The Honorable Dan Patrick
Lieutenant Governor of Texas

The Honorable Dade Phelan
Speaker of the House

THIN
Texas Health Improvement Network

November 1, 2021

Dear Lieutenant Governor Patrick and Speaker Phelan,

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. THIN has developed a set of interim charges for your consideration, summarized below:

1. Evaluate the efficiency and effectiveness of 2-1-1 Texas to connect individuals to needed services.
2. Report on strategies to incentivize providers, Medicaid managed care organizations, and community partners to integrate social needs screening, referrals, and outcome measures in Medicaid and CHIP.
3. Review and consider ways to align the multiple regional boundaries that divide Texas for the purposes of organizing trauma care, mental health, public health, Medicaid managed care, healthcare information exchanges, and other services.
4. Investigate the feasibility and benefits of a Texas specific health insurance marketplace, including a reinsurance pool, in conjunction with a 1332 waiver.
5. Review options for the State to utilize ACA Medicaid expansion dollars to create a 1115 waiver-based program to incentivize low-income Texans to enter the individual Marketplace with limited cost-sharing.
6. Study the impact of the COVID-19 pandemic on health insurance coverage in communities across the state.
7. Study adequacy and performance of state infrastructure and systems during the COVID-19 public health emergency, including ImmTrac and other state infrastructure related to COVID response.
8. Develop data-driven policy and program initiatives to improve primary care access for Texans.
9. Assess and develop recommendations to address existing gaps and needs regarding access to healthcare in the public school system, including behavioral health and the use of telemedicine.
10. Monitor the implementation of HB133 passed by the 87th Legislature related to perinatal health.
11. Study the impact of the COVID pandemic on the rates of substance use disorders.

These suggested charges, which are described and contextualized in greater detail in the following document, 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,

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Vice Chancellor for Health Affairs and Chief Medical Officer
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Lewis Foxhall, M.D.
THIN Chair
Vice President of Health Policy
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Texas Health Improvement Network
2021 Interim Charge Recommendations

Recommendation 1:

Evaluate the efficiency and effectiveness of 2-1-1 Texas (our statewide information and referral system) to connect individuals to needed health and social services. Identify best practices, innovative models, and funding sources to close identified gaps and optimize the 2-1-1 platform and maximize its benefits for Texans.

Rationale:

2-1-1 Texas - a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year is a vital community service that helps connect Texans with the services they need. A program of the Texas Health and Human Services Commission (HHSC), calls (over 2 million calls in the past year[1]) are fielded by highly trained call specialists through 25 area information centers (AIC) across the state. Many AIC partners - which include local United Ways, Area Agencies on Aging, and Councils of Government - obtain additional funding to leverage the 2-1-1 platform and better serve their communities.

Opportunities exist to better leverage this valuable resource across the state to connect people to services and support the growing movement to connect healthcare and social care. There are at least three assets of the 2-1-1 system that are relevant to healthcare: 1) resource databases; 2) data on social needs; 3) navigation expertise.[2] A statewide study can help optimize use of the 2-1-1 platform and maximize the investment made in this critical infrastructure.

Recommendation 2:

Report on strategies to incentivize providers, Medicaid managed care organizations (MCOs), and community partners to integrate social needs screening, referrals, and outcome measures in Medicaid and CHIP. Analyze cost avoidance/savings of existing MCO initiatives related to addressing health-impacting social needs in Medicaid populations. Provide recommendations to integrate health-impacting social needs care in managed care capitation rates.

Rationale:

To address the social and environmental factors impacting their patients' health and improve health outcomes for their patients, health care system innovators are partnering with social service sectors and integrating non-healthcare services into their practices. In doing so they are able to address upstream factors impacting health, including access to safe and permanent housing, legal counsel, stable employment, and healthy foods. These efforts offer the promise of delivering greater value in terms of improved health outcomes and reduced health care expenditures. However, much work is needed before these benefits can be achieved.

The Texas Health and Human Services Commission (HHSC) is engaging in important foundational work through efforts such as the Delivery System Reform Incentive Payment Program (DSRIP) and Value-

Based Payment Roadmap. This roadmap establishes specific strategies and interventions to achieve sustainable and effective delivery system reform beyond DSRIP funded period.[3] Through this process, HHSC completed an assessment of social factors impacting health care quality as part of their transition plan.[4] A focused study is needed to ensure this and other work leads to specific strategies that incentivize all relevant parties to integrate health-impacting social needs care into the healthcare delivery system in ways that improve the lives of Texas beneficiaries.

Recommendation 3:

Review and consider ways to align the multiple regional boundaries that divide Texas for the purposes of organizing trauma care, mental health, public health, Medicaid managed care, healthcare information exchanges, and other services. Investigate how alignment could strengthen regional collaboration for public and population health, indigent care, the development of accountable communities for health, and financing of state and federally funded programs.

Rationale:

Myriad regional divisions have developed over the years to serve different purposes, and with varying degrees of intentionality. In 2011, the Texas Department of Insurance (TDI) made the decision to align new network adequacy regions for PPOs with the existing Texas Department of State Health Services' (DSHS) Public Health Regions (PHRs). This smart approach could be expanded to produce better regional integration and greater efficiencies access the state. Aligning regions that relate to health insurance, health care networks, and public health could help facilitate easier entry into rural health insurance marketplaces (and thus increase competition) and increase coordination and collaboration across all entities that impact health.[5]

Recommendation 4:

Investigate the feasibility and benefits of a Texas specific health insurance marketplace, including a reinsurance pool, in conjunction with a 1332 waiver. Assess how a Texas specific marketplace would impact insurance coverage, including within subpopulations (e.g., race or Hispanic ethnicity, income, rurality).

Rationale:

The ACA allows states to help lower the cost of ACA compliant health plans via a reinsurance program. Fourteen states have already enacted 1332 waiver reinsurance programs, primarily through a reinsurance pool that reimburses insurers for the cost of specific high-cost claims, allowing rates to be set 5%- 15% lower than without the reinsurance in place. The Texas Department of Insurance is currently studying options for such a 1332 waiver to create a reinsurance option in Texas.[6]

Recommendation 5:

Review options for the State to utilize ACA Medicaid expansion dollars through the creation of an 1115 waiver-based program to incentivize low-income Texans to enter the individual Marketplace with limited cost-sharing, as well as other options that would provide opportunities for health insurance to all persons in Texas.

Rationale:

Texas consistently tops lists of states when ranked by the percent uninsured. According to the U.S. Census Bureau 2019 American Community Survey 5-year estimates, 24.5% of Texans 19-65 years-old were uninsured, compared with 12.9% nationally.[7] About 1.3 million Texans are currently covered by individual ACA policies that include federal subsidies. However, a 2019 study estimated that 37% (nearly 2 million) additional uninsured Texans are eligible for ACA subsidies, available to individuals and families with incomes up to 400 percent of the federal poverty level.[8] Strategies that incentivize eligible populations to enroll in the individual ACA Marketplace can help strengthen the Marketplace, reduce dependency on public healthcare coverage programs, and ultimately decrease the number of uninsured Texans.

Recommendation 6:

Study the impact of the COVID-19 pandemic on health insurance coverage in communities across the state. Analysis should be stratified (disaggregated) by subpopulations (e.g., race or Hispanic ethnicity, income, rurality).

Rationale:

In the years leading up to the COVID pandemic, over 80% of insured Texas adults under age 65 had employment-based health insurance coverage, compared to 66% in the U.S. overall.[9] Given the relationship between employment and health insurance coverage, the COVID-19 pandemic's impact on employment had a significant impact on access to health insurance coverage. Texas should take stock in how the pandemic has impacted insurance coverage, particularly within populations at greater risk of being uninsured or losing employment as a result of the pandemic.

Recommendation 7:

Study adequacy and performance of state infrastructure and systems during the COVID-19 public health emergency including ImmTrac and other state infrastructure related to COVID response. Include in this analysis the ability of the state data systems to identify health disparities, such as those between racial and ethnic, geographic, and income groups, and the workforce to maintain the data systems and conduct the data analysis. Assess barriers to sharing key public health information across state lines.

Rationale:

The public health emergency resulting from the COVID-19 pandemic served as a stress test for the public health infrastructure in the nation and in our state. In addition to information and data systems, the public health workforce and public health laboratories are all relied upon to protect the health of Texans, particularly during emergencies. The pandemic put a spotlight on the strategic importance of a strong public health infrastructure and has provided an opportunity to assess gaps and weaknesses. Taking stock now will help to prepare our state in advance of the next public health emergency.

Recommendation 8:

Develop data-driven policy and program initiatives to improve primary care access for Texans based on the 2021 DSHS Statewide Needs Assessment produced by the Texas Primary Care Office for the Health

Resources and Services Administration (HRSA). Review the strength of the health care workforce in the state and what impacts COVID-19 has had on the availability of providers to meet demand for services, including an analysis of geographic variation in impacts.

Rationale:

The 2021 DSHS Statewide Needs Assessment produced by the Texas Primary Care Office projected the demand for primary care physicians in Texas to exceed supply every year between 2018 and 2032. The supply of primary care physicians is projected to grow by 27.0 percent while demand is projected to grow by 33.2 percent, increasing the shortage of primary care physicians by 59.7 percent from 4,661 FTEs in 2018 to 7,442 FTEs in 2032.[10] The report identifies priority geographic areas and populations for focused efforts at increasing primary care access. The next step is to develop initiatives to address the identified needs. Additional analyses are also needed to understand how primary care access in Texas has been impacted by COVID-19, as the pandemic has exacerbated the pre-existing strains on the primary healthcare system.[11]

Recommendation 9:

Assess and develop recommendations to address existing gaps and needs regarding access to healthcare in the public school system, including behavioral health and the use of telemedicine. Include an assessment of differences by rurality, socioeconomic status, and racial and ethnic composition of schools.

Rationale:

The public school system plays an essential role in providing access to healthcare for Texas children and supporting health and academic success. Research has demonstrated that the presence of a school-based health center is associated with both improved health-related outcomes and student achievement outcomes.[12] In recent years the Texas public school system has emerged as a gateway to behavioral healthcare, through the provision of mental health services via the Texas Child Health Access Through Telemedicine (TCHATT) platform.[13] Equitable access to school-based health services is a key strategy to improving population health in the state, and identifying gaps and needs regarding access will help Texas maximize potential benefits.

Recommendation 10:

Monitor the implementation of HB133 passed by the 87th Legislature related to perinatal health. Identify opportunities to improve access to perinatal mental health services in Texas, including by subpopulations (e.g., race or Hispanic ethnicity, income, rurality).

Rationale:

HB133 extends coverage for those temporarily eligible for Medicaid coverage due to pregnancy from two months postpartum to six months postpartum and requires HHSC to transition case management for children and pregnant women program services and Healthy Texas Women program services to a Medicaid managed care model.[14] The HHSC Postpartum Depression Strategic Plan required by SB253 in the 86th legislative session found that over 14% of mothers in Texas experience significant perinatal mood and anxiety disorders and identified a number of goals to improve statewide access to mental

health services.[15] Work is needed to ensure adequate access, particularly to mental health services, for women covered through Medicaid during the six months of postpartum coverage.

Recommendation 11:

Study the impact of the COVID pandemic on the rates of substance use disorders. Include an analysis that compares substance use (all categories) before the pandemic, during the pandemic and the projected long-term human and financial costs to the state. Analyze the availability and access to evidence-based substance abuse services in Texas.

Rationale:

Substance use disorder (SUD) is a growing epidemic in Texas and across the country. The National Center for Health Statistics estimated an estimated increase of 37.4% in Texas overdose deaths for the 12-month period ending March 2021.[16] For every person who loses his or her life to an overdose, there are many more Texans who join the ranks of individuals living with substance use disorder. These people need help, and communities must be prepared for the consequences of the SUD epidemic as more people require substance use and mental health treatment. Understanding the impact of COVID on the growth of substance use in Texas communities will enable us to better respond and anticipate the level of need for substance use treatments, research and education. Measuring the impact felt by Texas communities in terms of human life and financial costs will provide lawmakers with critical data upon which to base their decisions.

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[1] https://tx.211counts.org/

[2] http://www.airs.org/files/public/211_and_SDoH_White_Paper.pdf

[3] https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/value-based-care

[4] https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/assessment-social-factors.pdf

[5] https://www.utsystem.edu/sites/default/files/sites/texas-health-journal/THIN-RCHS-April2021.pdf

[6] https://www.tdi.texas.gov/reports/documents/1332-guidance-aug-2020.pdf

[7] https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html

[8] https://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/

[9] https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html

[10] https://dshs.texas.gov/chpr/pdf/2021-Statewide-Needs-Assessment.pdf

[11] https://www.commonwealthfund.org/blog/2020/primary-care-and-covid-19-pandemic

[12] https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05472

[13] https://tcmhcc.utsystem.edu/tchatt/

[14] https://legiscan.com/TX/bill/HB133/2021

[15] https://www.hhs.texas.gov/reports/2020/08/postpartum-depression-strategic-plan-fy21

[16] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm