



State Health Services Council Work Session

Department of State Health Services (DSHS)

Robert E. Moreton Building, M-739

1100 W. 49th Street, Austin, Texas

April 28, 2010

Minutes

Council Members Present:

Ms. Glenda Kane, Chair – Corpus Christi
Dr. David Woolweaver – Harlingen
Ms. Graciela Cigarroa – San Antonio
Dr. Jeffrey Ross – Houston
Ms. Beverly Barron – Odessa
Dr. Kirk Calhoun – Tyler – 3:45 p.m. arrival

Council Members Not Present:

Mr. Nasruddin Rupani – Sugar Land
Dr. Lewis Foxhall – Houston
Dr. Jacinto Juarez – Laredo

Visitors:

Stephen Palmer, HHSC
Elizabeth Sjoberg, Texas Hospital Association
James Willman, Texas Nursing Association
Joel Hipp, Hobart Corporation
Charles Harrison, ATCIC
Haley Cornyn, Hillco Partners
Nancy Fisher, Texas Association of Local Health Officials
Elizabeth Sjoberg, Texas Hospital Association
Matt Wall, Texas Hospital Association
Dianna Sosa, Governor's Office
Natasha Boskin, HHSC
Starr West, Texas Hospital Association
Jim Willmann, Texas Nurses Association

Call to Order – Glenda Kane, Council Chair, called the meeting to order at 2:37 p.m.

- a. Briefing on Office of e-Health Coordination and Health Information Exchange – Stephen Palmer, Director of the Office of e-Health Coordination with HHSC provided information on advancements in Health Information Technology and the Health Information Exchange system. The full presentation is available at [HIT presentation](#).

The following questions were asked:

- Who is standard enforced by? – Enforcement is largely under federal authority, Office of Civil Rights (OCR) is provided the authority to enforce Health Insurance Portability and Accountability Act (HIPAA) laws; however, in some instances OCR is able to delegate authority to the State Attorney General on some issues.
 - How do Regional Health Information organizations coordinate information? – They are largely funded by the hospitals to educate on care for the uninsured. Also, payors may play a significant role due to their investment.
 - What is the sustainability of the program with grant money? – Funds are distributed from four or five grant programs over 4-5 years. Part of the transition is planning sustainability during planning exercise. The program is incentivizing physicians to ensure sustainability.
- b. Adolescent Health Briefing – Substance Abuse Services – Ross Robinson with Mental Health and Substance Abuse Services Division provided information on Adolescent Health and Substance Abuse services. At a previous Council meeting, Council members expressed an interest in learning more about the status of adolescent health in Texas and the services that are available. Due to the extensive nature of this topic, this is the first of several presentations that will be provided. Today's presentation can be found at [MHSA Presentation](#).

Discussion: The following comments were made and questions were asked:

- What percentage of these adolescents are in the Texas Youth Commission system? – The figures that are being presented do not reflect TYC. That is a different population.
*Action Item – Ross Robinson will get these figures for Ms. Kane
- How many of adolescents who enter this program are pregnant?
*Action Item – Ross Robinson to get information to Ms. Kane.
- Less than 70% of adolescents complete the entire program; less than 68% follow up with DSHS and the program once they have completed the program. How do we get higher completion and follow up rates? – In upcoming discussions we will look at performance measures and determine how we can encourage and provide assistance to providers with follow up and increase completion rates.
- Adolescents are already offenders at age 12 (5th grader); it is incumbent upon us to start intervention in 3rd grade or earlier. Children are also getting pregnant at 10 and 11.
- We have started earlier intervention and education for the last 25 years. In the early 1980's we started intervention with early elementary school, but rates have not gone up or down. What has the department found as far as stagnation of numbers? – What we find is a significant reduction in tobacco use, and in some drug categories, a 1-2% decrease, but marijuana seems to be the drug of choice and the rates have held steady. There is a correlation of those using tobacco and other drugs. There has been some success with prevention in tobacco use. Enforcement of minors in possession of tobacco is having an impact on usage in other areas. We are looking at programs in diversion, particularly targeting border areas. There was a period of time when drug use levels went down dramatically. At that time, national emphasis was on underage use and abuse. It is hard to do this in any state when there is not a strong and consistent message on state and national level.

- One thing we know now is that marijuana use affects the gene level forever. It is important to the process to discuss these issues in the Headstart programs and begin integrating into preschool programs.
- Is smoking prevention leading to marijuana use and substance abuse prevention?
- What is the percentage of kids abusing prescription drugs?
*Action Item – Ross Robinson will get this percentage figure to Council.
- Dr. Ross made the suggestion to use School Health Advisory Councils (TSHAC) for drug, tobacco and substance abuse prevention education. – DSHS has regional advisory councils that do work in conjunction with TSHAC to provide education. Dr. Ross indicated he would raise this issue as part of the amendments later.
- Can we work with private corporations to provide scholarships to kids who do not smoke? Also can we look to cities for piloting opportunities – Ross Robinson indicated he is willing to consider taking this suggestion to stakeholders.
*Action Item – Ross Robinson will get back to Council with a response.
- Alcohol and tobacco use linked to disease later in life.
- Are any of these programs linked to the proposed budget cuts? Not at this time. Dr. Lakey explained that we tried to hold harmless any community services and preventive services during the budget reduction request.
*Action Item – Glenda Kane asked that the several Council members and the program meet in June to brainstorm further on these issues.

Break 4:00

Return 4:17

- c. Rules Scheduled for Action by Council on April 29; public comments were taken with each rule discussion for the following rules.
 - a. Amendments to rules concerning the provision of epilepsy services in Texas. Evelyn Delgado introduced the rule and Jan Maberry provided the rule overview.
 - Discussion: No questions
 - Public comment – None

Kathy Perkins introduced the following rules from the Regulatory Services Division and said that all rule revisions being considered are the result of legislation regarding the regulation of health care facilities. DSHS is charged with implementing these rules from last legislative session.

- b. Amendments to rules and a new rule concerning the regulation of general hospitals. Kathy Perkins introduced the rule and Beth Pickens provided the rule overview.
 - Discussion: How much of this cost is covered by general revenue and how much is covered by fees?
 - Kathy Perkins will obtain this cost information and provide to Ms. Kane and Council.
 - At the last Council meeting staff was asked to follow up on the question of impact on rural hospitals. Staff has researched and found no impact that has been determined.
 - What is the procedure for follow up on retention of medical records? Do we type DNA before prisoners are released to know if they offend again? It is the women's prerogative to report the crime or not, and if evidence is reported or not.

- With the advent of electronic medical records, even though forensic evidence is only held for two years, the electronic evidence, information and results are available for a longer time.
 - If the victim does not report the crime, the evidence will not be tested. Information is available if a kit was used, but it is not tested unless the victim reports the crime. There is also an issue of tying together information gathered, and evidence documenting the crime depending on where the victim goes for care and follow up. Information will be in the medical record in the facility where the woman goes for care.
 - Public Comment – Elizabeth Sjoberg – Texas Hospital Association will be hosting a stakeholder meeting, they will invite Ms. Kane. James Willman, Texas Nursing Association, also provided favorable comment on the proposed rules.
- c. Amendment to a rule concerning the regulation of psychiatric hospitals and crisis stabilization units. Kathy Perkins introduced the rule. Beth Pickens provided the rule overview.
 - Discussion: No discussion
 - Public comment: No public comment
- d. Amendments to rules concerning the regulation of ambulatory surgical centers. Kathy Perkins introduced the rule and Beth Pickens provided the rule overview.
 - Discussion: What is the rule about hospitals cleaning hospital rooms? Is there a specific criterion that must be met? – The hospitals are required to have policies in place. We do not dictate that a hospital room needs to be cleaned every day, but that the hospitals have infection control standards.
 - The four year review of this rule comes up next year. DSHS will hold multiple stakeholder meetings. Council will be advised of times and agendas.
 - Public comment: None
- e. Amendments to rules and a new rule concerning the donation of unused drugs and the licensing of wholesale distributors of prescription drugs, including good manufacturing practices. Kathy Perkins introduced the rule and Karen Tannert provided the rule overview.
 - Discussion: If we are requiring physicians to use electronic medical records, why are we not making the same electronic trace requirements of the pharmaceuticals? That was actually the intent of the rule; however, with the volume of pharmaceuticals being moved, it was not able to be done. The amount of paper work is enormous and costly. Pharmaceuticals are not able to be read by the pallet. The technology is there, but the cost is prohibitive.
 - Public comment: None
- f. Amendments to rules concerning the licensure of tanning facilities. Kathy Perkins introduced the rule and Tom Brinck provided the rule overview.
 - Discussion: We know tanning facilities promote carcinoma, why are we allowing them to operate? HB 1310 reduced the age of people able to use these facilities. DSHS’ job was to look at legislation and make rules to enact the legislation.
 - Parental consent and doctors order requirements have been added to the legislation.

- How often do we allow people to use tanning facilities? Frequency is not specifically addressed by these rules. Elsewhere in statute it is addressed who can tan and how frequently. That statute states that any individual cannot tan in the same facility within 24 hours.
- We now have evidence based knowledge that UV ray exposure causes melanoma later in life; we should be educating on preventive measures, consistent with preventive education on smoking and alcohol use. It is inconsistent to educate on alcohol and smoking and yet letting early teens be exposed to these harmful UV rays. It is a matter of time before they have life threatening melanoma.
- Dr. Lakey clarified that prior to passage of this legislation there was no statute at all that prohibited youth from using tanning facilities.
- Council members said that next legislative session we can do better in strengthening the statute to limit exposure time, adding specifications that parents must be present and require a video be viewed on hazards of the use of tanning facilities and public health issues.
- Are there reporting requirements on acute injury (i.e. – eye burns) as a result of use of these facilities – Yes.
- Public comment: none

Rule g moved to a later date. Amendments to rules permitting the purchase of only domestic beef by state agencies and political subdivisions.

- i. (Taken out of order) Amendment to a rule concerning the Department of State Health Services Animal Friendly Grants. Dr. Adolfo Valadez introduced the rule and Tom Sidwa provided the rule overview.
 - Discussion: Ms. Kane asked if there were any rules regarding the feral hog problem and sterilization of these animals. Not considered in this rule, but there are other rules that do address this issue. Ms. Kane invited Tom Sidwa to address Council at a future work session to describe what he does. Staff will coordinate this presentation with Mr. Sidwa and the program.
 - Public comment: None
- h. Amendment to a rule concerning the Texas School Health Advisory Committee (TSHAC). Dr. Adolfo Valadez introduced the rule and Anita Wheeler provided the rule overview.
 - Discussion: Dr. Ross provided an update and report on the TSHAC. He thanked Barbara Keir for her work on the TSHAC. Dr. Ross serves on the Governor’s Advisory Council on Physical Fitness (GACPF). He recommends a member of TSHAC be on the GACPF, as an ex-officio member, or in an official capacity to strengthen the committee and this Council. The GACPF wants to continue to promote a number of initiatives with TSHAC. Dr. Ross will raise this motion when this rule is proposed at the Council meeting.
 - Public comment: none
- j. New rule concerning the reporting of health care-associated infections. Dr. Adolfo Valadez introduced the rule and Jeff Taylor provided the rule overview.
 - Discussion: How many surgical procedures get infections? – There is an infection rate of about 1% or surgeries performed.
 - At what stage are the majority of these infections occurring? – The system does not capture that information yet. There are contributing factors for patients getting these infections,

whether surgery based or ancillary based on other issues. Have to have personnel on site to make the determination if these are surgical site based infections or ancillary.

- In orthopedic section of Dr. Ross' hospital they go over surgical preparation, culturing of operating room and culturing of skin. There is now new criteria for dealing with post surgical infection; Medicare will not pay for infection care after the complication takes place. Rules pertain to reporting of infections. Also ongoing discussion to address how we can assist once issue is reported. DSHS data used together with hospital information can help reduce the instance of infection.
- Dr. Lakey said that determining where in the hospital the infection is being contracted, can dramatically decrease the instance of infection. Also following proper post operative sterilization procedures can decrease instances of infection.
- Hospital Associated Infections are the number one cause of death in hospital related deaths.
- Dr. Lakey said that these rules are a significant first step in the process. Council will discuss at the Council meeting the DSHS approach to the next legislative session and our increasing role in health care quality. This is an integral part in moving forward in this area.
- Dr. Calhoun said it is a significant step in using health authority to dictate reporting and standardizing processes as a high priority for hospitals; consider teaming public reporting with not paying for it, and there is a significant incentive to improve public health.
- Ms. Kane said that there must be rules about where the responsibility is for not cleaning hospital rooms.
- How does this rule relate to the federal health care quality act? HAI is mentioned very briefly in federal rules; however it is very preliminary.
- Dr. Ross asked if patients with underlying rheumatologic conditions are more susceptible to infections? Yes, as well as patients with autoimmune disorders are subject to more infections.
- Dr. Ross made the suggestion that as Texas Education Agency recognizes exemplary schools across the state, is it feasible to recognize hospitals that do exemplary work? Can the department proclaim hospitals as exemplary, and provide recognition. Exemplary status can be used to move hospitals into compliance with infection prevention measures and data reporting
- The length of time of a surgery is proportionately matched to the number of infections. Surgeries that take longer are more prone to infection.
- There is a three year process involved in adapting these rules; there has been much stakeholder and advisory Council involvement.
- Public comment: None

d. General Public Comment – Glenda Kane asked for public comment. There was no general public comment.

e. Linda Wiegman explained the consent agenda process for the April 29, 2010 Council meeting.

Ms. Kane adjourned the meeting at 6:17 p.m.

Council will convene at 9:00 a.m. on Thursday, April 29, 2010 for the Council meeting.



Glenda Kane, Chair

August 26, 1010

Date Approved by Council