

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
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From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Friday, June 27, 2014 1:48 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

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Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

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Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

On behalf of the Texas Tech University Health Sciences Center School of Nursing, I am pleased to offer our support for the Sunset Advisory Commission (SAC) Issue 7, "State Has a Continuing Need for Texas Health Information Collection (THCIC) Program." As a faculty administrator and educator in one of the Texas state university colleges of nursing, we have used the THCIC program data in three ways to support the health status improvement of the most needy citizens of Texas.

1. Teaching Future Health Care Provider Students – THCIC program data has been used to teach future health care provider students how to use the data for a clear understanding of health, safety and costs associated with both inpatient and outpatient delivery of care. Since 2008, hundreds of students, in nursing, physical therapy, occupational therapy, and health care administration, have been exposed to THCIC program data and subsequently have conducted analysis on topics such as trends in diabetes mellitus, trends in charges for heart failure hospitalizations, trends in behavioral health top diagnoses, etc.

Not only is this data analysis taught at a Texas-wide level, but also at the student's specific geographic "practice" location. This state-level analysis provides a benchmark comparative measure by which the student may compare their geographic area patient outcomes with those at the state-level.

In addition to general demographics of case-level data, the significantly important patient safety indicator data (Agency for Healthcare Research and Quality [AHRQ] patient safety indicator [PSI] metrics) has been analyzed.

2. Problem Statement Support for Grant Proposal – THCIC program data is routinely used for defining the state of health care of Texas citizens, trends in Texas chronic disease patterns, and top patient safety/quality issues. These topics are critical to funding of federal grants focused on chronic disease management and patient safety/quality

issues and the THCIC program data provides a source of data that can be discussed at the specific disease state, age-specific state and geographic state, thereby significantly increasing the likelihood of grant funding to bring federal dollars to the state of Texas. Universities across Texas writing grants are in need of such detailed analysis.

3. Population Health Analysis – The THCIC program data is one of the primary sources of data for this type of analysis in the effort to understand the outcomes of the various populations in Texas. With its gender, age race, ethnicity and primary diagnoses data elements, for example, the THCIC program data provides the main source of population health analysis for predicting health care delivery demands.

Ultimately, without the THCIC program data, we estimate that providers will have less than optimal understanding of the characteristics of their local patient populations. Without Texas-specific data, federal funding dollars will be decreased for all of the Texas universities and with a potential to have less than optimal health care and patient safety/quality status for Texans. As such, we strongly support the findings of the SAC report on Issue 7 and urge acceptance of the “Key Recommendations,” (p. 7).

Any Alternative or New Recommendations on This Agency: no new recommendations; strong support for (SAC) Issue 7, “State Has a Continuing Need for Texas Health Information Collection (THCIC) Program.”

My Comment Will Be Made Public: I agree