



November 15, 2019

The Honorable Greg Abbott
Governor of Texas
State Capitol Building
Room 2S.1
Austin, TX 78701

The Honorable Dan Patrick
Lt. Governor of Texas
State Capitol Building
Room 2E.13
Austin, TX 78701

The Honorable Dennis Bonnen
Speaker
Texas House of Representatives
State Capitol Building
Room 2W.13
Austin, TX 78701

Dear Governor Abbott, Lt. Governor Patrick, and Speaker Bonnen:

The Texas Health and Safety Code, [Chapter 117](#), established the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health departments (LHDs) as fellow partners with DSHS in the public health system of Texas. Texas Health and Safety Code, [Section 117.103](#) requires PHFPC to submit a report on the implementation of Texas Health and Safety Code, Chapter 117, and [Section 117.151](#) requires DSHS to submit a report on the status of implementation of PHFPC's recommendations as included in their annual report to DSHS.

As required by Section 117.151, DSHS is committed to considering viable solutions and actions in response to PHFPC's recommendations, and only reserves the decision not to implement a recommendation based on the following:

- A lack of available funding.
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs,

- best practices, or evidence-based interventions related to the populations to be served.
- Evidence that implementing the recommendation would violate state or federal law.
 - Evidence that the recommendation would violate federal funding requirements.

Members of the PHFPC committee include:

- Three LHD directors
- Two health authorities
- Two representatives from schools of public health
- Two DSHS public health Regional Medical Directors

PHFPC developed recommendations based on conversations during meetings throughout fiscal year 2017 and included them in their annual Public Health Funding and Policy Committee 2017 Recommendations Report. DSHS reviewed the recommendations and developed responses, which were included in the Response to the Public Health Funding and Policy Committee 2017 Report Recommendations¹. This letter provides a status update of ongoing efforts to address those recommendations. No new recommendations were made in 2019 as efforts and progress are continuing by DSHS to address the 15 recommendations submitted in 2017 in the following topic areas:

- Core Functions
- Local and Regional Health Services Departments Roles
- Data Sharing
- Insurance Category for Public Health
- Infectious Disease
- Workforce Development
- Technology

¹ Texas Department of State Health Services. Response to the Public Health Funding and Policy Committee 2017 Report Recommendations. <http://dshs.texas.gov/legislative/2017-Reports/2017-PHFPC-report.pdf>. Published December 2017. Accessed September 2018

Core Services and Roles and Responsibilities

Core public health services to be provided by LHDs and roles and responsibilities of LHDs and DSHS Public Health Regions (PHRs) go hand in hand. DSHS will continue to support the PHFPC charge of defining a standard set of core public health services that an LHD should provide within their jurisdiction. Core public health services should reflect those services that, at a minimum, a resident of Texas would reasonably expect to receive. PHFPC propose the term "core" as the minimum set of services provided by health departments versus an ideal set of services.

PHFPC drafted a Framework for Core Public Health System Services and is refining the language of this document to reflect the reality of variability in services provided among LHDs and PHRs. PHFPC will continue discussions that identify the factors impacting capacity and capability to provide those services as well as solutions and partnership opportunities between DSHS and LHDs.

Data Sharing

DSHS understands LHDs' need for public health data. DSHS is committed to examining how to provide LHDs with public health data and has assembled agency data subject matter experts and local health officials to outline local health official concerns, resolve outstanding data requests, and address barriers to improve ongoing access. Accomplishments of this joint effort include:

- Eliminating fees for LHDs to receive a copy of public use inpatient and outpatient discharge data. To further improve sharing this data with LHDs, DSHS will begin electronic transfer to requestors via Secure File Transfer Protocol (SFTP) with Quarter 1 2019 data files, replacing the current process of mailing information on a compact disc.
- Improving clarity of DSHS Institutional Review Board (IRB) determinations.

Outstanding data request issues identified by local health officials are reported regularly at PHFPC meetings. Recognizing that a more systematic and analytic approach to understanding and addressing barriers to sharing data is needed; DSHS has launched an internal policy analysis workgroup to examine the legal and policy issues impacting data sharing, and to identify administrative and technological issues.

DSHS met with LHDs at the Texas Association of County and City Health Officials in January 2019 to discuss needs and existing limitations that must be addressed to streamline data sharing practices. Initial policy analysis efforts have been prioritized by request frequency and local health official preference, and include data sets related to birth, death, inpatient and outpatient claims, cancer, EMS/trauma, blood lead, HIV/STD/TB, immunizations, and zoonosis. Policy analyses and data sharing practices will include implementation of House Bill 3704, 86th Legislature, Regular Session, 2019 (HB 3704), and DSHS will continue to engage with LHDs to identify specific needs and work toward operationalizing data sharing improvements. Per HB 3704, DSHS intends to work with LHDs to develop standard practices for sharing certain data and develop in rule a process for data requests from local health entities for information collected by the department which is not otherwise readily available.

To minimize administrative burden on practitioners and researchers as well as the time necessary to obtain approval and data, DSHS is improving policies and processes that govern review of all data requests, including IRB requests related to human subject research.

DSHS is undertaking several other agency and statewide efforts that will collectively improve data quality, ease of access, timely receipt, and understanding. Examples include:

- Implementing a new vital event registry system,
- Requesting funding to improve surveillance systems,
- Delivering regional data training workshops to enhance local capacity to use advanced analytics and visualization methods available through the Texas Health Data website and the Texas Syndromic Surveillance System (TxS2) to access opioid-related data, and
- Examining current data suppression policies designed to protect privacy when case counts are small.

DSHS is part of the University of Texas (UT) System's Texas Health Improvement Network (THIN). One of THIN's initiatives is "Data Access for Population Health Improvement." THIN's data workgroup recently conducted interviews and held a meeting with data users and data stewards focusing on data sharing issues. UT

shared a draft report of recommendations to improve data issues with workgroup members and DSHS is helping to refine the recommendations and educate the workgroup. The THIN recommendations fall under one of four themes: remove statutory barriers to sharing data between state agencies and LHDs; improve quality, timeliness, and utilization of state agencies' data; create mutually beneficial partnerships; and improve public health and healthcare, and lower healthcare costs.

Insurance Category for Public Health

Improving and simplifying billing by LHDs has been an ongoing area of interest for PHFPC and LHDs. DSHS arranged a meeting between PHFPC and Health and Human Services Commission (HHSC) Medicaid/CHIP Policy and Program Development staff to create a better understanding of the need and issues related to billing through Medicaid. As a first step, HHSC created a survey for LHDs to capture current LHD Medicaid billing; barriers to billing; and other services that LHDs provide for which they would like to receive Medicaid reimbursement. Sixty-two percent of LHDs responded to the survey. HHSC will follow up with some of the LHDs who responded to the survey to identify unique challenges they are facing. HHSC has also started working with a consultant who represents LHDs to coordinate with DSHS to provide more information to LHDs. HHSC has developed a webinar to educate LHDs on the Medicaid enrollment and billing process, and DSHS has shared with LHDs and PHRs to get feedback on the content. HHSC also plans to have a meeting with Texas Association of Health Plans and Managed Care Organizations to discuss outstanding issues.

Workforce Development

DSHS convened a Texas academic and practice partners consortium to address local health official-identified persistent and significant public health workforce education and training needs. Since many LHD personnel have minimal or no formal public health education, this workgroup developed a Public Health 101 curriculum and will deliver trainings at LHDs across the state.

This series of trainings will provide LHD personnel with a foundation of public health, including: history, basic principles, social determinants of health, evidence-based approaches to public health, systems thinking, and the public health system in Texas. The trainings will be administered and offered in-person by schools of public health faculty members and doctoral students. The consortium has developed six modules.

The next steps are to solicit feedback from faculty instructors and pilot LHDs. The formal launch is scheduled for January 2020.

Technology

To maintain an understanding of the challenges that LHDs and PHRs are experiencing, DSHS plans to form a statewide workgroup to address technology needs. The workgroup will focus on establishing goals to better leverage or implement technology solutions that enhance system efficiencies and improve reporting and data collection and management. DSHS will seek preliminary public health input from PHFPC to better understand distinct problems and identify possible areas for improving efficiencies to better meet public health needs statewide.

Conclusion

Through fiscal year 2019, DSHS has made significant progress toward implementing a number of the 2017 PHFPC recommendations and will continue to work with PHFPC and LHDs to better serve Texas public health needs.

The 2019 Annual PHFPC report is available on the DSHS website at www.dshs.texas.gov/Legislative/Reports-2019. The point of contact for this report is David Gruber, Associate Commissioner for the Division for Regional and Local Health Operations who can be reached at David.Grubert@dshs.texas.gov or at 512-776-7770.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Hellerstedt", followed by a long horizontal line extending to the right.

John Hellerstedt, M.D.
Commissioner