TEXAS HEALTH SERVICES AUTHORITY

THSA

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ANNUAL REPORT

2024

THSA
The Authority for HIE and HIT

Governor Abbott, Lt. Governor Patrick, Speaker Burrows, and Legislative Committees:

The Texas Health Services Authority ("the Authority") submits an annual report pursuant to provisions within its enabling statute, Chapter 182, Health & Safety Code. This report includes not only a progress update on the Authority's efforts to conduct its mission but also provides a detailed account of the Authority's ongoing efforts to develop a transformative vision for healthcare interoperability in the State of Texas.

We appreciate the state's leadership in creating the Authority to promote, implement, and facilitate the voluntary and secure electronic exchange of health information in the State of Texas. It is our sincere hope that the issues identified in this annual report will serve to improve the health of all Texans.

Respectfully submitted,

Shannon Calhoun
Chair

Katherine Lusk
Vice President Strategic Partnerships
Interim CEO Sept - Dec 2024

Executive Summary

The Texas Health Services Authority, established by the Texas Legislature in 2007, has promoted and developed statewide health information exchange (HIE) infrastructure for Texas over the past 17 years. Through partnership with the Texas Health and Human Services Commission (HHSC), regional HIEs, Medicaid Managed Care Organizations (MCOs), hospitals, health care providers, and other state agencies, the Authority continues to improve the lives of all Texans. Through the development of an HIE infrastructure that connects providers, hospitals, MCOs, and state agencies, all participants in the continuum of care continue to receive greater access to important health data to better support the health care system, improve patient safety, quality of care, and reduce avoidable costs, especially for Medicaid in Texas.

The last quarter of 2024 was busy for the Texas Health Services Authority with the recruitment of a new Chief Executive Officer. George Gooch, the Authority's CEO from April 2016 to August 2024, voluntarily left the Authority for an opportunity with a national organization. Katherine Lusk, Vice President, Strategic Partnerships, served as Interim CEO from September to December 2024. The Board selected Dr. Phil Beckett as the Authority's new CEO. Dr. Phil Beckett assumed the role on January 1, 2025. Prior to this appointment, Dr. Beckett served as CEO of C3HIE, formerly HASA. Prior to C3HIE, Dr. Beckett served as Chief Technology Officer for Greater Houston Healthconnect.

Through the HIETexas Emergency Department Encounter Notification (EDEN) system, the Authority continues to notify providers, hospitals, and MCOs, in real time, when their patients have an encounter at hospitals across Texas. EDEN receives and publishes alerts for patient admissions, discharges, and transfers (ADTs) throughout the state of Texas. These alerts may include encounter type (i.e., emergency department, inpatient, outpatient); as well as additional information, such as updated patient demographics and recent prior admissions. These alerts enable providers to better coordinate care, reduce the risk of declining health conditions, and guide patients toward potentially more appropriate and cost-effective care settings.

Analysis of Medicaid data provided by the Texas Healthcare Learning Collaborative[1] revealed organizations participating in HIETexas EDEN have fewer potentially preventable readmits and emergency department visits, resulting in $5,275,477 in savings for Medicaid. The Authority anticipates growth, thereby increasing the clinical and financial benefits for the Texas healthcare ecosystem.

The Authority continues operations of the HIETexas Patient Unified Look-up System for Emergencies (PULSE) through partnership with Texas Medicaid and the Texas Department of State Health Services (DSHS). PULSE allows disaster response healthcare professionals to query and view patient documents from all connected healthcare organizations. During disasters, HIETexas PULSE serves as a health information exchange platform for alternate care sites that typically have little or no access to electronic health information. The availability of clinically relevant information belonging to individuals displaced by disasters is essential. The access and use of electronic health information is critical to patient quality of care during these times of crisis.

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[1] Texas Healthcare Learning Collaborative

Background

The Texas Health Services Authority, as further described in Chapter 182 of the Texas Health & Safety Code, was created by the Texas Legislature in 2007 to promote, implement, and facilitate the voluntary and secure electronic exchange of health information in Texas.[1] A 14- member Board of Directors appointed by the Governor of Texas, with the advice and consent of the Texas Senate, governs the Authority.[2]

In 2009, the U.S. Department of Health and Human Services announced the State Health Information Exchange Cooperative Agreement Program, which was authorized under the Health Information Technology for Economic and Clinical Health (HITECH) Act, to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care. The program required states to develop strategic and operational plans to guide the establishment and operation of electronic health information networks.

The Texas Health and Human Services Commission (HHSC) applied to the Office of the National Coordinator for Health Information Technology (ONC), now the Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC), for funding under the State HIE Cooperative Agreement Program. Under the application, the Authority was identified as the state-level entity responsible for implementing HIE in Texas, as referenced in Chapter 182 of the Texas Health & Safety Code. Following approval of the application in 2010, HHSC formally partnered with the Authority to complete development of the State HIE Plan to address key issues, including governance, finance, technical infrastructure, business operations, privacy, and cybersecurity.

In 2011, the Texas Legislature, via House Bill 300 (2011, 82R), directed the Authority to establish a process by which a "covered entity," as defined by the Texas Medical Records Privacy Act, may apply for certification of their past compliance with state and federal privacy and security standards.[3] Today this program is known as "SECURETexas: Health Information Privacy and Security Certification."[4]

As the State HIE Cooperative Agreement Program ended, Texas HHSC developed a Medicaid Implementation Advanced Planning Document (IAPD) to submit to The Centers for Medicare and Medicaid Services (CMS) to continue implementation of the State's HIE Plan developed under the State's HIE Cooperative Agreement Program. This program became known as the "HIE Connectivity Project."

In May 2019, the Authority partnered with HHSC to provide HIE infrastructure for improved HIE connectivity, and an event notification system that supports care coordination use cases by providing a statewide platform to notify authorized healthcare entities of their patients' arrival at an emergency department. In 2020, this was expanded to include the HIETexas Patient Unified Lookup System for Emergencies.

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[1] Section 182.051(1)(a), Health & Safety Code
[2] Section 182.053(a), Health & Safety Code
[3] www.THSA.org/privacy-security-certification/
[4] *Id.*

In 2021, funding under the HITECH Act ended, and Texas, among other states, transitioned to funding under Medicaid Managed Information Systems (MMIS) for ongoing maintenance and operations for HIE. To maximize receipt of federal funds, the Authority, in partnership with Texas Medicaid, underwent the Medicaid Enterprise Systems (MES) outcomes-based certificate process in 2024, and is currently awaiting certification.

The Authority's board of directors conducted four public meetings in 2024 to discuss the state of interoperability in Texas, and how HIETexas may continue to drive interoperability forward amongst public and private sectors.

Governance of the Texas Health Services Authority

The governance structure of the Authority is designed to ensure effective oversight and decision-making in pursuit of the Authority's purpose under Chapter 182, Texas Health, and Safety Code. At the core of the Authority's governance is the Board of Directors, comprising 12 voting members appointed by the Governor, with the advice and consent of the Senate, representing diverse healthcare sectors such as consumers, clinical laboratories, health benefit plans, hospitals, regional health information exchange initiatives, pharmacies, physicians, and rural health providers. The Board is further enriched by the inclusion of two ex officio members representing health and human services agencies.

The collaboration between public and private representatives on the Board is vital for fostering a comprehensive understanding of the healthcare landscape. By bringing together diverse perspectives, the Authority ensures that its initiatives are not only aligned with public interests but also benefit from the innovative and strategic insights inherent in private sector expertise. This constructive interaction strengthens the Authority's ability to drive positive changes, advancing the development of a seamless electronic health information infrastructure that enhances patient safety and quality of care for the greater good of all Texans.

In addition to board representation, the Authority also hosts an Interoperability Collaborative. The Interoperability Collaborative stands as a dynamic extension of the Authority's governance structure, playing a pivotal role in advancing the intricacies of healthcare interoperability. Comprising private sector healthcare representatives, this collaborative serves as an invaluable forum for delving into nuanced use cases and addressing the complex challenges associated with seamless electronic health information exchange. Through this specialized initiative, the Authority harnesses the wealth of industry-specific insights and expertise to develop targeted solutions that serve to meet the needs of all Texans. The findings and recommendations generated by the Interoperability Collaborative serve as a detailed and informed resource, enriching the decision-making process of the Board and ensuring that the Authority's strategies are finely tuned to the practical needs and realities of the healthcare ecosystem.

2024 Activities

The Texas Health Services Authority continues to build a network that facilitates exchange among healthcare stakeholders statewide, called "HIETexas," to ensure a patient's health information follows them regardless of where they receive treatment or where the information is stored. the Authority works with regional HIEs in different capacities. C3HIE shares real-time ADTs and Consolidated Clinical Document Architecture (C-CDAs) with HIETexas. Connxus signed an agreement in 2024 to share ADTs. Greater Houston Health Connect and Connected Care Exchange share C-CDAs.

HIETexas EDEN live network includes 169 medical hospitals, 55 post-acute facilities, 7 behavioral health hospitals, 7 urgent care facilities and 8 outpatient facilities. Implementations underway include: 36 hospitals, 17 post-acute facilities and 18 behavioral health facilities. the Authority is actively engaged with 34% of medical hospitals, 60% of post-acute care facilities, and 33% of behavioral health hospitals.

Analysis of data provided by the Texas Healthcare Learning Collaborative (THLC) showed that participation in HIETexas EDEN improved care coordination and decreased cost for the Medicaid population in 2023. HHSC supports the THLC portal to strengthen public reporting and increase transparency and accountability for services provided under the Texas Medicaid System. HIETexas participating hospital data evaluation revealed:

Potentially Preventable Readmits (PPR)

- Star provides benefits for low-income children, pregnant woman and families analysis showed PPR rates lower than target for 65.2% of HIETexas participating hospitals as compared to 49.4% of all others associated with a net positive monetary impact of $522,665.

- Star + Plus provides benefits for adults who have disabilities or are age 65 and older showed a similar pattern with 63.1% of participating hospitals lower than target as compared to 53.3% of others associated with a net positive monetary impact of $708,710.

- Star Health provides benefits for foster children and youth under the age of twenty who are former foster care children showed a smaller impact with one hospital with a rate lower than the State average associated with a net positive monetary impact of $13,316.47.

- Star Kids provides benefits for children and young adults with disabilities. There were 3 HIETexas participating hospitals lower than target and four higher. There was a net negative monetary impact on this group of ($240, 247).

- ***PPR Financial Savings for Medicaid: $1,004,444 = $522,665 + $708,710 + $13,316 + ($240,247)***

Potentially Preventable Emergency Department Visits (PPV)

- Star provides benefits for low-income children, pregnant woman and families analysis showed PPV rates lower than target for 74% of HIETexas participating hospitals as compared to 50.8% of all others associated with a net positive monetary impact of $2,868,620.

- Star + Plus provides benefits for adults who have disabilities or are age 65 and older showed a similar pattern with 77.1% of participating hospitals lower than target as compared to 53.3% of others with a net positive monetary impact of $1,038,050.

- Star Health provides benefits for foster children and youth under the age of twenty showed a similar pattern with 62.1% of participating hospitals lower than target as compared to 41% of others with a net positive monetary impact of $52,929.

- Star Kids provides benefits for children and young adults with disabilities. The trend continued in this population with 67.6% of participating hospitals lower than the target as compared to 43.5% of others with a net positive monetary impact of $311,434.

- ***PPV Financial Savings for Medicaid: $4,271,033 = $2,868,620 + $1,038,050 + $52,929 + $311, 434***

HIETexas enables secure electronic exchange of patient data in near real time, improves health outcomes, saves lives and reduces costs. At the heart of HIETexas is a strong security framework that protects patient data and ensures that patient preferences and privacy are respected. Through partnership with HHSC, the Authority continues to build an HIE network that supports the health care system in Texas and improves patient safety and quality of care.

Continued Partnership with HHSC

The Center for Medicare and Medicaid Services (CMS) approved the Texas Medicaid Health Information Exchange Advanced Planning Document (APD) for the next biennium. The most recent version of the APD provides support for three strategies:

Health Information Exchange Infrastructure

This strategy includes enhancing the state's HIE infrastructure to support connectivity with the state's Medicaid system and assisting entities in implementing connections to HIETexas. This funding will help alleviate a financial barrier to entities' participation in the statewide network. Connections implemented under this strategy include the delivery of data from local HIEs participating in the HIE Connectivity Project and seeking to forward this data to Medicaid and MCOs via HIETexas.

In 2024, the Authority continued to build upon core data query services that enable HIETexas to obtain data from query-based sources, including all activities and capabilities required to deliver C-CDA Transition of Care (ToC) Summaries and EDEN alerts.

Emergency Department Encounter Notifications

EDEN's method of implementation and governance benefits the entire healthcare community. This strategy supports care coordination use cases by providing a statewide platform to notify authorized healthcare entities of their patients' arrival at an emergency department (ED), inpatient admission and discharge from said facilities. The use cases help Texas Medicaid reduce ED utilization and hospital readmissions by enabling better follow-up care. The electronic receipt of data from healthcare organizations and the publishing of alerts to Medicaid Managed Care Organizations, Dental Maintenance Organizations (DMOs), Texas Medicaid and other authorized data recipients accomplishes this objective.

Patient Unified Lookup System for Emergencies

The Authority was originally created in response to the aftermath of Hurricane Katrina in 2006, when individuals receiving healthcare in shelters could not ascertain their medication histories to better inform care. Over a decade later, Hurricane Harvey reinforced the need for statewide HIE to support care for individuals displaced from their homes by allowing their health information to follow them wherever they go, including shelter locations.

End users of HIETexas PULSE utilize a tablet or laptop to securely obtain medical information for patients evacuated to temporary shelter locations such as a stadium, school, or church. This allows authorized emergency services medical personnel, as well as authorized public health professionals, the ability to determine a patient's medical history from connected organizations, providing current medications, allergies, and recent laboratory results.

PULSE also includes a feature known as "Emergency Census," which supports family reunification efforts during disasters. Through Emergency Census, PULSE end users can upload a panel of missing people to search for an individual, automatically, and continuously, against Census View. If a missing person is admitted to the hospital or ED, has checked in or out of an alternate care facility that uses PULSE, or has been discharged from a facility that participates in EDEN, the Emergency Census user will be notified in real-time.

EDEN Use Cases

The Authority continued work on developing EDEN use cases in 2024, including the EDEN Texas Homeless Network and Greater Longview Optimal Wellness use cases. Staff received feedback from the Authority's Interoperability Collaborative, as well as from the Board of Directors.

Texas Homeless Network

Individuals experiencing homelessness can be discharged to a shelter with little notice, thus minimizing the shelter's ability to assure appropriate support services. Managed Care Organizations have been working with the Texas Homeless Network (THN) to coordinate these transitions safely. MCOs are manually referring clients experiencing homelessness to local

shelters. THN has established a process to streamline this coordination.

The Authority has worked on this pilot project with THN, Superior MCO and C3HIE to automate the process using the EDEN network to allow for proper care delivery to the homeless population; and improve outcomes, avoid unnecessary readmissions, and lower healthcare costs.

THN and Superior MCO are in the process of measuring the effectiveness of the pilot project prior to expansion.

Greater Longview Optimal Wellness (GLOW)

GLOW is an "Accountable Community of Health" that brings together stakeholders and community residents together to improve community health and achieve greater equity on a sustainable basis moving away from one-time interventions based solely on a health care delivery system. GLOW Partners work to identify under-resourced individuals who often rely on 911 services such as ambulances and emergency departments for non-emergent needs. These citizens often have transportation and economic challenges. GLOW connects them to appropriate agencies creating a proactive plan to meet their needs without using emergency services.

The Authority provides real-time encounter data for care coordination to GLOW clinicians. The data is also used to measure intervention impact. This initiative started in the fourth quarter of 2024.

Interoperability Collaborative

The Authority's Interoperability Collaborative meets monthly and facilitates workgroup activities between meetings. The Collaborative monthly meeting routinely includes 90 - 100 stakeholders. Invited subject matter experts share their knowledge with stakeholders at the monthly meetings and at the hosted Interoperability Symposium. Below is a high-level description of the workgroups. Attachment A provides a summary of the Collaborative 2024 contributions.

C-CDA Standardization Work Group
Inconsistent C-CDA content is impacting transitions of care in Texas. This workgroup aims to standardize the C-CDA across electronic health record (EHR) platforms and healthcare organizations enhancing clinical information available to the clinician at all levels of health information exchange.

Direct Secure Messaging Work Group
Adoption and use of Direct Messaging as a secure communication platform is affecting access to clinical information for the direct care clinician. This workgroup aims to boost Direct Messaging adoption to streamline administrative processes, ensure accurate and efficient information integration into electronic health records, and eliminate manual methods like faxing.

National Network Work Group

Creating a circle of providers surrounding an individual that is interconnected via interoperability allowing the management of care to reach its most effective stage. This workgroup aims to achieve goals of better access, improved patient satisfaction, and high quality and economical care with care coordination that relies on robust patient data sharing.

Immunization Registry
Create a sharing opportunity so that health care providers can learn from one another and work collaboratively with ImmTrac2 with on-boarding to the State's Immunization Registry.

Standardizing Newborn Screening and Reporting Work Group
Improving the usability and safety of newborn screening data capture including end-user interface with the electronic health record. This workgroup is evolving to include all components of interoperability touching the newborn including naming conventions.

Behavioral Health
Interoperability has a positive impact on patient clinical outcomes and cost reduction in health care, through early detection, care coordination, reduced duplication, reduction of poly pharmacy, closed loop referrals, improved medication reconciliation, and reduction in costly and harmful errors. Behavioral Health is not realizing all the benefits of interoperability. Workgroup goals are to improve the interoperability of information systems used by Behavioral Health providers while protecting patient privacy, adhering to Federal and State Law, utilization of national interoperability standards and recognizing limitations illustrated above.

Conclusion

The Texas Health Services Authority stands at the forefront of driving transformative change in healthcare interoperability through its commitment to advancing health information exchange in the State of Texas. The Authority has diligently implemented and fostered an interoperable statewide HIE infrastructure, exemplified by its HIETexas EDEN and PULSE systems. In partnership with the Texas Health and Human Services Commission), local HIEs, Medicaid Managed Care Organizations, hospitals, health care providers and other state agencies, the Authority continues to accomplish its mission and purpose under Chapter 182, Health, and Safety Code.

The Authority's board of directors, staff, and the Interoperability Collaborative has played a pivotal role in shaping the healthcare interoperability landscape of Texas, ensuring that the Authority's initiatives align with public interests and benefit from the innovative insights inherent in private sector expertise.

Looking ahead, the Authority remains dedicated to its mission, forging ahead with initiatives that not only meet the immediate needs of Texans, but also anticipate and address the evolving challenges in healthcare interoperability. Through ongoing collaboration, the Authority is poised to continue its leadership in shaping the future of health information exchange, contributing to a healthier and more resilient Texas.

Attachment A

Texas Health Services Authority's Interoperability Collaborative

Interoperability Symposium
Open to all at no cost virtual Interoperability Symposium on June 7, 2024, with the following speakers and topics:
- Kathryn Ayers-Wickenhauser, Senior Director of Community Strategy, DirectTrust – **Common Conveyance, Standards, and the Directory Improvement Project**
- Mac McMillan, CEO Emeritus, CynergisTek **– Artificial Intelligence, Are you prepared?**
- Didi Davis, VP Sequoia Project - **Interoperability architecture and Data Usability Project (TEFCA)**
- Liz Johnson, FCHIME, RN-BC, FAAN, CHCIO - **HTI1**
- Steve Eichner, HHSC – **Office of National Coordinator Primer**
- Lucille Palenapa, DSHS Senior Health Informatics Specialist, Texas Department of State Health Services – **eCR Status Update**

Subject matter experts sharing information
- Lucille Palenapa, DSHS and Rachel Allred, Birth Defects DSHS – **Birth Defects Surveillance and Electronic Case Reporting**
- Dr. Susan Fenton, UT Health Houston – **Texas Health Informatics and Technology Consortium: A Texas Workforce Initiative?**
- Craig Newman, Co-Chair HL7 Public Health Work Group on **HL7 Organization and Efforts**
- IMMTRAC2 Team, DSHS – **IMMTRAC2 New Site Onboarding**
- Glen Salcido, TexLa Telehealth Resource Center – **Telehealth Overview and TexLa Resource Center**
- Dr. John W. Loonsk Consulting CMIO, Association of Public Health Laboratories and Shaily Krishan, MPH, Manager, Surveillance and Informatics Program, Council of State and Territorial Epidemiologists (CSTE) on **Aspects of eCR for Newborn Screening and eCR for Birth Defects**
- Wendy Ward, Director of Advocacy and Policy for The Immunization Partnership – **Immunization Activities Across Texas**
- Martin Prahl, Social Security Administration – **The Benefits your Patients and Organizations Could Receive by Sharing with SSA**
- Dr. Joseph Schneider, Children's/Parkland / UTSW - **Improving Patient Matching in Infants and Newborns**
- Sheila Banyai, UT Health Houston– Summary of the 2024 NIST Summit, **Safeguarding Health Information through HIPAA Security & HIPAA Privacy Law Changes**

C-CDA Standardization
- **Sequoia Project Data Usability** Taking Root initiative including the Tiger Team to tackle laboratory test results. Remarked on Data Usability Implementation Guide V2.

Encouraged adoption of Sequoia Project Data Usability Implementation Guide, V1, De-duplication of Problems, Allergies, Medications, and Immunizations.

- **Discharge Summary C-CDA** supported by HL7 January 2024 consensus for inclusion with certified EHR products.
- **Maternal Health:**
  - Developed Antepartum Summary Progress Note Document including clinical elements.
  - Commented on USCDI V5, USCDI + & USCDI 0 regarding maternal health data elements.
  - Participated in the HL7 Structured Documents Workgroup, Improving Maternal Health at the HL7 IAT on 8.07 – 8.08.2024.
  - Working collaboratively: Health Services of North Texas (eCW) & Texas Health Resources (Epic) and Austin Regional Clinic (Epic) and Ascension (Oracle).
- **Patient Matching**
  - Developed patient matching data element matrix used for patient matching by vendors, HIEs and payers.
  - Encouraged adoption of AHIMA Naming Framework and utilization of Driver's License number in patient matching.
  - Communicated to EHR vendors encouraging use of AHIMA Framework and Driver's License number for patient matching.
  - Communicated to EHR vendors changes in Tx Statutes allowing use of Driver's License number to auto-populate registration.

Direct Messaging
- Published the Direct Messaging Toolkit:
  - Removing the Noise in the EHR Guidance
  - Direct Messaging Infographic
  - Direct Messaging Tips
  - Provider Database Policy
  - Updating NPPES
  - What is a Direct Address Blog by Tracy Swoboda
- Trusted Instant Messaging Workgroup explores cross platform HIPAA compliant communication via the TIM + standard.
- Monitoring Direct Secure Messaging Addresses with continued increase.

National Network Adoption
- Recommended adoption of Plain Language for Patient Portals
- Encouraging and Monitoring National Network Adoption
- Developed National Network Participation Pathway
- Encouraged and monitored Electronic Case Reporting (eCR) adoption.
- Increase from 7,237 national network participants in 02.2023 to 8,510 in 2024.

Immunization Registry / IMMTRAC 2
- Works collaboratively to improve data sharing between healthcare facilities and the State's Immunization Registry.
- Feedback precipitated site registration changes. The site may register 1 month ahead of time for testing. Exceptions can be made for 2 months with a trusted site.

- Feedback used with IMMTRAC 2 team 13-module training tool.
- IMMTRAC2 team developed and posted an FAQ based on feedback from the workgroup.
- Communicated to ONC HITAC concern regarding HTI 1 vendor compliance due to Texas Immunization consenting process with potential negative impact due to negative reporting of errors for Texas healthcare facilities identified.

Standardizing Newborn Screening, Reporting and Matching
- Worked with DSHS, Birth Defects Registry and CDC to include all twelve conditions of Critical Congenital Heart Disease for eCR capture. This allows near real-time alerting of the Birth Defects of CCHD, allowing families increased access to services.
- Identified that patient matching with newborns was problematic:
    o Working initially with Epic to standardize due to the high number of NICU beds statewide (Dallas, Plano, Houston, Cook, and Driscoll)
    o Recommending AHIMA Naming Framework for adoption statewide. Dr. Joe Schneider shared at the Texas Epic Collaborative, electronic Health Advisory Committee.
    o Developed a survey to ascertain how newborn names are captured for patient matching.

Telehealth and PCPs
- Exploration continues with national telehealth professional organizations for discussion.
- Engaged Texas Medical Association HIT Committee and Texas Hospital Association in the discussion.
- Met with TexLa Telehealth Resource Center housed at Texas Tech on 1.23.2024.
- TexLA Telehealth Resource Center and Texas Child Health Access Through Telemedicine (TCHATT) are encouraging sharing of information.
- Little progress made however hope is not lost.

Death Registry Automated Feedback
- Confirmed Texas Statute governing release of information.
- Contacted TMA and THA about potential to update Texas Government Code 552.115.
- Confirmed that Epic Developers were interested in working with Texas.
- Met with CDC/DDPHSS/NCHS/DVS to understand CDC involvement with Death Registry and to explore opportunities to standardize nationally. The value of a national effort for death reporting with a feedback loop acknowledged.
- Exploration by The Texas eHealth Alliance (Nora Cox) continues.
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Behavioral Health Barriers to Interoperability
- Adopted charter. Identified need to include inpatient and outpatient services.
- Identified duplicate and redundant documentation requirements.
- Reviewed Senate Bill 640 which was a survey of behavioral health interoperability and discussed funding opportunities for behavioral health organizations.
- Determined that the Licensed Mental Health Associations (LMHAs) use a certified EHR as such they have Direct Secure Messaging Capability. This group will explore Direct Messages between hospitals and LMHAs. DHR has volunteered to be the pilot hospital and members of the workgroup are determining if State Hospitals can participate. The

group is developing a list of data elements that should be included in a referral. The next steps will be determining pilot LMHAs and vendor capability.