



STATE OF TEXAS

STRATEGIC AND OPERATIONAL PLANS FOR STATEWIDE HEALTH INFORMATION EXCHANGE *- CATALOG OF PUBLIC COMMENT -*

AUGUST 31, 2010

Published by

THSA



TEXAS HEALTH SERVICES AUTHORITY



Organizations Submitting Comments

Commenting Organizations
AT&T
CHRISTUS Health
DFWHC – Education & Research Foundation
Department of State Health Services (DSHS)
GE eHealth Solutions
Health Law Attorney
Health Law & Policy Institute
Healthcare Access of San Antonio
Health and Humans Services Commission (HHSC)
Initiate
Ingenix
Methodist Healthcare Ministries
Methodist Hospital of San Antonio
Northside Consulting
North Texas Healthcare Alliance
North Texas Medical Center
Patient Privacy Rights
RSH
San Antonio State Hospital <i>(Dept. of State Health Services)</i>
Texas Association of Health Plans (TAHP)
Texas Children’s Hospital
Texas Council of Community Centers
Texas e-Health Alliance
Texas Health Information Management Association
Texas Hospital Association
Texas HIE Coalition (THIEC)
Texas Medical Association (TMA)
Walker, JS, M.D.

Comment Template

COMMENT DETAILS			
Submitter:		Organization:	
Page #:		Section #:	
Comment:			
Suggested Change:			
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:			
THSA BOARD DIRECTIVES			
<input type="checkbox"/>	Staff Staff recommendation approved by Board		
<input type="checkbox"/>	Staff Staff recommendation approved with the following modification/comment below		
Comment:			

Introduction

COMMENT DETAILS #1			
Submitter:	James Stefan Walker	Organization:	Self
Page #:	1	Section #:	Introduction
Comment:	State-sanctioned HIEs, being quasi-public/ governmental entities, should be required to adhere to Open Meetings Act guidelines and procedures, as evidence to a skeptical public of transparency and accountability to the patients. HIE directors should not need to say anything in a board meeting that they would not want the world to hear. For privacy, personnel, or other specific concerns where discretion is called for, closed session can be voted on.		
Suggested Change:	General Comment		
Change Rationale:	General Comment		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	Staff agrees with the spirit of the comment and will explore options to address this issue during the development of the RFA for local HIE grant funding. A statutory requirement may be an option in the future.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #2			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	1	Section #:	Introduction
Comment:	To start by supporting existing local HIES without looking first in depth at		

COMMENT DETAILS #2	
	the flaws and benefits of each model will be a massive waste of money and at the same time expose Texans’ sensitive health records to “unbounded” disclosures and sales. The purpose mentions privacy as a goal but much of the strategic and operational plan sets goals that do not permit privacy (the individual’s control over personal information. The NCVHS definition (June 2006, Report to Sec. Leavitt) is, “an individual’s right to control the acquisition, uses, or disclosures of his or her identifiable health data”. (Definition originally from the IOM)
Suggested Change:	The state should start by hiring Latayna Sweeney PhD to conduct careful risk assessments of each HIE and providing a comprehensive chart so that THSA, the public, and lawmakers can compare and contrast the different models and choose the best.
Change Rationale:	Rationale for changes: Prevent waste of millions, prevent loss of data privacy, and prevent the public’s loss of trust in the state and in electronic health systems. See: Latanya Sweeney’s Congressional briefing on the topic of how existing HIEs and NHINs do not offer either the “privacy or the utility” we need and each model needs different methods to ensure we receive both privacy and benefits we seek. See: http://patientprivacyrights.org/2010/04/latanya-sweeney-testifies-before-congress/
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
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<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	One of the primary requirements associated with the funding for the State HIE Cooperative Agreement Program is to develop state strategic and operational plans that will enable providers and hospitals to meet meaningful use HIE requirements beginning in 2011. The approach outlined by the commenter could jeopardize the state’s access to \$27.8 million in HIE implementation funding. Additionally, it could prevent providers and hospitals from accessing billions in payments through the Medicare/Medicaid EHR incentive program. Staff agrees, however, that local HIEs should conduct privacy and security risk assessments and develop mitigation strategies to address the concerns outlined by the commentator.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #3			
Submitter:	George Conklin	Organization:	CHRISTUS Health
Page #:	1	Section #:	Introduction
Comment:	Health Systems & HIEs – The role of the hospital in supporting HIE has mostly been overlooked by both the ONC and the state level plans.		
Suggested Change:	We agree with the need for community involvement and consensus regarding HIE development and deployment and ask for additional clarification on the status and roles of health systems in state HIE operations.		
Change Rationale:	Hospitals provide financial support, technical support and ongoing operational support of many IT applications and programs used by providers.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	Staff agrees with commenter that hospitals will play a central role in community initiatives, and in some areas of the state, may serve as the local HIE that serves as the conduit for the exchange of health information among unaffiliated organizations.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

1 Background

1.1 Purpose

COMMENT DETAILS #4			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	3	Section #:	1.2
Comment:	The THSA has no board member with expertise representing consumers'		

COMMENT DETAILS #4	
	interests in privacy (control over PHI)
Suggested Change:	
Change Rationale:	This major defect in the strategic plan should be addressed head on and the goals and measure that eliminate privacy should be eliminated from the plan. Otherwise the plan will be used to build a system that the public will not trust.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA has one consumer member and the plans call for a consumer on the Collaboration Council.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

1.2.3 Texas Health Services Authority

COMMENT DETAILS #5			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	3	Section #:	1.2.3
Comment:	The vision is defective because it does not recognize that preserving the ethical basis of Medicine, i.e., the doctor-patient relationship based on the right of consent, as THE foundation for HIE.		
Suggested Change:			
Change Rationale:	The lack of privacy in today's health system is the greatest challenge of bar none. Technology exists to build systems that strengthen and restore privacy rights, but the health 'tracking', theft, and data mining industries oppose HIT and HIE based on traditional ethics and the law. If we don't meet consumers' expectations for control over PHI and comply with consumers' rights to privacy (the Texas Constitution has been interpreted as offering Texans the right to privacy) we will destroy trust in these systems, waste millions, and destroy health privacy for generations. See WSJ Op-ed at: http://patientprivacyrights.org/2010/04/your-medical-		

COMMENT DETAILS #5	
	records-arent-secure/
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The vision statement recognizes the potential value of HIE and emphasizes that any health information exchange must occur across “secure” networks. The first core principles under Section 1.4 states that “...personal health information must be protected and patient privacy must be respected.”
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #6			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	3	Section #:	1.2.3
Comment:	Capitalization of titles for personnel may be missing/incomplete		
Suggested Change:	Change capitalization to reflect position titles		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

1.3 Vision

COMMENT DETAILS #7			
Submitter:	Kathleen Costello	Organization:	HHSC
e-Mail:		Phone:	512-467-2922
Page #:	5	Section #:	1.3
Comment:	Figure 1 does not include a Public Health Component		
Suggested Change:	Add Public Health Component to the figure		
Change Rationale:	Public Health would be a key component in the HIE and PH participation should be more explicit in this diagram		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Although not clearly labeled, the “other state-level data sources” bubble includes public health. Staff will add the following paragraph to describe this figure: “Other State-Level Data Sources” as included in Figure 1 include data from state agency systems other than Medicaid, such as those administered by the Department of State Health Services, and data from private sources such as health plans.”

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #8			
Submitter:	Archie Alexander	Organization:	Self
Page #:	5	Section #:	1.3

COMMENT DETAILS #8	
Comment:	<p>What is the proper terminology we should be using to characterize organizations formed to exchange health information—health information exchange (HIE) or health information organization (HIO)? My understanding is these entities are now called health information organizations or HIOs. What is the true nature of some of the health care arrangements claiming to be HIO(HIE)s? Are any of them classified as organized health care associations (“OCHAs”)? Under the Rule, some OHCA do not qualify as covered entities (“CEs”). If the OHCA is not a CE, then can the OCHA qualify as HIO(HIE) under the Rules? Recommendation: Clarify what is the accepted terminology and make sure that organizations claiming to be HIO(HIE)s qualify.</p>
Suggested Change:	Decide whether proper terminology is HIE or HIO
Change Rationale:	Policymakers are referring to entities as HIOs.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	In order to qualify as an HIE, an organization must meet the HIE criteria outlined in the plan in Section 14.1.3, Local HIE Grant Program (page 116). Staff acknowledges the growing use of the term “HIO” at the federal level but did not want to create any confusion by changing terminology within the planning process.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #9			
Submitter:	Jared Wolf	Organization:	TAHP
Page #:	5	Section #:	1.3
Comment:	<p>The initial focus on leveraging regional HIE is appropriate. Over the long term, however, it may not be in the best interest of all parties to retain a vision of pursuing "regional solutions whenever possible." A preference for regional solutions may emerge, but at some level the move towards HIE and adoption of HIT is to promote best practices. This is not inconsistent with a regional approach, particularly given the qualifications that THSA will require, but it may be prudent to stress the role of regional HIE at the outset while leaving open the possibility of a gradual shift to a statewide</p>		

COMMENT DETAILS #9	
	platform.
Suggested Change:	N/A
Change Rationale:	See above
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recognizes that the role of the state and local HIEs may evolve over time, particularly as technological solutions advance.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #10			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	5	Section #:	1.3
Comment:	The guiding principles are: "The patient and consumer should be the focus of all other efforts in HIT. Patient control and ownership of personal health information must be protected and patient privacy must be respected." But they are not implemented in this document.		
Suggested Change:			
Change Rationale:	Without a truly consumer-centered process, we will fund an expensive system that will fail and cause generations of Harm and discrimination. The head of CMS, Don Berwick, believe that health record should belong to patients and doctors should have to ask to use them. See his paper in Health Affairs at: http://patientprivacyrights.org/wp-content/uploads/2010/02/What-Patient-Centered-Should-Mean.pdf		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #10	
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #11			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	5	Section #:	1.3
Comment:	<p>In Section 1.3 of the Strategic Plan, THSA recites its vision statement as follows: To enhance health care quality and effectiveness for all patients, the health care sector should be supported by an infrastructure made up of interoperable, electronic health records composed of standardized, structured data elements that are exchanged among authorized health care organizations and providers across secure regional and statewide networks.</p> <p>As noted in previous comments submitted by TMA, TMA policy supports efforts to promote interoperability of EMRs and standardized structured data elements as necessary for secure health information exchange. TMA, however, has the following suggestions regarding the role of the THSA and the method for best achieving this shared vision.</p> <p>TMA House of Delegates Policy acknowledges that state support for HIE is important. It states that "... state government's primary role should be to foster coordination of HIE efforts, including providing access to funding or other financial incentives that promote the adoption of health information technologies."</p>		
Suggested Change:	<p>With that role in mind, TMA urges THSA to focus its initial activities on the following:</p> <p>Requiring use of national health information technology (HIT) standards, such as the Continuity of Care Record/Document to allow for workflow-friendly interoperability and data sharing, regardless of which software is used;</p> <p>Streamlining business processes in the medical office to include 1) access to clinical information pertinent to patient care that fits with physician and patient workflows , including minimization of the need for physicians to integrate and reconciliation conflicting data from multiple sources; 2) real time notification of eligibility and coverage; and 3) real</p>		

COMMENT DETAILS #11

	<p>time claims adjudication allowing for immediate payment at the end of a patient encounter; and</p> <p>Playing the role of a convener, coordinator, communicator, and educator. THSA should serve local health information exchanges (HIEs) as a repository of best practices and should facilitate resource sharing to allow for economies of scale and purchasing power. This could lead to building consensus among stakeholders for a statewide model.</p> <p>Support the development and use of an HIE safety reporting system to capture and address issues encountered by physicians and patients that local HIEs or HIE vendors are not willing to address in a safe and timely manner or those that have multi-vendor or multi-HIE implications.</p>
Change Rationale:	<p>THSA has opportunity to drive Texas HIE performance to a national leadership role in patient safety, usability, and timeliness. In addition, the development of personal health records is an emerging item of importance for the near and long term.</p>

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:	<p>The plans recognize that the primary role of the THSA is to serve as convener and coordinator. The staff draft also recognizes the importance of adopting nationally recognized standards, including the Continuity of Care Record/Document. Staff will explore the value and cost associated with the development and use of an HIE safety reporting system, including whether any commercial solutions are under development.</p>
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THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #12

Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	5	Section #:	1.3

Comment: Figure 1: Under current activities it lists “State HIE” - does that exist?

COMMENT DETAILS #12	
Suggested Change:	chart needs explanation on what differences will be needs description in text
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	As discussed in an earlier comment, staff will provide the following additional explanation with this figure: "Other State-Level Data Sources" as included in Figure 1 include data from state agency systems other than Medicaid, such as those administered by the Department of State Health Services, and data from private sources such as health plans."
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #13			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	5	Section #:	1.3
Comment:	Throughout the document "buy-in" and "buy in" are used without a dash.		
Suggested Change:	Pick one for consistency.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #13

No change recommended by THSA staff

Comment: None

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #14

Submitter: Troy Alexander **Organization:** Texas Department of State Health Services

Page #: 5 **Section #:** 1.3

Comment: The graphic (Future vision) does not reflect how state-level non-Medicaid data sources may be connected into the network.

Suggested Change: Update graphic to reflect multiple data flows, including state data directly to Medicaid.

Change Rationale: Current graphic suggests all non-Medicaid state-level data sources are in same group and flow through one connection (through the state-level HIE from non-Medicaid sources to Medicaid HIE). This may not be the case.

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: As discussed in an earlier comment, staff will provide the following additional explanation with this figure: "Other State-Level Data Sources' as included in Figure 1 include data from state agency systems other than Medicaid, such as those administered by the Department of State Health Services, and data from private sources such as health plans."

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #14	
Comment:	

1.4 Guiding Principles

COMMENT DETAILS #15			
Submitter:	Melinda Teel	Organization:	Texas Health Information Management Association
Page #:	6	Section #:	1.4

Comment:	<p>The purpose of this letter is to convey the comments of the Texas Health Information Management Association (TxHIMA) on the Texas Health Service Authority’s Strategic and Operational Plan for Statewide HIE. TXHIMA is a nonprofit association representing over 5,600 health information management professionals across the state of Texas. Its members work in hospitals, physician practices and clinics, businesses that support health care delivery, institutions of higher education and public and private health care agencies to ensure the quality and availability of health care data and information. Almost all serve as executives, entrepreneurs, privacy officers, health IT implementation specialists, educators, data managers, coding professionals or in other roles that contribute to the creation and maintenance of health information required for patient care, performance improvement, clinical research, and public health. Many of our members have years of experience managing the use and disclosure of patient records to protect patient privacy as well as extensive knowledge of patient identity management processes to ensure availability of the correct patient information at the point of care. As such, we believe that TXHIMA is a major stakeholder in the Texas Health Service Authority’s Strategic and Operational Plan for Statewide HIE and welcome the opportunity to contribute our input on this plan. OUR COMMENTS: 1. We support the vision, focus on patient centered principles, and the overall three-pronged strategic approach to state-level health information exchange. 2. The first guiding principle (sec. 1.4) indicates that “the patient and consumer should be the focus of all . . . efforts in health IT” and further that “Patient control and ownership of personal health information must be protected.” We couldn’t agree more with this; however, this must extend beyond the context of privacy to include accuracy of the information propagated across the network. This plan does not speak to how patients and individuals will interact with the exchange and what recourse they will have when information is inaccurate or they need to know the source of certain data or information to have it corrected. Early experience in some parts of the country indicates that as individuals gain more access to their electronic health information through portals and personal health record (PHR) systems, they may question the accuracy of some types of data contained in their records. We recommend that the plan address interaction and communication with consumers beyond consent or authorization for exchange</p>
Suggested Change:	<p>We couldn’t agree more with this; however, this must extend beyond the context of privacy to include accuracy of the information propagated across the network. This plan does not speak to how patients and individuals will interact with the exchange and what recourse they will have</p>

COMMENT DETAILS #15	
	when information is inaccurate or they need to know the source of certain data or information to have it corrected.
Change Rationale:	Early experience in some parts of the country indicates that as individuals gain more access to their electronic health information through portals and personal health record (PHR) systems, they may question the accuracy of some types of data contained in their records. We recommend that the plan address interaction and communication with consumers beyond consent or authorization for exchange.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The FOA and PIN do not require a decision on this issue at this time. This issue could be addressed through the Collaboration Council and taskforces.
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input checked="" type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	The Board directed staff to identify a strategy and tasks to determine how the statewide HIE framework can support PHRs.

COMMENT DETAILS #16			
Submitter:	Archie Alexander	Organization:	Self
Page #:	6	Section #:	1.4
Comment:	The first principle supporting the concept of patient ownership and control of protected health information or health data is meritorious. Even so, this principle is not supported by federal or Texas law and it is inconsistent with existing practice. Under Texas law, the health care provider, as maker of the record, owns and controls the health or medical record, which is a business record. Patients are entitled to receive a copy of their record for a reasonable fee under both federal and state law. HCPs, not the individual patient, have custody of the actual medical record and the data it contains, unless the "record" is a personal health record ("PHR"). Patient ownership and control are further diminished by existing federal and state laws that merely allow patients to request changes to their health or medical records. Any request made need not be honored, and thus, the HCPs' control is further solidified by their authority to accept or deny requests for changes, even if they are meritorious. See Tex. Admin. Code. Tit. 22, Part 9, Chap. 165. Medical Records §§ 165.1-165.6, see also Health Insurance		

COMMENT DETAILS #16	
	<p>Portability and Accountability Act of 1996, 45 C.F.R. §§ 164.522-526 (2008). The status quo on control may change, if the proposed amendments contained in the notice of proposed rulemaking (“NPRM”) are adopted. While recent changes proposed in the Privacy Rule may give patients greater control by telling CEs that they should honor patient requests to amend their health records, requests can be denied. See Modifications to the HIPAA Privacy, Security, and Enforcement Rules Under the Health Information Technology for Economic and Clinical Health Act, 45 C.F.R. Parts 160 and 164 (2010). Patient control may be strengthened if proposed changes to § 164.520 that place a greater emphasis on disclosure of CEs duties and their uses and disclosures of PHI in their notices of privacy practices (“NPPs”) are adopted. Likewise, proposed changes to § 164.522(a) that require CEs to agree to a patient’s requested restriction on a disclosure to health plan, unless otherwise required by law, may increase the possibility of control through greater transparency. The caveat is, however, the requested restriction would only apply to disclosures to health plans for payments or health care operations. The requester must pay the HCP for the health care item or service out of pocket in full to receive the force and effect of this proposed change. While these proposed changes in the Rules and a greater emphasis on PHRs could lead to greater patient control, the reality is HCPs are unlikely to change the status quo of ownership and control. If they do, then HCPs will eventually lose control over their medical records and the health data and metrics contained within them. If we accept the notion that health data has some intrinsic value or is “valuable,” then HCPs would also be relinquishing control of a “valuable” resource, depending how value is defined or assigned. Unless the THSA and its members plan to approach the Legislature to make some change in current Texas medical laws, then this principle will remain merely a hortatory declaration.</p>
Suggested Change:	<p>Recommendation: Begin dialogue with stakeholders to formulate and draft a comprehensive health and medical records law that improves upon existing provisions in the Texas Administrative Code and Texas Health and Safety Code Sec. 181. 3.</p>
Change Rationale:	<p>Clarity</p>
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #16

<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #17

Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	6	Section #:	1.4

Comment: No need to “study” the privacy needs of Texas citizens –polls and surveys are exhaustive and clear: the public does not trust the privacy and security of electronic health systems and expects to control who can see and use their PHI for all routine uses (TPO).

Suggested Change:

Change Rationale:

For example: principles to support the meaningful of electronic health records by providers makes privacy impossible because the federal meaningful use criteria do not include electronic patient consent for all routine uses and disclosures. A system without consumer or guardian control over PHI will never be safe for children in foster care or patients with mental illnesses or addictions, or genetic vulnerabilities. Millions will avoid care knowing that these systems are not private and they have no control over data. See HHS citations at 65 Fed. Reg. at 82,777:

- HHS estimated that **586,000** Americans did not seek earlier cancer treatment due to privacy concerns.
- HHS estimated that **2,000,000** Americans did not seek treatment for mental illness due to privacy concerns.
- **Millions** of young Americans suffering from sexually transmitted diseases do not seek treatment due to privacy concerns.

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff believes Texas-specific information on privacy and security will help inform the dialogue on this important issue.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
-------------------------------------	--

COMMENT DETAILS #17

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #18

Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	6	Section #:	1.4
Comment:	<p>In Section 1.4, THSA references guiding principles that have emerged during the planning process regarding state-level planning for health IT and HIE in Texas. Among those principles listed is the following statement:</p> <p>“HIE design must be flexible to allow for changes in how EHRs are constructed, while adhering to national standards that will facilitate information sharing. Future EHRs will likely separate data (allowing input from registries and personal health records), applications (allowing calculations to be done by web services), and presentation (allowing physicians to customize their user interface much like customizing a home page).”</p>		
Suggested Change:	<p>TMA strongly recommends that THSA allocate funds in a way that identifies best practices in the development and use of PHRs and encourage further research and refinement. As a part of this, TMA stresses the importance of properly identifying and designating patient-entered information and of separating patient-entered information from physician-entered information.</p>		
Change Rationale:	<p>Acknowledging that registries and PHRs (as noted in THSA’s statement above) likely will be an important part of a future model for information storage and exchange.</p>		

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: The plans acknowledge the future role of PHRs and recognize that the plans may need to be changed over time. Staff believes that all of the limited federal funds need to be dedicated to ensuring the HIE capacity is sufficient in Texas to support meaningful use HIE requirements. The THSA could explore securing other private funds for this purpose, but staff believes this should be left to the market to decide.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

COMMENT DETAILS #18	
<input checked="" type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	The Board directed staff to identify a strategy and tasks to determine how the statewide HIE framework can support PHRs.

COMMENT DETAILS #19			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	6	Section #:	1.4
Comment:	<p>In Section 1.4, THSA includes a table “demonstrating how recommended services in the operational plans will ultimately strive to move provider and patient-centered services closest to the point of actual delivery.” This table includes a breakdown of state-level, regional-level, and local services. Notably, the table detailing state-level services includes a reference to aggregated reporting. TMA seeks clarification as to the nature of activities contemplated by this reference.</p> <p>Additionally, TMA notes that THSA is bound by the limitations on its statutory authority as provided under Chapter 182 of the Health and Safety Code. More specifically, Section 182.102 of the Health and Safety Code contains a list of acts that the corporation is prohibited from performing. Included among those prohibited acts are two references to providing access to aggregated data. THSA is statutorily prohibited from:</p> <p>4</p> <p>providing of access to aggregated, de-identified protected health information to local health information exchanges and other users of quality care studies, disease management and population health assessments; and</p> <p>Providing to public health programs trended, aggregated, de-identified protected health information to help assess the health status of populations and the providing of regular reports of trends and important incidence of events to public health avenues for intervention, education, and prevention programs.</p>		
Suggested Change:	TMA believes that THSA should focus its energies on supporting health information exchange functionality and efficiency.		
Change Rationale:	THSA should not collect, nor have access to aggregated patient data.		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff

COMMENT DETAILS #19	
Comment:	Already addressed in the staff draft. Staff was very clear throughout the workgroup process that the THSA is prohibited by law from collecting aggregated data. Additionally, the staff draft staff changed the titles of the columns in this table to "State," "Local," and "Provider" for clarity purposes.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #20			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	6	Section #:	1.4
Comment:	Bullet 1 "growing body of research suggests" - need to references for 'doubters' Bullet 5 "consumers with special needs" - Will there be different provisions in developing HIE or will this be addressed by medical information in patient record?		
Suggested Change:	Add reference(s) for bullet 1 Clarify bullet 5		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will look into adding additional links to the THSA website to publications supporting the value of HIE.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Date Change Made:	_____ / _____ / _____

COMMENT DETAILS #21			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	6	Section #:	1.4
Comment:			
Suggested Change:	Add under local services - reporting and tracking of care management initiatives Need governance listed under regional and local services		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The table is a model and is not intended to represent a comprehensive list of all services that could be provided at the regional HIE level. Governance is listed under regional HIE services.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #22			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	The language reflected in the bullet point does not include public health as a component of health IT. The language appears to take a position that personal privacy overrides any other interest.		
Suggested Change:	Update the language to reflect "Health IT has great potential to benefit health outcomes for consumers. Great care must be directed to maintaining patient privacy and information security."		

COMMENT DETAILS #22	
Change Rationale:	Patient privacy is a driving concern. Risks can be minimized and managed, but not likely completely eliminated, if information is recorded in any form.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #23			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	Amend the language to reflect government's role in standards adoption.		
Suggested Change:	In the first bullet insert: "Government has a role in public health reporting and facilitating appropriate IT development/standards setting."		
Change Rationale:	While private organizations may develop standards, government recognition and adoption of these standards in a formal process generally facilitates wider adoption of the standards, building consensus across broad user groups.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		

COMMENT DETAILS #23	
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #24			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	There may be a need to add an additional bullet. In addition to alignment with state-related health IT initiatives, there should be alignment with state health initiatives. IT should be supportive of the business endeavor.		
Suggested Change:	Amend language to reflect a guiding principle that the adoption of HIE should be to improve client care, emergency preparedness & response, and public health.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #25

COMMENT DETAILS #25			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	In the final bullet that addresses regional-based solutions, the language should be amended to fit within the statewide framework.		
Suggested Change:	Change to ..."Regional solutions that fit within the statewide framework should be pursued where possible."		
Change Rationale:	Texas' regions are different, with significantly different populations, health care providers, and access to technology resources. The addition of language that reflects coordination across regions to facilitate inter-region exchange would support the utilization of state services and the notion of facilitating inter-region information exchange, a likely occurrence when advanced cases require expertise not available in a single locale.		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #26			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	In the section on new issues identified during the planning process, there may be an oversight: issues regarding mental health have long been recognized by certain sectors- recognition of these issues has been expanded by the planning process, with a larger perception of the importance of this area of health care.		

COMMENT DETAILS #26	
Suggested Change:	Insert language under new issues, " Recognition of Mental Health issues has been expanded by the planning process, with a larger perception of the importance of this area of health care. "
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #27			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	The addition of "registries" in the bullet on surveillance reports would better identify health disparities.		
Suggested Change:	Add " public health management via registries " to bullet.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		

COMMENT DETAILS #27	
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #28			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4
Comment:	In the bullet on HIE design, data from multiple sources will be aggregated, not separated		
Suggested Change:	Change "separate" to "aggregate"		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #29			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	6	Section #:	1.4

COMMENT DETAILS #29	
Comment:	<p>"integration at federal level" probably should be "state" as opposed to "federal" within the State-Level</p> <p>In Table 1, Public health reporting not identified as a service at any level</p> <p>The definitions at the state level for standards should be core standards, however any regional standards must not be inconsistent with state standards. Several "regional" services are either state or national in scope (national consent registry). A related question is how to manage facilities/providers with multiple locations that are in multiple regions. How will they connect to the framework?</p>
Suggested Change:	<p>Change Integration at federal level to Integration at state level.</p> <p>Insert Public Health Reporting in appropriate service category.</p> <p>Insert bullet under <i>(these were misspelled)</i> regional, "Adherence and connection to uniform state standards."</p>
Change Rationale:	Connectivity with NHIN is listed elsewhere in the table

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None. Addressed in staff draft.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #30			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	6	Section #:	1.4
Comment:	Bullet 2, "Finance:." Some areas may not ever become sustainable; how to recognize them and provide continued services		

COMMENT DETAILS #30	
Suggested Change:	
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft acknowledges this issue and indicates that the THSA will develop a mitigation strategy and approach by January 2011 to ensure continuity of services in the event a local HIE fails.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

1.7 Planning Process

COMMENT DETAILS #31			
Submitter:	Melinda Teel	Organization:	TxHIMA
Page #:	10	Section #:	1.7
Comment:	We applaud your emphasis on broader stakeholder involvement and encourage you to be inclusive of those “on the ground” who understand the business processes and data standards surrounding information exchange, including identity management, record matching, consent management, privacy and security and consumer engagement. We strongly encourage you to include these subject matter experts at all levels of the state’s HIE strategy, including the THSA Board, the Collaboration Council and the work groups and task forces. We believe participation from this group (TxHIMA members) is critical to the success of HIE initiatives across the state.		
Suggested Change:	We strongly encourage you to include these subject matter experts at all levels of the state’s HIE strategy, including the THSA Board, the Collaboration Council and the work groups and task forces. We believe participation from this group (TxHIMA members) is critical to the success of HIE initiatives across the state.		
Change Rationale:	TxHIMA has many experts that manage health information on a daily basis		

COMMENT DETAILS #31	
	- protecting patient information as prescribed by law. Therefore, they understand the issues related to the HIE project and how current decisions will affect the workplace and patient access to information.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #32			
Submitter:	Archie Alexander	Organization:	Self
Page #:	10	Section #:	1.7
Comment:	<p>HHSC's role as studying privacy is laudable but this commenter is uncertain how HHSC is going to accomplish this. Is HHSC also going to survey members of the private sector? HHSC, as a state-based entity, will likely canvass Medicaid and Medicare participants and recipients, not the private sector. More importantly, Texas HCPs are reportedly dropping out of these federal programs, because they are unhappy over declining reimbursement rates. See Ken Ortolon, If You Like the SGR ... You'll Love the IPAB. 106 Texas Medicine 16 (Aug. 2010). More importantly, the experiences and practices related to the confidentiality, privacy, and security of protected health information ("PHI") may or may not reflect general trends and practices across Texas. Assuming that a HHSC conducted survey and any results or analysis that follows can be generalized to the private sector may not be prudent or safe. Recommendation: Planners should coordinate with its stakeholders from a variety of organizations to reach a broad class of respondents beyond those covered by the HHSC.</p>		
Suggested Change:	<p>Suggested potential organizations to help with creating a survey may include the Texas Medical Association, Texas Nursing Association, Texas Hospital Association, Texas Osteopathic Medical Association, and Texas Dental Association among others.</p>		

COMMENT DETAILS #32	
Change Rationale:	Clarity
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	All policy development associated with statewide HIE will be pursued through the Collaboration Council and taskforce governance structure with input from multiple stakeholders including Medicaid, public health, and other state partners.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

1.8 Challenges

COMMENT DETAILS #33			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	11	Section #:	1.8
Comment:	Related to barriers in Rural Texas, add a bullet related to the shrinking number of areas with a local health department.		
Suggested Change:	Related to barriers in Rural Texas, add a bullet: Shrinking number and coverage of local health departments		
Change Rationale:	The evaporating existence of LHD's is impacting the health system framework in rural areas and leaving many roles and tasks to state agency (DSHS). Thus, any attempts to address rural concerns must involve discussion with health service regions.		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #33	
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

2 Environmental Scan: Assessment of Current HIE Implementation and Readiness

COMMENT DETAILS #34			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	12	Section #:	2
Comment:	<p>Industry and government dominate governance will produce fail because both have interest that conflict with patients' expectations of control over PHI and rights to privacy. This governance is not sustainable. The only trusted parties whose consensus matters are patients and clinicians, not industry, not government agencies, not employers, and not insurers. None are true stakeholders in the two-person doctor-patient relationship. A system that is not governed by doctors and patients will not be trusted. The other 'stakeholders' can advise or help implement, but must not dominate governance if the goal is a trustworthy, e effective system that people are willing to use. Trust agreements for example are simply unnecessary with electronic patient consent. The advantages technology brings to operations are only some of the advances we need. We need to require the use of privacy enhancing consent technologies, now that we know they exist, are cheap, are effective, and easy to sue. Texas had two of seven privacy technologies showcased on June 29th. In fact, some of the national leaders in developing privacy-enhancing technologies are right here in Texas (CMBHS and e-MDs). The THSA should all view the June 29th Consumer Choices Technology Hearing where 7 privacy enhancing technologies (robust consent tools, segmentation functionalities, and the ability to selectively Share data for HIE/NHIN) were demonstrated live and discussed by experts and the privacy and Security Tiger team. See: http://nmr.rampard.com/hit/20100629/default.html Texas should not dumb down its laws for data exchange but become the national leader in how to build trusted systems by requiring the privacy principles in 42 CRR Part 2 to be used as the minimum requirements for all data disclosures and sharing. That way, segmentation is enabled, and no onward transfers of data are permitted without new informed consents.</p>		

COMMENT DETAILS #34

The legal section anticipated drafting enforceable rights and liabilities for stakeholders, but we believe that consumers' rights trump all else and certainly there are no parties patients trust to decide for them when and with whom to share their sensitive PHI. The legal framework should build upon our existing legal rights to control PHI; contracts with or between stakeholders should require them to comply with the patient's right of consent to participate in HIEs/NHINs. THSA should enforce consumers strong existing state and federal privacy rights, including the new privacy protections in HIPAA and HITECH which were not included in the meaningful use criteria but are in fact law that stakeholders are required to comply with (the ban on sale of PHI without consent, accounting of disclosures for 3 years, the right to segment sensitive information, the right to block disclosures of OHI to insurers and others of care is paid for privately, meaningful breach notice and encryption.

Requirement: there is no requirement to use robust electronic consents.

This is a stunning omission. Why would use technology to improve everything but the most critical element patients want electronic health systems to have? State policy is to advance HIE but not privacy, a serious omission.

Legal and Policy Considerations: This section appears to have a definition of privacy: "refers [to] private facts that the individual chooses not to disclose." But there is no definition in Appendix A.

Strategic Goals: do not include making consumers' privacy rights the foundation on HIE, but instead emphasize "trust agreements" instead of consent.

Consent Section: As the only consumer representative on any of the four THSA WG, as one in over 160, I was naturally outvoted on what consent choices Texas patients will be offered for participation in HIE. Yet I am the only one on the WG who actually legitimately represents the public's interests and has no financial or other interests in preventing patients from controlling their PHI. This is serious defect with the entire THSA process. The vast majority of people appointed to committees have interests which conflict with the public's privacy rights and their expectations of health information privacy.

Texas law requires written consent for the use/disclosure of medical information, not just compliance with HIPAA, which allows data use without consent for TPO. The first sentence in this section is erroneous. Further, the three "strongest consent options" voted on and 'approved' by the Privacy and Security WG do not offer meaningful patient privacy protection at all. Opt-outs are deceptive and unfair trade practices and do not comply with the patient's right of consent in state and

Federal laws, or in Constitutional law. Opt-in without the ability to segment sensitive information violates the same laws. But the real question is why would the industry appointees vote to approve three privacy-destructive forms of 'consent' as solutions when robust consent technologies exist and are in use today? Why would we eliminate existing rights when we can strengthen rights to achieve trusted HIE? Why would we choose systems that violate the new Administration-wide policies (see above)? See; links above to the Consumer Choices Technology Hearing where consent technologies were showcased.

Risk Assessment: This should be done in consultation with and or supervised by Latanya Sweeny

COMMENT DETAILS #34	
	Universal notice of Privacy Practices: This notice should lay the way Texans can exercise their strong rights to privacy under Texas And federal laws and medical ethics---it should not cover “unauthorized disclosures and uses which will never be trusted, but should fulfill the r=requirements HIPAA set out for Privacy Notices: citizens should be informed of their privacy rights in state laws and medical ethics.
Suggested Change:	
Change Rationale:	Lawmakers and the public have no way to judge who effective these systems are at ensuring privacy, security, or utility.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

2.4 HIE Assessment Findings

COMMENT DETAILS #35			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	17	Section #:	2.4
Comment:	There is limited discussion of related data systems that the state currently provides for coordination of care (CMBHS, CARE, TxHealthSteps, MEHIS). These systems are in various stages of development and provide a range of services to providers.		
Suggested Change:	Consider expansion of document to identify existing efforts for coordination of care that could be built upon for earlier success.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #35	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will work with DSHS on the development of sections describing these systems.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

2.4.2 HIE Scope and Development

COMMENT DETAILS #36			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	17	Section #:	2.4.2
Comment:			
Suggested Change:	IPA acronym needs to be spelled out.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		

COMMENT DETAILS #36	
Comment:	

2.4.3 Governance Structure and Capacity

COMMENT DETAILS #37			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	19	Section #:	2.4.3
Comment:	What has been input from Health plans; not clarified in report. Also referenced on pg 21		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff draft provides additional information on value and approach to determining sustainability model.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

2.4.4 HIE Services

COMMENT DETAILS #38			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	19	Section #:	2.4.4
Comment:	Maps do not reflect the title		

COMMENT DETAILS #38	
Suggested Change:	Rename maps to “Population density in white space areas” and “Physician density in white space areas”
Change Rationale:	only white space area is noted for respective variables
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

2.4.5 Administrative and Financial Services

COMMENT DETAILS #39			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	221	Section #:	2.4.5
Comment:	There is a reference to Availity having the potential to support eligibility and claims requirements under ARRA. I am unaware of any reference in ARRA to support eligibility and claims. In the NPRM there was a MU requirement for supporting these administrative transactions but that requirement has been removed from the final rule for stage 1 MU. Clearly this requirement may be added later but is not in the current MU measures		
Suggested Change:	Consider rephrasing this statement and assure alignment with the Final MU rule for stage one.		
Change Rationale:	clarity and accuracy		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #39	
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recommends modifying this section to reference Availity as an example. While the commenter is correct about the meaningful use rule for stage 1, the FOA for the State HIE Cooperative Agreement Program identifies eligibility and claims administration as a core HIE function.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

2.4.7 Financial Capacity

COMMENT DETAILS #40			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	22	Section #:	2.4.7
Comment:	Inconsistency in numbering		
Suggested Change:	Change 11/17 to 11 of 17. Continues on page 25 IDS acronym needs to be spelled out.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

2.4.8 Technical Infrastructure/Capacity

COMMENT DETAILS #41			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	24	Section #:	2.4.8
Comment:	What is distributive category? Can we identify who are integrated with NHIN/		
Suggested Change:	Define “Distributive” organizational HIE model Identify the HIEs that are integrated with NHIN		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #42			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	24	Section #:	2.4.8
Comment:	What is distributive category? Can we identify who are integrated with NHIN/		
Suggested Change:	Define “Distributive” organizational HIE model Identify the HIEs that are integrated with NHIN		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #43

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	24	Section #:	2.4.8

Comment:

Suggested Change: EMPI and NPI acronym needs to be spelled out.

Change Rationale:

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: None

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

2.4.9 Privacy and Security

COMMENT DETAILS #44			
Submitter:	Melinda Teel	Organization:	Texas Health Information Management Association
Page #:	25	Section #:	2.4.9
Comment:	Consent Approach		
Suggested Change:	TXHIMA strongly supports the approach of seeking public input and consensus on the development of public policy relating to consent, opt-in, opt-out or variations thereof		
Change Rationale:	TXHIMA strongly supports the approach of seeking public input and consensus on the development of public policy relating to consent, opt-in, opt-out or variations thereof; however, we would like to see as part of this plan allocation of resources specifically for communication and creation of public awareness and education regarding consent after the state has adopted its policy.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

2.11 Broadband Programs

COMMENT DETAILS #45			
Submitter:	Nora Belcher	Organization:	Texas e-Health Alliance
Page #:	42	Section #:	2.11
Comment:	This section includes the state-funded LEARN network as part of a list of broadband initiatives that could be part of a statewide HIE.		
Suggested Change:	The plan should address how THSA would incorporate the LEARN network into its strategic and operational plan while keeping the state in compliance with Government Code § 2170.003, which sets out the parameters on the use of the LEARN network.		

COMMENT DETAILS #45	
Change Rationale:	Keeps THSA consistent with state statute.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The revised staff draft removed discussion of LEARN from the plan since its functions are limited.
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #46			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	42	Section #:	2.11
Comment:	Lack of clarity on entity applying for funding		
Suggested Change:	Change statement at end of section to "Organizations within Texas have applied. . ."		
Change Rationale:	The state of Texas has not applied, which the current wording implies.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	The entire section was removed in the revised staff draft.		
THSA BOARD DIRECTIVES			
<input type="checkbox"/>	Staff recommendation approved by Board		

COMMENT DETAILS #46

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #47

Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	42	Section #:	2.11
Comment:			
Suggested Change:	For Broadband connectivity, can a plan and timeline for delivery be incorporated of Broadband availability be included in the plan		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: The development of a broadband plan is the subject of other ARRA grants. However, the Office of e-Health Coordination and the THSA will continue to track the issue.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

4.0 Approach to Statewide HIE Implementation

COMMENT DETAILS #48

Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	48	Section #:	4
Comment:	The Department of Defense and the Veterans Administration as healthcare providers have a major presence in Texas. However, the draft plan currently does not address how THSA plans to engage these		

COMMENT DETAILS #48	
	important stakeholders. Because 70 percent of active duty military obtain healthcare services in the private sector, it is essential that the strategic and operational plan consider how the military and veteran populations will be included in state HIE, regardless of whether or not a Beacon or VLER grant is awarded in Texas. Please explain how the DoD and VA will be engaged by THSA to facilitate health information exchange.
Suggested Change:	See Comment
Change Rationale:	See Comment
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft recognizes that DoD and VHA are important stakeholders and potential partners in facilitating health information exchange. The THSA will invite the DoD and VHA to participate in the THSA policy development process and continue to work with OeHC and local HIEs to facilitate positive dialogue with these and other federal partners.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

4.1.1 Develop General State-Level Operations

COMMENT DETAILS #49			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	48	Section #:	4.1.1
Comment:	We need academic experts, with no ties to industry, we need medical ethicists, and we need consumer experts in privacy and security		
Suggested Change:			
Change Rationale:	see the Patient Privacy Rights slide presentation for the House public Health Committee for key polls and surveys at: http://patientprivacyrights.org/2010/05/dr-peel-testifies-before-texas-public-health-committee/		
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #49	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will solicit recommendations from Dr. Peel and others on experts who could be invited to participate in the THSA governance structure and policy development process.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #50			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	48	Section #:	4.1.1
Comment:	This assessment does not include any information about how useful or private these HIE systems are. See above comments about the need to do a meaningful assessment of how well these HIEs function and what specific remediation is needed to ensure utility and privacy. When asked about issues and concerns not one of the HIEs even recognized the threat they pose to unbounded sharing of PHI with endless numbers of covered entities and business associates for purposes patients would never agree to.		
Suggested Change:			
Change Rationale:	See Consumer Choices Technology Hearing to view robust electronic consent, segmentation, and selective data exchange for HIEs and NHINs at: http://nmr.rampard.com/hit/20100629/default.html		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff

COMMENT DETAILS #50	
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #51			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	48	Section #:	4.1.1
Comment:	Add support for public health reporting as an (spelling) element of state-level operations (even if not in phase I).		
Suggested Change:	Insert at the beginning of Paragraph 2, " State level operations will include the direction and prioritization of public health reporting which contributes to meaningful use. DSHS will be integral part of planning for purposes of inclusion of areas of public health, mental health and emergency preparedness. "		
Change Rationale:	The July PIN from the ONC emphasized the early focus and inclusion of public health reporting.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recognizes—and believes the Strategic and Operational plans acknowledge—the important role of public health reporting. While the PIN did mention public health reporting, it specifically directs states to focus on three areas of exchange for 2011: e-prescribing, lab results and delivery, and clinical summary information.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #51	
Comment:	

4.1.2 Promote Local HIE Activity

COMMENT DETAILS #52			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	48	Section #:	4.1.2
Comment:	In this section there is a reference to eHI Level 3, but the levels have not been previously discussed - although they are described later in the document		
Suggested Change:	Briefly explain what is meant by eHI Level 3. This might be done by making a footnote reference or refer the reader to the later section that describes the eHI Levels		
Change Rationale:	Clarity		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #53			
Submitter:	Cameron Krier	Organization:	Texas Hospital Association
Page #:	48	Section #:	4.1.2
Comment:	Criteria for HIE funding		
Suggested Change:	The THSA put forth an initial set of criteria that will be utilized as requirements for local/regional HIE planning and implementation support. The Texas Hospital Association suggests that those entities applying for HIE funding be required to provide evidence of provider collaboration in the community.		

COMMENT DETAILS #53	
Change Rationale:	Evidence of provider collaboration through a letter of support will prevent a situation where hospitals are forced into a partnership with a HIE.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft outlines a new process for the local HIE grant program that requires HIEs to solicit letters of support and commitment from local hospitals and physicians.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #54			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	48	Section #:	4.1.2
Comment:	Requirement that "all constituents are represented and included" in order to be eligible for funding is not feasible or realistic in the initial phases of HIE development.		
Suggested Change:	Change "all constituents" to "all interested constituents who desire to participate". Include the following explanatory paragraph before the bulleted list of elements: "Local and regional HIEs have the flexibility to determine their own governance structure, provided that the planning and development phase is inclusive of all stakeholders in a recognized official capacity such as voting authority on a Stakeholder Advisory Committee."		
Change Rationale:	The Coalition recommends changing to stakeholders "who desire to participate" because experience has demonstrated that stakeholder participation is usually phased in, subject to the timing needs of that particular stakeholder. It would not be realistic to require that all stakeholders in a community have committed to participation in the HIE prior to that HIE being eligible for certification and funding. The Coalition also suggests that representation and inclusion may refer to decision-making with regard to the exchange of data. In some communities, all stakeholders may not choose to participate on the governance body of the HIE, as long as they retain authority over the use of their data through		

COMMENT DETAILS #54	
	contract or other legal mechanisms.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will continue to work on this issue prior to the release of the RFA for local HIE grant funding. Funding HIEs that do not have support or buy-in from a diverse group of stakeholders (hospitals, physicians, payers, consumers, etc.) may make it difficult for these organizations to build enough support for long-term sustainability.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #55			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	48	Section #:	4.1.2
Comment:	Concern with wording re NHIN - Collaboration with NHIN will not have been achieved by the time HIEs are funded given readiness issues at the federal level		
Suggested Change:	Change "There is collaboration and coordination with", to "The HIE has plans to collaborate and coordinate with".		
Change Rationale:	Some HIEs may choose to connect directly with NHIN, some may connect through a state layer. At this point there has been an attempt by some operational Texas HIEs to connect with VA for example through NHIN, but without success as these agencies are not yet ready to connect. The funding criteria needs to reflect the state of readiness of the agencies listed.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #55	
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recommends the following: "There is a plan to collaborate and coordinate with..."
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #56			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	48	Section #:	4.1.2
Comment:	Clarity needed on process for developing HIE grant program		
Suggested Change:	Suggest adding the following statement: "THSA values the continued input of stakeholders on this process and plans to continue the dialogue with the Texas HIE Coalition on development and implementation of the all the phases of the State Plan.		
Change Rationale:	Clarifies the process for further developing the Grant Program as well as development and implementation of the Plan		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft recognizes that the approach and formula for local HIE grant funding is tentative. It further recognizes that HHSC and THSA staff will continue to collaborate with stakeholders on this program prior to the release of the RFA for funding.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #56

<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #57

Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	48	Section #:	4.1.2
Comment:	Concern with bullets describing eHI Level 3, as these bullets don't describe this level in sufficient detail or appropriately		
Suggested Change:	<p>Suggest deleting three bullets under "The HIE has achieved eHI Level Three in HIE Development and changing them to: "Transferring vision, goals and objectives to tactics and business plan; defining needs and requirements; securing funding."</p> <p>Suggest also adding the following explanatory language prior to bulleted lists: "HIEs will be required to use any funds received to create and/or implement detailed, multi-year business plans designed to advance from Stage Three to Stage Seven functionality. HIEs at Stage 3 should have completed some level of planning and will have written policies, procedures and documentation regarding the following:</p> <ul style="list-style-type: none"> a. Formal governance structure b. Description of its membership, lists of all stakeholders that are members c. Decision making authority e. HIE technology model deployed or planned f. Sustainability plan and funding sources g. Systems and governance model to ensure privacy and security of health information" 		
Change Rationale:	Stage 3 does not require that all planning will have been completed, but rather that "transferring vision, goals, and objectives to tactics and business plans" and "securing funding" is accomplished <u>during</u> this Stage.		

THSA STAFF RECOMMENDATIONS

<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff

Comment: None

THSA BOARD DIRECTIVES

COMMENT DETAILS #57	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #58			
Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	48	Section #:	4.1.2
Comment:	HIEs showing the most growth potential (in terms of patients served) should be given stronger consideration for funding. However, HIE's that have put advancing on hold pending the outcome of the State planning process should be given consideration since they may have strong community buy-in already.		
Suggested Change:	Add descriptive language similar to: "HIEs must show a strong growth potential with the ability to reach a large patient population and regional mass to be considered for the highest funding levels through the grant program. Initiatives must also show a significant level of stakeholder buy-in at any level of planning or operations to be considered for funding through the grant program."		
Change Rationale:	North Texas Healthcare Alliance (formerly known as the North Texas Health Care Summit) has brought together employers, hospitals, physicians, health plans, and public officials, to design a delivery and reward system for all of North Texas that revolves around the open exchange of information and is focused on patient care and quality outcomes. We believe that this collaborative effort tied to a system designed with community buy-in is a solid foundation upon which to develop HIE technology.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft supports proportional funding for local HIEs based on local support and commitments from physicians and hospitals.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #58

Comment:

COMMENT DETAILS #59

Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	48	Section #:	4.1.2

Comment: Entities with a business model already developed but are intending to seek funding for operations should be given high priority with certain standards being met with regard to patient outreach and regional impact.

Suggested Change: Add language similar to: "Entities who have already put together a business plan will be considered for operational funding through the grant program if the business model shows a reasonable sustainability path, a measurable and positive impact on the community, the ability to maximize the outreach to patients in the community, and the ability to maximize the geographical reach within a community."

Change Rationale: A business model should be a requirement before funding decisions are made even if - in case of whitespace coverage- independent sustainability may be questionable. The model must be able to cover more rural areas, and the volume of patients served must be balanced with the larger investment due to the geographic size outside the major urban areas. The HIE for the North Texas Healthcare Alliance will be a tool used by a project and will show positive effects on patient care – HIEs with this opportunity should be heavily weighted. Through the system designed by the collaboration of all stakeholders, outcomes results and quality standards will be measured and rewarded proving both a positive business case and significantly healthier community.

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: The staff draft supports proportional funding for the local HIE grant based on support from local hospitals and physicians. More advanced HIEs can receive planning funding as long as the funding is used to expand their HIE capacity.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #60			
Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	48	Section #:	4.1.2
Comment:	Governance should be inclusive of all stakeholders as should planning and development efforts.		
Suggested Change:	Add language similar to: "To receive funding through the local HIE grant program, entities must show that each relevant stakeholder is represented throughout planning and development efforts. These stakeholders should also show a strong presence in the governance model for the HIE with voting or decisive authority. All relevant stakeholders should have a significant stake in the organization."		
Change Rationale:	HIEs should be inclusive of all stakeholders in planning, development, and governance. The North Texas Healthcare Alliance, from the beginning, is governed and designed by all parties and will not rely on development and growth to include each relevant stakeholder. Each stakeholder has a measurable stake in the effort as well as voting authority at the Board level.		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft specifies that all constituents are represented and included. Staff will continue to work with stakeholders on these criteria prior to release of the RFA for this funding.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #61

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	48	Section #:	4.1.2
Comment:	In the first bullet on the page, coordination with public health at the local and state level is important		

COMMENT DETAILS #61	
Suggested Change:	Amend language to reflect both state and local public health entities.
Change Rationale:	Texas has a unique framework of public health different from most any other state.
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Add "state and local" before "public health."
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

4.1.3 Contract for HIE Services for Areas without Local HIE Activity

COMMENT DETAILS #62			
Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	49	Section #:	4.1.3
Comment:	Finding creative solutions for reaching out to underserved areas is key. We support the THSA Contract approach as these areas exist even where current HIE models are present, but non-inclusive.		
Suggested Change:	Add language similar to: "Funding will be allocated based on an entity's ability to reach unserved areas openly allowing each provider and stakeholder the ability to join the HIE."		
Change Rationale:	Large markets like Dallas/Fort Worth should be considered an unserved area since there is not currently an HIE that openly serves all physicians, hospitals, and other providers. Whitespaces may show a much smaller ROI and some will lack a real sustainability model, this should be considered in the whitespace funding process. HIEs should be able to apply for both local and whitespace funding separately. An HIE developed in North Texas will cover the large metropolitan area with the ability to expand into rural markets with no current or individually viable solution.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		

COMMENT DETAILS #62	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft assumes the white space strategy will provide HIE services to any provider or hospital not affiliated with a local HIE.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #63			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	49	Section #:	4.1.3
Comment:	<p>"Whitespace" needs clarification in definition- some existing HIEs don't serve all providers (or all consumers). What is the goal of coverage? 100% of providers in an area, 100% of consumers, or something else?</p> <p>In the absence of local health departments or authorities, DSHS health service regions perform critical functions related to public health and preparedness, as well as working to reduce or eliminate health disparities in the state. Because of DSHS involvement in vast majority of white space and its existing relationship to Council on Government and RACS, DSHS is well positioned to either be the contract entity and/or assist with this function.</p> <p>Core requirements for white space governance should be consumers participation in local boards and public health awareness/purpose</p>		
Suggested Change:	<p>Include bolded language regarding contracting for local HIE areas not covered. "Because of DSHS involvement in vast majority of white space and its existing relationship to Council on Government and RACS, DSHS is well positioned to leverage existing structure and framework to assist with the implementation of this function."</p> <p>Add sentence this sentence in that section, "Any contract must include consumer participation in governance of HIEs."</p>		
Change Rationale:	<p>Priority public health issues addressed by the regional and local public health system include:</p> <ul style="list-style-type: none"> Conducting activities associated with health education, promotion, 		

COMMENT DETAILS #63	
	<p>and assessment of health disparities;</p> <ul style="list-style-type: none"> ◦ Working with communities and local officials to strengthen and maintain the local public health infrastructure; ◦ Planning for and responding to local public health emergencies such as H1N1 or hurricanes; ◦ Identifying populations with barriers to health care services; ◦ Evaluating public health outcomes; and ◦ Enforcing local and state public health laws. <p>Working with communities and local officials is <i>central to strengthening and maintaining</i> the local public health infrastructure.</p>
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA will accept bids from all organizations with the technical capacity to provide the core HIE services in areas without local HIEs.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

4 Domain-Specific Goals and Objectives

4.4.1 Governance

COMMENT DETAILS #64			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	50	Section #:	4.4.1
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in		

COMMENT DETAILS #64	
	presentations.
Suggested Change:	
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #65			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	50	Section #:	4.4.1
Comment:	Government has to play a role in workforce development i.e., ensuring a trained workforce to meet the needs of the HIE etc. Hiring a trained workforce has been a challenge especially to small and medium-sized providers of healthcare.		
Suggested Change:	Reference the recently approved "State Health Plan" by the Statewide Health Coordinating Council.		
Change Rationale:	http://www.dshs.state.tx.us/chs/shcc/		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #65	
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #66			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	50	Section #:	4.4.1
Comment:	In the table there is a reference to Surescripts and RxHUB. RxHUB has merged with Surescripts and the name RxHUB is no longer used		
Suggested Change:	Remove reference to RxHUB		
Change Rationale:	accuracy		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #67			
Submitter:	Jared Wolf	Organization:	TAHP
Page #:	50	Section #:	4.4.1

COMMENT DETAILS #67

Comment: The chart on page 32 of the draft report lists Quality Reporting as one of the roles of the regional/local HIE. As you are no doubt aware, HB 1066, the authorizing statute for THSA, expressly prohibits the THSA from engaging in certain activities. Specifically, the statute provides (I apologize for the formatting in advance): Sec. 182.102. PROHIBITED ACTS. (a) The corporation has no authority and shall not engage in any of the following: (1) the collection and analysis of clinical data; (2) the comparison of physicians to other physicians, including comparisons to peer group physicians, physician groups, and physician teams, and to national specialty society adopted quality measurements; (3) the creation of a tool to measure physician performance compared to: (A) peer group physicians on state and specialty levels; or (B) objective standards; (4) the providing of access to aggregated, de-identified protected health information to local health information exchanges and other users of quality care studies, disease management and population health assessments; (5) providing to public health programs trended, aggregated, de-identified protected health information to help assess the health status of populations and the providing of regular reports of trends and important incidence of events to public health avenues for intervention, education, and prevention programs; or (6) the creation of evidence-based standards for the practice of medicine. (b) The corporation has no authority and shall not disseminate information, in any manner, to the public that compares, rates, tiers, classifies, measures, or ranks a physician's performance, efficiency, or quality of practice. The landscape for HIE and HIT has changed significantly since the passage of HB 1066. Additionally, the dialogue between employers/ health plans and providers, especially physicians, has changed as the result of federal health care reform, legal settlements, voluntary agreements, and state statute (HB 1888). Moving forward, TAHP believes an open dialogue on this issue is needed as the statute may need to be amended to reflect the new landscape.

Suggested Change: The issue of quality improvement and reporting is mentioned throughout the report. I do not know which section would be best to address this issue.

Change Rationale: See above

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: This is an issue that stakeholders can raise with the Texas Legislature if they choose, but is not something that needs to be addressed in the plans.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board

COMMENT DETAILS #67

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #68

Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	50	Section #:	4.4.1
Comment:	Table 4 makes sense but need more on state role for some of these capabilities.		
Suggested Change:	With respect to helping providers meet Stage 1 of meaningful use, we suggest that TX focus beyond the bare minimum, especially in terms of a single test, and provide support for using HIE it meet other capabilities where it would be valuable, such as the requirement to exchange clinical summaries at care transitions, These need not be electronic but standards-based electronic exchange is permitted, highly beneficial for Stage 1 and likely to be required for Stage 2.		
Change Rationale:	Logical focus on activities and responsibilities but need more on state role.		

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: The plans outline an approach to statewide HIE that relies heavily on local HIE networks. The plan also focuses on three core HIE services but in no way prohibits local HIEs from supporting other forms of exchange.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #69

Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	50	Section #:	4.4.1
Comment:	Concern about requiring HIEs to perform functions that EMRs may		

COMMENT DETAILS #69	
	perform in a particular community
Suggested Change:	Change language on first row of Table 4 re eprescribing capability to "HIEs may provide eprescribing service. . ." Also change language of second row of Table 4 re clinical laboratory ordering to be the same as the first row.
Change Rationale:	e-Prescribing and clinical lab ordering are typically capabilities provided by a provider's EMR. HIEs may provide these services, but there may be other solutions in a community for providers who do not have EMR capabilities. Flexibility should be available for HIEs and their communities to decide how to best address this capability.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Based on the ONC PIN, the Texas state-level HIE planning process is focused on enabling the following elements of HIE: e-prescribing and refill requests, lab ordering and results delivery, and clinical summary exchange.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #70			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	50	Section #:	4.4.1
Comment:			
Suggested Change:	Table 4: Needs further discussion regarding practical application of some of these services to be housed within an EMR vs. HIE		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #70	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	This table was discussed several times during the workgroup process and is informational only in nature.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #71			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	50	Section #:	4.4.1
Comment:	Table 4 needs to provide context and definition for the term "eligible providers". e-Prescribing support should be coordinated with Medicaid program activities to leverage technology and contracting.		
Suggested Change:	Footnote Eligible Provider and reference EHR incentive programs. Add to Table 4. e-Prescribing support should be coordinated with Medicaid program activities to leverage technology and contracting.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recommends changing to read as follows: "Requirement for meaningful use incentive payments."

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #72

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	50	Section #:	4.4.1
Comment:			
Suggested Change:	Public health reporting should also be included as a priority goal.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment: None – discussed in earlier responses to comments.	

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #73

Submitter:	Archie Alexander	Organization:	Self
Page #:	50	Section #:	4.4.1
Comment:	The THSA claims it supports privacy and security but the Board does not have a single member demonstrating training or expertise in policy or law related to privacy and security. The proposed membership for its Collaboration Council is problematic with respect to these matters as well. The Council lacks a member with legal expertise in state and federal HIT		

COMMENT DETAILS #73

	<p>privacy and security law. This oversight is troublesome since the plan makes frequent references to privacy and security law and policy. This pattern of oversight permeates multiple levels in the State’s HIT efforts ranging from of a lack of State Privacy and Security Officer to the creation of programs within its law and medical schools dedicated to these matters. Yes, there will be workgroups and taskforces supposedly containing members with this expertise. The plan does not specify how their “expertise” will make it to or be applied by the THSA leadership. While the Plan says that a member from its envisioned taskforces will eventually be represented on the Council, it does not say when or define their role or capacity.</p>
<p>Suggested Change:</p>	<p>The THSA should work with its stakeholders to approach the Legislature to create a Privacy and Security Coordinator for Texas. The THSA should also address gaps in its membership by including individuals who have recognized experience and expertise in electronic health law, state and federal privacy and security laws, and health policies. The THSA should also include as part of its plan a provision that establishes an electronic health law program at one of the major public law schools serving this state. This program would be responsible for educating and creating the legal workforce with an expertise in electronic health law and policies related to health information exchange.</p>
<p>Change Rationale:</p>	<p>Clarity</p>

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	<p>Accept change as indicated by submitter</p>
<input type="checkbox"/>	<p>Accept change as indicated by submitter with modification/comment indicated below</p>
<input type="checkbox"/>	<p>No change suggested by submitter</p>
<input checked="" type="checkbox"/>	<p>No change recommended by THSA staff</p>

Comment: Staff will solicit recommendations from this commenter and others for the consumer representative on the Collaboration Council and the Privacy and Security taskforce.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	<p>Staff recommendation approved by Board</p>
<input type="checkbox"/>	<p>Staff recommendation approved with the following modification/comment below</p>

Comment:

COMMENT DETAILS #74

<p>Submitter:</p>	<p>Cameron Krier</p>	<p>Organization:</p>	<p>Texas Hospital Association</p>
<p>Page #:</p>	<p>50</p>	<p>Section #:</p>	<p>4.4.1</p>
<p>Comment:</p>	<p>Sustainability of HIEs</p>		

COMMENT DETAILS #74

Suggested Change:	The strategic and operational plan put forth by the THSA provides a discussion on sustainability of HIEs. The Texas Hospital Association encourages the THSA to plan in detail for failure of an HIE. This issue is distinct from the discussion on “white space” and deals with a situation where an HIE is created and fails financially or incurs a breach of security.
Change Rationale:	Planning for the exchange of patient records warrants a detailed discussion on not just how to create a seamless transition but also what to do in the event a HIE fails. THA believes that measures should be in place to hold an exchange accountable for failing to remain sustainable, and the THSA should consider what entity will take on the exchange responsibilities for a failed HIE so that providers can continue to meet meaningful use guidelines without interruption. Sustainability of a HIE can also be compromised through a breach in the security/privacy of health records. In the event a breach occurs, the THSA should have a response plan to hold an exchange accountable or to terminate a contract with an HIE and have a replacement entity available for providers. For example, state receivership laws already exist for use when certain state-regulated entities such as insurance companies are in danger of failing; a similar law should be considered for development and used with HIEs that are in danger of failing.

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft indicates that the THSA will develop a mitigation and approach by January 2011 to ensure continuity of services in the event a local HIE fails.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #75

Submitter:	Jared Wolfe	Organization:	TAHP
Page #:	50	Section #:	4.4.1
Comment:	TAHP commends the approach THSA has taken with respect to stakeholder involvement and public participation. However, the Collaboration Council membership outlined on page 34 of the draft report presents some problems for health plans. As noted earlier in the report, for		

COMMENT DETAILS #75	
	<p>most HIEs the "majority of board representation is provided by hospitals and health systems (16/24 followed by physicians (13/24." When combined with additional provider representation in the form of designees of the hospital and physician trade associations, there is an imbalance on the council that may hinder collaboration. This is particularly true as these HIEs, as noted earlier in the report, strongly favor a finance model under which health plans would be responsible for funding HIE efforts. I would like to stress that TAHP has not taken a formal position on this issue. Federal health care reform has significantly changed the landscape and the advent of new regulations restricting health plan investment in administrative functions along with new quality-based payment models, to name just two, may make multi-payor efforts more feasible than in the past. In order to advance the conversation, TAHP believes fair representation among stakeholders is key.</p>
Suggested Change:	We are open to any model that provides for fair representation.
Change Rationale:	See above
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	In order to receive funding through the local HIE grant program, an HIE will need to ensure that all constituents are represented and included. Staff will continue to work with stakeholders on governance requirements for local HIEs. Diversity of stakeholders on local HIE boards is important given the number of HIEs that will be participating on the Collaboration Council.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #76			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	50	Section #:	4.4.1
Comment:	Table 5 : there should be one representative from EHR vendors and one from HIE vendors.		
Suggested Change:	Table 5 : there should be one representative from EHR vendors and one from HIE vendors.		

COMMENT DETAILS #76	
Change Rationale:	Vendors are key stakeholders, customer representatives and sources of expertise - EHR and HIE vendors are each relevant.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	EHR and HIE vendors will be invited to participate on the taskforces that will help with ongoing development of guidelines, policies, and standards.
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input checked="" type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	The Board tabled this item for further discussion. This item was not addressed prior to adoption of the final plan and may be raised again at a future THSA meeting.

COMMENT DETAILS #77			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	50	Section #:	4.4.1
Comment:	Clarity needed on list of entities on THSA Board		
Suggested Change:	Add to the list of entities on THSA Board in the Figure: "local / regional HIEs"		
Change Rationale:	The language states that the Board is "inclusive of all key healthcare constituents", but then lists only some of them, without mentioning regional / local HIEs. Also, HIEs are mentioned in the statute as constituents to be included, as well as others listed in the statute. Including some in the list without including HIEs implies that HIEs would not be included.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #77	
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The current board includes several members who are or have been involved in local HIE initiatives.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #78			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	50	Section #:	4.4.1
Comment:	<p>In Sections 3.1.6 and 8.2, THSA sets forth the governance structure for the Collaboration Council. The Collaboration Council is charged with the important tasks of reviewing ground-level input, providing oversight of HIE implementation, and providing strategy/policy recommendations to the THSA Board for approval. Given the authority of the Collaboration Council, it is important to have a balanced membership on the Council. As currently contemplated in the draft plan, the Council is composed of the THSA CEO, one representative per sanctioned regional/local HIE, the HIT coordinator, one DSHS public health representative, one TMA representative, one Texas Hospital Association representative, one Health Plan Association representative, one consumer representative, one individual per approved REC, and one employer representative. If the Collaboration Council comprises 25 HIE reps, four REC reps, and one representative from each listed stakeholder, TMA notes that the Council would be disproportionately weighted with HIE representatives and may be unwieldy with such a large membership (e.g., totaling 35 members).</p>		
Suggested Change:	<p>TMA, therefore, recommends that the THSA significantly reduce the number of HIE representatives on the Collaboration Council to a maximum of four HIE representatives. Additionally, consistent with TMA House of Delegates' policy, TMA recommends that another physician representative be added to the Council.</p>		
Change Rationale:	<p>TMA House of Delegates' policy stresses the importance of stakeholder input, especially with regard to physician and patient concerns. Specifically, TMA policy states the following: "To assure HIE activity remains focused on the patient interest, HIE governance must be representative of and responsive to the needs and concerns of stakeholders, with particular attention to the concerns of physicians and patients."</p>		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		

COMMENT DETAILS #78	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Since the approach to statewide HIE places a heavy reliance on local HIE networks, it will be important for them to be directly involved at the Collaboration Council level. Staff will continue to work with stakeholders on a governance approach for local HIEs to ensure that all stakeholders are represented on local HIE boards.
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input checked="" type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	The Board approved four HIE representatives on the Collaboration Council, with one selected from each of the four REC regions. The Board further directed that all other recognized HIEs should serve on the Council as ex-officio members.

COMMENT DETAILS #79			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	50	Section #:	4.4.1
Comment:	Figure 2 & Figure 11: It remains unclear who has final responsibility in state planning process; is it HHSC or THSA		
Suggested Change:	Clarify who has final responsibility in state planning process		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	HHSC is the fiscal agent for the funding under the State HIE Cooperative Agreement Program. The THSA will serve as the governing and convening body for stakeholder engagement and support of HIE implementation in Texas.
THSA BOARD DIRECTIVES	

COMMENT DETAILS #79	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #80			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	50	Section #:	4.4.1
Comment:	Table 5: What is authority level residing within the collaboration council (clarified in Aug 12 session with Tony and Stephen)		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA CEO is the chair of the Collaboration Council. The State HIT Coordinator is a member of the Collaboration Council.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #81			
Submitter:	George Conklin	Organization:	CHRISTUS Health
Page #:	50	Section #:	4.4.1
Comment:	We are concerned that council representatives have requisite skill set and understanding of technical issues to assist with governance and other		

COMMENT DETAILS #81	
	technical issues that will surely arise in the coming years.
Suggested Change:	We suggest that for certain task forces, especially those addressing technical needs, that members possess sufficient background and knowledge in the areas of focus for their task force.
Change Rationale:	Sufficient skills and background to contribute effectively
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will solicit recommendations on good technical experts to participate on the various taskforces recommended in the plans.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

4.4.2 Finance

COMMENT DETAILS #82			
Submitter:	John Haines	Organization:	Ingenix
Page #:	54	Section #:	4.4.2
Comment:	<p>Our comments are targeted at two main areas that we believe would greatly enhance the long-term sustainability of a statewide HIE for Texas. At a broad level, these two areas encompass: 1. Advanced analytics, a set of tools that would be able to use the data of the Texas HIE to help answer questions and solve complex problems for all those impacted by the HIE. Advanced analytics will enable THSA to reach its vision to “enhance health care quality and effectiveness for all patients.” 2. An enhanced approach for a true HIE sustainability model, which fulfills THSA’s Finance goal of pursuing “financial sustainability models that do not rely on federal or state grants.” Our remarks are based upon our direct involvement in both the Governance & Finance as well as Technology Infrastructure workgroups throughout the Texas HIE planning process. THSA is correct when it assessed, based on its research of the ONC SLHIE Project, that most sustainability models are currently “immature, still evolving, and vary by market factors” (p. 36). However, even though we agree with THSA that full sustainability occurs incrementally, or “over time,” Ingenix believes that effective sustainability models can be thoroughly planned from the beginning, and built along with the initial foundation of an HIE. We suggest to THSA to reconsider its belief that sustainability can’t be reached until the value of an HIE becomes clear to</p>		

COMMENT DETAILS #82	
	<p>its stakeholders. On the contrary, we believe that the right sustainability model not only does not have to rely on its participants to fund it, but it can actually save its participants money. In our response, we have provided comments that we feel will potentially enhance the sustainability sections of Texas’ Operational and Strategic Plan drafts.</p>
Suggested Change:	<p>1. We recommend that the following new bullet point be added to the THSA’s “initial set of [sustainability] principles” on p. 36-37: "It should be taken into consideration how analytics drives value-add services for HIE stakeholders." 2. Also, we believe that Texas should add the following to its suggestions for specific financing sources for HIE as an addition to the “infrastructure components” portion of the second red diamond bullet at the top of p. 37: “Evaluation of fees associated with administrative transactions between payers and providers and how this income/expense can be redirected”</p>
Change Rationale:	<p>ADVANCED ANALYTICS (Ingenix Comment #1) We support the idea of incorporating an All-Payer, All Claims (APAC) Database into the Texas HIE. We feel that the HIE Strategic Draft Plan would benefit by expanding its description of how THSA will incorporate APAC data. Part of the expanded description of APAC data use should consider how analytics drives value-add services for HIE stakeholders—in fact, we recommend this be added as a new bullet point to the THSA’s “initial set of [sustainability] principles” on p. 36-37. For more information on our value-add analytics as it relates to sustainability, please see our Ingenix Sustainability Formula white papers, which are publically available on our website at: http://www.ingenix.com/Products/PublicSector/HealthInformationExchange/HealthInformationExchange/ We believe that by incorporating claims into its initial solution, Texas may leverage existing assets to further attain its mission and priorities, while enhancing the Texas HIE’s sustainability through advanced analytics. Advanced analytics help providers make improved decisions for their patients and monitor their own performance, improving the patient experience. Target populations are dramatically served by advanced analytics, as tailored programs can be created to make sure these patients, as well as other defined groups of patients, are “kept in mind” at each stage of planning and implementation. Finally, advanced analytics offered by the Texas HIE to its participants will help fund the HIE’s long-term sustainability and drive down the cost of care. Please see our white paper, “HIE Sustainability Formula: Using Analytics and HIPAA Transactions to Fund Current Operations Today,” at: http://www.ingenix.com/Products/PublicSector/HealthInformationExchange/HealthInformationExchange/ for more information. The Texas Statewide HIE and Clinical Analytics The benefits of claims analytics for any HIE are extensive. Although the Texas HIE Strategic & Operational Plan Draft does hit on some major benefits of reporting and analytics on p. 7, following is a more in-depth list of health and wellness benefits offered by high-quality claims analytics toolsets, which could be made available to Texas HIE participants: 1. Performance Management Analytics tools support tiered networks and help health care organizations: a. Provide transparent performance measurement methodology b. Collaborate with physicians to reach individual and program-wide goals _____ 2. Fraud and Abuse Identification and Prevention Analytics tools provide insights around billing fraud and abuse through, for example, the assessment of relative variation in cost and use measured along a number of provider dimensions. _____ 3. Population Monitoring and Predictive Profiling Analytics tools identify high-risk, actionable gaps in care that help improve the quality of care delivered to patients—tools that have the ability to predict, for example: a. Future costs for each member b.</p>

COMMENT DETAILS #82

What percentage of those costs are attributable to inpatient, outpatient, ancillary and pharmacy services c. The probability of an inpatient admission by recognizing and targeting different “pockets” of risk in a population _____ 4. Care Gap Identification Analytics tools use information available from medical and pharmacy claims data and laboratory results data to compare actual claims and lab results to widely accepted evidence-based guidelines. Analytics tools can identify gaps in care where intervention will lead to improved compliance with treatment guidelines and patient compliance with prescribed treatment. _____

5. Care and Disease Management Users of an HIE may track patients’ progress using analytics tools by line of business, provider, account, broker level, and other categories as determined by the user. Analytics tools used in the analysis of cost of care and utilization of services can then be used in the analysis and reporting of information organized by care management and disease management programs. _____

6. Population Health Analysis Analytics tools have the ability to act as a population-based health risk assessment tool that describes the overall relative health risk for a member based on the episodes of care observed for them over a period of time. They can describe the relative health risk of an individual or populations of individuals, including populations grouped by geographic, business or provider characteristics. _____

7. Public Health Monitoring Physician resource efficiency is defined as the relative use of healthcare resources in the course of the diagnosis, management and treatment of populations and medical conditions to achieve a particular outcome. Efficiency in resource utilization may be evaluated within analytics tools in the context of population health management as well as the management of selected diseases and medical conditions. HIE SUSTAINABILITY MODEL (Ingenix Comment #2) We strongly support THSA’s goal to look beyond short-term funding sources and search for long-term sustainability solutions. That focus is evident in the THSA Strategic and Operational Plan drafts that were released. Although short-term funding is advantageous for initial HIE implementation costs, long-term funding will enable the Texas statewide HIE to become financially independent and self-sustaining. We also support Texas’ perception that “statewide and national health plans would rather support one approach to HIE sustainability than negotiate separate models for each HIE in Texas” (p. 38). Even though THSA generally plans to “support regional HIE solutions rather than a centralized state solution” (p. 1, Texas Statewide HIE Implementation document), a uniform sustainability model that can be adopted by regional/local HIEs will increase coordination, communication and exchange of data between all the HIEs in Texas. As we covered in Comment #1, how THSA chooses to approach its sustainability model encompasses far more than just questions of funding. An efficient sustainability model can also improve population health by enhancing and adding value to the clinical data used in the statewide health information exchange. Therefore, coordination of an overarching sustainability approach for all Texas’ smaller regional HIEs is crucial in maximizing the full potential of all the healthcare data used throughout the statewide HIE. We believe that Texas should add “Evaluation of fees associated with administrative transactions between payers and providers and how this income/expense can be redirected” to its suggestions for specific financing sources for HIE as an addition to the “infrastructure components” portion of the second red diamond bullet at the top of p. 37. A real-world model of the value-add for redirecting existing administrative spend as it relates to sustainability is illustrated fully in our two Ingenix HIE Sustainability Formula white papers, which can be found on our website at:

<http://www.ingenix.com/Products/PublicSector/HealthInformationExchange/HealthInformationExchange/>. The model we use is comparable to the Utah Health Information

COMMENT DETAILS #82

Network (UHIN) administrative claims transactions model. UHIN was the first state HIE to become self-sustained. Ingenix proposes that THSA consider using its HIE as an aggregator of administrative data for clearinghouses and payers. Redirected fees from administrative transactions between payers and providers have the power to greatly contribute to a sustainable business model for Texas' statewide HIE. We also realize that this may require legislative changes to the current statutes that are in place for THSA. Today, clearinghouses and payers must establish their own EDI networks with the providers that participate in the HIE, in order to collect the administrative HIPAA transaction data used for claims adjudication. We are proposing that the administrative data connectivity be through the HIE, eliminating the need for these other redundant networks. The HIE would then bundle the administrative transactions and deliver them to the payers and clearinghouses. This role of EDI data aggregator can result in substantial revenue for the HIE, as it reduces the expenses of payers and clearinghouses. Traditionally, non-government payers and clearinghouses have provided a financial incentive to HIPAA transaction volume aggregator that can be tapped in order to provide sustaining funds for the HIE. For example, using the conservative numbers below, the HIPAA transaction aggregation process would provide \$6,960,000 per year to an HIE with 43,000 providers (our approximation of the number of physicians licensed in Texas). Ingenix operates a commercially profitable clearinghouse based on a similar HIPAA transaction stream, which demonstrates the viability of this business model for the Texas HIE to consider. The following examples are conservative estimates that we would expect by implementing an HIE strategy acting as administrative data aggregator that utilizes typical transaction fees for a HIPAA clearinghouse. These calculations do not include the additional revenue stream from selling focused value-added analytics reports to payers and providers. To read more about the potential revenue stream to an HIE from value-added analytics, please read our white paper, "HIE Sustainability Formula: Using Analytics and HIPAA Transactions to Fund Current Operations Today," at <http://www.ingenix.com/Products/PublicSector/HealthInformationExchange/HealthInformationExchange/>. To discover how the numbers for the 43,000 providers were calculated, please see both white papers—Ingenix HIE Sustainability Formula 1 and 2—available at the website above.

1. HIE revenue resulting from processing Administrative (HIPAA) Data \$3,612,000 Incremental Fees from sending Administrative Data to Clearinghouses \$10,836,000 Incremental Fees from sending Administrative Data to Payers \$15,480,000 Incremental Fees from Providers using HIE as their aggregator \$29,928,000 Total Annual HIE Incremental Revenue (again, not including additional incremental revenue from analytical services)
2. Healthcare Information Efficiencies There are about \$1,806,000 additional Annual Regional Savings to Texas payers by reducing clearinghouse fees to regional payers that are not captured in the numbers above. And the providers save an additional \$15,480,000 per year, not captured in the numbers above, as they see their current clearinghouse fees cut in half when using the HIE as their HIPAA data aggregator.
3. Healthcare Savings In addition to the potential for revenue from selling focused analytics reports, the overall healthcare savings from the availability of more robust analytics is substantial, especially by combining clinical with administrative data. The impact will vary by HIE focus and size.

CONCLUSION Thank you for the opportunity for Ingenix to review THSA's Strategic and Operational Plan drafts for Texas' statewide HIE. We look forward to providing further details on our sustainability models, and subject matter experts (SMEs) to describe our HIE sustainability recommendations.

THSA STAFF RECOMMENDATIONS

COMMENT DETAILS #82	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff will continue to evaluate future sustainability options for the THSA and statewide HIE.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #83			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	54	Section #:	4.4.2
Comment:	Not all regions will be financially sustainable (I.e. white space area) How will that be accounted for?		
Suggested Change:			
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	The plans outline a clear path forward to support white space coverage operations and an evaluation plan to help inform a dialogue and development of a sustainability model at both the local and state level in 2013.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		

COMMENT DETAILS #83	
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #84			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	54	Section #:	4.4.2
Comment:			
Suggested Change:	Value discussion: Can this be more concrete?		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Additional detail included in revised staff draft.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #85			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	54	Section #:	4.4.2
Comment:	THSA has to play a role in identifying and addressing barriers and challenges to the adoption of new technology especially among small to medium sized healthcare facilities such as smaller "rural" hospitals and ambulatory surgical centers (see 52 too). Another barrier may be that frontline healthcare providers (nurses, doctors) think that using modern		

COMMENT DETAILS #85

	technology also diminishes time spent medically assessing patient (face to face).
Suggested Change:	
Change Rationale:	Evidence suggests that the value of HIT systems depends on the characteristics of the settings where they are implemented. So THSA should have a role in developing robust return on investment (or values) models for a variety of business practices, and especially for small and mid-sized health care providers. Cultural barriers in healthcare practices have to be addressed.

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff

Comment: The THSA will support a communication strategy to help inform consumers and providers of the value of HIT/HIE.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #86

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	54	Section #:	4.4.2

Comment: THSA has to play a role in identifying and addressing barriers and challenges to the adoption of new technology especially among small to medium sized healthcare facilities such as smaller "rural" hospitals and ambulatory surgical centers (see 52 too). Another barrier may be that frontline healthcare providers (nurses, doctors) think that using modern technology also diminishes time spent medically assessing patient (face to face).

Suggested Change:

Change Rationale: Evidence suggests that the value of HIT systems depends on the

COMMENT DETAILS #86	
	characteristics of the settings where they are implemented. So THSA should have a role in developing robust return on investment (or values) models for a variety of business practices, and especially for small and mid-sized health care providers. Cultural barriers in healthcare practices have to be addressed.
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #87			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	54	Section #:	4.4.2
Comment:	Table 6: Target HIE benefits		
Suggested Change:	Add reduction if duplicate imaging to reduce duplicate tests; add a column regarding quality that may not be covered by lower utilization; add "increased care coordination," more rapid diagnosis and treatment, increased use of eRX and associated benefits beyond avoiding ADEs		
Change Rationale:	Need a more complete set of benefits.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	Staff doesn't necessarily disagree with this comment. However, the table is intended to be informational in nature and not an exhaustive list of HIE benefits.		

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #88			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	54	Section #:	4.4.2
Comment:	Clarity needed on local HIE sustainability approach and uniform approaches to sustainability. Not appropriate to imply that "one approach" to sustainability is appropriate or that health plans will "negotiate" individual approaches with HIEs.		
Suggested Change:	Add language at the beginning of this section that states: "Regional and local HIEs are responsible for developing sustainability models that work best in their communities for the ongoing viability of the HIE in their community. THSA will consult with the Texas HIE Coalition and regional / local HIEs on the most appropriate approach to assisting local and regional HIEs, which may include the following types of activities." Also, replace "will provide a baseline return on value analysis" in the last sentence before Table 6 with "may provide a baseline return on value analysis"		
Change Rationale:	The HIE Coalition values the opportunity to work collaboratively with THSA and looks forward to the types of assistance THSA can provide. However, the types of services mentioned may or may not be duplicative of work already done by regional and local HIEs, so it will be important to work collaboratively to identify useful services from THSA, rather than assuming sustainability issues are an area that THSA can provide the most value.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recommends the following new language: "Regional and local HIEs are responsible for developing sustainability models that work best in their communities for the ongoing viability of the HIE in their community. THSA will require local HIEs to evaluate their sustainability models to help inform a statewide dialogue on sustainability in 2013." Staff further recommends changing the sentence above the table to read as follows:

COMMENT DETAILS #88	
"The following table provides a list of possible HIE benefits:"	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #89			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	54	Section #:	4.4.2
Comment:	Financial Model / Sustainability - TMA House of Delegates' policy provides the following: "Any costs of supporting systems providing health information technology incentives to physicians should be borne by all stakeholders, clearly defined, fair, simple to understand, accountable, and should support the financial viability of the considered practice."		
Suggested Change:	TMA requests that TSHA provide additional information regarding the financial model to be established for participation in an HIE. TMA recommends funds are available at the THSA level to cover the yet unknown issues that will arise when implementing an NHIN compatible model across Texas.		
Change Rationale:	TMA poses the following: 1. Physicians should not be required to pay to participate in the system since physicians are the ones populating the data for the HIEs. 2. If physicians and hospitals are required to pay into the system, what happens if they don't willingly pay a transaction or subscription fee? Does that patient data not get included?		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft provides more detail on the path Texas will take to support a sustainability dialogue in 2013.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #90			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	54	Section #:	4.4.2
Comment:	What is meant by THSA's baseline return on value analysis How will THSA enforce their guidelines and requirements after ARRA funding expires? (clarified in Aug 12 session with Tony and Stephen)		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff believes it is premature to consider whether a regulatory structure is needed to enforce HIE guidelines, policies, and standards.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #91			
Submitter:	Nick Bonvino	Organization:	Northside Consulting
Page #:	54	Section #:	4.4.2
Comment:	Congrats on submitting a credible SOP and providing the leadership to move Texas's transformation process forward. The most critical leadership		

COMMENT DETAILS #91

function for HHSC and the THSA is to catalyze communities to work together supporting their local HIE. The sanctioning process, in addition to funding, should reward selected HIEs with exclusive territories to provide HIE services and the connection to the State HIE. This will prevent fracturing of medical trading areas counter to the natural flow of patients and referrals. It will also provide for an orderly and straight forward path versus the chaos of providers shopping HIEs from one end of the Texas to another.

Suggested Change: A critical leadership function for HHSC and the THSA is to catalyze communities to work together supporting their local HIE. The sanctioning process, in addition to funding, will reward selected HIEs with exclusive territories to provide HIE services and the connection to the State HIE.

Change Rationale: Will bring community stakeholders together and be the most efficient way to standup an optimal number of HIEs. This will prevent fracturing of medical trading areas counter to the natural flow of patients and referrals. It will also provide for an orderly and straight forward path versus the chaos of providers shopping HIEs from one end of the Texas to another.

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: The revised staff draft supports a proportional funding for local HIEs that is based on support and commitments from local hospitals and providers.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #92

Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	54	Section #:	4.4.2

Comment: What is meant by THSA's baseline return on value analysis
How will THSA enforce their guidelines and requirements after ARRA funding expires? (clarified in Aug 12 session with Tony and Stephen)

COMMENT DETAILS #92	
Suggested Change:	
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #93			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	54	Section #:	4.4.2
Comment:	No more HIE memberships to THSA?? What about certification and quality standard enforcement as long-term revenue sources		
Suggested Change:			
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #93	
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Guidelines, policies, and standards will be enforced through contracts initially. Staff believes it is premature to consider whether a regulatory framework will be necessary in the long term.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

4.4.3 Technical Infrastructure

COMMENT DETAILS #94			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	60	Section #:	4.4.3
Comment:	Principles		
Suggested Change:	Good principles especially : - use of standards - vendor agnostic - scalability – flexibility		
Change Rationale:	Need a more complete set of benefits.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #95			
Submitter:	Troy Alexander	Organization:	Texas Department of State

COMMENT DETAILS #95			
			Health Services
Page #:	60	Section #:	4.4.3
Comment:	Objectives for patients should include support for health exchange with personal health records in addition to having records available at point of care.		
Suggested Change:	Change the "Objectives for patients" bullet to "...available at the point of care and interoperable with personal health records...."		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff believes this is already implied in the language included in the draft plans. The plans anticipate the need to address this issue during the implementation phase.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #96			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	Objectives for patients should also address privacy and consent management (content control).		
Suggested Change:	The objectives for patients should be amended to include support for managing consent to access of medical records.		
Change Rationale:	Is this how we are suggesting that the wording be changed? Need to be specific.		

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: Staff believes this is already implied in the language included in the draft plans.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #97

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	There are other elements of public health that are relevant-such as hospital statistics or non-Medicaid healthcare services-such as state-funded behavioral health services- provided by/through state programs. Under the objective related to "State", please add the subject of behavioral health and preparedness as these fall outside of the general term public health and need specific recognition of the priority of those functions		
Suggested Change:	Under the objective related to "State", please add the subject of Behavioral Health and Emergency Preparedness & Response as these fall outside of the general term public health and need specific recognition of the priority of those functions		
Change Rationale:	Integration of physical and mental health care is a priority of the State Legislature and should be equally communicated in an HIE framework.		

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter

COMMENT DETAILS #97

No change recommended by THSA staff

Comment: Staff will add language relating to behavioral health and emergency preparedness and response to this section.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #98

Submitter:	Rod Cruz	Organization:	AT&T
Page #:	60	Section #:	4.4.3

Comment: The draft plan does not enumerate how THSA plans to establish a standard approach to identity management.

Suggested Change: We would encourage THSA to outline in the draft strategic plan how a standard approach to identity management will be established.

Change Rationale: Establishing a standard approach to identity management early will allow for enumeration and successful identification of all users that may use the statewide infrastructure.

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: Under the proposed plans, identity matching would be left to the local HIEs. The THSA could, through the Collaboration Council, develop guidelines for local HIEs if desired and necessary.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #99			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	60	Section #:	4.4.3
Comment:	The draft plan states on page 44 that record matching services are a core HIE service, but it appears that function is being delegated to local HIEs.		
Suggested Change:	Suggested Change: We would encourage THSA to include a statewide record matching service to work in conjunction with the record locator service.		
Change Rationale:	A statewide record matching service can enable successful population management across the state and assist in elimination of duplicate testing and unnecessary hospitalizations.		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	At this time, there are no plans to operate a record matching service at the state level. A record <u>locator</u> service will be established at the state level, with record matching functions implemented at the local level. It is anticipated that local HIEs will implement record matching services or choose to empower providers to be responsible for patient record disambiguation.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #100

Submitter:	Rod Cruz	Organization:	AT&T
Page #:	60	Section #:	4.4.3
Comment:	It is not clear in the THSA draft strategic and operational plan how the record locator service will interface with record matching services that are administered by local and regional HIEs, plus the RMS for those providers who operate in the "white space."		
Suggested Change:	We would encourage THSA to explain in the plan how it expects the interface between a statewide RLS and a federated RMS to occur.		
Change Rationale:	HIEs and vendors need clarification as to how the RLS and RMS are expected to work together.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Additional detail on the record locator service and other statewide services will be developed during the implementation phase.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #101			
Submitter:	Rod Cruz	Organization:	AT&T
e-Mail:		Phone:	214.236.45336
Page #:	60	Section #:	4.4.3
Comment:	Has THSA considered providing a portal infrastructure so the information can be aggregated and exposed from a variety of sources, not just HIEs?		
Suggested Change:	We would suggest that THSA consider providing a portal infrastructure so that information can be aggregated and exposed from HIEs, providers who may not belong to a regional or local HIE and may not be located in a "white space" area, personal health records, etc.		
Change Rationale:	THSA should facilitate the sharing of information from a variety of sources, and should build in this capability in the beginning rather than as an afterthought.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The plans support a hybrid approach that combines a federated or distributed model that leaves data at its source's facilities or providers and uses local or state HIE as the conduit. The particular mechanism(s) for viewing the data are not spelled out in detail in the plans but may include portal-type options for providers who are not

COMMENT DETAILS #101	
	using EHRs. The overall statewide HIE strategy (as illustrated in figure 1) does envision collecting data from multiple sources and making it available both through local HIEs and otherwise.
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #102			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	60	Section #:	4.4.3
Comment:	Interoperability is also a goal for Medicaid and CHIP. Interoperable health information exchanges are requirements for Medicaid under HB-1218.		
Suggested Change:	Medicaid/CHIP could be included under the statewide interoperability goals		
Change Rationale:	clarity and completeness		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #103			
Submitter:	Lisa McQueen	Organization:	Initiate
Page #:	60	Section #:	4.4.3
Comment:	The RLS model outlined in the draft plan can control for false positive errors, but the false negative error rate would be dictated by each of the		

COMMENT DETAILS #103	
	nodes (i.e. HIE systems). In order to convince users of the systems that they are getting all of the data for the patient when they do a query, is THSA going to have each HIE meet a required false negative error rate?
Suggested Change:	We would suggest that THSA consider the implementation of a statewide record matching service in order to minimize the number of false negatives.
Change Rationale:	False negatives can lead to potentially life threatening decisions based on inaccurate information and THSA should play a leading role in minimizing those errors.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The proposed plans do not support a state-level record matching service or master patient index.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #104			
Submitter:	Lisa McQueen	Organization:	Initiate
Page #:	60	Section #:	4.4.3
Comment:	The draft plan does not contain any estimates of usability or volume of users. In the RLS model outlined in the draft plan, the query response time will always be the slowest of the nodes. Will THSA establish a threshold for the minimal acceptable response time to a query?		
Suggested Change:	We would suggest that THSA consider the implementation of a statewide record matching service to reduce the query response time for providers.		
Change Rationale:	Particularly in emergency situations, healthcare providers will rely on information available within a very short period of time. Usability and adoption will be difficult if response time is poor.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		

COMMENT DETAILS #104	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #105			
Submitter:	Lisa McQueen	Organization:	Initiate
Page #:	60	Section #:	4.4.3
Comment:	If someone in one HIE does a query statewide for records across all HIEs and the white space, and one of the HIEs is down for some reason, how will the user with the query know if there is patient information available in the HIE whose system is down?		
Suggested Change:	We would suggest that THSA consider the implementation of a statewide record matching service to reduce the possibility that a query does not gather all of the information available about a patient.		
Change Rationale:	Particularly in emergency situations, healthcare providers will rely on information available within a very short period of time. Extended wait times for information will hinder provider adoption.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	This issue will be addressed during the implementation phase of the project.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #105	
Comment:	

COMMENT DETAILS #106			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	60	Section #:	4.4.3
Comment:	Will providers not be permitted to connect to a state “node” directly to exchange information without being part of an HIE?		
Suggested Change:	We would suggest that THSA consider giving providers the ability to connect to a statewide “node” directly without necessarily being part of an HIE.		
Change Rationale:	Providers should be given the option to connect to a statewide “node”, especially if they provide services within the jurisdictions of multiple HIEs or are located in an area where a robust HIE fails to form.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #107			
Submitter:	Rod Cruz	Organization:	AT&T
Comment:	Will THSA require local and regional HIEs who apply for grant funds, as well as those who serve providers “in the white space” to provide clinical and administrative messaging for providers? How does THSA contemplate facilitating clinical and administrative messaging between providers, payers and state and federal agencies?		
Suggested Change:	We would suggest that THSA require local and regional HIEs who apply for grant funds, as well as “white space” provider offer clinical and administrative messaging for providers.		

COMMENT DETAILS #107	
Change Rationale:	Messaging services can be essential for providers to demonstrate meaningful use in later years.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Clinical and administrative messaging could be an approach that local HIEs or the white space contractors develop and offer to deliver the core HIE services or other, value-added HIE services.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #108			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	60	Section #:	4.4.3
Comment:	Concern about scope of functional definition of HIE; section poses question of What is an HIE, but then doesn't define.		
Suggested Change:	<p>Add definition of HIE from Coalition submittal: The definition of an HIE encompasses two parts – Organizational Structure (noun) and Functions Performed (verb). The HIE Coalition has defined the organizational structure of an HIE (noun) as the following:</p> <p>An HIE is an organized entity with a formal legal structure under Texas law, which may include a governmental entity, that is legally responsible for the oversight, management, and delivery of services for the secure exchange of individually identified health information in support of local health care needs and national health care goals. The HIE entity must demonstrate it has the capacity, resources and authority to govern and manage a functional HIE in concert with – and complementing- providers' internal data exchanges.</p> <p>Exchange occurs across two or more health care providers that are not owned by or affiliated with a single entity or included in a single operational unit.</p>		

COMMENT DETAILS #108	
Change Rationale:	This section states that it is addressing the definition of an HIE, but then is not inclusive of both the organizational and functional components. Should either not attempt to define an HIE, or be more inclusive of the language.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The technical infrastructure section of the strategic plan defines HIE functionality from a technical infrastructure perspective. There is no need to discuss the organizational structure of an HIE in this section. HIE will be defined in the RFA.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #109			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	60	Section #:	4.4.3
Comment:	Lack of clarity on whether items listed as #10, #11, #13 are intended to be provided at the local or statewide level.		
Suggested Change:	Need to add further explanation and intent regarding the sources of responsibility for items #10, #11, #13, with the point being made that these services should be provided at least at the local community HIE level.		
Change Rationale:	Patient duplication reduction, meaningful use analytics, and replication services are core services for local / regional HIEs. They may also be provided in some instances at the state level but should be not considered solely a statewide function.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #109	
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	<p>These are additional core services that were identified by the THSA in the workgroup process. The organization of these HIE functions maps to a score card that can be used to evaluate HIE activities.</p> <p>The only services that are explicitly being considered at the state level are a record locator service and connectivity to the NHIN.</p>
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #110			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	60	Section #:	4.4.3
Comment:	Concern that language does not clearly specify that THSA not dictating the technology solution for interoperability		
Suggested Change:	Add the following statement: "THSA does not intend to require a technology solution for interoperability so long as business requirements are met."		
Change Rationale:	Flexibility is needed to allow for the use of any technology solution (prevalent today or new) so long as business requirements are met.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	<p>While the THSA is interested in fostering an HIE and HIT environment that is open to many technology solutions, the THSA is also responsible for ensuring interoperability. THSA would like the Collaboration Council and taskforces to provide input on the issue rather than address it in the plans.</p>
THSA BOARD DIRECTIVES	

COMMENT DETAILS #110	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #111			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	60	Section #:	4.4.3
Comment:	Under "Additional Core HIE Services Identified by THSA:" <ul style="list-style-type: none"> ▪ What is patient duplication reduction service ▪ What is replication services Under "White Space Support:" <ul style="list-style-type: none"> ▪ "White space support strongly encouraged by THSA." What does that mean? 		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Encouraging white space support means that the THSA would like local HIEs to extend services to areas of the state that do not currently have access to HIE services.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #112

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	Capitalization of "Scope of technology infrastructure"		
Suggested Change:	Change capitalization to reflect "Scope of Integration"		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff

Comment:

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #113

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	There is a need to communicate what "integration" means in this document. At the moment in health care system discussions, integration predominantly focuses on the integration of physical/acute care with behavioral health care.		
Suggested Change:	Under the first bullet related to Integration, add "behavioral health" as one of the examples in parenthesis.		
Change Rationale:	Actual integration of physical and behavioral health care is a priority of the State Legislature and should be equally communicated in an HIE framework.		

THSA STAFF RECOMMENDATIONS

COMMENT DETAILS #113	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Behavioral health is an important data point but that level of detail is not included in this section.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #114			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	60	Section #:	4.4.3
Comment:	The draft plan does not have assurances in the state core services that a provider (physician, nurse practitioner or physician assistant) licensed at the time of authentication have a license in good standing each time information is exchanged.		
Suggested Change:	We would encourage TSHA to make assurances that a provider licensed at the time of authentication has a license in good standing each time information is exchanged.		
Change Rationale:	Such assurances can mitigate the risks of non-licensed providers accessing information or ordering procedures that may cause unnecessary risk to any party.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA will adopt security guidelines during the implementation phase. The unlawful use of HIT, such as ordering procedures and accessing information without a valid license to practice medicine, will be addressed through enforcement of existing laws.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #115			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	Statewide interoperability goals should support integration of physical and behavioral health care by including support for behavioral health data exchange.		
Suggested Change:	Add "support for behavioral health" as an interoperability goal"		
Change Rationale:	Actual integration of physical and mental health care is a priority of the State Legislature and should be equally communicated in an HIE framework.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The interoperability goals listed in this section are opportunities to connect existing state and federal data sources. Supporting behavioral health is a goal of health information technology, but not one that belongs with this set of interoperability goals.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #116			
Submitter:	Troy Alexander	Organization:	Texas Department of State

COMMENT DETAILS #116

			Health Services
Page #:	60	Section #:	4.4.3
Comment:	Statewide interoperability goals should support additional public health purposes		
Suggested Change:	Additional statewide interoperability goals might include material such as hospital-related data.		
Change Rationale:	Hospital data, such as Discharge data, HAI, Preventable Adverse Events, etc, contributed to the development of quality indicators		

THSA STAFF RECOMMENDATIONS

<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #117

Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	60	Section #:	4.4.3
Comment:	The Statewide HIE should also be a reference implementation for interoperability standards such as IHE profiles, CCD, etc		
Suggested Change:	The Statewide HIE should also be a reference implementation for interoperability standards such as IHE profiles, CCD, etc.		
Change Rationale:	Standardized implementation of standards are essential and this is needed for same reason as a statewide reference information model		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below

COMMENT DETAILS #117	
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The implementation of consistent and interoperable standards throughout the state is a priority for the THSA. THSA taskforces will be responsible for tracking and developing additional guidance on standards, and making recommendations to the Collaboration Council and the Board. This recommendation will be among those considered to foster statewide interoperability.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #118			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	60	Section #:	4.4.3
Comment:	Under "Interstate information exchange:" <ul style="list-style-type: none"> Interstate exchange. Hybrid architecture to use NHIN Connect to link with other states. What does plan expect for linkage among in-state HIE's 		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	This issue is addressed in an added section in the Operational Plan on Interoperability Among Local HIEs
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #118	
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #119			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	60	Section #:	4.4.3
Comment:	The reference to the Statewide HIE should include prioritization of the coverage by DSHS of many local public health functions through its regional offices		
Suggested Change:	Add sentence to bullet on Statewide HIE: "Any statewide HIE should leverage and prioritize coverage by DSHS of many local public health functions through its regional offices."		
Change Rationale:	In the absence of local health departments or authorities, DSHS health service regions perform critical functions related to public health and preparedness, as well as working to reduce or eliminate health disparities in the state. Because of DSHS involvement in vast majority of white space, it is critical that DSHS be either the contract entity or involved in the vendor selection to ensure the state is able to prioritize the essential functions of public health and preparedness.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA recognizes the unique structure of Texas' public health services and that local HIEs will have to work with the public health entity relevant to their areas. However, this section does not define the requirements for local HIEs.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #120			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	60	Section #:	4.4.3
Comment:	The Statewide HIE should also be a reference implementation for interoperability standards such as IHE profiles, CCD, etc		
Suggested Change:	The Statewide HIE should also be a reference implementation for interoperability standards such as IHE profiles, CCD, etc.		
Change Rationale:	Standardized implementation of standards are essential and this is needed for same reason as a statewide reference information model		

THSA STAFF RECOMMENDATIONS

<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Addressed in staff draft.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #121

Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	60	Section #:	4.4.3
Comment:	There should be more discussion of interoperability standards to be used, such as IHE profiles, CCD, etc.		
Suggested Change:	There should be more discussion of interoperability standards to be used, such as IHE profiles, CCD, etc.		
Change Rationale:	This is the key of accomplishing goals beyond meaningful use such as disease management, population healthcare, etc		

THSA STAFF RECOMMENDATIONS

<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below

COMMENT DETAILS #121	
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Addressed in staff draft.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

4.4.5 Legal

COMMENT DETAILS #122			
Submitter:	Archie Alexander	Organization:	Self
Page #:	68	Section #:	4.4.5
Comment:	<p>With respect to the choice of consent model or policy used by respondent HIO(HIE)s on pages 28-29, this commenter believes drafters presentation of the different models is good. He also believes the decision by the THSA not to ratify one of three models identified during an in-house survey of its Privacy and Security Workgroup members is also prudent. This commenter also hopes leaders of the THSA appreciate that results from their own recent survey of HIO(HIE)s shows 67% of respondents employ some form of opt-in strategy. A further 22% use an opt-out model with options. More importantly, none of the respondents reported using the opt-out only model. If this is the case, then this commenter questions whether the THSA Board ought to endorse or ratify any consent model, especially one favoring an opt-out only option, when its own survey shows that responding HIO(HIE) stakeholders are not currently using the opt-out only model. Moreover, endorsement or ratification of an opt-out model may actually be counterproductive and go against the THSA's mission and vision to support existing HIO(HIE) efforts. Moreover, any move to adopt a particular model may also run counter to the prevailing view of the ONC's Tiger Team members who are likely to recommend against the ONC blessing any particular consent model. Instead, the prevailing opinion of the members this Team is consent should become a process oriented event. Participants focus on the process, where the process emphasizes substance over procedurally based check-the-box formats. This emphasis mirrors concepts supported by the ethicists and legal scholars. Although many of these concepts pertain to informed consent, it is the meaningful exchange of information between the patient and physician that counts, not checking boxes or signing forms. See Jotterand, F, McClintock, SM, Alexander, AA, Husain, MM, Ethics and Informed Consent of Vagus Nerve Stimulation (VNS) for Patients with Treatment Resistant Depression (TRD), 3 NEUROETHICS 13 (2010), Available at http://springerink.com/content/e8043g1v22t4pg56/. Unlike informed</p>		

COMMENT DETAILS #122

consent, the consent process discussed here, unless otherwise prescribed by Texas law, would be based on acceptance or permission, not the classical informed consent process. The key is giving the individual patient a meaningful choice within the context of the patient-physician relationship. Recent discussions among members of the ONC’s Tiger Team indicate meaningful choice will include, but may not be limited to, recipients having: (1) knowledge in advance of their decision and outside the urgent care setting, (2) revocability, (3) voluntariness, where choice is free of coercion and nondiscriminatory in purpose, (4) transparency, (5) educated choice, (6) exchange fitting the circumstance, (7) expectations of the patient met, and (8) “break-the-glass” option(s). There is a prevailing belief that protected health information (“PHI”) of the individual should not enter the HIO(HIE) and flow onto the “grid” until the individual is given the option to opt-out. If this proves to be the case, then the choice for any particular consent model becomes less critical by reducing, not eliminating, the possibility of PHI flowing into an organization’s database without giving the individual opportunity to weigh its consequences and either accepting or rejecting participation. Likewise, it is less technology dependent and it focuses on the patient-health care provider relationship.

Suggested Change: The THSA craft uniform policies and procedures that emphasize the process of consent. This process must occur before any protected health information of an individual flows into a medium of exchange. The process should not be a procedure-based, check-the-box type of process rather it should be one that features the elements that support fair information practices.

Change Rationale: Clarity

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: The process of consent will be a subject for future consent study.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #123

Submitter: Deborah C. Peel, MD **Organization:** Patient Privacy Rights

COMMENT DETAILS #123			
			Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in presentations.		
Suggested Change:			
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The need to craft legal definitions and emerging federal guidance are factors that necessitate the study of privacy needs. These areas will also be part of the THSA's continued effort to develop privacy and security standards for HIEs in Texas.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #124			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in presentations.		
Suggested Change:			
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt		

COMMENT DETAILS #124	
	a common legal definition such as the individual's right to control personal information about himself or herself.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #125			
Submitter:	Melinda Teel	Organization:	Texas Health Information Management Association
Page #:	68	Section #:	4.4.5
Comment:	Under section 3.5.3, it is mentioned that despite attempts to reconcile differences between HIPAA and state law by the Texas Legislature, these differences persist		
Suggested Change:	As TxHIMA's HIM members are the group that is often responsible for HIPAA compliance and establishment of provider organizational policies regarding disclosure and use of health information, we encourage THSA to continue to advocate for this reconciliation in laws and TXHIMA plans to do the same. Health information exchange will be exceedingly difficult to administer and compliance will be difficult until this happens.		
Change Rationale:	See comment above (Health information exchange will be exceedingly difficult to administer and compliance will be difficult)		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		

COMMENT DETAILS #125	
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #126			
Submitter:	Archie Alexander	Organization:	Self
Page #:	68	Section #:	4.4.5
Comment:	<p>the state of PHI matters. Privacy and security concerns for participants may exist, depending on whether data resides in an identified (PHI), de-identified, or anonymized form at rest (storing within repositories such as databanks, data warehouses or cloud storage facilities) or in motion across HIOs or HIEs. The legal and policy mechanisms supporting privacy and fair information practices are bolstered by laws and policies related to information security and enforcement Rules. These are complementary components create and support the trust needed by all who participate in health information exchange, as HIO(HIE)s. Since the THSA will be responsible for establishing policies and procedures that support fair information practices for Texans, it must address security controls that ensure: (1) accountability of its participants, (2) authentication and identification of participants, (3) access governance, (4) privacy and confidentiality of participant information, whether it is general or sensitive health information, (5) data integrity to ensure trust, (6) non-repudiation of uses and disclosures, and (7) information availability at the point-of-care. Without security controls, consent cannot ensure the privacy or security of PHI of participants once it enters into a conduit or medium of exchange such as a HIO or HIE.</p>		
Suggested Change:	<p>To establish a statewide health information exchange composed of multiple stakeholders ranging from the individual patient to the State, the THSA will likely need to: (1) develop policies and procedures that support fair information practices by participants at all levels beginning in 2010, (2) define and establish roles for Collaborative Council, workgroup, and taskforce members responsible for privacy and security as an ongoing, dynamic process, (3) create chains of meaningful exchange or dialogue between and among members as away to achieve consensus and develop best-practices for statewide health information exchange beginning in 2010, and (4) begin working on ways to reduce transaction costs by harmonizing administrative policies and procedures that lead to a uniform documents such as universal notices of privacy practices, authorizations or consent forms, DURSAs, and trust agreements. Achievement of these goals will require the THSA to assemble members from its public and private stakeholder members to ensure broad, meaningful representation</p>		

COMMENT DETAILS #126	
Change Rationale:	Clarity
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	While all of these areas are going to be important for discussion by the THSA, Privacy and Security taskforce, and Collaboration Council, the THSA would like to leave some flexibility in the course of action until the composition of these groups are defined and members have an opportunity to establish priorities.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #127			
Submitter:	Nora Belcher	Organization:	Texas e-Health Alliance
Page #:	68	Section #:	4.4.5
Comment:	The proposed legal framework does not require local HIEs to disclose their policies related to the disposition and/or sale of "anonymized" personal health information.		
Suggested Change:	THSA should require local HIEs to adopt specific policies related to the disposition and/or sale of personal health information and those policies should be available to the public.		
Change Rationale:	This change would provide transparency regarding the use of PHI, even in an aggregated or "anonymous" sense.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	The THSA would like HIEs to operate in an environment of transparency that builds		

COMMENT DETAILS #127	
	public trust, particularly in areas related to privacy and security. This will likely be an area for discussion by the Privacy and Security taskforce. This level of detail is not being spelled out in the plans. Staff acknowledges the merit of the comment and will ensure that it is included in the discussion as greater detail is developed.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #128			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in presentations.		
Suggested Change:			
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #129			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	68	Section #:	4.4.5
Comment:	Psychological notes are currently subject to different disclosure parameters under the HIPAA Privacy Rule. The Privacy Rule exempts from the Right of Access certain information including psychotherapy notes.		
Suggested Change:	Include statement.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	The Privacy and Security workgroup was able to identify a number of exceptions in state and federal law—for more information see the link in Appendix E.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #130			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	68	Section #:	4.4.5
Comment:			
Suggested Change:	Figure 18: Need write-up of this figure to describe its intent. Not referenced in text anywhere		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #130

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: The figure is not directly referenced but it fits in the context of the section.

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #131

Submitter:	G. van Oort on behalf of Mark Holliday, CIO	Organization:	Methodist Healthcare Ministries
Page #:	68	Section #:	4.4.5

Comment: No minimum qualification requirements have been specified for HIE funding. We (MHM) have risk associated with any HIE (that we interface with) from a HIPAA Privacy & Security perspective. This risk will increase if the current proposed HIPAA regulations are approved. To amplify this concern, the plan does acknowledge the need for minimum standards & begins to speak to this area as it relates to the eHI Level 3 requirement established by the draft. However, this does not speak to important key areas of operational maturity critical to our ability to confidently participate. These areas range from PHI encryption strategies to PHI access authorization as examples. Additionally, when I read the Risk Mitigation Strategies (Figure 5.1, page 76) it simply states “continue to work with workgroup & then Collaboration Council after implementation funding approval to develop...” the necessary details in each area of concern. The funding is minimal and the requirements to establish a respectable level of operational maturity are substantial. Add to the complexity that a sustainable business model has not been established (a number are proposed but none are widely accepted). This has added another layer of risk by potentially allowing an HIE entity to be funded that has no hope of establishing the depth required to do the job.

Suggested Change: Recommendation: a detailed set of minimum standards should be established prior to state funding.

Change Rationale: No incentive for providers to share data; only risk for privacy and security

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter

COMMENT DETAILS #131	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA agrees that standards are a critical area for future work. The issue will be taken up through Privacy and Security taskforce and Collaboration Council before funding is issued.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #132			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in presentations.		
Suggested Change:			
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	

COMMENT DETAILS #132	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #133			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	68	Section #:	4.4.5
Comment:	In addition to Texas Law, a variety of federal laws and regulations, including 42 CFR 2 (federally-funded substance abuse programs) apply to consent,		
Suggested Change:	Include statement.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Included in link to Matrix found in Appendix E

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #134			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in		

COMMENT DETAILS #134	
	presentations.
Suggested Change:	
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #135			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	68	Section #:	4.4.5
Comment:	IIHI should be PHI.		
Suggested Change:	Change IIHI to PHI.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #135	
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #136			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	68	Section #:	4.4.5
Comment:	Risk assessments should be conducted regularly and in conjunction with other state entities to minimize the number of assessments undertaken by an HIE. The THSA should be able to certify that any chartered HIE meets established risk-related requirements. (This may be included in the accreditation program outlined in 12.3, p 106		
Suggested Change:	Include statement.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Add statement that the THSA will coordinate with other state entities to establish the requirements for a risk assessment.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #137			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	68	Section #:	4.4.5
Comment:	The state does not need to study privacy needs of Texas citizens; the needs and preferences of the public have been studied and polled for over a decade. See: polls and surveys on Patient Privacy Rights website and in presentations.		
Suggested Change:			
Change Rationale:	This section does not accord with the new Administration-wide policy changes as announced by Sec Sebelius and DR. Blumenthal on July 8th: The NCVHS definition of privacy should be adopted (see above) or adopt a common legal definition such as the individual's right to control personal information about himself or herself.		

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #138

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	68	Section #:	4.4.5
Comment:	Any universal notice of privacy practice must address the breadth of programs available from both public and private providers in the state and be written in clear language. The consumer must be presented options regarding any refusal to accept privacy practice (e.g. refusal to sign consent form).		
Suggested Change:	Include statement.		

COMMENT DETAILS #138	
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The development and requirements of a universal notice of privacy practice will require input from a wide variety of stakeholders and consider a number of elements, including the ones listed here. A statement of these considerations should be postponed until the process has begun and all input is collected.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

5 Coordination

COMMENT DETAILS #139			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	76	Section #:	5
Comment:	It's not clear what is meant by eHealth under HHSC in figure 2		
Suggested Change:	I think this figure is trying to show the functions that each entity is responsible for but 'eHealth' is not a function of the HHSC exclusively. You might want to modify to 'eHealth Coordination' which is an HHSC function. Also, Medicaid data is not a function. I suggest modifying this to Medicaid Health IT or Medicaid Health Information Exchange or similar. Also the EHR Incentive program might included under HHSC		
Change Rationale:	This diagram seems a bit inconsistent. I assumed you want to include the functions of each entity (or entity-class). However, the items listed for each entity are a mix of activities, projects, data, etc. I suggest refining the diagram so it's clearly describing the functions/responsibilities of each entity		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #139	
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #140			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	76	Section #:	5
Comment:	Figure 2 & Figure 11: It remains unclear who has final responsibility in state planning process; is it HHSC or THSA		
Suggested Change:	Clarify who has final responsibility in state planning process		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	HHSC is the fiscal agent for the funding under the State HIE Cooperative Agreement Program. The THSA will serve as the governing and convening body for stakeholder engagement and support of HIE implementation in Texas.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

5.2 Coordination with Medicaid HIT Planning other State Agency HIT Initiatives

COMMENT DETAILS #141			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	77	Section #:	5.2
Comment:	OeHC does not currently have 3 business analysts		
Suggested Change:	This should reflect the current staffing, with perhaps an explanation of planned staffing.		
Change Rationale:	Accuracy		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	The purpose of this section is to identify future staff strategies and how they support coordination between HHSC and the THSA.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #142			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	77	Section #:	5.2
Comment:	In addition to the listed functions, DSHS also operates the Clinical Management for Behavioral Health Services system, an electronic health record and information exchange system that supports contracted behavioral healthcare providers. DSHS state hospitals utilize an electronic health record system maintained by HHSC.		
Suggested Change:	Change section to reflect this statement.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #142	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #143			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	77	Section #:	5.2
Comment:	In Section 11.2.6, THSA's draft plan discusses the various state systems maintained by DSHS that provide support for special needs populations.		
Suggested Change:	TMA strongly recommends that, in addition to those programs discussed in Section 11.2.6, the THSA Strategic Plan make a focused determination to include HIE functions with Texas Veterans Affairs patients, foster care and residential care facility patients of the state		
Change Rationale:	Without such a determination, these additional special needs populations will risk being left behind.		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #144			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	77	Section #:	5.2
Comment:	The discussion of special needs populations needs minor changes		
Suggested Change:	Please update the language to reflect "...,individuals with mental illness, and individuals seeking substance abuse interventions,"		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:			
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #145			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	77	Section #:	5.2
Comment:	The contract for the Medicaid Eligibility and Health Information Project has been approved by CMS. The contract with HP Enterprise Services will be finalized in September 2010. In addition to automated eligibility verification, Medicaid-wide EHR and future HIE capabilities, this project will offer web-based e-prescribing tool to Medicaid providers.		
Suggested Change:	Modify the information on MEHIP as necessary to include updated information above.		
Change Rationale:	Updated Information		
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #145	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #146			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	77	Section #:	5.2
Comment:	In addition to substance abuse treatment, DSHS provides prevention services		
Suggested Change:	In the third line, change the word "treatment" to "services"		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		

COMMENT DETAILS #146

Comment:

COMMENT DETAILS #147

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
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Page #:	77	Section #:	5.2
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Comment: To clarify, DSHS operates CMBHS; HHSC manages the electronic record system utilized by the state hospitals.

Suggested Change: Update language appropriately.

Change Rationale:

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment: None

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

5.4 Coordination with Federal Health IT Initiatives

COMMENT DETAILS #148

Submitter:	Kathleen Costello	Organization:	HHSC
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Page #:	78	Section #:	5.4
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Comment: Change Medicaid Health IT Program Manager to Medicaid Health IT Director

Suggested Change: Make this change in title throughout the document.

Change Rationale: Accuracy

THSA STAFF RECOMMENDATIONS

COMMENT DETAILS #148	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	This change was made in the revised staff draft.

COMMENT DETAILS #149			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	78	Section #:	5.4
Comment:	<p>The paragraph regarding Indian Health Services (IHS) and Medicaid need to be revised for the following reasons: - The statement is incorrectly mixing up IHS facilities (a federal HHS agency) with tribal clinics that are owed and operated by Native American tribes. There are no IHS facilities located in Texas (which can be confirmed by checking the IHS website); however, the tribal clinics do get federal funding from IHS and HRSA (for those that are FQHCs). Because they get federal funding does not make them IHS facilities (that are owned by the federal government and operated by federal employees). - While Texas Medicaid does not interact with IHS facilities because none are located in Texas that does not mean that we do not reach out to federally-recognized Native American tribes located in Texas in accordance with CMS/Medicaid requirements. While interaction is limited, to state that there is “virtually no interaction” and “nor has the need for greater interaction been brought to the attention of state policymakers” implies that we are not adhering to federal requirements, which is not what we want to communicate. Medicaid Policy Development staff reach out to Native American tribes regarding waiver programs and changes to the Medicaid State Plan. Over the last 6 months, Medicaid Policy has been working on improving communication with the tribes and have designated a policy analyst (Michelle Erwin) as the point of contact for tribal relations.</p>		
Suggested Change:	<p>Change to: In addition to direct communication with the ONC and Centers for Medicare and Medicaid Services (CMS) central office regarding our progress with the implementation process, the THSA and OeHC will communicate with and invite staff from the CMS regional office, and local VA health care officials/staff to participate in the implementation process. . It should be noted that there are no IHS facilities located in Texas. The</p>		

COMMENT DETAILS #149	
	Texas tribal population is very small consisting of four Native American tribes, which operate tribal clinics. The Medicaid program will continue to reach out to the tribes for inclusion in health IT initiatives.
Change Rationale:	Accuracy
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff recommends the following revised language: "In addition to direct communication with the ONC and Centers for Medicare and Medicaid Services (CMS) central office regarding our progress with the implementation process, the THSA and OeHC will communicate with and invite staff from the CMS regional office, and local VA health care officials/staff to participate in the implementation process. It should be noted that Texas has three tribal clinics and one IHS urban clinic, but no federally administered IHS facilities. The Texas tribal population is very small, consisting of four Native American tribes which operate tribal clinics. HHSC will continue to reach out to the tribes for inclusion in health IT initiatives."
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #150			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	78	Section #:	5.4
Comment:	On page 14, IHS acronym needs to be spelled out since it is first mentioned here. It is mentioned again later on page 17.		
Suggested Change:	Indian Health Service		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #150	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

5.6 Communications Strategy

COMMENT DETAILS #151			
Submitter:	Eddie Cuellar	Organization:	Methodist Healthcare of San Antonio
Page #:	80	Section #:	5.6
Comment:	A key component of a successful deployment of an HIE is patient participation. A critical prerequisite for this participation is communication with this broad community. Ideal, a much more robust communication strategy targeted at the public at large and the business community would go a long way to get buy-in for consent forms, address access permissions, and general security concerns. Without this communication and engagement at this level, efforts by the state and provider community will not be successful.		
Suggested Change:	Develop and implement specific communication strategies, plans, and then implement those plans to the two targeted communities: Public at Large and the Business Community		
Change Rationale:	Success of the HIE will be dependent on patients' understanding and acceptance of the Health Information Exchange.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		

COMMENT DETAILS #151	
Comment:	Staff agrees with the commenter. The plans support a communication strategy, and funding (although not detailed in the budget) is included in the THSA's operational budget. The communication strategy will be coordinated with local HIEs, RECs, and other HIT programs.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #152			
Submitter:	Cameron Krier	Organization:	Texas Hospital Association
Page #:	80	Section #:	5.6
Comment:	Communications Strategy		
Suggested Change:	The THSA should have adequate state funding to develop a plan to educate the public regarding the transition to electronic health records and health information exchanges.		
Change Rationale:	Educating the public about the changes that the state is focusing on regarding the use of EHRs and HIEs is very important. The THSA needs to work closely with the RECs, health care associations such as THA and other members of the provider community to educate patients and the public about how the HIEs will operate and what this means to their health care. Local input is a key component to an educational campaign.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Staff agrees with commenter. The plans support a communication strategy, and funding (although not detailed in the budget) is included in the THSA's operational budget.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #153			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	80	Section #:	5.6
Comment:	Clarity needed re joint effort on marketing between state and local/regional HIEs.		
Suggested Change:	Add to the list of particulars included in a communication plan (and to the discussion of Consumer Engagement), the following phrase: "joint efforts with the Texas HIE Coalition and regional/local HIEs and consistent and equal messaging and branding from both the state and local HIEs"		
Change Rationale:	Consistent messaging of equal branding weight will be important to successful marketing and communication in local communities.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	Staff agrees with commenter. The plans support a communication strategy and funding (although not detailed in the budget) is included in the THSA's operational budget.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #154			
Submitter:	Nora Belcher	Organization:	Texas e-Health Alliance
Page #:	80	Section #:	5.6
Comment:	The plan should address the new challenges that HIEs create for healthcare enterprises regarding medicolegal risk.		
Suggested Change:	The proposed education and communication program should specifically address the changes to risk and liability for participating healthcare entities.		
Change Rationale:	A tremendous amount of education on the liability issues related to HIE		

COMMENT DETAILS #154	
	will be needed at the provider level to ensure a high level of provider engagement.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Liability will likely be part of a communication and education strategy.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

5.7 Stakeholder Inclusion Strategy

COMMENT DETAILS #155			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	80	Section #:	5.7
Comment:	The last thing we should do is prevent electronic consent systems and end privacy by developing a “universal consent form”. How ironic for this state to step back into the stone age and use a single form for consent rather than use technology to allow each person to set their own directives for data use and disclosure. Technology eliminates once and for all the need to ever use blanket, coerced advance consents. These illegal consents were developed because there was no easy cheap way to contact thousands or millions of patients. Now that there is—via cell phones and computers, this is hardly the time to end consumers’ rights and choices.		
Suggested Change:			
Change Rationale:	Otherwise industry interests will prevail. The appointees so far do not represent what consumers want most from HIT and HIE trustworthy, secure systems where they control PHI for TPO.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #155	
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The plans outline a path forward for the development of a legal framework in Texas to support privacy and security. If a universal consent form is ultimately implemented, it could be done in a number of different ways, including electronically as suggested by the commenter.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #156			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	80	Section #:	5.7
Comment:	What has been input from Health plans; not clarified in report. Also referenced on pg 21		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The health plans are actively engaged through the THSA Board and workgroups.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow

COMMENT DETAILS #156

up directly with the commenter.

COMMENT DETAILS #157

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
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Page #:	80	Section #:	5.7
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Comment:	<p>“Patient or consumer organizations:” Consumers should be listed first, if consumers are the focus of the effort.</p> <p>“Public health agencies:” DSHS spelled out</p> <p>“Other users of health IT:” Additional stakeholder identification is needed particularly for specialty care providers.</p>
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Suggested Change:	<p>Change order to reflect consumer's priority.</p> <p>First time DSHS is mentioned, spell out: Department of State Health Services</p> <p>Add to the "Other Users of Health IT": Additionally specialty care providers such as mental health and substance abuse providers will need to be addressed in further planning.</p>
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Change Rationale:	The stakeholder listing seems to focus on acute medical care providers, while a comprehensive statewide HIE would need to incorporate a vast array of provider types
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THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:	<p>Staff recommends accepting the first two suggested changes.</p> <p>While staff doesn't disagree with the commenter on the importance of mental health and substance abuse providers, the bullet already recognizes "others involved in care coordination of patients."</p>
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THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

8.1 Operational Approach and Project Plans

COMMENT DETAILS #158			
Submitter:	Nora Belcher	Organization:	Texas e-Health Alliance
Page #:	88	Section #:	8.1
Comment:	The local HIE grant program appears to apply to those local HIEs that are not providing the identified core services.		
Suggested Change:	We would encourage THSA to allow HIEs to be creative in suggesting potential uses of planning and implementation funding.		
Change Rationale:	While we understand that the goal of the program is to bring all local HIEs to the level of providing core services, this appears to penalize any HIE that is already providing those services by making that HIE ineligible for planning and implementation funds.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	It is the THSA's intent that all HIEs that meet the application requirements receive some level of funding for planning and implementation. The potential use of these funds have not yet been defined, but existing entities will not be penalized for existing infrastructure or plans.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #159			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	88	Section #:	8.1
Comment:			
Suggested Change:	Should there be mention on how State expects HIE's to connect to realize statewide connectivity		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft addresses this issue in a new section in the Operational Plan on Interoperability Among Local HIEs
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #160			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	88	Section #:	8.1
Comment:	Any consent form must address specialty care needs and be understandable by consumers.		
Suggested Change:	Include statement.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	A form will be developed as part of an inclusive process that takes into account many issues and concerns. These issues, like the one mentioned here, will be discussed in detail at that time.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #160

<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #161

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	88	Section #:	8.1
Comment:	Correction: sub state		
Suggested Change:	Change language to read: "sub-state"		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Change to "sub state" to "local"

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #162

Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	88	Section #:	8.1
Comment:	Strategy should also include working with existing HIEs to expand coverage to other providers (especially for specialty HIEs) and to serve broader consumers (for those HIEs currently focused on particular consumer populations), with the goal of covering all Texans and all providers.		

COMMENT DETAILS #162	
Suggested Change:	Include statement.
Change Rationale:	
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #163			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	88	Section #:	8.1
Comment:	Strategy should also include working with existing HIEs to expand coverage to other providers (especially for specialty HIEs) and to serve broader consumers (for those HIEs currently focused on particular consumer populations), with the goal of covering all Texans and all providers.		
Suggested Change:	Include statement.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		

COMMENT DETAILS #163	
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

8.2 HIE Implementation Timeline: Key Activities and Tasks

COMMENT DETAILS #164			
Submitter:	Robert W. Warren, MD, PhD, MPH	Organization:	CMIO, Texas Children's Hospital; Member, HHSC HIE Adv Committee
Page #:	91	Section #:	8.2
Comment:	<p>What are the specific key performance indicators (KPIs) for the overall State HIE Plan ? How will these KPIs be used to continually drive Plan evolution over time? How can these KPIs be used now to predict the success of the Operational Plan on implementation? What are the “key performance indicators” for HIEs ? There is a dashboard in the Plan, but priorities are not clear. In my opinion, Provider and Hospital and—health information exchange value is captured by: Currency, Validity— Consumer participation/consent —Health Plan participation —and completeness of information from each source provider to HIE Timeliness, accuracy,—of all source providers for a participating consumer “delivery” and effective presentation of information from HIE to recipients Whatever the KPIs for the State Plan, the Plan’s success is dependent on the adoption and use of EHRs by providers and hospitals throughout the state, and particularly those use a CMS-certified EHR, and achieve Meaningful Use.</p> <p>Communication strategies, as discussed in the Plan are critical, but THSA should also consider incentives for providers and hospitals participating in HIEs. The State HIE Plan is based on a “network of networks,” supporting the creation and maintenance of local HIEs. There are other , successful systems for HIE than local exchanges (e.g. as discussed by members of ONC’s National Policy Committee), and the State Plan should support them, as long as there is a “connection” into the State system, and adherence to the overall strategy. Specifically, since ONC certified EHRs are required to meet interoperability standards, presumably by the creation of an HL7 CCD document, there is the plausible reality of peer-to-peer provider/hospital health information exchange, without significant central patient data storage. Epic’s Care Everywhere, now evolving into Care Anywhere so that source providers need not be Epic clients, is such a system. And in fact, because Epic has such a large proportion of the EHR market, a very large proportion of consumers nationwide, and also specifically consumers in the Dallas, Houston and Austin metropolitan</p>		

COMMENT DETAILS #164

areas, already has the potential for “simple” and very cost-effective health information exchange. What rules will pertain if there is more than one local HIE, seeking affiliation and potential funding from the State ? Particularly critical elements for standardization and regulation in health information exchange, that should be structured by THSA in a manner consistent with federal and state law and regulation, are:

- Standardized data terminology. The Plan speaks to major terminology sets like ICD and LOINC, but at a deeper level, it is critical to understand, for example, how allergies are coded, or what data like “meds taking” really means (in case that’s not clear, does “meds taking” mean a dose taken today (excluding meds thrown up?), a med prescribed but never taken, a med prescribed but held because of intercurrent illness ?
- “Depth” of data, such as detail expected by the HIE for medication allergy. For example, suppose a patient has nausea with Vicodin, and that’s recorded by a provider at an institution as allergy, and sent to the HIE. The risk of HIE is that the “error” gets propagated throughout the institutions that are part of the exchange.
- What metadata travels with source provider/hospital information, such as o institutional decision to limit data exchanged; if so, what o date and time stamp of extract sent to the HIE o institutional inclusion of information for exchange that other institutions might not wish to receive, so can be filtered – e.g. clinical research o “quality” of information – for example, an observed rash and laryngeal edema to penicillin in a hospital is far better quality information about allergy, than an elderly person’s report that her mother said 60 years ago that she had a rash when she was 3 years old.
- Will the State provide “safe harbor” for contributing providers if data sent to the HIE is not complete or up to date ?
- What providers/hospitals in an area are, and are not, contributing data to the exchange. This is important to help “receiving” providers interpret the “absence” of information. This could also be useful to identify providers/hospitals without an EHR, and might be an incentive for them to implement one.
- Consent (or not) for HIE is discussed in detail in the Plan in 3.5.6, which states that “Texas law generally does not require hospitals, physicians, other health care providers to obtain written consumer consent before disclosing PHI for non-emergency treatment.” Nevertheless, it will be difficult (at least without specific law or regulation) for some hospitals to understand why patient data release to HIE systems is different than their standard requirements for “release of information.” While it could be argued that providers can exchange patient information for the purpose of ongoing care under HIPAA, but if source information is simply going to an HIE repository, I don’t see that another care provider has been established. The Texas Immunization Registry is effectively an HIE; can it serve as a model ? Opt-In or Opt-out consents address this issue, as well as peer to peer HIE. What happens if a consumer requests a “release of information” from a source provider TO the HIE and the source provider has no electronic methodology to do that?
- The Plan briefly discusses the matter of “sensitive” or “super-protected” health information according to federal and/or state law, as discussed at the August 3 HHSC HIE Advisory Committee meeting. In addition to the types of health information discussed then, clinical research information (as protected by federal Human Subjects law) , the specific case of Treatment of Minors involving the adolescents right to keep contraceptive information private (even from parents) and child abuse evaluation must also be addressed. How will

COMMENT DETAILS #164	
	such information be handled by HIEs – or should it get to them at all ? • The Plan (in section 3.5.3) puts forth precepts for consumer engagement in the HIE process. Should patients or parents be able to limit exchange of their data ? Should patients/parents be able to be a source of information for exchange ? For example, out of hospital DNR ? How does the THSA plan impact Medicaid HIE ? If a consumer leaves the Medicaid roles, is the data in the HIE still accessible to all providers? The HHSC HIE Advisory Committee should have had the opportunity to comment as an entity on the proposal.
Suggested Change:	Include specific key performance indicators (KPIs) for the Operational Plan. Other recommendations are contained in Comments above, specifically including: (1) support of other methodologies for HIE in the State Plan; (2) incentives for participating in HIE; and (3) more detail in certain Plan requirements of HIEs, such as handling of sensitive information, and required metadata from source health information providers.
Change Rationale:	With such a comprehensive and complex Plan, it is essential to understand KPIs, so that operational priorities can be defined at the outset, and so the Plan can be continuously improved against its outcome indicators.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	It is the THSA's intent to encourage diverse methodologies as long as an HIE can satisfy core functions. Additional requirements for HIEs, including privacy and security policies, will be made based on recommendations by the taskforces. The ONC has developed some metrics for the HIE program, but the majority of the key indicators will be developed by the THSA and used in the evaluation process to be undertaken in 2013. The staff draft provides additional detail on the THSA's evaluation approach.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

10 Coordination with ARRA Programs

COMMENT DETAILS #165

COMMENT DETAILS #165			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	97	Section #:	10
Comment:	<ul style="list-style-type: none"> Some HIE's are engaged with VA and DoD communications but cannot progress until VA and DoD are ready to commit 		
Suggested Change:			
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	The THSA recognizes that federal partners are in varying stages of implementation and readiness to exchange with state and local HIEs. The THSA will remain informed of exchange opportunities as they arise.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.		

COMMENT DETAILS #166			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	97	Section #:	10
Comment:	One too many parenthesis in this sentence.."The ongoing, systematic collection, analysis.....or other health problems (as defined by the international Society for Disease Surveillanec (ISDS).		
Suggested Change:	Delete additional parenthesis.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #166	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #167			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	97	Section #:	10
Comment:	NBS acroynm needs to be spelled out on the first occurrence in the paragraph. Currently, it's spelled out later in the paragraph.		
Suggested Change:	Spell out "Newborn Screening"		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #167

Comment: In this context, NBS refers to NEDSS Base System. This will be spelled out the first time it is mentioned (as will NEDSS).

COMMENT DETAILS #168

Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	97	Section #:	10.1
Comment:	Typo there's a reference to OeH)- I think it should be OeHC		
Suggested Change:	remove) and replace with C.		
Change Rationale:	Typo		

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:

THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #169

Submitter:	Melinda Teel	Organization:	Texas Health Information Management Association
Page #:	97	Section #:	10.1
Comment:	Coordination with other states—In order to avoid potential delays in patient care with attendant negative outcomes, TXHIMA recommends stepping up efforts to develop data use and reciprocal support agreements (DURSA's) with neighboring states as a higher priority than is currently reflected in the plan.		
Suggested Change:	Add verbiage to address other state collaboration		
Change Rationale:	Texas must harmonize health information exchange policy with bordering states who may or may not be at the same place in their HIE preparations. Having clear and concise processes are essential to the success of state HIE implementation.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	While connecting to neighboring states could offer many benefits, Texas and neighboring states have been limited in their ability to address these issues during the planning process. The THSA is willing to discuss these opportunities as they arise in the future.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

12 Domain-Specific Components: Governance

COMMENT DETAILS #170			
Submitter:	Danette Castle	Organization:	Texas Council of Community MHMR Centers
Page #:	100	Section #:	12
Comment:	<p>In September 2009, the Health and Human Services Commission established the Integration of Health and Behavioral Health Services Workgroup to recommend best practices in policy, training and service delivery for the promotion of healthcare integration as directed in House Bill 2196, 81st Legislature, Regular Session, 2009. H.B. 2196 charged the Workgroup, composed of stakeholders representing a variety of physical health and behavioral health interests, with studying and making recommendations on the integration of health and behavioral health services in Texas.</p> <p>The Workgroup noted research demonstrating positive outcomes for consumers who receive integrated care, and evidence which also suggests integration could potentially result in long-term cost-savings. The inherent interconnectivity between physical health and behavioral health needs is also noted by the Workgroup. In regard to confidential health information technology and information sharing, the Workgroup recommends that physical and behavioral health providers adopt electronic health records, create interoperable solutions which integrate EHRs and clinical information, and that behavioral health providers should be involved in ongoing health information exchange planning. The success</p>		

COMMENT DETAILS #170	
	and long-term viability of integration efforts are largely dependent on increased collaboration between physical and behavioral health providers. As noted by the Workgroup, health information technology could facilitate greater collaboration to achieve this end.
Suggested Change:	<p>We support the THSA draft Strategic and Operational plan approach to governance with regard to the creation of a Collaboration Council and five (5) Taskforces focused on the following areas:</p> <ul style="list-style-type: none"> - Data Standards - Privacy and Security - Technical Architecture - Provider Engagement - Consumer Engagement <p>We urge THSA to add representatives from the Texas Council of Community MHMR Centers to the Collaboration Council and the five (5) task forces outlined above. As this body provides oversight of the implementation of HIEs within the state and provides strategy and policy recommendations to the THSA Board for approval, representation from the Texas Council will bring expertise with regard to the enhance opportunity for consumer engagement. Regarding the five (5) Taskforces outlined in the draft plan, participated in the planning process by serving on the Privacy and Security Workgroup. As these Workgroups transition to Taskforces, we strongly encourage THSA to consider including representatives from the Community Centers of Texas.</p>
Change Rationale:	We support the basic framework of the draft Strategic and Operational Plans for Statewide Health Information Exchange (HIE) and believe successful implementation will improve quality of care and outcomes for Texans with intellectual and developmental disabilities, mental illness and substance use disorders.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	It is the intent of the THSA to have a broad group of stakeholders participating on each taskforce.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #170	
Comment:	

12.2 Governance Approach

COMMENT DETAILS #171	
Submitter:	Joseph Schneider, MD, MBA
Organization:	Texas Medical Association
Page #:	101
Section #:	12.2
Comment:	In Sections 3.1.6 and 8.2, THSA sets forth the governance structure for the Collaboration Council. The Collaboration Council is charged with the important tasks of reviewing ground-level input, providing oversight of HIE implementation, and providing strategy/policy recommendations to the THSA Board for approval. Given the authority of the Collaboration Council, it is important to have a balanced membership on the Council. As currently contemplated in the draft plan, the Council is composed of the THSA CEO, one representative per sanctioned regional/local HIE, the HIT coordinator, one DSHS public health representative, one TMA representative, one Texas Hospital Association representative, one Health Plan Association representative, one consumer representative, one individual per approved REC, and one employer representative. If the Collaboration Council comprises 25 HIE reps, four REC reps, and one representative from each listed stakeholder, TMA notes that the Council would be disproportionately weighted with HIE representatives and may be unwieldy with such a large membership (e.g., totaling 35 members).
Suggested Change:	TMA, therefore, recommends that the THSA significantly reduce the number of HIE representatives on the Collaboration Council to a maximum of four HIE representatives. Additionally, consistent with TMA House of Delegates’ policy, TMA recommends that another physician representative be added to the Council.
Change Rationale:	TMA House of Delegates’ policy stresses the importance of stakeholder input, especially with regard to physician and patient concerns. Specifically, TMA policy states the following: “To assure HIE activity remains focused on the patient interest, HIE governance must be representative of and responsive to the needs and concerns of stakeholders, with particular attention to the concerns of physicians and patients.”

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	While the THSA notes the TMA’s concern with the composition of the Collaboration Council, HIE Boards are also comprised of broadly representative stakeholder groups and as such the HIE representatives will be tasked with considering the

COMMENT DETAILS #171	
	needs of various stakeholders in their community.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
	Comment:

13.1 Proposed Budget

COMMENT DETAILS #172			
Submitter:	George Conklin	Organization:	CHRISTUS Health
Page #:	105	Section #:	13.1
Comment:	We seek further clarification regarding funds availability, distribution and use of federal funds that will flow through the state.		
Suggested Change:	<p>Can funds be applied to infrastructure activities that have occurred in the past?</p> <p>If an HIE does not need \$100,000 for planning, can it take the remainder of the planning funds and apply to implementation?</p> <p>We suggest THSA consider a two-tiered approach to funding local and regional HIEs – a base amount for technical architecture that would be the same for all the HIEs as they will face similar initial implementation costs. The additional costs of increasing scalability could be accounted for through population based offsets.</p>		
Change Rationale:	Flexible funding to account for costs related to setting and scale.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	No, funds may not be used for activities that occurred in the past. The staff draft supports proportional funding for local HIEs based on local support and commitments from physicians and hospitals. ONC has been very clear that these funds are only for expanding capacity.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #172

<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #173

Submitter:	Nora Belcher	Organization:	Texas e-Health Alliance
Page #:	105	Section #:	13.1
Comment:	The proposed budget for the local HIE grant program seems to assume the same grant distribution for each local HIE.		
Suggested Change:	We would suggest that the funds be distributed with consideration to population served or providers served. Local HIEs could be required to submit information on either the projected population or a preliminary list of the providers that will be part of the HIE, which could include letters of intent from the local providers.		
Change Rationale:	Given the limited number of funds available, this approach would maximize the impact of the funding at the local level		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Under the staff draft, the THSA would fund HIEs very generally based on the proportion of Texas' providers they are intending to provide services to. The budget was designed to allow for the possibility that all applying HIEs demonstrate the intent to serve enough providers to reach the maximum threshold of the grant.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #174

Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	105	Section #:	13.1

COMMENT DETAILS #174	
Comment:	Further clarification needed on Local HIE Grant Program
Suggested Change:	<p>Suggest adding the following explanatory text as notes to the budget: "HIEs that have already gone through significant planning phases will be allowed to allocate a portion of the \$100,000 set aside for planning to operational activities, in order to provide flexibility in already limited funding amounts for individual HIEs".</p> <p>Also include the following: "The Local HIE Grant Program will consider a number of factors in determining the amounts to fund individual HIEs including: growth potential; strong community buy-in; cooperation among local HIE initiatives; factors in rural areas that contribute to higher costs; well developed sustainable business model; prioritized approach to criteria regarding sustainability that provides greater weight in funding to HIEs that are closer to becoming operational. The Grant Program will not use the number of providers connected as the sole equity factor in considering funding awards, as other factors also have an important bearing on success of the HIEs in meeting state goals"</p>
Change Rationale:	Flexibility in use of planning funds is needed in order to reflect the differing stages of development of Texas HIEs and to attain the state goals. The number of providers connected alone, without consideration of types of providers, costs in rural areas, and other factors, should not be the only factor in allocating funding

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA has considered the basic requirements for receiving HIE grant funding. Additional elements may be considered prior to the implementation of the program. Qualifying activities in the planning period have also not been defined.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #175			
Submitter:	Gijs van Oort	Organization:	THIEC

COMMENT DETAILS #175			
Page #:	105	Section #:	13.1
Comment:	Further clarification needed on Local HIE Grant Program		
Suggested Change:	Add the following statement as explanatory text as notes to the budget: "A surplus of funding resulting from awarding less than 25 regional / local HIEs will be divided amongst the regional / local HIEs that are funded from the HIE Grant Program. The number 25 is an estimate and is likely more than the number of HIEs necessary to provide statewide coverage in Texas"		
Change Rationale:	In the experience of the Texas HIE Coalition and the existing HIE initiatives in the state, which includes approximately 14 initiatives, although a number of additional HIEs may be needed to cover the state, it is likely that 25 will be more than is necessary		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The estimated number of HIEs has been revised in the updated budget. Allocation of a potential surplus has not been determined.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #176

Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	105	Section #:	13.1
Comment:	The use of planning funds for initiatives that have already completed a rigorous planning phase that would be considered in line with the goals outlined by the THSA.		
Suggested Change:	Suggest adding the following explanatory text as notes to the budget: "HIEs that have already gone through significant planning phases will be allowed to allocate a portion of the \$100,000 set aside for planning to operational activities, in order to provide flexibility in already limited		

COMMENT DETAILS #176	
	funding amounts for individual HIEs."
Change Rationale:	HIEs that have already gone through individual planning phases should be allowed to allocate a portion of the \$100,000 set aside for planning to the operations side. Implementation and growth should be more important than planning – this is already the case as shown by the funding structure, but even more emphasis can be put on the operational part and less on planning. Timing of the business plan for local HIEs should be a large consideration – HIEs should show planned operability by 2012 to help meet meaningful use requirements.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Qualifying activities in the planning period have also not been defined.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #177			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	105	Section #:	13.1
Comment:	Flexibility in funding designation (i.e. more for implementation and less for planning if an HIE is already advanced in that's stage) may enhance effective deployment (clarified in Aug 12 session with Tony and Stephen)		
Suggested Change:	Suggest to provide funding to HIE's needed to reach State coverage and connectiveness for all providers. HASA would be receptive to alternate and more nuanced allocation requirements. (clarified in Aug 12 session with Toni and Stephen)		
Change Rationale:	Allotted funds are limited for grounds-up effort and if distributed too far, may not yield desired results. (clarified in Aug 12 session with Tony and Stephen)		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Qualifying activities in the planning periods have not been defined.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

13.1.1 Tentative Proportional Funding for Local HIEs

COMMENT DETAILS #178			
Submitter:	Lisa McQueen	Organization:	Initiate
Page #:	107	Section #:	13.1.1
Comment:	Will HIEs that serve only a particular health system and/or patient population be eligible for grant funds?		
Suggested Change:	Question		
Change Rationale:	Question		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	It is important that HIEs in the state fit together in a way that can extend service to all providers in the state. The THSA has not yet determined all of the requirements of the local HIE grant program, but would encourage initiatives to try and meet a whole community's needs either through single or coordinated applications.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		

COMMENT DETAILS #178

Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.
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COMMENT DETAILS #179

Submitter:	Rod Cruz	Organization:	AT&T
Page #:	107	Section #:	13.1.1

Comment:	Will THSA require local and regional HIEs who apply for grant funds, as well as those who serve providers "in the white space" to provide clinical and administrative messaging for providers? How does THSA contemplate facilitating clinical and administrative messaging between providers, payers and state and federal agencies?
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Suggested Change:	We would suggest that THSA require local and regional HIEs who apply for grant funds, as well as "white space" provider offer clinical and administrative messaging for providers.
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Change Rationale:	Messaging services can be essential for providers to demonstrate meaningful use in later years.
--------------------------	---

THSA STAFF RECOMMENDATIONS

- Accept change as indicated by submitter
- Accept change as indicated by submitter with modification/comment indicated below
- No change suggested by submitter
- No change recommended by THSA staff

Comment:	HIEs and the white space recipients are welcome to offer messaging services and may be inclined to do so if demand is sufficient in their region. However, the core HIE services that the THSA will be requiring are determined primarily by the FOA and more recent PIN.
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THSA BOARD DIRECTIVES

- Staff recommendation approved by Board
- Staff recommendation approved with the following modification/comment below

Comment:	
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COMMENT DETAILS #180

Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	107	Section #:	13.1.1

COMMENT DETAILS #180	
Comment:	HIEs showing the most growth potential (in terms of patients served) should be given stronger consideration for funding. However, HIE's that have put advancing on hold pending the outcome of the State planning process should be given consideration since they may have strong community buy-in already.
Suggested Change:	Add descriptive language similar to: "HIEs must show a strong growth potential with the ability to reach a large patient population and regional mass to be considered for the highest funding levels through the grant program. Initiatives must also show a significant level of stakeholder buy-in at any level of planning or operations to be considered for funding through the grant program."
Change Rationale:	North Texas Healthcare Alliance (formerly known as the North Texas Health Care Summit) has brought together employers, hospitals, physicians, health plans, and public officials, to design a delivery and reward system for all of North Texas that revolves around the open exchange of information and is focused on patient care and quality outcomes. We believe that this collaborative effort tied to a system designed with community buy-in is a solid foundation upon which to develop HIE technology.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA has considered the basic requirements for receiving HIE grant funding. Additional elements may be considered prior to the implementation of the program.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #181			
Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	107	Section #:	13.1.1
Comment:	Entities with a business model already developed but are intending to seek funding for operations should be given high priority with certain standards being met with regard to patient outreach and regional impact.		
Suggested Change:	Add language similar to: "Entities who have already put together a		

COMMENT DETAILS #181	
	business plan will be considered for operational funding through the grant program if the business model shows a reasonable sustainability path, a measurable and positive impact on the community, the ability to maximize the outreach to patients in the community, and the ability to maximize the geographical reach within a community."
Change Rationale:	A business model should be a requirement before funding decisions are made even if - in case of whitespace coverage- independent sustainability may be questionable. The model must be able to cover more rural areas, and the volume of patients served must be balanced with the larger investment due to the geographic size outside the major urban areas. The HIE for the North Texas Healthcare Alliance will be a tool used by a project and will show positive effects on patient care – HIEs with this opportunity should be heavily weighted. Through the system designed by the collaboration of all stakeholders, outcomes results and quality standards will be measured and rewarded proving both a positive business case and significantly healthier community.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA has considered the basic requirements for receiving HIE grant funding. Additional elements may be considered prior to the implementation of the program.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #182			
Submitter:	Bryan K. White, MHA	Organization:	North Texas Healthcare Alliance
Page #:	107	Section #:	13.1.1
Comment:	Governance should be inclusive of all stakeholders as should planning and development efforts.		
Suggested Change:	Add language similar to: "To receive funding through the local HIE grant program, entities must show that each relevant stakeholder is represented throughout planning and development efforts. These stakeholders should also show a strong presence in the governance model for the HIE with voting or decisive authority. All relevant stakeholders should have a		

COMMENT DETAILS #182	
	significant stake in the organization."
Change Rationale:	HIEs should be inclusive of all stakeholders in planning, development, and governance. The North Texas Healthcare Alliance, from the beginning, is governed and designed by all parties and will not rely on development and growth to include each relevant stakeholder. Each stakeholder has a measurable stake in the effort as well as voting authority at the Board level.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA has considered the basic requirements for receiving HIE grant funding. Additional elements may be considered prior to the implementation of the program. It is the intent of the THSA that local HIE governance structures should be inclusive.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

14.1.1 THSA Enterprise Architecture Blueprint

COMMENT DETAILS #183			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	113	Section #:	14.1.1
Comment:	Need clarity re process for development of EAB		
Suggested Change:	Suggest adding the following statement, at the end of the first sentence, "which will be developed in collaboration with local stakeholders. THSA intends to develop the EAB technical interoperability standards as they relate to regional/ local HIEs in collaboration with the Texas HIE Coalition and local/regional HIEs".		
Change Rationale:	To be successful, interoperability standards should be developed in conjunction with HIEs to avoid standards that cannot be implemented and/or cause unintended difficulties in implementation for regional / local HIEs charged with implementation.		
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #183	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The development of standards will take place with input from the Data Standards Taskforce. The taskforces will include broad stakeholder participation.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

14.2 Architecture

COMMENT DETAILS #184			
Submitter:	Douglas N. Johnson, M.D.	Organization:	RSH
Page #:	114	Section #:	14.2
Comment:	<p>The system needs to be designed so that 1) log-on is prompt--no more time than it takes to open a paper chart; 2) so that vital information, such as vital signs, are available on a screen that is immediately available on entering a patient's identification; 3) so that changes from one part of the record to another can be done promptly; 4) so that orders may be written with all information on one screen; 5) so that the screen may be projected to a place where the patient can see it--it I can't be facing him/her, at least we can be facing the same information source. In short, a hundred years or more was spent to get an efficient and effective paper record developed; we took a giant leap backwards in jumping into a computer medical record system that is so time-consuming that far too much data is effectively hidden from the psychiatrist/nurse/social worker/psychologist who need to review it. A "dashboard" approach for such data as vital signs, lab reports, behavioral extremes, symptomatology would be very useful, if, as events progress, the clinician can add them, with the stroke of a key, to the appropriate dashboard. But certainly--trash the current system and start over.</p>		
Suggested Change:	See above		
Change Rationale:	To make the system effective and efficient		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		

COMMENT DETAILS #184	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	THSA recognizes the importance of system usability and would encourage provider participation in the Standards and Architecture Taskforces.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #185			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	The draft plan does not have assurances in the state core services that a provider (physician, nurse practitioner or physician assistant) licensed at the time of authentication have a license in good standing each time information is exchanged.		
Suggested Change:	We would encourage TSHA to make assurances that a provider licensed at the time of authentication has a license in good standing each time information is exchanged.		
Change Rationale:	Such assurances can mitigate the risks of non-licensed providers accessing information or ordering procedures that may cause unnecessary risk to any party.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #185

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #186

Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	The draft plan does not enumerate how THSA plans to establish a standard approach to identity management.		
Suggested Change:	We would encourage THSA to outline in the draft strategic plan how a standard approach to identity management will be established.		
Change Rationale:	Establishing a standard approach to identity management early will allow for enumeration and successful identification of all users that may use the statewide infrastructure.		

THSA STAFF RECOMMENDATIONS

Accept change as indicated by submitter

Accept change as indicated by submitter with modification/comment indicated below

No change suggested by submitter

No change recommended by THSA staff

Comment: This recommendation can be considered by the relevant taskforces. Record matching services will be managed at the local HIE level.

THSA BOARD DIRECTIVES

Staff recommendation approved by Board

Staff recommendation approved with the following modification/comment below

Comment:

COMMENT DETAILS #187

Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	The draft plan states on page 44 that record matching services are a core HIE service, but it appears that function is being delegated to local HIEs.		
Suggested Change:	Suggested Change: We would encourage THSA to include a statewide record matching service to work in conjunction with the record locator service.		

COMMENT DETAILS #187	
Change Rationale:	A statewide record matching service can enable successful population management across the state and assist in elimination of duplicate testing and unnecessary hospitalizations.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #188			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	It is not clear in the THSA draft strategic and operational plan how the record locator service will interface with record matching services that are administered by local and regional HIEs, plus the RMS for those providers who operate in the "white space."		
Suggested Change:	We would encourage THSA to explain in the plan how it expects the interface between a statewide RLS and a federated RMS to occur.		
Change Rationale:	HIEs and vendors need clarification as to how the RLS and RMS are expected to work together.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:			

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #189			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	Has THSA considered providing a portal infrastructure so the information can be aggregated and exposed from a variety of sources, not just HIEs?		
Suggested Change:	We would suggest that THSA consider providing a portal infrastructure so that information can be aggregated and exposed from HIEs, providers who may not belong to a regional or local HIE and may not be located in a "white space" area, personal health records, etc.		
Change Rationale:	THSA should facilitate the sharing of information from a variety of sources, and should build in this capability in the beginning rather than as an afterthought.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #190			
Submitter:	Rod Cruz	Organization:	AT&T
Page #:	114	Section #:	14.2
Comment:	Will providers not be permitted to connect to a state "node" directly to exchange information without being part of an HIE?		

COMMENT DETAILS #190	
Suggested Change:	We would suggest that THSA consider giving providers the ability to connect to a statewide “node” directly without necessarily being part of an HIE.
Change Rationale:	Providers should be given the option to connect to a statewide “node”, especially if they provide services within the jurisdictions of multiple HIEs or are located in an area where a robust HIE fails to form.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #191			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	114	Section #:	14.2
Comment:	Requirement for databanks at the local HIE level is a concern, given lack of clarity about data elements that would be required and associated expense and given lack of flexibility for community members of local HIEs to decide the most appropriate manner for their community to provide federal / state priority HIE services.		
Suggested Change:	Delete 2nd full paragraph. Replace with: "Each local and regional HIE has the flexibility to determine the most appropriate technology architecture model for their region for meeting meaningful use requirements of HIEs."		
Change Rationale:	Sustainability is the responsibility of each community, which must have the flexibility to employ the technology architecture model that best meets the community's needs. As long as the HIE has employed a technology that has the connectivity capability necessary for meaningful use, then the state can achieve its objectives without requiring the same structure everywhere.		
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #191	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	This paragraph was deleted in staff draft.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #192			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	114	Section #:	14.2
Comment:	In Section 10.3, THSA’s draft plan references four models for technology architecture. In considering the various models and different storage options associated with the models		
Suggested Change:	TMA offers the following recommendations: First, if HIEs are permitted to store data centrally, then THSA must ensure that there are an adequate number of secure data centers across the state to ensure data integrity. Second, if data is not centralized, then there must be requirements that data sources (e.g., labs, physician offices, and hospitals) are always connected to the network. All of the above should be standardized across the state.		
Change Rationale:	When viewing exchanged information, physicians should know what types of patient information are retrievable and how to identify the sources, dates, and times of that information. The source of data is particularly valuable when contradictory information is encountered. Physicians who access and use electronically exchanged patient information through an HIE, PHR, or other telemedicine tool should have easy access to understanding what types of data are available to view, how to determine the sources/dates/times of displayed data, what the consent policy is, and whether data can be excluded and, if so, whether the physician is alerted about the exclusions.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #192	
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	These issues will be addressed through the taskforces and Collaboration Council during the implementation phase of the grant program.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #193			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	114	Section #:	14.2
Comment:	Is it correct to assume that a databank will reside within each HIE (conventional model) and that linkage between HIE's across the State go via a federate model? (clarified in Aug 12 session with Tony and Stephen) what is value that patient can choose which databank to have data housed? (clarified in Aug 12 session with Tony and Stephen)		
Suggested Change:	Text above Figure 22 discusses the databank as part of the hybrid model; the figure does not reflect that; figure needs explanation		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The plans support a hybrid approach that combines a federated or distributed model that leaves data at its source's facilities or providers and uses local or state HIE as the conduit. Reference to a data bank approach has been deleted in the staff draft.
THSA BOARD DIRECTIVES	

COMMENT DETAILS #193	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #194			
Submitter:	George Conklin	Organization:	CHRISTUS Health
Page #:	114	Section #:	14.2
Comment:	THSA’s hybrid model uses a health record data bank where all data for each patient stays in a single repository, but patients can choose which data bank to use for their records.		
Suggested Change:	We recommend that the health data record bank not be a requirement.		
Change Rationale:	This method may encounter resistance from individuals concerned about control and privacy of their health information, even if they decide within which data bank their data resides.		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment: This section was deleted in the staff draft.	

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

14.5 Standards and Certifications

COMMENT DETAILS #195			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	116	Section #:	14.5
Comment:	TMA policy states that “open standards for the interoperable electronic transmission of clinical data should be mutually acceptable to the medical community and compatible with national and regional		

COMMENT DETAILS #195	
	standards.” In Section 10.2, THSA discusses the need to define a set of standards based upon national standards in order to facilitate statewide interoperability.
Suggested Change:	THSA should investigate selecting the VistA syntax and data standards used by the Veterans Affairs systems as a logical default standard for the statewide HIE interoperability protocol.
Change Rationale:	The CCR and CCD, however, are recognizable national standards for exchange of patient summaries and should, therefore, be integrated into THSA’s draft plan.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Consideration of standards will be the responsibility of the Data Standards Taskforce. The FOA requires adherence to HHS-recognized standards which is generally taken to refer to those HITSP standards that have been recognized by the Secretary, the production-level NHIN implementation specifications, and those standards included in the final Standards Rule issued by ONC in July 2010.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #196			
Submitter:	George Conklin	Organization:	CHRISTUS Health
Page #:	116	Section #:	14.5
Comment:	CHRISTUS understands the intent of the reference information model. It is unclear if Texas is promulgating these standards and will continue to update these standards.		
Suggested Change:	We suggest adopting NHIN messaging platform specifications		
Change Rationale:	We are concerned that limiting messaging standards to only one HIE will force HIEs using other standards to replace their infrastructure.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		

COMMENT DETAILS #196	
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Consideration of standards will be the responsibility of the Data Standards Taskforce. The staff draft identifies the NHIN standards (NHIN Exchange and NHIN Direct) as elements of the core standard set.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

14.5.4 Technical Interoperability Standards

COMMENT DETAILS #197			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	117	Section #:	14.5.4
Comment:	Technical Interoperability Standards		
Suggested Change:	Transport need to include such IHE profiles used in NHIN Exchange and Connect – XDS, XDR, XDM. Also, secure e-mail such as S/MIME likely to be used in NHIN DirectMessagesHL7 – should call out CCD and CDA – these are critical for clinical summary exchangeIHE – should also be in Transport. Given current and emerging industry focus, it is critical the IHE profiles be used as the basis for much of the needed interoperability		
Change Rationale:	Need to be more consistent with current and emerging HIE and EHR standards and practices		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	Consideration of standards will be the responsibility of the Data Standards Taskforce. The staff draft references a number of these standards.		
THSA BOARD DIRECTIVES			

COMMENT DETAILS #197	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #198			
Submitter:	John Boyne	Organization:	GE eHealth Solutions
Page #:	117	Section #:	14.5.4
Comment:	Diagnosis Codes		
Suggested Change:	Discussion of ICD-10 should reference current use if ICD-9 and planned cross-over to ICD-10 in 2013		
Change Rationale:	Clarity		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The staff draft discusses ICD-9 and ICD-10 to a greater extent.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

15.1 Focus, Approach, Strategies

COMMENT DETAILS #199			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	124	Section #:	15.1
Comment:	In Section 11.1.1, THSA establishes goals for areas with existing HIE capacity and areas without HIEs (i.e., the “white space”). THSA states that its plan to address the so-called white space is to leverage its existing HIE pool and to use an open market bidding process (i.e., through a request for proposal process).		

COMMENT DETAILS #199	
Suggested Change:	TMA recommends that THSA provide additional information to address how THSA’s plan will be realized if existing HIEs, nonetheless, fail to cover the white space.
Change Rationale:	TMA poses the following questions: <ol style="list-style-type: none"> 1. Will THSA allow physicians and hospitals to connect to “out of area” HIEs? 2. Do physicians and hospitals have to connect to all local HIEs if there are more than one that serve their service area? 3. Can hospitals and physicians connect to any HIE?
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The RFP for the white space will provide additional detail.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #200			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	124	Section #:	15.1
Comment:	What will the EAB do and how will it support State wide HIE; will it provide standards, enforcements, tools? (clarified in Aug 12 session with Tony and Stephen)		
Suggested Change:			
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #200	
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The enterprise architecture blueprint will be a resource on current technical standards.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

15.3 Risk Mitigation Strategies

COMMENT DETAILS #201			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	129	Section #:	15.3
Comment:	<p>THSA sets forth risk mitigation strategies, including both a list of potential risks associated with HIEs and plans to address identified risks.</p> <p>TMA notes that THSA has identified service disruption as a potential risk associated with HIE implementation. TMA questions what happens to failed HIEs or HIEs that lose their certification? Given the “network of networks” approach, it is important to address this as the answers are critical to achieving physician and patient trust of these new organizations. Specifically, if an HIE becomes unsustainable or loses certification, who is authorized to take over the flow of patient data for uninterrupted service, who is authorized to provide short term business continuity for physicians who utilize the HIE for services (e.g., e-prescribing) and what is the long-term plan for transition of services? All HIEs should have an acceptable plan for business continuity and legal agreements with another HIE or with THSA to allow for no loss of services or no risk to patient safety in the event of business failure or loss of verification.</p> <p>TMA has additional concerns related to HIE downtime and downtime recovery (i.e., data restoration). While these may appear to be operational issues that each HIE should address, lack of standard processes across HIEs for these issues will generate significant mistrust of data integrity among patients and physicians. Physicians will need to remember different downtime and data recovery rules for each HIE, which will be impractical.</p>		
Suggested Change:	TMA recommends that THSA consider three additional risks associated with HIE implementation, namely, those associated with failed HIEs, HIE downtime, and HIE data linkage downtime.		

COMMENT DETAILS #201	
	<p>TMA further recommends that THSA should retain funding for managing this situation, which is almost certain to occur.</p> <p>TMA strongly recommends that THSA require HIEs to develop and follow state standards for providing backup data visibility during downtimes and to adopt standardized approaches data restoration, preferably with 100% data recovery.</p> <p>TMA recommends that THSA provide additional consideration to and more information regarding who will be responsible for analyzing requirements for data recovery if a data link (such as hospital) is down.</p>
Change Rationale:	<p>TMA has concerns regarding the availability of retrospective HIE information for inclusion in future legal proceedings. Physicians must be able to show what they saw in the HIE in their defense without having to store “screen captures” in their EHRs. To address this, THSA should require HIEs to have the ability to provide unmodifiable retrospective views of patient data upon request in order to support physicians and other clinicians in a court of law.</p>
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	<p>Staff propose adding the following risk and mitigation strategies to the Operational Plan:</p> <ol style="list-style-type: none"> 1.) Failed HIEs – In the event of the failure of a THSA-certified HIE, the THSA will take control of the HIE and all of its related processes and responsibilities. During this interim period, the THSA will accept and review proposals by other HIEs and/or vendors to provide such services. The THSA will then make an award and work to transition services to the new HIE/vendor. 2.) HIE Downtime – THSA anticipates downtime processes will be part of its architectural/technology standards. Accordingly, THSA will require THSA-certified HIEs to adopt, operate, and comply with these standards in order to provide for appropriate data visibility during downtimes. 3.) HIE downtime data linkage - THSA anticipates data linkage issues during downtimes will be part of its architectural/technology standards. Accordingly, the THSA will require THSA-certified HIEs to adopt, operate, and comply with these standards in order to provide for appropriate backup mechanisms for data linkage downtimes.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board

COMMENT DETAILS #201

<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #202

Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	129	Section #:	15.3
Comment:			
Suggested Change:	Suggest to embed risk mitigation strategies in the body of the report to add specifics to the appropriate sections		
Change Rationale:			

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	It is contained in the body of the Business and Technical Operations section of the Operational Plan.

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

16 Domain-Specific Components: Legal/Policy

COMMENT DETAILS #203

Submitter:	Archie Alexander	Organization:	Self
Page #:	132	Section #:	16
Comment:	What is the true nature of some of the health care arrangements claiming to be HIO(HIE)s? Are any of them classified as organized health care		

COMMENT DETAILS #203	
	associations (“OCHAs”)? Under the Rule, some OHCA’s do not qualify as covered entities (“CEs”). If the OHCA is not a CE, then can the OCHA qualify as HIO(HIE) under the Rules?
Suggested Change:	Clarify what is the accepted terminology and make sure that organizations claiming to be HIO(HIE)s qualify
Change Rationale:	Clarity
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #204			
Submitter:	Archie Alexander	Organization:	Self
Page #:	132	Section #:	16
Comment:	Please be aware that any universal consent policy the State chooses to adopt may be subject to change once federal policymakers here recommendations from their ONC policy workgroups. Changes may depend on the results of ongoing policy discussions occurring within the ONC’s Tiger Group covering privacy and security policy issues. More importantly, it is highly likely that most, if not all, HCPs are complying with the Privacy Rule through the use of notices of privacy practices and authorizations rather than a formal consent process. To complicate matters further, HCPs may not have a clear understanding of the meaning of consent as it might be applied to health information exchange. The State needs to be sure it defines consent and distinguishes it from the more complex process of informed consent. That is-consent means a form of expressed permission as opposed to informed consent that requires decision-making capacity and participants to meet ethical and legal standards.		
Suggested Change:	The THSA recognize consent, as simple expressed permission, as a complementary option to authorization. The THSA track federal policy planners by focusing on the elements of the “process” that support fair		

COMMENT DETAILS #204	
	information practices within the context of the patient-physician relationship. While this relationship remains the key, consent is not equivalent to informed consent used for medical procedures and interventions.
Change Rationale:	Clarity
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	This issue will be addressed through the Privacy and Security Taskforce.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

16.2 Consent

COMMENT DETAILS #205			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	133	Section #:	16.2
Comment:	The key HIE functionality to consumers belongs on the scorecard: measuring adherence with the right of consent, the right to segment data (as required in state law, 42 CFR Part 2, HITECH, and HIPAA), and the ability to share data selectively across HIEs and NHINs.		
Suggested Change:			
Change Rationale:	see section 3.1 above		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		

COMMENT DETAILS #205	
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #206			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	133	Section #:	16.2
Comment:	<p>Again, the three “strongest consent options” voted on and ‘approved’ by the Privacy and Security WG do not offer meaningful patient privacy protection at all. Opt-outs are deceptive and unfair trade practices and do not comply with the patient’s right of consent in state and federal laws, or in Constitutional law. Opt-in without the ability to segment sensitive information violates the same laws. But the real question is why would the industry appointees vote to approve three privacy-destructive forms of ‘consent’ as solutions when robust consent technologies exist and are in use today? Why would we eliminate existing rights when we can strengthen rights to achieve trusted HIE? Why would we choose systems that violate the new Administration-wide policies (see above)? See links above to the Consumer Choices Technology Hearing where consent technologies were showcased.</p>		
Suggested Change:			
Change Rationale:	<p>If the state does decide to go ahead and replicate the voluminous data, it should use Alan Westin and Harris Interactive as consultants and surveyors; they have the longest, strongest track record of privacy polling in the nation and are extremely knowledgeable.</p>		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	

COMMENT DETAILS #206	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	No change recommended. The Board directed staff, however, to follow up directly with the commenter.

COMMENT DETAILS #207			
Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	133	Section #:	16.2
Comment:	<p>In Section 12.2, THSA discusses the important subject of patient privacy and consent to participate in the HIE. THSA notes that five consent options have been considered by THSA' Privacy and Security workgroups, which have been narrowed to three options, namely opt-out, opt-out with exceptions, and opt-in. Under current law, the Texas Medical Disclosure Panel is responsible for determining the risks (if any) that must be disclosed for medical procedures by health care providers or physicians to patients for consent to medical treatment. Tex. Civ. Prac. & Rem. Code §74.103. Additionally, this body is charged with establishing the form and substance of the disclosures.</p> <p>The Texas Medical Disclosure Panel would be a logical fit for development of HIE consent forms, given the Panel's expertise with regard to medico-legal issues. Notably, the Texas Medical Disclosure Panel is composed of three Texas-licensed attorneys and six Texas-licensed physicians. Additionally, given that the Texas Medical Disclosure Panel convenes on a regular basis (at least annually), it would be a body that could be responsive to any changes in Texas or federal law affecting patient privacy.</p>		
Suggested Change:	<p>TMA's position is that participation in the HIE should be the default. However, participants should be able to withdraw upon reasonable notice. Additionally, patients should have the right to withhold information. If information is withheld from transmissions, a notice to users that the record is incomplete should be provided.</p> <p>TMA recommends the development and administration of a value-added "online consent tool" that eases the administration burden on consumers, providers, and HIEs. Such a standard consent tool should interface with EHRs to avoid the necessity of maintaining duplicate systems.</p> <p>TMA recommends the Texas Medical Disclosure Panel be the administrative body entrusted with the task of developing a model consent form for HIE participation. The model consent form could be updated regularly as necessary by the Panel.</p>		
Change Rationale:	<p>TMA stress the importance of developing a standard consent form that is simple to both administer and execute.</p> <p>The Texas Medical Disclosure's Panel's charge (as currently provided under the law) is not broad enough to encompass preparation of HIE</p>		

COMMENT DETAILS #207	
	consent forms. However, TMA advocates for a change in Texas law to permit the Texas Medical Disclosure Panel to serve such a function.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The plans outline a process for further development of consent policies. Additionally, the Privacy and Security Taskforce will address ongoing policy development in this area.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #208			
Submitter:	Cameron Krier	Organization:	Texas Hospital Association
Page #:	133	Section #:	16.2
Comment:	Policies related to patient consent		
Suggested Change:	As THSA works with the Texas Legislature to determine policies related to patient consent and the use of HIE, the Texas Hospital Association urges policy makers to keep in mind the burdens hospitals may experience when trying to comply with varying policies. THA encourages the THSA to include hospitals in discussions about how to address privacy without imposing new administrative complexities to determine if patients in the same hospital are entitled to different consent models. Texas and HIPAA privacy law generally provide adequate mechanisms for obtaining patient consent to use and disclosure of protected health information; policymaking regarding patient levels of consent should be mindful of the need for health care providers to have sufficient access to patient information		
Change Rationale:	If each HIE is given discretion to determine which patient consent policy they will use (i.e. no consent required, opt out, opt out with exceptions, opt in, opt in with restrictions), hospitals interacting with more than one HIE may be forced to adhere to these differing policies and the significant administrative burdens that follow. Providers need sufficient information to make well-informed treatment recommendations that are based on full knowledge of the patient’s medical history.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input checked="" type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA agrees that hospitals and the hospital association have an important role to play in the development of state-level consent policies.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

16.3 Compliance with Federal/State Requirements

COMMENT DETAILS #209			
Submitter:	Patricia Gray	Organization:	Health Law & Policy Institute
Page #:	134	Section #:	16.3
Comment:	The reliance on contracts as the primary enforcement mechanism for maintaining privacy and security of patient PHI concerns me.		
Suggested Change:	The provision referenced should make clear that it applies to agreements between providers and HIEs as to stringent security requirements for participation in the network. (See also Section 3.5.4 on page 63)		
Change Rationale:	The plan should make clear that, given the overriding concern for privacy and security expressed in the workgroups as well as in stakeholder involvement in local HIE development, Texas will take no steps to weaken enforcement of existing laws regarding protecting patient privacy, but may even impose more stringent requirements.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	The plans anticipate that the Texas Legislature will consider this issue in early 2011.		
THSA BOARD DIRECTIVES			

COMMENT DETAILS #209	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

16.4 Privacy and Security Harmonization

COMMENT DETAILS #210			
Submitter:	Gijs van Oort, PhD	Organization:	Healthcare Access San Antonio
Page #:	135	Section #:	16.4
Comment:			
Suggested Change:	Suggest continuation of workgroup efforts to craft patient consent form that meets security and patient privacy standards yet maintains operational effectiveness in anticipation to any legislative initiatives for the upcoming session. (clarified in Aug 12 session with Toni and Stephen)		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The Privacy and Security Taskforce will continue to work on this issue.

THSA BOARD DIRECTIVES	
<input type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

17.1 Provider Adoption

COMMENT DETAILS #211			
Submitter:	John K. Harper, M.D.	Organization:	San Antonio State Hospital

COMMENT DETAILS #211			
			Department of State Health Services
Page #:	136	Section #:	17.1
Comment:	In reference to: The 153 page THSA Draft Statement basically addresses usability in one sentence. Page 108: "Implementing technologies that are cumbersome and impediments to established clinical workflows will not foster the needed adoption." 1. Front line users (physicians & other clinicians) need to be intimately involved on the front/developmental end of the electronic Hospital Record (EHR) - we currently are not. 2. The EHR as it currently exists is "cumbersome" and full of "impediments." 3.		
Suggested Change:	1. involve physician end-users in the development process. 2. Need to eliminate the "cumbersome" element and "impediments" which are pervasive within our EHR 3. Too many to enumerate, but I will give a couple of recent examples below		
Change Rationale:	In addition to unfair/irrational compensation practices within DSHS, our EHR as it currently exists is a huge recruitment obstacle (unless you are with a Locums Tenens Company - making more money than everyone else and only have to deal with the EHR for a limited time), and I believe it will continue to encourage long term physicians to go to hospitals that have a more user friendly EHR system. 2 recent examples: 1. A recent RadPlus update has dramatically increased the time it takes to engage certain CWS products - especially clinician order entry. 2. This same update/"improvement" added another tab to the already multi-tabbed clinician order entry. We should be able to enter an order on 1 tab, so we can see it in it's entirety. We now no longer can file an order from the front tab - very "cumbersome" when you take into consideration the sheer volume of orders the front line clinicians enter.		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input checked="" type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #212

COMMENT DETAILS #212			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	136	Section #:	17.1
Comment:	This section refers to '...ONC Meaningful Use requirements...' and there is a later reference to '...ONC has recognized that a tiered services approach...' I think this might be incorrect as Meaningful Use requirements are specified by CMS not ONC.		
Suggested Change:	Consider changing ONC to CMS in this section as appropriate. Or clarify that ONC and THSA will align HIE requirements and services to meet or exceed the staged Meaningful Use requirements as specified by CMS.		
Change Rationale:	clarity and accuracy		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

COMMENT DETAILS #213			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	136	Section #:	17.1
Comment:	Physician Adoption- language reflects EMR not EHR		
Suggested Change:	Consider changing EMR to EHR for consistency.		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		

COMMENT DETAILS #213	
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	The physician adoption section has been modified to include some information from the 2010 HIT Practitioner Survey that directly addresses EHR adoption.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #214			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	136	Section #:	17.1
Comment:	Sentences beginning with "The percentage..." should end with a period.		
Suggested Change:			
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Delete comment

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #215

COMMENT DETAILS #215			
Submitter:	Kathleen Costello	Organization:	HHSC
Page #:	136	Section #:	17.1
Comment:	Under incentives there's a close parentheses where there should be a period. Also, you might want to specify that Medicare incentives are administered at the federal level and Medicaid incentives are administered through the state Medicaid agency		
Suggested Change:	Correct punctuation. Consider adding additional clarification about the Medicare and Medicaid Incentive programs		
Change Rationale:	correct typo and add clarity		

THSA STAFF RECOMMENDATIONS

<input type="checkbox"/>	Accept change as indicated by submitter
<input checked="" type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	After second sentence insert "These incentives will be administered by CMS under the Medicare program and by state Medicaid agencies under the Medicaid program."

THSA BOARD DIRECTIVES

<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #216

Submitter:	Joseph Schneider, MD, MBA	Organization:	Texas Medical Association
Page #:	136	Section #:	17.1
Comment:	In Section 3.4.5, THSA establishes a framework from EHR adoption, including elements related to incentives, quality, governance, technology and infrastructure, and communication strategy. With regard to communication strategy, TMA agrees that a "robust communication strategy" will need to be implemented in order to educate providers and promote EHR adoption and HIE participation.		
Suggested Change:	TMA, therefore, seeks clarification as to who will bear the costs for the contemplated outreach efforts.		
Change Rationale:	TMA notes that funds were not specifically allocated for physician and patient education. While Regional Extension Centers will do some of this for primary care physicians, specialist physicians and patients are not covered by their funding.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	Details of the robust communication strategy will be determined by the THSA in conjunction with local HIEs and other Texas HIT programs.
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #217			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	136	Section #:	17.1
Comment:	A significant gap in incentives is for behavioral healthcare providers that are not physicians. The Medicaid/Medicare EHR incentive programs do not support other care providers nor psychiatric hospitals. This gap creates a potential challenge in ensuring these providers will be connected to HIES and may impact healthcare delivery and the integration of physical and behavioral health care.		
Suggested Change:	Amend the document to reflect the absence of funding for certain professions and potential gap in service delivery/participation.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The THSA and other statewide HIT programs recognize this challenge, but the THSA does not believe that the HIE plan is the best opportunity to address this gap.

COMMENT DETAILS #217	
This issue is being discussed at the federal level.	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #218			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	136	Section #:	17.1
Comment:	Replace closed parenthesis with a period in the sentence that begins with "As part of that legislation, the HITECH Act...."		
Suggested Change:	Replace closed parenthesis with a period in the sentence that begins with "As part of that legislation, the HITECH Act...."		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	Delete comment.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #219			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services

COMMENT DETAILS #219			
Page #:	136	Section #:	17.1
Comment:	Replace the word "nation" with the word "state"... "There are currently four sanctioned and functional RECs that will offer providers across the state (not nation)..."		
Suggested Change:	Replace the word "nation" with the word "state"		
Change Rationale:			
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:			
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

17.2 Consumer Engagement

COMMENT DETAILS #220			
Submitter:	Gijs van Oort	Organization:	THIEC
Page #:	136	Section #:	17.2
Comment:	Clarity needed re joint effort on marketing between state and local/regional HIEs.		
Suggested Change:	Add to the list of particulars included in a communication plan (and to the discussion of Consumer Engagement), the following phrase: "joint efforts with the Texas HIE Coalition and regional/local HIEs and consistent and equal messaging and branding from both the state and local HIEs"		
Change Rationale:	Consistent messaging of equal branding weight will be important to successful marketing and communication in local communities.		
THSA STAFF RECOMMENDATIONS			

COMMENT DETAILS #220	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #221			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	136	Section #:	17.2
Comment:	Figure 23 should reflect that consumers, in addition to working with health care providers, should also have direct connection to Regional HIEs in terms of governance (privacy/security/funding/etc.)		
Suggested Change:	Alter figure to reflect change.		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below

COMMENT DETAILS #221	
Comment:	

17.4 White Space Approach

COMMENT DETAILS #222			
Submitter:	Troy Alexander	Organization:	Texas Department of State Health Services
Page #:	137	Section #:	17.4
Comment:	In the absence of local health departments or authorities, DSHS health service regions perform critical functions related to public health and preparedness, as well as working to reduce or eliminate health disparities in the state. Because of DSHS involvement in vast majority of white space and its existing relationship to Council on Government and RACS, DSHS is well positioned to either be the contract entity and/or assist with this function.		
Suggested Change:	Include bolded language regarding contracting for local HIE areas not covered. "Because of DSHS involvement in vast majority of white space and its existing relationship to COGS and RACS, DSHS is well positioned to leverage existing structure and framework to assist with the implementation of this function."		
Change Rationale:			

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	While the THSA would encourage a white space strategy that leverages existing infrastructure, the details of this RFP have yet to be developed and we would like to maintain flexibility in defining requirements.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #223	
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COMMENT DETAILS #223			
Submitter:	Lisa McQueen	Organization:	Initiate
Page #:	137	Section #:	17.4
Comment:	The draft strategic and operational plan seems to presume that current fledgling HIEs (those in stages 1-3) will succeed in maintaining or expanding their coverage and thereby reducing the amount of 'white space' in the state. Does THSA have a strategy for covering 'white space' that is created when an HIE fails?		
Suggested Change:	see comment		
Change Rationale:	25-50% of the early stage HIEs will fail		
THSA STAFF RECOMMENDATIONS			
<input type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input checked="" type="checkbox"/>	No change recommended by THSA staff		
Comment:	The staff draft acknowledges this issue and indicates that the THSA will develop a mitigation strategy and approach by January 2011 to ensure continuity of services in the event a local HIE fails. The contractor(s) for white space may be able to help cover new areas of white space if an HIE fails.		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

Appendix A: Glossary

COMMENT DETAILS #224			
Submitter:	Melinda Teel	Organization:	TxHIMA
Page #:	138	Section #:	Appendix A
Comment:	We also agree that common terms and definitions are necessary to support health information exchange and recommend that the term "authorization" be used to describe the necessary permissions prior to use and disclosure of health information since the term, "authorization" is consistent with the HIPAA privacy rule.		
Suggested Change:	We also agree that common terms and definitions are necessary to support health information exchange and recommend that the term		

COMMENT DETAILS #224	
	“authorization” be used to describe the necessary permissions prior to use and disclosure of health information since the term, “authorization” is consistent with the HIPAA privacy rule.
Change Rationale:	Consistent language with the HIPAA privacy rule to avoid confusion.
THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #225			
Submitter:	Patricia Gray	Organization:	Health Law & Policy Institute
Page #:	138	Section #:	Appendix A
Comment:	The Glossary should be expanded to include all acronyms used in the report.		
Suggested Change:	Include an explanation of all acronyms used in the report.		
Change Rationale:	Although most of the acronyms have an initial identification, the extraordinary number of them will be easier to understand if, when exhausted by their sheer volume, the reader just can't remember what NEDSS, OeHC, or EAB stand for.		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

Appendix F: HIE Functionality Score Card

COMMENT DETAILS #226			
Submitter:	Deborah C. Peel, MD	Organization:	Patient Privacy Rights Foundation
Page #:	163	Section #:	Appendix F
Comment:	The key HIE functionality to consumers belongs on the scorecard: measuring adherence with the right of consent, the right to segment data (as required in state law, 42 CFR Part 2, HITECH, and HIPAA), and the ability to share data selectively across HIEs and NHINs.		
Suggested Change:			
Change Rationale:	Otherwise the plan and plan policies violate American’s existing legal and ethical rights to privacy.		

THSA STAFF RECOMMENDATIONS	
<input type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input checked="" type="checkbox"/>	No change recommended by THSA staff
Comment:	The purpose of the score card is to identify the HIE services that will be provided in accordance with the FOA and PIN.

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #227			
Submitter:	Gijs van Oort	Organization:	THIEC

COMMENT DETAILS #227			
Page #:	163	Section #:	Appendix F
Comment:	Concern about use of HIE score card, not delineated		
Suggested Change:	Language should be added defining what the ScoreCard is to be used for, which should be advisory, not as criteria for funding HIEs. Language of scorecard should conform to Section 3.1.5, Table 4, which delineates which capabilities may be provided by HIEs and which by EMRs.		
Change Rationale:	Implies that the scorecard will be used for some type of scoring, without proper vetting or explanation. Also there is no information about how the document will be used or completed...will it evaluate the State's capabilities for health information exchange or will it evaluate the entities conducting HIE's or both?		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		
Comment:			

Appendix G: Environmental Scan Summary of Results

COMMENT DETAILS #228			
Submitter:	Kristin Jenkins	Organization:	DFWHC Education and Research Foundation
Page #:	165	Section #:	Appendix G
Comment:	Please make the following changes to reflect factual accuracy on the environmental assessment portion of our work at DFWHC ERF: page 128 - section 13.7: We have all payors, including NO PAYOR information for all claims. The list represented is incomplete. page 150 - section 13.18: Please change bullet 3. for us to "Competing business interests of participants and users might impede progress of HIE development and		

COMMENT DETAILS #228	
	sustainability." We do not believe personal agendas are in anyway involved in the HIE issues in our area.
Suggested Change:	page 128 - section 13.7: We have all payors, including NO PAYOR information for all claims. The list represented is incomplete. page 150 - section 13.18: Please change bullet 3. for us to "Competing business interests of participants and users might impede progress of HIE development and sustainability." We do not believe personal agendas are in anyway involved in the HIE issues in our area.
Change Rationale:	Factual accuracy
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #229			
Submitter:	Kristin Jenkins	Organization:	DFWHC Education and Research Foundation
Page #:	165	Section #:	Appendix G
Comment:	Please make the following changes to reflect factual accuracy on the environmental assessment portion of our work at DFWHC ERF: page 128 - section 13.7: We have all payors, including NO PAYOR information for all claims. The list represented is incomplete. page 150 - section 13.18: Please change bullet 3. for us to "Competing business interests of participants and users might impede progress of HIE development and sustainability." We do not believe personal agendas are in anyway involved in the HIE issues in our area.		
Suggested Change:	page 128 - section 13.7: We have all payors, including NO PAYOR information for all claims. The list represented is incomplete. page 150 - section 13.18: Please change bullet 3. for us to "Competing business interests of participants and users might impede progress of HIE development and sustainability." We do not believe personal agendas are in anyway involved in the HIE issues in our area.		

COMMENT DETAILS #229	
Change Rationale:	Factual accuracy
THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #230			
Submitter:	Sue Newhouse	Organization:	North Texas Medical Center
Page #:	165	Section #:	Appendix G
Comment:	We are not at the stages reported		
Suggested Change:	Financial Capacity – Funding and Support - Red River County/North Texas Medical Center p 137 - Planned and Current Operations funding - should be NO		
Change Rationale:	Represent data correctly		
THSA STAFF RECOMMENDATIONS			
<input checked="" type="checkbox"/>	Accept change as indicated by submitter		
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below		
<input type="checkbox"/>	No change suggested by submitter		
<input type="checkbox"/>	No change recommended by THSA staff		
Comment:	None		
THSA BOARD DIRECTIVES			
<input checked="" type="checkbox"/>	Staff recommendation approved by Board		
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below		

COMMENT DETAILS #230

Comment:	
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COMMENT DETAILS #231			
Submitter:	Sue Newhouse	Organization:	North Texas Medical Center
Page #:	165	Section #:	Appendix G
Comment:	We are not at the stages reported		
Suggested Change:	Environmental Scan Data – Red River County/North Texas Medical Center 2. Should be NO to Formal Board of Directors 3. Should be NO to Formal Op Com 4. Should be NO to Strategic Plan 5. Should be NO to Operating Plan		
Change Rationale:	Represent data correctly		

THSA STAFF RECOMMENDATIONS	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None

THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	

COMMENT DETAILS #232			
Submitter:	Sue Newhouse	Organization:	North Texas Medical Center
Page #:	165	Section #:	Appendix G
Comment:	We are not at the stages reported		
Suggested Change:	HIE Privacy & Security Red River County/North Texas medical Center - p 147 – all YES should be NO since we are in stage 1		
Change Rationale:	Represent data correctly		

THSA STAFF RECOMMENDATIONS

COMMENT DETAILS #232	
<input checked="" type="checkbox"/>	Accept change as indicated by submitter
<input type="checkbox"/>	Accept change as indicated by submitter with modification/comment indicated below
<input type="checkbox"/>	No change suggested by submitter
<input type="checkbox"/>	No change recommended by THSA staff
Comment:	None
THSA BOARD DIRECTIVES	
<input checked="" type="checkbox"/>	Staff recommendation approved by Board
<input type="checkbox"/>	Staff recommendation approved with the following modification/comment below
Comment:	