

# THSA



TEXAS HEALTH SERVICES AUTHORITY

## **Attachments Document**

### **THSA Board Meeting**

**May 14, 2021**

# **Attachment No. 1**

## **Minutes of the April 2, 2021 Board Meeting**

# TEXAS HEALTH SERVICES AUTHORITY

## VIRTUAL MEETING

[HTTPS://US04WEB.ZOOM.US/J/9305720817](https://us04web.zoom.us/j/9305720817)

PHONE NUMBER: 1-312-626-6799

MEETING ID: 930-572-0817

## BOARD OF DIRECTORS MEETING

FRIDAY, APRIL 2, 2021

10:00 A.M.

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### 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), Paula Anthony-McMann (Secretary), Lourdes Cuellar, Salil Deshpande, Kenneth James, Jerome Lisk, Carlos Vital, Jeffrey Hoogheem (*DSHS ex-officio member*), Siobhan Shahan, Salil Deshpande

### MEMBERS ABSENT

Leticia Rodriguez, Jonathan Sandstrom Hill (Treasurer), Victoria Bryant

### CALL TO ORDER/WELCOME AND INTRODUCTIONS

Ms. Shannon Calhoun, THSA Board Chair, called the meeting to order at 10:04 a.m. Chair Calhoun proceeded to review the purpose of the THSA under Chapter 182 of the Health and Safety Code.

### PRESENTATIONS, REPORTS & UPDATES

#### Presentation by Maxwell Locke & Ritter

Chair Calhoun recognized Ms. Alex Mahan from Maxwell Locke and Ritter to review THSA Annual Financial report. Ms. Alex Mahan reviewed THSA's Annual Audit Report.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve THSA's Annual Audit report. Dr. Salil Deshpande made a motion to approve THSA's Annual Audit report. Dr. Paula Anthony-McMann seconded the motion. The motion was approved by unanimous vote.

### Consideration of November 13, 2020 Board Hearing Minutes

#### **Approval of Minutes from the November 13, 2020 Board Hearing**

BOARD ACTION: Chair Calhoun asked if there were any additions or corrections to the November 13, 2020 Board Meeting minutes. Chair Calhoun asked if there was a motion to approve the November 13, 2020 Board Meeting minutes. Mr. Kenneth James made a motion to approve and was seconded by Dr. Carlos Vital. The motion was approved by a unanimous vote.

### Consideration of January 28, 2021 Finance Committee Meeting minutes:

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the January 28, 2021 Finance Committee minutes. Ms. Lourdes Cuellar made a motion to approve the Financial Committee meeting minutes. Dr. Salil Deshpande seconded the motion. The motion was approved by a unanimous vote.

### Consideration of FY 2021 Q1 financial statement

Chair Calhoun recognizes Mr. Gooch to update the board members on the FY 2021 Q1 Financial Statements. Mr. Gooch reviewed the FY Q1 Financial Statements.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the proposed FY 2021 Financial Statements. Dr. Salil Deshpande made a motion to approve the proposed FY 2021 Q1 Financial Statements. Dr. Carlos Vital seconded the motion. The motion was approved by a unanimous vote.

### Consideration of the THSA 2020 annual report

Chair Calhoun recognizes Mr. Gooch to update the board members on the THSA 2020 annual report. Mr. Gooch reviewed the THSA 2020 annual report.

BOARD ACTION: Chair Calhoun asked if there was a motion to approve the THSA 2020 annual report. Dr. Paula Anthony-McMann made a motion to approve the THSA 2020 annual report. Dr. Salil Deshpande seconded the motion. The motion was approved by a unanimous vote.

## **THSA PROJECTS & PROGRAMS**

### **Update and Consideration of THSA's Projects and Programs**

Chair Calhoun recognized Mr. Gooch to update the members on the THSA's projects and programs. Mr. Gooch updated members on the current status on EDEN, PULSE, and SANER. No action was taken on the updates of THSA's Projects and Programs.

Mr. Gooch updated board members on the updated Privacy Policies and Procedures.

BOARD ACTION: Vice Chair Emily Hartmann asked if there was a motion to approve the updated Privacy Policies and Procedures. Ms. Siobhan Shahan made the motion to approve the updated Privacy Policies and Procedures. Dr. Salil Deshpande seconded the motion. The motion was approved by unanimous vote.

Chair Calhoun recognized Mr. Gooch to update the members on the THSA Collaboration Council. Mr. Gooch updated members on the current status of THSA Collaboration Council. No action was taken on the updates of THSA's Collaboration Council.

#### **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 meeting is Friday, May 14, 2021. No vote or action was taken on this item.

#### **PUBLIC COMMENT**

Chair Calhoun invited public comment from attendees.

No public comment was made.

#### **ADJOURN**

BOARD ACTION: Chair Calhoun asked for a motion to adjourn. A motion was made by Dr. Carlos Vital and seconded by Dr. Jerome Lisk. The meeting adjourned at 11:27 a.m.

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

## **Attachment No. 2**

### **FY2021 Q2 Financial Statements**

**Texas Health Services Authority**  
**Unaudited Statement of Assets, Liabilities and Net Assets-Accrual Basis**  
**As of March 31, 2021**

ASSETS

Current Assets

Cash in bank \$ 3,248,721.98

Accounts receivable 180,000.00

Total Current Assets 3,428,721.98

Property and Equipment:

Computers and equipment 11,062.86

Office equipment 2,734.00

Less: Accumulated depreciation (13,796.86)

Total Property and Equipment -

Other Assets

Security deposits paid 14,277.50

Prepaid Rent 1,811.00

Prepaid insurance 13,393.85

Total Other Assets 29,482.35

Total Assets **\$ 3,458,204.33**

LIABILITIES AND NET ASSETS

Liabilities

Accounts Payable \$ -

Business credit card 9,266.66

Total Current Liabilities \$ 9,266.66

Total Liabilities \$ 9,266.66

Net Assets

Net assets beginning of year 2,862,634.82

Current year net revenues 586,302.85

Total Net Assets \$ 3,448,937.67

Total Liabilities and Net Assets **\$ 3,458,204.33**

**Texas Health Services Authority**  
**Unaudited Statement of Revenues, Expenses and Other Changes in Net Assets-Accrual Basis**  
**For the Six Months Ended March 31, 2021**

	Federal Grant	Non-Grant	
	Related Activity	Related Activity	Total
<b>REVENUES</b>			
STAR HIE Grant Revenue	99,407.00	0.00	99,407.00
HHSC CMS Funding	0.00	2,150,000.00	2,150,000.00
<b>Total Revenues</b>	<b>\$ 99,407.00</b>	<b>\$ 2,150,000.00</b>	<b>\$ 2,249,407.00</b>
<b>EXPENSES</b>			
Personnel costs	-	202,742.47	202,742.47
Employee benefits	-	24,727.48	24,727.48
Travel	-	-	0.00
Consultant	-	43,629.50	43,629.50
Accounting Services	-	3,305.97	3,305.97
Audit and Tax Services	-	18,250.00	18,250.00
Legal Services	-	2,200.00	2,200.00
Comm/Marketing & Web Services	-	1,196.79	1,196.79
State Shared Services	-	1,257,004.16	1,257,004.16
STAR HIE Grant	58,831.00		58,831.00
Office space and expenses	-	26,895.15	26,895.15
Insurance	-	6,258.75	6,258.75
Telephone and Internet	-	830.56	830.56
Other Fees & Expenses	90.75	17,141.57	17,232.32
<b>Total Expenses</b>	<b>58,921.75</b>	<b>1,604,182.40</b>	<b>1,663,104.15</b>
<b>Net Revenues</b>	<b>\$ 40,485.25</b>	<b>\$ 545,817.60</b>	<b>\$ 586,302.85</b>
<b>Current Year Change in Net Assets</b>	<b>\$ 40,485.25</b>	<b>\$ 545,817.60</b>	<b>\$ 586,302.85</b>



**Texas Health Services Authority**  
**Revenues, Expenses to Budget-Accrual Basis**  
**For the Six Months Ended March 31, 2021**

	<b>Actual Activity</b>	<b>Budget</b>	<b>Difference</b>
<b>REVENUES</b>			
STAR HIE Grant Revenue	99,407.00	0.00	99,407.00
HHSC CMS Funding	2,150,000.00	-	2,150,000.00
<b>Total Revenues</b>	<b>2,249,407.00</b>	<b>-</b>	<b>2,249,407.00</b>
<b>EXPENSES</b>			
Personnel costs	202,742.47	250,000.00	(47,257.53)
Employee benefits	24,727.48	45,000.00	(20,272.52)
Travel	-	2,500.00	(2,500.00)
<b>Contractual</b>			
Consultant	43,629.50	67,500.00	(23,870.50)
Accounting Services	3,305.97	5,000.00	(1,694.03)
Audit and Tax Services	18,250.00	13,500.00	4,750.00
Legal Expenses	2,200.00	12,500.00	(10,300.00)
Communications/Marketing	1,196.79	25,000.00	(23,803.21)
Other Consultant Services	-	-	-
State Shared Services	1,257,004.16	1,915,000.00	(657,995.84)
STAR HIE Grant	58,831.00	-	58,831.00
<b>Total Contractual</b>	<b>1,384,417.42</b>	<b>2,038,500.00</b>	<b>(654,082.58)</b>
<b>Other Expenses</b>			
Office space and expenses	26,895.15	-	-
Insurance	6,258.75	-	-
Telephone and Internet	830.56	-	-
Other Fees & Expenses	17,232.32	-	-
<b>Total Other Expenses</b>	<b>51,216.78</b>	<b>52,500.00</b>	<b>(1,283.22)</b>
<b>Total Expenses</b>	<b>1,663,104.15</b>	<b>2,388,500.00</b>	<b>(725,395.85)</b>
<b>Net Revenues</b>	<b>\$ 586,302.85</b>	<b>\$ (2,388,500.00)</b>	<b>\$ 2,974,802.85</b>
<b>Current Year Change in Net Assets</b>	<b>\$ 586,302.85</b>	<b>\$ (2,388,500.00)</b>	<b>\$ 2,974,802.85</b>

## **Attachment No. 3**

### **Meeting Materials from the April 6, 2021 Collaboration Council Meeting**



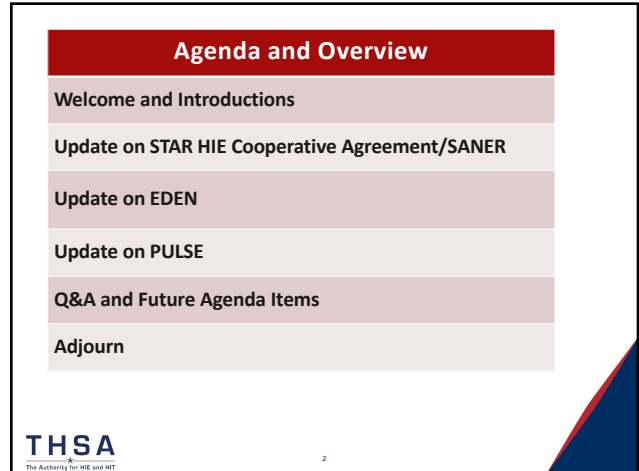
**THSA**  
TEXAS HEALTH SERVICES AUTHORITY

**Collaboration Council Meeting**

**April 6, 2021**  
**10:00 AM – 11:30 AM**

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**Agenda and Overview**

- Welcome and Introductions
- Update on STAR HIE Cooperative Agreement/SANER
- Update on EDEN
- Update on PULSE
- Q&A and Future Agenda Items
- Adjourn

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**Welcome and Introductions**

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**Update on STAR HIE  
Cooperative Agreement/  
SANER Project**

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## Update on STAR HIE/SANER

HIETexas Service	Status
<b>Strengthening the Technical Advancement and Readiness of Public Health via HIE (STAR HIE)</b>	THSA, with sub-awards to Ai and HASA, was recently awarded the ONC STAR HIE cooperative agreement.
<p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>Allow automated collection of situational awareness data (open ICU beds, ventilators, etc.) from Texas hospitals using FHIR standard.</li> <li>Data feeds into a dashboard to be viewed by relevant public health entities.</li> </ul> <p><b>Progress to date:</b></p> <ul style="list-style-type: none"> <li>Receiving feedback from two workgroups – policy advisory group (PAG) and technical advisory group (TAG).</li> <li>Recent presentation at ONC Annual Conference.</li> <li>Release RFP for FHIR App Development.</li> </ul>	

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## STAR HIE – SANER Project

### PROBLEM STATEMENT



#### LACKS DATA STANDARDS

The process by which hospitals transmit capacity (e.g., space, staff, supplies) and capability (e.g., available specialty care) data to public health authorities and emergency response personnel lacks a standard data language and common framework for exchange.

#### INCOMPLETE UNDERSTANDING

This can lead to an incomplete understanding of a given region's acute care capacity and capability.

#### TIME AND RESOURCE INTENSIVE

The current data submission process can be time/resource intensive for hospital staff.

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## STAR HIE Program Cooperative Agreement

### SANER PROJECT VISION



#### COMMON STANDARD FOR HOSPITALS

Fast Healthcare Interoperability Resources (FHIR) can be used as a common standard for hospitals and health systems to share select information.

#### REAL-TIME DATA EXTRACTION

Data can be extracted automatically and in real-time from underlying data systems at both the hospital and regional HIE level.

#### LEVERAGED BY MULTIPLE ENTITIES

Data can then be leveraged by multiple local, state and federal agencies for dashboards, reports and analytics.

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## Update on EDEN

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## Update on EDEN Project

HIETexas Service	Status
Emergency Department Encounter Notification (EDEN)	Building interfaces to local HIEs, hospitals, and providers.

- Current status:**
  - Live and in production now.
  - Establishes basic "push" HIETexas infrastructure to send data to authorized subscribers.
  - Automated query functionality now complete; developing use cases.
- Next steps:**
  - Adding additional capacity for increased number of connections.
  - More data will be available to authorized subscribers for covered persons.
  - Reminder:** CMS e-Notification CoP compliance deadline is **April 30<sup>th</sup>**!

## Connect for Regulatory Compliance

- CMS Interoperability Rule Hospital e-Notification Requirement
  - Starting May 2021, Medicare and Medicaid participating hospitals must make a **reasonable effort to send notifications** to PCPs, post-acute care providers, and a provider as directed by the patient of a patient's inpatient, emergency department, or observation admission, discharge, and transfer.
  - Requirement **applies to all patients**, not just Medicare and Medicaid.
  - Hospitals **can exclusively use an intermediary (EDEN)** to meet this requirement if they desire.
  - **EDEN is a compliant solution**

## How EDEN Supports CMS CoP Compliance

- EDEN's core functionality is the transmission of hospital inpatient, emergency, and observation ADTs
  - We have a growing, likely-unparalleled library of knowledge on how different EMRs label OBS status
  - We have deep experience in PCP and post-acute outreach, education, and connectivity to cover full referral networks efficiently and in a meaningful way
- EDEN supports Patient Assertion
  - EDEN will alert a PCP (or other provider) when a patient is explicitly asked and responds with a specific provider.
  - We fundamentally believe our provider-based assertion approach is superior and will encourage that utilization where possible

## CMS CoP Compliance Reporting

- EDEN will supply an audit report that you can provide to a CMS surveyor demonstrating organizational compliance
- Audit Report Features
  - Percentage (%) of unique ED and IP events, Admit and DC, that result in an alert
  - # of Patient-asserted Alerts generated (this is an absolute #, not a %, given how low this is projected to be).
  - Pareto Analysis of providers actively receiving notifications, such that we can close those gaps.
  - Sample HL7 message demonstrating technical compliance



Top 50 PCPs: Status Report - EITHER EMPANEL OR SEND US AN NP IN THE ADT.  
 PROVIDER NAME (BY SORTING PROVIDER NAME) | NOTIFICATIONS OUT OR NP IN (DIRECT) | JAVAS END#647

# Update on PULSE





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## PULSE Use Case #1- Treatment in Alternate Care Sites

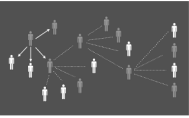
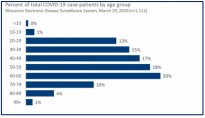
- In disasters, patients often seek care outside of their routine health care settings
  - Shelters, quarantine sites, vaccination clinics, etc.
- Using PULSE, clinical providers in alternate care settings can access health and medication history

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## PULSE Use Case #2: Case Augmentation & Public Health Outreach

Age Group	Number of Patients
0-17	10
18-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85+	90

- During a public health emergency, public health authorities can:
  - Search for patients with infectious disease diagnoses to fill in demographic gaps and identify household members to facilitate outreach and contact tracing strategies.
  - Retrieve clinical documents for a patient with confirmed infectious disease to understand healthcare encounters, comorbidities, medications and other information relevant to epidemiological assessment of the disease.

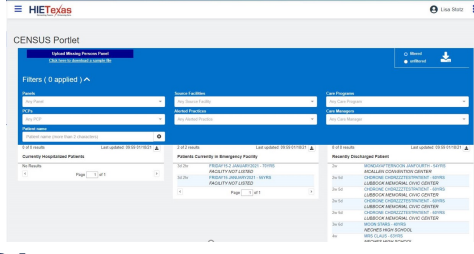



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## HIETexas PULSE Use Case #3: Family Reunification

A family member seeks to gain health, welfare, and location information about another family member

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## Update on PULSE

HIETexas Service	Status
Patient Unified Lookup System for Emergencies (PULSE)	Now live with second generation of PULSE

- Current status:**
  - PULSE Version 1 went live and was ready for use as of Sept. 9, 2020.
  - Deployment was completed on schedule.
  - PULSE Version 2 went live Jan. 21, 2021 (ahead of schedule).
- Next steps:**
  - Offering training and drills,
  - Deploy additional connectivity,
  - Working with the state and their disaster response contractors,
  - Offering PULSE to currently active physicians in Texas, and
  - Deploy two updated versions in 2021.

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## HIETexas PULSE Governance Work Group

- The inaugural meeting of the HIETexas PULSE Governance Work Group was held Mar 23, 2021 at 11:00am CT
- Members represented a diverse stakeholder group including public health, Texas physicians, vendors, payers, and more
- Meeting was well attended and significant engagement occurred
- Future meetings:
  - Jun 21<sup>st</sup> 2:00pm
  - Sep 14<sup>th</sup> 9:00am

HIETexas PULSE Work Group Members	
Members	Staff/Contractors
<ul style="list-style-type: none"> <li>Steve Eichner, Texas Department of State Health Services, Health Information Technology Lead</li> <li>Shannon Vogel, Texas Medical Association, Associate VP, Health Information Technology</li> <li>Rene Lowe, Audacious Inquiry, Senior Manager, HIE Services</li> <li>Nora Belcher, Texas e-Health Alliance</li> <li>Preetha Prithivathi, TME, Director of Quality Improvement</li> <li>Tracy Rico, Superior Health Plan, Director - Telehealth Services</li> </ul>	<ul style="list-style-type: none"> <li>George Gooch, THSA, CEO</li> <li>Katherine Lusk, THSA, Senior Director Strategic Partnerships</li> <li>Annie Nabers, THSA, Director of Operations</li> <li>Wendy Whitaker, THSA, Administrative Assistant</li> <li>Eric Heflin, THSA, CTO/CISO, Work Group Chair</li> </ul>

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## HIETexas PULSE Local HIE Invitation

- Held a meeting Mar 26, 2021 to invite all local HIEs to connect to HIETexas PULSE
- Meeting attended by all local HIEs except HASA and PHIX (both of which are already connected via the eHealth Exchange)
- Interest in connecting expressed by multiple local HIEs
- Follow-up is in process

Meeting Objectives
<ul style="list-style-type: none"> <li>Help all Texans by:                             <ul style="list-style-type: none"> <li>Connecting local HIEs in Texas to HIETexas PULSE</li> <li>As a responder of C-CDAs to PULSE queries; and/or</li> <li>As an ADT data source to PULSE for patient reunification</li> </ul> </li> <li>Help local HIEs by:                             <ul style="list-style-type: none"> <li>Make HIETexas PULSE available as an offering to your community</li> </ul> </li> <li>Help Texas Medicaid by:                             <ul style="list-style-type: none"> <li>Providing better care for evacuees</li> </ul> </li> </ul>

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## Questions?

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**Future Agenda  
Items?**

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**Adjourn**

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# **Attachment No. 4**

## **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
- **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
- **SANER** – Situational Awareness for Novel Epidemic Response Program
- **sFTP** – Secure File Transport Protocol
- **SOAP** – Simple Object Access Protocol
- **SOW** – Statement of Work
- **STAR HIE** – Strengthening the Technical Advancement and Readiness of Public Health Agencies via Health Information Exchange Cooperative Agreement Program
- **THA** – Texas Hospital Association
- **TMA** – Texas Medical Association
- **VHA** – Veterans Health Administration
- **XML** - Extensible Markup Language

## **Attachment No. 5**

### **List of Disclosed Interests**

## THSA LIST OF INTERESTS

Name	Interests
Shannon Calhoun	None
Paula Anthony-McMann	<ul style="list-style-type: none"> <li>• Healthcare Information Management Systems Society – member</li> <li>• Academy of Human Resource Development – member</li> <li>• American College of Healthcare Executives – fellow</li> <li>• Texas Hospital Association Foundation – board member</li> <li>• Syndeti, LLC – President (UT Health East Texas is a current client)</li> <li>• Next Wave Health Advisors – Contract Consultant</li> <li>• The University of Texas at Tyler – Adjunct Faculty</li> </ul>
Carlos Vital	<ul style="list-style-type: none"> <li>• Member of Texas Medical Association</li> <li>• Member of Harris County Medical Society</li> <li>• Member of Greater Houston Allergy &amp; Immunology Society</li> <li>• Member of South Texas Independent Allergy</li> <li>• Member of Houston Medical Forum</li> <li>• Member of National Medical Association</li> <li>• Assistant Clinical Professor at Texas A&amp;M Medical School Houston, TX</li> <li>• Xolair Speaker for Genentech, Compensated</li> <li>• Fellow, AAAAI</li> <li>• Fellow, ACAAI</li> </ul>
Emily Hartmann	<ul style="list-style-type: none"> <li>• Paso del Norte Health Information Exchange – Employee</li> <li>• HIMSS Lubbock Chapter – President of Board of Directors</li> <li>• Strategic HIE Collaborative (SHIEC) – PHIX is a member</li> <li>• eHealth Exchange – PHIX is a Participant</li> <li>• Texas Tech University Health Sciences Center El Paso – Spouse and Mother are employees</li> </ul>
Jeff Hoogheem	None
Jerome Lisk	<ul style="list-style-type: none"> <li>• Texas Medical Association</li> <li>• American Academy of Neurology</li> <li>• University of Texas Health Science Center at Tyler</li> <li>• Christus Trinity Mother Frances Hospital</li> </ul>
Kenneth James	<ul style="list-style-type: none"> <li>• Texas Association of Health Plans – member through Superior</li> </ul>
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"> <li>• Member of American Medical Association; American College of Physicians; Harris County Medical Society; Texas Medical Association</li> <li>• 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</li> <li>• Member of the Board of Directors of: Greater Houston Area March of Dimes; The Living Bank; UnitedHealthcare of Texas</li> <li>• Employed by UnitedHealthcare, which has contractual relationships with Texas-based Health Information Exchanges</li> </ul>
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<b>STAFF MEMBER INTERESTS</b>	
<b>Name</b>	<b>Interests</b>
George Gooch	<ul style="list-style-type: none"> <li>• Health Care Compliance Association – Member</li> <li>• International Association of Privacy Professionals – Member</li> <li>• HHSC eHealth Advisory Committee – Chair</li> </ul>
Eric Heflin	<ul style="list-style-type: none"> <li>• Sequoia Project – employee/CTO and CIO</li> <li>• IHE USA – Board member</li> <li>• IHE International – former board member</li> </ul>
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.

<b>Entity</b>	<b>Policies that relate to “THSA or statewide HIE”?</b>
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

<p>Texas Organization of Rural &amp; Community Hospitals (TORCH)</p>	<p>None</p>
<p>Texas eHealth Alliance (TeHA)</p>	<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"> <li>-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.</li> <li>-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.</li> <li>-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.</li> <li>-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.”</li> </ul>