



State Health Services Council Work Session

Department of State Health Services (DSHS)

909 West 45th Street, Austin, Texas

Building 2, Public Hearing Room 164

June 12, 2013

1:00 p.m.

Council Members Present

Ms. Glenda Kane, Chair, Corpus Christi
Dr. Kirk Calhoun, Tyler
Dr. Louis Foxhall, Houston
Dr. Jacinto Juarez, Laredo
Rev. William Lovell, Dallas
Dr. Jeffrey Ross, Houston – arrived 2:30 p.m.
Dr. David Woolweaver, Harlingen

Council Members Not Present

Mr. Nasruddin Rupani, Houston
Ms. Maria Teran, El Paso

Visitors:

Jana Blasi	Texas Association of Community Health Centers (TACHC)
Jose E. Camacho	TACHC
Veronica DeLaGarza	American Diabetes Association
Emily Edwards	Georgetown
Heather Fleming	House Appropriations
Andria Franco	Office of the Governor
Lisa Golden	Texas Diabetes Council
Cynthia Humphrey	Association of Substance Abuse Programs
Tom Keenan	
Katharine LiGon	Center for Public Policy Priorities
Klaus Madsen	Population Health Institute of Texas
Kyle Marro	Hillco Partners
Janet Paleo	Texas Council of Community Centers
Jason Ryan	Texas Diabetes Council
Holly Turner	
Denise M. Walraed	

Call to Order – Council Chair, Glenda Kane called the meeting to order at 1:07 p.m.

1. Diabetes Trends and Interventions – Roger Faske and Richard Kropp of the Diabetes Program, Disease Control and Prevention Services Division (DCPS), provided an overview of the program and a presentation on diabetes trends and interventions. Dr. Victor Gonzales, Texas Diabetes Council Chair, discussed efforts being taken by the Diabetes Council and proposed diabetes related riders from the 83rd Legislative Session. Mr. Faske also introduced Dr. Lisa Wyman, medical research specialist and manager of the Office of Surveillance, Evaluation and Research. Rachel Samsel, DSHS Center for Program Coordination and Health Policy, provided information on the Texas Transformation 1115 Waiver. Alexander Melis, Health and Human Services Commission Medicaid/CHIP, provided information on the impact of diabetes on the Medicaid population. These presentations can be found at: <http://www.dshs.state.tx.us/council/agenda.shtm>.

Council members had the following questions and comments:

- Ms. Kane – At what age do elevated glucose levels and pre-diabetes happen?
- Dr. Foxhall – How does metabolic syndrome fit into the diagnosis of prediabetes?
- Ms. Kane – What are we doing to address Texas Behavioral Risk Factor Surveillance System (BRFSS) discrepancies from actual diagnosis results?
- Dr. Woolweaver – Does the reference to high blood pressure on slide 15 refer to treated or not treated high blood pressure?
- Ms. Kane – Blood pressure is driven by weight; the correlation is Body Mass Index (BMI) and BMI is driven by weight. There is a direct correlation between diabetes, weight, BMI and diet. If we are going to gather statistics, we need to indicate relevance and show the bigger picture.
- Dr. Calhoun – Does slide 16 refer to diabetes as a contributing cause or primary cause of death?
- Ms. Kane – Requested a map of regions showing counties at next work session.
- Ms. Kane – How much does diabetes cost per year in Texas?
- Ms. Kane – Are community-based projects funded in both rural and urban areas?
- Dr. Juarez – Who qualifies or can participate in community-based diabetes projects?
- Rev. Lovell – How do we support these 17 community-based projects?
- Ms. Kane – How many people do we reach through these community based projects?
- Dr. Calhoun – Please discuss efforts to reach uninsured, underinsured, and Medicaid recipients?
- Dr. Calhoun – How much of the Medicaid budget is tied up in diabetes costs?
- Dr. Foxhall – Diabetes cannot be considered under one categorical complex. Diabetes also translates into increased risks and poor outcomes from cancer and cardiovascular diseases.
- Ms. Kane – Is there a repository or report that lists all the diabetes programs in the state? Is there an annual meeting where all diabetes programs get together to discuss services? We need to inventory state assets to find out what programs are available.
- Ms. Kane – Is it appropriate to have sponsorship of the materials that go out, so that we do not have to pay for the materials?
- Ms. Kane – If we could change anything with outreach, what could be changed to provide better outcomes? Response: Get people into evidence-based programs and self-management education before and soon after the diagnosis of Type 2 diabetes.
- Ms. Kane – Our workforce is not very large, unable to accommodate all that needs to be done.
- Dr. Calhoun – Diabetes is the single most frequent diagnosis for Medicaid.
- Ms. Kane – Requested a copy of the statistics provided by Dr. Gonzales.
- Rev. Lovell – Thanked Dr. Gonzales for collaboration and communication.
- Ms. Kane – Asked that Dr. Gonzalez periodically attend council meetings and be on the agenda again.

- Dr. Juarez – Concerned that in schools, teachers should lead by example, eating healthy and displaying the qualities that they are teaching students. Regarding ads, in order to put a face on diabetes, we need to show persons with diabetes before complications develop, not just after they have serious complications.
- Dr. Foxhall – We need to continue to focus on coordination among programs. Diabetes is a serious health problem driven by poor diet, inactivity, and the way environment is structured.
- Dr. Calhoun – Is there a plan to take the A1C data collection program statewide?
- Dr. Calhoun – Can you forward the Council members a copy of the regional map?
- Dr. Foxhall – Is the Diabetes Council looking at false markers for A1C determinations?
- Dr. Foxhall – Guideline Advantage is a collaboration between American Diabetes Association, American Heart Association and American Cancer Society that uses data collection, analysis and feedback to translate prevention and treatment guidelines into practice. They are applying for a grant through the Patient Centered Outcomes Research Institute (PCORI). Would Diabetes Council be open to discussing opportunities?
- Ms. Kane – Indicated that she would like to attend next meeting of Diabetes Council. Need to talk to partners about nutrition program for outreach to convenience stores, truck stops, etc.
- Rev. Lovell – Suggested continued collaboration between the State Health Services Council and the Diabetes Council.
- Ms. Kane – Suggested a work group and appointed Rev. Lovell chair; Dr. Foxhall will work with him on the work group.

Public comment provided by Denise Walread with GoingNonStop. Diabetes can be attributed to familial association or lifestyle. She said she has been pursuing solutions for the past ten years, working with the President’s Council on Physical Fitness, to develop a program that is outcome-based. The program tracks outcomes using an online rewards based program. All information collected is entered into database for tracking purposes. She discussed successful program outcomes and use of strategies that resonate with children. She asked for guidance and expertise from the Council.

Council members had the following questions and comments:

- Dr. Ross – Have they approached the Texas School Health Advisory Committee about collaboration?
- Dr. Ross – Do they incorporate Fitnessgram?
- Dr. Ross – What are the incentives or rewards for child participation?
- Dr. Woolweaver – Where does their principle funding come from?
- Dr. Juarez – Do they work with pre-school children and day care centers?

Break at 3:30 p.m.; reconvened at 3:50 p.m.

2. Rules scheduled for action by the Council on June 13, 2013. (Comments will be taken with each rule discussion for the following rules.)
 - a. Amendments to rules concerning the provision of primary health care services in Texas. Evelyn Delgado introduced the rule and Imelda M. Garcia provided the rule overview.

Council members had the following questions and comments:

- Dr. Ross – Who are some of the stakeholders and are there any medical groups involved? Imelda Garcia will provide Dr. Ross with a complete list of stakeholders.

- Dr. Ross – What input was provided on prevention versus intervention?
- Dr. Ross – Will they be doing breast and uterine screening also?
- Dr. Foxhall – Two of the district projects that have been approved include mobile mammography breast screening and colorectal screening.
- Ms. Kane – This has been a very cumbersome process based on outside factors. The group did a very good job and this will end up being a very important program. Expressed concerns with colorectal screening. Screening is important, but getting people to be compliant is a difficult issue. Where do they go if the test is positive?
- Ms. Kane – It is important that women feel safe and have respect. We cannot be one size fits all in this state, due to diversity. When the final network is set up, need to take diversity into account and make sure it is not so prescriptive that it defeats the intent. Also need to build a workforce that can accommodate the needs.
- Dr. Calhoun – How much additional money was appropriated for this project?
- Dr. Juarez – How will the new immigration bill affect this program?
- Dr. Woolweaver – How will the Affordable Care Act affect this program?

José E. Camacho, Executive Director and General Counsel of the Texas Association of Community Health Centers, provided public comment. He provided a handout with recommended changes to the rules.

- b. Repeal of a rule concerning the Texas Organ, Tissue, and Eye Donor Council. Evelyn Delgado introduced the rule and Carol Labaj provided the rule overview.

Council members had no questions and comments:

There was no public comment.

- c. Amendments to rules concerning the care of animals by circuses, carnivals, and zoos. Janna Zumbrun introduced the rule and Tom Sidwa provided the rule overview.

Council members had the following questions and comments:

- Dr. Calhoun – Will skunk rabies bait drop prevention be distributed statewide?
- Ms. Kane – Inquired about rabies within the opossum population.
- Ms. Kane – What are symptoms and how does Tularemia present?
- Dr. Juarez – Inquired about rabies within raccoons.
- Dr. Woolweaver – Inquired about animals that are susceptible to rabies. Where is the focus of bait drop prevention efforts?
- Dr. Juarez – Asked for the definition of circuses, carnivals and zoos as it related to the rules.

There was no public comment.

- d. Repeal of rules and new rules concerning mental health rehabilitative services. Mike Maples introduced the rule and Perry Young provided the rule overview.

Council members had the following questions and comments:

- Dr. Juarez – Regarding employment criteria relating to education received in a foreign college or university, the rule would require that the candidate submit to DSHS for approval an evaluation of course work.
- Dr. Ross – Can we ask institutions that train physicians assistants to include mental health training?
- Dr. Foxhall – There was a bill passed this session which described scope of practice for physician assistants. We must make sure that we are consistent with intent of bill.
- Ms. Kane – Has a concern that the Council Agenda Memo (CAM) states that DSHS declined to make a change in response to a suggestion to allow skills training and some other rehabilitative services to be provided through electronic media rather than face-to-face. The reason stated was that rehabilitative services are most effective when provided in person; however, research indicates that telemedicine can be as effective as face-to-face in many situations, including crisis intervention services. Mr. Maples and Mr. Young clarified the types of services considered in these rules as rehabilitative services.
- Ms. Kane – There needs to be more detailed definition for the types of rehabilitative service addressed in these rules. Need to make reference to life skills.
- Dr. Calhoun – Language in the CAM needs to be tweaked to better identify types of rehabilitative services. Do not want to discourage telemedicine.

Kirk Cole asked the program to look at whether the CAM statement is too broad for what is actually in the rule. Lisa Hernandez explained that, if the program can make the revisions by the meeting on June 13, this item can be removed from the consent agenda in order to be discussed further and voted on separately. Mike Maples said that the program can clarify the intent of rule and present it at the Council meeting.

There was no public comment.

3. Rules Planned for Action at a Future Council Meeting (Public comments will be taken with the rule discussion for the following rule.)
 - a. New rules concerning regarding a Home and Community-based Services (HCBS) Program for individuals with extended tenure in state mental health facilities. Dena Stoner provided the rule overview.

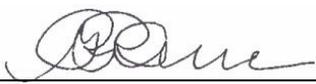
Council members had the following questions and comments:

- Dr. Calhoun – Who will be providing these services?

There was no public comment.

4. General Public Comment – Chair, Glenda Kane asked for general public comment. There was no general public comment.

Adjourn – Chair, Glenda Kane adjourned the meeting at 5:12 p.m. The Council will reconvene at 9:00 a.m. on Thursday, June 13, 2013.



 Glenda Kane, Council Chair

August 29, 2013

 Date