



THE UNIVERSITY OF TEXAS SYSTEM

HEALTH INTELLIGENCE PLATFORM

Identify. Illuminate. Improve.

Frequently Asked Questions

Q: What is the overall goal for the University of Texas Health Intelligence Platform (UT-HIP)?

A: As the healthcare industry undergoes the shift from the conventional fee-for-service model to the emerging value-based model, data analytics and data flow will dictate both the costs of care and how care is delivered. The UT- HIP is being designed to deliver information and analytics for actionable insights to empower improvements in healthcare quality and value.

The University of Texas System has some of the finest health care institutions in the nation—even the world. The scale of data and the available expertise throughout the UT healthcare institutions have the potential to collectively enable individual institutions to better manage their costs while delivering the highest level of health care. The UT-HIP can identify opportunities for improvement by highlighting details that have led to the variability of care in order to specify targets for interventions with value improvement initiatives for selected conditions.

Q: Are all of The University of Texas System academic healthcare institutions participating in the UT-HIP initiative?

A: Yes. Following is the list of participating institutions:

- The University of Texas Southwestern Medical Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Health Science Center at Houston
- The University of Texas Health Science Center at San Antonio
- The University of Texas M.D. Anderson Cancer Center
- The University of Texas Health Science Center at Tyler
- The University of Texas System.
- In the future it is expected that Dell Medical School and the Rio Grande Valley Medical School will also participate in the UT-HIP.
- Additionally, affiliate hospitals such as Memorial Herman, Harris Health System, Parkland Health System and University Health System could become part of the initiative.

Q: Who is leading the effort of the UT-HIP?

A: The University of Texas System, Office of Health Affairs chartered this effort and the University of Texas Health Science Center at Houston School of Biomedical Informatics serves as the Coordinating Center. Members of the UT-HIP leadership and steering committee are listed here.

UT-HIP Leadership:

- Executive Sponsor, and Chair, Steering Committee: **Ray Greenberg**, MD, PhD, Executive Vice Chancellor, Health Affairs, the University of Texas System.
- Program Sponsor: **Zain Kazmi**, Assistant Vice Chancellor and Chief Analytics Officer, Health Affairs, the University of Texas System.
- Coordinating Center Director: **Robert Murphy**, MD, Associate Dean for Applied Informatics and Associate Professor, The University of Texas Health Science Center at Houston



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UT-HIP Steering Committee:

The Steering Committee is operating under the guiding principles of the UT System Office of Health Affairs and serving the strategic goals of The University of Texas Healthcare Enterprise Quantum Leap initiative:

- **Timothy D. Barker**, MD, Chief Medical Information Officer, the University of Texas Health Science Center at San Antonio School of Medicine.
- **Elmer Bernstam**, MD, MSE, Associate Dean for Research and Professor, the University of Texas Health Science Center at Houston School of Biomedical Informatics and Professor, the University of Texas Health Science Center at Houston McGovern School of Medicine.
- **Leslie Carruth**, MBA, Associate Vice Chancellor for Health Affairs, the University of Texas System.
- **John Frenzel**, MD, MS, Chief Medical Informatics Officer, Professor, Department of Anesthesiology and Perioperative Medicine, the University of Texas MD Anderson Cancer Center.
- **Andy Futreal**, PhD, Interim Chair and Professor, Department of Genomic Medicine, the University of Texas MD Anderson Cancer Center.
- **Suresh Gunasekaran**, MBA, Associate Vice President and Chief of Operations, the University of Texas Southwestern Health System.
- **Andrew J. Krecek**, Chief Information Officer, UT Health Science Center San Antonio.
- **Leon J. Leach**, PhD, Executive Vice President and Chief Business Officer, UT MD Anderson Cancer Center, Chief Health Policy Strategist, the University of Texas MD Anderson Cancer Center.
- **Todd Leach**, Vice President of Information Services and Chief Information Officer, the University of Texas Medical Branch Health System.
- **Tim Ochran**, Senior Vice President, Chief Administrative Officer, Hospital & Clinics, the University of Texas Health Northeast.
- **Bela Patel**, MD, FCCP, Vice Dean of Healthcare Quality, Vice Chair of Medicine, Division Director of Critical Care Medicine, and Associate Professor, the University of Texas Health Science Center at Houston, McGovern School of Medicine and Assistant Chief Medical Officer and Executive Medical Director of Critical Care Memorial Hermann Hospital.
- **Rick Peters**, MD, Chief Information Officer, Dell Medical School, the University of Texas at Austin.
- **Steve Steffensen**, MD, Chief, Learning Health System, Dell Medical School, the University of Texas at Austin.
- **Seth Toomay**, MD, Acting Chief Medical Officer, Ambulatory Services, The University of Texas Southwestern, Associate Professor, Clinical Informatics, Interventional Radiology.
- **Ryan Walsh**, MD, Chief Medical Information Officer, The University of Texas Health Science Center at Houston and Assistant Professor, UT Health Science Center at Houston School of Biomedical Informatics and McGovern Medical School.
- **John D. Yoder, Jr.**, Vice President of Technology & CIO, the University of Texas Health Science Center at Tyler.



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Q: How is the UT-HIP being funded?

A: On Thursday, May 12, 2016, the governing body for The University of Texas System, The Board of Regents, approved an allocation of \$12.4 million from the Available University Fund for the UT-HIP to be expended over a 4-year period. Funding for this initiative will be evaluated annually by the Executive Vice Chancellor for Health Affairs on the basis of performance metrics such as quality control reliability and low variability as a benefit to a broad number of University of Texas System institutions. Funds are being provided for capital purchases to implement the initiative, technical support, and specialized personnel to develop and launch the platform. The UT-HIP is also developing a strategic plan for revenue through innovations such as service models and operational benefit realization.

Q: Is the UT-HIP a health information exchange?

A: Texas has a statewide health information exchange that provides the infrastructure for health information to be securely exchanged between providers within Texas. The UT-HIP is about analysis for deeply informed decisions and is being designed to deliver information and analytics for actionable insights to empower improvements in healthcare quality and value. The Texas health information exchange is about the secure transfer of information.

Q: Will the UT-HIP be used for research?

A: Yes, it can be. While research is not the primary objective for the UT-HIP, aggregated patient information can be used for multiple purposes to better understand the prevalence of disease and comparatively assess therapeutics effectiveness across a large cohort of patients.

Q: Where will the data for the UT-HIP be hosted?

A: There are legal parameters set for the hosting of healthcare data. The Solution Architecture subcommittee, a subcommittee of the UT-HIP Steering Committee, will be making that determination. This subcommittee is tasked with assessing and determining what technologies and tools will be used, what vendors to engage, and whether or not the data will be centralized or federated.

Q: Many data warehouse projects are expensive to build and fall short of producing the results promised. How will the UT-HIP be different?

A: The UT-HIP sponsors have been realistic about and cognizant of the challenges around analytics and big data. Some major reasons for data warehouse projects to fall short include the lack of strong governance, scope creep (i.e. “boil-the-ocean syndrome”), idealizing potential accomplishments, and not being responsive to emerging data analytic technologies. As a result, infrastructure and practices have been put in place to counteract such impediments to success. For instance, the UT-HIP has secured strong executive involvement with the UT-HIP Steering Committee. The majority of the committee members are top executive talent from each of the academic health institutions in the UT System. Guiding principles for the Steering Committee are designed for discipline in working through priorities by setting realistic and practical expectations with clear, measurable parameters of UT-HIP initiatives. Communications consistently echo the goal of delivering information and analytics for actionable insight to empower improvements in healthcare quality and value – identify, illuminate, improve.



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Q: Will the UT-HIP rely on The Vizient Clinical Database (CDB) solution as a foundation?

A: In the first months after the UT-HIP Steering Committee met on Nov 4, 2016, Vizient CDB has been utilized for some initial analytics. This initial work based on Vizient CDB is providing a proof-of-concept, helping the Solution Architecture, the Data Governance subcommittees and the UT System Quality Council understand the nature of the change that can be driven. This proof-of-concept also can reveal data gaps and limitations in order to advance the UT-HIP toward a solution that achieves the goal of delivering information and analytics enabling actionable insights that empower improvements in healthcare quality and value. Long-term reliance on Vizient CDB will be determined by the Steering Committee.

Vizient CDB involves a collaborative of 135 academic medical centers with a member advisory board that is advising Vizient CDB on the most pressing challenges faced by the healthcare industry. This collaborative is working toward improvements in the Vizient models, including the risk adjustment model. Key individuals from the academic healthcare institutions within the UT System participate in the advisory work with the Vizient CDB and have been active with proposals to Vizient to modify the risk adjustment based on models. No data is perfect. Vizient has demonstrated a willingness to listen and modify solutions for improvement. Currently, although not precise, the Vizient CDB is directionally correct.

Q: Is the UT System going to sell the data aggregated through the UT-HIP?

A: While the UT-HIP is not designed for commercial purposes, under the direction of the Steering Committee, we may consider joint ventures that support not-for-profit research collaborations or de-identified data sharing for scientific advancement.