



Texas Health and Human Services (HHS) e-Health Advisory Committee

As required by

**Title 1, Part 15, Texas Administrative Code,
Section 351.823(d)**

February 2018



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Disclaimer

This report was not authored by and does not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff. For a full roster of representatives who contributed to this report, please see Attachment A.

Executive Summary

The HHSC eHealth Advisory Committee (eHAC) was established under Texas Government Code, Section 531.012 to advise the Executive Commissioner and Health and Human Services system agencies (HHS agencies) on strategic planning, policy, rules, and services related to the use of health information technology (HIT), health information exchange (HIE) systems, telemedicine, telehealth, and home telemonitoring services.¹

As directed in the Texas Administrative Code, the Committee is making several recommendations, which fall into three categories:

Task 1 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, implementation, and long-range plans for health care information technology and health information exchange (HIE), including use of:

- Electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and
- Other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.

Task 2 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems.

Task 3 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

¹ See Title 1, Texas Administrative Code, Section 351.823(a) and (b).

The Committee includes representatives of HHS agencies, other state agencies, and other health and human services stakeholders concerned with the use of HIT, HIE, telemedicine, telehealth, and home telemonitoring services, including: ex officio representatives from HHSC, an ex officio representative from DSHS, the Texas Medical Board, Texas Board of Nursing, Texas State Board of Pharmacy, the Statewide Health Coordinating Council, managed care organizations, representatives from the pharmaceutical industry, health science centers, an expert on telemedicine, an expert on home telemonitoring services, a consumer of health services through telemedicine, a Medicaid provider, a representative from the Texas Health Services Authority, a representative from a local or regional health information exchange, and representatives with expertise in implementation of electronic health records, computerized clinical support systems, and health information exchange systems for exchanging clinical and other types of health information. For a full roster of representatives, please see Attachment A.

The remainder of this report includes recommendations on the three tasks listed above, as well as other information as required under the Texas Administrative Code.

1. Introduction

The Texas Health and Human Services (HHS) Electronic Health (e-Health) Advisory Committee is established under Texas Government Code Section 531.012 and governed by Texas Government Code chapter 2110 and Title 15, Texas Administrative Code, Section 351.823.

Pursuant to Title 15, Texas Administrative Code, Section 351.823(d)(1), “[b]y February of each year, the committee files an annual written report with the Executive Commissioner covering the meetings and activities in the immediate preceding calendar year. The report includes:

- (A)** a list of meeting dates;
- (B)** the members’ attendance records;
- (C)** a brief description of actions taken by the committee;
- (D)** a description of how the committee accomplished its tasks;
- (E)** a summary of the status of any rules that the committee recommended to HHSC;
- (F)** a description of activities the committee anticipates undertaking in the next fiscal year;
- (G)** recommended amendments to this section; and
- (H)** the costs related to the committee, including the cost of the HHSC staff time spent supporting the committee’s activities and the sources of funds used to support the committee’s activities.

Please note that a full list of acronyms used in this report are available on page 25. This report provides a background on how the e-Health Advisory Committee reached its recommendation, as well as information on each criterion listed above.

2. Background

As laid out below, the HHS e-Health Advisory Committee is making several recommendations, which fall into three categories:

Task 1 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, implementation, and long-range plans for health care information technology and health information exchange (HIE), including use of:

- Electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and
- Other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.

Task 2 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems.

Task 3 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

Definitions

Unless stated otherwise in this report, the below terms shall adopt the following definitions:

“Electronic Health Record” means “an electronic record of aggregated health-related information concerning a person that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized health care providers across two or more health care organizations.” (See Section 531.901(1), Government Code)

“Electronic Medical Record” means “an electronic record of health-related information concerning a person that can be created, gathered, managed, and consulted by authorized clinicians and staff within a single health care organization.” (See Section 531.901(2), Government Code)

“Health Information Exchange” means an organization that:

- (1) Assists in the transmission or receipt of health-related information among organizations transmitting or receiving the information according to nationally recognized standards and under an express written agreement with the organizations;
- (2) As a primary business function, compiles or organizes health-related information designed to be securely transmitted by the organization among physicians, other health care providers, or entities within a region, state, community, or hospital system; or
- (3) Assists in the transmission or receipt of electronic health-related information among physicians, other health care providers, or entities within: (A) a hospital system; (B) a physician organization; (C) a health care collaborative, as defined by Section 848.001, Insurance Code; (D) an accountable care organization participating in the Pioneer Model under the initiative by the Innovation Center of the Centers for Medicare and Medicaid Services; or (E) an accountable care organization participating in the Medicare Shared Savings Program under 42 U.S.C. Section 1395jjj. (See Section 182.151, Health & Safety Code; See *also* Section 481.002(54), Health & Safety Code; See *also* Section 531.901, Government Code)

“Home Telemonitoring service” means “a health service that requires scheduled remote monitoring of data related to a patient’s health and transmission of the data to a licensed home and community support services agency or a hospital, as those terms are defined by Section 531.02164(a)[, Texas Government Code]. (See Section 531.001(4-a), Texas Government Code)

“Telehealth service” means “a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.” (See

Section 111.001(3), Texas Occupations Code; See *also* Section 531.001(7), Texas Government Code)

“Telemedicine medical service” means “a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.” (See Section 111.001(4), Texas Occupations Code; See *also*, Section 531.001(8), Texas Government Code)

3. List of Meeting Dates

The e-Health Advisory Committee met on the following dates:

- November 17, 2016
- March 24, 2017
- September 29, 2017
- December 1, 2017

The committee will next meet on March 2, 2018.

4. Committee Members' Attendance Records

The eHealth Advisory Committee (eHAC) is pleased to announce that a quorum was present for each of its first four meetings. The committee maintained an average 70.5% attendance rate, with the lowest attendance being 60%, and the highest at 89%. A copy of committee members' attendance records is available in attachment B.

5. A Brief Description of the Actions Taken by the Committee

Below is a high-level list of actions taken by the committee at each meeting. A more detailed summary is available for review in each meeting's official minutes, which are available for review as Attachment B.

- November 17, 2016
 - Received a briefing from HHSC staff on the background and role of the advisory committee, as well as being informed of the two reports that the committee must complete by February 2018.
 - Reviewed bylaws and were given a deadline by HHSC staff by which to provide feedback and make recommendations for changes.
 - Nominated officers.
 - Received an orientation on open meetings laws, committee procedures, and the required online public information act training that each committee member must complete.
 - Completed required ethics training, including a discussion of the conflict of interest policy that each committee member is required to sign.
 - Discussed the meeting schedule for future meetings.
- March 24, 2017
 - Elected officers.
 - Reviewed existing committee rules and discussed possible revisions.
 - Received a presentation from HHSC staff and contractors regarding the Medicaid Eligibility and Health Information Services System (MEHIS).
 - Received a briefing from HHSC staff on the *Interoperability for Texas: Powering Health 2016* report. After the briefing, the committee broke into workgroups to discuss the goal areas of the report and to begin discussions on each of the goal areas. The goal of these workgroups is to provide the agency with recommendations that will be integrated into the next version of the report.
 - Discussed the meeting schedule for future meetings.
- September 29, 2017
 - Continued discussion of needed rules revisions
 - Approved bylaws
 - Received a briefing from DSHS staff on e-health tools that were used as part of the response to hurricane Harvey. The committee approved a motion to support an after action item investigation related to disaster preparedness, which will be supported by HHSC and the Chief Technology Officer's office.

- Received a briefing from HHSC staff on telemedicine legislation passed during the 2017 Texas legislative session that directly impacts the Medicaid program.
 - Received updates from each of the interoperability workgroups on their strategies and areas of focus as they develop their recommendations.
 - Received a briefing from a committee member on how technology and telepharmacy can positively impact medication adherence.
 - Received a presentation from HHSC staff and contractors on the status of the MEHIS provider portal integration pilot.
 - Received an overview from HHSC staff on the status of the Health informatics, Services, and Quality Office and their HIE Connectivity Project.
 - Developed a preliminary strategy for writing the required committee reports, and approved a motion to discuss the report recommendations at the December 2017 meeting.
 - Discussed the meeting schedule for future meetings.
- December 1, 2017
 - Reviewed the final set of proposed changes to the committee rules.
 - Approved the revised bylaws.
 - Received updates from each of the interoperability workgroups on their strategies and areas of focus as they develop their recommendations.
 - Reviewed recommendations submitted by committee members related to each of the three formal tasks assigned to the committee. A full list of these recommendations is included in Section 7 of this report.
 - Created a subcommittee to explore the development of an incentive payments pilot project between an MCO and providers.
 - Discussed the meeting schedule for future meetings.

6. A description of how the committee accomplished its tasks

The HHS e-Health Advisory Committee accomplished its tasks through a collaborative effort that included input from several different sectors of the healthcare industry, including but not limited to the Texas Medical Board, Texas Board of Nursing, Texas State Board of Pharmacy, the Statewide Health Coordinating Council, managed care organizations, representatives from the pharmaceutical industry, health science centers, an expert on telemedicine, an expert on home telemonitoring services, a consumer of health services through telemedicine, a Medicaid provider, a representative from the Texas Health Services Authority, a representative from a local or regional health information exchange, and representatives with expertise in implementation of electronic health records, computerized clinical support systems, and health information exchange systems for exchanging clinical and other types of health information. For a full roster of representatives, please see Attachment A.

This diverse group of individuals meets on a regular basis, and engages in thoughtful dialogue with input from industry experts on eHealth issues.

The committee was tasked with making several recommendations, which fall into three categories: Task 1 (Section 351.823. e-Health Advisory Committee); Task 2 (Section 351.823. e-Health Advisory Committee); and Task 3 (Section 351.823. e-Health Advisory Committee).

To make the recommendations that fall into these tasks, each individual committee member was tasked with making recommendations that were shared with the full committee at the December 1, 2017 meeting. The committee engaged in a thoughtful dialogue of each individual recommendation. Based on that dialogue, each member making a recommendation was asked to revise his or her recommendation. Those recommendations, as revised, as available for review in Section 7 of this report.

7. A summary of the status of any rules that the committee recommended to HHSC

As noted above, the HHS e-Health Advisory Committee is making several recommendations, which fall into three categories: Task 1 (Section 351.823. e-Health Advisory Committee); Task 2 (Section 351.823. e-Health Advisory Committee); and Task 3 (Section 351.823. e-Health Advisory Committee). The information in this section contains each recommendation from the eHAC committee broken down into these three tasks. The Committee is pleased to report that every single recommendation presented to the committee was unanimously adopted either “as is” or with minor revisions.

Task 1 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, implementation, and long-range plans for health care information technology and health information exchange (HIE), including use of: (1) Electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and (2) other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.

- **Recommendation 1:** Require Texas HHS to consolidate available payer and public health information for Medicaid and CHIP clients in a standard format that is readily consumable by HIEs, EHRs, and PHRs for the purpose of treatment and emergency response.
 - Data should be available in a standard format that is readily consumable by HIEs, EHRs, and PHRs for the purpose of treatment and emergency response. HHSC should leverage existing capability and fully integrate across HHSC and HIEs to enable consolidated Medicaid public, payment, and clinical client record, and should complete a gap analysis to see if there are additional data streams could be added to the client record. This should include Medicare and private pay as available.
 - Relevant data should also be made available, to the highest extent possible, to support HHSC’s program direction to develop alternative payment methods and for supporting quality initiatives.
 - Statutory change needed: None – adequate authority exists through [HB 1218 \(2009\)](#) and [HB 2641 \(2015\)](#)

- Rule change needed: (*none*)
- Cost/benefit analysis: This approach would lead to a reduction in duplicative services and improve quality of care and health outcomes. It would also facilitate transitions of care and support meaningful use requirements, and could lead to an increase in provider participation in Medicaid by making it easier to treat Medicaid patients.
- **Recommendation 2**: Review the existing patient consent model for HHS to identify changes that can maximize the sharing of clinical, payer and public health information with HIEs, EHRs, PHRs for the purpose of treatment, particularly mental health treatment, and for emergency response. Standardizing consent will enable the establishment of a complete healthcare record, while providing coordinated strategies for managing consent for data that has specific requirements (immunizations, substance abuse treatment information). Every effort should be made to acknowledge the value of appropriate data sharing, and to encourage the sharing of data for patient care and care coordination. Standardizing consent requires using standardized patient identifier, so HHSC should leverage and coordinate existing initiatives that are addressing the coordination of multiple data sources across the HHS agencies.
 - Statutory change needed: None. Some barriers to information sharing will still exist ([42 CFR](#)) that can only be resolved with federal changes.
 - Rule change needed: (*none*)
 - Cost/benefit analysis: This would streamline consent to access patient health records, which would improve timeliness of access to patient health records during an emergency.
- **Recommendation 3**: National data standards work for Texas, and state health agencies should not create or recommend standards that deviate from national standards. There are no compliance issues with implementation of [House Bill 2641 \(84R, 2015\)](#) as they relate to governance and the use of national standards. To accommodate unique circumstances, newly adopted standards may deviate from national standards when there is determined to be limited applicability of a national standard to the business case after review by the agency and affected stakeholders. It is anticipated this would not exceed 10 percent of total new transactions.

- Statutory change needed: (*none*)
- Rule change needed: (*none*)
- Cost/benefit analysis: (*none*)
- **Recommendation 4**: 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.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: (*none*)
- **Recommendation 5**: Change requirement for Immunization from opt-in to opt-out.
 - Statutory change needed: (Health and Safety Code Subtitle H, Section 161.007)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: As providers are overwhelmed with fragmented electronic data portals, a community HIE streamlines their delivery of care. Having immunization data readily available at the point of care will improve that. With the efforts expanded on the MEHIS system, there is a fairly straightforward connection to be made, that would greatly enhance the availability of immunization at the point of care.
- **Recommendation 6**: Encourage data sharing of behavioral health data from LMHAs through HIEs across the State as needed within legal constraints.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: HIEs are encouraged to share patient information as patients travel across the State and Country (DoD, VA)

to facilitate optimal care, guidelines should be stringent but not unduly restrictive to negatively impact patient care.

Task 2 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems.

- **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).
 - Statutory change needed: None – adequate authority exists through [HB 2641 \(2015\)](#)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: Consolidated reporting should provide cost benefits to providers and to the state. For example, there are currently 5 electronic exchange methodologies available to community from the State just for public health reporting. The total cost to one organization was reported to be approximately \$76,000. This is a cost shift to providers because these are mandated reports. While cost is a consideration, there is also a drain on IT resources available to work on additional functionality.

- **Recommendation 2:** Provide a complete inventory of inbound or outbound streams of clinical data between HHSC and Texas health care 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.
 - Statutory change needed: None – adequate authority exists through [HB 2641 \(2015\)](#)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: This inventory would allow providers to plan development cycles for their systems, and would help them to align with changes that the state is making.

Recommendation 3: Provide incentive payments for certain services (new patient, emergency) when patient health record was utilized in the provision of the service to that patient (proof of compliance would be summary of care document or health record number). Any program developed to provide these incentives should contain the following provisions:

- Payments should be incentives and not penalties for not participating in the program,
- Protections for providers to ensure that they still provide all necessary services,
- Integration into the overall MCO strategy instead of a standalone project. The committee recommended that this be structured as a pilot project between MCOs and providers.
- A clearly stated purpose for what goals are to be achieved by the incentives, which should leverage lessons learned from current projects with MCOs and HIEs.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: There would be short-term costs for the payments to providers, but this should reduce overall cost of care. This would also enable value based purchasing through quality monitoring and improve coordination of care.
- **Recommendation 4:** Create payment incentive for Medicaid providers to engage with community HIE if available in their area.
 - Statutory change needed: (*none*)
 - Rule change needed: Create a Medicaid reimbursement schedule that includes an MCO payment incentive for participation in a community HIE.
 - Cost/benefit analysis: To date providers have been slow to adopt use of HIE. Benefits from earlier patient follow up after hospitalization, ED visit, insurance status verification, population health management; combine social, place-based, and clinical risk for improved patient care. As State Medicaid moves towards value-based care, clinical histories will be critical in optimizing quality care delivery. The inclusion of HIEs will favorably impact patient care with direct benefits to HHSC.

- **Recommendation 5:** 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.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: Currently PMP data is stored and managed by a third party. A pathway to access these data at affordable rates will allow providers to see this data integrated into a patient’s clinical record for improved assessment and treatment.

- **Recommendation 6:** Include HIEs as a standard component in disaster relief planning.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: The recent hurricane has shown the value of providing patient clinical histories from affected areas to provide background to treating providers and identify medical abusers or drug seeking behavior.

- **Recommendation 7:** Expand bi-directional interoperability for electronic data submission.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: Greater automation of data exchange processes reduce labor and effort and more likely to increase adoption of services.

Task 3 (Section 351.823. e-Health Advisory Committee): Advises HHS agencies on the development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

- **Recommendation 1:** Explore opportunities to expand the telemedicine services available in Texas Medicaid to include all modalities included in SB 1107, including utilization of store and forward technologies.
 - Statutory change needed: None
 - Rule change needed: Yes – Amend Texas Administrative Code 354.1432 (Telemedicine and Telehealth Benefits and Limitations)
 - Cost/benefit analysis: Telemedicine can provide cost effective interventions for the Medicaid population that also benefits patients by avoiding travel costs and time off work.

- **Recommendation 2:** Repeal outdated and confusing language from the Government Code related to telemedicine, specifically the section that requires HHSC to establish and maintain technical standards for telemedicine and the section that calls for HHSC to consider aligning Medicaid policies with Medicare.
 - Statutory change needed: Yes – repeal Chapter 531 of the Government Code:
 - 531.02161, telemedicine and telehealth and home telemonitoring standards
 - 531.02173. Alignment of Medicaid telemedicine reimbursement policies with Medicare reimbursement policies.
 - Rule change needed: No – rules do not currently exist for these provisions.
 - Cost/benefit analysis: May not affect cost of services but will reduce confusion among stakeholders and will encourage adoption of telemedicine and telehealth technologies.

- **Recommendation 3:** Encourage providers to use tools such as electronic medical records and health information exchanges to have more complete information available about the patient, if needed, as part of a telemedicine or telehealth encounter. Telemedicine providers should also report back to Medicaid PCPs about treatment provided to their clients.

- Statutory change needed: None. [SB 1107](#) does include a provision that allows a telemedicine provider to report to a PCP on a patient encounter.
- Rule change needed: (*none*)
- Cost/benefit analysis: Encourages continuity of care and supports the primary care medical home model.
- **Recommendation 4**: Encourage the utilization and reimbursement of pharmacists as healthcare providers through tele-delivered medication therapy management services and consultations.
 - Statutory change needed: Unknown
 - Rule change needed: Unknown
 - Cost/benefit analysis: According to the Ashville Project, Pharmacists have saved more than \$1,600 in direct healthcare costs per patient at a pharmacist-run anticoagulation clinic, compared with usual medical costs. In patients with diabetes who were enrolled in the Ashville Project, a project which allowed pharmacists to manage patients' diabetes after diagnosis for up to five years, a cost savings of \$1,200 to \$1,872 per patient was realized. The Asheville project also looked at asthma maintenance, and demonstrated a savings of \$1,230 per patient in indirect costs for those with asthma who received clinical maintenance services from a pharmacist, and direct cost savings of \$725 average per patient. And for pharmacists involved in primary care, the Ashville project showed \$1,123 per patient saved on medication claims and \$472 per patient on medical, hospital, and emergency department expenses at five primary care sites in Connecticut.
- **Recommendation 5**: Explore opportunities to expand on SB 1633 to improve access to pharmacists through telepharmacy.
 - Statutory change needed: [SB 1633](#)
 - Rule change needed: 121.121

- Cost/benefit analysis: \$290 Billion is lost yearly on patient noncompliance with medication. Better access to a pharmacist means better patient medication adherence. It can also lead to a decrease in medication interactions.
- **Recommendation 6**: Home Telemonitoring become a permanent benefit by removing the Sunset date of 9-1-19.
 - Statutory change needed: Section 531.02176 Government Code
 - Rule change needed: (*none*)
 - Cost/benefit analysis: (*none*)
- **Recommendation 7**: Allow more conditions to utilize Home Telemonitoring as allowed by Government Code 531.02164.
 - Statutory change needed: (*none*)
 - Rule change needed: Texas Admin. Code 354.1434
 - Cost/benefit analysis: (*none*)
- **Recommendation 8**: Facilitate a linkage between community HIE and telemedicine services.
 - Statutory change needed: (*none*)
 - Rule change needed: (*none*)
 - Cost/benefit analysis: As outreach to telemedicine in most cases is episodic, telemedicine providers increase the accuracy of their patient assessment by having patient history available.

8. A description of the activities the committee anticipates undertaking in the next fiscal year

During the course of its first four meetings, the eHealth Advisory Committee (eHAC) discussed several activities that it anticipates undertaking during the next fiscal year. To date, these items include, but are not limited to:

- Implementing a pilot for the integration of Managed Care Organizations (MCOs) with Health Information Exchange organizations (HIEs) in alignment with Task 2, Recommendation number 3 above;
- Continuing the further development of the interoperability report as required under [House Bill 2641 \(2015, 84R\)](#);
- Developing disaster response planning as it relates to the use of eHealth initiatives; and
- Continue to work with HHSC on implementation of the Committee's recommendations contained in this report.

The eHealth Advisory Committee next meets on March 2, 2018, wherein the committee will discuss any additional activities the committee anticipates undertaking in the next fiscal year.

9. Recommended Amendments to this section (15 Tex. Admin Code, Section 351.823)

The eHealth Advisory Committee (eHAC) recommended multiple amendments to Title 1, Texas Administrative Code, Section 351.823, including but not limited to the following:

- Changing the voting rights of the committee's ex officio members (see Section 351.823(f)(1)(A) and (B));
- Expanding the membership of the committee from 18 to 24 members (see Section 351.823(f)(1)); and
- Extending the committee beyond its current expiration date (see Section 351.823(e)).

The eHAC next meets on March 2, 2018, wherein the committee will discuss whether there are any additional recommendations for amendments to this section (1 Tex. Admin. Code, Section 351.823).

10. Costs Related to the Committee

For a description of costs related to the committee, please see Attachment C.

Acronyms

| Acronym | Full Name |
|------------|---|
| CHIP | Children's Health Insurance Program |
| DSHS | Department of State Health Services |
| ED | Emergency Department |
| eHAC | eHealth Advisory Committee |
| DoD | Department of Defense |
| EHR | Electronic Health Record |
| EMR | Electronic Medical Record |
| HHS System | Health and Human Services Enterprise |
| HHSC | Health and Human Services Commission |
| HIE | Health Information Exchange |
| HIT | Health Information Technology |
| IT | Information Technology |
| LMHA | Local Mental Health Authority |
| MCO | Managed Care Organization |
| MEHIS | Medicaid Electronic Health Information System |
| PCP | Primary Care Provider |
| PHR | Personal Health Record |

PMP

Prescription Monitoring Program

VA

Veterans Administration

Attachment A: HHSC e-Health Advisory Committee – Membership

| Category | Selection | Business Organization | City | Region, Race, Gender |
|---|---|--|---------|--------------------------------------|
| Representative from HHSC <i>(ex-officio members)</i> | 1 - Erin McManus 2 - Hope Morgan <i>(interim OeHC Director)</i> | HHSC | Austin | 7, White, Female 7, Black, Female |
| Rep. DSHS <i>(ex-officio members)</i> | Steve Eichner | DSHS | Austin | 7, White, Male |
| Rep. Texas Medical Board | Scott M. Freshour, J.D. | TX Medical Board | Austin | 7, White, Male |
| Rep. Texas Board of Nursing | VACANT <i>(as of Nov. 2017)</i> | TX Board of Nursing | | |
| Rep. Texas State Board of Pharmacy | Adam S. Chesler, PharmD | Cardinal Health | Dallas | 3, White, Male |
| Rep. Statewide Health Coordinating Council | Salil Deshpande, MD | UnitedHealthCare Community Plan of Texas | Houston | 6, Asian, Male |
| Representative of a managed care organization | Will Rodriguez | Texas Tech University Health Sciences Center | Lubbock | 1, Hispanic, Male |
| Rep. of the pharmaceutical industry | AJ Patel | Walgreens Company | Austin | 7, Asian, Male |
| Representative of a health science center in Texas | Billy Philips, Jr., PhD | Texas Tech University Health Sciences Center | Lubbock | 1, White, Male |
| Expert on telemedicine | Kristi Henderson | Seton Healthcare Family | Austin | 7, White, Female |
| Expert on home telemonitoring services | Sarah Mills | Texas Association for Home Care and Hospice | Austin | 7, White, Female |

| | | | | |
|---|--|---|-------------------|-----------------------------------|
| Rep. of consumers of health services provided through telemedicine | Rebecca Moreau | Epilepsy Foundation Texas | Houston | 6, White, Female |
| Medicaid provider or child health plan program provider | Ogechika Alozie, MD Thomas C. Wheat | Texas Tech University Health Sciences Center El Paso Pediatric Home Healthcare | El Paso Dallas | 10, Black, Male 3, White, Male |
| Rep. Texas Health Services Authority | George Gooch | Texas Health Services Authority | Austin | 7, White, Male |
| Representative of a local or regional health information exchange | Gijs Van Oort, PhD | Healthcare Access San Antonio | San Antonio | 8, White, Male |
| Representative with expertise related to the implementation of electronic health records, computerized clinical support systems, and health information exchange systems for exchanging clinical and other types of health information | Elizabeth Adamson | Doctors Hospital at Renaissance | Edinburg | 11, Hispanic, Female |
| | Nora Belcher | Texas e-Health Alliance | Austin | 7, White, Female |
| | Pamela McNutt | Methodist Health System | Dallas | 3, White, Female |

| | | | | |
|--|------------------------|------------------|----------|-------------------|
| | Gerald Nissley, PhD | Private Practice | Marshall | 4, White, Male |
|--|------------------------|------------------|----------|-------------------|

**Attachment B: HHSC e-Health Advisory Committee –
Member Attendance and Meeting Minutes**

**e-Health Advisory Committee
Meeting Minutes
Thursday, November 17, 2016
1:00 p.m.
John H. Winters Building Public Hearing Room 125
701 West 51st St. Austin, Texas 78751**

Table 1: e-Health Advisory Committee member attendance at the November 17, 2016 meeting.

| MEMBER NAME | YES | NO | MEMBER NAME | YES | NO |
|-----------------------|-----|----|---------------------|-----|----|
| Ms. Elizabeth Adamson | X | | Ms. Sara Mills | X | |
| Dr. Ogechika Alozie | X | | Ms. Rebecca Moreau | X | |
| Ms. Nora Belcher | X | | Dr. Gerald Nissley | X | |
| Dr. Adam S. Chesler | X | | Mr. AJ Patel | X | |
| Dr. Stacey Cropley | X | | Dr. Billy Philips | X | |
| Dr. Salil Deshpande | X | | Mr. Will Rodriguez | | X |
| Mr. Steve Eichner | X | | Mr. Gijis Van Oort | X | |
| Mr. George Gooch | X | | Mr. Thomas C. Wheat | X | |
| Ms. Kristi Henderson | | X | | | |
| Ms. Erin McManus | X | | | | |
| Ms. Pamela McNutt | X | | | | |

Agenda Item 1: Call to Order and Logistics

Ms. Stephanie Gutierrez called the meeting to order by welcoming the Committee members and providing logistics.

Ms. Gutierrez read Ms. Annick Barton's biography as way to introduce Ms. Barton to the Committee.

Agenda Item 2: Welcome

Ms. Annick Barton welcomed the Committee and thanked members for participating. Ms. Barton shared background information regarding the organizational structure of the state. Ms. Barton also reviewed the agenda and thanked the guest speakers for being present.

Agenda Item 3: Introductions

Ms. Barton requested the Committee make introductions, state the organization represented, and what interested them about the Committee.

Agenda Item 4: Health & Human Services (HHS) e-Health Advisory Committee

a. Committee Role

Ms. Barton gave background on the Advisory Committee structure based on Legislation. Rules were adopted for the e-Health Advisory Committee in the spring of 2016. The purposes of the Committee are provided in statute which states to advise the Executive Commissioner and Health and Human Services (HHS) system agencies on strategic planning, policies, rules, and services that relate to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home tele-monitoring services to include electronic health records and automated clinical support systems. Additional charges for the Committee are advising on the development, implementation, and long range plans for these areas

with the goal of greater cost effectiveness and better health outcomes in health care and population health.

The Committee will also be responsible for providing two reports; one to the Executive Commissioner each February and the other report to the Legislature annually that outline policy recommendations made by the Committee.

Ms. Adriana Rhames is the Committee Coordinator. Ms. Barton turned the floor over to Ms. Rhames.

b. Review of Bylaws

Ms. Rhames addressed the committee bylaws specifically about Committee composition, member terms, resignation and vacancies, chair and vice chair election, committee operations and meeting, quorum, voting rights, and travel compensation.

Ms. Rhames requested feedback of the bylaws from the Committee by way of email due December 19, 2016.

c. Member Terms

Ms. Gutierrez had members draw terms aside from the two ex-officio members and the two members that were not present. Ms. Rhames drew terms for the two absent members.

Ms. Gutierrez requested members read terms:

2 Year Term ending on December 31, 2018

1. Ms. Elizabeth Adamson
2. Ms. Nora Belcher
3. Dr. Adam S. Chesler
4. Dr. Salil Deshpande
5. Ms. Kristi Henderson

6. Dr. Gerald Nissley
7. Mr. AJ Patel
8. Mr. Will Rodriguez
9. Texas Medical Board member

3 Year Term ending on December 31, 2019

1. Dr. Ogechika Alozie
2. Dr. Stacey Cropley
3. Mr. George Gooch
4. Ms. Pamela McNutt
5. Ms. Sara Mills
6. Ms. Rebecca Moreau
7. Dr. Billy Philips
8. Mr. Gijs Van Oort
9. Mr. Thomas C. Wheat

d. Officer Election Process

Ms. Gutierrez explained the Officer Election Process then requested nominations for both Chair and Vice Chair for the Committee. Dr. Ogechika Alozie was nominated for Chair. However, Ms. Rhames announced the acceptance of Chair nominations by email through January 31, 2017. Ms. Nora Belcher was nominated for Vice Chair. Ms. Rhames will also accept email nominations for Vice Chair through January 31, 2016.

Agenda Item 5: Meeting Guiding Factors

Ms. Gutierrez introduced Ms. Cassandra Marx.

Ms. Marx addressed the Committee with information regarding Committee proceedings. Ms. Marx mentioned the Committee rules and informed the Committee of the Robert's Rules of Order to be used as a guide for voting procedures. Ms. Marx explained Circular 22, an HHS System policy for Advisory Committees which dictates how Advisory Committees are supposed to conduct business. Circular 22 was signed into effect by the Executive

Commissioner in 2007 as a system wide guideline. Ms. Marx provided a handout titled, *Guiding Factors*.

Agenda Item 6: HHS Ethics Training Presentation

Ms. Gutierrez read Mr. David Reisman's biography as way to introduce Mr. Reisman to the Committee.

Mr. Reisman provided a presentation to the Committee about Ethics. Mr. Reisman used the PowerPoint titled, *Government Ethics-An Overview for Advisory Committees*.

Mr. Reisman reviewed the Conflict of Interest Statement that each Committee member was required to sign and turn into Ms. Rhames.

Agenda Item 7: Break

Agenda Item 8: Office of e-Health Coordination Draft Interoperability Report Presentation

Ms. Gutierrez read Ms. Hope Morgan's biography as way to introduce Ms. Morgan to the Committee.

Ms. Morgan referred to the PowerPoint titled, *"Update on Interoperability for Texas: Powering Health 2016"*. Ms. Morgan took questions from the Committee and had discussion regarding sharing and exchanging information and data through vendors.

Ms. Morgan turned the floor over to Mr. Steve Eichner. Ms. Gutierrez read Mr. Steve Eichner's biography as way to introduce Mr. Eichner to the Committee.

Mr. Eichner referred to the PowerPoint titled, *Update on Interoperability for Texas: Powering Health 2016*. Mr. Eichner took questions from the Committee and had discussion regarding MPI.

Agenda Item 9: Open Meetings Act Presentation

Ms. Gutierrez read Ms. Kym Oltrogge's biography as way to introduce Ms. Oltrogge to the Committee.

Ms. Oltrogge presented on the Open Meetings Act. Ms. Oltrogge referred to the handout and PowerPoint titled, *Open Meetings Act* available in each member's binder.

Agenda Item 10: Public Comment

There was no public comment offered.

Agenda Item 11: Next Meeting Planning

Ms. Rhames offered several dates to the Committee to choose from in deciding when the next meeting will be. The Committee decided to meet in March of 2017. Ms. Rhames informed the Committee of the requirement to take the online Public Information Act training and to submit the certificate to Ms. Rhames by January 31, 2017. Ms. Rhames also reminded the Committee to submit feedback regarding the bylaws by December 19, 2016. Ms. Rhames requested nominations for Chair and Vice Chair to be submitted by email no later than January 31, 2016.

ACTION ITEM: Ms. Rhames will research Gov delivery emails being sent to spam and report back to the Committee.

Agenda Item 12: Adjourn

Ms. Gutierrez adjourned the meeting at 4:27 p.m.

**e-Health Advisory Committee
Meeting Minutes
Friday, March 24, 2017
9:00 a.m.
John H. Winters Building Public Hearing Room 125
701 West 51st St. Austin, Texas 78751**

Table 1: e-Health Advisory Committee member attendance at the March 24, 2017 meeting.

| MEMBER NAME | YES | NO | MEMBER NAME | YES | NO |
|-----------------------|-----|----|---------------------|-----|----|
| Ms. Elizabeth Adamson | | X | Ms. Pamela McNutt | | X |
| Dr. Ogechika Alozie | X | | Ms. Sara Mills | X | |
| Ms. Nora Belcher | X | | Ms. Rebecca Moreau | X | |
| Dr. Adam S. Chesler | X | | Dr. Gerald Nissley | X | |
| Dr. Stacey Cropley | X | | Mr. AJ Patel | X | |
| Dr. Salil Deshpande | | X | Dr. Billy Philips | | X |
| Mr. Steve Eichner | X | | Mr. Will Rodriguez | X | |
| Mr. Scott M. Freshour | | X | Dr. Gijs Van Oort | | X |
| Mr. George Gooch | X | | Mr. Thomas C. Wheat | | X |
| Ms. Kristi Henderson | X | | | | |
| Ms. Erin McManus | | X | | | |

Agenda Item 1: Call to Order and Logistics

Ms. Stephanie Gutierrez called the meeting to order by welcoming the Committee members and providing logistics.

Ms. Gutierrez turned the floor over to Ms. Annick Barton.

Agenda Item 2: Welcome & Introductions

Ms. Barton welcomed the Committee and thanked members for participating. Ms. Barton requested the Committee members introduce themselves. Due to not having a quorum present, the Committee was asked to review the minutes from the November meeting located in their binder. The Committee was informed that no action could be taken until a quorum was present.

Agenda Item 3: Committee Rules

Ms. Barton reviewed the Committee Rules located in the binder. Ms. Barton announced the proposed rules amendment to remove Ex-Officio members voting rights and the removal of the limitation of total members on the Committee so it is in line with the statute. The Committee asked specifics regarding the abolishment of the Committee and inquired about the process to request continuation of the Committee prior to its abolishment. Ms. Barton directed the attention of the Committee to the *HHS Rule Making Process* handout for review.

Agenda Item 4: Approval of November 17, 2016 Meeting Minutes

Ms. Barton turned the floor over to Ms. Gutierrez for the process of approving minutes.

Ms. Gutierrez requested a motion be made to approve the November 17, 2016 meeting minutes. Dr. Stacey Cropley made a motion with Mr. AJ Patel seconding.

MOTION: Dr. Stacey Cropley

SECOND: Mr. AJ Patel

A voice vote was made with all in favor and none opposed. The motion carried to approve the November 17, 2016 meeting minutes.

Agenda Item 5: Officer Elections

Ms. Gutierrez informed the Committee of the Election Process. Ms. Gutierrez and Ms. Adriana Rhames distributed and collected the ballots. Ms. Gutierrez announced to the Committee the election of Chair, Dr. Ogechika Alozie and Vice Chair, Ms. Nora Belcher.

Agenda Item 6: Break

Agenda Item 7: Bylaws Approval

Ms. Barton requested the Committee locate the proposed bylaws in their binder. Ms. Barton reviewed the changes being proposed such as the total number of members and Ex-Officio members having voting rights. Ms. Barton informed the Committee that 2/3rd of members need to be present to vote on Bylaws. However, 2/3rd of the members were not present so no action was taken.

The Committee provided feedback to Ms. Barton regarding the correction of referencing the Health and Safety Code, the Committee's role and responsibility of filing an annual report, and various typos.

ACTION ITEM: The Committee requested that the State look into electronic voting for items that are time sensitive.

ACTION ITEM: Ms. Barton also requested the eHAC Coordinator look into the process for requesting continuation of the Committee prior to abolishment

Agenda Item 8: Medicaid Eligibility and Health Information Services System Presentation (MEHIS)

Dr. Alozie turned the floor over to Ms. Alessandra Reyes. Ms. Reyes introduced Ms. Allyson Davidson, Director of Operations Hewlett Packard Enterprise.

Ms. Davidson reviewed information about the MEHIS background including strategic and legislative drivers that led to the development of MEHIS, specific goals and objectives that were in place during the development of the system, and an overview of the current functionality of MEHIS including services and client portals.

Ms. Davidson introduced Mr. Mazen Abduldaem, Enterprise Architect Hewlett Packard Enterprise. Mr. Abduldaem provided a high level architectural overview of MEHIS and MCO integration pilot.

Both Ms. Davidson and Mr. Abduldaem referred to the PowerPoint titled, *MEHIS Legislative Drivers Diagram* and the handout titled, *Medicaid Eligibility and Health Information Services (MEHIS)*.

Mr. Abduldaem turned the floor over to Ms. Reyes for questions. Ms. Reyes reported to the Committee a brief summary regarding House Bill 1218 (HB1218). HB 1218 asked the state to create a tool to exchange health information. The pilot is currently taking place with various MCO stakeholders. The ultimate goal is to integrate with HIETexas. The state wants to have MEHIS become a data interoperability hub, which it currently meets all standards.

Agenda Item 9: Strategic Planning Activity and Discussion

Dr. Alozie introduced and turned the floor over to Ms. Hope Morgan. Ms. Morgan referenced the PowerPoint titled, *Overview Interoperability for Texas: Powering Health 2016 Report*. Ms. Morgan reviewed the five goals of Interoperability and recommended the Committee break up into five workgroups based on these five goals. Ms. Morgan informed the Committee that the workgroups would be responsible for making recommendations for each goal area by December 2017, in order to inform the HHS Interoperability Plan and 2018 Interoperability Report. Ms. Morgan introduced Mr. Steve Eichner. Mr. Eichner explained that the Committee would further be responsible for creating measures for each of these goals.

Ms. Morgan informed the Committee of the five goal areas:

1. Infrastructure
 - a. What the interface looks like and what technology is being used. What capacity and capabilities are available.
2. Governance
 - a. Ensuring that appropriate information and decision making is made based on standardized formats.
3. Business Technical Operations
 - a. Optimization of information systems to meet business needs, reducing data entry requirements and eliminating the need for costly connections.
4. Policy and Practice
 - a. Maintaining business practices that support efficient use of health information for the delivery of services. Where do we identify best practices that we can use across our different program areas?
5. Communications
 - a. What mechanisms should be used to inform and education the community?

Ms. Morgan introduced Ms. Francesca Kupper and turned the floor over to her.

Ms. Kupper explained the process of what the Committee members will be doing after they break out into their respective workgroups. Ms. Kupper briefly reviewed the handouts titled, *eHAC Workgroup Instructions*, *Self-Management Tips for Small Work Groups*, *eHAC Interoperability 2018 Recommendation Timeline*, *Identification of Quantitative and Qualitative Data to Gather for Use in Data-Based Decision Making*, *Create an Improvement Theory Statement*, *Guidelines for Establishing Criteria to Evaluate Proposed Recommendations*, and *the Priority Matrix*.

Ms. Kupper asked that members break out into five small workgroups around the tables. The workgroups were given twenty-eight minutes to convene and get organized.

Ms. Gutierrez called the workgroups back to their original seats so each workgroup could report back to the full committee.

Agenda Item 10: Public Comment

There was no public comment offered.

Agenda Item 11: Next Meeting Planning

Dr. Alozie announced there will be two additional meetings this year. Dr. Alozie suggested three date options during the month of August, on a Friday at 9am. Dr. Alozie also suggested the Committee meet in December for an end of the year meeting. Dr. Alozie thanked the Committee for the vote of Chair.

Agenda Item 12: Adjourn

Dr. Alozie adjourned the meeting at 1:13 p.m.

**e-Health Advisory Committee
Meeting Minutes
Friday, September 29, 2017
9:00 a.m.
Brown Heatly Building Public Hearing Room
4900 North Lamar., Austin, Texas 78751**

Table 1: e-Health Advisory Committee member attendance at the September 29, 2017 meeting.

| MEMBER NAME | YES | NO | MEMBER NAME | YES | NO |
|-----------------------|-----|----|---------------------|-----|----|
| Ms. Elizabeth Adamson | | X | Ms. Pamela McNutt | X | |
| Dr. Ogechika Alozie | X | | Ms. Sara Mills | X | |
| Ms. Nora Belcher | X | | Ms. Rebecca Moreau | X | |
| Dr. Adam S. Chesler | X | | Dr. Gerald Nissley | X | |
| Dr. Stacey Cropley | X | | Mr. AJ Patel | X | |
| Dr. Salil Deshpande | | X | Dr. Billy Philips | | X |
| Mr. Steve Eichner | X | | Mr. Will Rodriguez | | X |
| Mr. Scott M. Freshour | | X | Dr. Gijs Van Oort | X | |
| Mr. George Gooch | X | | Mr. Thomas C. Wheat | | X |
| Ms. Kristi Henderson | | X | | | |
| Ms. Erin McManus | X | | | | |

Agenda Item 1: Call to Order and Logistics

Dr. Ogechika Alozie called the meeting to order and turned the floor over to Ms. Stephanie Gutierrez, Stakeholder Relations, Health and Human Services Commission (HHSC). Ms. Gutierrez provided logistical announcements and called roll to determine a quorum.

Agenda Item 2: Welcome & Introductions

Dr. Alozie introduced himself and requested members introduce themselves as well.

Agenda Item 3: Approval of March 24, 2017 Meeting Minutes

Dr. Alozie introduced and turned the floor over to Ms. Gutierrez. Ms. Gutierrez prompted the Committee to review the minutes from their packet. Dr. Adam Chesler made a motion to approve the March 24, 2017 meeting minutes with Mr. George Gooch seconding. A voice vote was taken with all in favor. The motion carried.

Agenda Item 4: Committee Rules Revisions Update

Dr. Alozie introduced and turned the floor over to Ms. Adriana Rhames, Program Specialist, HHSC Office of e-Health Coordination. Ms. Rhames reminded the Committee that the revisions to the Rules document proposed in spring 2017 had been placed on hold due to legislative priorities. At this time, the process has restarted and the draft is being routed internally for approval. The two proposed changes are:

1. Increase to the maximum number of members. The current language limits the maximum number of members at 15. The request is to increase the number of members to 24.
2. Removal of Ex-officio's voting rights.

In response to a Committee member's inquiry from the March 2017 meeting, Ms. Rhames informed the Committee that the process for extending the e-Health Advisory Committee beyond the June 2020 abolishment date entails a

recommendation from members to the Executive Commissioner for consideration before a rule can be amended.

Agenda Item 5: Committee Bylaws Draft Update

Ms. Rhames notified the Committee that feedback from the March meeting has been incorporated. Also, a provision for electronic voting when the Committee is not scheduled was included in addition to telephone conference call language.

Dr. Chesler made a motion to approve the bylaws with Mr. Gooch seconding. A voice vote was taken. The motion carried by unanimous vote.

Agenda Item 6: Disaster Response on Hurricane Harvey and e-Health discussion

Dr. Alozie introduced and turned the floor over to Mr. Steve Eichner. Mr. Eichner informed the Committee of Disaster Response and Disaster Preparedness. Mr. Eichner stated during Hurricane Harvey the Department of State Health Services (DSHS) activated the Emergency Medical Operations Center in support of the State Operation Center. The goal is to ensure the understanding of roles and responsibilities of all jurisdiction levels across Texas as well as provide a list of resources available for deployment in disaster situations in an effort to coordinate care. There is also a new tool used to communicate across the state with Emergency Responders. Mr. Eichner broke down the stages of incident response; recognizing an incident and activation of resources. Mr. Eichner informed the Committee of a new electronic health record system used in relocating individuals. Mr. Eichner turned the floor over to Mr. Gooch. Mr. Gooch commented on the effectiveness and cooperation of Texas Health Services Authority (THSA) and local health information exchanges during Hurricane Harvey. Mr. Eichner turned the floor over to Mr. Gijs Van Oort. Mr. Van Oort informed the Committee that Health Information Exchanges (HIE) were involved and providing support.

Mr. Eichner informed the Committee of a state wide registry of individuals with medical needs for assistance during evacuation. The registry is maintained at the local level by local health agencies. Individuals need to re-register each year. Mr. Eichner is interested in connecting the registry with other resources for automatic updates to improve finding individuals and assessing their current medical needs.

Dr. Gerald Nissley stated that it would be helpful to have behavioral health records for displaced individuals as well. Mr. Eichner followed up with noting the need to develop a process for connecting local mental health authorities with current systems so all data is shared.

The Committee discussed the importance of having a usable tool for providers, clients, and agencies across the board to share information toward collaboration and efficiency.

Mr. Eichner requested the Committee support a workgroup for after action consideration in light of the response to Hurricane Harvey so recommendations can be made to identify solutions to potential challenges. The input would go to disaster planning.

Mr. Eichner made a motion that the Committee support a workgroup to look at after action item investigation and make recommendations regarding disaster preparedness across actions including HIE and telemedicine to be supported by HHSC and the Chief Technology Office (CTO). The Committee discussed whether this motion is within the Committee's charge. The Committee decided that the motion is a fit for the charge of the Committee. Dr. Nissley seconded the motion. A voice vote was taken. The motion carried.

ACTION ITEM: Ms. Rhames will work with Ms. Hope Morgan with how to go about operationalizing this task.

Agenda Item 7: New Legislation Update Presentation

Dr. Alozie introduced and turned the floor over to Ms. Erin McManus. Ms. McManus referenced the handout and PowerPoint titled, *Telemedicine and Telehealth Legislation 85th Regular Session*. Ms. McManus highlighted Senate Bill (SB) 1107, SB922, SB1633, and House Bill (HB) 1697.

Ms. Belcher stated that there are three rules; rule 174, 170, and 190 that have to change for SB1107 to pass.

Ms. Adriana Rhames referenced the handout and PowerPoint titled, *H.B. 1697 Implementation Plan*.

Ms. Belcher informed the Committee of regional money and a Network Access Improvement Project to use as a model for the implementation plan.

Agenda Item 8: Break

Agenda Item 9: Interoperability Strategy Workgroup Updates

Dr. Alozie introduced and turned the floor over to Mr. Eichner. Mr. Eichner referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*. Mr. Eichner stated that Health and Human Services (HHS) is working on moving interfaces to a health services gateway as a single point of entry and exit for all clinical information across HHS. It will be a transition set of steps rather than immediate. As new technology comes into place HHS is transitioning to the health service gateway as a single point of connection for, eventually, all HHS transactions.

a. Business & Technology Operations Workgroup

Mr. Eichner reported to the Committee on the workgroup's focus. The workgroup did an overview on business services supported by HHS Interoperability Services, information standards and adoption process used by HHS agencies, and data sharing and user agreements. The workgroup also researched pharmacy systems and the ability to track information throughout the life of service delivery and identified process improvement. Mr. Eichner referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*.

b. Communications

Ms. Rebecca Moreau reported to the Committee on the workgroup's focus. The workgroup has discovered that there is limited information about the effectiveness about HHS communications. The workgroup would like to measure if communication is being received by using Survey Monkey or a focus group in an effort to see if messages are getting through. The workgroup also researched modes of communication and would like to research how responsive providers are to new interoperability capabilities implemented at HHS. Ms. Moreau referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*.

c. Governance

Mr. Gooch reported to the Committee on the workgroup's focus. The workgroup has set out to collect information from the full Committee by way of a survey. The results are reflective of what they have learned; the current standards work for the state of Texas. Mr. Gooch referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*.

d. Infrastructure

Mr. Eichner reported to the Committee on the workgroup's focus. The workgroup has explored opportunities of interoperability for extending connectivity for data exchange at State Supported Living Centers (SSLCs) and State Hospitals (SHs) as well as between SHs and local mental health authorities for continuity of care. Next steps are to connect SHs and SSLCs into HIE to enable coordination of services between behavior health and primary care services. There is also a need to digitize information by creating and replacing systems. Mr. Eichner referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*.

e. Policy & Practice

Mr. Eichner reported to the Committee on the workgroup's focus. The workgroup researched reporting requirements and standards, HHSC information managed with respect to privacy and security, developing interoperability within the HHS system, how HHS responds and interacts with internal audit activity, support for federal programs, the use of the health services gateway to improve efficiency, looking at establishing a single point for connectivity serving as a core location, benefits realization by both HHS and partners in terms of technology developed and used, and measuring performance. Mr. Eichner referenced the handout and PowerPoint titled, *eHealth Advisory Committee Interoperability Plan Workgroups Update*.

Agenda Item 10: Prescription drugs, use and non-use statistics

Dr. Alozie introduced and turned the floor over to Dr. Chesler. Dr. Chesler provided a presentation on medication adherence and prescription adherence as well as the dollar values attributed to each in an effort to find savings through improvement. Dr. Chesler referenced the handout and PowerPoint titled, *How telepharmacy impacts medication adherence*.

Dr. Chesler described for the Committee how telepharmacy works. The Committee shared how telepharmacy is important for small towns and homeless shelters in an effort to improve care and save costs.

Agenda Item 11: Texas Health Services Authority (THSA) Update

Dr. Alozie introduced and turned the floor over to Mr. Gooch. Mr. Gooch gave a brief history of THSA as well as recent decisions made that affect the HIE market in Texas. Mr. Gooch referenced the handout and PowerPoint titled, *Texas Health Services Authority History and Current Status*.

Mr. Gooch stated that THSA will transition into a private entity within the next four years. The THSA went through a business planning process in

2017. During Hurricane Harvey the THSA was working toward the decommission plan of the query based platform. Currently there is a short term contract with a vendor and HIEs.

Agenda Item 12: Lunch

Agenda Item 13: Making Prescription Monitoring Program data available through Health Information Exchanges (HIEs); value and likelihood discussion

Dr. Alozie introduced and turned the floor over to Dr. Van Oort. Dr. Van Oort requested that the Committee place this agenda item on hold until the December meeting. Dr. Alozie confirmed the request and tabled the agenda item until the next meeting.

Agenda Item 14: Texas Health Services Authority (THSA) Update

Dr. Alozie introduced and turned the floor over to Ms. Carina Luther, Communications Specialist, HHSC MEHIS Team, Allyson Davidson, Director of Operations, DXC Technology, and Mr. Lonnie Wendling, Account Executive, Texas DXC Technology. The three presenters referenced the handout and PowerPoint titled, *Medicaid Eligibility and Health Information Services (MEHIS) System Presentation to the eHealth Advisory Committee September 29, 2017*.

Ms. Luther addressed the Committee regarding the Provider Portal Integration Pilot. The pilot started in June and will run into November. A Medicaid provider from a managed care organization (MCO) or dental maintenance organization (DMO) can access the MEHIS provider portal with a single click through; www.texasbenefitscard.com. The purpose is to expand the capabilities these portals currently have.

The Committee asked the presenters when the integration will expand to health maintenance organization (HMOs). The presenters stated the agency is evaluating next steps in terms of the HIEs with decisions made in the near future. The Committee clarified the question is geared toward MCOs. The presenters stated they will take the question back to management. The

Committee also asked if there is functionality that is not currently in place that would drive utilization. The presenters stated that they are working on lab data, adding CHIP clients, as well as integration with HIE.

ACTION ITEM: The Committee requested the presenters extrapolate the number of HIEs from the 79% of respondents that found HIEs important as well as cross tabulate the current data with current TMA surveys to check for consistency.

Agenda Item 15: Medicaid and CHIP Services Department, Health Informatics, Services and Quality (HISQ) Office, HIE Connectivity Project overview

Dr. Alozie introduced and turned the floor over to Mr. Hickmon Friday, Project Manager, HHSC Health Informatics Services and Quality. Mr. Friday read verbatim the handout and PowerPoint titled, *An Overview of the HIE Connectivity Project*.

Mr. Friday took questions from the Committee. The Committee asked how physicians will be connected to the HIE. Mr. Friday stated that there will be funding to the HEI as a reimbursement for onboarding the provider. The Committee then discussed the infrastructure of the HIE Texas exchange system and its functionality going forward.

ACTION ITEM: Mr. Gooch will provide Ms. Pamela McNutt with the algorithm of the system.

Agenda Item 16: Required e-Health Advisory Committee reports planning

Dr. Alozie informed the Committee of the requirement for creating two reports per year. An annual written report to the Executive Commissioner and an annual written report to the Texas Legislature. Dr. Alozie stated there needs to be a workgroup in place responsible for writing the reports. Both reports are due in February 2018. Ms. Rhames notified the Committee no report was created last year due to having only one meeting. Ms. Rhames will share a template that can be used as a guide.

Ms. Belcher stated that each Committee member, based on their subject matter expertise, should be responsible for contributing to the report and the Chair and Co-Chair will edit before submission.

Dr. Chesler made a motion to have a significant portion of the December meeting to discuss the topics of drafting rules and recommendations. Ms. Stacey Cropley seconded. A voice vote was taken. The motion carried.

Agenda Item 17: Public Comment

No public comment was made.

Agenda Item 18: Next Meeting Planning

Dr. Alozie informed the Committee that the next meeting is December 1, 2017 at 9:00 a.m. in the Brown Heatly Public Hearing Room.

Agenda Item 19: Adjournment

Dr. Alozie adjourned the meeting at 2:14 p.m.

The web address for the meeting: <https://texashhsc.swagit.com/play/09292017-526>

**e-Health Advisory Committee
Meeting Minutes
Friday, December 01, 2017
9:00 a.m.
Brown Heatly Building Public Hearing Room
4900 North Lamar., Austin, Texas 78751**

[Please note that the minutes for the December 1, 2017 e-Health Advisory Committee meeting have not been included with this report as these minutes will not be finalized until the committee next meets on March 2, 2018.]

Attachment C: Costs Related to the Committee

The following eHAC support-related time and cost information is reported by the Office of e-Health Coordination's (OeHC) designated Committee liaison. Costs reflect staff time and related supplies and materials purchases. eHAC Committee members do not claim travel reimbursement.

The designated eHAC liaison reports dedicating approximately 55% of worktime to the management of eHAC. Committee management includes coordination of meetings, preparation of meeting notices, development and publication of agendas in coordination with eHAC chairs and HHSC Facilitation Services team, documentation of eHAC and eHAC subcommittees' activities and recommendations, preparation of presentation materials, coordination of member appointment process, ongoing stakeholder communications, and collaboration with other HHS agency teams as well as external stakeholders.

The second highest percentage of time dedicated to the management of the eHAC is reported at 25% by the OeHC Interim Director who also serves on the Committee. In these roles, the OeHC Interim Director collaborates with the eHAC liaison and Chairs in developing meeting agendas, preparing presentation materials, and communicating eHAC initiatives and activities to agency management.

For this reporting period, a total of 17 HHS agency staff assisted in supporting the eHAC at a combined cost of \$89,480. The OeHC also reported a materials and supplies expenditure of approximately \$100.

All eHAC activities were supported using HHS appropriated funds.