



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

Texas' approach builds on the existing regional initiatives and a strong history of activity and planning around health information technology. The Texas Health and Human Services Commission (HHSC) is working closely with the Texas Health Services Authority (THSA) to lead efforts in Texas. The THSA was established by the Texas Legislature in 2007 to coordinate and catalyze the development of HIE in Texas.

A representative survey of practitioners and hospitals is currently underway to establish baseline adoption and utilization rates for EHRs and HIE in the state. Early findings point to 12.7 percent of practitioners and 22.41 percent of hospitals participating in some form of HIE in Texas.

To capture the current HIE landscape and gaps Texas undertook an environmental scan of the state and existing exchange organizations. In response to the survey of existing exchange entities seven of the twenty five respondents reported they were actively exchanging data (results of the survey were not audited). A key finding that helped shape the states approach was the identification of a large geographic white space that lacks coverage by existing HIEs (see figure 6). The white space areas are generally characterized by low population density. In addition, significant gaps were identified in lab and pharmacy connectivity and the availability of network services that can support clinical summary exchange.

### Model and Services

Texas has a three pronged approach to enabling HIE across the state and filling the identified gaps. The first prong is the establishment of **general state-level operations**.

HHSC and THSA will identify and implement state-level operations to enable the establishment and operation of HIE capacity statewide through the:

- Administration of the THSA governance structure to convene stakeholders and coordinate and align state and local efforts to support HIE meaningful use requirements;
- Establishment and maintenance of required policies and standards for local HIE networks and state-level HIE contracts, including privacy and security policies, interoperability and other technical standards, and financial and business practices;
- Development of state-level shared services in 2012, including a record locator service, provider directory services, NHIN connectivity, and core HIE services for the white space; and
- Development of a statewide evaluation plan to inform a sustainability model for the state and local HIE networks.



**State:** Texas

**HIT  
Coordinator:**  
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**Award Amount:**  
\$28,810,208

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[http://www.hhsc.state.tx.us/hhsc\\_projects/oehc/index.shtml](http://www.hhsc.state.tx.us/hhsc_projects/oehc/index.shtml)

**Other Related ONC funding  
in Texas:**

Health Information Technology  
Regional Extension Centers  
(RECs) \$35,709,106



# Highlights

The second and third prong of the Texas approach to enabling HIE are:

**Local HIE grant program:** A competitive grant program will be established to leverage existing local HIEs and expand their capacity. Grants will be awarded to all qualifying HIEs to:

- Develop plans for upgrading or implementing local HIE infrastructure to deliver core HIE services, and implement required policies and standards;
- Upgrade or implement local HIE infrastructure to deliver core HIE services , expand provider and hospital participation and implement required policies and standards; and
- Monitor and evaluate local HIE impact to inform sustainability planning.

Required core services include enabling electronic prescribing, electronic lab ordering and results delivery and the sharing of clinical summaries across unaffiliated organizations. Funding levels will be composed of a base component and a proportional amount allocated by the number of providers and hospitals commitments an HIE has. HIEs will be required to submit proof of provider commitments on an ongoing basis during the grant program.

**White space coverage:** For geographic areas and providers that lack coverage through the local HIE grant program Texas will develop a RFP and select one or more entities to provide HIE services to the white space. Respondents can propose to cover some or all of the white space. Eligibility entities could include vendors, local HIEs, RECs or others with the required technical capabilities. Proposals will be evaluated for quality, cost, readiness, coverage, and stated willingness to deliver core services, implement required policies and standards for local HIEs, and participate in program evaluation.

In addition to meeting the requirements to enable the core HIE services contractors in the white space will be required to support point-to-point connectivity through the NHIN Direct standards.



# Meaningful Use

## Landscape

## Strategy

### E-Prescribing

Approximately 15% of providers in Texas are writing electronic prescriptions. The follow map displays the percentage of pharmacies connected in each county in Texas.

Texas' central strategy to address the gap is to require local HIE grantees and the white space contractors to develop strategies to address the gap in pharmacy connectivity. They anticipate that increasing demand for these services at the local level will be the most effective way to speed the delivery of services by pharmacies that have until now been slow to automate or connect. The variety of strategies implemented at the local level will be used to inform action at the state level, should further efforts become necessary. THSA is also working with the Texas Hospital Association and Texas Pharmacy Association on strategies to automate and connect hospital-based pharmacies.

### Structured Lab Results

Based on an analysis of Medicaid labs and the result of a survey of hospitals Texas estimates that between a quarter and a half of all volume of lab services in Texas are able to receive orders and send results electronically in some form.

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### Patient Care Summary

In Texas, several local HIEs are engaged in clinical summary exchange. In general, however, the availability of clinical summary exchange is very limited, there is no universal platform for clinical summary exchange, and little commonality exists among the different approaches to clinical summary exchange.

Texas' central strategy to address these gaps is to require local HIE grantees and the white space contractors to develop strategies to address the gap in network services. They anticipate that increasing demand for these services at the local level will be the most effective way to increase the availability of network services that can deliver patient care summaries. The variety of strategies implemented at the local level will be used to inform action at the state level, should further efforts become necessary. For the white space NHIN Direct standards will be implemented to enable point-to-point exchange which will facilitate the exchange of patient care summaries between unaffiliated organizations. At the state-level, THSA will work to create a common approach to provider directories which could be leveraged with the NHIN Direct standards to assist in routing patient care summaries to the appropriate destination.



## HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	<b>X</b>	Care Coordination	<b>X</b>
Nationwide Health Information Network CONNECT	<b>X</b>	Quality Reporting	<b>X</b>
Nationwide Health Information Network DIRECT	<b>X</b>	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	<b>X</b>	<b>Lab Strategy</b>	
<b>Public Health</b>		Translation services	
Electronic lab reporting of notifiable conditions	<b>X</b>	EHR interface	<b>X</b>
Syndromic surveillance		Policy strategy	<b>X</b>
Immunization data to an immunization registry		Order Compendium	
<b>Patient Engagement</b>		Bi-Directional	
Patient Access/PHR		<b>E-Prescribing</b>	
Blue Button		Alignment with CLIA	
Patient Outreach	<b>X</b>	Medication History	
<b>Privacy and Security</b>		Incentive or grants to independents	
Privacy and Security Framework based on FIPS		Plan for controlled substance	
Individual choice (Opt In/Opt Out/hybrid)	<b>TBD</b>	Set goal for 100% participation	
Authentication Services	<b>X</b>	Controlled substance strategy	
Audit Log	<b>X</b>	<b>Care Summaries</b>	
<b>Administrative Simplification</b>		Translation services	
Electronic eligibility verification		CCD/CCR Repository	
Electronic claims transactions		<b>Directories</b>	
<b>Vendor</b>		Provider Directory	<b>X</b>
Planning		Master Patient Index	
Core Services		Record Locator Services	<b>X</b>
		Health Plan Directory	
		Directory of licensed clinical laboratories	

*Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: [www.statehieresources.org](http://www.statehieresources.org)*

