Response to the Public Health Funding and Policy Committee 2022 Report Recommendations

As Required by

Texas Health and Safety Code

Section 117.151

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TEXAS
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Executive Summary

The Texas Health and Safety Code, Chapter 117, established the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health entities (LHEs) as partners with DSHS in the public health system. Section 117.151 requires DSHS to submit a report on the status of implementation of the PHFPC's recommendations as included in their annual report to DSHS. Both reports are due to the Governor, Lieutenant Governor and Speaker of the House of Representatives by November 30th of each year.

This report reflects the ongoing progress made by DSHS to address recommendations submitted by PHFPC in their 2022 annual report to DSHS, which focused on the following topics:

- 2019 recommendations
  - Core functions
  - Roles of local and regional health departments
  - Data sharing
  - Infectious disease
  - Technology

- 2020 recommendation
  - Electronic laboratory reporting

- 2021 recommendations
  - Medicaid billing
  - Public Health Data and Information Systems
  - The Public Health Provider-Charity Care Program

1. Introduction

[Texas Health and Safety Code Section 117.103](#) requires PHFPC to annually submit a report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives detailing the committee's activities and recommendations the committee made to DSHS. DSHS is required to respond to the PHFPC recommendations and submit a report of these responses to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives.

According to the Health and Safety Code, a decision by DSHS not to implement a recommendation of the PHFPC must be based on:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served
- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

In the PHFPC 2022 Annual Report, the committee opted to review previous recommendations with a status update. These previous recommendations cover:

- 2019 recommendations
  - Core functions
  - Roles of local and regional health departments
  - Data sharing
  - Infectious disease
  - Technology

- 2020 recommendation
  - Electronic laboratory reporting

- 2021 recommendations
  - Medicaid billing
  - Public Health Data and Information Systems
  - The Public Health Provider-Charity Care Program

2. Background

In accordance with [Texas Health and Safety Code Section 117.103](), DSHS established PHFPC. PHFPC is nine-member committee of public health professionals appointed by the DSHS commissioner. The committee is tasked with examining public health issues in Texas and providing recommendations on how to improve public health outcomes. This includes an examination of funding for programs, projects, and jurisdictions. Specific duties of the committee are:

- Define the core public health services an LHE should provide in a county or municipality
- Evaluate public health in this state and identify initiatives for areas that need core public health functions
- Identify all funding sources available for use by LHEs to perform core public health functions
- Establish public health policy priorities for this state
- Make formal recommendations to DSHS

Members of the committee include:

- Three LHE directors
- Two health authorities
- Two representatives from schools of public health
- Two DSHS public health regional medical directors

The PHFPC developed recommendations based on conversations during meetings throughout the fiscal year 2022. DSHS reviewed the recommendations and developed the responses included in this report.

3. Response to Recommendations in the 2022 Public Health Funding and Policy Committee Report

Core Functions Recommendation

A. PHFPC recommends that DSHS adopt core services as listed in the "Defining Core Public Health Services" document as the Texas standard.

B. PHFPC recommends that DSHS conduct facilitated meetings in each DSHS Public Health Region (PHR) with the local health department (LHD) and PHR staff to: 1) discuss/determine core functions expected for all residents in Texas; 2) identify the assets in the region/LHD to provide the core services; 3) identify gaps/barriers in the region/LHDs; 4) prioritize gaps; 5) discuss possible solutions; and 6) determine cost-effective and efficient methods in each region to ensure core services.

DSHS Response to Core Functions Recommendation

DSHS will continue to engage our public health partners in support of this recommendation. DSHS uses essential services as our basis for discussion about how accessible, affordable, quality public health services may be delivered statewide. DSHS will consider how the collaboration for the provision of public health services between LHEs and PHRs can be optimized across locations and jurisdictions. DSHS has facilitated and partnered with LHEs on funding opportunities, such as but not limited to, the Public Health Workforce Grant and Public Health Infrastructure Grant, to strengthen the local public health workforce and infrastructure.

Roles of Local and Regional Health Departments Recommendation

A. PHFPC recommends that DSHS evaluate local and state roles in each region; promote independence and create surge capacity at DSHS PHR offices; and define DSHS PHR and LHD functions. To clearly define public health roles, PHFPC recommends creating memorandums of understanding (MOUs) describing the DSHS PHR and local responsibilities in each jurisdiction, with or without funding attached.

B. PHFPC recommends that DSHS increase public health capacity at the PHR level in the areas of routine public health functions and the ability for surge capacity in the areas of epidemiologists, disease intervention specialists, nurses, and sanitarians.

DSHS Response to Roles of Local and Regional Health Departments Recommendation

DSHS will continue to support the growth of a system's approach for public health functions, services, and responses. This process uses consistent program evaluation, prioritizes the fundamentals of public health, and maximizes current funding opportunities. DSHS continues to assess needs at both the local and regional level to determine how best to support the demand for and delivery of public health services including additional resource needs.

Data Sharing Recommendation

PHFPC recommends that DSHS continue to work with the External Data Sharing Workgroup to determine how LHDs can obtain public health data maintained by DSHS. Look at options to 1) evaluate the possibility of governmental transfer of information; 2) identify the statutes creating barriers and review the language; and 3) review and identify legislative barriers and define the interdependent relationship between LHDs and DSHS removing barriers to data sharing.

DSHS Response to Data Sharing Recommendation

While the COVID-19 pandemic slowed some of the department's general data sharing enhancement activities, the pandemic also provided an opportunity to advance its technology and data capacity. The pandemic also provided valuable lessons for data sharing going forward. Specifically, the department expanded the data pipeline to allow for receipt of higher data volumes and established flexible capacity to store data for use in public health decision-making at the state and local level. The State Health Analytics and Reporting Platform (SHARP) was created to enable improved data analytics, data usage, and data sharing. It will allow the use of data within the system by LHEs, giving them direct access to data and the ability to visualize public health information for their jurisdiction and contiguous jurisdictions as well as the ability to see data for the entire state.

The DSHS Data Governance program began in March 2021. Data governance is focused on ensuring that coordinated policies and processes are in place to facilitate data sharing with our local public health partners. DSHS is working to streamline the department's public health data request process as part of this effort. The department will continue to engage LHEs to identify specific needs and to develop standard

practices for sharing data. DSHS also regularly interfaces with local health officials to resolve concerns, resolve outstanding data requests or issues, and address barriers to improve ongoing access to public health data.

Infectious Disease Recommendation

A. PHFPC recommends that DSHS develop and implement a plan to enhance communication and operational processes to ensure the fidelity and efficiency of the Local Health Authority's role in responding to disease outbreaks.

B. PHFPC recommends that DSHS invest in the development and maintenance of a robust, multidisciplinary approach, such as One Health, to infectious disease prevention and response.

DSHS Response to Infectious Disease Recommendation

DSHS provides resources focused on improving information sharing to efficiently respond to disease outbreaks. The following resources or efforts have been established or enhanced in the last two years:

- Electronic submission of standardized laboratory and case reports for COVID-19 and other reportable conditions for all healthcare organizations
- A statewide information system for epidemiologists to conduct case investigation reports
- Statewide report aggregation, compilation, and submission services
- Data sharing allowing LHEs to access and analyze jurisdictional data
- Access to ImmTrac2, the Texas Immunization Registry
- A platform for LHEs to utilize advanced data visualization services

Technology Recommendation

A. PHFPC recommends that DSHS create one centralized disease reporting system for the state, and upgrade DSHS technology to HL7 format so LHDs can electronically send reports to the DSHS database.

B. PHFPC recommends that DSHS create a workgroup to evaluate efficiencies and identify areas where technology solutions can improve the public health system.

DSHS Response to Technology Recommendation

DSHS works with LHEs, healthcare entities including hospitals, laboratories, clinical practices, and other organizations to collect accurate, complete, and timely data. MOUs

and contracts between DSHS and LHEs will be established to ensure all public health entities have access to the same, high-quality data using shared technology systems.

DSHS provides user accounts to LHE staff for many of the systems it uses to manage public health in Texas. Using federal funding, DSHS and LHEs have undertaken a significant modernization of the Texas National Electronic Disease Surveillance System (NEDSS) including integration with ImmTrac2. These shared systems enable the exchange of data between jurisdictions, where appropriate.

DSHS is in the process of modernizing other information systems that will allow for the exchange of information with LHEs including a system used to support clients with sexually transmitted diseases and a new client case management system in DSHS' regional offices.

Electronic Laboratory Reporting Recommendation

A. PHFPC recommends that DSHS should ensure electronic lab reporting from laboratories and hospital systems feed directly to LHDs, PHRs and the DSHS Central Office for all reportable conditions.

B. PHFPC recommends that DSHS should ensure complete data sets by implementing data quality-checking tool.

C. PHFPC recommends that DSHS should develop and implement a standardized data format for laboratories reporting line lists.

D. PHFPC recommends that DSHS should implement regular compliance reports related to mandated reporting requirements for laboratories and hospital systems. The report should include, at a minimum the quantity of electronic lab results, the frequency of incomplete data fields, compliance with a standardized data format of line lists, and the average turnaround time from the date of specimen collection to the date results are received by DSHS.

E. PHFPC recommends that DSHS should augment electronic lab reporting for reportable conditions to offer interoperability and compatibility between LHDs and DSHS.

F. PHFPC recommends that DSHS should assist LHDs with resources to develop and enhance electronic lab reporting infrastructure, where needed.

G. PHFPC recommends that DSHS should ensure required annual training on mandatory reporting requirements for all laboratories prior to certification to provide laboratory services in Texas.

DSHS Response to Electronic Laboratory Reporting Recommendation

Since the onset of COVID-19, DSHS has made significant progress in improving the overall timeliness, completeness, and validity of electronic lab reporting data processed into NEDSS, a key public health tool that supports condition reporting and investigation reporting.

Electronic laboratory reporting data is provided to LHEs for use through systems maintained by DSHS including NEDSS. DSHS is taking steps to improve efficiencies for healthcare entities and LHEs by simplifying the steps required to successfully submit accurate and complete data to support case investigations and follow up medical care. DSHS will continue working with local public health partners to maximize technology to ensure data is collected and distributed as efficiently as possible.

Medicaid Billing Recommendation

PHFPC recommends that DSHS become the leading agency in the implementation of Senate Bill (S.B.) 73 to ensure that LHEs can expand their participation in Texas Medicaid and continue forward momentum regarding LHE managed care organization (MCO) contract execution. As the lead agency, DSHS will obtain monthly updates from the Health and Human Services Commission (HHSC), coordinate with a member of HHSC executive leadership to participate in regular implementation planning, request a timeline of implementation, and ensure technical assistance for LHE provider type enrollment. DSHS will continue working with HHSC and LHEs to coordinate on Medicaid issues of interest to PHFPC.

DSHS Response to Medicaid Billing Recommendation

Senate Bill 73, 87th Texas Legislature, Regular Session, 2021 addresses LHE contracting challenges regarding reimbursement from MCOs for services provided and funded through Medicaid. The bill directs HHSC to establish a separate provider type for a local public health entity. "Local public health entity" is defined as a local health unit, a LHD, and/or a public health district. DSHS has been coordinating with HHSC and LHEs on implementation. The Texas Medicaid and Healthcare Partnership (TMHP) is in the process of making system changes to establish the LHE provider type in the Medicaid billing system. TMHP expects implementation to be complete by December 2022.

Public Health Data Information Systems Recommendation

PHFPC recommends that DSHS lead a collaborative effort, including but not limited to, the potential representation of LHEs, hospital groups, and the healthcare provider

community, to establish a collective vision that includes modern and efficient public health data and information system. This includes developing a plan, strategies, and timeline to accomplish goals.

DSHS Response to Public Health Data Information Systems Recommendation

DSHS agrees that a shared vision of public health data and information systems is an important conversation to continue. DSHS looks to support all local public health entities with data and information to carry out their responsibilities. DSHS has developed SHARP, a new infrastructure and associated processes to improve access to data maintained by the agency. DSHS has also made changes to reduce the need for duplicative technology systems and the time and effort involved in requesting and downloading data. These changes reduce the risk of unapproved entities accessing confidential data and enables DSHS to provide additional assistance to LHEs and other entities using DSHS-supplied data.

SHARP users will be able to develop customized, exportable reports and visualizations as well as access advanced analytics tools. These added capabilities will enable data to be transformed into usable information readily available to decision-makers across the state. DSHS is prioritizing SHARP access for LHEs, recognizing the importance of data to localities across Texas.

Public Health Provider-Charity Care Program Recommendation

The PHFPC recommends that DSHS become a leading agency in the 1115 Waiver transition and advocate for the Public Health Provider-Charity Care Program (PHP-CCP). This should include the provision of assistance with the allocation of a proportionate share of the funds available for LHEs and mental health programs, advocacy for a comprehensive inclusion of core public health services within the PHP-CCP, and provision of technical assistance regarding cost-reporting and charity care policy development.

DSHS Response to Public Health Provider-Charity Care Program Recommendation

DSHS will continue to serve as a point of coordination between HHSC and LHEs regarding the PHP-CCP. DSHS continues work with HHSC to ensure that LHEs are considered throughout this process including determining the services included for reimbursement in future fiscal years.

4. Conclusion

DSHS continues to be responsive to recommendations made by PHFPC throughout the year. Efforts are put forth by LHEs, DSHS PHRs, and DSHS central office to maintain good working relationships to leverage resources to better serve public health clients and stakeholders.

DSHS was able to take steps toward implementing the recommendations in fiscal year 2022. Of the remaining recommendations, some will require further analysis and consideration while others may need legislative action. DSHS will continue to work on these issues and looks forward to ongoing work with the PHFPC in creating positive change for public health in Texas.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
H.B.	House Bill
HL7	Health Level Seven
HHSC	Health and Human Services Commission
IRB	Institutional Review Board
LHD	Local Health Department
LHE	Local Health Entity
MCO	Managed Care Organization
MOU	Memorandum of Understanding
NEDSS	National Electronic Disease Surveillance System
PHFPC	Public Health Funding and Policy Committee
PHP-CCP	Public Health Provider – Charity Care Program
PHR	Public Health Region
S.B.	Senate Bill
SHARP	State Health Analytics and Reporting Platform

Acronym	Full Name
THIN	Texas Health Improvement Network
TMHP	Texas Medicaid and Healthcare Partnership
TxS2	Texas Syndromic Surveillance System
UT	University of Texas