



TEXAS
Health and Human
Services

Quarterly Quality Provider Meeting

May 16, 2022
1:00-2:00pm

Agenda (1 of 2)

1. Welcome and Introductions
2. Update: HHSC projects
 - Hospital Based Quality Payment Program
 - Directed Payment Programs (Quality components)
 - All Payor Claims Database
3. Update: DSHS Data Resources



Agenda (2 of 2)

4. Update: Texas Medical Association's recent activities
5. Update: Texas Hospital Association's recent activities
6. Open Discussion
7. Action Items and topics for staff follow-up
8. Adjourn



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Welcome and Introductions

Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services



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Update: HHSC Projects Hospital Quality-Based Payment Program

**Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services**

Hospital Quality-Based Payment Program (HQBP)

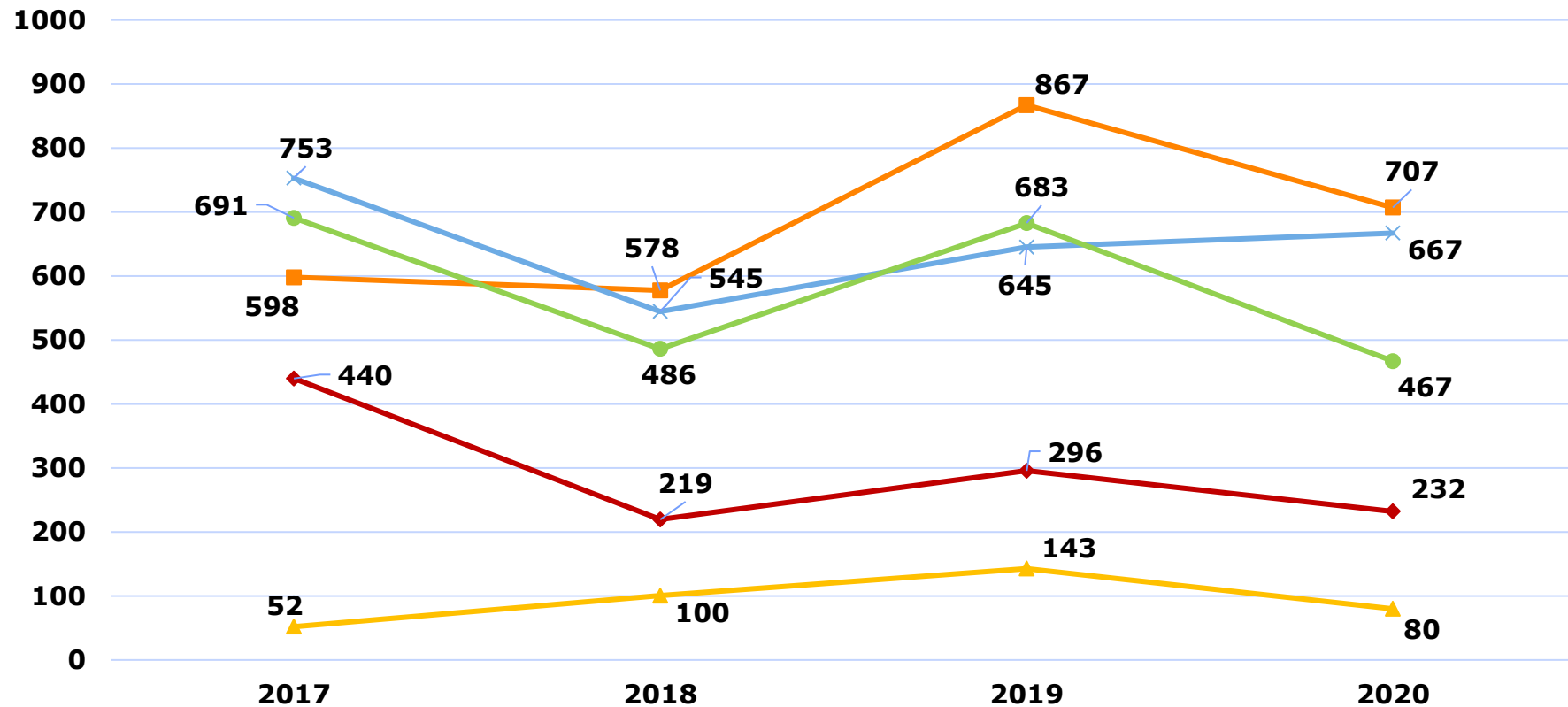
- HHSC administers the HQBP Program for all hospitals in Medicaid and CHIP in the managed care and FFS delivery systems.
- Hospitals are measured on their performance for risk-adjusted rates of potentially preventable hospital readmissions within 15 days of discharge (PPR) and potentially preventable inpatient hospital complications (PPC) across all Medicaid Programs and CHIP.
- Hospitals can experience reductions to their payments for inpatient stays:
 - Up to 2 percent for high rates of PPRs
 - Up to 2.5 percent for PPCs
- Measurement, reporting, and application of payment adjustments occur on an annual cycle.



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Changes in Hospital PPC Performance for 2017-2020

Statewide PPC Weights for Most Frequent PPCs, FY 2017-2020



- Septicemia & Severe Infections
- Shock
- Renal Failure without Dialysis
- Acute Pulmonary Edema and Respiratory Failure without Ventilation
- Medical & Anesthesia Obstetric Complications

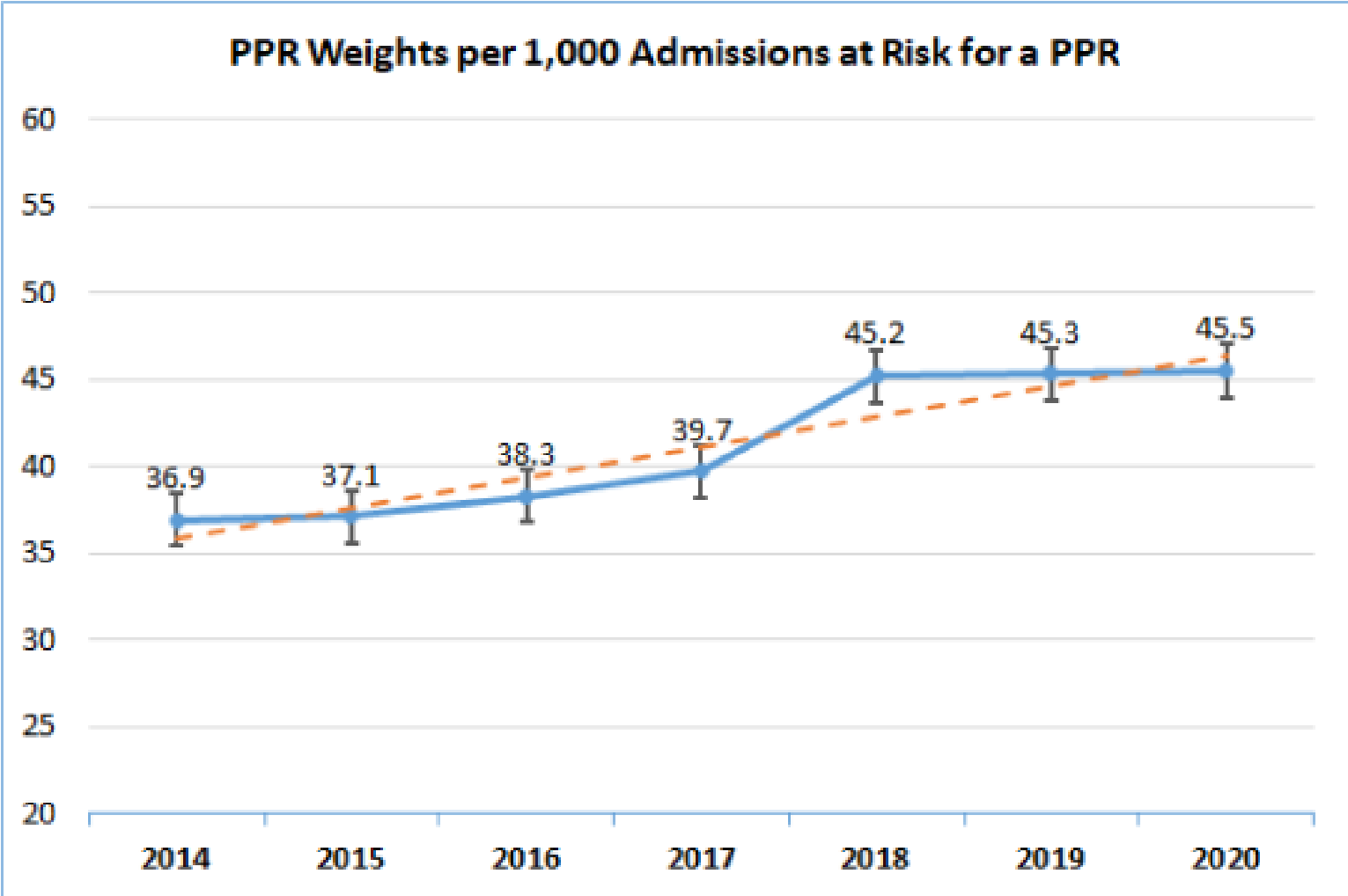


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Changes in Hospital PPR Performance for 2014-2020



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Changes to the HQBP

- Readmissions for Neonatal Jaundice will no longer be eligible for PPR consideration, effective for the SFY 2021 report cycle (available June 1, 2022).
 - This change will be made manually for SFY 2021. However, 3M has indicated this change will be reflected in their software update in October 2022.
- HHSC will begin a biannual stakeholder meeting series to promote/facilitate provider feedback for the HQBP and future 3M software updates.



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Accessing HQBP Data

- Hospitals can access their confidential PPR and PPC reports on TMHP's secure provider portal at <https://www.tmhp.com/>.
 - Files containing underlying patient level data can also be accessed here.
 - For technical assistance with accessing the provider portal or creating an account, contact the TMHP EDI Helpdesk at 888-863-3638, from 7 a.m. to 7 p.m., Central Time. More information can be found at the TMHP website under the "Resources" banner.
 - Mid-year reports (available in August of every year) and underlying data are available upon request to the HQBP email box at MCD_PPR_PPC@hhsc.state.tx.us.



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HQBP Data Elements

- Hospital PPR and PPC reports contain a number of informative metrics to contextualize performance:
 - Hospital volume and admissions at risk of PPE
 - PPE Performance metrics, including weighted and events-based rates
 - Expenditure data associated with PPEs
 - PPE category and reason data for the hospital
 - Statewide distributions for PPE rates
- Summaries of hospital performance are publicly available on the THLC portal one year after hospitals have received their results.



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HQBP Program Website

Hospital Quality-based Payment Program

Texas Health and Human Services collects data on potentially preventable events and uses it to improve quality and efficiency.

Managed care organizations and hospitals are financially accountable for potentially preventable complications and potentially preventable readmissions flagged by HHS.

Based on performance for these measures, adjustments are made to fee-for-service hospital inpatient claims. Similar adjustments are made in each MCO's experience data, which affects capitation rates. The data for fiscal years 2019 – 2020 is displayed in the folders below. The data for previous fiscal years through 2015 can be requested by [emailing the PPR PPC Coordination Team](#)

Announcements

- [April 15, 2022 \(PDF\) – FY 2021 Analysis](#)
- [August 6, 2020 \(PDF\) – FY 2020 Analysis](#)
- [May 11, 2020 \(PDF\) – FY 2019 Analysis](#)
- [July 10, 2019 \(PDF\) – FY 2019 Mid-year Analysis](#)
- [April 29, 2019 \(PDF\) – The FY 2018 PPR PPC hospital-level PDF reports will be accessible to hospitals on June 1, 2019.](#)

Website link: <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/potentially-preventable-events?msclkid=fbb7a95ccd6b11ecae35262240442cb6>



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Texas Medicaid Directed Payment Programs & Quality Improvement

**Noelle Gaughen, Manager
Delivery System Quality & Innovation
Medicaid/CHIP Services**

What is a State Directed Payment?

- Directed Payment Programs (DPPs) are designed to help Medicaid managed care programs achieve delivery system and payment reform and performance improvement.
- Specifically, a state is permitted to direct Medicaid managed care organizations (MCOs) to make certain payments to healthcare providers.
- In Texas DPPs, intergovernmental transfers provide the non-federal share to draw down federal funds.
- These programs must be approved annually by the Center for Medicaid and Medicare Services (CMS).



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Texas Medicaid DPPs



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Quality Incentive Payment Program (QIPP)

- \$1.1 Billion
- Nursing Facilities
- Started SFY18

Comprehensive Hospital Increased Reimbursement Program (CHIRP)

- \$4.7 Billion
- Hospitals
- Started as UHRIP SFY18
- Started as CHIRP SFY22

Directed Payment Program for Behavioral Health Services (DPP BHS)

\$176 Million
CMHCS
Started SFY22

Texas Incentive for Physicians and Professional Services (TIPPS)

\$600 Million
Physician Groups
Started SFY22

Rural Access to Primary and Preventive Services (RAPPS)

\$11 Million
Rural Health Clinics
Started SFY22

DPPs and the Medicaid Quality Strategy

Texas must demonstrate that each directed payment arrangement advances at least one of the goals and objectives in the [Texas Managed Care Quality Strategy](#). Texas expects the five DPPs to advance the objectives of the following quality strategy goals.

Quality Strategy Goal	CHIRP	QIPP	TIPPS	BHS	RAPPS
Promoting optimal health for Texans	X		X	X	X
Keeping patients free from harm	X	X			
Promoting effective practices for people with chronic, complex, and serious conditions	X	X	X	X	X
Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care	X	X			



Performance Criteria

QIPP Year 5:

- Some payments are tied to a participating nursing facilities performance on specific quality measures or metrics.

CHIRP, TIPPS, RAPPS, and DPP BHS Year 1:

- Payment is not tied to performance on quality metrics. Reporting is required as a condition of participation.



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Evaluation Criteria

- All DPPs will have performance targets for evaluation purposes.
- Texas DPPs require participants to submit quality reports to HHSC. The type and frequency of data submitted varies by program. Participant reporting may be in the form of:
 - Structure measures like:
 - Health Information Exchange participation
 - Staffing hours
 - Process or outcome measures like:
 - Screening for food insecurity
 - Diabetes control
- All DPPs have performance targets for evaluation purposes.
- Other data sources will also be used to evaluate the program, such as managed care claims and CMS Care Compare.



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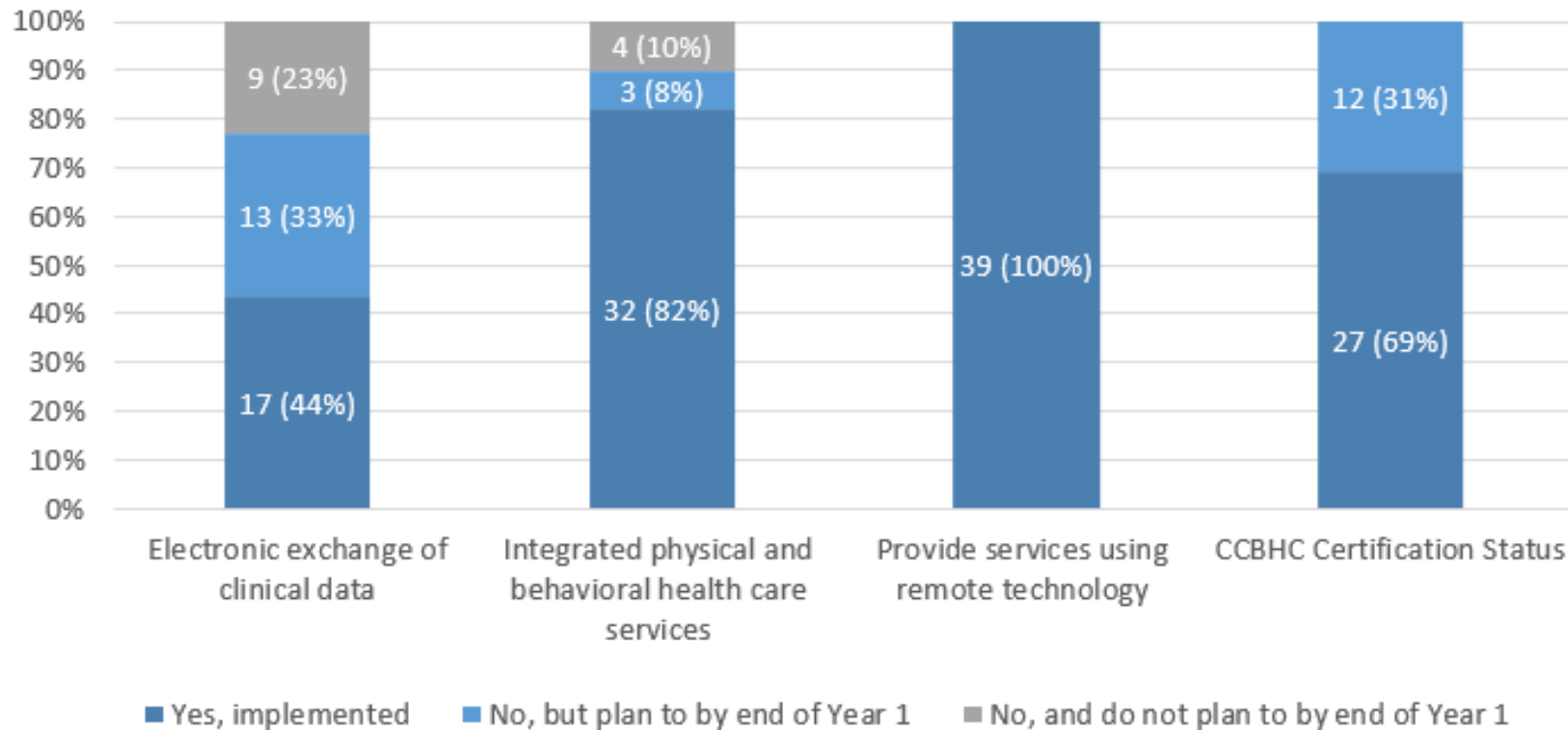
How quality reporting will be used

- Annual evaluations will be sent to CMS as part of the annual application and approval process. CMS will use evaluation findings to make decisions about future program years. CMS expects states to demonstrate year over year improvement through annual evaluations.
- HHSC will publish public information on performance, so that providers know how they are doing compared to their peers.
- HHSC and MCOs may also use the data to provide technical assistance or develop possible policy or program changes to drive quality improvement.



Preliminary Results of DPP BHS Structure Measure Implementation Status

As of August 31, 2021, has your organization implemented the following structure measure?





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Thank you

Additional Resources on Texas DPP Quality:
<https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs>



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Update: HHSC Projects All Payor Claims Database

**Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services**

All Payor Claims Database

TX HB 2090 creates a system to collect public and private payor data.

Deliverables:

- Stakeholder Advisory Group (first met October 27, 2021)
- Data collection
- Public portal

Final rules to be adopted in July 2022.

- MCOs would submit data only to HHSC.
- HHSC will submit Medicaid Payor information on behalf of MCOs.

TDI Implementation:

<https://www.tdi.texas.gov/health/hb2090.html>



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Update: DSHS Data Resources


DSHS Center for Health Statistics



Texas Health Data

www.healthdata.dshs.Texas.gov

A Portal for Comprehensive Health Data in Texas

- Sabrina Blackledge, PhD
 - Data Visualization Team Lead
 - DSHS Center for Health Statistics
 - May 2022
- 

Presentation Outline

- Overview of Texas Health Data (THD)
 - Center for Health Statistics (CHS)
 - The Data Viz Team
- Navigating through Texas Health Data - What you can find
- Selected THD dashboards overview
- Future directions and contacts

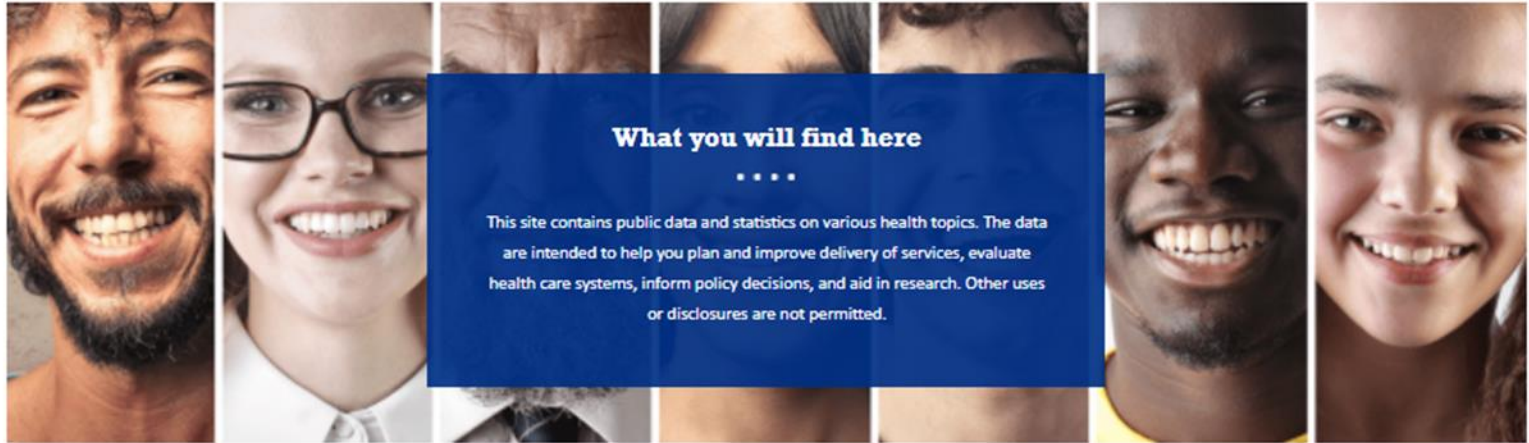
What and Where is Texas Health Data?

- **Texas Health Data** is a website maintained by the **Data Viz team**, that is within the **DSHS Center for Health Statistics (CHS)**



Texas Health Data – An Overview

- Texas Health Data helps fulfill the CHS mission as a source for timely, accurate, and useful health information in Texas:
 - CHS meets it's mission by:
 1. **Coordinating, integrating, and providing access**
 2. **Adopting standards for collection and dissemination**
 3. **Providing guidance and education**
 4. **Conducting analysis and interpretation, while protecting the privacy of the citizens of Texas**



FEATURED DATA

Opioids



Discover public data and statistics about the opioid crisis in Texas and learn how opioids have impacted people living in Texas over time, by demographics, and by region or county. This information educates the general public and gives intervention and prevention guidance for legislators and the community.

[VIEW DASHBOARD](#)



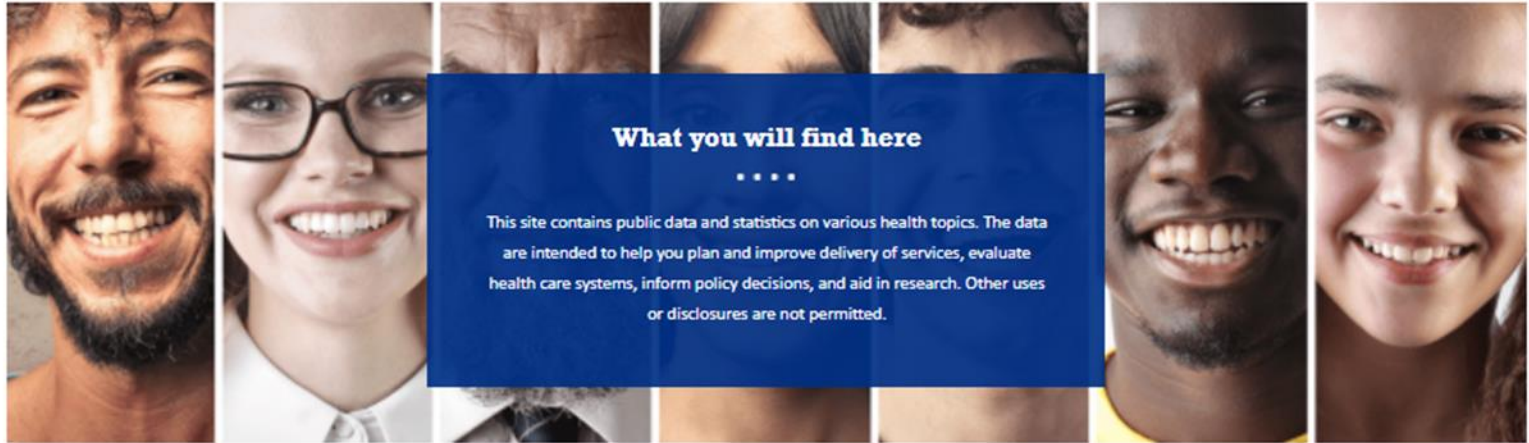
Stay Informed



Stay up-to-date on our progress by signing up for email updates. If you are unable to find what you need on Texas Health Data, please visit the [Center for Health Statistics website](#) or contact the [Texas Health Data team](#) to make a data request.

[SUBSCRIBE TO OUR NEWSLETTER](#)

<https://healthdata.dshs.texas.gov>




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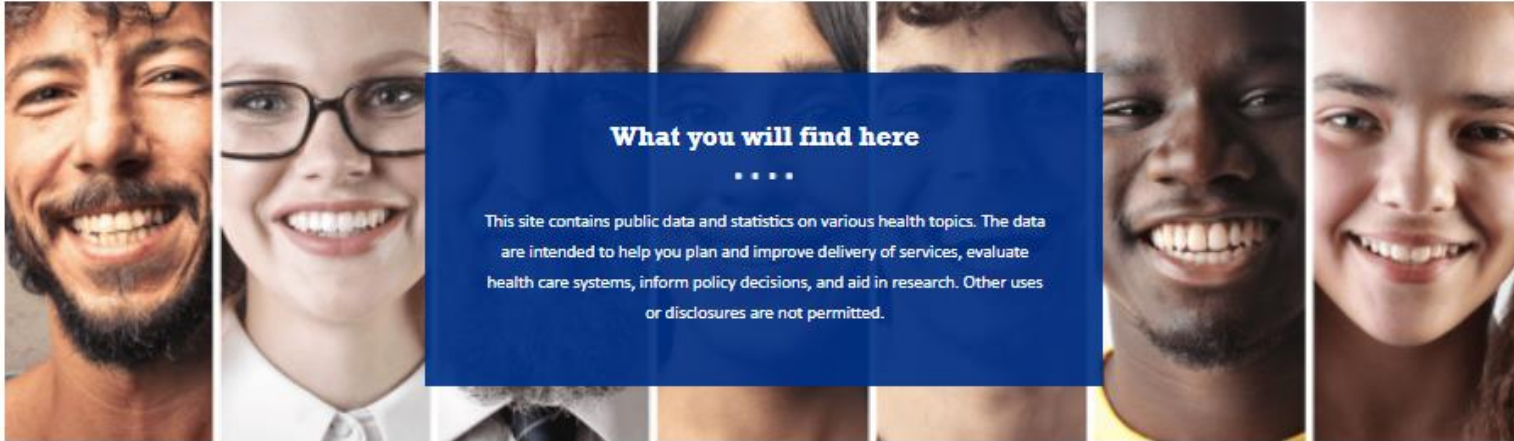


New launches!

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Sign up for email updates and contact for the data viz team

Almost 50 Dashboards Under 8 Broad Categories! (1 of 2)

- Births and Deaths
- Diseases
- Drugs & Alcohol
- Environmental Health
- Health Care Workforce
- Hospitals
- Injuries
- Surveys & Profiles

Almost 50 Dashboards Under 8 Broad Categories! (2 of 2)

- Births and Deaths – **Live Births, Deaths**
- Diseases
- Drugs & Alcohol – **Opioid collection**
- Environmental Health
- Health Care Workforce – **Texas Center for Nursing Workforce Studies (TCNWS)**
- Hospitals – **Inpatient and Outpatient discharges, Quality Indicators**
- Injuries
- Surveys & Profiles – **Health Facts Profiles**



Texas Health Care Information Collection (THCIC)

→ “Hospitals” tab

Inpatient, Outpatient, Quality Indicators dashboards



Inpatient Use

For questions about this data, send email to thcicelp@dshs.texas.gov or call (512) 776-7261

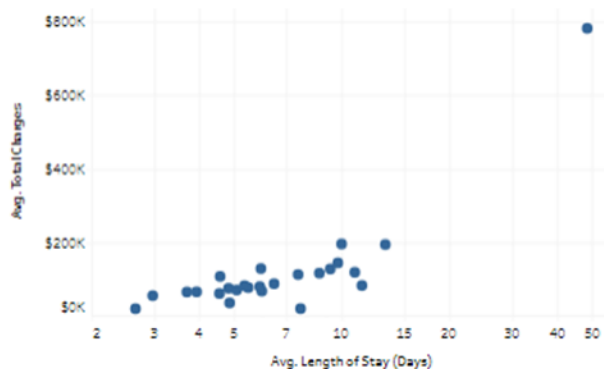
Overview

Data by Diagnosis Group

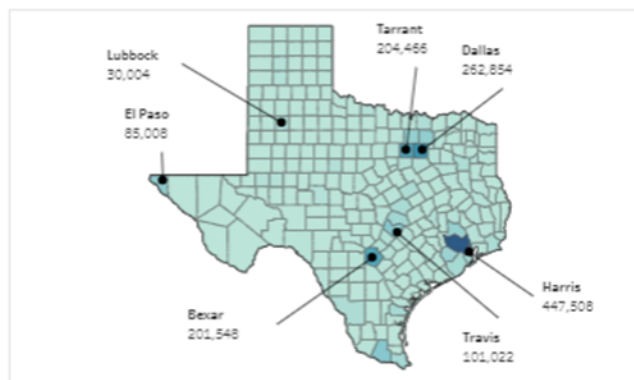
Data by Procedure Group

Year 2019	Quarter (All)	County (All)	Age Categories (All)	Race / Ethnicity (All)
Display by Diagnosis Group or Procedure Group Procedure Group				
<input checked="" type="checkbox"/> (All) <input checked="" type="checkbox"/> Abdominal paracentesis <input checked="" type="checkbox"/> Alcohol and drug rehabilitation/detoxification <input checked="" type="checkbox"/> Amputation of lower extremity <input checked="" type="checkbox"/> Aortic resection; replacement or anastomosis <input checked="" type="checkbox"/> Appendectomy <input checked="" type="checkbox"/> Arterial blood gases <input type="checkbox"/> ...				

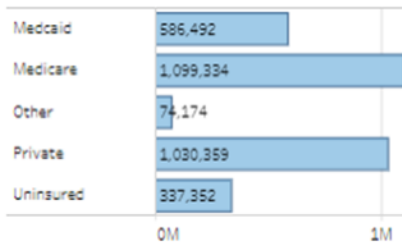
Relationships between Length of Stay and Hospital Charges



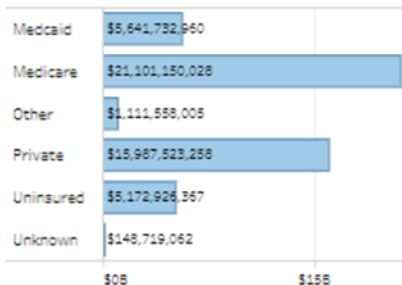
Hospitalizations by County



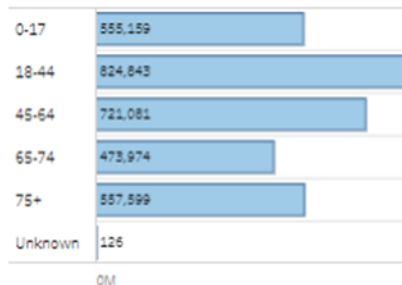
Hospitalizations by First Payor Source



Average Total Charges by First Payor Source



Hospitalizations by Age Category



Inpatient Use

For questions about this data, send email to thdcicelp@dshs.texas.gov or call (512) 776-7261

Overview

Data by Diagnosis Group

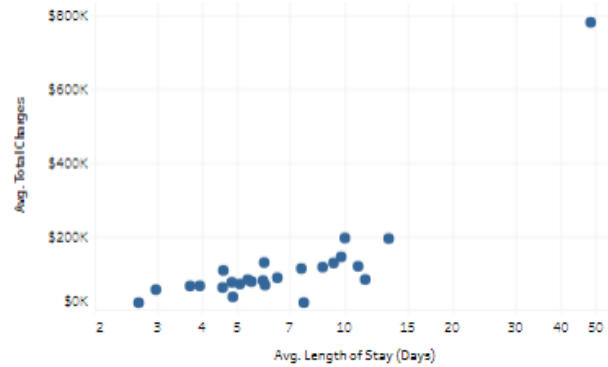
Data by Procedure Group

Year: 2019 | Quarter: (All) | County: (All) | Age Categories: (All) | Race / Ethnicity: (All)

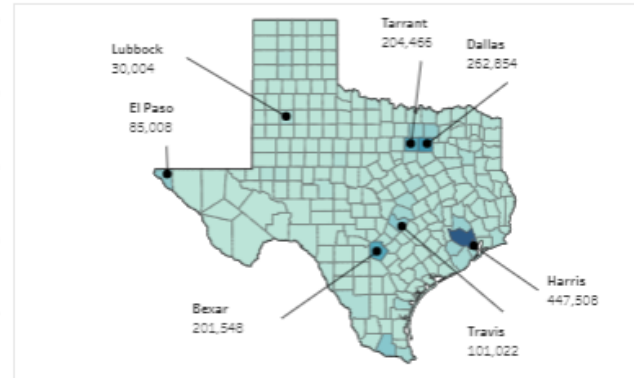
Display by Diagnosis Group or Procedure Group: Procedure Group

- (All)
- Abdominal paracentesis
- Alcohol and drug rehabilitation/detoxification
- Amputation of lower extremity
- Aortic resection, replacement or anastomosis
- Appendectomy
- Arterial blood gases

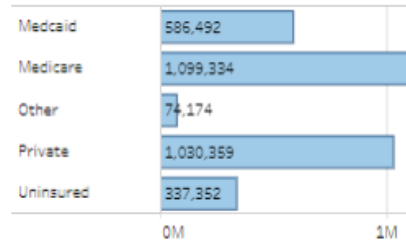
Relationships between Length of Stay and Hospital Charges



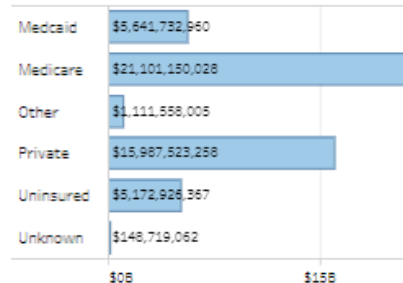
Hospitalizations by County



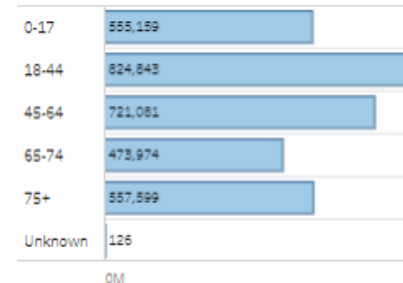
Hospitalizations by First Payor Source



Average Total Charges by First Payor Source



Hospitalizations by Age Category



Header: Contacts for the program “home(s)” for the data

Outpatient Use

For questions about this data, send email to thcichejg@dshs.texas.gov or call (512) 776-7261

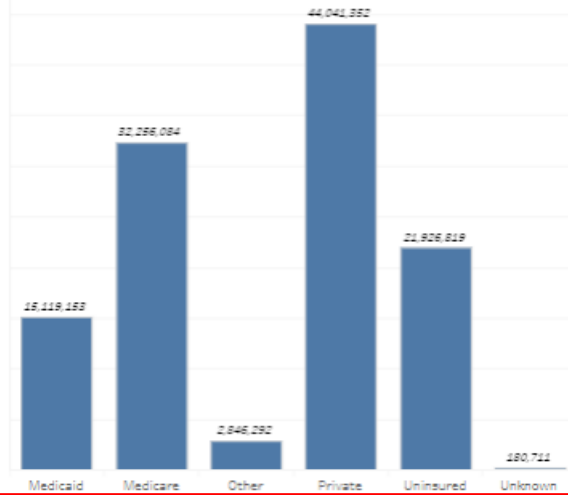
Overview

Principal Diagnosis Groups

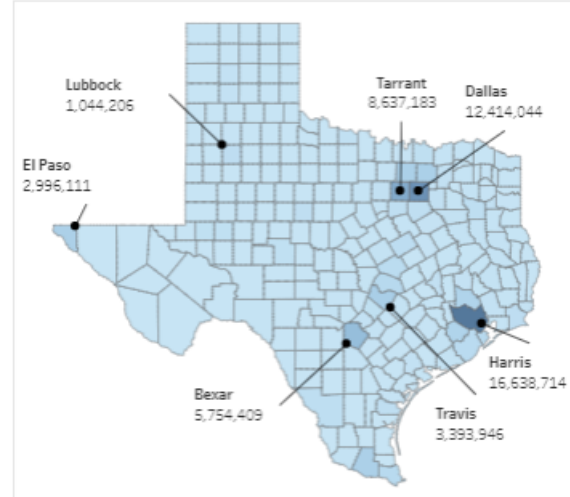
Procedure Groups

Data to Display Number of Visits	Year 2019	Quarter (All)	Race / Ethnicity (All)	Sex (All)
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By Expected Payment Source



By County



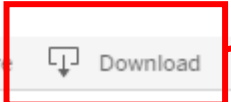
By Demographics

Year	♀	Sex	Race Ethnicity	0-17 years	18-44 years	45-64 years	65-74 years	75+ years	Unknown	Grand Total
2019	Female	Hispanic	Non-Hispanic Black	2,516,650	7,495,276	5,000,381	1,947,475	1,435,138	75	18,394,995
			Non-Hispanic Other	882,462	4,792,921	3,482,047	1,220,372	782,084	159	11,160,045
			Non-Hispanic White	459,085	1,797,095	1,646,711	743,904	517,134	166	5,164,095
			Unknown	2,133,967	9,244,870	9,943,734	5,805,624	5,208,421	248	32,336,864
			Total	4,724	21,901	19,944	10,367	6,864		63,800
			Total	5,996,888	23,352,063	20,092,817	9,727,742	7,949,641	648	67,119,799
			Total	2,495,842	3,571,389	3,163,606	1,346,725	881,794	213	11,459,569
	Male	Hispanic	Non-Hispanic Black	877,475	2,078,285	2,225,990	778,229	397,169	391	6,357,539
			Non-Hispanic Other	488,906	940,721	1,094,957	606,588	405,910	1,234	3,538,316
			Non-Hispanic White	2,091,898	4,638,325	7,193,047	4,869,982	3,981,118	272	22,774,339
			Unknown	5,206	13,362	15,492	7,734	5,312	15	47,121
			Total	5,959,024	11,242,082	13,693,092	7,609,258	5,671,303	2,125	44,176,864
	Unknown	Hispanic	Non-Hispanic Black	56,540	668,698	346,416	60,846	22,897	473	1,155,870
			Non-Hispanic Other	21,297	591,827	485,481	75,158	14,681	489	1,188,933
Non-Hispanic White			10,391	184,519	114,757	24,843	10,481	630	345,621	
Unknown			66,818	1,073,096	921,592	220,864	97,138	536	2,380,044	
Total			134	1,955	954	168	49		3,260	
Total			155,180	2,520,095	1,869,200	381,879	145,246	2,128	5,073,728	
Grand Total				12,111,092	37,114,240	35,655,109	17,718,879	13,766,190	4,901	116,370,411

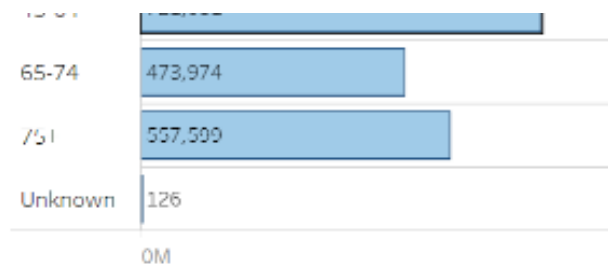
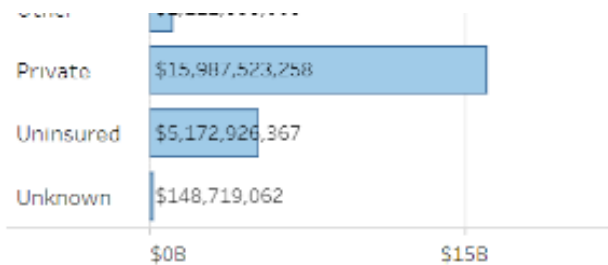
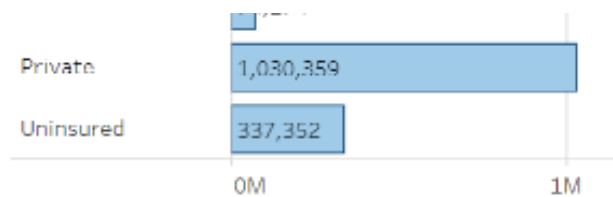
Example of our “create a data table” features built into many of our dashboards

16	13,362	15,492	7,734	5,312	15	47,121
14	11,242,082	13,693,092	7,609,258	5,671,303	2,125	44,176,884
10	668,698	346,416	60,846	22,897	473	1,155,870
17	591,827	485,481	75,158	14,681	489	1,188,933
11	184,519	114,757	24,843	10,481	630	345,621
18	1,073,096	921,592	220,864	97,138	536	2,380,044
14	1,955	954	168	49		3,260
10	2,520,095	1,869,200	381,879	145,246	2,128	5,073,728
12	37,114,240	35,655,109	17,718,879	13,766,190	4,901	116,370,411

Share Download Full Screen



Data download spot at the bottom right-hand corner



← Undo → Redo ← Revert Refresh Pause Share Download Full Screen

Data Source

[Texas Health Care Information Collection \(THCIC\)](#)

Data Source and Description

The Texas Health Care Information Collection (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and is responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. The Inpatient Utilization dashboard uses the Texas hospital inpatient discharge Public Use Data Files (PUDF). For more details on the data source, data collection and data dictionary, see the [Texas Outpatient Public Use Data File](#).

Measure Information

Inpatient hospitalization

Hospitalizations for patients who were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged.

Footer: Deep-dive into further details about the data metrics, resources, and the associated program(s)

Hospital Quality Indicators

Quality Indicators (QIs) are standardized, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

Dashboards



[Inpatient Quality Indicators](#)

Mortality indicators reporting the percentage of patients who died in the hospital after undergoing a specific type of surgery. Utilization indicators reflecting the use of certain procedures about which questions have been raised about overuse or underuse.



[Patient Safety Indicators](#)

Potential complications that occur within hospital and potential adverse events following surgeries, procedures, and childbirth. Money charged per case.



[Pediatric Quality Indicators](#)

Quality of care of children under the age of 18.



[Prevention Quality Indicators](#)

Amount of cases hospitals deal with that are connected to preventable diseases. Some preventable diseases that are monitored are: asthma, diabetes and urinary infections. assessing the effectiveness of this care.



PEDIATRIC QUALITY INDICATORS

Select Hospital

(All) ▼

Select a Pediatric Quality Indicator

Accidental Puncture or Laceration Rate ▼

Texas Health Care Information Collection

Accidental Puncture or Laceration Rate, 2019

Diagnosis Present on Admission (POA) included in calculations, POA exempt hospitals excluded
 Hospital Patients Under Age 18
 Better quality may be associated with lower rates
 (C) Comment on the report submitted by the hospital
 Rates not calculated for hospitals with fewer than five complications

* Risk-adjusted mortality rate is significantly lower than state average rate based on 95 percent confidence interval
 ** Risk-adjusted mortality rate is significantly higher than state average rate based on 95 percent confidence interval

Metropolitan Statistical Area (MSA)	Hospital	Cases	Number of Complications	Observed Rate	Expected Rate	Risk adjusted Rate	95% confidence Interval	Average Charges per Case
STATE OF TEXAS		64,461	47	0.07%	0.08%	0.03%	(0.02%, 0.04%)	\$109,730
Austin-Round Rock, TX	Dell Childrens Medical Center	8,036	7	0.09%	0.07%	0.04%	(0.02%, 0.07%)	\$103,650
Corpus Christi, TX	Driscoll Childrens Hospital	3,401	6	0.18%	0.13%	0.05%	(0.01%, 0.08%)	\$123,537
Dallas-Fort Worth-Arlington, TX	Texas Scottish Rite Hospital for Children		Less than 5			Fewer than 5 Complications		\$68,723
	Our Childrens House		Less than 5			Fewer than 5 Complications		\$137,104
	Cook Childrens Medical Center		Less than 5			Fewer than 5 Complications		\$100,634
	Childrens Medical Center-Dallas		Less than 5			Fewer than 5 Complications		\$129,878
El Paso, TX	El Paso Childrens Hospital		Less than 5			Fewer than 5 Complications	\$45,092	



Texas Vital Statistics

→ “Births and Deaths” tab

Live Births, Deaths dashboards

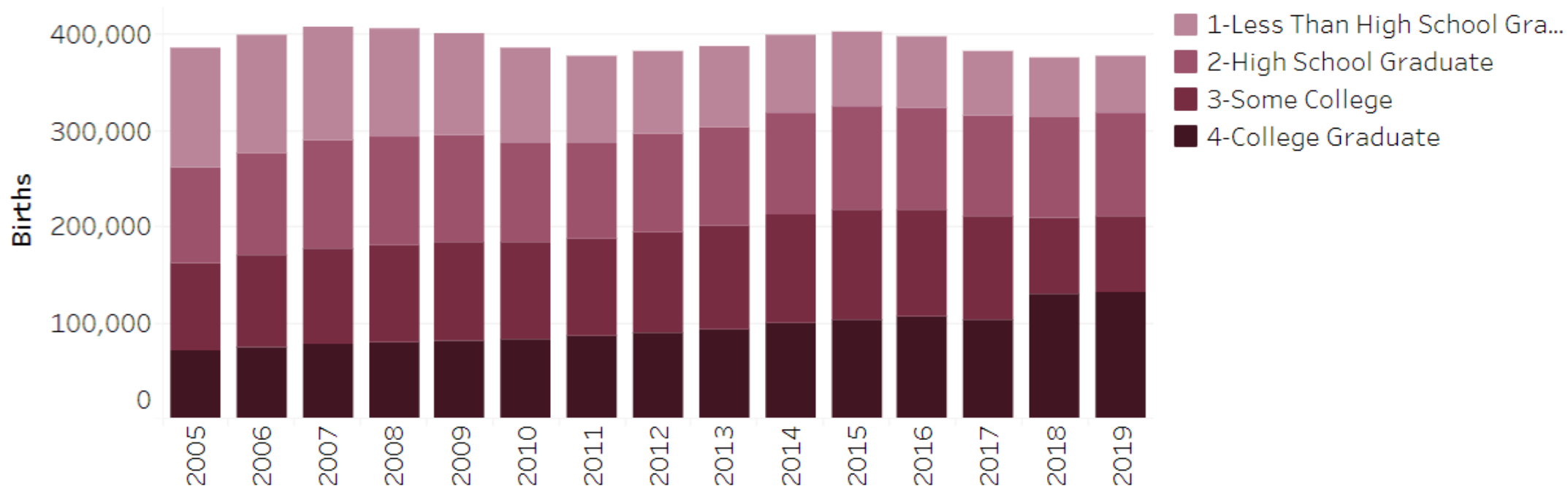


LIVE BIRTHS IN TEXAS, 2005-2019

This dashboard presents the number of live births in Texas from 2005 through 2019 by selected variables.

Select a Variable: Mother's Education

Select Chart Type: Bar chart



Deaths (2006-2019)

For questions about this data, send email to vstat@dshs.texas.gov or call [512-776-7509](tel:512-776-7509)

[Explore the Data](#)[Create a Custom Data Table](#)

In 2019...

...there were:

203,099

total deaths

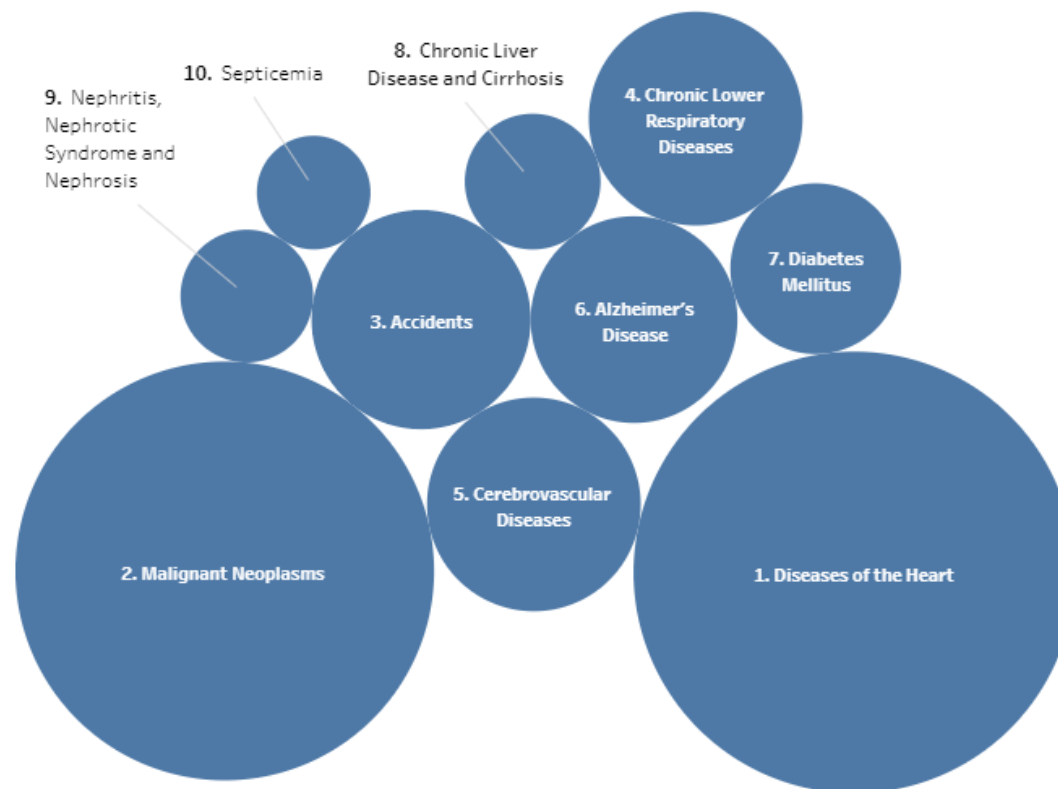
...there were:

700.3

deaths per
100,000 population

...the top 10 causes of death among Texas residents were:

Hover over each circle for data





The Texas Center for Nursing Workforce Studies (TCNWS)

➔ “Health Care Workforce” tab

Future of Nursing Indicators, Licensed Vocational Nurses, Nursing Education, Vocational Nursing Education, and Workforce Supply & Demand dashboards



LVNs by Age

Click on a region to filter the dashboard

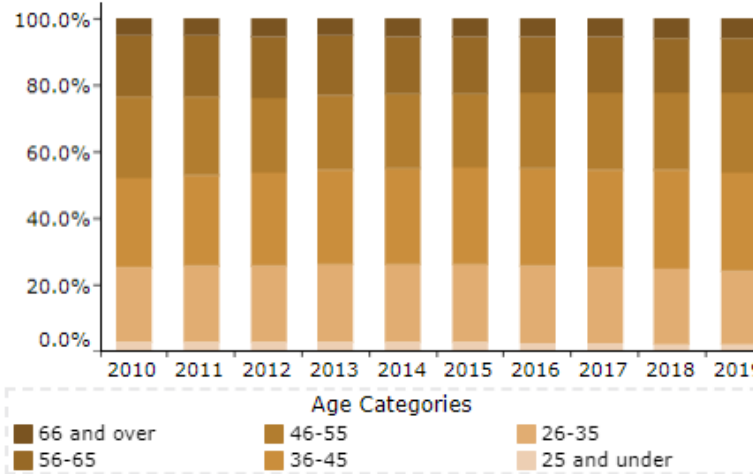
Click on the region again to undo



Select a year to filter the table

2019

Proportion of LVNs by age category over time, Texas



Proportion of LVNs by age category, by region and county, 2019

	25 and under	26-35	36-45	46-55	56-65	66 and over
Burnet	0.0%	17.0%	22.0%	20.7%	21.3%	19.2%
Caldwell	3.2%	32.3%	25.2%	18.7%	10.3%	10.3%
Coryell	3.4%	19.9%	26.3%	24.8%	19.0%	6.7%
Falls	4.2%	18.8%	18.8%	25.0%	20.8%	12.5%
Fayette	1.4%	23.4%	31.2%	16.3%	18.4%	9.2%
Freestone	2.9%	21.0%	21.0%	28.6%	15.2%	11.4%
Grimes	1.5%	9.2%	26.2%	29.2%	23.1%	10.8%
Hamilton	0.0%	29.8%	22.8%	21.1%	19.3%	7.0%
Hays	2.3%	19.7%	27.8%	23.0%	22.0%	5.3%
Hill	2.1%	17.5%	25.2%	25.2%	19.6%	10.5%
Lampasas	0.0%	15.6%	37.8%	17.8%	20.0%	8.9%
Lee	2.4%	14.6%	29.3%	39.0%	9.8%	4.9%
Leon	0.0%	24.1%	27.6%	6.9%	34.5%	6.9%
Limestone	2.3%	20.4%	27.8%	22.7%	19.4%	7.4%
Llano	1.7%	15.3%	23.7%	30.5%	22.0%	6.8%
Madison	0.0%	23.5%	33.3%	21.6%	15.7%	5.9%
McLennan	1.5%	22.9%	28.5%	23.3%	18.1%	5.6%
Milam	0.9%	15.7%	33.3%	23.1%	15.7%	11.1%
Mills	0.0%	12.0%	44.0%	20.0%	20.0%	4.0%
Robertson	0.0%	33.3%	16.7%	16.7%	27.1%	6.3%
San Saba	0.0%	28.6%	32.1%	7.1%	25.0%	7.1%
Travis	1.3%	19.0%	27.6%	26.2%	18.6%	7.4%

Health Resources in Texas

[Sign In](#)

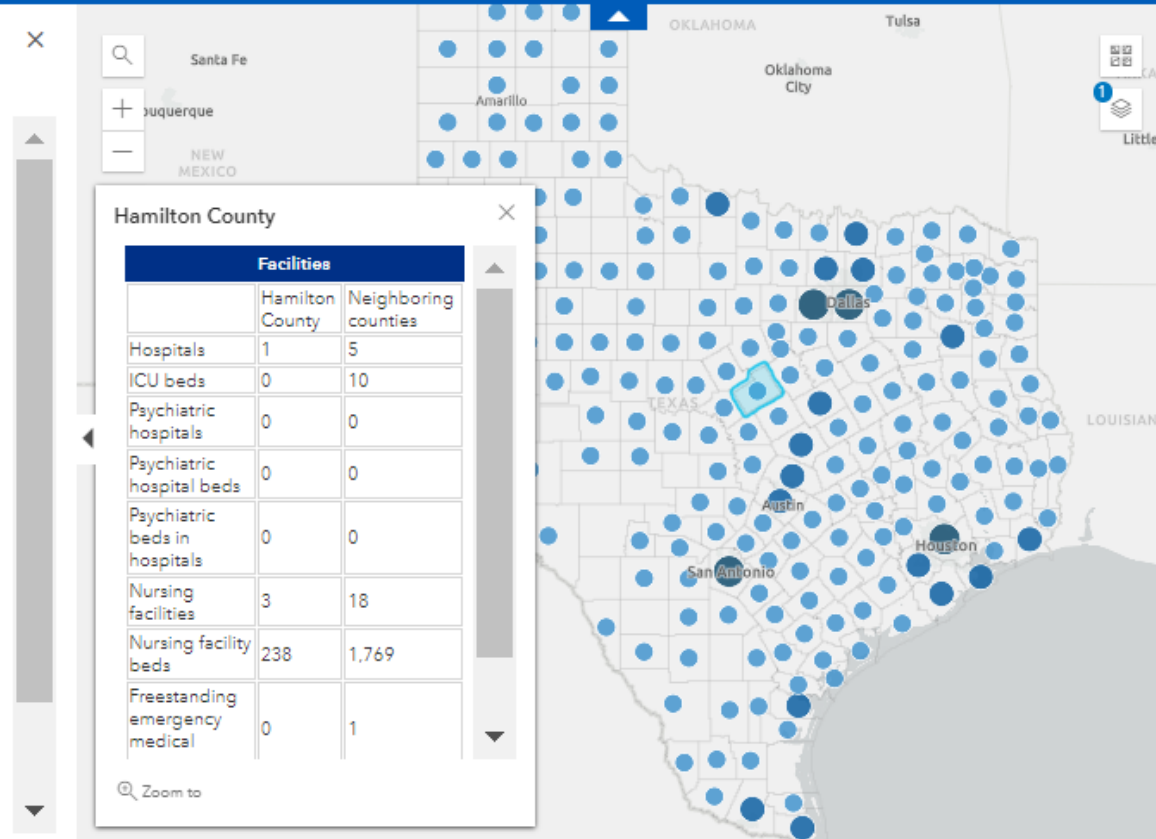
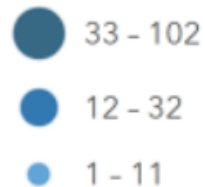

Nursing facilities

Count of nursing facilities in the county from the Health and Human Services Provider Portal (2020).

[Click any county](#) to see more details.

To view legend, turn layer on and off, or select a different base map, go to the drop-down menus in the [top right corner of the map panel](#).

Nursing facilities



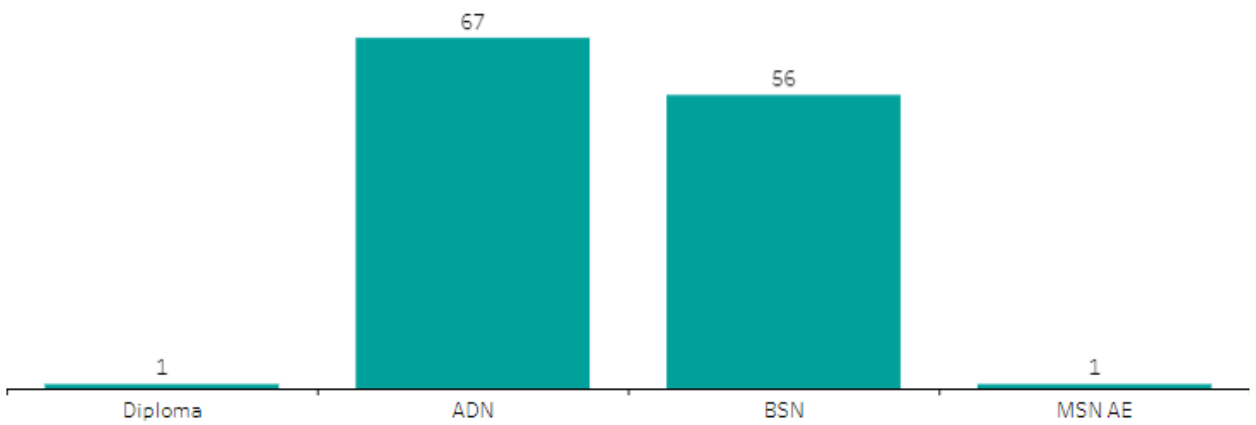
Characteristics of Professional Nursing Programs

Geographic Filters:
 Public Health Region:
 County:
 Border Status:
 Metropolitan Status:

Program Types

Select a year

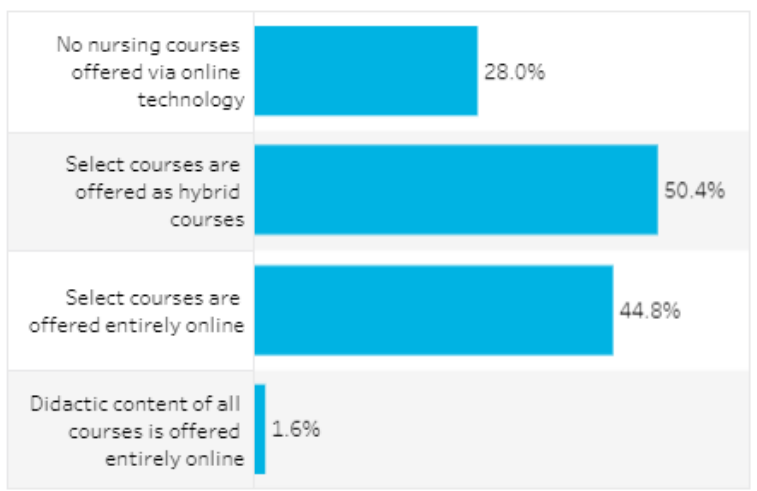
Select Program Type



Program Tracks

Generic ADN or BSN	108
LVN to ADN	60
RN to BSN	27
RN-to-BSN track that offers entire didactic	24
Pre-licensure track that offers entire	5
Accelerated/compressed curriculum	9
Allied health to RN	1
Bachelor's Degree to BSN	11
LVN to BSN	7
Paramedic/EMT to RN	19
MSN Alternate Entry	1
Dual credit high school track	
Transition tracks for active duty, former,	3
Other tracks	6

Online Technology (programs may select more than one)



Workforce Supply & Demand Projections

For questions about this data, send email to HPRC@dshs.texas.gov or call (512) 776-7261

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[Nurse Supply and Demand Ch...](#)
[Nurse Supply and Demand Map](#)
[Nurse Demand by Setting](#)
[Physician Supply and Deman](#)

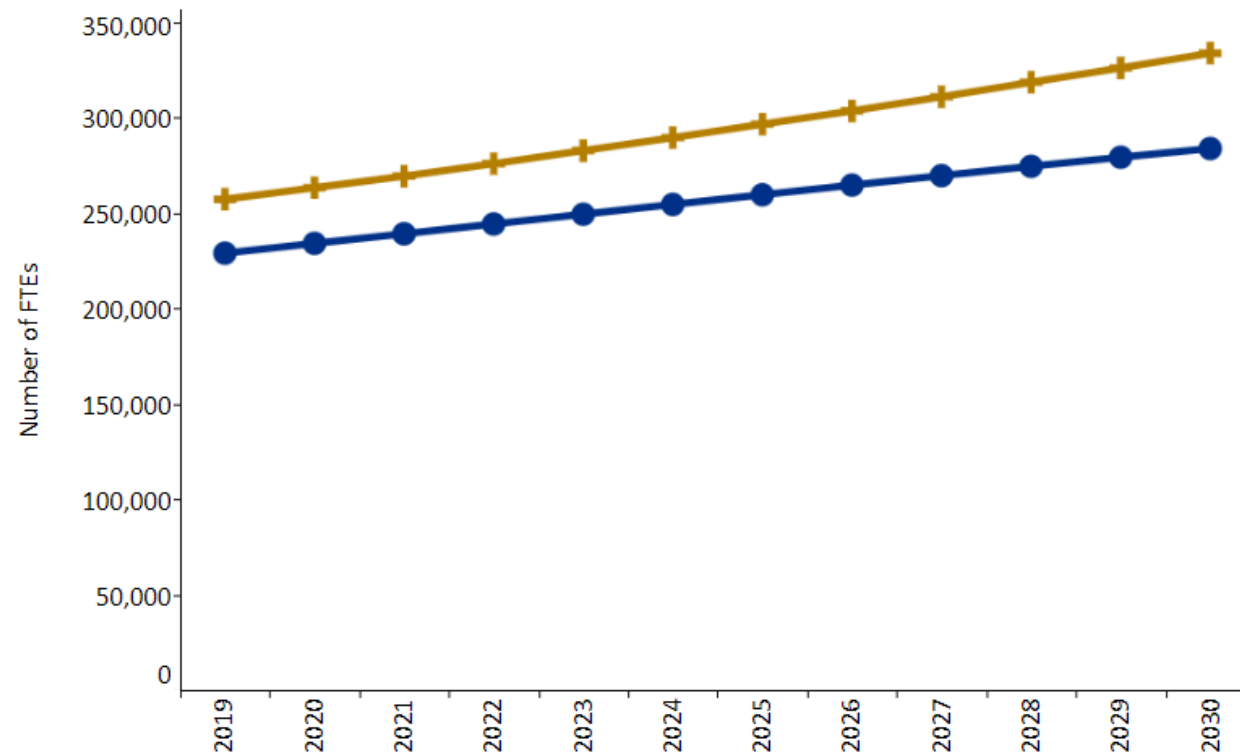
Nurse Supply and Demand

Select a nurse type

Select a region

Select border status

Supply of and demand for RN FTEs over time, Texas



Supply	228,846	233,968	239,007	244,127	249,240	254,379	259,451	264,491	269,462	274,349	279,096	283,656
Demand	257,080	263,133	269,197	275,713	282,580	289,352	296,416	303,363	310,755	318,375	325,860	333,602
FTE Unmet De..	28,234	29,165	30,190	31,586	33,340	34,973	36,965	38,871	41,293	44,026	46,764	49,946
% Unmet Dem..	11.0%	11.1%	11.2%	11.5%	11.8%	12.1%	12.5%	12.8%	13.3%	13.8%	14.4%	15.0%



Health Facts Profiles

➔ “Surveys and Profiles” tab

Health Facts Profiles 2012-2013, 2014-2015, and upcoming 2022 launch dashboards



Health Facts Profile (2014-2015)

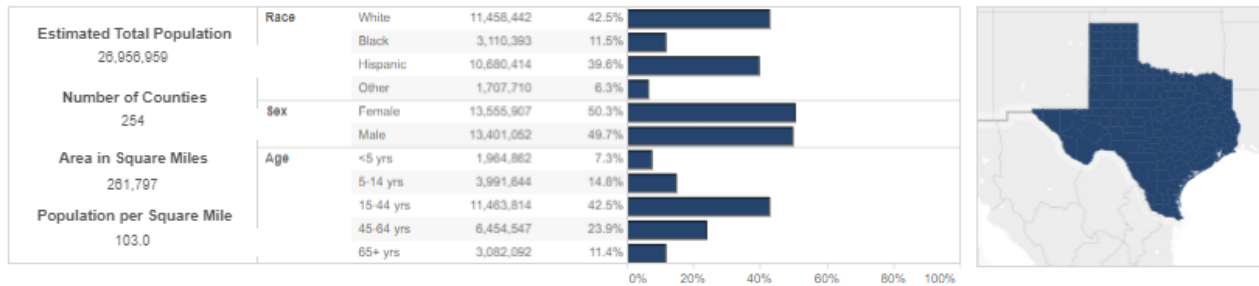
For questions about this data, send email to vstat@dshs.texas.gov or call (512) 776-7509

← Texas only
By County
By Border Designation (La Paz Agreement)
By Public Health Region (11)
By Health Service Region (8) →

Health Facts Profiles Texas, 2014

Select Year
2014 ▼

Demography / Population



Socioeconomic Indicators

	Texas		
Average Monthly TANF Recipients	77,375		
Average Monthly SNAP Participation	3,817,925		
Average Monthly CHIP Enrollment	N/A		
Medicaid Covered Deliveries*	213,253		
Unemployment Rate	5.1%		
Per Capita Income	\$45,878		
	Count	Percent	
Without Health Insurance	0-17 yrs	774,938	11.0%
	0-64 yrs	4,978,322	21.4%
Persons Living in Poverty	0-17 yrs	1,721,843	24.5%
	All Ages	4,519,548	17.2%

* Medicaid Covered Deliveries include TP-30 clients (non-U.S. citizens). Includes Medicaid Covered Deliveries for unknown counties.

Births (Nativity)

	Count	Percent
Total Live Births	399,482	
Adolescent Mothers (<18)	11,113	2.8%
Unmarried Mothers	167,299	41.9%
Low Birth Weight	32,661	8.2%
Prenatal Care in First Trimester	232,998	61.6%
	Rate	
Fertility Rate		70.7

Communicable Diseases - Reported Cases

	Cases	Rate
HIV	4,463	16.6
Chlamydia	130,605	484.5
Gonorrhea	35,413	131.4
Pertussis (Whooping Cough)	2,576	9.4
Primary and Secondary Syphilis	1,623	6.0
Tuberculosis	1,269	4.7
Varicella (Chickenpox)	1,847	6.0

Disease incidence rate per 100,000 population

Deaths (Mortality)

	Deaths	Rate
Deaths from All Causes	183,303	766.2
Accidents	9,598	37.4
Motor Vehicle Accidents	3,644	13.6
Alzheimer's	6,755	32.2
Assault (Homicide)	1,376	5.1
Cancer (All)	38,727	154.5
Breast Cancer (Female)	2,778	20.1
Colon Cancer	3,595	14.3
Lung Cancer	9,524	37.9
Prostate Cancer (Male)	1,698	17.2
Cerebrovascular Dis. (Stroke)	9,852	43.3
Chronic Lower Respiratory Dis.	9,642	41.4
Diabetes	5,327	21.6
Heart Disease	41,293	175.8
Influenza and Pneumonia	3,434	14.7
Kidney Disease	3,997	17.0
Liver Disease	3,663	13.4
Septicemia	4,102	17.0
Suicide	3,225	12.1
Fetal Deaths	2,025	5.0
Infant Deaths	2,320	5.8

Age-adjusted death rates per 100,000 population (all ages)
 Infant death rate per 1,000 live births
 Fetal death rate per 1,000 live births plus fetal deaths

Be on the lookout for the 2022 launch of a revamp of Health Facts Profiles, coming soon!



Thank you!

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<http://www.dshs.texas.gov/chs/>





TEXAS
Health and Human
Services

Update: Texas Medical Association

TMA recent activities



TEXAS
Health and Human
Services

Update: Texas Hospital Association

THA recent activities



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Health and Human
Services

Open Discussion

Jimmy Blanton
Director, Office of Value-Based Initiatives
HHSC



TEXAS
Health and Human
Services

Action Items and Topics for Follow-up

Jenn Hamilton

Program Specialist, Office of Value-Based Initiatives

HHSC



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Health and Human
Services

Questions?

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