

TEXAS HEALTH SERVICES AUTHORITY

Synthesis of Responses to Request for Information

Original presented to the THSA Board on December 4, 2008
Edited for public release

Summary

The Texas Health Services Authority (THSA) was created through House Bill 1066 (H.B. 1066; 80R) to support the improvement of the Texas health care system by promoting and coordinating the electronic exchange of health information throughout the state to ensure that the right information is available to the right health care providers at the right times. The legislature did not appropriate any funds to the THSA. At the first meeting of the THSA board of directors on September 18, 2008, the board directed staff to release a request for information (RFI) to identify potential operational and financial models for the THSA. The RFI was released on October 6, 2008 and responses were accepted through October 31, 2008. Responses to the RFI were received from 28 different organizations and individuals including 17 health IT vendors, 4 systems integrators, 2 Texas professional associations, 2 Texas-based health IT consortia, 1 physician in private practice, 1 Texas state agency, and 1 national standards organization.

Review of RFI

The RFI included general information about the THSA and H.B. 1066, examples of potential operational and financial models, and specific questions about the operations and financing of the THSA.

RFI Outline

- Summary – Summary of RFI
- How to Use this Document – Answers to likely questions about the RFI
- Format of Responses – Instructions on responding
- Background – Background on the Texas Health Services Authority (THSA)
- Legislative Charge – Review of H.B. 1066, establishing the THSA
- Other Referenced Guidance – Description of relevant recommendations from the report of the Health Information Technology Advisory Committee as referenced by H.B. 1066.
- Potential Structures and Functions – Examples of potential governance and operations models for the THSA.
- Information Requested – Specific questions.

Specific Questions

Financing

- How should the THSA be funded?
- Are there any particular self-funding or “bootstrapping” models that the Board should consider from within health care, from other industries, or based on novel concepts?

Operations

- On which particular tasks should the THSA initially focus?
- What services should the THSA provide?
- What technical strategy or approach should be used?

Governance

- What role should the THSA play in coordinating health information technology and electronic health information exchange across the state?
- What additional subcommittees, workgroups, advisory committees, etc might be useful to the operations of the THSA?

Interactions

- How should any services provided by the THSA be funded?
- How should the financial, operational, and governance structures of the THSA interact, support each other, or otherwise interrelate?
- What is the feasibility of developing a service-delivery operational model, funded by transaction fees?
- What is the feasibility of developing a coordination/promotion operational model, funded by subscription or membership fees?

Summary of Responses

In addition to answering the specific questions included in the report, some of the responses addressed related issues and many of the responses also provided additional information about the responding organization’s activities, services, and products. The submissions fell into a couple of broad categories – some discussed health information exchange in general or a particular approach to health information exchange rather than addressing the specific questions in the RFI in much detail, while others included direct responses to the questions included in the RFI and tracked the structure of the RFI fairly closely.

Financing

A number of different potential funding mechanisms were proposed for the THSA. Most of the responses suggested some form of transaction or subscription fees. The following list captures the range of options suggested by respondents:

Industry investment

Members of a health care industrial sector (e.g., health plans, hospitals, etc) could agree to invest money into the infrastructure required to deliver HIE services through the THSA.

Membership/subscription fees

One or another class of participants/stakeholders in the health care sector could be charged membership or subscription fees for using the services of the THSA.

Transaction fees

One or another class of participants/stakeholders in the health care sector could be charged transaction fees for using the services of the THSA. Several respondents suggested that transaction fees, if charged to providers, could create disincentives for adoption/use.

Rebates

The THSA could receive rebates from a provider of HIE services based on the volume of transactions generated through a portal developed/administered by the THSA.

State appropriations

Some respondents suggested that the THSA should request direct state appropriations. (The THSA's enabling statute allows it to receive state appropriations.)

Donations

- Private
- Philanthropic

Operations

In addition to the specific questions about potential operational activities for the THSA that were included in the RFI, some respondents included additional information about security, connectivity, and ancillary services.

Data

The responses to the RFI included recommendations to exchange most types of data. The most frequently mentioned data categories were medication history, electronic prescribing, lab results delivery, demographic data (e.g., name, address, date of birth, etc.), and

administrative data (e.g., health plan eligibility and benefits.) Also mentioned were clinical notes, radiology images, and miscellaneous other types of orders.

Security

Although neither discussed in, nor an explicit question on the RFI, information security was discussed in many of the RFI responses with most recommending the use of strong security standards and protocols (e.g., SSL, 128-bit encryption, multi-factor authentication.)

Initial focus

The primary areas of initial focus recommended by respondents included:

- The development and operation of a HIE system, with most respondents who included this recommendation suggesting starting with medication history data, lab results, or administrative data (e.g., health plan enrollment and benefits.)
- Coordinating and promoting local HIE initiatives including fundraising, funding, and serving as a technical resource.

Services

The recommendations about services to be provided by the THSA included many of the same items recommended by respondents as areas of initial focus, generally with greater detail or larger scope. In addition to more broadly scoped variations on the recommendations for initial areas of focus, respondents also included the following suggestions:

- Most respondents suggested developing very broad HIE capabilities including exchange among all different types of providers and other stakeholders and the exchange of all different types of clinical, administrative, and demographic data.
- Some respondents also recommended different sorts of relationships between the THSA and local HIEs including the provision of technical and/or financial support.
- Other respondents suggested that the THSA could serve as a focal point for promoting the adoption of clinical health IT technologies such as electronic health records and electronic prescribing by providers.

Technical strategy

Most of the submissions from health IT vendors and integrators recommended using their products as the technical solution to the HIE problem/question posed by the RFI. Other key technical elements discussed in the submissions included the following:

- HIE data architecture – Those respondents that addressed the question of data architecture were fairly split between recommending a federated (distributed) or

centralized data model (e.g, centralized data repository, health record bank, or personal health record.)

- Gateway to NHIN – Some respondents suggested that the THSA could operationally serve as the gateway to the Nationwide Health Information Network that is being architected /developed under the aegis of the Office of the National Coordinator for Health IT.
- Ubiquitous interoperability – The technical strategies recommended by some respondents included integrating data from systems used by all providers throughout the state by developing numerous interfaces and enabling system-wide data sharing across all providers and other relevant stakeholders.
- State-level connectivity services – Some respondents recommended the development of system services at the state-level through the THSA to support HIE including a master patient index, record locator service, or statewide provider authorization and authentication service.

Governance

Of the respondents who addressed the governance-related questions in the RFI, most recommended a combination of advisory and operational committees or workgroups to support the work of the THSA board.

Advisory

Most respondents who addressed the governance questions recommended having some formal mechanisms through which stakeholders would be able to participate in the development and/or implementation of THSA policies and operations.

- Steering committee – Some respondents suggested having a formal steering committee composed of participants or stakeholders through which to solicit input.
- Stakeholder workgroup – Other respondents suggested that stakeholders could be incorporated into the process in more of an advisory role through a stakeholder workgroup.

Operational

Most respondents who responded to the governance questions suggested a number of different supporting committees to guide specific components of THSA operations. In many cases, the specific committees being recommended related to the particular operational models being recommended by respondents. The following operational committees were suggested by respondents (this list is inclusive of the most common suggestions and thus includes some committees whose jurisdictions would be overlapping or redundant):

- Administration
- Adoption
- Data standards and interoperability
- Education
- Finance/budget/fiduciary
- Medical
- People/process/technology
- Performance evaluation and oversight
- Policy/legislative
- Privacy/security/authentication
- Stakeholder relations
- Stakeholder/consumer
- Sustainability
- System architecture
- Technical/technology

Potential Roles

Most of the responses to the RFI either explicitly or implicitly delineated certain roles for the THSA to play within the Texas health care sector. The following list represents the primary roles for the THSA as suggested by respondents:

Statewide HIE services

Most respondents suggested one or more ways that the THSA could provide or support HIE services.

- Direct operations – Although some respondents suggested broadly deploying bi-directional HIE across all types of providers, facilities, and other health care stakeholders, this sort of structure and scope seems unrealistic given the size of the state, the number of providers, the number of distinct medical trading areas, and current levels of clinical automation. Some respondents did, however, recommend certain HIE functions that might reasonably be delivered at the state level, such as medication history delivery or clinical patient summary delivery through a common web portal or similar mechanism.
- Support functions – Other state-level HIE support functions such as development and operation of a master patient index, record locator service, or common provider authorization and authentication service could support the exchange of health information by both the THSA and local HIE initiatives. These support functions could also facilitate the exchange of health information between local HIE initiatives.

Local HIE support (coordination and promotion of local HIE initiatives)

Some respondents suggested that the THSA could provide some HIE functions at the state level but that most HIE would necessarily take place at the local level. These respondents generally suggested that the THSA should support local HIE initiatives (i.e., RHIOs) in one of several ways.

- Financial support – Although the THSA is not currently in a position to provide financial support to local HIE initiatives, some respondents suggested that, if the financial situation of the THSA were to change in this respect, that it should provide financial support to local HIE initiatives.
- Coordination – Some respondents suggested that the THSA should serve as a convener, organizer, and coordinator for local HIE initiatives and, in so doing, provide the focal point for the development of policy at the state level as it relates to local HIE initiatives.
- Technical support – Some respondents suggested that the THSA could provide technical support to local HIE initiatives that are at early stages of operations.
- Governance and oversight – Some respondents suggested that the THSA could serve a governance and oversight role for local HIE initiatives.

HIT adoption (coordination and promotion of HIT adoption)

Some respondents recommended strategies through which the THSA could promote the adoption of clinical health IT tools such as electronic health records and electronic prescribing.

- Coordination of incentives (e.g., all-payer initiatives) – The THSA could serve as the coordinating body to implement a health IT adoption program funded by all major payors in the state.
- Financial support – Although the THSA is not currently in a position to provide direct financial support to health care providers and facilities to facilitate adoption of clinical HIT, some respondents suggested that, if the financial situation of the THSA were to change in this respect, then it should provide financial support to providers and facilities.

Standards (development and promotion of standards for data exchange, privacy, and security)

- Data standards – Although several federal initiatives are actively developing and identifying data standards to be used for HIE nationwide, there may be a supporting role that the THSA could play by educating stakeholders on these standards, encouraging their use, and participating in the federal process.
- Privacy and security standards – With respect to privacy and security, there is less standardization of policy and practice, the federal initiatives to promote health IT are not as active, and federal and state laws interact to form an often confusing operational landscape. The THSA could provide technical assistance to providers, facilities, and local HIE initiatives with the development of privacy and security policies and could work with state policymakers to rationalize the patchwork of medical privacy laws currently in place.