

THSA

Texas Health Services Authority

INTEROPERABILITY COLLABORATIVE 2025 SUMMARY

PHIL BECKETT, CEO

Texas Health Services Authority Announces Appointment of Phil Beckett as New CEO

Beckett to Strengthen Infrastructure and Partnerships for Enhanced Healthcare Interoperability Across Texas

AUSTIN, Texas (December 9, 2024) – Texas Health Services Authority (THSA) proudly announces the appointment of Phil Beckett as its new CEO, effective January 1, 2025. Beckett will lead THSA in its mission to advance secure, efficient, and impactful health information exchange across the state.

Beckett brings 15 years of HIE experience to the position, having worked previously as CTO at Greater Houston Healthconnect and CEO at HASA, now C3HIE.

In his new role, Beckett will be working with THSA stakeholders including government, HHSC, HIEs and CBOs, health plans, trade organizations, academic organizations, and for-profit partners across Texas. His vision is to leverage Texas' robust HIE infrastructure to create scalable solutions tailored to local needs while fostering a unified approach to governance, standards, technology, and security.





The THSA Interoperability Collaborative is a multidisciplinary, vendor agnostic collective that works cooperatively to identify barriers to safe, secure exchange of clinical information to improve care delivery, streamline administrative processes, and decrease cost through trusted cooperation.

Interoperability and data usability as a foundation for patient safety.

Stakeholder Workgroups:

1. Standardizing C-CDA
2. Direct Messaging Adoption
3. National Network Adoption
4. Immunization / IMMTRAC2
5. Newborn Informatics
6. Death Registry Data Sharing
7. Behavioral Health Barriers to Interoperability
8. Data Usability
9. Medication Reconciliation - Pharmacists

SUBJECT MATTER EXPERTS SHARING

- 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)

MINI INTEROPERABILITY SYMPOSIUM

Mini Interoperability Symposium held Thursday, February 13, 2025

Topics:

1. Chantal Worzala, Vice President and Didi Davis, Vice President The Sequoia Project – Sequoia Project Interoperability Matters
2. Nora Cox, CEO TeHA – HIT and the Texas Session
3. Kathryn Ayers-Wickenhauser, Chief Strategy Officer, DirectTrust – DirectTrust and TEFCA
4. Phil Beckett, CEO THSA – THSA's Vision and TEFCA

No cost, virtual with 115+ individuals participating. Positive feedback after the event.

STAKEHOLDER FEEDBACK

- CMS Request for Information, 6.16.2025
- Texas Senate Bill 1188, stakeholder feedback sessions held for rule making. Information shared with Texas Hospital Association and Texas Medical Association.
- USCDI V6 commented 9.27.2025:
  - Newborn Naming Conventions
  - Behavioral Health C-CDA content
  - Transfer Summary Note

C-CDA STANDARDIZATION

Problem:

Inconsistent CCDA content is impacting transitions of care in the Texas community.

Although C-CDA was implemented to make data transfer between various EMR/EHR easier, that is not always the case. C-CDA data received by the clinical community is inconsistent creating frustration with the community and lack of trust in the data received.

The final goal of this project is to recommend clinical content to be included in the C-CDA that can be implemented as a standard throughout Texas.



C-CDA STANDARDIZATION

- **Austin Regional**
- **Texas Health Resources**
- **Driscoll**
- **UT Austin**
- **Titus Regional**
- **Ascension Health**
- **United Regional**
- **Children's Dallas**
- **Epic**
- **Oracle**
- **HCA**
- **Sequoia Project / Carequality**
- **CommonWell**
- **NextGen**
- **HHSC**
- **Baylor Scott and White**
- **C3HIE**
- **PHIX**

Actions

1. **Sequoia Project Data Usability Taking Root** initiative including the Tiger Team to tackle laboratory test results. Shared and encouraged adoption of Sequoia Project Data Usability Implementation Guide, V2 12.11.2024
2. **Discharge Summary C-CDA** supported by HL7 January 2024 consensus for inclusion with certified EHR products & part of Sequoia Project Data Implementation Guide
3. **Maternal Health**
    - Developed Antepartum Summary Progress Note Document including clinical elements
    - Commented on USCDI V5, USCDI + & USCDI 0 on data elements
    - Participated in the HL7 Structured Documents Work-Group, Improving Maternal Health HL7 IAT on 03.19 & 20.2025 and 07.31.2025
    - OB Flowsheet query retrieval by Epic from eCW with LOINC Code 89238-0
4. **Patient Matching**
    1. Compiled patient matching data element matrix used for patient matching by vendors, HIEs and payers
    2. Encouraged adoption AHIMA Naming Framework and scanning of Driver's License to auto-populate demographic collection to support patient matching
    3. Encouraged EHR vendor adoption of AHIMA Framework. Driver's License number use and scanning of Driver's License to auto-populate data demographic capture for patient matching
5. **General Guidance**
    1. Follow HL7 Guidance on documents and LOINC code assignment
    2. C-CDA technical tool
    3. HCA C-CDA readability
6. **Laboratory Test Results**
    1. Agreed Hemoglobin A-1C LOINC Code standard
    2. Launched Laboratory Test Result Workgroup – 2026

EFFECTIVE USE OF CODES

Problem: Interpretation of LOINC Code Assignment for C-CDAs varies resulting with inability to electronically ingest data in a consistent manner.

2.4.5. Document Level Clinical Notes

2.4.5.1. The HL7 C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 4.1, section 2.7.1, describes how clinical note types are identified using LOINC terminology and identifies the most commonly used note types in Table 8. C-CDA Content Creators SHOULD support creation of C-CDA documents.

2.4.5.1.1. Document Level Clinical Notes SHOULD use the most general LOINC code from C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 4.1, section 2.7.1, Table 8 as document type code.

2.4.5.1.2. Document Level Clinical Notes SHOULD include a more specific LOINC code from the Complete Note Type Value Set in C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 4.1, section 2.7.1 Table 8 as a translation of the main code.

2.4.5.2. C-CDA Content Creators SHOULD support inclusion of narrative clinical note information in structured sections of C-CDA documents.

The LOINC terminology includes thousands of different clinical note types. These codes can be used at the document, section, or entry level to categorize the type of clinical note information being shared. To focus the industry, the Argonaut participants and the Department of Veterans Affairs contributed their most commonly used note types to develop the following list of most frequently created clinical note documents.

Document Type	LOINC
Consultation Note	11488-4
Discharge Summary	18842-5
History and Physical	34117-2
Procedure Note	28570-0
Progress Note	11506-3
Imaging Narrative	18748-4
Laboratory Narrative Note	11502-2
Pathology Narrative Note	34117-2
Summary of Episode	34133-9

EFFECTIVE USE OF CODES

The quick reference sheet is a major step toward simplifying the C-CDA standard and finding inconsistencies.

Table 1- Results: Excel Spreadsheet Tool with Multiple Tabs and Filters Makes C-CDA Template Research Easier

Document Types (Select Document Type)			Section Types (Select Section Type)			Entry Type (Select Entry Type)		
Document Types	Most General LOINC	Value Set Name (VSAC)	Document Section Templates	Care Plan	LOINC Code	Entry Name	Entry Constraint	Comment
Care Plan	18776-5	Care Plan Document Type	Health Concerns	Required	75310-3	Advance Directive Observation (V3)	[0..*]	[1..*] entry
Consultation Note	11488-4	ConsultDocumentType	Goals	Required	61146-7	Advance Directive Organizer (V2)	[0..*]	[1..*] entry
Continuity of Care Document (CCD)	34133-9	Summary of episode note	Health Status Evaluations and Outcomes	Recommended	11383-7			
Discharge Summary	18842-5	DischargeSummaryDocumentTypeCode	Activities	Additional	62387-6			
History & Physical (H&P)	34117-2	HPDocumentType	Advance Directives	Additional	42348-3			
Operative Note	11504-8	SurgicalOperationNoteDocumentTypeCode						
Procedure Note	28570-0	ProcedureNoteDocumentTypeCodes						
Progress Note	11506-3	ProgressNoteDocumentTypeCode						
Referral Note	57133-1	ReferralDocumentType						
Transfer Summary	18761-7	TransferDocumentType						

C-CDA-Quick-Reference-Sheet-04.2025.pdf

HCA C-CDA READABILITY

Query Response C-CDA contains all the information but in one long paragraph. HCA is working on development to resolve.

Epic – Workaround is Control Z reformats the C-CDA with line breaks.

MATERNAL HEALTH C-CDA

There is not a widely adopted Antepartum Summary Progress Note Document with minimal data elements supporting the transition from prenatal to obstetrical delivery.

Due to this, there is a high reliance on faxed documents, and care is delayed with administrative management burdens impacting patient safety and cost.

Interoperability and data usability as a foundation for patient safety.



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C-CDA Document: Antepartum Summary Progress Note Document (LOINC - 57082-0 Antepartum Note):

1) Recommend adding the term 57055-6 Antepartum Note to the C-CDA value set ProgressNoteDocumentTypeCode defined in the NLM Value Set AuthorityCenter here: https://vsac.nlm.nih.gov/valueset/2.16.840.1.113883.11.20.8.1/expansion
2) Recommend inclusion of Antepartum Summary Progress Note in USCDI Clinical Notes for narrative antepartum notes. These narrative notes and data elements outlined below should be considered the minimum content for an Antepartum Summary Progress Note Document.

Minimum Data Elements to include:

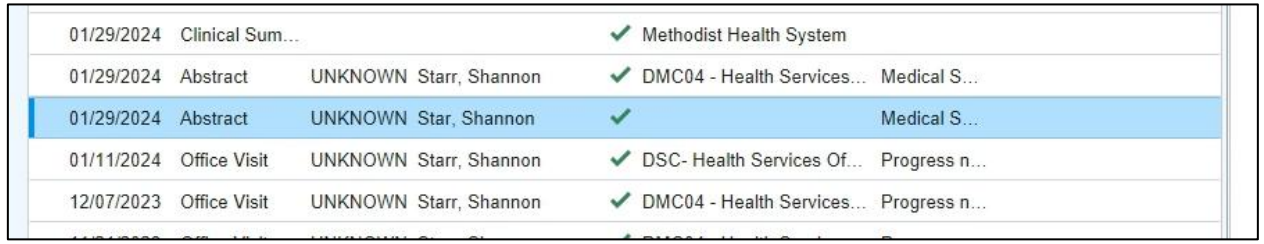
a. Gravida {0-99} C-CDA R2.1 Supplemental Templates for Pregnancy Status (Jan 2019). Pregnancy Summary Organizer
b. Para {0-99} C-CDA R2.1 Supplemental Templates for Pregnancy Status (Jan 2019). Pregnancy Summary Organizer
c. EDC (estimated date of confinement "due date") {mm/dd/yyyy} C-CDA R2.1 Supplemental Templates for Pregnancy Status (Jan 2019). Pregnancy "Status" Observation
d. Labs
   Blood Type {A, B, AB, O} Result Organizer. Result Observation
   RH {positive, negative} Result Organizer. Result Observation
   GBS (group b strep) {positive, negative} Result Organizer. Result Observation
   Hep B Result Organizer. Result Observation
   Hep C Result Organizer. Result Observation
   HIV Screening Result Result Organizer. Result Observation
   Syphilis Screening Result Result Organizer. Result Observation
   Chlamydia Result Organizer. Result Observation
   Gonorrhea Result Organizer. Result Observation
e. Social drivers / determinants of health
   Food Social History Observation
   Housing Social History Observation
   Transportation Social History Observation

Additional key data elements to be considered as minimal elements requested by stakeholders:

f. Blood pressure and Weight
g. 50 gm glucose screen (Glucola)
h. CBC
i. Rubella
j. Fetal EGA (weeks)
k. Maternal Diabetes Yes or No
l. Maternal Pre-eclampsia Yes or No
m. Prior cesarean deliveries Yes or No and How many
n. Obesity (BMI)
o. Opioid use disorder – Yes or No

OB FLOWSHEET

Patient presents in labor to hospital. Labor and Delivery calls and requests faxed documents.
Document Name nor Source can be seen.



01/29/2024	Clinical Sum...			✓ Methodist Health System	
01/29/2024	Abstract	UNKNOWN	Starr, Shannon	✓ DMC04 - Health Services...	Medical S...
01/29/2024	Abstract	UNKNOWN	Star, Shannon	✓	Medical S...
01/11/2024	Office Visit	UNKNOWN	Starr, Shannon	✓ DSC- Health Services Of...	Progress n...
12/07/2023	Office Visit	UNKNOWN	Starr, Shannon	✓ DMC04 - Health Services...	Progress n...

Training provided to staff and Data Provenance including **Document Name and Source are seen at receiving organization.**

eCW LOINC Code 89238-0 = OB Flowsheet

Specialty	Providers	Source	Title	Description
Certified Nur...	Guillory, Synceera	✓ DSC- Health Services Of North Texas Inc	OB-Flowsheet	
Certified Nur...	Guillory, Synceera	✓ DSC- Health Services Of North Texas Inc	Progress note	
Certified Nur...	Fisher, Abbie	✓ DSC- Health Services Of North Texas Inc	Progress note	
Certified Nur...	Guillory, Synceera	✓ DSC- Health Services Of North Texas Inc	Progress note	

OB FLOWSHEET

eCW LOINC code 89238-0

The LOINC code is the data normalizer that allows the OB Flowsheet to display in the electronic medical record.

Epic does not include 89238-0 as part of their standard document request, however the organizations can add the LOINC Code 89238-0.

Epic Hospitals - QAN **8057994 – Development tracking with links included for the workaround to add LOINC Code. Contact your CareEverywhereTS. The build took about 30 minutes; the instructions are very clear.**

Not retroactive but you can do an update, and the information is available as an OB Flowsheet.

C-CDA WORKGROUP – HEALTH SERVICES NORTH TEXAS AND TEXAS HEALTH RESOURCES



Maternal Health – 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.

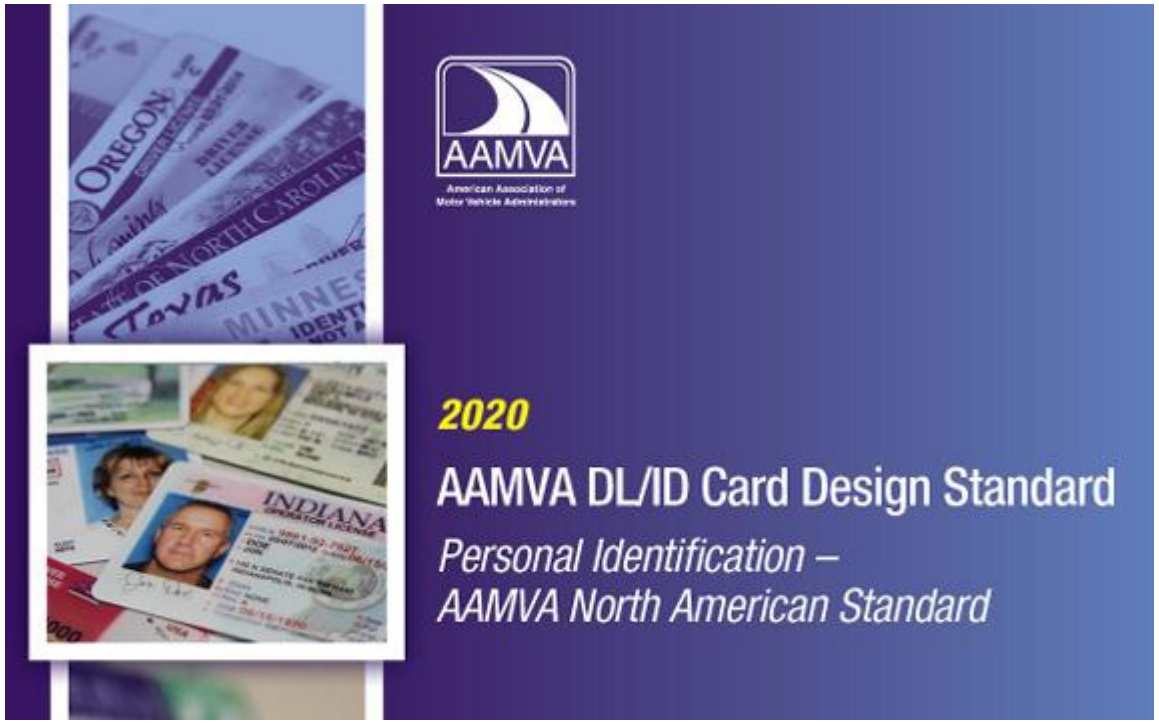
Estimated Impact across Texas: 389,806 live births in 2022 (Texas Health Data - Live Births). Streamlining the process, providing the information electronically can save 259,871 hours in unproductive time or $2,416,797.20 in salaries.

ELECTRONIC CAPTURE OF DEMOGRAPHICS WITH TEXAS DRIVER'S LICENSE

Effective January 1, 2025, healthcare is included as an exception for access and use of electronically readable information to capture demographics (name, date of birth, address and driver's license number). (Sec. 521.126)

- Driver's license captures address in Project US@ (Post Office) format.
- AHIMA recommends capturing names as recorded on legal document.

You can improve patient matching that supports patient safety while improving administrative efficiency.



AAMVA-2020-DLID-Card-Design-Standard.pdf

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TRANSPORTATION CODE CHAPTER 521. DRIVER'S LICENSES AND CERTIFICATES (texas.gov)

HGB A-1C LABORATORY - REPLYING ORGANIZATIONS ARE USING 4548-4 LOINC CODE

Check with your pathologist and / or laboratory leadership – Starting one test at a time to normalize lab across Texas.

A meeting of instrument manufacturers (presumably including Japanese) in Milan, Italy, December 12, 2007, agreed (among other items) that: -All manufacturers should implement worldwide the traceability to the IFCC reference system for Hgb -A1c. -All new instruments sold after January 1, 2011will report (as a result of an Hgb A1c test) both SI (mmol/mol - no decimals) and NGSP derived units (percentage - one decimal), in agreement with the Consensus Statement. Note they only committed to supporting protocol (1) and (2)

4548-4 - NGSP - the long-standing protocol used in the US and most other countries since the DCCT study (http://www.ngsp.org/factors.asp)

59261-8 – LOINC has defined 59261-8 (Hemoglobin A1c/Hemoglobin. Total in Blood) by IFCC protocol. IFCC - designated as a Reference Method or RM (http://www.ifcchba1c.net/)

NGSP: National Glycohemoglobin Standardization Program

IFCC: International Federation of Clinical Chemistry

DIRECT MESSAGING

Problem:

Adoption and use of Direct messaging as a secure communication platform is affecting access to clinical information for the direct care clinicians.

In the process of establishing Direct messaging, administrative steps and processes need to be streamlined to avoid the use of manual workarounds, including fax machines, for communication between health care entities.

Work-Group Organizations

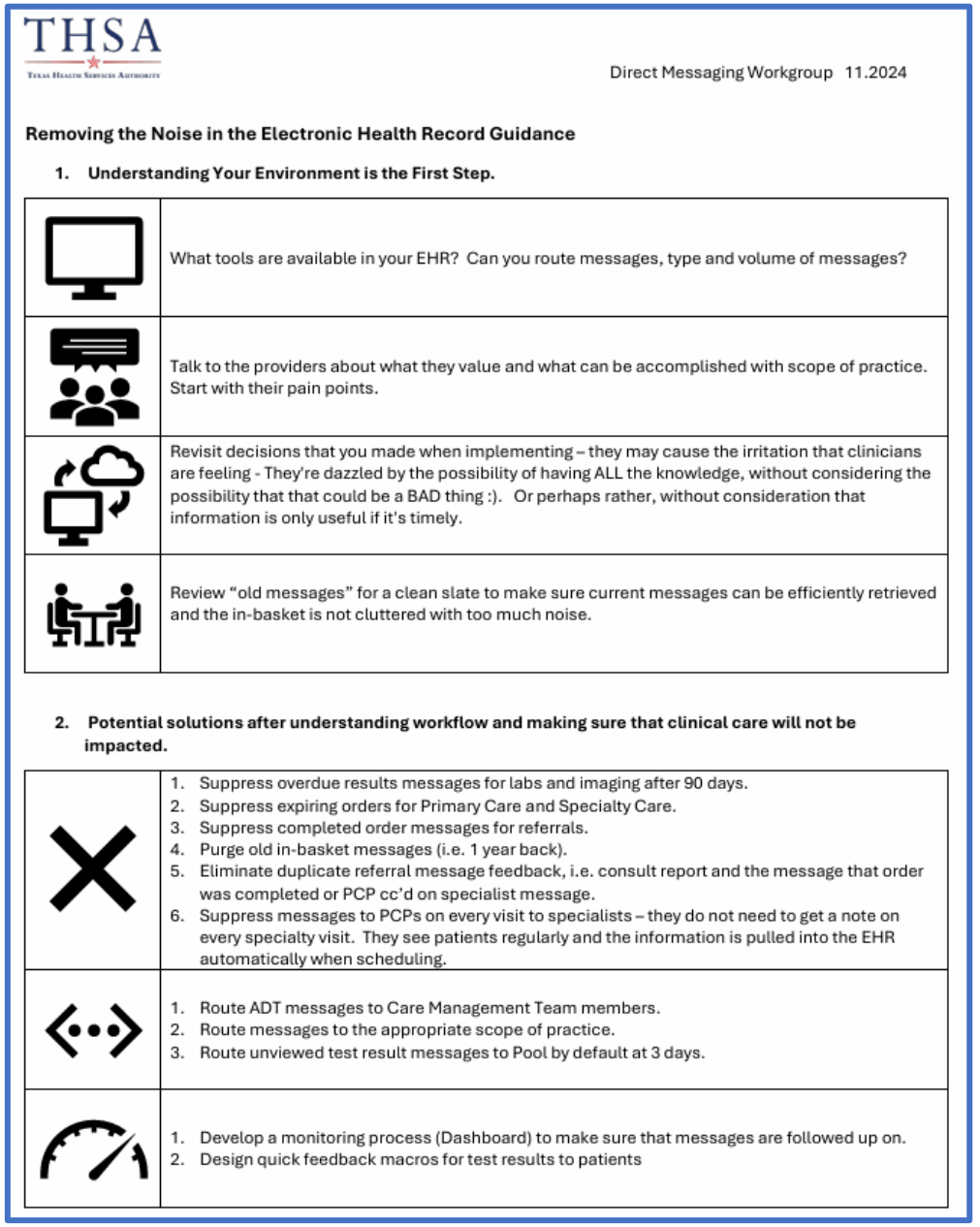
- Ascension
- CHRISTUS
- CommonSpirit
- Baylor Scott & White
- UTSW
- Children's Dallas
- Texas Medical Association
- UT Austin
- Baylor College of Medicine
- UT Houston
- THR
- UT San Antonio
- PHIX

DIRECT MESSAGING

Direct Messaging Toolkit

- Removing the Noise in the EHR Guidance
- Direct Messaging Infographic
- Direct Messaging Tips
- Directory Policy
- Updating NPPES
- What is a Direct Address Blog by Tracy Swoboda

[THSA's Increasing Adoption of Direct Messaging Workgroup Toolkit - Texas Health Services Authority]



THSA

Direct Messaging Workgroup 11.2024

Removing the Noise in the Electronic Health Record Guidance

1. **Understanding Your Environment is the First Step.**

	What tools are available in your EHR? Can you route messages, type and volume of messages?
	Talk to the providers about what they value and what can be accomplished with scope of practice. Start with their pain points.
	Revisit decisions that you made when implementing – they may cause the irritation that clinicians are feeling - They're dazzled by the possibility of having ALL the knowledge, without considering the possibility that that could be a BAD thing :). Or perhaps rather, without consideration that information is only useful if it's timely.
	Review "old messages" for a clean slate to make sure current messages can be efficiently retrieved and the in-basket is not cluttered with too much noise.

2. **Potential solutions after understanding workflow and making sure that clinical care will not be impacted.**

	1. Suppress overdue results messages for labs and imaging after 90 days. 2. Suppress expiring orders for Primary Care and Specialty Care. 3. Suppress completed order messages for referrals. 4. Purge old in-basket messages (i.e. 1 year back). 5. Eliminate duplicate referral message feedback, i.e. consult report and the message that order was completed or PCP cc'd on specialist message. 6. Suppress messages to PCPs on every visit to specialists – they do not need to get a note on every specialty visit. They see patients regularly and the information is pulled into the EHR automatically when scheduling.
	1. Route ADT messages to Care Management Team members. 2. Route messages to the appropriate scope of practice. 3. Route unviewed test result messages to Pool by default at 3 days.
	1. Develop a monitoring process (Dashboard) to make sure that messages are followed up on. 2. Design quick feedback macros for test results to patients

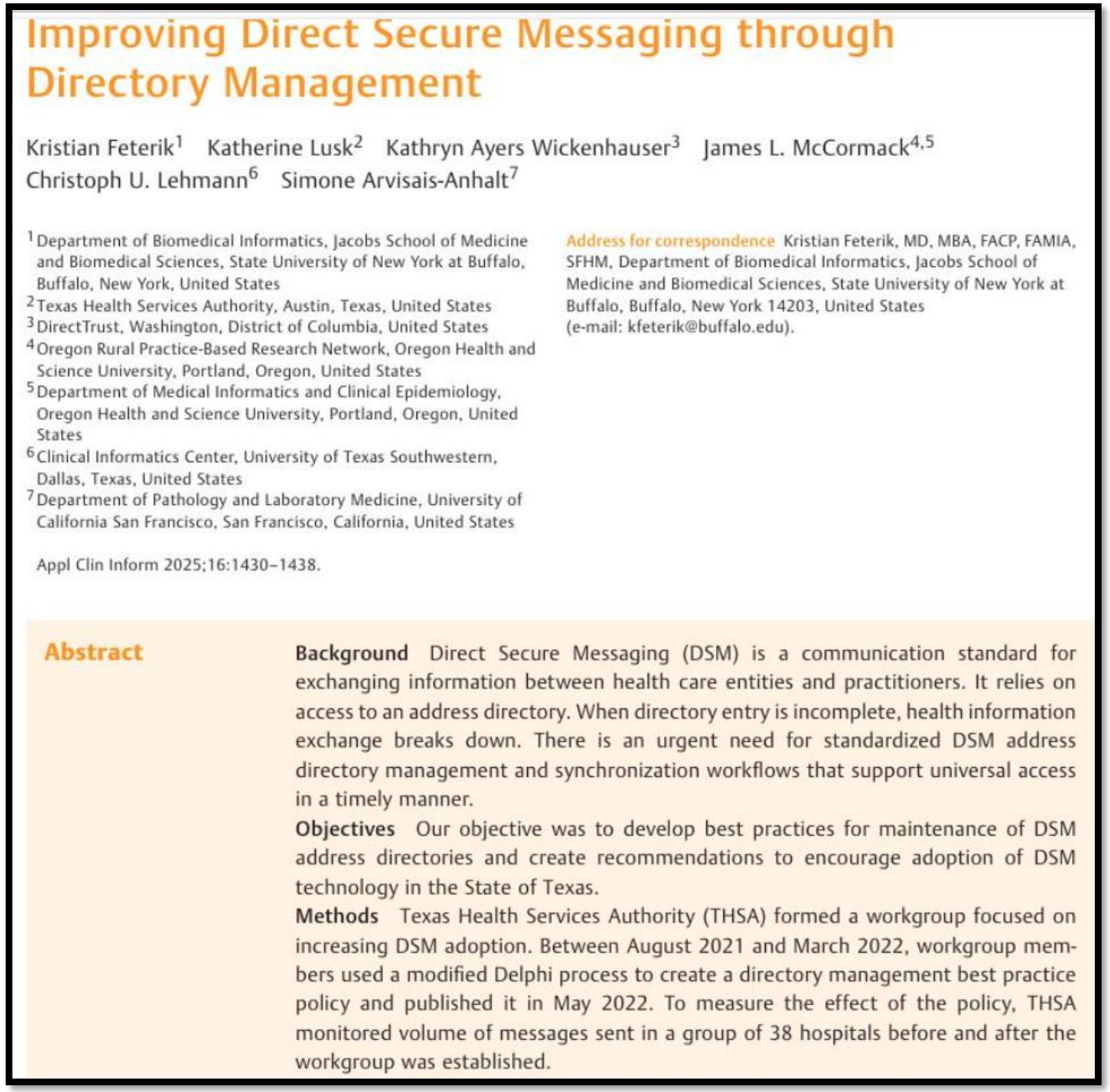
DIRECTORY POLICY, 7.17.2025

THSA's Increasing Adoption of Direct Messaging Workgroup Toolkit - Texas Health Services Authority

The directory should contain up-to-date Direct Secure Messaging addresses. ***It is up to each organization to maintain.*** The directory serves as an organization's distribution center for Direct Secure Messaging addresses generated internally to external sources, such as your referral network. The directory may also hold Direct Secure Messaging addresses imported from external sources, for example healthcare clinicians, providers, payers and community-based organizations.

Policy:

Clinical information should be provided automatically to clinicians in a timely and efficient manner. Many methods exist for clinicians to access information across platforms. This policy addresses safe sending and receiving data via Direct Secure Messaging. Direct Secure Messaging is an encrypted communication technology that is available to healthcare organizations large and small.



Improving Direct Secure Messaging through Directory Management

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Appl Clin Inform 2025;16:1430–1438.

Abstract

Background Direct Secure Messaging (DSM) is a communication standard for exchanging information between health care entities and practitioners. It relies on access to an address directory. When directory entry is incomplete, health information exchange breaks down. There is an urgent need for standardized DSM address directory management and synchronization workflows that support universal access in a timely manner.

Objectives Our objective was to develop best practices for maintenance of DSM address directories and create recommendations to encourage adoption of DSM technology in the State of Texas.

Methods Texas Health Services Authority (THSA) formed a workgroup focused on increasing DSM adoption. Between August 2021 and March 2022, workgroup members used a modified Delphi process to create a directory management best practice policy and published it in May 2022. To measure the effect of the policy, THSA monitored volume of messages sent in a group of 38 hospitals before and after the workgroup was established.

Appl Clin Inform 2025; 16(05): 1430-1438

DOI: 10.1055/a-2701-5761

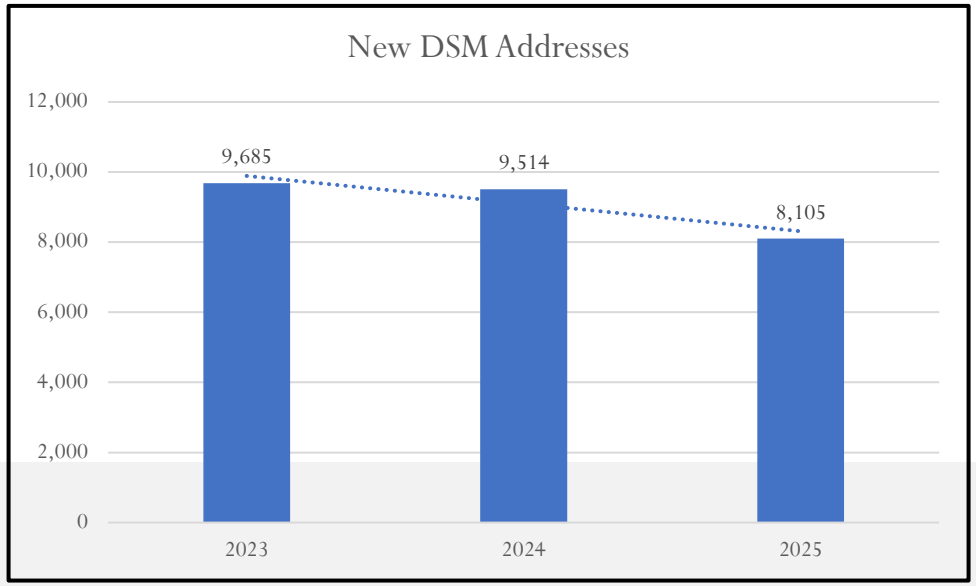
Increasing Adoption of Direct Messaging Workgroup

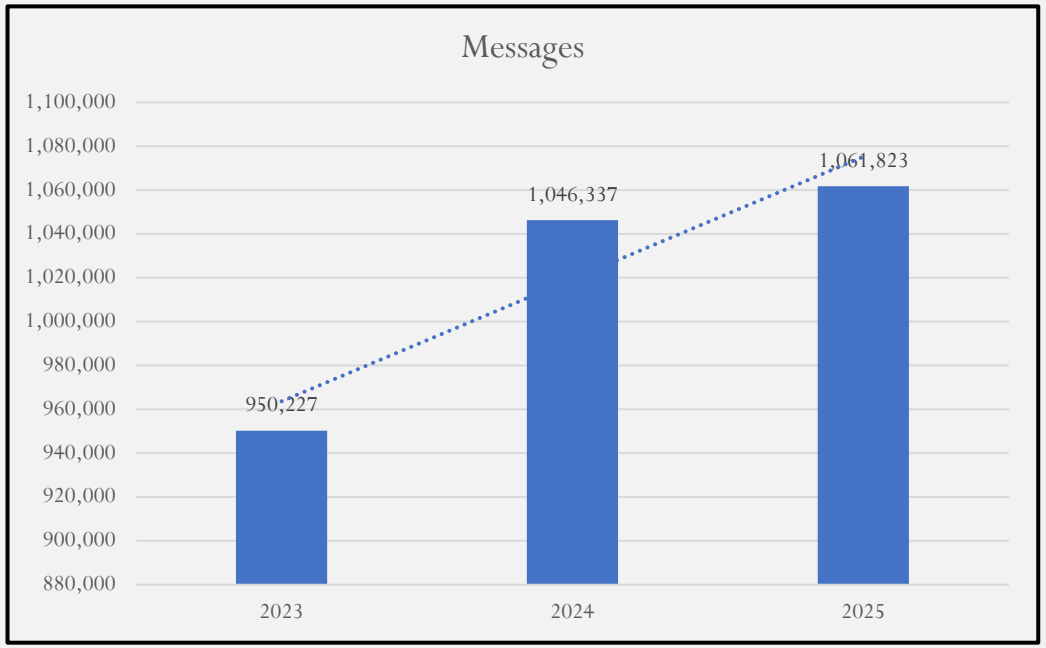
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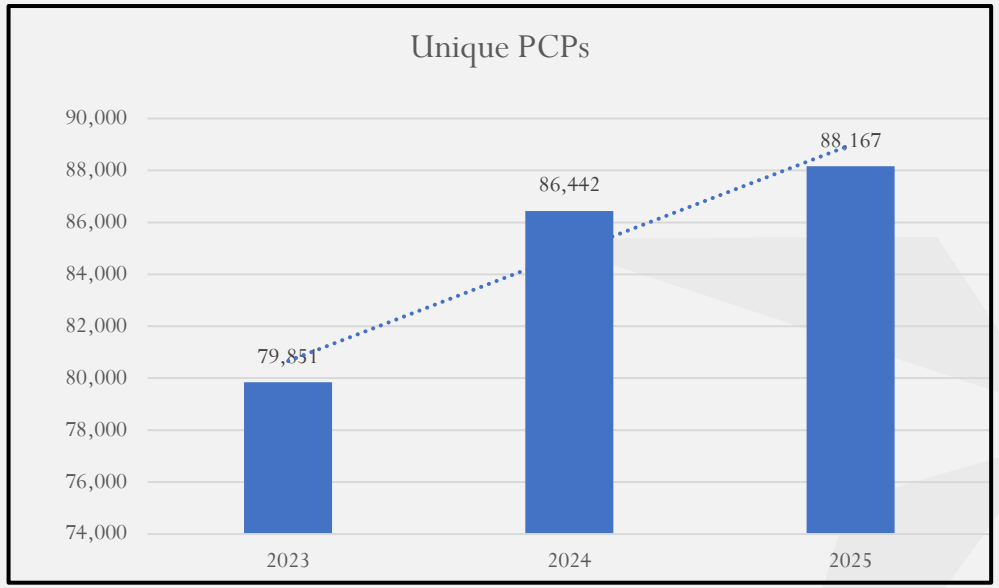
Thieme E-Journals - Applied Clinical Informatics / Abstract

DIRECT MESSAGING – MEASURING IMPACT

Messages and unique PCP addresses up with new DSM Addresses trending downward.







NATIONAL NETWORK ADOPTION GOALS

Encourage adoption of national networks across Texas to support patient record query retrieve.

- Achieve goals of better access, improved patient satisfaction, and high quality and economical care with care coordination that relies on robust patient data sharing. Better care management is achieved with robust interoperability.
- ***Create a circle of providers surrounding an individual that is interconnected via interoperability allowing the management of care to reach its most effective stage.***

Work-Group:

- Children's Dallas
- Dallas County Public Health
- Baylor Scott and White
- Tenet
- PHIX
- UTSW / Parkland

Actions Taken:

1. Encouraging and monitoring national network adoption
2. Updated National Network Participation Pathway
3. Encouraging and monitoring Electronic Case Reporting (eCR) adoption
4. THSA open office hours for interoperability questions

NATIONAL NETWORK PARTICIPATION SUMMARY

EHR Vendor	Interoperability product name	National Network Participation Pathway
Allscripts Practice Fusion	Practice Fusion EHR	Carequality
Allscripts Professional	Veradigm EHR	Carequality
AthenaHealth	athenaOne	Carequality, CommonWell
Integris (CPSI)	Evident Thrive EHR TruBridge	CommonWell
eClinicalWorks	eCW EHR supports interoperability	Carequality, CommonWell
eMDS	CGM APRIMA	CommonWell
Epic	Care Everywhere, Share Everywhere & imbedded tools	CareEverywhere, Carequality
Greenway	Intergy	CommonWell
MatrixCare	MatrixCare EHR	CommonWell
Meditech	MEDITECH Traverse	CommonWell
MedHost	MEDHOST EHR	CommonWell
NextGen	NextGen Share	Carequality
Office Practicum	OP Pediatric EHR	KNO2 enabler to Carequality
Oracle (Cerner)	Oracle Health	CommonWell
PCC (Physician's Computer Company)	PCC Pediatric EHR Solutions	Carequality
PointClickCare	PointClickCare	Carequality

What information do national networks share? National networks support sharing a variety of useful clinical information, in the form of a consolidated clinical document. Information includes diagnoses, medications, allergies, and lab results.

How can I connect to a national network? Your EHR company can tell you how it connects with national networks.

How do I know what EHRs participate in a national network? The chart on this page lists the interoperability product names for the most common EHRs in Texas.

Additional resources:

Carequality - Interoperability framework

Home - CommonWell Health Alliance (commonwellalliance.org)

Participants - eHealth Exchange (Department of Defense and Veterans Administration Hospitals participate)

Home » DirectTrust Nonprofit, standardized development organizations that oversees Direct Secure Messaging. All certified EHRs can send Direct Secure Messages.

https://thsa.org/national-networks-matrix/

TEFCA CONNECTIONS

8.06.2025 = 41,000 participants
10.27.2025 = 56,000+ participants

Trusted Organizations Participating in the Trusted Exchange Framework and Common Agreement

This beta version of the search tool provides a map view of TEFCA participation for prospective TEFCA implementers. Current functionality allows searching by organization name, address, or zip code to list locations participating in TEFCA.

The information published is accurate as of **11.17.2025 more than 60,000 Participants** and Subparticipant locations. Organizations with multiple locations, such as a large health system, may have multiple listings to reflect all the locations connected via TEFCA.

TEFCA's Growing, are you in? Read the ASTP HealthITBuzz blog announcing the launch of this beta map.

TEXAS NATIONAL NETWORK ADOPTION

Feb 2022

5,196 Participants

Carequality
CommonWell
eHealth Exchange

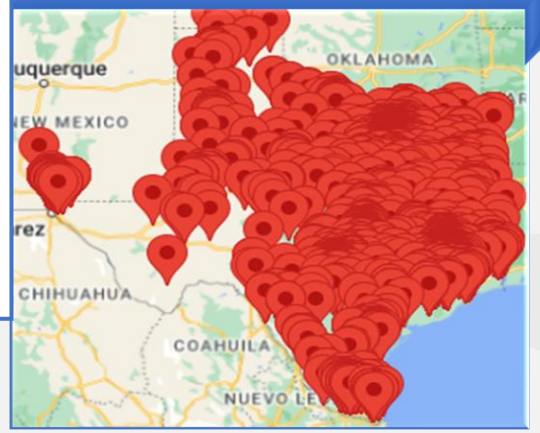
Feb 2023

7,237
Participants

Feb 2024

8,510
Participants

Feb 2025



8,524 Participants

**2,402 participate in more than one national network.

Provided by Cristina Martinez
Texas State

IMMUNIZATION REGISTRY CHARTER



ImmTrac2
Texas Immunization Registry

9.1 million Texans' immunization records.
33,000 organizations store them in 1 place.

Goal:

- Assure ImmTrac2 data is trusted
- Identify a means to correct identified data integrity issues
- Create a sharing opportunity so that other health care providers can learn from others and streamline implementation
- Collaboratively work together to streamline the ImmTrac2 on-boarding process and post-production operations

Objectives:

1. Create a FAQ and lessons learned document to share with the community
2. Work-Group and ImmTrac2 to collaborate on recommendations for improvements or changes including but not limited to technology, communication, policy or website. DSHS must follow the state change management process
3. We will follow THSA Texas Interoperability Charter including anti-trust requirements

IMMUNIZATION REGISTRY

Work-Group:

- UTSW
- Texas Health Resources
- Baylor Scott and White
- Children's Dallas
- ishca Health, Inc.
- Ascension
- University of Houston
- Texas Children's
- Dallas County Public Health
- UT Houston
- IMMTRAC2
- Parkland
- Texas Medical Association
- Community Care
- Allergy Partners
- PHIX
- Central Health
- Immunization Partners

1. Forum for open communication and resolution of stakeholder identified problems
    1. 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
    2. IMMTRAC2 developed a 13-module training tool
    3. Open Office Hours for assistance
2. 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

NEWBORN INFORMATICS



Problem: 1) Despite standardized values for Blood Spot, Hearing Test Results and Critical Congenital Heart Disease results are displayed in a wide variety of ways. Variation is a problem for 1) clinicians who practice in multiple hospitals and 2) efficient and effective health information exchange 2) Newborn patient matching is problematic creating delays in care delivery and potential safety issues

Goal: 1) Improve the usability and safety of newborn screening displays that clinicians see in EMRs, by standardizing and reducing variation:

- Blood Spot – Screen for ~60 disorders and the screening is done at the state.
- Critical Congenital Heart Disease – Texas law requires screening but not reporting of screening. Requirement is for reporting of confirmed cases.
- Hearing – The TEHDI Information System has identifiable data on all newborns born in a hospital. About 1/3 of the hospitals use an IHE technical profile (NANI) to send the information.

2) Improved patient matching for newborns

NEWBORN INFORMATICS

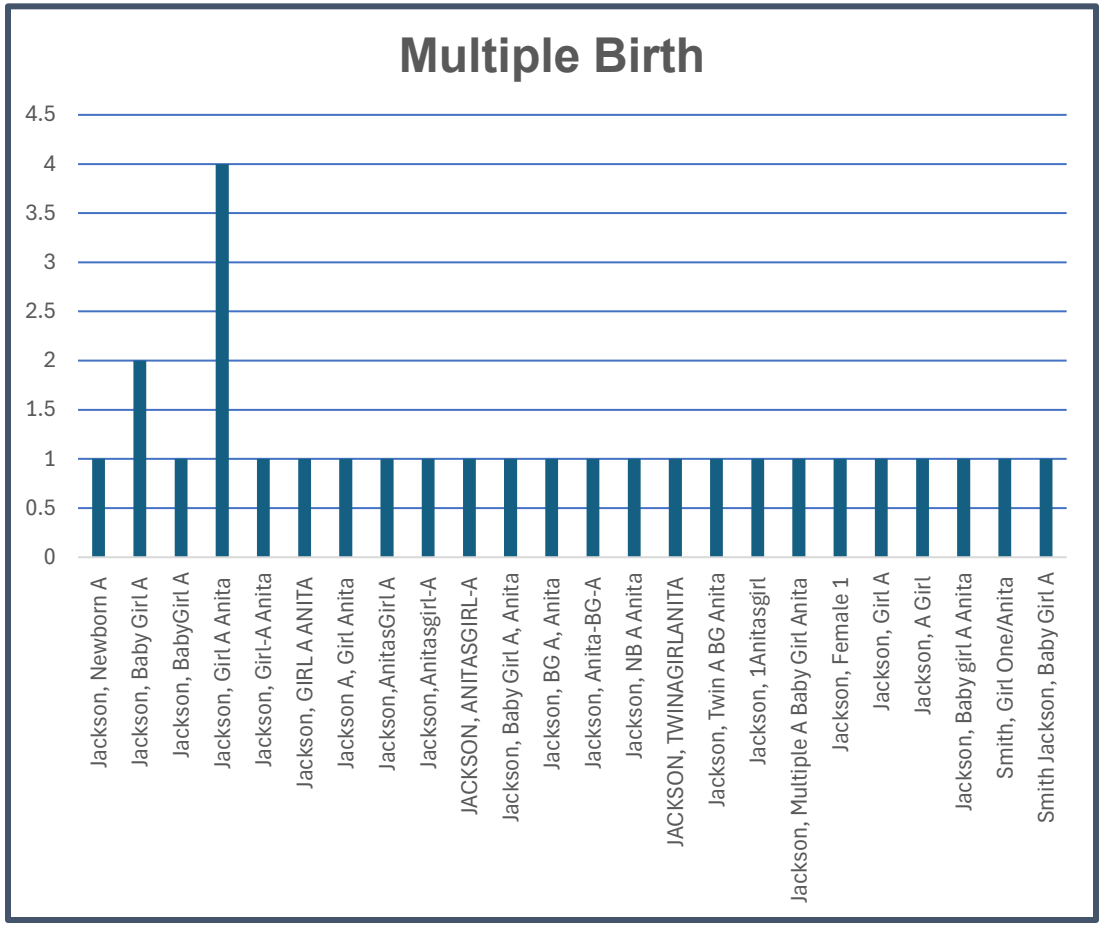
Work Group Members:

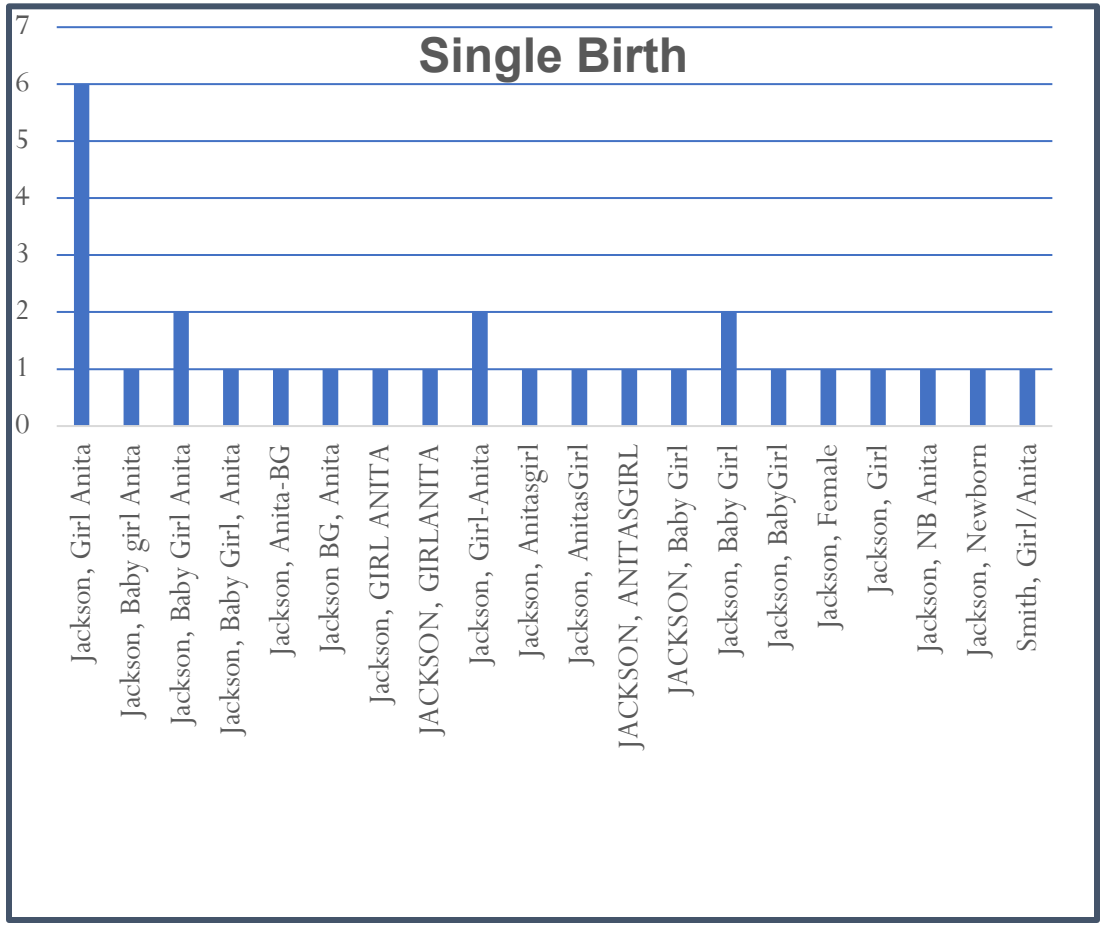
- Parkland & UTSW
- Baylor Scott & White
- Craig Newman, J Michael Consulting
- Dell Children's
- Texas Children's
- Dallas Children's
- DSHS, Birth Defects Registry
- Driscoll Children's

Actions:

1. Worked with DSHS, Birth Defects Registry and the CDC to include all 12 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.
2. Identified problems with newborn patient matching:
    - Working with EHRs to standardize name capture
    - Developed survey to ascertain how newborn names are captured
    - Published Press Release, May 2025 with National Association of Healthcare Access Managers and AHIMA
    - Recommending AHIMA Naming Framework adoption statewide. Dr. Joe Schneider, Katherine Lusk & Phil Beckett actioning communication plan for adoption

THSA 2025 NEWBORN NAMING SURVEY





THSA
Texas Health Services Authority

NATIONAL STANDARD NEWBORN NAMING

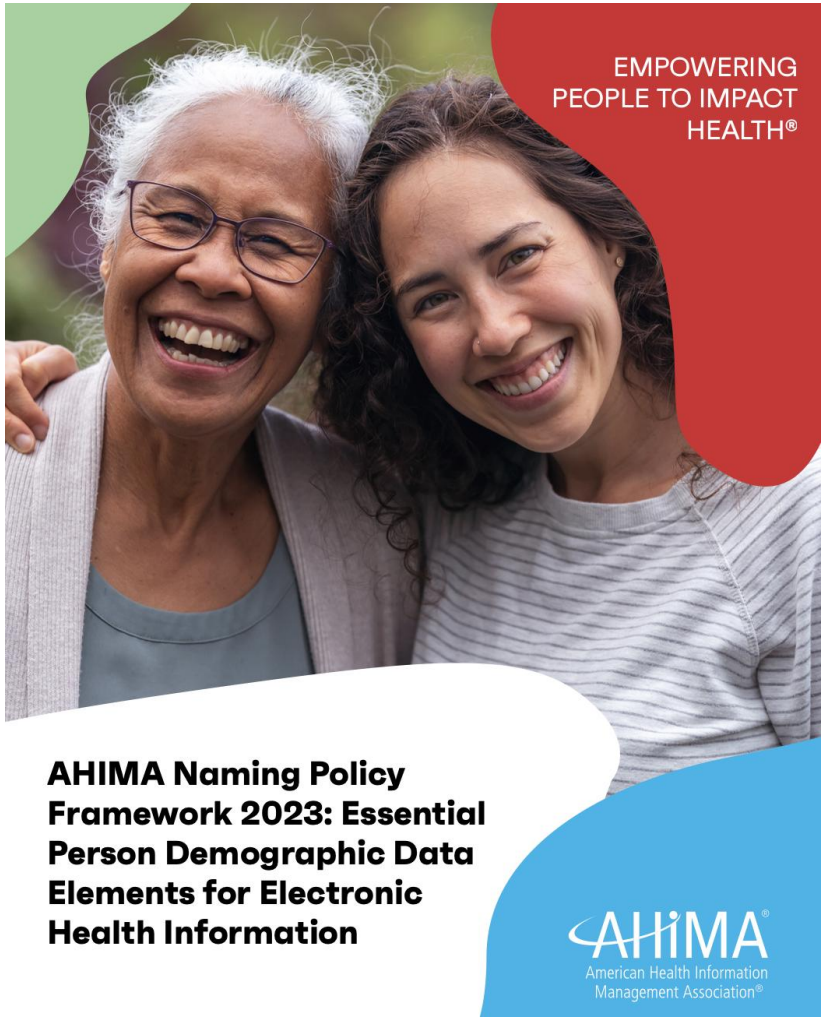
DALLAS, TX, UNITED STATES, April 29, 2025 /EINPresswire.com/ — In a major milestone for infant patient safety and health information exchange, the National Association of Healthcare Access Management (NAHAM) and the Texas Health Services Authority (THSA) have adopted a standardized newborn naming convention recommended in 2023 by the American Health Information Management Association (AHIMA).

> "The endorsement of AHIMA's naming guidance by NAHAM demonstrates that access professionals, health information leaders, and clinicians can work together to improve care," said Joel Banazek, NAHAM Board Member and Chair of NAHAM's Policy Development and Government Relations Committee. "Naming might seem like a small thing, but for newborns, it can make the difference between life and loss."

Below is the standardized naming convention approved by the organizations:

Singleton Births	Multiple Births
GirlKatherine Miller-Smith	Boy1Katherine Miller-Smith
BoyKatherine Miller-Smith	Girl2Katherine Miller-Smith
BabyKatherine Miller-Smith	Girl3Katherine Miller-Smith

AHIMA'S NEWBORN NAMING FRAMEWORK



Singleton

First Name Field	Middle Name Field	Last Name Field
GIRLKatherine		Miller
BOYKatherine		Miller
BABYKatherine		Miller

Multiples

First Name Field	Middle Name Field	Last Name Field
GIRL1Maria		Garcia-Lopez
BOY2Maria		Garcia-Lopez
BABY3Maria		Garcia-Lopez
BOY4Maria		Garcia-Lopez

https://ahima.org/media/tzigwxt1/naming-policy_final.pdf

DEATH REGISTRY AUTOMATED FEEDBACK

Situation: Healthcare individual practitioners / entities' lack of knowledge of patient death leads to several problems:

Repeated trauma to the families of decedents with inappropriate and unnecessary contact regarding post-discharge care, follow-up appointments, or prescription renewals.

Potential for inappropriate medication refills and gaps in care.

Privacy concerns with open patient portals or identity fraud.

Failed Healthcare facility quality improvement activities related to patient outcomes and efforts to improve care for future residents of the State.

Background: Healthcare entities (individual practitioners and healthcare organizations) have no access to State data on deaths of patients for whom they have a care relationship. The absence of this data lends to blind spots in healthcare, such as measuring effectiveness of treatment, outcomes of care, and opportunities for improvement in both.

DEATH REGISTRY

Workgroup: Parkland, Texas Health Resources and DHR

Actions:

- 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 – High percentage of bed capacity in 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 was acknowledged.
- Texas eHealth Alliance (Nora Cox) supported workgroup with **Senate Bill 1467** updates Texas Statute to allow hospitals to receive Death notifications.
- Shared with EHR vendor community.

Author: Senator Juan "Chuy" Hinojosa

Health--General (I0385)
Hospitals (I0400)
BIRTH & DEATH CERTIFICATES (S6418)
MEDICAID (S4885)
VITAL STATISTICS & RECORDS (S2714)
STATE HEALTH SERVICES, DEPARTMENT OF (V0463)

Senate & House Passing with no dissenting votes

6.21.2025 – Governor signed

09.01.2025 – Effective date

BEHAVIORAL HEALTH BARRIERS TO INTEROPERABILITY

Clearly communicating the data needs for the care continuum is important. Sewing up the wrap around services for these patients and coordinating to establish a medical home is critical.

What are salient for continuum of care? Working together on interoperability for this population would be helpful. What are the needed data elements and what are the constraints?

There was agreement from all participants that access to the information for the care continuum is important.

Members:
DHR, Tarrant County MHMR, Oceans, DSHS, HHS, THR, Ascension, Community Healthcore, Clarity, and NAMI Texas

Actions:

1. Formed and adopted charter. Identified need for diversity to include inpatient and outpatient services.
2. Identified potential duplicate and redundant documentation requirements.
2. Reviewed Senate Bill 640, behavioral health interoperability survey and discussed funding opportunities.
3. 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.
4. Developed clinical content needed for Behavioral Health C-CDA.

BEHAVIORAL HEALTH TRANSITION OF CARE C-CDA



- Medications given and discharged on
- History & Physical
- Discharge Summary
- Test and studies that are pending
- Basic labs (hemoglobin)
- When is the next appointment
- Who is going to follow up with them – PCP or psychiatrist
- Education on Medication and Diagnoses
- Safety plan & crisis number
- Psychiatrist Evaluation

DATA USABILITY WORKGROUP

Membership:

- Catalyst (Athena)
- Ascension (Oracle)
- HCA (Meditech)
- Baylor Scott & White (Epic)
- Texas Health Resources (Epic)
- Texas Medical Association
- Texas Health Services Authority (PointClickCare)

Charter:

The Catalyst Challenge
Experiencing a high volume of patient records flowing in from multiple Health Information Exchange (HIE) vendors, resulting in duplicate documentation—particularly for hospital visits. At present, we are receiving approximately **48,600 documents per day**, which contributes to clinical inefficiencies and unnecessary provider burden.

Our Objective
Streamline data exchange process so that only **clinically relevant and actionable information** reaches providers. This will ensure they have exactly what they need to make informed care decisions. This will support better outcomes and improved efficiency.

Impact on Patient Care
By refining what data is delivered and how, providers will be able to focus on **timely, relevant information**, reducing overload and improving patient safety. This will enhance the overall patient experience and support more coordinated, high-quality care.

Goal
Explore opportunities for collaboration and improvement—particularly in refining how patient data is filtered and delivered across HIE connections. Identify practical next steps and actionable solutions that can be implemented through this partnership.

OPPORTUNITIES IDENTIFIED

- Information overload with outdated information
- Duplicate information received via Direct Messaging, fax and query response
- ADT encounter events with differing information on same patient
- **One at a time – the issues are being resolved and shared across vendor platforms**



People working together to resolve

MEDICATION RECONCILIATION

- Medication reconciliation is a critical patient safety process shown to reduce medication discrepancies, adverse drug events, and preventable hospitalizations.

- Challenges that limit the reliability and consistency of medication reconciliation include 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.



PHARMACISTS' ROLE IN MEDICATION RECONCILIATION TO ENHANCE INTEROPERABILITY

Participants

1. Texas Children's
2. Children's Dallas
3. United Regional
4. Cook Children's
5. Midland Health
6. Texas Health Resources
7. DHR
8. Driscoll
9. NCPCP
10. UT San Antonio

Identified Opportunities:

- Pharmacies are not following the same standards & interpreting consistently

- Free text is creating issues with Medication Reconciliation – **No More Free Text**

CONTACT INFORMATION

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