

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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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Sunday, June 29, 2014 3:20 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Sunday, June 29, 2014 - 15:20

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

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Your Comments About the Staff Report, Including Recommendations Supported or
Opposed:
June 27, 2014

The Honorable Jane Nelson
The Honorable Walter "Four" Price
Chair/Vice Chair, Sunset Commission
Sunset Advisory Commission
Austin, Texas:

Subject: Sunset Advisory Commission Issue 7 "State Has a Continuing Need for Texas Health Information
Collection (THCIC) Program"

We support adoption of the staff recommendation of the Sunset Advisory Commission (SAC) Issue 7, "State Has a Continuing Need for Texas Health Information Collection (THCIC) Program." As a faculty member of one of the Texas state university colleges of nursing, I and numerous other faculty, use the THCIC data in three ways that contribute to health status improvement for all the citizens of Texas. The THCIC program is the only comprehensive source of deidentified patient-level data on inpatient and outpatient services at Texas hospitals and ambulatory surgery centers. The program provides detailed and reliable data to educators and researchers while carefully protecting patient privacy.

1. Training Future Health Care Providers – I use THCIC data to teach future health care providers how to use the data to better understand , issues of quality, safety and cost 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 used THCIC data to conduct 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 conducted at a state level, but also at the student's specific geographic "practice" location. This state-level analysis provides a benchmark comparative measure by which students 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) have been analyzed.

2. Problem Statement Support for Grant Proposals – THCIC data are routinely used to define the state of health care of Texas citizens, trends in Texas chronic disease patterns, and top patient safety/quality issues in proposals for grants to fund health services and health services research.

The data are of critical importance to funding of federal grants focused on chronic disease management and patient safety/quality issues. The THCIC program provides evidence of specific disease states, for specific ages, races and regions, thereby significantly increasing the likelihood of obtaining grant funding to bring federal dollars to the state of Texas. Each of the 120 universities in Texas writing grants for health services training and health services research is in need of such detail analysis.

3. Population Health Analysis – Population health is defined as, "Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group."

The THCIC data is a primary source 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 data source for 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, that, because of the lack of specific Texas data, federal funding dollars will be decreased for all of the Texas universities, and that a significant portion of the Texas population will yield less than optimal health care and patient safety/quality status. As such, we strongly support the findings of the SAC report on Issue 7 and urge acceptance of the "Key Recommendations," (p. 7).

Respectfully submitted,

Dr. Stephanie L. Woods
Associate Dean and Associate Professor

The Houston J. and Florence A. Doswell College of Nursing Texas Woman's University

Dallas, TX

Any Alternative or New Recommendations on This Agency: I and faculty teaching in our research courses are passionate about the THCIC data. It is our sincere hope that the project continues.

My Comment Will Be Made Public: I agree