

The Honorable Dan Patrick
Lieutenant Governor of Texas
P.O. Box 12068
Austin, TX 78711

The Honorable Dennis Bonnen
Speaker of the House
State Capitol, Room 2W.13
P.O. Box 2910
Austin, TX 78768



August 23, 2019

Dear Lieutenant Governor Patrick and Speaker Bonnen,

In order to improve health and health care in Texas, the 84th Texas Legislature created the Texas Health Improvement Network (THIN), a multi-institutional, cross-sector network of researchers, experts, and leaders in population health improvement. THIN has developed a set of interim charges for your consideration, summarized below:

1. Identify strategies to improve health care efficiencies and health outcomes by addressing social, economic and environmental factors that influence health.
2. Develop strategies to facilitate data and information sharing at the state and local levels for population health improvement.
3. Study adequacy of local public health workforce and infrastructure, including the capacity to respond to infectious disease outbreaks.
4. Assess and develop recommendations to address the shortage of primary care services, including through optimizing the use of team-based care, with attention to rural areas of Texas.
5. Assess progress on efforts to increase physical activity and support healthy eating among Texas school children.
6. Oversee and evaluate the implementation of SB 670 and HB 1063, related to telemedicine, telehealth, and remote patient monitoring.
7. Monitor implementation and enforcement of Tobacco 21 (SB21) and identify additional strategies to prevent and address tobacco and nicotine use, including e-cigarettes or vaping, by adolescents.
8. Identify mechanisms to improve early detection and treatment of Hepatitis C and new strategies for early detection and prevention of HIV.
9. Study options to improve access to short-term in-patient care and long-term supportive housing for individuals with serious mental health or substance abuse conditions.
10. Study and develop recommendations to improve access to naloxone for overdose resuscitation and make medication assisted treatment (MAT) of opioid use disorder more accessible to the population in need.

These suggested charges, which are described and contextualized in greater detail in the following report, are intended to advance what we believe are key opportunities for improving the health and health care of Texans in a strategic and fiscally responsible manner.

Sincerely,

A handwritten signature in black ink, appearing to read "David Lakey".

David L. Lakey, M.D.
THIN Executive Sponsor
Vice Chancellor for Health Affairs and Chief Medical Officer,
The University of Texas System

A handwritten signature in black ink, appearing to read "Lewis Foxhall".

Lewis Foxhall, M.D.
THIN Chair
Vice President of Health Policy,
UT MD Anderson Cancer Center

Texas Health Improvement Network

Interim Charge Recommendations

Recommendation 1

Identify strategies to improve health care efficiencies and health outcomes by addressing social, economic and environmental factors that influence health.

- a) Investigate structural barriers, best practices and options to integrate social care services with health care delivery – including through Texas Medicaid -- in an efficient, effective, and cost-effective manner. Recommend strategies to ensure that the social service sectors have the needed resources to partner with health care and address social needs identified in the health care setting.
- b) Study options and make recommendations to establish one or more state agency Pay-for-Success (PFS) projects aimed at improving health outcomes, particularly to demonstrate outcomes of primary care and social service integration.

Rationale:

To address the social and environmental factors impacting their patients' health and improve health outcomes for their patients, health care system innovators are partnering with social service sectors and integrating non-healthcare services into their practices. In doing so they are able to address upstream factors impacting health, including access to safe and permanent housing, legal counsel, stable employment, and healthy foods. These efforts offer the promise of delivering greater value in terms of improved health outcomes and reduced health care expenditures. The legislature should examine how state-level policies can impact the ability of local health care and social service sectors to effectively and sustainably address social factors and deliver greater value for our health care investments.

In 2015, the Texas legislature passed HB3014, allowing the state of Texas to enter into Pay-for-Success contracts. Pay for Success (PFS, also known as Social Impact Bonds) ties payment for service delivery to achievement of specific outcomes. In a PFS contract, the end payer (often a governmental entity) only pays if the service has the agreed-upon effect. Private investors provide upfront capital for the delivery of services, and are reimbursed by the end-payer if outcomes are achieved. This allows government to only pay for something that they know works. The implementation risk—i.e. the chance that interventions will fail to achieve expected outcomes—are borne by the private investor, rather than by the governmental end-payer.

Despite passing HB3014 four years ago, the state of Texas has not taken advantage of this legislation. The legislature should examine how to facilitate the use of PFS in Texas. One potential PFS use would be to determine whether addressing specific social needs within a Medicaid-covered population through primary care and social service integration would achieve outcomes of value to Texas, and therefore be an appropriate investment for the state to make.

Recommendation 2

Develop strategies to facilitate data and information sharing at the state and local levels for population health improvement.

- a) In order to facilitate the transformation of the HHSC information technology and data-related services towards a more modern, integrated, secure and effective environment, identify and develop specific procedural steps and strategies that can be implemented to address barriers to data-sharing between and within health and human service agencies, including HHSC and DSHS. Study the benefits from, challenges to, and options for establishing a master patient index (MPI) for Medicaid, vital statistics, and THIC data in order to allow individual-level data to be linked across datasets.
- b) Study and identify strategies to improve Texas health information exchange programs with a focus on the interoperability needed to address chronic disease and improve population health. Explore options for Texas physicians, providers, hospitals, critical access hospitals, safety net hospitals, Federally Qualified Health Centers (FQHCs), nursing homes, home care and others healthcare entities in rural medically underserved communities to share data to improve patient care.

Rationale:

Texas has a vested interest in using and sharing health data to improve population health, improve health care delivery, and reduce health care costs. Population health improvement is heavily reliant on accurate and current data, and the ability to link together different administrative datasets at a de-identified, individual level. Historically, access to needed data has been a challenge for state agencies, researchers, local public health departments, and other stakeholders. In the last cycle, the legislature charged HHSC with improving their data systems. Additionally, the terms and conditions of Texas' 1115 Medicaid waiver charge the state with developing a plan to ensure that there is data-sharing between different Medicaid providers. The legislature should examine both the work being done at the agencies to facilitate improved use of data, and the approaches that the state can take to support health information exchange activities in ways that support patient care. More information can be found in the Texas Health Improvement Network's 2019 report [Facilitating Use of Data to Drive Population Health in Texas](#).¹

Recommendation 3

Study adequacy of local public health workforce and infrastructure, including the capacity to respond to infectious disease outbreaks and other public health emergencies. Recommend strategies to address inadequacies with attention to rural areas of Texas.

Rationale:

In an era of formidable and rapidly evolving public health challenges, an adequately trained and resourced local public health system is essential. It must be prepared to address infectious disease outbreaks and emerging infectious diseases, assist communities in preparing for emergencies, reduce the burden of chronic diseases, and handle other foundational public health services. In addition, local public health is increasingly being called upon to facilitate collective action towards addressing the social, environmental, and economic conditions that impact health and health equity.

Several reports indicate that the number of public health workers is insufficient, and that the workforce overall is undergoing significant changes. A 2017 study found that 46% of health department staff were either planning to retire or were considering leaving their organizations for reasons other than retirement in the coming

year.² Further, spending on core public health functions has been estimated at \$108.92 per capita (compared to \$9,990 spending per capita in health care).³ Inadequately staffed and under-resourced local public health puts the public at risk. The state should investigate the adequacy of the local public health system in Texas and take steps to address identified shortcomings.

Recommendation 4:

Assess, and develop recommendations to address, the shortage of primary care services, including through optimizing the use of team-based care, with attention to rural areas of Texas.

Rationale:

The United States is experiencing a shortage of primary care services, particularly in rural areas, and that shortage is projected to grow.⁴ More than 1 in 4 Texans live in a county considered underserved by primary care (defined as a population to primary care provider ratio greater than 2,000 to 1).⁵ One strategy to help address primary care needs is to optimize the care team. Optimized team-based primary care allows all staff members to work to the highest level of their expertise and ability, with work matched to each staff member's licensure, experience and abilities, including physicians, mid-level providers, nurses, and other staff members.⁶

Recommendation 5:

Assess progress on efforts to increase physical activity and support healthy eating among Texas school children, in consideration of the impact of these behaviors on children's mental and emotional health and academic achievement.

Rationale:

In addition to helping maintain or achieve a healthy weight, physical activity has brain health benefits, including improved academic performance and reduced symptoms of depression. Regular physical activity in childhood and adolescence can also be important for promoting lifelong health and well-being and reducing to risk of various health conditions like heart disease, obesity, and type 2 diabetes.

According to the CDC's 2017 Youth Risk Behavior Survey, 74% of Texas high school students did not meet current federal physical activity guidelines, and nearly half did not have any physical education during the school day. In addition, 18% drank at least one soda per day, and less than half ate vegetables each day.⁷ The CDC also reports that 25% of young adults is too heavy to serve in the U.S. military.⁸ The Texas Comptroller's Office has estimated that, if left unchecked, obesity could cost Texas employers \$32.5 billion annually by 2030.⁹

Recommendation 6:

Oversee and evaluate the implementation of 86th legislative session bills SB 670 and HB 1063, related to telemedicine, telehealth, and remote patient monitoring, with a focus on ensuring that the processes and procedures developed by HHSC for reimbursement are efficient and do not create additional or unnecessary administrative burdens for providers.

Rationale:

SB 670 and HB 1063, passed by the 86th legislature, broadened and solidified the framework for the use of telemedicine, telehealth, and remote patient monitoring services in the Texas Medicaid program. HB 1063 made the remote patient monitoring benefit a permanent part of the Medicaid program and added certain pediatric benefits as a new component. SB 670 created a new "coverage parity" standard for Medicaid bene-

fits, which means that any service is eligible to be reimbursed when provided by telemedicine or telehealth as long as it meets the standard of care and any administrative requirements that are equivalent to the requirements for the same service when delivered in person. These two changes significantly expand opportunities for Medicaid providers to use these tools in patient care, and the implementation should be monitored to make sure that the rules and regulations for delivering these services and receiving payment for them are clear to both providers and health plans. Additional background on telemedicine in Texas can be found in the Texas Health Improvement Network's 2018 report [Catalyzing Adoption of Telemedicine for Population Health and Health Equity in Texas](#).¹⁰

Recommendation 7:

Monitor implementation and enforcement of Tobacco 21 (SB21), passed by the 86th legislature, and identify additional strategies to prevent adolescent tobacco and nicotine use, including use of e-cigarettes. Make recommendations for further actions based on an assessment of scientific evidence base and current best practices for addressing nicotine addiction in adolescents.

Rationale:

The first surgeon general's report on the harmful effects of tobacco was released over 55 years ago. Tobacco, however, remains the number one preventable cause of death in Texas. Tobacco is responsible for 28,000 deaths, 27% of cancer deaths and \$8.85 billion in health care costs annually in Texas.¹¹ Texas took a significant step towards reducing the burden of tobacco-related disease in Texas by passing SB21. For this new law to have an impact, it is critical that the state monitors its implementation and enforcement across the state.

Further, Texas should act to prevent and address nicotine use among adolescents, particularly in the form of e-cigarettes or vaping. According to the CDC's 2017 Youth Risk Behavior Survey, 29% of Texas high school students had ever tried cigarette smoking, compared to 42% that had ever used an electronic vapor product or e-cigarette.⁷ Although e-cigarettes may be useful for adults trying to stop smoking, there is no rationale for their use by kids. The 2016 Surgeon General's report concluded that youth use of e-cigarettes is unsafe, causes addiction and can harm the developing brain.¹² Many adolescents that use these products are now addicted to nicotine and have difficulty stopping. E-cigarettes are particularly appealing to youth. Vaping is perceived as less dirty than cigarettes, is easy to hide, and comes in a variety of sweet flavors.

Recommendation 8:

Assess human and fiscal impacts of untreated Viral Hepatitis and HIV in Texas. Identify mechanisms to improve early detection and treatment of Viral Hepatitis using national initiatives and innovative funding mechanisms, including incorporating recommendations from the National Viral Hepatitis Action Plan. Identify new strategies for early detection and prevention of HIV, including the optimal use of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), in alignment with the national plan to end the HIV epidemic.

Rationale:

Texas has the second highest hepatitis C infection rate in the United States, and about 50% of people with hepatitis C do not know they are infected. Viral hepatitis accounts for about 80% of liver cancer. An effective vaccine exists for hepatitis B, and new treatments can cure the vast majority of hepatitis C patients. The National Academies for Sciences, Engineering, and Medicine has concluded that it is possible to eliminate both hepatitis B and C in the United States by 2030.¹³ Elimination will require coordinated action by federal, state and local agencies.

In 2017, more than 90,000 Texans were living with HIV. The prevalence of diagnosed HIV infection in Texas has increased by 4% each year over the past decade, while the number of new cases has declined by 3% annually. These figures demonstrate progress in the fight against this virus. People with HIV are living longer thanks to advancements in treatment, and fewer people each year are contracting the virus.

We now have the opportunity to eliminate HIV in Texas and in the U.S. The current U.S. administration released a proposal in 2019 to end the HIV epidemic.¹⁴ The proposed strategy incorporates better use of data and effective use of HIV treatment and prevention models. The state should consider how to apply this national strategy within Texas, which includes five identified geographic hotspots for HIV.

Recommendation 9

Study options to improve access to short-term in-patient care and long-term supportive housing for individuals with serious mental health or substance abuse conditions.

- a) Study opportunities to expand community supportive housing options in conjunction with the expansion and redesign of the state hospital system. This should include the continuum of substance use and mental health recovery housing including but not limited to community residences and community inpatient facilities in both urban and rural communities. Determine the potential for reducing forensic state psychiatric facility waiting lists by expanding community residential options.
- b) Study the feasibility of increasing outpatient competency restoration programs for individuals with non-violent offenses who have been determined to be incompetent to stand trial. Evaluate the outcomes associated with the jail-based competency restoration pilots to determine if additional pilots are appropriate for individuals who have been charged with violent crimes.
- c) Given the shortage, disrepair and geographic isolation of existing state mental health in-patient facilities, investigate options for adding new state-funded in-patient bed spaces closer to where they are needed, with particular attention to the needs of West Texas.
- d) Consider whether excess bed capacity in rural areas could be repurposed for short-term in-patient care or long-term supportive housing. Identify and propose solutions to any barriers, such as admissions limitations of 72-96 hours.

Rationale:

Housing is consistently cited as one of the biggest barriers to recovery for people experiencing mental illness. When there is a lack of affordable housing in the community, people experiencing mental illness often end up homeless. In 2017, the Texas Point-in-Time (PIT) count of homelessness revealed an increase in the total number of people experiencing homelessness on a given night for the first time since 2011. The PIT found that nearly 22 percent of the over 23,000 individuals who are homeless have a serious mental illness, and half of those individuals are unsheltered. Additionally, little data is currently available on the availability or quality of recovery housing for individuals with substance use and addiction challenges.

Recommendation 10:

Study and develop recommendations to improve access to naloxone for overdose resuscitation and make medication assisted treatment (MAT) of opioid use disorder more accessible to the population in need, including through increased use of Project ECHO, with special consideration for rural populations.

Rationale:

According to the Texas Department of State Health Services, nearly half of drug overdose deaths in Texas involve opioids. The House Select Committee on Opioids and Substance Abuse conducted an in-depth study during the previous interim that covered a broad range of topics related to this important health issue. The committee identified low access to both Naloxone and MAT, and recommended increasing access to both of these important tools to address opioid use disorder.¹⁵

State laws and regulations impact the availability of naloxone and MAT.¹⁶ These barriers should be investigated and solutions for addressing them should be identified. During this investigation, the needs of the rural population must be put into focus, including the potential for telemedicine and telecoaching tools such as Project ECHO to be employed.

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