinical Pathology Associates. He received a bachelor's degree and a medical degree from Northwestern University, and a master's of business administration from the University of Houston.

William Phillips, Jr.

William Phillips Jr. of San Antonio is vice president and chief information office of University Health System. He is a certified information security manager, and received an associate degree from the Computer and Business Management Technical College in San Antonio, and is currently pursuing a bachelor's degree from Colorado Technical University.

Jennifer Rangel

Jennifer Rangel of Austin is a partner at Locke, Lord, Bissell and Liddell LLP. She received a bachelor's degree from the University of North Texas and a law degree from the University of Houston.

Thomas 'Tate' Erlinger

Dr. Erlinger is the State Epidemiologist (Texas Department of State Health Services). He received his medical degree from the University of Texas Health Science Center at San Antonio and his residency in Internal Medicine at the University of Chicago. After residency, Dr. Erlinger completed a 3-year General Internal Medicine fellowship at the Johns Hopkins School of Medicine and received a Master's in Public Health at the Johns Hopkins Bloomberg School of Public Health. He serves as an ex-officio member on the board.

9. Agency's most recent rules.

Not applicable. Other relevant organizational documents are linked below:

- [THSA Bylaws](#)
- [THSA Conflict of Interest Policy](#)

Attachments Relating to Funding

10. Agency's Legislative Appropriations Request for FY 2014 – 2015.

Not applicable.

11. Annual financial reports from FY 2010 – 2012.

Financial Audits ([2010](#), [2011](#), [2012](#))

Annual Reports ([2010](#), [2011](#), [2012](#))

12. Operating budgets from FY 2011 – 2013.

See financial audit reports and annual reports linked above.

Attachments Relating to Organization

13. If applicable, a map to illustrate the regional boundaries, headquarters location, and field or regional office locations.

Not applicable.