

THSA



TEXAS HEALTH SERVICES AUTHORITY

Attachments Document

THSA Board Meeting

November 13, 2020

Attachment No. 1

Minutes of the August 21, 2020 Board Meeting

TEXAS HEALTH SERVICES AUTHORITY

VIRTUAL MEETING

BOARD OF DIRECTORS MEETING

FRIDAY, AUGUST 21, 2020

10:00 A.M.

TEXAS OPEN MEETINGS NOTICE

The THSA Board of Directors is subject to Texas Government Code, Section 551.021:

“Minutes of Open Meeting Required. (a) A governmental body shall prepare and keep minutes or make a recording of each open meeting of the body. (b) The minutes must: (1) state the subject of each deliberation; and (2) indicate each vote, order, decision, or other action taken.”

MEMBERS PRESENT

Shannon Calhoun (Chair), Emily Hartmann (Vice-Chair), Jonathan Sandstrom Hill (Treasurer), Paula Anthony-McMann (Secretary), Victoria Bryant, Lourdes Cuellar, Salil Deshpande, Kenneth James, Leticia Rodriguez, Siobhan Shahan, Carlos Vital, Calvin Green (*HHSC ex-officio member*)

MEMBERS ABSENT

Jerome Lisk, Jeffrey Hoogheem (*DSHS ex-officio member*)

CALL TO ORDER/WELCOME AND INTRODUCTIONS

Ms. Shannon Calhoun, THSA Board Chair, called the meeting to order at 10:02 a.m. Chair Calhoun proceeded to review the purpose of the THSA under Chapter 182 of the Health and Safety Code.

PRESENTATIONS, REPORTS & UPDATES

Consideration of February 28, 2020 Board Hearing Minutes

Approval of Minutes from the February 28, 2020 Board Hearing

BOARD ACTION: Chair Calhoun asked if there were any additions or corrections to the February 28, 2020 hearing minutes. Ms. Leticia Rodriguez made a motion to approve and was seconded by Dr. Paula Anthony-McMann. The motion was approved by a unanimous vote.

Consideration of Fiscal Year 2020 Second and Third Quarter Financial Statements:

Approval of THSA's FY 2020 Q2 & Q3 Financial Statements

Chair Calhoun recognized Mr. Jonathan Sandstrom Hill to review the THSA's 2020 Q2 and Q3 financial statements through June 30, 2020. Mr. Sandstrom Hill reviewed the financial statements for the board.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the Financial Statements. Mr. Jonathan Sandstrom Hill made a motion to approve the Financial Statements. Ms. Lourdes Cuellar seconded the motion. The motion was approved by a unanimous vote.

Consideration of Proposed Fiscal Year 2021 Budget

Approval of Proposed FY2021 Budget

Chair Calhoun recognized Mr. George Gooch to update members on the THSA's proposed FY 2021 budget. Mr. Gooch reviewed the proposed amendments for the board.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the THSA's fiscal year 2021 budget. Dr. Salil Deshpande made a motion to approve the proposed budget. Dr. Carlos Vital seconded the motion. The motion was approved by a unanimous vote.

Consideration of Updated State HIE Plan

Approval of Updated State HIE Plan

Chair Calhoun recognized Mr. George Gooch to update members on the State HIE Plan. Mr. Gooch reviewed the updated plan for the board.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the THSA's updated State HIE Plan. Dr. Carlos Vital made a motion to approve the State HIE Plan. Mr. Jonathan Sandstrom Hill seconded the motion. The motion was approved by a unanimous vote.

THSA PROJECTS & PROGRAMS

Update and Consideration of THSA's Projects and Programs

Health Information Exchanges Services

Chair Calhoun asked THSA CEO George Gooch to provide an update on health information exchange services. Mr. Gooch provided an update. No action was taken.

Privacy and Security Services

Chair Calhoun asked THSA CEO George Gooch to provide an update on SECURETexas certification. Mr. Gooch provided an update. No action was taken.

Update on THSA Collaboration Council

Chair Calhoun asked THSA CEO George Gooch to provide an update on the Collaboration Council. Mr. Gooch provided an update. No action was taken.

INFORMATION ITEMS

Chair Calhoun asked members if there were any questions or comments regarding normal THSA business items. No action was taken.

FUTURE MEETING SCHEDULE

Chair Calhoun advised members of the THSA Board's meeting schedule. The next Board meeting is Friday, November 13, 2020 at 10:00 a.m. No vote or action was taken on this item.

PUBLIC COMMENT

Chair Calhoun invited public comment from attendees.

No public comment was made.

EXECUTIVE SESSION

Chair Calhoun advised members that the board would recess into an Executive Session, pursuant to Texas Government Code Section 551.074(a)(1). Dr. Paula Anthony-McMann made a motion to approve the Executive Session and was seconded by Dr. Victoria Bryant. The motion was approved by a unanimous voice vote at 11:38 a.m.

Mr. Jonathan Sandstrom Hill made a motion to reconvene into regular session and was seconded by Dr. Carlos Vital. The motion was approved by a unanimous vote at 12:17 p.m.

ADJOURN

BOARD ACTION: Chair Calhoun asked for a motion to adjourn. A motion was made by Dr. Victoria Bryant and seconded by Ms. Leticia Rodriguez. The meeting adjourned at 12:18 p.m.

Paula Anthony-McMann, Ph.D, THSA Board Secretary

Attachment No. 2

FY2020 Q4

Financial Statements

Texas Health Services Authority
Unaudited Statement of Assets, Liabilities and Net Assets-Accrual Basis
As of September 30, 2020

ASSETS

Current Assets

Cash in bank	\$ 507,423.49
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Accounts receivable	2,956,900.00
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Total Current Assets	3,464,323.49
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Property and Equipment:

Computers and equipment	11,062.86
Office equipment	2,734.00
Less: Accumulated depreciation	(13,796.86)

Total Property and Equipment	-
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Other Assets

Security deposits paid	14,277.50
Prepaid Rent	6,583.00
Prepaid insurance	1,794.15

Total Other Assets	22,654.65
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Total Assets	\$ 3,486,978.14
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LIABILITIES AND NET ASSETS

Liabilities

Accounts Payable	\$ 616,991.48
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Business credit card	7,351.84
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Total Current Liabilities	\$ 624,343.32
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Other Liabilities

HHSC deferred grant revenue	\$ -
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Total Liabilities	\$ 624,343.32
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Net Assets

Net assets beginning of year	1,241,541.34
Current year net revenues	1,621,093.48

Total Net Assets	\$ 2,862,634.82
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Total Liabilities and Net Assets	<u>\$ 3,486,978.14</u>
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Texas Health Services Authority
Unaudited Statement of Revenues, Expenses and Other Changes in Net Assets-Accrual Basis
For the Twelve Months Ended September 30, 2020

	Non-Grant Related Activity
REVENUES	
HHSC CMS Funding	3,550,000.00
Total Revenues	<u>\$ 3,550,000.00</u>
EXPENSES	
Personnel costs	394,234.42
Employee benefits	63,252.99
Travel	142.00
Consultant	108,562.50
Accounting Services	4,921.89
Audit and Tax Services	21,750.00
Legal Services	8,022.50
Comm/Marketing & Web Services	8,054.62
State Shared Services	1,219,671.75
Office space and expenses	83,148.27
Insurance	7,072.54
Telephone and Internet	1,793.35
Other Fees & Expenses	8,279.69
Total Expenses	<u>1,928,906.52</u>
Net Revenues	<u>\$ 1,621,093.48</u>
Current Year Change in Net Assets	<u>\$ 1,621,093.48</u>

Texas Health Services Authority
Revenues, Expenses to Budget-Accrual Basis
For the Twelve Months Ended September 30, 2020

	Actual Activity	Budget	Difference
REVENUES			
HHSC CMS Funding	3,550,000.00		3,550,000.00
Total Revenues	3,550,000.00	-	3,550,000.00
EXPENSES			
Personnel costs	394,234.42	430,000.00	(35,765.58)
Employee benefits	63,252.99	70,000.00	(6,747.01)
Travel	142.00	5,000.00	(4,858.00)
Contractual			
Consultant	108,562.50	120,000.00	(11,437.50)
Accounting Services	4,921.89	10,000.00	(5,078.11)
Audit and Tax Services	21,750.00	22,000.00	(250.00)
Legal Expenses	8,022.50	25,000.00	(16,977.50)
Communications/Marketing	8,054.62	25,000.00	(16,945.38)
Other Consultant Services	-	-	-
State Shared Services	1,219,671.75	3,830,000.00	(2,610,328.25)
Total Contractual	1,370,983.26	4,032,000.00	(2,661,016.74)
Other Expenses			
Office space and expenses	83,148.27	-	-
Depreciation Expense	-	-	-
Insurance	7,072.54	-	-
Telephone and Internet	1,793.35	-	-
Other Fees & Expenses	8,279.69	-	-
Total Other Expenses	100,293.85	125,000.00	(24,706.15)
Total Expenses	1,928,906.52	4,662,000.00	(2,733,093.48)
Net Revenues	\$ 1,621,093.48	\$ (4,662,000.00)	\$ 6,283,093.48
Current Year Change in Net Assets	\$ 1,621,093.48	\$ (4,662,000.00)	\$ 6,283,093.48

Attachment No. 3

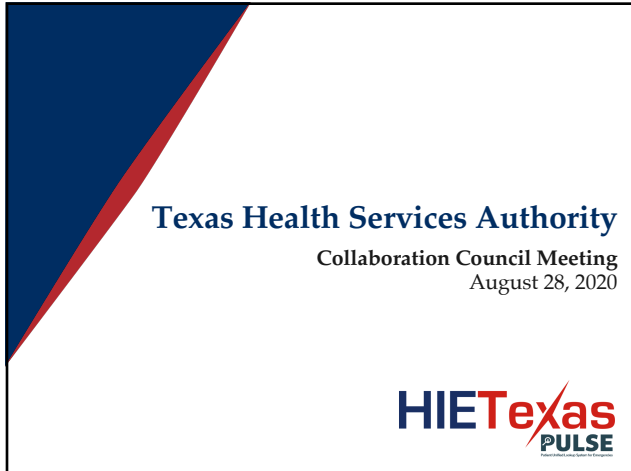
FY 2021 Budget Amendment

TEXAS HEALTH SERVICES AUTHORITY | PROPOSED BUDGET AMENDMENT
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021

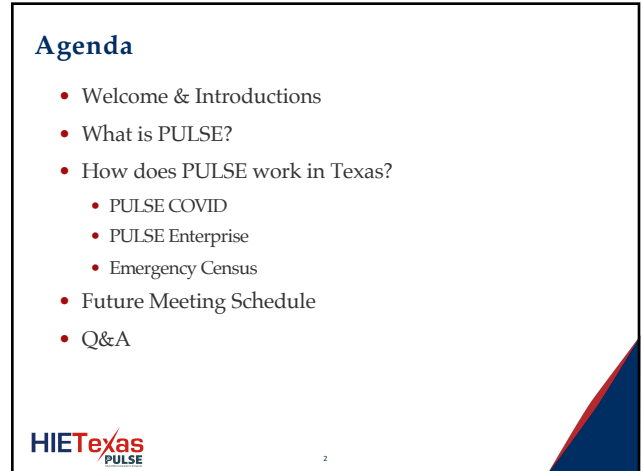
		2021 Budget	Proposed Amendment	Variance
PERSONNEL				
<i>Personnel costs</i>	\$	430,000	500,000	70,000
<i>Employee benefits</i>	\$	70,000	90,000	20,000
<i>Travel</i>	\$	5,000	5,000	--
CONTRACTUAL				
<i>Consultant/Contractor</i>	\$	135,000	135,000	--
<i>Accounting</i>	\$	10,000	10,000	--
<i>Audit/tax</i>	\$	22,000	27,000	5,000
<i>Legal</i>	\$	25,000	25,000	--
<i>Communications/Marketing</i>	\$	50,000	50,000	--
<i>Health Information Exchange</i>	\$	3,830,000	3,830,000	--
OTHER EXPENSES	\$	105,000	105,000	--
<i>(includes office space, depreciation expense, insurance, telephone and internet, and other fees and expenses)</i>				
TOTAL	\$	<u>4,682,000</u>	4,777,000	95,000

Attachment No. 4

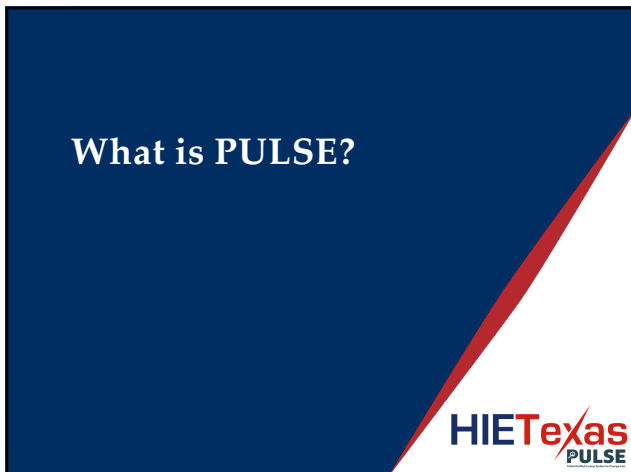
Meeting Materials from the Aug. 28 and Oct. 22, 2020 Collaboration Council Meetings



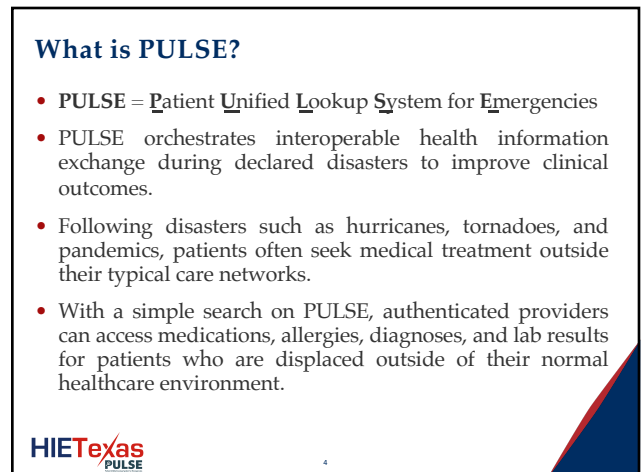
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How does PULSE work in Texas?



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How does PULSE work in Texas?

- The THSA, in partnership with Audacious Inquiry, is implementing PULSE in Texas – starting during the 2020 hurricane season.
- This implementation will take place in three categories:
 - PULSE COVID: a tool for public health authorities and clinical providers to find and view electronic patient health information across multiple health information networks.
 - PULSE Enterprise: a tool for authorized users, such as disaster response volunteers, to find and view electronic patient health information during a declared disaster across multiple health information networks.
 - Emergency Census: a tool to support family reunification efforts during declared disasters.



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PULSE COVID

- **What is it?** A tool for public health authorities and clinical providers to find and view electronic patient health information across multiple health information networks.
- **When will it be available?** PULSE COVID will be available immediately. THSA also intends to use this tool for immediate response during the 2020 hurricane season.
- **Next steps:**
 - Coordinate with public health authorities
 - Training video to be offered
 - User onboarding and authentication



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PULSE Enterprise

- **What is it?** A tool for authorized users, such as disaster response volunteers, to find and view electronic patient health information during a declared disaster across multiple health information networks.
- **When will it be available?** THSA intends to upgrade to the PULSE Enterprise Edition between the 2020 and 2021 hurricane seasons.
- **Next steps:**
 - Development will start after completion of 2020 hurricane season
 - Training video to be offered
 - User onboarding and authentication



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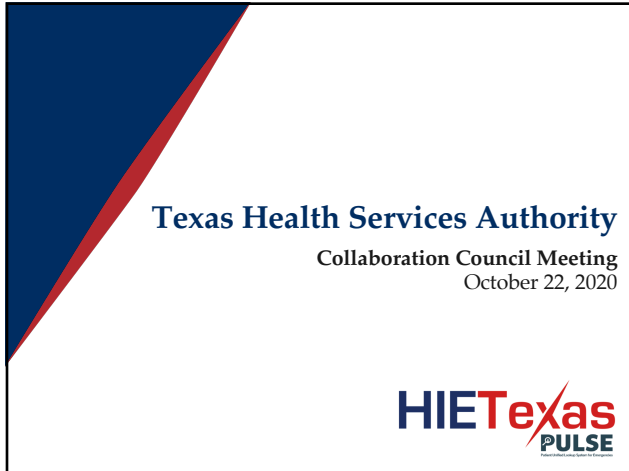
Emergency Census

- **What is it?** A family re-unification tool. Authorized end users can upload a panel of missing persons to search where a family member has been admitted, discharged and/or transferred across the care continuum during a declared disaster.
- **When will it be available?** Emergency Census will be available during the 2020 hurricane season, and will be made available via PULSE Enterprise in between the 2020 and 2021 hurricane seasons.
- **Next steps:**
 - Deploy for 2020 hurricane season
 - Conduct end-user training
 - Make available in PULSE Enterprise

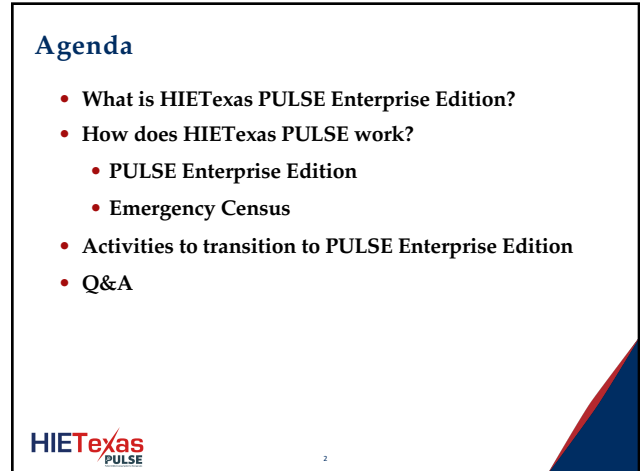
Future Meeting Schedule

- The THSA Collaboration Council meets next on October 22, 2020

Questions?



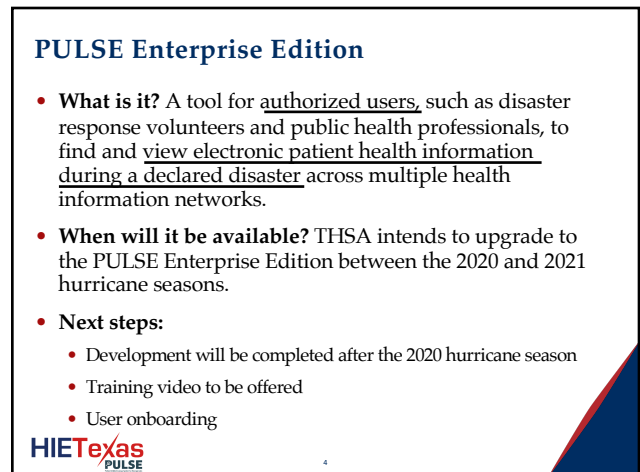
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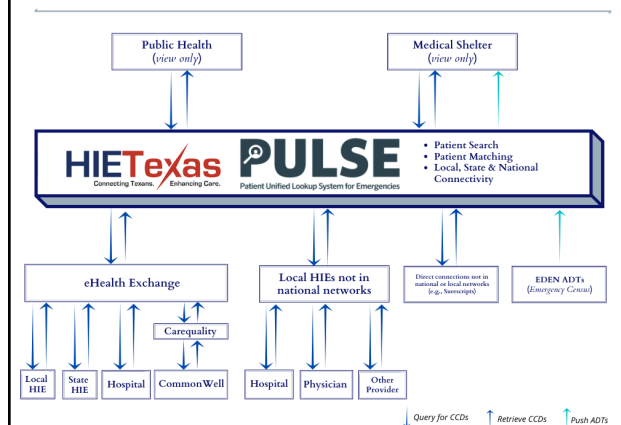
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Emergency Census

- **What is it?** A family re-unification tool. Authorized end users can upload a list of missing persons to determine where a family member has been admitted, discharged and/or transferred across the care continuum during a declared disaster.
- **When will it be available?** Emergency Census is available now.
- **Next steps:**
 - Activation for production use

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HIETexas PULSE Data Flow



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How does HIETexas PULSE work?

How does PULSE work?

- The THSA, in partnership with Audacious Inquiry, implemented PULSE in Texas during the 2020 hurricane season with PULSE COVID.
- After the end of the 2020 hurricane season, we will perform a system upgrade to PULSE Enterprise:
 - **PULSE Enterprise:** a tool for authorized users, such as disaster response volunteers, to find and view electronic patient health information during a declared disaster across multiple health information networks.
 - **Emergency Census:** a tool to support family reunification efforts during declared disasters.

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PULSE COVID v. PULSE Enterprise Edition

PULSE EE provides additional capabilities with respect to PULSE COVID including:

- Based on a commercial user “portal” framework;
- Additional user capacity;
- Improved operational reporting; and
- Integration with push data sources to support integrated family reunification.

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PULSE Enterprise Feature & Enhancement Roadmap

- Single Sign On for secure user authentication
- eHealth Exchange, Carequality, CommonWell, Surescripts, and Custom HIE/HIO connections
- Cached query tracking
- Medication history widget
- Administrative management console
 - User Management
 - ACF Management
 - Reports Management

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Transition to PULSE Enterprise Edition

- Build PULSE EE software
- Build new infrastructure
- Deploy PULSE EE
- Configure PULSE EE (users, regions, etc.)
- Validate proper operation
- Enter into nominal operational mode

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Questions?

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Attachment No. 5

Acronym List

HEALTHCARE INFORMATION TECHNOLOGY ACRONYMS

- **ACO** – Accountable care organization
- **ADT** – Admission/Discharge/Transfer messages
- **ARRA** – American Recovery and Reinvestment Act
- **BA** – Business associate
- **BAA** – Business Associate Agreement
- **C-CCD** – Continuity of Care Document (CCR + CDA became CCD)
- **C-CDA** – Consolidated Clinical Document Architecture
- **CCR** – Continuity of Care Record; similar in content to a C-CCD
- **CDR** – Clinical Data Repository
- **CE** – Covered entity
- **CHC** – Community Health Center
- **CIO** – Chief Information Officer
- **CISO** – Chief Information Security Officer
- **CMIO** – Chief Medical Information/Informatics Officer
- **CMS** – Centers for Medicare & Medicaid Services; federal agency
- **CPOE** – Computerized physician order entry; orders entered/given electronically
- **CSO** – Chief Security Officer
- **CTO** – Chief Technology Officer
- **DSHS** – Texas Department of State Health Services; public health agency
- **EDEN** – Emergency Department Encounter Notification
- **EH** – Eligible Hospital
- **EP** – Eligible Professional
- **eHEX** – eHealth Exchange; a national HIE network
- **EHR** – Electronic health record
- **ELR** – Electronic Lab Reporting
- **EMR** – Electronic medical record; generally used interchangeably with EHR
- **FACA** – Federal Advisory Committee Act
- **FQHC** – Federally Qualified Health Center; a specific kind of community health center
- **FTP** – File Transport Protocol
- **GHH** – Greater Houston Healthconnect
- **HASA** – Healthcare Access San Antonio
- **HHS** – Department of Health and Human Services; federal agency
- **HHSC** – Texas Health and Human Services Commission
- **HIE** – Health information exchange; generally used interchangeably with HIO
- **HIO** – Health information organization; generally used interchangeably with HIE
- **HIMSS** – Healthcare Information Management Systems Society
- **HIPAA** – Health Insurance Portability and Accountability Act of 1996
- **HISP** – Health information service provider

- **HIT** – Health information technology
- **HITECH** – Health Information Technology for Economic and Clinical Health Act
- **HL7** – Health Level 7; non-profit standards developing organization
- **IAPD** – Implementation Advance Planning Document
- **ICC** – Integrated Care Collaboration
- **ICD-10** – International Classification of Diseases, 10th Revision
- **ISO** – International Standards Organization
- **MACRA** – Medicare Access and CHIP Reauthorization Act of 2015
- **MIPS** – Merit-Based Incentive Payment System
- **MU** – Meaningful Use
- **OCR** – HHS Office for Civil Rights; enforces HIPAA
- **ONC** – Office of the National Coordinator for Health Information Technology
- **P4P** – Pay for performance; quality performance payment model
- **PDMP** – Prescription Drug Monitoring Program
- **PdN** – Paso del Norte HIE; (now known as “PHIX”)
- **PHI** – protected health information
- **PHR** – Personal Health Record
- **PIA** – Texas Public Information Act
- **PULSE** – Patient Unified Lookup System for Emergencies
- **REC** – Regional extension center
- **RFA** – Request for Applications
- **RFI** – Request for Information
- **RFP** – Request for Proposals
- **RFQ** – Request for Qualifications
- **RGV HIE** – Rio Grande Valley Health Information Exchange
- **SAMHSA** – Substance Abuse and Mental Health Services Administration
- **SAML** – Security Assertion Markup Language
- **sFTP** – Secure File Transport Protocol
- **SOAP** – Simple Object Access Protocol
- **SDO** – Standards developing organization
- **SOW** – Statement of Work
- **THA** – Texas Hospital Association
- **TMA** – Texas Medical Association
- **VA** – Veterans Administration
- **VHA** – Veterans Health Administration
- **XML** - Extensible Markup Language

Attachment No. 6

List of Disclosed Interests

THSA LIST OF INTERESTS

Name	Interests
Shannon Calhoun	None
Paula Anthony-McMann	<ul style="list-style-type: none"> • Healthcare Information Management Systems Society – member • Academy of Human Resource Development – member • American College of Healthcare Executives – fellow • Texas Hospital Association Foundation – board member • Syndeti, LLC – President (UT Health East Texas is a current client) • Next Wave Health Advisors – Contract Consultant • The University of Texas at Tyler – Adjunct Faculty
Carlos Vital	<ul style="list-style-type: none"> • Member of Texas Medical Association • Member of Harris County Medical Society • Member of Greater Houston Allergy & Immunology Society • Member of South Texas Independent Allergy • Member of Houston Medical Forum • Member of National Medical Association • Assistant Clinical Professor at Texas A&M Medical School Houston, TX • Xolair Speaker for Genentech, Compensated • Fellow, AAAAI • Fellow, ACAAI
Emily Hartmann	<ul style="list-style-type: none"> • Paso del Norte Health Information Exchange – Employee • HIMSS Lubbock Chapter – President of Board of Directors • Strategic HIE Collaborative (SHIEC) – PHIX is a member • eHealth Exchange – PHIX is a Participant • Texas Tech University Health Sciences Center El Paso – Spouse and Mother are employees
Jeff Hoogheem	None
Jerome Lisk	<ul style="list-style-type: none"> • Texas Medical Association • American Academy of Neurology • University of Texas Health Science Center at Tyler • Christus Trinity Mother Frances Hospital
Kenneth James	<ul style="list-style-type: none"> • Texas Association of Health Plans – member through Superior
Leticia Rodriguez	None
Siobhan Shahan	None
Jonathan Sandstrum Hill	None
Calvin Green	None listed
Lourdes Cuellar	None listed
Victoria Bryant	None listed

Salil Deshpande	<ul style="list-style-type: none"> • Member of American Medical Association; American College of Physicians; Harris County Medical Society; Texas Medical Association • Member of Statewide Health Coordinating Council; Texas Health and Human Services Commission's Medical Care Advisory Committee, Drug Utilization Review Board, and e-Health Advisory Committee • Member of the Board of Directors of: Greater Houston Area March of Dimes; The Living Bank; UnitedHealthcare of Texas • Employed by UnitedHealthcare, which has contractual relationships with Texas-based Health Information Exchanges
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STAFF MEMBER INTERESTS	
Name	Interests
George Gooch	<ul style="list-style-type: none"> • Health Care Compliance Association – Member • International Association of Privacy Professionals – Member
Eric Heflin (contractor)	<ul style="list-style-type: none"> • Sequoia Project – employee/CTO and CIO • IHE USA – Board member • IHE International – former board member
Annie Nabers	None

TEXAS HEALTH SERVICES AUTHORITY

STAKEHOLDER INTERESTS

Pursuant to Section 182.053, Health & Safety Code, the governor shall appoint individuals representing the following stakeholder groups to the THSA board of directors:

- Texas local health information exchanges
- Consumers
- Clinical laboratories
- Health benefit plans
- Hospitals
- Regional health information exchange initiatives
- Pharmacies
- Physicians
- Rural health providers
- Any other area the governor finds necessary

Below are the larger healthcare/technology trade associations in the state that many of the above-referenced board members are affiliated with.

Entity	Policies that relate to “THSA or statewide HIE”?
Texas Hospital Association (THA)	None
Texas Medical Association (TMA)	“19. State support for HIE is important. However, state government's primary role should be to foster coordination of HIE efforts, including providing access to funding or other financial incentives that promote the adoption of health information technologies. 20. TMA physicians should support partnerships with nongovernmental entities developing HIE solutions with minimal mandates, but only where it leads to physicians' stewardship of the data they produce, and patients' control over data that may identify them (CPMS Rep. 3-A-07).”
Texas Association of Health Plans (TAHP)	None
Texas Association of Health Information Organizations (TAHIO)	None

Texas Organization of Rural & Community Hospitals (TORCH)	None
Texas eHealth Alliance (TeHA)	<p>“Priority #4- Adoption, Regulation, Oversight, and Coordination of Healthcare IT. We support legislation that enables the efficiencies of free-market forces constrained only by appropriate privacy and confidentiality considerations to promote quality of care and/or reduce cost of care. This specifically includes support for:</p> <ul style="list-style-type: none"> -The mission of the Texas Health Services Authority: to promote and coordinate the development of a seamless electronic health information infrastructure to improve the quality, safety, and efficiency of the Texas health care sector while protecting individual privacy. -Legislation that removes statutory barriers to, or promotes and develops, the widespread adoption of HIE, e-prescribe and electronic medical records. This includes information technology systems at HHS agencies that interface with provider systems using nationally recognized standards to facilitate data sharing, as well as appropriate program and data analysis. -Legislation that encourages the HHS agencies to be full participants in state level health information exchange activities and actively seek opportunities to improve their programs and infrastructure through HIE. -Legislation that encourages innovation in health care service delivery, shortens the time to implementation of new technology-supported approaches to program management, and enables the ability of digital tools to support value-based purchasing.”