



**Department of State
Health Services
Response to the Public
Health Funding and
Policy Committee 2023
Report**

**As Required by
Health and Safety Code
Section 117.151**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

November 2023

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Executive Summary

[Texas Health and Safety Code \(HSC\), Chapter 117](#), establishes 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 state's public health system. [HSC Section 117.151](#) requires DSHS to submit a report on the status of implementation of the recommendations included in the PHFPC's annual report to DSHS.

This report reflects ongoing progress made by DSHS to address recommendations submitted by the PHFPC in their 2023 annual report to DSHS, which focused on updates to the following topics:

- 2019 recommendations
 - Roles of local and regional health departments
 - Data sharing
 - Infectious disease
 - Technology
- 2020 recommendations
 - Electronic lab reporting
- 2021 recommendations
 - Medicaid billing
 - Public health data and information systems
 - Public Health Provider-Charity Care Program (PHP-CCP)

Introduction

[HSC 117.103](#) requires the PHFPC to submit a report annually that details the committee's activities and recommendations made to DSHS. DSHS is required to submit a report in response to the PHFPC recommendations.

According to [HSC Section 117.151](#), a decision by DSHS not to implement a PHFPC recommendation 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 2023 annual report, the committee did not include new recommendations. Instead, the PHFPC opted to provide a status update on some of the recommendations made previously.

- 2019 recommendation topics
 - Roles of local and regional health departments
 - Data sharing
 - Infectious disease
 - Technology
- 2020 recommendation topic
 - Electronic lab reporting
- 2021 recommendation topics
 - Medicaid billing
 - Public health data and information systems
 - PHP-CCP

The PHFPC updated progress on recommendations based on conversations during meetings throughout fiscal year 2023. DSHS reviewed the recommendations and developed the responses included in this report. Many DSHS activities address more than one PHFPC recommendation topic simultaneously.

Response to the 2023 PHFPC Report

Roles of Local and Regional Health Departments

PHFPC Recommendations

- A. The 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 local health department (LHD) functions. To define public health roles clearly, the PHFPC recommends creating memorandums of understanding describing the DSHS PHR and local responsibilities in each jurisdiction, with or without funding attached.
- B. The 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

DSHS will continue to support the growth of a systematic approach to public health service delivery and response. DSHS assesses needs at both the local and regional levels to determine how best to support the state's public health needs. DSHS will consider how collaboration between LHEs and PHRs can optimize the provision of public health services across locations and jurisdictions. DSHS has facilitated and partnered with LHEs to strengthen the local public health workforce and infrastructure, including but not limited to, the Public Health Workforce Grant and Public Health Infrastructure Grant.

Data Sharing

PHFPC Recommendations

- A. The 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

DSHS continues to utilize the State Health Analytics and Reporting Platform (SHARP) to improve data analytics usage and sharing. SHARP is a technology platform that allows staff at DSHS and LHEs use tools to access data. DSHS launched a pilot in 2022. A selected group of small, medium, and large LHEs received limited access to death data to test accessing case specific and aggregate data through Tableau. Based on feedback obtained from the pilot project, DSHS has begun to rollout the first data sharing through SHARP for LHEs. LHEs with existing data sharing agreements to access vital event data (birth, death, and fetal death data) were provided access to both aggregate and case specific vital event data through SHARP. These LHEs were given direct access to data, which enabled them to visualize public health information for their jurisdiction and contiguous jurisdictions. They were also given the ability to see statewide data.

DSHS continues to work on the Data Sharing Policy and Procedure. This will facilitate data sharing with our local public health partners and streamline the department's public health data request process. DSHS will continue to engage LHEs to identify specific needs and to develop best practices for sharing data. DSHS has ongoing communication with local health officials to resolve concerns, resolve outstanding data requests or issues, and address barriers to improving ongoing access to public health data.

Infectious Disease

PHFPC Recommendations

- A. The 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's¹ role in responding to disease outbreaks.

¹ A local health authority is physician appointed to administer state and local laws relating to public health within a specific jurisdiction.

- B. The PHFPC recommends that DSHS invest in the development and maintenance of a robust, multidisciplinary approach, such as One Health², to infectious disease prevention and response.

DSHS Response

DSHS provides resources focused on improving information sharing to efficiently respond to disease outbreaks. Coordination between DSHS, LHEs, health care providers, and other stakeholders is critical in identifying and meeting the diverse needs of communities across Texas. 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

PHFPC Recommendations

- A. The PHFPC recommends that DSHS create one centralized disease reporting system for the state, and upgrade DSHS technology to HL7 format³ so LHDs can electronically send reports to the DSHS database.
- B. The PHFPC recommends that DSHS create a workgroup to evaluate efficiencies and identify areas where technology solutions can improve the public health system.

DSHS Response

² Centers For Disease Control and Prevention. (2023, October 10) One Health. <https://www.cdc.gov/onehealth/index.html>

³ HL7 defines the structure and content of messages that are exchanged between systems or applications

DSHS agrees with the PHPFC that there is efficiency in utilizing a statewide approach for the exchange of public health data. DSHS has developed technology tools and systems to provide timely access to critical health data and to enable data-driven decisions, as well as reduce the administrative burden on health care providers in supplying essential information.

Reportable condition data have long been captured by DSHS using the National Electronic Disease Surveillance System (NEDSS). NEDSS serves as the centralized disease reporting system. NEDSS is utilized to conduct infectious disease surveillance and epidemiology activities. At no cost to LHEs, NEDSS currently provides:

- A shared infrastructure designed to provide jurisdiction-specific data
- A secure platform for processing and distribution of electronic laboratory reports of notifiable conditions
- A secure platform for processing and distribution of electronic case reports (eCR)⁴ of notifiable conditions
- A secure platform for conducting case investigations of more than 100 notifiable conditions
- Access for all users to extract reports for electronic lab results, case investigations, and outbreaks
- The ability to complete case investigations and submit reports to DSHS for compilation and delivery to the Centers for Disease Control and Prevention (CDC)
- The ability to forward lab reports and cases to other jurisdictions, as necessary

Laboratories have been able to submit laboratory results electronically to NEDSS for more than ten years. Until very recently, hospitals and other entities did not have the technical capacity to electronically identify and send eCRs for notifiable conditions. Public health entities did not have the capacity to receive these reports electronically. The Promoting the Interoperability/Meaningful Use (PI/MU) program provides financial incentives to hospitals to adopt and utilize technology to submit data to NEDSS.

Additionally, the Association of Public Health Laboratories (APHL) has collaborated with stakeholders to develop a centralized service to receive eCRs from health care

⁴ [eCR](#) is the real-time exchange of information between electronic health records and public health entities.

organizations and send them to public health agencies. eCR enables health care organizations to receive a machine-readable list of notifiable conditions in the organizations' health information systems and automatically send securely to APHL's Informatics Messaging Service (AIMS).

eCRs are processed directly into NEDSS and distributed for appropriate public health follow up. DSHS is in the process of onboarding hospitals for eCR for notifiable conditions. DSHS is using the technology to support the reporting of both infectious diseases and other conditions such as birth defects. Additional areas for reporting will be added as national standards are developed. Over time, eCR services will be extended, using the same technology, to other provider types.

The data received through eCR has patient information, including available patient demographics, diagnoses, available laboratory test results, and other information useful to an epidemiologist in conducting a case investigation. DSHS is the lead recipient of all Texas data. DSHS receives the data stream from AIMS, performs state-level quality review, and distributes it to the appropriate local jurisdiction based on patient address information.

In addition to improving data intake, DSHS has advanced its implementation of NEDSS to support additional capacity and ensure the system is responsive. DSHS collaborates with the CDC to further enhance the platform to best meet the needs of Texans.

DSHS continues to modernize other information systems that will allow for improved exchange of information with LHEs including a new client case management system in DSHS regional offices. DSHS technology systems continue to develop and modernize as part of the CDC-funded Data Modernization Initiative.

Collaboration is critical to the development of a Texas-wide approach that supports efficient data reporting by health care providers. The adopted system must support timely, secure, and efficient provision of data and technology services to consumers including LHEs and DSHS. DSHS is focused on enhancing technology development and data sharing. The PHFPC is an important stakeholder in this process.

Electronic Laboratory Reporting

PHFPC Recommendations

- A. The 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. The PHFPC recommends that DSHS should ensure complete data sets by implementing a data quality-checking tool.
- C. The PHFPC recommends that DSHS should develop and implement a standardized data format for laboratories reporting line lists.⁵
- D. The 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 of results received by DSHS.
- E. The PHFPC recommends that DSHS should augment electronic lab reporting for reportable conditions to offer interoperability and compatibility between LHDs and DSHS.
- F. The PHFPC recommends that DSHS should assist LHDs with resources to develop and enhance electronic lab reporting infrastructure, where needed.
- G. The 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

During the COVID-19 response, DSHS made significant progress in improving the overall timeliness, completeness, and validity of electronic lab reporting data processed into NEDDS. To provide data to NEDSS, DSHS operates a central service for securely receiving electronic laboratory results in standardized formats from laboratories, hospitals, public health laboratories, and other providers. The receiving system routes that data into NEDSS as well as to other information systems at DSHS. This service is part of a consolidated interface operated by DSHS

⁵ A line list is a table that contains information about persons who may be associated with a disease or condition.

for the electronic receipt of not only laboratory results data but also electronic submissions of eCRs and other data reportable to DSHS. The consolidated service is consistent with the PHFPC's technology related recommendations. Using a centralized service enables the efficient use of technology, staff, and other resources. The use of a central point reduces administrative burdens on entities reporting.

Data received by DSHS is processed in real time and provided to LHEs via NEDSS and SHARP. LHEs can download jurisdiction-specific data from NEDSS and use visualization tools associated with SHARP to conduct advanced analysis. LHEs can develop technology to incorporate data received from DSHS into locally managed information systems.

DSHS is taking steps to improve efficiencies for health care entities. DSHS has also improved its information systems to make it easier for staff at LHEs and DSHS to submit accurate and complete data to support case investigations.

There are nationally recognized standards for what information should be included in reports to public health agencies, as well as the format for the reports. One challenge that emerged during the COVID-19 response was that many facilities did not have technology capable of generating reports in that format. Consequently, DSHS developed an alternative option for submitting COVID-19 tests. This format allowed hundreds of low-tech laboratories the ability to submit electronic laboratory reports to DSHS. The format developed by DSHS was shared by the CDC and subsequently adopted by many other states to begin offering the alternative submission format as well.

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

PHFPC Recommendation

- A. The PHFPC recommends that DSHS become the leading agency in the implementation of [Senate Bill 73, 87th Legislature, Regular Session, 2021](#), 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 Response

[Human Resources Code, Section 32.024](#), as amended by S.B. 73, addresses contracting challenges often faced by LHEs regarding reimbursement from MCOs for services provided and funded through Medicaid. Statute directs HHSC to establish a separate provider type for an LHE. Effective December 31, 2022, a separate provider type was made available for Medicaid enrollment of LHEs. Beginning April 14, 2023, LHE providers were added as a payable provider type.

Public Health Data and Information Systems

PHFPC Recommendation

- A. The 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

As part of the agency-wide data modernization effort, DSHS has developed new infrastructure, SHARP, and associated processes to improve access to data maintained by DSHS. The agency has also expanded services to include additional analytical tools for stakeholders, reducing the need for duplicative technology systems.

Based on feedback obtained from a pilot project, DSHS began to rollout the first data sharing through SHARP for LHEs in December 2022. Eight LHEs that had existing data sharing agreements to access vital event data were provided access to both aggregate and case specific vital event data through SHARP. This provided these LHEs 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 statewide data. DSHS is building on this initial launch and is in the process of

sharing additional aggregate and case specific data with LHEs with existing data sharing agreements.

DSHS is prioritizing access to SHARP for local health departments, recognizing the importance of data to localities across Texas.

In September 2023, DSHS realigned some aspects of the organizations. As part of this effort, the Senior Advisor to the Commissioner was designated as the lead for public health data modernization. The senior advisor reports directly to the commissioner and maintains authority to work across divisions of the department as well as between federal state and local governments. The senior advisor is charged with developing the overarching public health data modernization strategy for DSHS. The position is empowered to bring together a broad range of stakeholders to support data modernization efforts. These efforts will support the PHFPC's recommendation regarding public health data and information systems.

Public Health Provider-Charity Care Program

- A. The PHFPC recommends that DSHS become a leading agency in the 1115 Waiver transition⁶ and advocate for the 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

DSHS will continue to serve as a point of collaboration between HHSC and LHEs regarding the PHP-CCP. DSHS continues to work with HHSC to ensure that LHEs are considered throughout this process including determining the services included for reimbursement in future fiscal years. HHSC hosted three cost report trainings and calls were held with the Texas Association of City and County Health Officials to discuss the cost report period. DSHS and HHSC are available to address any ongoing technical assistance needs.

⁶ The transition plan must describe how the state will further develop its delivery system reform efforts without Delivery System Reform Incentive Payment (DSRIP) funding after September 30, 2021. The Transition Plan includes milestones for HHSC as the state prepared for DSRIP to end.

Conclusion

DSHS continues to be responsive to recommendations made by the PHFPC. LHEs and DSHS maintain good working relationships to leverage resources to better serve public health clients and stakeholders.

DSHS was able to take steps toward implementing the PHFPC recommendations in fiscal year 2023. 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 continued work with the PHFPC in creating positive change for public health in Texas.

List of Acronyms

Acronym	Full Name
AIMS	APHL Information Messaging Services
APHL	Association of Public Health Laboratories
CDC	Centers for Disease Control and Prevention
DSHS	Department of State Health Services
eCR	Electronic Case Reporting
HHSC	Health and Human Services Commission
LHD	Local Health Department
LHE	Local Health Entity
MCO	Managed Care Organization
NEDSS	National Electronic Disease Surveillance System
PHFPC	Public Health Funding and Policy Committee
PHR	Public Health Region
PHP-CCP	Public Health Provider-Charity Care Program
SHARP	State Health Analytics and Reporting Platform