

e-Health Advisory Committee Recommendations

“The following recommendations were prepared by members of the e-Health Advisory Committee. The opinions and suggestions expressed in these recommendations are the members’ own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.”

The e-Health Advisory Committee (eHAC) members have made recommendations on the three tasks outlined in the Texas Administrative Code and other components of the rule pertaining to the make-up of this Committee.

(Recommendations Relating to Task 1)

Recommendation 1:

National data standards work for Texas, and state health agencies should not create or recommend standards that deviate from national standards.

Recommendation 2:

HHS agencies should use HIETexas, when appropriate, to exchange messages with trading partners and collaborate with the state’s health information exchanges to increase participation by health care providers.

Recommendation 3:

Change the ImmTrac Immunization Registry participation basis from “opt-in” to “opt-out”.

Recommendation 4:

Encourage data sharing of behavioral health data from LMHAs through HIEs across the state as needed within legal constraints.

Recommendation 5: Texas HHS system agencies should leverage the existing EHR and HIE infrastructures described in the eHAC Annual Report, and should avoid developing duplicate infrastructure, to a) better assist healthcare entities in complying with interoperability regulations and initiatives described in the report; b) drive down healthcare costs; c) improve population health; and d) reduce the burden of reporting for both healthcare providers and public health through structured, secure, electronic data exchange.

(Recommendations Relating to Task 2)

Recommendation 1:

Review all data streams from providers into the HHS system in order to identify opportunities for consolidated reporting and administrative simplification process platforms (MCOs, public health, etc.).

Recommendation 2:

Provide a complete inventory of inbound or outbound streams of clinical data between HHSC and Texas healthcare providers, how much data is flowing in each, what data and transport standards are in use for each, whether there are existing national/industry standards that could be used for each type of data, and what the plan is to move toward those standards.

Recommendation 3:

Create payment incentive for Medicaid providers to engage with Local HIE if available in their area.

Recommendation 4:

Since HIEs are allowed by statute to receive PMP data, direct the State Board of Pharmacy to facilitate a cost-effective integration for data sharing with HIEs within statutory constraints.

Recommendation 5:

Include HIEs as a standard component in disaster relief planning.

Recommendation 6:

Expand bi-directional interoperability for electronic data exchange.

Goal of Task 2 recommendations is for any new requirements placed on providers to be made part of the provider's workflow to avoid creating administrative burdens on them.

(Recommendations Relating to Task 3)

Recommendation 1:

Incorporate telemedicine and telehealth into healthcare network adequacy regulations in a manner that expands and complements patient access to care and continues current requirements for network adequacy and engagement of local physicians and healthcare service providers.

Recommendation 2:

Explore Medicaid financing options for Project ECHO, a telemonitoring model that links primary care clinicians with specialists via teleconferencing technology.

Recommendation 3:

Work with the Drug Enforcement Agency (DEA) to modify laws on what is considered a DEA-registered site, to allow prescriptions for controlled substances to be provided via telemedicine in state-regulated settings.

Recommendation 4:

A committee of experts representing each medical campus could be established to coordinate with the Texas Division of Emergency Management and create a plan for telemedicine and telehealth usage for medical services, as well as necessary testing, for future disasters.

Recommendation 5:

Various state participants working in a coordinated manner under the direction of the legislature, could create a statewide healthcare plan for testing and treatment resources during pandemics and other declared public health emergencies.

(Recommended Amendments pertaining the make-up of eHAC - Title 1, Part 15, TAC, Section 351.823)

Recommendation 1:

Change the current annual reporting requirement to a biennial report.