



HHSC: [e-Health Advisory Committee](#)

June 21, 2021



[e-Health Advisory Committee](#) advises the HHS executive commissioner and HHS agencies on strategic planning, policy, rules and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth and home telemonitoring services.

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Call to order and logistics, Welcome and Introduction. The meeting was called to order by the Chair, George Gooch.

Consideration of March 3, 2021, meeting minutes. The minutes were approved as written.

eHAC status and membership. The Committee is at full membership. Two existing members were reappointed and 6 members being new. There will be more turnover this fall.

eHAC rules amendment update. Last July the rules were amended to report biannually, and the rules are posted in the Texas Register and comments will be taken through July 12th. The rule should take effect in August. An informal briefing document will be added to replace the annual nature of the reports.

Subcommittee reports:

eHAC interoperability. They met May 13th and received information from the five HIE representatives. Discussed promoting interoperability to reduce multifaced interactions.

eHAC telemedicine, telehealth, and telemonitoring. They are regrouping and did not have a lot to report. They are looking for additional members.

eHAC behavioral health. They had been looking at SB640 which was the only bill that made it through committee. They are reaching out to HHSC to examine how they will work together.

[87th Legislative Session summary](#)

Licensure and Compact Bills

SB 40 (Zaffirini)- telehealth for practitioners licensed by the Texas Department of Licensing and Regulation, including audiologists and speech-language pathologists

HB 1616 (Bonnen)- Interstate Medical Licensure Compact

HB 2056 (Klick) - regulation of teledentistry

- Establishes a process for teledentistry regulation at the State Board of Dental Examiners using the same standard of care structure from SB 1107 (2017)
- Adds teledentistry to the list of covered services in various HHSC programs (Medicaid, Children with Special Health Care Needs)
- Adds teledentistry as a covered service in the Insurance Code
- Clarifies that dental hygienists can participate in teledentistry under supervision

Private Insurance Pay Parity Bills. Payment parity is already required in Fee for Services but not in Managed Care. None of these bills passed.

HB 515 (Oliverson)

HB 522 (Johnson)

HB 980 (Fierro)

SB 228 (Blanco)

HB 887 (Shaheen)

HB 1722 (Goodwin)

Interoperability Bill.

SB 640 (Menéndez)- study on the interoperability needs and technology readiness of behavioral health service providers in this state.

Broadband

HB 5 (Ashby/Nichols)- establishment of a state broadband office and a state broadband plan

HB 1505 (Paddie/Hancock)- funding and right of way issues related to broadband attachments on utility poles

HB 2667 (Smithee)- adds Voice over Internet Protocol services to the state's Universal Service Fund program

HB 2911 (White)- Next Generation 911 service statewide by 2025

Governor Abbott vetoed the funding for the legislature. The legislature will be called back this summer. A second Special session will be called this 4 for redistricting.

The COVID flexibilities were very important to stakeholders. SB4 addresses making some of those permanent.

A question was asked about SB4 and what the flexibilities would look like. HHSC has a lot of discretion. Can we expect a lot of rulemaking? Ms. Belcher stated that the struggle was to not make the legislation too prescriptive. There will have to be rule making.

A question was asked about SB5 and digital literacy. Ms. Belcher stated that stakeholders will be involved in developing literacy y programs. Also see [Broadband Equity for All - USDLA](#)

A comment was made about the movement in HB2056. COVID made it difficult for Dentists. She inquired about the Interstate Medical Licensing Compact. HB1616. Ms. Belcher stated that an expert on the bill was present. The Compact was created after seeing how well telemedicine was expanding. There was a need to follow patients while following licensing laws. The Compact language was prepared by different medical boards in different states. Physicians become certified

by the compact and then they can practice in member states. This is not for dentists. You have to follow the laws of the state in which you are practicing.

HB1616 amends Subtitle B, Title 3 of the Occupations Code to add new Chapter 171 related to the Interstate Medical Licensure Compact.

The bill authorizes the state of Texas to participate in the Interstate Medical Licensure Compact, to participate in the Interstate Medical Licensure Compact Commission (IMLCC) to administer the compact, and to issue expedited licensure to qualified and eligible applicants seeking to practice medicine in multiple states under the terms and provisions of the compact. A physician that does not meet certain eligibility requirements could obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the compact, relating to the issuance of a license to practice in that state.

The bill authorizes a member state issuing an expedited license authorizing the practice of medicine in that state to impose a fee for a license issued or renewed through the compact. The bill enables participating physicians to complete the renewal process with the interstate commission if that physician meets certain qualifications. The interstate commission will collect any renewal fees charged for the renewal and then distribute the fees to the applicable state member board.

The bill authorizes the interstate commission to levy and collect an annual assessment from each member state to cover the cost of the operations and activities of the interstate commission and its staff.

Telemedicine:

Past and current telemedicine legislation. There were telehealth themes this session:

- COVID-19 telemedicine and telehealth policy flexibilities.
- Scope of practice changes for telehealth providers, including speech-language pathologists and audiologists. (HB2056, HB1742, SB992, HB3499, SB40)
- Interstate licensure compacts. (HB1616)
- Payment parity. (HB980, HB515, HB522, SB228 and others... none of the bills passed)
- New risk factors for home telemonitoring services (HB3740, HB4)

House Bill 4 Expands telemedicine and telehealth services to include:

- Children with Special Health Care Needs
- Early Childhood Intervention (ECI)
- School Health and Related Services (SHARS)
- Physical therapy, occupational therapy, and speech therapy

- Targeted case management

Expands telemedicine and telehealth services to include:

- Nutritional counseling
- Texas Health Steps (THSteps) check-ups
- Medicaid 1915(c) waiver programs
- Others if cost effective and clinically effective

Authorizes audio-only delivery of select behavioral health services and others if cost effective and clinically effective

- Allows HHSC to reimburse Rural Health Clinics for delivering telemedicine and telehealth services
- Allows Managed Care Organizations to reimburse for home telemonitoring services to members in circumstances other than those listed in the Texas Medicaid Provider Procedures Manual
- Allows Managed Care Organizations to conduct assessments & service coordination via telecommunications

Senate Bill 434/House Bill 1990

- Expands the definition of health professional to include mental health professionals and individuals credentialed to provide qualified mental health profession community services as provider types for telehealth
- Requires Managed Care Organizations to offer payment parity for teleservices

House Bill 3740

- Expands eligibility for home telemonitoring services to persons who require weekly or monthly skilled nursing assessments

COVID-19 telemedicine and telehealth policy flexibilities

The flexibilities are being extended on a month-by-month basis. The provider notifications will be on the TMHP websites.

Q: Has there been discussion on parity for audio only? HHSC stated that the focus has been on comparison to in-person services. There is a need to look at audio only and that will be explored.

Update on Pediatric Tele-Connectivity Resource Program for Rural Texas HB1697, 85th legislature required the implementation of the program. Rider 94 of the 86th session provided



funding. Four applications were received, and the four contracts have been executed. Funding for the next biennium has been appropriated.

~~Update on Delivery System Reform Incentive Payment transition plan~~ TABLED

Health and Human Services Commission (HHSC) interoperability activities update

CMS MY Health E-Data Rule has a July implementation date and a January date as well HHSC will be delayed due to new discoveries in research that has been conducted. The system is complex with a lot of plug-ins. Managed Care is required to implement by the dates CMS has established. There is a focus on the data conversion. The official kickoff is targeted for early July.

Connectivity Project connects health information exchanges with hospitals.

Texas Health Exchange Infrastructure. There are 5 HIEs in Texas and three have contracted with HHSC to facilitate health information exchange state wide

Emergency Department Encounter Messaging—All three HIEs (above) are transferring real time data. The other two HIEs will come on later.

PULSE is a look up system for emergencies. The system has been upgraded. [PULSE | THSA](#)

Please see the presentation on PULSE below.

Department of State Health Services interoperability and data activities update. DSHS has been working in a number of areas.

- Improving the IMMTRAC consent requirements.

Keeping up with vaccine records is now easier than ever, thanks to ImmTrac2, the Texas Immunization Registry.

Texas Department of State Health Services (DSHS) offers the Texas Immunization Registry at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system.

Texas law requires written consent by individuals to participate in the registry. Access to the registry records is for those who have [authorization](#). Authorized organizations include health care providers, schools, and public health departments. The registry is part of our initiative to increase vaccine coverage across Texas.

Authorized organizations can access [ImmTrac2](#).

- Automated new born screening for some entities with a target date of September 2021
- Electronic Case Reporting
- Interoperability rules released by the federal government.

[Health and Human Services integration and data exchange capabilities update](#)

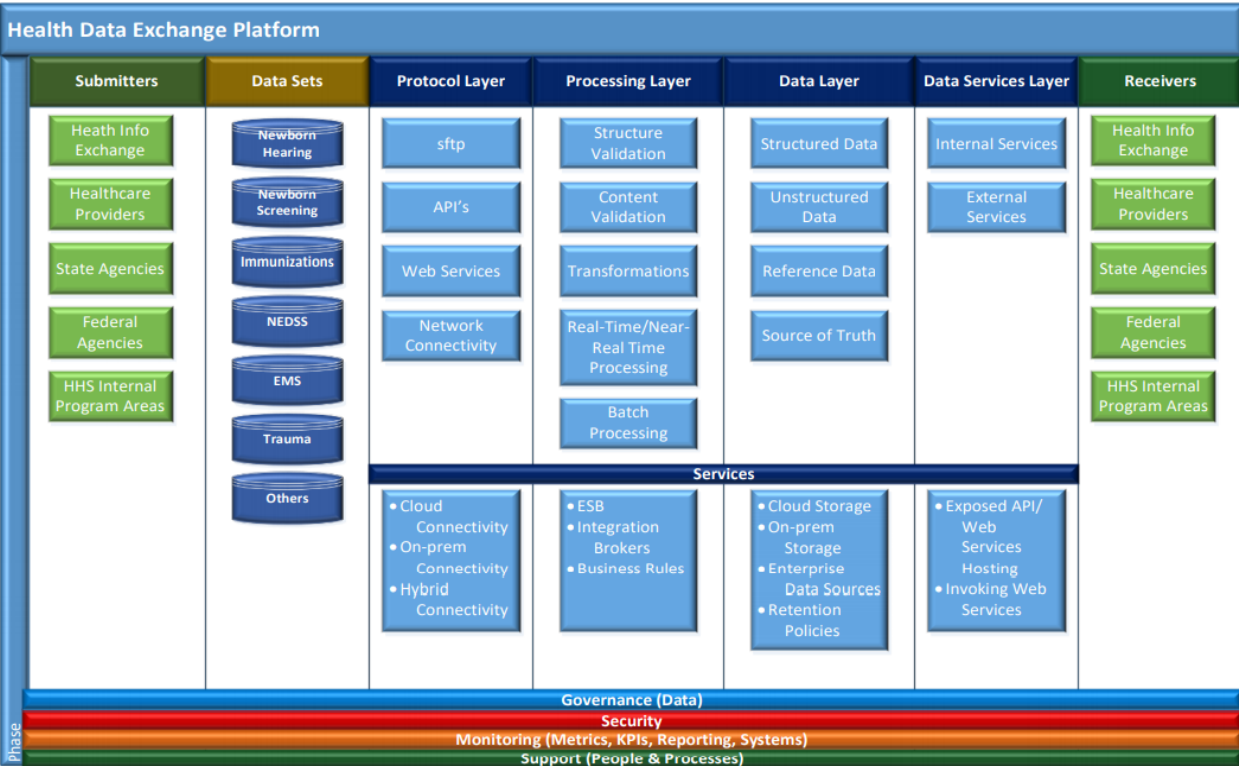
Some of the data exchange challenges present within the current environment include, but are not limited to:

- Limited timely and accurate information across systems
- Many point-to-point integrations
- Inability to service comprehensive data requests
- No comprehensive Source of Truth
- Limited dedicated support for data exchange services

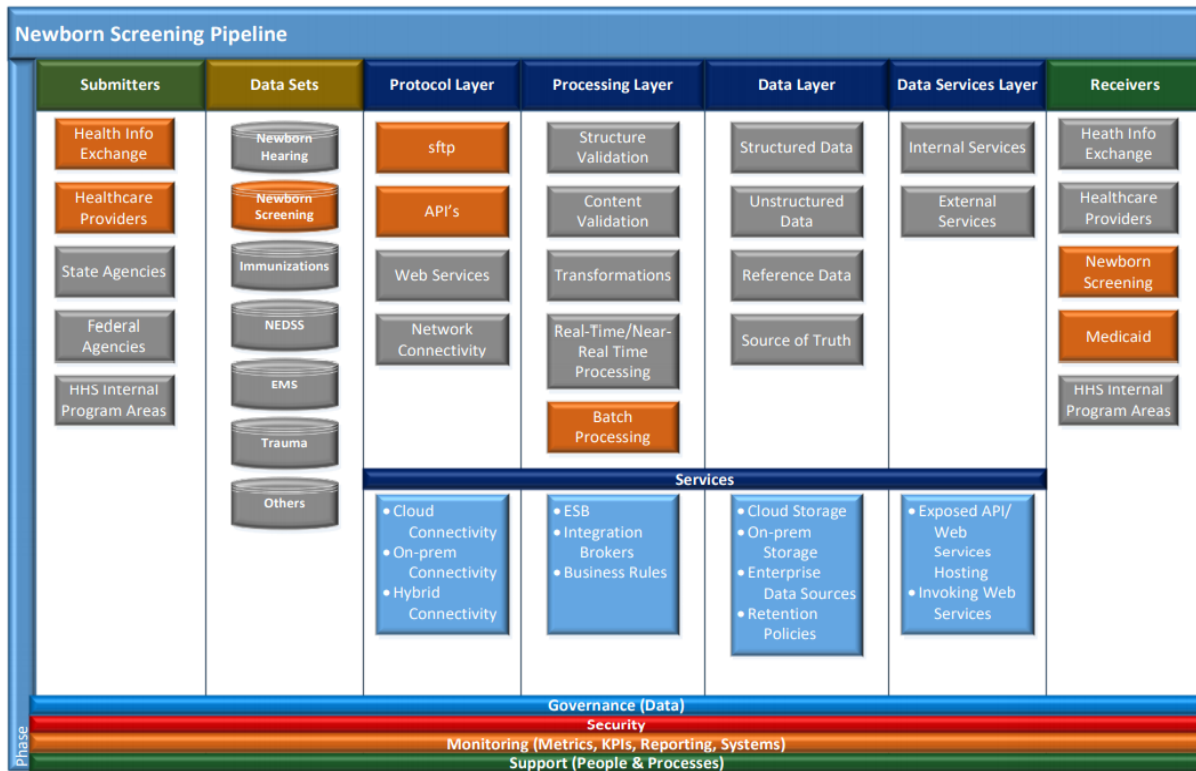
iCoE - Health Data Exchange Platform



TEXAS
Health and Human
Services



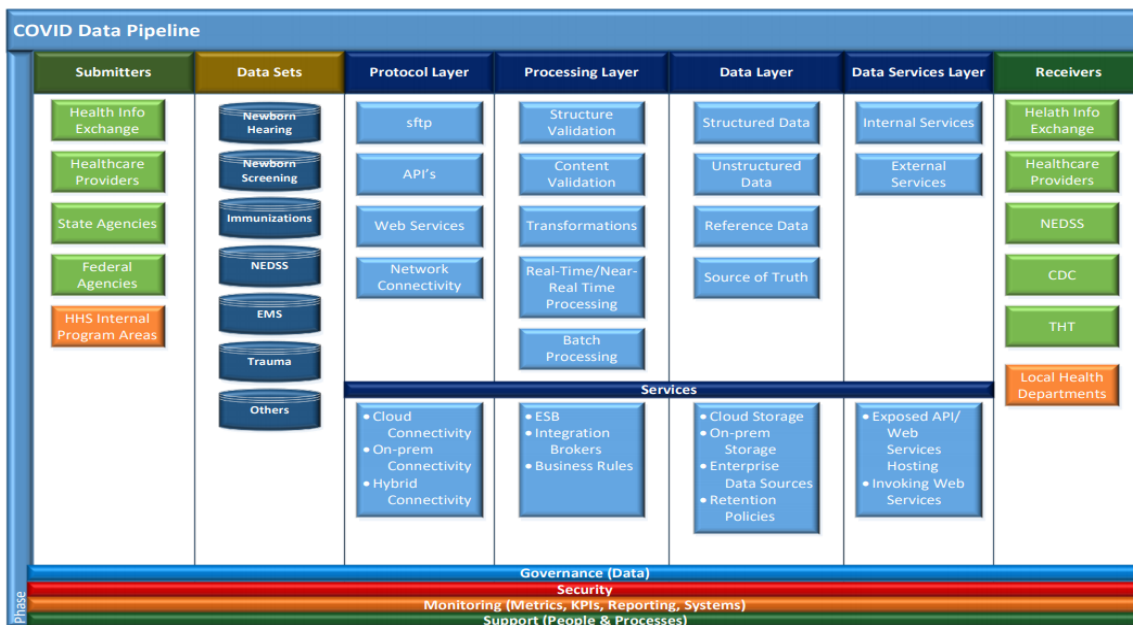
Example: Newborn Screening Pipeline



COVID Data Pipeline Scope Includes

- Identifying datasets that need to be shared outside the agency
- Building on current data governance processes to include policies and processes for sharing data with external entities
- Expand the data enrichment capabilities within the agency for datasets
- Improve data quality for both incoming and outgoing data

COVID Data Pipeline

This first attempt will be a good trial platform that other interoperability standards can be established.

Disaster response in health information technology

TEXAS HEALTH SERVICES AUTHORITY Created in 2007 by the Texas Legislature as the public/private entity to promote and coordinate electronic health information exchange in the State of Texas.

Operates two major functions:

- (1) HIETexas -- electronic health information exchange platform, and
- (2) SECURETexas – a privacy and security certification program.

Governed by a 12-member board of directors, appointed by the Texas Governor and confirmed by the Texas Senate. Two ex-officio members representing state health agencies also sit on the board

PULSE USE CASE #1 TREATMENT IN ALTERNATE CARE SITES In disasters, patients often seek care outside of their routine health care settings:

- Shelters,
- quarantine sites,

- vaccination clinics, etc.
- Using PULSE, clinical providers in alternate care settings can access health and medication history.

PULSE USE CASE #2 CASE AUGMENTATION AND PUBLIC HEALTH OUTREACH

- Public health professionals can search for patients with infectious disease diagnoses to fill in demographic gaps and identify household members to facilitate outreach and contact tracing strategies.
- Public health professionals can retrieve clinical documents for a patient with confirmed infectious disease to understand healthcare encounters, comorbidities, medications and other information relevant to epidemiological assessment of the disease

UPDATE ON HIETEXAS PULSE (1/2)

HIETexas Service	Status
Patient Unified Lookup System for Emergencies (PULSE)	Ready for deployment

- **Current status:**
 - Live and available for immediate use during declared disasters
 - New version upgrade built in early 2021, and deployed/accepted in April 2021
- **Next steps:**
 - Gathering requirements for next version upgrade
 - Working with HIETexas PULSE vendor to roadmap, build, and deploy new version

- HIETexas PULSE demonstration, training and live (virtual) drill conducted with Texas disaster response shelter contractor
- Conducted an in-house usability lab exercise to focus on ease-of-use, which is especially important for those operating the system during a disaster
- The most recent updates to HIETexas PULSE added these highly-requested features:
 - **Delegated administration:** easier and faster field management
 - **Clinical content visualization enhancements:** allows field clinical staff to see the most critical information more quickly
 - **Clinical notes display:** allows viewing of information expressed in narrative notes
 - **PDF view:** allows viewing of EKG traces, digitized documents, and other non-structured information

UPDATE ON STAR HIE PROGRAM – SANER PROJECT

Problem Statement -- The process by which hospitals transmit capacity (e.g., space, staff, supplies) and capability (e.g., available specialty care) data to public health authorities and emergency response personnel lacks a standard data language and common framework for exchange. This can lead to an incomplete understanding of a given region's acute care capacity and capability. The current data submission process can be time/resource intensive for hospital staff.

Vision Statement Fast Healthcare Interoperability Resources (FHIR) can be used as a common standard for hospitals and health systems to share select information. Data can be extracted automatically and in real-time from underlying data systems at both the hospital and regional HIE level. Data can then be leveraged by multiple local, state and federal agencies for dashboards, reports and analytics.

IETexas Service	Status
STAR HIE Program – Situational Awareness for Novel Epidemic Response (SANER) Project	PILOT

Current status:

- Released an RFP for FHIR-based Application Software Development Services
- Searching for a pilot hospital
- Working with DSHS/ONC/other HIEs on path forward regarding supplemental award and vaccination data
- Next steps:

- Begin development of FHIR-based Application Software Development Services • Find pilot hospital, and continue implementation
-

There are two components of the STAR HIE Program:

Underlying award	Supplemental award
<ul style="list-style-type: none"> • Awarded to THSA (with sub-awards to Ai and HASA) in September 2020 • Two-year cooperative agreement • Relates to exchange of situational awareness data • Have signed MOU with DSHS and Dallas County • THSA plays active part in data exchange 	<ul style="list-style-type: none"> • Expanded to also include other HIEs (such as GHH and RGVHIE) in January 2021 • One-year cooperative agreement • Relates to exchange of vaccination data • Need MOU with DSHS • THSA acts only as fiscal agent; all data exchange activities would take place between HASA, Ai and DSHS

Texas ethics training. Ethics Training was provided to the Committee by HHSC staff.

Public comment. No public comment was offered.

Next meeting planning.

- September 17, 2021
- Unclear if the meeting will be face to face or remote.

Adjourn. There being no further business, the meeting was adjourned

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
