

DSHS Response to Public Health Funding and Policy Committee Annual Report Recommendations

In accordance with Senate Bill 969, authored and passed into law by Senator Jane Nelson during the 82nd Texas Legislative Session, the Department of State Health Services (DSHS) assembled the Public Health Funding and Policy Committee (PHFPC), a committee consisting of nine public health professionals. DSHS Commissioner, David Lakey, M.D., appointed three local health entity directors, two local health authorities, two deans from schools of public health, and two DSHS Health Service Region medical directors to serve on the committee. DSHS also provided a staff person who provides support to the Committee and coordinates communication between the agency and the Committee.

By statute, DSHS is charged with responding to recommendations made by PHFPC. This set of responses includes updates on recommendations from the first PHFPC report in 2013, as well as recommendations in the 2014 report.

DSHS values the work of the PHFPC, and appreciates that this collaborative effort is improving public health services in Texas.

Update to Recommendations in the 2013 Report

In response to recommendations made by PHFPC in its 2013 report, DSHS was able to complete implementation of four new initiatives, which included contract bundling and increases to grant flexibility. A description of these initiatives may be found on the Committee's website at: <http://www.dshs.state.tx.us/phfpccommittee/>.

Several recommendations were pending at the time DSHS wrote its response to the Committee's first report to the Legislature. Updated information on these recommendations follows.

Recommendation B: *The committee recommends to the DSHS Commissioner that the agency work with the Public Health Accreditation Board (PHAB) to pursue public health accreditation and serve as the model for all other public health entities in the state. Furthermore, the committee recommends that DSHS explore ways to support local health department initiatives to seek public health accreditation.*

Response: At this time, DSHS does not have plans to pursue accreditation as an agency. However, as resources allow, the Department will support LHDs that choose to pursue accreditation.

DSHS has most recently provided support through a contract with University of North Texas Health Science Center (UNTHSC). UNTHSC fellows were assigned to assist six local health departments with moving forward in public health accreditation or accreditation readiness. The localities that are receiving assistance are: Andrews County, Milam County, Waco-McLennan County, Williamson County, Harris County, and Wichita Falls. Activities have included: conducting community health assessments, developing community health improvement plans,

preparing strategic plans, and submitting information to the PHAB. Work through this contract will be completed by September 30, 2014.

Recommendation D (1): *The committee recommends to the DSHS Commissioner that the agency charge the Public Health Consortium, consisting of the Schools of Public Health and Central DSHS administration, to develop a plan to identify and address workforce needs.*

Response: DSHS is engaged in several efforts to define workforce needs and determine how workforce shortages may be reduced in Texas.

The State Health Coordinating Council (SHCC) is in the process of developing an “Update to the State Health Plan,” which will be complete in November 2014. This effort will include workforce issues related to mental health providers and primary care providers, including mid-level practitioners. The SHCC website contains more information and can be accessed at: <http://www.dshs.state.tx.us/chs/shcc/>.

In addition, the Health Professions Resources Center (HPRC) and Texas Center for Nursing Workforce Studies at the Department of State Health Services are currently working with a geographic information system (GIS) to develop improved workforce and accessibility mapping models to develop Texas-specific supply and demand models for various health professions. The initial work will focus on physicians, nurses, and psychiatrists.

The HPRC has also begun work on a physician trends and demographics report and briefs for other health profession. These products will all seek to engage workforce issues, while presenting current and trend data.

The Committee’s recommendation specifies that DSHS should work with the Public Health Consortium to focus on workforce needs. The Consortium has been inactive for several years due to resource constraints. DSHS will evaluate its ability to reestablish Consortium’s activity, and will keep the Committee abreast of developments in that area. Additionally, DSHS will work with the Committee to better identify the Committee’s specific concerns and whether current Department efforts might be tailored to address them.

Recommendation D(2): *The committee recommends to the DSHS Commissioner that DSHS provide adequate resources and commit to meeting its statutory requirement for annual Local Health Authority (LHA) Continuing Medical Education (CME), and work with the committee to study, draft, and vet language to clarify the LHA’s role.*

Response: In 2012, a statewide LHA survey was conducted. Following this survey, DSHS initiated a project to create a sustainable statewide system of ongoing education and training for LHAs throughout Texas. The project has a target completion date of December 2014, and will include training via online modules, webinars, and LHA workshops for CME credits. DSHS is coordinating with stakeholders, subject matter experts, and professional associations to implement the project. The relevance and usefulness of offered training opportunities will be evaluated through ongoing surveys of LHAs, and DSHS will keep the Committee informed of the project’s progress.

Recommendation E (1): *The committee recommends to the DSHS Commissioner that the agency seek adequate funding for the DSHS Division for Regulatory Services, Environmental and Consumer Safety Section, to ensure environmental programs function at full capacity throughout the State, or consider options for local health departments to perform regulatory duties on behalf of DSHS and retain adequate revenue collected from these activities.*

Response: In the 83rd Legislative Session, DSHS received appropriations that allowed the addition of two full time regional sanitarians. In the event of emerging activities, they will serve as inspectors in the field. They will also review inspections and carry out administrative duties. Addition of these sanitarians improves quality and increases public health regulatory functions from previous levels.

Recommendation E(2): *The committee recommends to the DSHS Commissioner that the agency enhance resource supporting the Infectious Disease Prevention program's capacity to identify and treat persons with active and latent Tuberculosis (TB) infection.*

Response: The Legislature appropriated an additional \$3 million in funding to DSHS for the implementation of quicker, more accurate TB testing in priority scenarios. Recommendations from the TB Expert Panel state that Interferon-Gamma Release Assays (IGRAs) serve as the standard screening tool to identify TB infection or disease. IGRA replaces the tuberculin skin test as the standard screening tool to identify TB in Texas. This new tool increases DSHS' ability to fulfill its TB prevention and control functions.

In accordance with previous PHFPC recommendations, Fiscal Year 2014 TB contracts with local health departments are based on funding formula changes as recommended by the TB Funding Formula Workgroup and endorsed by the PHFPC.

Recommendation E (3): *The committee recommends to the DSHS Commissioner that the agency propose the use of 1115A funds to implement a TB strategy focusing on regional population-based activities.*

Response: DSHS has received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a multi-year project in 20 south-central counties, 3 of which are on the Border. This project is covered by Medicaid Texas Transformation Waiver funds at about \$12.5 million over the next three years. This project is currently being rolled out, and will:

- target high risk populations,
- increase identification of latent TB infection cases,
- include provider education on treatment, and
- increase percentage of latent TB infection treatment completion.

Recommendation E (4): *The committee recommends to the DSHS Commissioner that the agency seek resources to restore adult safety-net and Texas Vaccine for Children (TVFC) vaccines.*

Response: Due to increased funding from the Texas Legislature during the 83rd Legislature, the Adult Safety Net Program formula was expanded to include Pneumococcal Polysaccharide

Vaccine, Human Papillomavirus (HPV) Vaccine, Hepatitis A and Hepatitis B combination vaccine, and Hepatitis A Vaccine. The Legislature's funding provides \$17.9 million over the course of the 2014-2015 biennium, and enables greater vaccine access for uninsured adults in Texas.

Recommendation E(5): *The committee recommends to the DSHS Commissioner that the agency support and promote simplified credentialing for local health departments with Children's Health Insurance Program (CHIP), Medicaid and private insurance companies.*

Response: National credentialing standards are used by private and public health insurance plans for provider enrollment. The Health and Human Services has jurisdiction over CHIP and Medicaid, and private insurance credentialing decisions are made by individual health plans. As such, credentialing issues are outside DSHS jurisdiction. However, DSHS can help facilitate meetings between local health department advocates, representatives from the health plans, and from the Health and Human Services Commission. Before that can occur, more information is needed from the PHFPC or local health department advocates about specific problems, requirements, and laws that are forestalling attempts to become credentialed. DSHS will communicate with the PHFPC and identify what additional information is needed.

Recommendation F: *The committee recommends to the DSHS Commissioner that Texas' response to Health Care Reform and state Medicaid planning continue to include deliberate provisions for public health agencies to provide preventive and population-based public health services.*

Response: Action related to this recommendation is subject to legislative action, and outside DSHS' direct purview. DSHS regularly works with the Health and Human Services Commission in the use of public health strategies in Medicaid to reduce costs. DSHS will continue to monitor state and federal decisions, and provide public health education and data requested by policymakers.

Responses to Recommendations in the 2014 PHFPC Report

The Committee's second annual report includes five recommendations for DSHS, and DSHS has prepared responses for each recommendation. The Department has implemented two of the recommendations this fiscal year. Some of the remaining recommendations require further analysis and consideration; others would need legislative action. DSHS will continue to work on these issues, and will provide support and assistance to the Committee as it fulfills its mission to evaluate public health and recommend public health priorities in Texas.

Recommendation A(1): *The Committee recommends to the DSHS Commissioner that the Tuberculosis (TB) Program be encouraged to work with the local health departments to implement in their contracts PHAB Model Standards and Measures.*

Response: DSHS agreed with this recommendation. The TB program worked with the director of the Andrews County Health Department and the DSHS Division for Disease Control and

Prevention's Contract Management Unit to incorporate PHAB Model Standards and Measures into the appropriate contracts.

Status: Completed on June 15, 2013.

Recommendation A(2): *The Committee recommends to the DSHS Commissioner that the TB Program support efforts to recognize the work inherent to handling and tracking the LTBI cases.*

Response: DSHS agreed with this recommendation. The TB Funding Formula Workgroup has included a plan for contractors to track latent Tuberculosis infection (LTBI) cases and report them so that they may be taken into account in near future.

Status: Completed on September 1, 2013.

Recommendation B: *The Committee recommends to the DSHS Commissioner that the agency work with the Committee to inform and educate third party payors about local health departments in order to eliminate barriers to entering into contracts with them for billing purposes.*

Response: DSHS does not have a direct role in this issue. However, the Department will work with the Committee to understand what problems LHDs are currently experiencing when they approach third party payors for provider enrollment. With more information, DSHS can facilitate initial conversations between local health department representatives and public and private health plans.

Status: Ongoing.

Recommendation C: *The Committee recommends to the DSHS Commissioner that the agency work with the Committee to give greater definition to the scope and duties of the syndromic surveillance governance council; determine appropriate applications, such as RODS, BioSense, ESSENCE, to use within the statewide network; provide formal assessment of the current syndromic surveillance network infrastructure and recommendations to integrate the current infrastructure into the developing statewide network; determine optimal number of hubs required; and develop standard operating procedures for data collection, ownership, due diligence of investigational methods, and transfer of data to corresponding local health departments (LHDs)/DSHS Health Services Regions (HSRs).*

Response: DSHS agrees with this recommendation. DSHS has initiated a project to incorporate existing infrastructure into a statewide network. This project is in its initial phases, and DSHS will keep the Committee updated on the project's status.

Status: Ongoing.

Recommendation D: *The Committee recommends to the DSHS Commissioner that the agency work with the Committee to establish a funding formula for the Public Health Emergency Preparedness (PHEP) funds that are allocated to local health departments.*

Response: DSHS agrees with this recommendation. The Public Health Emergency Preparedness program will be the first program evaluated as part of this process. At the Committee's February 2014 meeting, DSHS gave an overview and history of the current funding formula for PHEP. A workgroup made up of a diverse group of stakeholders has been put together, and meetings began in May 2014.

Status: Ongoing.