



# The Office of the National Coordinator for Health Information Technology

## Texas Health Information Technology Strategic and Operational Plan Profile

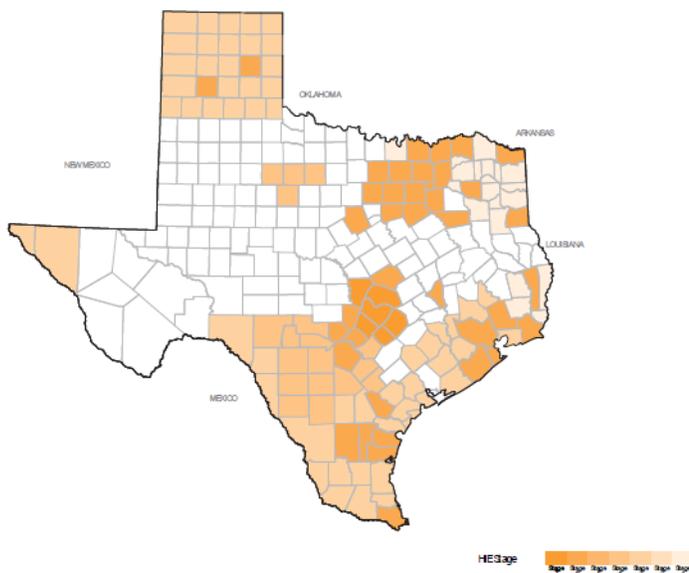
### Overview

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

A representative survey of practitioners and hospitals was undertaken to establish baseline adoption and utilization rates for Electronic Health Records (EHRs) and Health Information Exchange (HIE) in the state. Early findings point to 12.7 percent of practitioners and 22.4 percent of hospitals participating in some form of HIE in Texas.

To capture the current HIE landscape and gaps, Texas performed an environmental scan of the state and existing exchange organizations. In response to the survey of existing exchange entities, 28 percent of respondents reported that they were actively exchanging data (results of the survey were not audited). A key finding was the identification of a large geographic white space that lacks coverage by existing HIEs (see figure 6). These white space areas are generally characterized by low population density. In addition, significant gaps were identified in lab connectivity, pharmacy connectivity, and the availability of network services that can support clinical summary exchange.

Figure 6: Texas HIEs by maturity and geography



**State:** Texas



**HIT Coordinator:**  
Stephen Palmer

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

**Contact:**  
Stephen Palmer  
[stephen.palmer@hhsc.state.tx.us](mailto:stephen.palmer@hhsc.state.tx.us)  
512-487-3308

**Website:**  
<http://www.hhsc.state.tx.us/hhsc/projects/oehc/index.shtml>

**Other Related ONC funding in Texas:**

Health Information Technology Regional Extension Centers (RECs):  
CentrEast REC, North Texas REC (NTREC), University of Texas Health Science Center (GCREC), West Texas (WT-HITREC):  
\$35,709,106



## Model and Services

Texas has a three-pronged approach to enabling HIE across the state and filling identified gaps: 1) core services, 2) local HIEs, and 3) white space coverage. The first prong is the establishment of general state-level operations, which will enable the establishment and operation of statewide HIE capacity. HHSC and THSA will identify and implement these state-level operations through the:

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



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## Highlights

- **Local HIE grant program:** The second prong of the Texas approach to enabling HIE includes a competitive grant program, which will be established to leverage existing local HIEs and expand their capacity. Grants will be awarded to all qualifying HIEs to:
  - Develop plans for upgrading or implementing local HIE infrastructure to deliver core HIE services and implement required policies and standards;
  - Upgrade or implement local HIE infrastructure to deliver core HIE services, expand provider and hospital participation, and implement required policies and standards; and
  - Monitor and evaluate local HIE impact to inform sustainability planning.

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

- **White space coverage:** For geographic areas and providers that lack coverage through the local HIE grant program, Texas will develop an RFP and select one or more entities to provide HIE services to the white space. Respondents can propose to cover some or all of the white space and eligible entities might include vendors, local HIEs, RECs, or others with the required technical capabilities. Proposals will be evaluated for quality, cost, readiness, coverage, and stated willingness to deliver core services, implement required policies and standards for local HIEs, and participate in program evaluation. In addition to meeting the requirements to enable the core HIE services, contractors in the white space will be required to support point-to-point connectivity through the NWHIN Direct standards.



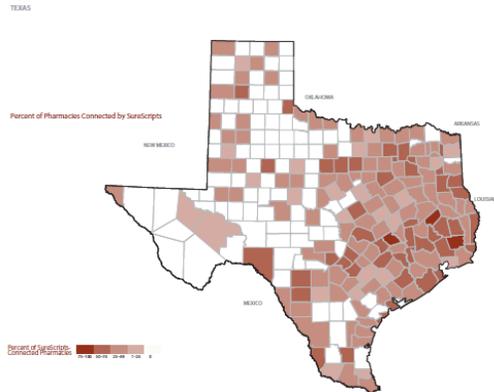
# Meaningful Use

## Landscape

### E-Prescribing

The environmental scan noted that approximately 15% of Texas providers are writing electronic prescriptions. The following map displays the percentage of pharmacies connected in each county in Texas.

Figure 13: Percent of pharmacies in Texas activated on the SureScripts network



As of 2011, an estimated 90% of pharmacies in local HIE areas and 85% of pharmacies in white space areas are on the SureScripts network.

## Strategy

Texas' central strategy is to require local HIE grantees and white space contractors to develop strategies to address gaps in pharmacy connectivity. They anticipate that increasing demand for these services at the local level will be the most effective way to speed unconnected pharmacy adoption.

The variety of strategies implemented at the local level will be used to inform action at the state level as well, should further efforts become necessary. THSA is also working with the Texas Hospital Association and Texas Pharmacy Association on strategies to automate and connect hospital-based pharmacies.

### Structured Lab Results

Based on an analysis of Medicaid labs and a hospital survey, Texas estimates that between 25 – 50% of lab services in Texas are able to receive orders and send results electronically in some form.

Texas' central strategy is to require local HIE grantees and white space contractors to develop strategies to address gaps in lab connectivity. They anticipate that increasing demand for these services at the local level will be the most effective way to speed unconnected lab adoption.

The variety of strategies implemented at the local level will be used to inform action at the state level as well, should further efforts become necessary. To address white space, NwHIN Direct standards will be implemented. This will enable point-to-point exchange and facilitate the exchange of labs.

At the state-level, THSA will work to create a common approach to provider directories, which could be leveraged with NwHIN Direct standards to assist in routing labs to their appropriate destination. THSA is also working with the Texas Hospital Association and Texas Pharmacy Association on strategies to automate and connect hospital-based labs.



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**Patient Care  
Summary**

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

As of 2011, an estimated 33% of physicians and 49% of hospitals in local HIE areas were affiliated with a local HIE. No providers in white space areas were receiving NwHIN Direct connectivity services.

Texas' central strategy is to require local HIE grantees and white space contractors to develop strategies to address gaps in network services. They anticipate that increasing demand for these services at the local level will be the most effective way to increase the availability of network services that can deliver patient care summaries.

The variety of strategies implemented at the local level will be used to inform action at the state level as well, should further efforts become necessary. For white space areas, NwHIN Direct standards will be implemented. This will enable point-to-point exchange and facilitate the exchange of patient care summaries between unaffiliated organizations.

At the state-level, THSA will work to create a common approach to provider directories, which could be leveraged with NwHIN Direct standards to assist in routing patient care summaries to their appropriate destination.

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# HIE Inventory

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

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at:

<http://statehieresources.org/>



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