Texas Statewide Health Coordinating Council
Meeting Minutes

HHSC – MHMR Center
909 W. 45th St., Building II, Room 164
Austin, Texas 78751
Thursday, May 9, 2013
10:00 a.m.

1. **Chairman's Welcome and Introductions**

   Mike Ragain, M.D., Chair convened the meeting at 10:05 a.m.

2. **Establish a Quorum – Roll Call and Approve Excused Absences**

   Chairman Ragain asked the SHCC members to introduce themselves for the record. A quorum was present.

   Members Present

   Mabrie Jackson

   Ayeez Lalji, D.D.S.

   Elva Concha LeBlanc, Ph.D.

   Danny McCoy, M.D.

   Elizabeth J. "Betty" Protas, Ph.D.

   Mike Ragain, M.D., Chair

   Olga Rodriguez, M.P.A.

   Nancy Walker

   Bob Yancy

   Excused Absences

   Chris Adams

   James Alexander, Ph.D.

   Richard Beard, R.N.

   Abigail Blackburn, D.C.

   Davidica Blum

   Fred Brinkley, R.Ph.

   Lourdes Cuellar, R.Ph.

   Stacey Silverman, Ph.D.

DSHS Staff Present

Ann Barnett, MS; Pam Lauer, MPH

Guests Present

Jimmy Blanton, Matt Ferrara, and Lisa Kirsch, all from HHSC, were in attendance and made presentations to the council.

Approval of Excused Absences

The Council approved the above excused absences by unanimous voice vote.

3. **Approval of February 7, 2013 Meeting Minutes**

The meeting minutes from February 7, 2013 were approved.

4. **Discussion of the 83rd Legislative Session**

- It was reported that HB595 passed but had been amended to remove language that would have abolished the Council.
- Dr. Ragain raised discussion of the 1115 Waiver Program, a topic which Lisa Kirsch spoke on later in the meeting. Ms. Rodriguez reported that $29 billion will be awarded under this program with the majority going to hospitals, 10% to LMHAs, 10% to university medical centers, and 5% to local health departments. Dr. Ragain proposed that 1115 Waiver Program innovators may be candidates for future presentation to the SHCC.
- Dr. McCoy spoke on the federally-mandated insurance exchanges, noting that Texas will not be designing its own exchange but rather relying on the federal exchange The type of exchange used in Texas was thought likely to be a clearinghouse-style exchange as opposed to a directed exchange for which the state negotiated products and prices. The exchange was expected to go live on October 1, 2014. Dr. McCoy stated that roughly 48% of Texas' citizens are expected to meet income qualification for federal subsidies through the exchange. Dr. McCoy predicted there may be problems in the rollout of the exchange on likened it to Medicare Part D.

5. **HHSC Presentations**

- Mr. Blanton presented information about the Texas Institute of Health Care Quality and Efficiency (IHCQE) and stated the Institute's goals as promoting transparency in the health care system and promoting innovation in organization and payments of Texas' health care system, with a specific interest in highlighting integrated models.

- Mr. Ferrara presented on Healthcare Quality Analytics, Research, and Coordination Support. He described this group's interest in ensuring efficiency in delivery of Medicaid and CHIP programs, its work with the Quality-based Payment Advisory Committee for Medicaid and CHIP , and its support of the IHCQE and its workgroups.
- Ms. Kirsch provided an overview of HHSC's 1115 Medicaid Transformation Waiver program, noting that it would distribute $29 billion dollars through two efforts while still allowing for the expansion of managed care services. $17.6 billion would be spent to help hospitals account for uncompensated care costs incurred by low-income, uninsured patients and to supplement Medicaid payments. $11.4 billion will be granted to programs seeking to develop improvements and innovation in health care and its delivery system.

6. SHCC Agency Representatives' Reports

- Ms. Walker stated that much of her recent work had been dedicated to SB7 (83rd Regular Session) which moved administrative services and reports into managed care organizations. HHSC had also been working on subjects covered by the presentations already given. Finally, SB143 would have expanded physician residency program and provided incentives to encourage physicians to participate in Medicaid and the Women's Health Program.
- Ms. Rodriguez reported that a primary care expansion for women was approved to cover about 170,000 women over the biennium. This effort would seek to utilize new providers in addition to current DSHS contractors and should save Texas Medicaid significant money in this and future biennia. It was also stated that significant mental health expenditures would be made by the Legislature and administered through DFPS and DSHS. DSHS had been preparing to the launch of the private insurance exchange by the federal government and it was mentioned that DSHS already oversaw over 20 safety net programs. Finally, Ms. Rodriguez stated that DSHS was now engaging in considerable analytics work and that DSHS had beaucoup datasets.

7. Texas Center for Nursing Workforce Studies Report

Ms. Lauer presented an update of the Texas Center for Nursing Workforce Studies' recent activities and publications.

8. **Health Professions Resource Center Report**

The position of director of the Health Professions Resource Center was then vacant. Ms. Lauer informed the Council of DSHS' efforts to provide necessary data collection and processing until the position was filled. It was mentioned that future reports to the SHCC might delve into HPRC data.

9. **Project Director's Report**

The position of project director of the Statewide Health Coordinating Council was then vacant. Ms. Barnett provided an update on the progress in replacing the former project director.

10. **Administrative Items and Next Steps**

- There was some discussion on how future Council meetings should include briefings or presentations on HPRC workforce data. Interest was also expressed in having a health information technology (HIT) presentation by the head of HHSC's HIT coordinator.
- Mr. Yancy requested a brief report on the Council's budget be provided at the Council's next meeting.
- Ms. Rodriguez encouraged the Council to work on the identification of specific topics on which it could issue its reports and recommendations. Dr. Ragain suggested that a chief concern of the Council should be on efforts leading to cost improvements through data use. Thus, he suggested a Council interest in Texas' value-based care programs and health care access issues.

11. **Public Comment and Adjournment**

No public comments were made and the meeting was adjourned at 2:11 p.m.