The Honorable Dan Patrick
Lieutenant Governor of Texas
P.O. Box 12068
Austin, TX 78711

The Honorable Joe Straus III
Speaker of the House
State Capitol, Room 2W.13
P.O. Box 2910
Austin, TX 78768

September 18, 2017

Dear Lieutenant Governor Patrick and Speaker Straus,

In order to improve health and health care in Texas, the 84th Texas Legislature created the Texas Health Improvement Network (THIN), a multi-institutional, cross-sector network of researchers, experts, and leaders in population health improvement.

The 24-member THIN Advisory Council, which includes leaders from multiple sectors and regions in Texas, has identified key cross-cutting strategies to catalyze population health improvement in Texas. These strategies include 1) facilitating the use of data to drive population health, 2) increasing and aligning financing for population health, and 3) supporting local and regional health improvement efforts.

Based on these strategies, in consultation with its Advisory Council, THIN has developed a set of interim charges for the 86th Texas Legislature, for your consideration:

1. Develop recommendations to modify state rules and policies to improve state agencies' and academic/health institutions' access to high-value data in order to guide and improve population health initiatives.

2. Identify and describe barriers faced by the Teachers Retirement System (TRS) and the Employees Retirement System (ERS) to expanding targeted investments in disease prevention.

3. Identify programs that have demonstrated a reduction in Medicaid health care expenditures through a prevention approach, particularly programs that address social factors that influence health.

4. Identify the impact and potential opportunities resulting from federal changes in the Medicaid program.

5. Identify and study barriers and opportunities to improving health and health care in rural Texas.

These suggested charges, which are described and contextualized in greater detail in the following report, are intended to advance what we believe are key opportunities for improving the health and health care of Texans in a strategic and fiscally responsible manner.

Sincerely,

David L. Lakey, M.D.
THIN Executive Sponsor
Associate Vice Chancellor for Population
Health and Chief Medical Officer
The University of Texas System

Lewis Foxhall, M.D.
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Texas Health Improvement Network
Interim Charge Suggestions

The 84th Texas Legislature established the Texas Health Improvement Network (THIN) in order to address urgent health care challenges and improve the health care system in this state and the nation, and to develop, based on population health research, health care initiatives, policies, and best practices. With guidance from its 24–member Advisory Council, a multi-institutional, cross-sector body of experts and leaders in population health improvement, THIN has developed the following set of interim charges for your consideration:

1. Develop recommendations to modify state rules and policies to improve state agencies' and academic/health institutions' access to high-value data (vital statistics, hospital discharge (Texas Health Care Information Collection (THCIC)), and Medicaid) in order to guide and improve population health initiatives. Make recommendations to streamline responses to data requests, including linked data sets and data that require coordination from multiple data owners and multiple Institutional Review Boards (IRB). Identify available resources to prepare approved data requests and potential gaps in resources, expertise, and technology.

2. Identify and describe barriers faced by the Teachers Retirement System (TRS) and the Employees Retirement System (ERS) to expanding targeted investments in disease prevention. Identify optimal approaches to utilizing financial incentives to improve population health and prevent disease and injury. Identify strategies to generate cost savings through investment in prevention, and ensure those savings are reinvested in prevention initiatives. Investigate strategies for, and impact of, allowing TRS and ERS to invest health care savings or other funds into additional prevention efforts.

3. Identify programs that have demonstrated a reduction in Medicaid health care expenditures through a prevention approach, particularly programs that address social factors that influence health. For example, identify programs that address the comprehensive needs of high utilizers of emergency departments; programs that improve management of chronic conditions such as asthma, diabetes, and high blood pressure; and programs that provide community-based care. Examine the potential return on investment for ancillary clinical services, such as language translators, social workers, and community health workers. Study reimbursement mechanisms for ancillary services as well as barriers to integrating such care into existing systems.

4. Identify the impact and potential opportunities resulting from federal changes in the Medicaid program. Study how these changes could impact access to primary and secondary care and disease and injury prevention, and make recommendations to improve access. Consider ways to maximize opportunities, such as Medicaid waivers (1115 and 1332), for population health improvement.

5. Identify and study barriers and opportunities to improving health and health care in rural Texas. Identify the impact of the closure of rural hospitals on access to health care and potential opportunities to address these access issues, including the role telehealth can play. Investigate the relationship between broadband access and population health in rural areas, including impacts on social determinants of health and crisis/disaster preparedness. Identify gaps in access (the "digital divide") and recommend strategies to address these gaps.

Charge 1

THIN Strategy: Facilitate the use of data to drive population health
Objective: Improve utilization of state-managed data

Helping public health agencies, health researchers, and local communities better harness data is fundamental to improving population health in Texas. There are three state-owned data sets that are critical to the characterization, evaluation, and research of health in Texas. These are vital statistics, hospital discharge data, and Medicaid data. These data sets are owned and housed by the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). The data sets have the potential to enable researchers and analysts to:

Provide insight into characteristics of the population as it relates to their health needs, health utilization, and health outcomes

Identify potential gaps and opportunities for services to enhance health outcomes

Evaluate health programs

Assess cost effectiveness and return on investment for clinical services, programs and enhanced non-traditional services

There are several opportunities to utilize these critical data sets to improve the health of Texans and to drive decisions related to policies and service delivery. However, the access to these data sets is restricted or inconsistent. As a result, Texas state owned data sets are generally only used to describe the past, rather than to drive health improvement in Texas. Even sharing between agencies under the same umbrella is difficult and time intensive. Other states, such as Florida and North Carolina, have developed effective systems to utilize these datasets to enhance health and health care services.

Challenges related to accessing these data sets include:

Lack of clear legal language that allows and encourages the sharing of the data sets between state entities

Inconsistent interpretation of existing language

Absence of concrete procedures and policies for sharing these data

To address the above issues and to facilitate the use of data to improve population health in Texas, THIN proposes the following interim charge:

Develop recommendations to modify state rules and policies to improve state agencies' and academic/health institutions' access to high-value data (vital statistics, hospital discharge (Texas Health Care Information Collection (THCIC)), and Medicaid) in order to guide and improve population health initiatives. Make recommendations to streamline responses to data requests, including linked data sets and data that require coordination from multiple data owners and multiple Institutional Review Boards (IRB). Identify available resources to prepare approved data requests and potential gaps in resources, expertise, and technology.

Charge 2–3

THIN Strategy: Increase and align financing for population health
Objective: Optimize investments of state-managed health plans to achieve population health improvements

Texas spends a tremendous amount on health care, nearly $43 billion in 2015.[1] With the right investments, Texans can get more health for their health care dollars. Changing the balance of investments towards addressing factors that lead to health and disease prevention can lead to profound improvements in the health of Texans.

The State of Texas manages several large health plans, including Medicaid, ERS, and TRS. Incorporating and expanding effective, evidence-based, high-impact strategies to improve health among those covered through these plans could greatly improve population health in Texas. Such strategies include:

Incentives for increased use of covered preventive services, such as vaccinations, tobacco cessation treatments, and cancer screenings

Appropriate utilization of ancillary services, such as Community Health Workers who provide asthma self-management education and home assessments for asthma triggers

Increased opportunity to experiment with these and other innovations will accelerate progress towards greater health. Utilizing savings generated by these investments to fund expanded prevention services will allow for revenue-neutral sustainability. The state of Texas is a steward of a significant portion of the health resources in Texas. Smart policy changes can lead to significant and sustained improvement in health throughout the state.

To identify smarter investments in the health of Texas, THIN proposes the following interim charges:

Identify and describe barriers faced by TRS and ERS to expanding targeted investments in prevention. Identify optimal approaches to utilizing financial incentives to improve population health and prevent disease and injury. Identify strategies to generate cost savings through investment in prevention, and ensure those savings are reinvested in prevention initiatives. Investigate strategies for, and impact of, allowing TRS and ERS to invest health care savings or other funds into additional prevention efforts.

Identify programs that have demonstrated a reduction in Medicaid health care expenditures through a prevention approach, particularly programs that address social factors that influence health. For example, identify programs that address comprehensive needs of high utilizers of emergency departments; programs that improve management of chronic conditions such as asthma, diabetes and high blood pressure; and programs that provide community-based care. Examine the potential return on investment for ancillary clinical services, such as language translators, social workers, and community health workers. Study reimbursement mechanisms for ancillary services as well as barriers to integrating such care into existing systems.

Texas Health Improvement Network

Charge 4

THIN Strategy: Increase and align financing for population health
Objective: Maximize opportunities to utilize federal funding to improve access to health services

Although many states have decided to expand Medicaid, Texas has decided to use other options to improve access, such as the 1115 Waiver. This waiver has brought significant resources ($29 billion over 5 years) to the state, but is currently under review by Center for Medicaid and Medicare Services (CMS) for possible renewal or revision. Other Medicaid waiver options are currently available, such as the 1332 waiver or a new 1115 waiver, and they potentially could assist Texas in expanding and improving access. Furthermore, the federal Medicaid program is currently under review by Congress, and may change significantly in the near future. Texas needs to determine the best ways to expand and improve access as a result of these changes.

To identify ways to improve access to health services, THIN proposes the following interim charge:

Identify the impact and potential opportunities resulting from federal changes in the Medicaid program. Study how these changes could impact access to primary and secondary care and disease and injury prevention, and make recommendations to improve access. Consider ways to maximize opportunities, such as Medicaid waivers (1115 and 1332), for population health improvement.

Charge 5

THIN Strategy: Support local and regional health improvement efforts
Objective: Increase support for health improvements in rural communities

Over half of the counties in Texas are rural, and rural counties are home to more than three million Texans. The rural population tends to be older, less affluent, and less healthy than more urban populations. Challenges facing the health of rural Texas relate to health care access as well as to social and other factors that impact health.

Access to health care is an ongoing challenge in rural areas. Provider shortage is a chronic issue statewide, but is especially prevalent in rural Texas. Furthermore, in recent years Texas has experienced numerous hospital closures in rural areas. Many of those that remain open are struggling with financial viability. While telehealth holds promise in addressing access issues, several challenges must be overcome before this potential can be realized.

One significant challenge to telehealth in rural areas is limited broadband access. Broadband access also plays a critical role in other factors that impact health, including disaster preparedness, education, workforce and small business development, and access to housing and financial services.

To identify ways to support health in rural Texas, THIN proposes the following interim charge:

Identify and study barriers and opportunities to improving health and health care in rural Texas. Identify the impact of the closure of rural hospitals on access to health care and potential opportunities to address these access issues, including the role telehealth can play. Investigate the relationship between broadband access and population health in rural areas, including impacts on social determinants of health and crisis/disaster preparedness. Identify gaps in access (the "digital divide") and recommend strategies to address these gaps.