TEXAS HEALTH SERVICES AUTHORITY

THSA

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ANNUAL REPORT

2025

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

Phil Beckett, PhD
Chief Executive Officer

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 18 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 year started off with THSA's new CEO, Phil Beckett, assuming his role on January 1, 2025, with five objectives: 1) Breakdown data silos, 2) Evaluate technology underpinnings, 3) Active engagement with Sunset Process, 4) Grow Interoperability Collaborative and 5) Invest in SecureTexas. These objectives support the goals set forth in 2007 by the Texas Legislature.

1) Breakdown Data Silos:
The approach represents a shift from proprietary data silos to an open, patient-centered ecosystem where interoperability serves the great good of Texans with a unified interoperability fabric that puts patient care first while preserving room for innovation in HIE services, reporting and analytics. Discussions were held with regional HIEs leaders resulting with a signed agreement for a bi-directional exchange of information with C3HIE regional HIE simplifying data exchange across Texas with one pipe, one contract and one connection. Discussions are ongoing with remaining HIEs with an open offer to participate.

Data exchanges discussions were also held with HIE networks outside of Texas; the eHealth Exchange, Arkansas SHARE and New Mexico SYNCRONYS. An agreement was signed with the eHealth Exchange, a national network and Qualified Health Information Network with the Trusted Exchange Framework and Common Agreement operating as the national framework for health information sharing in November 2025 with kickoff starting in December. Agreements with Arkansas and New Mexico were signed early January 2026 with planning underway for bi-directional sharing of information based on patient's zip code.

2) Evaluate Technology Underpinnings:
Request for proposal process was completed providing THSA more technical oversight with HIETexas EDEN. The communications platform change moved THSA to a Microsoft non-profit offering with additional security services at no cost. Both moves provide additional functionality at a decreased cost.

3) Active Engagement Sunset Process:
Completed self-evaluation, established working relationship with Sunset Coordinators and participated in the General Overview Meeting.

4) Grow Interoperability Collaborative:
The Collaborative Stakeholders contributions with standardization that improved data usability across Texas highlights were standardizing Newborn Naming Conventions, Maternal Health OB Flowsheet availability and statute changes with Death Data availability. Three new workgroups were launched

A) Data Integrity working with Catalyst, large primary care network resolving data integrity

challenges with health information exchange across organizations and vendor platforms

B) Medication Reconciliation with Pharmacists - Medication reconciliation (MedRec) is a critical patient safety process shown to reduce medication discrepancies, adverse drug events, and preventable hospitalizations. However, Texas health systems face significant challenges that limit the reliability and consistency of MedRec, including but not limited to, technological solutions, provider workflows including clinician resources, inconsistent workflows across care settings, limited access to external medication data, and barriers to interoperability with community pharmacies and outside providers. These gaps result in inaccurate medication histories, workflow inefficiencies, and safety risks for patients during care transitions.

C) Laboratory Data Normalization - The current state of laboratory interoperability is inconsistent and variable. Trending laboratory test results across the care continuum is desirable, requiring a unique value or LOINC code to be assigned to the laboratory result. When local codes are used instead of LOINC or no LOINC - clinical communication is impacted within the longitudinal medical record. Availability and/or accuracy may be an impediment.

5) Invest in SecureTexas

Healthcare organizations face unprecedented cybersecurity threats, with ransomware attacks increasing by over 100% in recent years. Small and rural healthcare facilities are particularly vulnerable due to limited resources and cybersecurity expertise. Simultaneously, the cybersecurity workforce shortage continues to grow, with an estimated 3.5 million unfilled cybersecurity positions globally. There is a need to educate current healthcare professionals to manage cyber risks within their organizations and for academic institutions to deliver practical training opportunities preparing students for real-world challenges while addressing industry needs.

Investing in SecureTexas brings together Texas academic institutions, DirectTrust (nonprofit security experts) as an innovative multi-sector collaboration designed to strengthen cybersecurity resilience across Texas healthcare organizations by equipping current healthcare professionals with new leadership skills in healthcare enterprise cyber risk management through professional education, offering real world experiences to cybersecurity students to help grow our workforce and provide practical and affordable support to healthcare organizations for cybersecurity assessments and remediation aligned with HHS 405(d) Health Industry Cybersecurity Practices (HICP).

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 $8,679,115.96 in savings for Medicaid. THSA 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

January 2025, Phil Beckett joined THSA as the chief executive officer.

The Authority's board of directors conducted four public meetings in 2025 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.

2025 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. Real time Admission Discharge Transfer (ADT) and Consolidated Clinical Document Architecture (C-CDAs) are routed to HHSC from C3HIE and Healthconnect Texas, previously Greater Houston Health Connect with Connected Care Exchange sharing C-CDAs. Connxus signed an agreement in 2024 to share ADTs with THSA. C3HIE and THSA entered into a bi-directional data sharing agreement in November of 2025.

An Agreement with the eHealth Exchange was signed in November 2025 that will support bi-directional exchange of ADT data supporting a record locator service for clinicians caring for Texans wherever they may seek clinical services. Bidirectional ADT exchanges based on patient zip codes with Arkansas and New Mexico State HIEs was signed in early January 2026. Further breaking down data silos.

HIETexas EDEN live network includes 199 medical hospitals, 61 post-acute facilities, 10 behavioral health hospitals, 7 urgent care facilities and 8 outpatient facilities. Implementations underway include: 42 hospitals, 13 post-acute facilities and 32 behavioral health facilities. the Authority is actively engaged with 40% of medical hospitals, 6% of post-acute care facilities, and 64% of behavioral health hospitals.

Analysis of data provided by the Texas Healthcare Learning Collaborative (THLC) showed participation in HIETexas EDEN improved care coordination and decreased cost for the Medicaid population in 2024. 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 66.1% of HIETexas participating hospitals as compared to 48.5% of all others associated with a net positive monetary impact of $2,239,615.85.

- Star + Plus provides benefits for adults who have disabilities or are age 65 and older showed a similar pattern with 63.2% of participating hospitals lower than target as compared to 46.7% of others associated with a net positive monetary impact of $1,282,579.71.

- 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 7 hospitals with a rate lower than the State average associated with a net positive monetary impact of $251,949.42.

- Star Kids provides benefits for children and young adults with disabilities. THSA participants showed 59.3% lower than target as compared to 37.9% of others associated. There was a net positive monetary impact on this group of $595,969.45

- ***PPR Financial Savings for Medicaid: $4,370,114.43 = $2,239,615.85 + $1,282,579.71 + $251,949.42 + $595,969.42***

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 56.3% of HIETexas participating hospitals as compared to 37.8% of all others associated with a net positive monetary impact of $2,616,384.47.

- Star + Plus provides benefits for adults who have disabilities or are age 65 and older showed a similar pattern with 61% of participating hospitals lower than target as compared to 40.3% of others with a net positive monetary impact of $1,315,538.74.

- Star Health provides benefits for foster children and youth under the age of twenty showed a similar pattern with 54% of participating hospitals lower than target as compared to 39.6% of others with a net positive monetary impact of $50,357.79.

- Star Kids provides benefits for children and young adults with disabilities. The trend continued in this population with 58.3% of participating hospitals lower than the target as compared to 41.5% of others with a net positive monetary impact of $326,720.53.

- ***PPV Financial Savings for Medicaid: $4,309,001.53 = $2,616,384.47 + $1,315,538.74 + $50,357.79 + $326,720.53***

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.

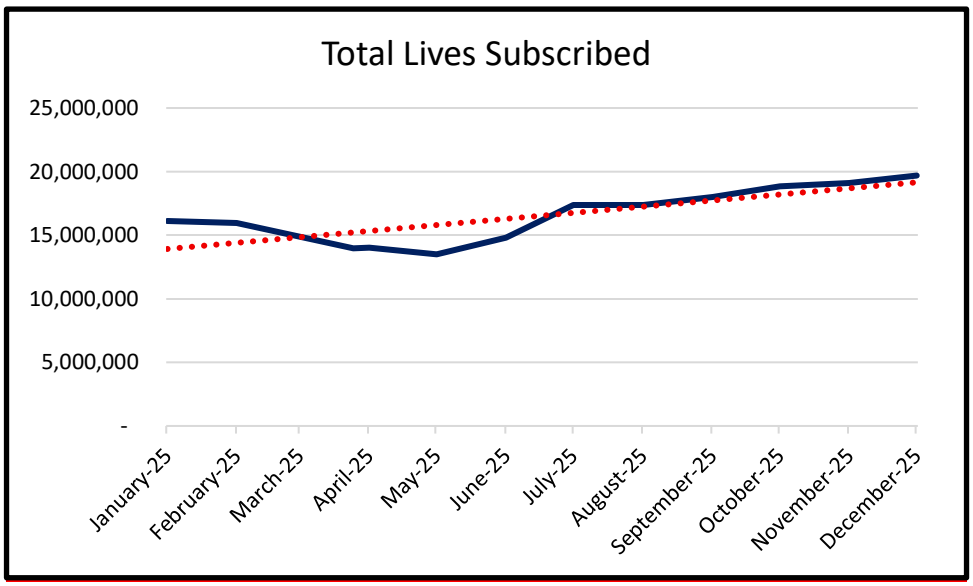
Connections implemented under this strategy include the delivery of data from local HIEs participating in the HIE Connectivity Project and seeking to forward this data to Medicaid and MCOs via HIETexas.

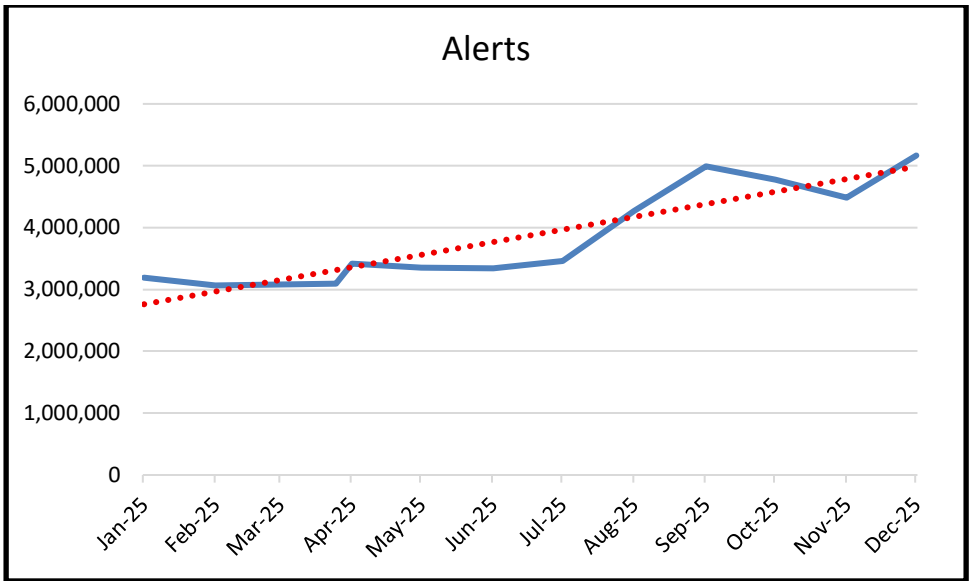
In 2025, the Authority continued to build upon core data query services that enable HIETexas to obtain data from query-based sources, including all activities and capabilities required to deliver C-CDA Transition of Care (ToC) Summaries and EDEN alerts.

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.

HIETExas EDEN provided alerts to clinicians on 19,688,299 lives with 46,597,845 alerts sent. The number of subscribers and alerts sent continued to grow throughout 2025.





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.

PULSE Use Cases were expanded in 2025 to include local disasters including hospitals under cybersecurity attack, tornadoes, wildfires and large public gatherings.

EDEN Use Cases

The Authority continued work on developing EDEN use cases in 2025, 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.

The Authority worked on a pilot project with THN, an 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.

The Texas Homeless Network engaged with the Episcopal Foundation in 2025 to assist with formalizing goals of data sharing, measuring impact and designing workflow. THSA is standing ready to support future initiatives.

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 management services (EMS).

A challenge identified in year one of the GLOW Project was that the manual data collection processes were not sustainable. The Authority provides real-time encounter data for care coordination to GLOW clinicians and measuring the impact of services. GLOW showed a reduction with EMS, emergency department visits and hospital admissions in Year 2 analysis completed by the Institute for Health Innovation, Data Science, and Research, The University of Texas at Tyler School of Nursing, December 2025.

"Substantial development was the work with HIETexas to promote access to these data from one regional hospital. The goal for longer term is to expand of the use of HIETexas within the regional for additional interoperability of data for GLOW"

Interoperability Collaborative

The Authority's Interoperability Collaborative meets monthly and facilitates workgroup activities between meetings. The Collaborative monthly meeting includes 90 - 100 stakeholders. Invited subject matter experts share their knowledge at monthly meetings and at

the Interoperability Symposium. Below is a high-level description of the workgroups. While the Collaborative accomplished much in 2025 the major accomplishments were: Standardized Newborn Naming Conventions, Maternal Health OB Flowsheet electronic availability and Death Registry availability with Senate Bill 1467. There were three new workgroups launched as well: Data Usability, Laboratory Test Data Normalization and Medication Reconciliation – Pharmacists. Attachment A provides a summary of the Collaborative 2025 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.

Newborn Informatics
Improving the usability and safety of newborn data capture inclusive of all components of the newborn record with a goal of data normalization across platforms improving the end-user interface with the electronic health record.

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.

Death Registry Data Sharing
Healthcare practitioners lack of knowledge of patient death leads to several problems: 1)

Repeated trauma to the families of decedents with inappropriate and unnecessary contract regarding post-discharge care, follow-up appointments or prescription renewals. 2) Potential for inappropriate medication refills and gaps in care. 3) Privacy concerns open patient portals or identity fraud. 4) Failed healthcare facility improvement activities related to patient outcomes and efforts to improve care for future residents of the State.

Data Usability

Clinicians experience information overload with outdated information, duplicate information received from Direct Messaging, fax and query response and the same information received from different organizations with differing date / time stamps. This workgroup brings clinicians together across all venues working collaboratively to resolve.

Medication Reconciliation – Pharmacists

Medication reconciliation is a critical patient safety process shown to reduce medication discrepancies, adverse drug events and preventable hospitalizations. Challenges that limit the reliability of medication reconciliation include technological solutions, provider workflows including clinician resources, inconsistent workflows, limited access to external medication data, and barriers to interoperability with community pharmacies and outside providers.

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 and Interoperability Collaborative. 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

Mini Interoperability Symposium

Open to all at no cost virtual Interoperability Symposium on February 13, 2025, with the following speakers and topics:

- Kathryn Ayers-Wickenhauser, Chief Strategy Officer, DirectTrust – **DirectTrust and TEFCA**
- Chantal Worzala, Vice President and Didi Davis, Vice President of the Sequoia Project – **Sequoia Project Interoperability Matters**
- Nora Cox, CEO Texas eHealth Alliance – **HIT and the Texas Session**
- Phil Beckett, CEO Texas Health Services Authority – **THSA's Vision and TEFCA**

Subject matter experts sharing information

- 3.12.2025: High-level overview of the Texas Vaccines for Children (TVFC)/Adult Safety Net (ASN) program and Vaccine Allocation and Ordering System (VAOS) – ImmTrac2 Team
- 4.09.2025: Newborn Naming Conventions, Dr. Joe Schneider, UTSW / Parkland
- 5.14.2025: Cybersecurity, Leanne Fields, UT Austin
- 8.13.2025 - Alzheimer's Organization on CMS 2025 Age-Friendly Hospital Measure, Elise Passy, Alzheimer's Association
- 10.08.2025 - Transition to the Centralized Tooling Approach, Joel Hartsell, PhD, MPH, CPDHTS, eCR, APHL Contractor
- 11.12.2025 - Value of Department DSM Addresses and Improving Directory Lookups, Lisa Nelson DirectTrust
- 12.10.2025 - Overview of CMS Quality Innovation Network contract, resources, and services available to the Texas community, Kara Maierhofer, TMF Health Quality Institute (formerly Texas Medical Foundation)

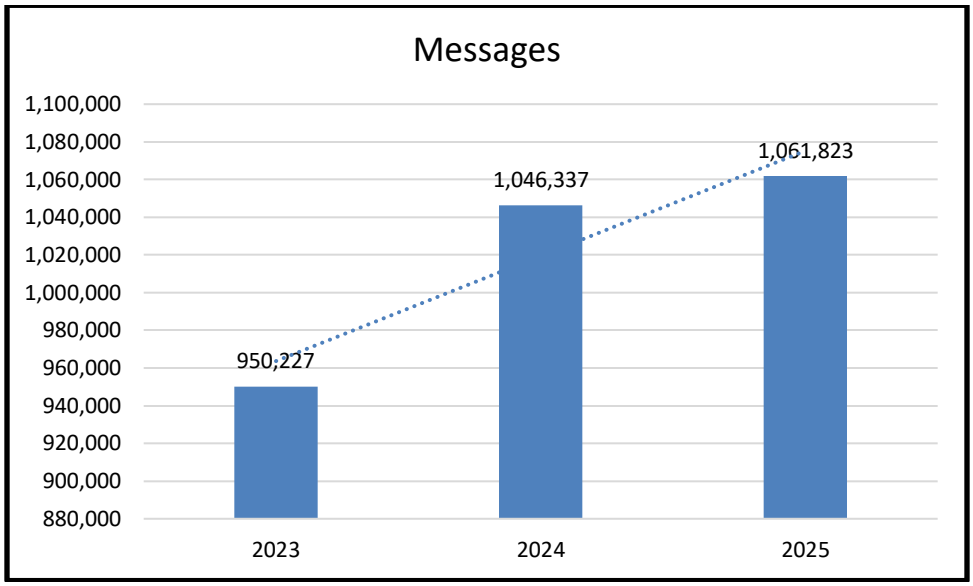
C-CDA Standardization

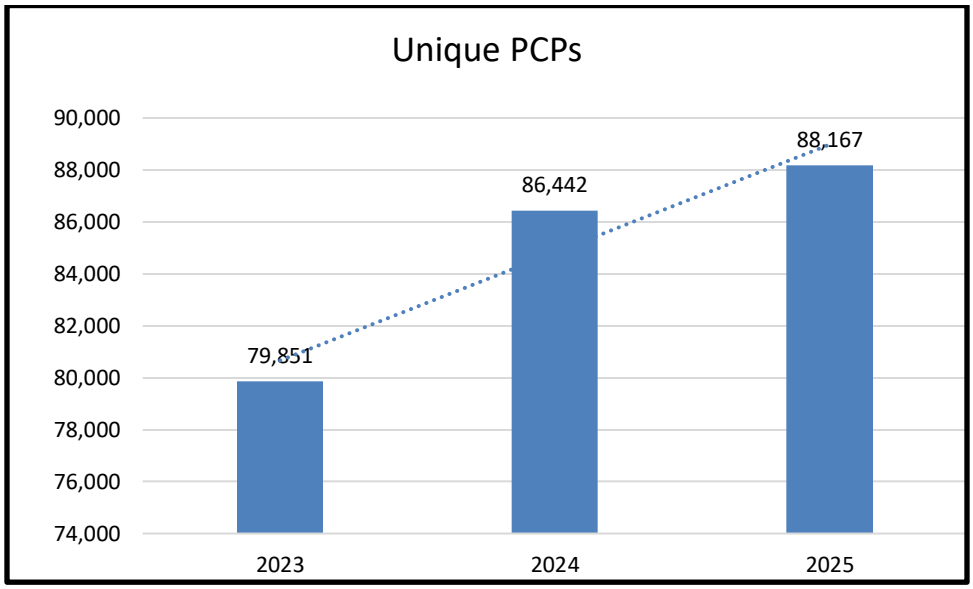
- **Maternal Health – OB Flowsheet**
  - Participated in the HL7 Structured Documents Workgroup, Improving Maternal Health at the HL7 IAT on 3.19-20.2025 and 7.31.2025
  - Electronic response to query for OB flowsheet within clinician's workflow and eliminating faxing for the responding organization. The cost to the outpatient service provider to fax the OB Flowsheet is $9.30 labor costs or 40 minutes in lost productivity. The Collaborative worked to standardize the clinical content within the OB Flowsheet and the unique code (LOINC) that normalizes data flow across EHR vendor platforms allowing the OB Flowsheet to be electronically available eliminating the need for faxing. Estimated Impact across Texas: 389,806 live births in 2022 (Texas Health Data - Live Births). Streamlining the process, providing the information electronically can save **259,871 hours in unproductive time or $2,416,797.20 in salaries.**
- **Sequoia Project Data Usability** Taking Root initiative including the Tiger Team to tackle laboratory test results.

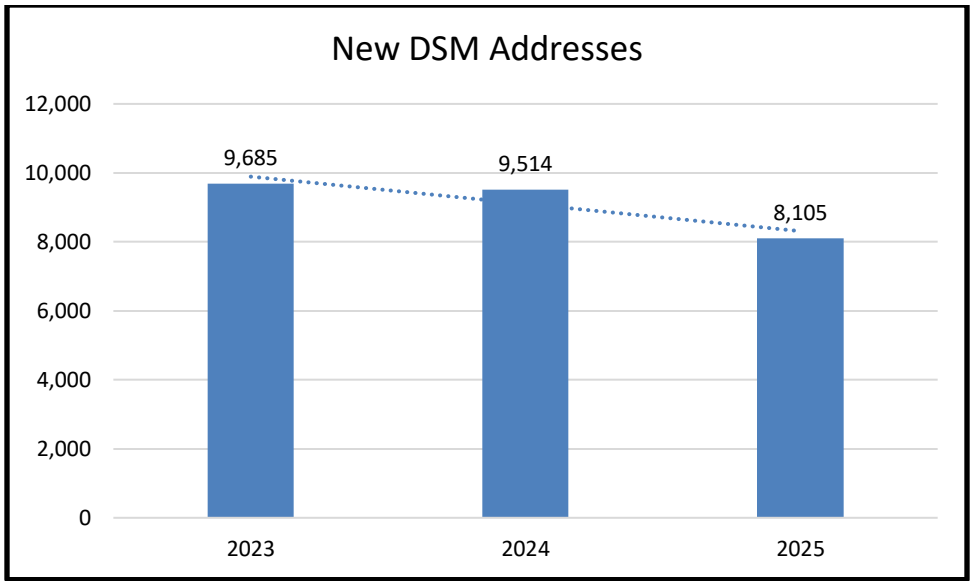
- **Reached consensus on Hemoglobin A1-C LOINC code 4548-4 for data normalization across organizations.**
- **Encouraged using HL7 Guidance on LOINC Codes for C-CDAs.**

Direct Messaging

- Updated Directory Policy
- Publication with Applied Clinical Informatics – *Improving Direct Secure Messaging through Directory Management.*
- Monitoring on-going efforts positive impact – Messages & Unique PCPs continue to grow with new addresses declining.







National Network Adoption

- National Network Participation Summary updated
- Requested THSA offer "Interoperability Office Hours"
- Monitoring TEFCA growth
- National Network Adoption moved from 8,510 in 2024 to 8,524 in 2025

Immunization Registry / IMMTRAC 2

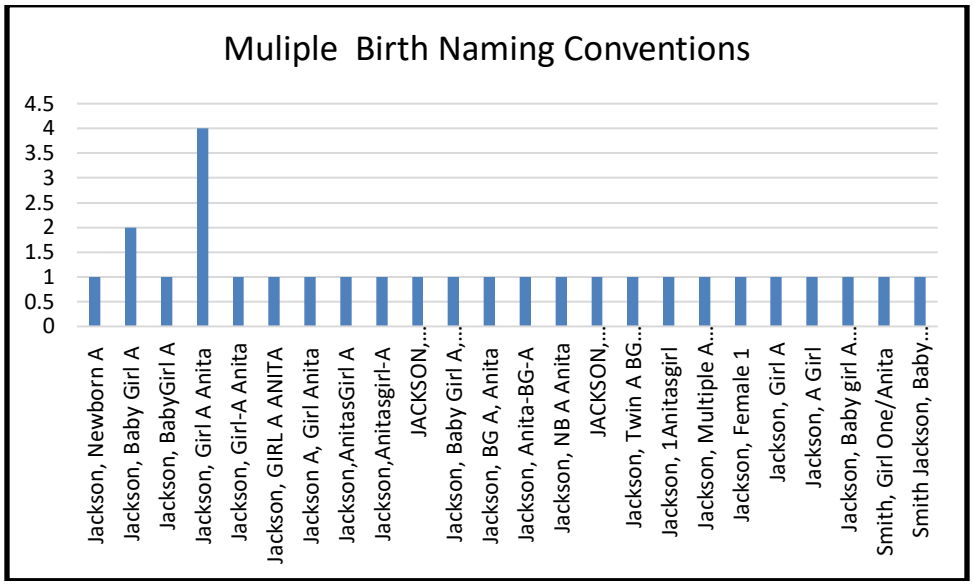
- Forum for open communication and resolution of stakeholder identified problems. Immtrac2 site registration changes, Immtrac 2 developed 13 module training tool and initiated office hours.

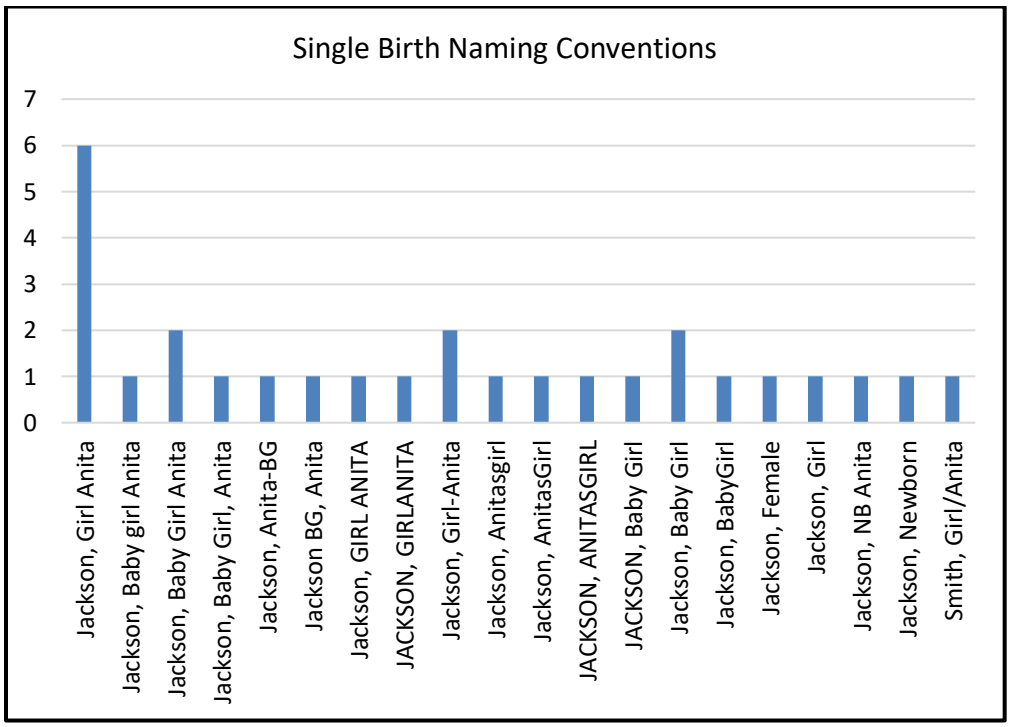
Newborn Informatics

- Identified that patients matching with newborns was problematic due to non-standard temporary naming convention for newborns.
- Partnered with American Health Information Management Association, National Association of Healthcare Access Managers on a Standardized Naming Convention for Newborns.

Singleton		
First Name	**Middle Name**	**Last Name**
GIRLKatherine		Miller
BOYKatherine		Miller
BABYKatherine		Miller

Multiple Birth		
First Name	**Middle Name**	**Last Name**
GIRL1Maria		Garcia-Lopez
BOY2Maria		Garcia-Lopez
BABYMaria		Garcia-Lopez





Death Registry Automated Feedback

- Senate Bill 1467 passed and went into effect on 9.01.2025 allowing trauma hospitals access to death data
- Awaiting HHSC path for adoption

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Behavioral Health Barriers to Interoperability

- Developed Behavioral Health C-CDA
- Applied for Chickasaw Foundation Behavioral Health Grant but unfortunately did not receive

Data Usability

- Pulled together large healthcare organizations with 3 distinct EHR vendors to work collaboratively with a large PCP network on resolving data usability issues
- Explored and resolved early adoption of TEFCA information overload