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Health and Human
Services

**Texas Department of State
Health Services**

Public Health Data

Presentation to the Senate Committee on Health and Human Services

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Outline

- **Collection and Coordination:**
 - Impact of COVID-19: Overview, Challenges, and Response
 - Examples of COVID-19 outputs
- **Data Future:**
 - Managing Ongoing Expectations
 - Senate Bill 969
 - Hospital Data Collection

Collection & Coordination:

Overview & the impact of COVID-19



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DSHS Role in Data Collection & Coordination

DSHS Data Goals: Targeted data collection to ensure statute and/or federal requirements are met, public health problem is understood, and interventions/outcomes can be assessed

DSHS Activities:

- **Data Collection** – driven by statute
- **Protection of Data Systems** – aligned with DIR and HHS data security and privacy policies
- **Analysis** – driven by role of public health and statute to understand the impact of infectious disease and other health conditions and their impact in Texas
- **Sharing** – allowed by statute to ensure partners have information needed but that data is protected
- **Data to Action** – intended to inform decision-making by DSHS, legislature, partners

Impact of COVID: Comparison to other Events/Data

COVID Expectations

- Daily collection of high-volume datasets from labs, local health entities, hospitals, and other providers
- Near real-time sharing of high-volume datasets to local health authorities/entities for situational awareness & time-sensitive decision-making
- Daily public reporting of major milestones of disease burden (testing, cases, hospitalizations, fatalities)
- Use of provisional, not fully-vetted data to meet immediate reporting needs
- More in-depth analysis as situation changed

Other Public Health Data Sets

- Periodic collecting and reporting cases (low volumes), see Notifiable Conditions list*: (ranges from immediately, 1 day, 1 week, 1 month, etc.)
- Periodic sharing of data sets for planning by local health authorities/entities
- Periodic reporting based on the dataset
- Use of locked and cleaned data sets to ensure accuracy & consistency (may take months/years to produce)
- In-depth methodical analysis based on an event, typical disease cycle, or statute (ex. year/biennium)

* <https://www.dshs.texas.gov/IDCU/investigation/Reporting-forms/Notifiable-Conditions-2022Color.pdf>

COVID Data: Challenges & Response

Initial Challenges Across Datasets

- Old systems in place that were not flexible or scalable
- Some systems designed for limited-duration events
- Additional staff needed to fix system/address quality of data received
- Many manual processes for analysis, sharing, and dissemination
- Transitioning from vetted data to provisional data

DSHS Response

- Federal grants used for upgrades for major IT system/environments
- Staff reassignment/temporary hires for internal IT needs/external assistance to data submitters
- Reporting mandates at state/federal levels

Results

- New systems capable of adapting to larger volumes of data and functioning for long-term events
- Improves data sharing capabilities

Examples of COVID Output

COVID Data Dissemination Outputs

- **Daily reporting**
- **High volume** – testing, cases, and hospitalizations equate to hundreds of thousands of data points disseminated daily by DSHS
- **High number of indicators reported**
 - Tests – daily
 - Cases – daily
 - Positivity rates – daily
 - Hospitalizations – daily
 - Fatalities – daily
 - Vaccine uptake – daily
 - Case & fatality demographics – monthly
 - Public school reporting – weekly
 - Vaccine zip code-level data – weekly
 - Variants data – weekly
 - Vaccination status re: cases/fatalities – monthly

Hospitalization Data

Initial Challenges

- Real-time hospital data collection system is turned on during periods of disasters of limited duration
- System was intended for identifying bed capacity to facilitate patient transfers out of affected geographic areas (ex. during hurricanes and other events)
- Volume of daily required reporting elements and the staff time needed to clean/scrub the data

DSHS Response

- Communication with Healthcare Preparedness Providers about ongoing data collection requirements needed from HPP region facilities
- Updates to daily hospital data collection system to support volume, partnership with TDEM for early days of reporting to ensure basic reporting requirements met
- Adaptation and communication when federal partners changed requirements

Results

- Consistent datapoint to better understand the impact of COVID-19 on specific geographic areas, healthcare systems, and to inform surge response efforts

Mortality Data

Initial Challenges

- Reporting based on case investigations and/or local jurisdictions reporting mortality information publicly
- Unclear when death occurred, whether death was for a resident or someone who died in the jurisdiction (ex. In hospital, hospice, etc. that was not primary residence)
- Limited demographic information

DSHS Response

- Data pulled from Texas death certificates, standardizing place of residence/location of death, demographic information needs
- Education to medical certifiers on standardized reporting of COVID-19

Results

- Display of near real-time, provisional data
- Enhanced demographics – more detailed descriptions to understand manner of death, comorbidities

Data Future



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Managing Ongoing Expectations

- **Maintaining systems built/improved during COVID**
 - Systems built for COVID are being leveraged for other existing and future data collection needs
- **Funding**
 - DSHS will need to maintain reporting and dissemination functions following discontinuation of federal grants and when FEMA reimbursement no longer available
- **Future of federal reporting requirements**
 - CDC and other federal agencies may maintain some of the existing data reporting requirements
- **Balancing data needs with reporting burdens**
 - Strategic data collection will need to continue to ensure understanding of public health problems while minimizing administrative burden on data submitters

Senate Bill 969

- **Overview:**

- Public health data collection expectations clarified for public health disasters
 - Hospital, lab, and other relevant data
 - Collaboration with local health entities for timely reporting of data
 - Public compliance reporting for labs and hospitals
 - Enforcement mechanism for untimely lab submissions
- Expectation for more electronic lab reporting by providers for notifiable conditions
- Reports analyzing various aspects of the pandemic response

- **Use of Federal Funds:**

- Federal grants financed IT changes necessary for improved data collection and quality assurance during pandemic

- **Future Deliverables:**

- Upcoming Data Coordination Report (Section 4C) – focus on improving standardized data collection across public health
 - Due September 1, 2022

Hospital Data Reporting

- **SB 984: Post- and Non-Disaster Reporting**
 - DSHS will keep disaster hospital reporting system on to implement the bill
 - Modifications made to system during COVID will support ongoing reporting needs
 - In process:
 - Determining data elements to continue reporting following end of state/federal reporting
 - Process to add or change data elements for future disasters
- **SB 969: Future Public Health Disaster Reporting**
 - DSHS will work with hospitals and trauma service areas to follow public and compliance reporting guidelines for future public health disasters
- **Ongoing Federal Reporting Discussions May Impact Hospital Data Reporting**
 - Federal discussions to continue hospital reporting in some capacity following COVID response may impact data elements/reporting frequency used to implement SB 984
 - Current discussions are focused on Centers for Medicaid/Medicare Services (CMS) reporting rules