



TEXAS HEALTH INFORMATION EXCHANGE COALITION

October 24, 2014

Ken Levine, Director
Texas Sunset Advisory Commission
P.O. Box 13066
Austin, Texas 78711-3066

Dear Mr. Levine:

The Texas Health Information Exchange Coalition (THIEC) provides the following comments in Response to Recommendation 15.2 of the HHSC Sunset Committee Report.

THIEC takes the stance to continue with the THSA's statutory status and government oversight. While the THSA could continue performing its core functions without the need for state statute, THIEC feels that the timing is premature in that the development of HIE reflects the contribution of critical and lasting infrastructure that takes time to a fully operationalize and scale.

Below is a list of the issues that the Sunset Advisory Council may want to consider with regard to Recommendation 15.1:

- While local or regional Texas HIEs are at varying stages of implementation, significant strides have been made since 2012 engaging and contracting hundreds of non-affiliated healthcare organizations across Texas in the exchange of electronic health records for their consenting patients. Although enthusiasm for HIE continues to grow, even the most successful efforts struggle with organization, financial, legal, technical, policy, and operational challenges that require continued support. THSA's statutory authority exists to support, enable, and endorse local and regional efforts which are critical, because both statewide and nationwide interoperability will not be achieved without such support; and this currently fragmented healthcare system will continue unless development of these statewide efforts are harmonized.
- Health Information Exchange (HIE) is a new and evolving market both State and Nationwide. Examples of public HIE success are numerous at both the statewide and regional level. More established HIEs in other parts of the country are already documenting positive impacts on both quality and safety of patient care as well as substantial cost savings, which accrue from reductions in redundancies. In a recent study published by the American College of Emergency Physicians, hospital EDs in South Carolina observed improved patient outcomes and lower operating costs in excess of \$1,000,000, or nearly \$2000 per patient for Medicare patients alone¹. Within Texas, some of the larger HIEs are collecting provider and patient testimonials and have documented positive ROIs for payers and health systems. THSA serves to reduce duplication of effort in local HIE efforts, ensure knowledge is shared across local HIE efforts to facilitate learning from each other, and convene the local HIE efforts and statewide stakeholders to enable constructive dialogue and coordination. The involvement of state government in the public-private partnership of THSA places the state in a unique position of being able to monitor and advise on statewide HIE policy,

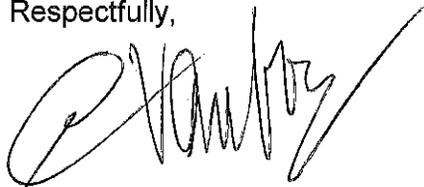
enable statewide process changes, and have the influence and leverage necessary to carry through on the organization's goals while serving as a potential conduit for federal support.

- THSA's current statute positions them to convene, educate, innovate, coordinate and develop Health Information Exchange throughout the state at the local and regional level. Without that statute, THSA will only be another private entity, and its effectiveness will be diminished. The local and regional HIE's have benefited from THSA's current statute in the following ways:
 - Education and advocacy;
 - Tracking federal policy, proposed legislation, and federal strategic direction and then communicate that with local HIE;
 - Promulgate both interoperability and certification standards to apply to all HIE efforts in the state and/or vendors doing business in the state;
 - Help the various state government agencies with planning efforts to share their information more effectively and efficiently.

- As a public-private entity, the THSA is charged with supporting health information exchange activity statewide which includes areas of the state like rural Texas where health information technology and health information exchange adoption has been much lower than other areas. This is a market that the local and regional HIE initiatives have struggled in and have allowed THSA to both support and/or coordinate support.

We look forward to discuss the program made by the regional HIE organizations and the collaborative efforts that exist with THSA and HHSC.

Respectfully,



Gijs van Oort, PhD
THIEC Chair

¹ <http://newsroom.acep.org/2013-10-14-Health-Information-Exchange-Saves-1-Million-in-Emergency-Care-Costs-for-Medicare>