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THIN
Texas Health Improvement Network

BI-ANNUAL REPORT TO THE LEGISLATURE
2017-2018

David Lakey, MD | | THIN Executive Officer | | January 1, 2019

LEGISLATIVE HISTORY

The Texas Health Improvement Network (THIN) was created by the 84th legislature of the State of Texas through statute and signed into law by Governor Abbott in 2015. The purpose of THIN is to catalyze population health improvement and increase health equity in Texas through multi-disciplinary and multi-institutional partnerships. THIN is administered by The University of Texas System, through the Office of Health Affairs, Population Health. (Statute attached.)

ADVISORY COUNCIL

The THIN Advisory Council is a group of thirty leaders from both traditional and non-traditional sectors impacting health. (See attached for list of current members.) When the Council was established in 2016 it included members representing the state health agencies, state healthcare trade organizations, and the large Texas public employer and academic systems, including Teachers Retirement System of Texas, Employees Retirement System of Texas, University of Texas System, Texas A&M University System, Texas Tech University System, and University of North Texas System. At its inception the Council also included representation from several regional national organizations including the Federal Reserve, Episcopal Health Foundation, Houston Department of Health and Human Services, and American Heart Association.

Acknowledging the essential roles of non-health sectors in creating the conditions for health, Council membership expanded in 2018 to include representation from the Texas Department of Transportation, Texas Department of Housing and Community Affairs, and the Texas Association of Regional Councils.

MAJOR ACCOMPLISHMENTS 2018-2019

1. Developed a THIN website: http://www.texashealthimprovement.org/
2. Held nine THIN Advisory Council meetings, with agenda topics covering: THIN strategies, priorities, and projects; institutional updates; health priorities of the legislature and opportunities to inform the legislative health agenda; and national, state and local/regional health improvement initiatives. These meetings led to new and strengthened connections and relationships between advisory council members, their institutions, and others.
3. Developed THIN strategic priorities and objectives, illustrated in a strategic map. (Attached)
4. Completed two projects related to Community Health Needs Assessments. A Community Health Needs Assessment is a process of systematically collecting and analyzing data in order to comprehensively identify key health needs for the community of interest. The assessment is followed by an implementation plan where specific actions are described that address the identified needs.
   - Developed a database of Community Health Needs Assessments and Implementation Plans created by non-profit hospitals and local health departments across the state, and made these assessments and plans available through a web-based map (http://www.texashealthimprovement.org/chna/).
   - Developed a case study report, Partnering on a Joint Community Health Needs Assessment in Williamson County: Processes and Lessons Learned, which documented the history, process, challenges, and keys to the success of a joint community assessment process that took place in Williamson County, Texas. (http://www.texashealthimprovement.org/s/THIN-Joint-CHNA-lessons2018.pdf). All non-profit hospitals and many local public health departments conduct Community Health Needs Assessments, leading to multiple parties generating similar community assessments in a similar geographic area. Although assessing entities are encouraged to work together to share in the effort and cost of conducting the assessment, in most areas they do not, leading to redundancy, wasted resources, and lost opportunities for relationship-building. This case study was included in a National Academies of Sciences, Engineering and Medicine report, Exemplars of Community Health Needs Assessment Collaboration.
5. Developed five suggested interim charges for the 86th Legislature. These included:
   - Develop recommendations to modify state rules and policies to improve state agencies' and academic/health institutions' access to high-value data in order to guide and improve population health initiatives.
   - Identify and describe barriers faced by the Teachers Retirement System (TRS) and the Employees Retirement System (ERS) to expanding targeted investments in disease prevention.
   - Identify programs that have demonstrated a reduction in Medicaid health care expenditures through a prevention approach, particularly programs that address social factors that influence health.
   - Identify the impact and potential opportunities resulting from federal changes in the Medicaid program.
   - Identify and study barriers and opportunities to improving health and health care in rural Texas.

6. Provided leadership and content expertise for two annual Healthier Texas Summits, held in 2017 and 2018, in partnership with the non-profit It's Time Texas. The Healthier Texas Summit is an annual two-day event that brings together Texas' thought leaders and health champions to share best practices, discuss current trends and innovations in population and community health, and make connections that will catalyze their work. Over 900 participants attended in 2017, and over 1300 attended in 2018. The 2018 summit featured two notable keynote speakers: Former Acting Assistant Secretary for Health Karen DeSalvo, MD, MPH, and current U.S. Surgeon General Vice Admiral Jerome Adams. prevention.

7. Produced a report entitled Catalyzing Adoption of Telemedicine for Population Health and Health Equity in Texas. (http://www.texashealthimprovement.org/s/telemedicine-report-07.pdf) Report recommendations are attached. The report:
   - was informed by two days of expert panels covering infrastructure, regulatory, legal and start up issues impacting telemedicine adoption, and collected data on telemedicine billing and reimbursement issues from Texas academic health systems.
   - includes a summary of findings and a set of recommendations for furthering telemedicine adoption in Texas.

8. Produced a report on facilitating access to data for population health improvement (to be released in January 2019) that provides a comprehensive assessment of current access to high-value public health data with policy recommendations for increasing access and utilization in service to population health improvement. The report and recommendations were informed by:
   - 25 interviews with a diverse group of data users and data custodians.
   - Three expert panels covering data use to inform practices and policies, legal use and sharing of data, and procedures and processes for data sharing.

9. Implemented foundational work for a collaborative health improvement project in Hunstville, Texas, in partnership with the Employees Retirement System of Texas. This project has engaged ERS, Blue Cross Blue Shield, the Texas Department of Criminal Justice, UT School of Public Health in Houston, Sam Houston State University, and the Episcopal Health Foundation (EHF). EHF contributed seed funding, and planning has begun for a NIH grant proposal that would fund a collaborative diabetes prevention initiative.

Funding

The work of THIN has been supported through volunteer and in-kind contributions of its members and their organizations. Staff support has been provided by the UT System Office of Health Affairs, Population Health, through start-up funds provided by the UT Board of Regents.

MAJOR ACCOMPLISHMENTS EXPECTED 2019-2020

1. Hold four policy-focused expert panel meetings, similar to those held for the telemedicine and data access projects, focused on key topics identified by the advisory council. These meetings will result in written reports and recommendations;
2. Identify 2-3 priority recommendations generated by the telemedicine and data access projects to move forward;
3. Catalyze at least one local community health improvement initiative through partnerships with local entities;
4. Hold eight THIN Advisory Council meetings and support two Healthier Texas Summits;
5. Produce interim charge recommendations, based on multi-institutional and multi-stakeholder input, for the 87th Texas Legislature;
6. Identify opportunities and seek funding to support and sustain the work of THIN.

H.B. No. 3781

AN ACT

relating to the creation of the Texas Health Improvement Network.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 118 to read as follows:

CHAPTER 118. TEXAS HEALTH IMPROVEMENT NETWORK

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 118.001. DEFINITION. In this chapter, "network" means the Texas Health Improvement Network established under this chapter.

SUBCHAPTER B. NETWORK

Sec. 118.051. ESTABLISHMENT; PURPOSE. (a) The Texas Health Improvement Network is established to address urgent health care challenges and improve the health care system in this state and the nation and to develop, based on population health research, health care initiatives, policies, and best practices.

(b) The purpose of the network is to:

(1) reduce the per capita costs of health care;

(2) improve the individual experience of health care, including the quality of care and patient satisfaction; and

(3) improve the health of residents of this state.

Sec. 118.052. COMPOSITION OF NETWORK. The network consists of experts in:

(1) general public health and other medical fields;

1

(2) mental health;

(3) nursing;

(4) pharmacy;

(5) social work;

(6) health economics;

(7) health policy and law;

(8) epidemiology;

(9) biostatistics;

(10) health informatics;

(11) health services research;

(12) engineering; and

(13) computer science.

Sec. 118.053. DUTIES. (a) The network shall establish as its primary goals:

(1) evaluating and eliminating health disparities in this state, including racial, ethnic, geographic, and income-related or education-related disparities; and

(2) health care cost containment and the economic analysis of health policy.

(b) The network shall:

(1) function as an incubator and evaluator of health improvement practices; and

(2) support local communities in this state by offering leadership training, data analytics, community health assessments, and grant writing support to local communities.

Sec. 118.054. ADMINISTRATIVE ATTACHMENT TO THE UNIVERSITY OF TEXAS SYSTEM. (a) The network is administratively attached to

The University of Texas System.

(b) The University of Texas System shall administer and coordinate the network and provide administrative support to the network as necessary to carry out the purposes of this chapter.

Sec. 118.055. GIFTS AND GRANTS. The network may accept and administer gifts and grants to fund the network from an individual, corporation, trust, or foundation or the federal government, subject to any limitations or conditions imposed by law.

Sec. 118.056. REPORT. The network shall report the results of the network's efforts, findings, and activities to the legislature, state and federal partners, and other interested entities.

SUBCHAPTER C. ADVISORY COUNCIL

Sec. 118.101. ADVISORY COUNCIL. The network shall establish an advisory council to advise the network on the health care needs of this state.

Sec. 118.102. COMPOSITION OF ADVISORY COUNCIL. The advisory council is composed of:

(1) members who are appointed by an executive officer of The University of Texas System and nominated by participants in the network and who are:

(A) state and national leaders in population health;

(B) experts in traditional public health and medical fields; and

(C) leaders in the fields of behavioral health, business, insurance, philanthropy, education, and health law and

policy; and

(2) representatives from the department and the commission, selected by the executive head of the agency.

Sec. 118.103. TERMS. Members of the advisory council serve staggered three-year terms, with the terms of one-third of the members expiring on January 1 of each year.

Sec. 118.104. PRESIDING OFFICER. The executive officer of The University of Texas System who appoints members to the advisory council shall appoint a presiding officer from among the members to serve a one-year term.

Sec. 118.105. MEETINGS. The advisory council shall meet at the call of the presiding officer or at other times that the council determines are necessary or appropriate.

Sec. 118.106. COMPENSATION AND REIMBURSEMENT. A member of the advisory council may not receive compensation for service on the advisory council but may be reimbursed for travel expenses incurred by the member while conducting the business of the advisory council, if funds are available for that purpose, as provided by the General Appropriations Act.

Sec. 118.107. APPLICABILITY OF OTHER LAW. Chapter 2110, Government Code, does not apply to the advisory council.

SECTION 2. As soon as practicable after the effective date of this Act, The University of Texas System shall establish the Texas Health Improvement Network as required by Chapter 118, Health and Safety Code, as added by this Act.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as

provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2015.

President of the Senate

Speaker of the House

I certify that H.B. No. 3781 was passed by the House on May 15, 2015, by the following vote: Yeas 108, Nays 11, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 3781 on May 28, 2015, by the following vote: Yeas 135, Nays 8, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 3781 was passed by the Senate, with amendments, on May 26, 2015, by the following vote: Yeas 29, Nays 2.

Secretary of the Senate

APPROVED: _____

Date

_____

Governor

Texas Health Improvement Network Advisory Council

January 2019

PRESIDING OFFICERS

Lewis Foxhall
Vice President for Health Policy
UT MD Anderson Cancer Center

David Lakey
Associate Vice Chancellor
for Population Health, UT System
Senior Vice-President for Population Health,
UT Health Northeast

ADVISORY COUNCIL MEMBERS

Jordana Barton
Senior Community Development Advisor
Federal Reserve Bank of Dallas, San Antonio

Karen Batory
Vice President, Division of Public Health
and Medical Education
Texas Medical Association (TMA)

Nora Belcher
Executive Director
Texas e-Health Alliance

Ann Bishop
Executive Director (Ret.)
Employees Retirement System of Texas (ERS)

Eric Boerwinkle
Dean
UT Health Science Center at Houston, School of Public Health

Brooke Boston
Director of Programs
Texas Department of Housing and Community Affairs

Kirk Calhoun
President
UT Health Science Center at Tyler

Lynn Crismon
Dean
College of Pharmacy, University of Texas at Austin

Katrina Daniel
Chief Health Care Officer
Teacher Retirement System of Texas

Nancy W. Dickey
President Emeritus & Professor of Medicine
Texas A&M Health Science Center

Epifanio Elizando
US Public Health Service Commissioned Corps
U.S. Department of Health and Human Services (HHS), Region 6

Victoria Ford
Chief Policy Officer
Texas Health and Human Services Commission

Sonja Gaines
Associate Commissioner for Behavioral Health and Intellectual and Developmental Disability Services
Texas Health and Human Services Commission

Rebecca Garcia
Chief Prevention and Communications Officer
CPRIT

Kay Ghahremani
CEO
Texas Association of Community-based Health Plans

John W. Hellerstedt
Commissioner
Texas Department of State Health Services

Denise Koo
Senior Advisor for Health Systems, Office of Public Health Scientific Services
Centers for Disease Control

Ginny Lewis
Executive Director
Texas Association of Regional Councils

Elena Marks
President and Chief Executive Officer
Episcopal Health Foundation

Octavio N. Martinez, Jr.
Executive Director
Hogg Foundation for Mental Health

Billy Philips
Executive Vice-President for Rural and Community Health
Texas Tech University Health Sciences Center

Mitzi Ressman
President and CEO, THA Foundation
Senior Vice-President, THA
Texas Hospital Association

Eduardo Sanchez
Chief Medical Officer for Prevention and Chief of the Center for Health Metrics and Evaluation
American Heart Association

Alan Stevens
Vernon-Rampy Centennial Chair of Gerontology
Baylor Scott & White Health, Texas A&M College of Medicine

Dennis Thombs
Dean, School of Public Health
University of North Texas Health Science Center

Jaime Wesolowski
President and CEO
Methodist Healthcare System

Marc Williams
Deputy Executive Director
Texas Department of Transportation

Stephen Williams
Director
Houston Department of Health and Human Services

Texas Health Improvement Network

STRATEGIC MAP

Catalyze Population Health Improvement and Health Equity in Texas

	A	B	C	D	E
	Serve as a trusted resource for decision-makers	**Support local/regional health improvement**	**Facilitate use of data to drive population health**	**Increase and align financing and incentives for population health**	**Create an effective and sustainable organization**
1	Identify and recommend policies and strategies that support population health	Identify and understand current regional improvement efforts	Research best practices from other states and within Texas	Support implementation of models and strategies for financing population health	Facilitate sharing and learning among Advisory Council members
2	Develop THIN website as an information dissemination hub	Engage and support local and regional leaders	Increase availability and utilization of community-level data	Partner with philanthropic organizations to optimize and align population health investments	Engage and connect Advisory Council members
3	Convene leadership groups around key topics	Support implementation of best practices	Recommend policies to improve data-sharing and access	Partner with HHSC/Medicaid to innovate around payment reform	Build a sustainable financial and organizational model
4	Produce materials on effective population health improvement	Build capacity in local communities to improve population health	Identify key research questions to inform policy and practice	Support implementation of payment/ reimbursement policies	Assess impact of our work
5	**Expand our understanding of what creates population health & health equity**				
6	**Identify 2-3 projects for focused action**				
7	**Offer educational and networking opportunities for professional and workforce development**				
8	**Cultivate connections and partnerships across all sectors that impact health**				

Catalyzing Adoption of Telemedicine for Population Health and Health Equity in Texas

SUMMARY

In August 2018, the Texas Health Improvement Network (THIN) convened a two-day meeting focused on issues surrounding the adoption and expansion of telemedicine in Texas. The time was divided between four expert panels that focused on 1) infrastructure, 2) starting up new projects, 3) regulatory issues and 4) legal issues. In addition, THIN solicited information on telemedicine billing from the large academic health systems in Texas. This report summarizes key issues identified through this process and provides a set of actionable recommendations for policy makers and others committed to increasing adoption of telemedicine in Texas.

Texas Health Improvement Network Telemedicine Committee, 2018. *Catalyzing Adoption of Telemedicine for Population Health and Health Equity in Texas, Austin, TX: Texas Health Improvement Network.*
http://www.texashealthimprovement.org/telemedicine-in-texas/

RECOMMENDATIONS

- Explore an option for Medicaid patients who are eligible for a travel benefit to alternatively be eligible for a **site presenter benefit**, which would allow a visiting nurse or other professional to facilitate the telemedicine encounter **for medically fragile patients in their own homes**.
- **Incorporate telemedicine into healthcare network adequacy regulations** in a manner that expands and complements patient access to care, continues current requirements for network adequacy and engagement of local physicians.
- Explore **Medicaid financing options for Project ECHO**, a telementoring model that links primary care clinicians with specialists via teleconferencing technology.

- **Ensure close coordination of Texas programs with federal programs that target internet service availability**, such as the FCC's federal universal service program and the program administered by USDA's Rural Utility Service.
- Work with the Drug Enforcement Administration (DEA) to modify laws on what is considered a DEA-registered site, to **allow prescriptions for controlled substances** to be provided **via telemedicine in state-regulated settings.**
- Expand the requirement for state regulated health plans to provide information on **telemedicine policies to** more expressly **include consumer-facing information.**

- Establish a state-funded **grant opportunity** for eligible entities to **purchase telemedicine equipment**. Such equipment should meet any guidelines or recommendations set by the state.
- Explore options for a **shared telemedicine tech support pool** that could provide a combination of onsite and virtual services for rural and underserved areas in Texas.
- Make significant progress in **increasing internet adoption** in rural areas with policies that address digital literacy, relevancy, and costs.

- Systematically and comprehensively **document and assess challenges related to telemedicine reimbursement.** Work with all relevant parties to address identified issues.
- Systematically assess, summarize and disseminate experiences and **lessons from DSRIP-funded telemedicine pilots.**

1- Center for Health Care Strategies, Inc. Medicaid Financing Models for Project ECHO. September 2017. https://www.chcs.org/media/ECHO-Financing-Matrix_120117.pdf