



# **Response to the Public Health Funding and Policy Committee 2020 Report Recommendations**

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**As Required by**

**Texas Health and Safety Code**

**Section 117.151**



**TEXAS**  
Health and Human  
Services

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Texas Department of  
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## Executive Summary

The Texas Health and Safety Code, [Chapter 117](#), establishes the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health entities as fellow partners with DSHS in the public health system of Texas. [Section 117.151](#) requires DSHS to submit a report on the status of implementation of the PHFPC's recommendations as included in their annual report to DSHS. Both reports are due to the Texas Legislature by November 30th of each year.

The [Response to the Public Health Funding and Policy Committee 2020 Report Recommendations](#) reflects the ongoing efforts and progress made by DSHS to address the 9 recommendations submitted by PHFPC in their annual report to the DSHS Commissioner for the following topic areas:

- Electronic Laboratory Reporting
- COVID-19 Vaccine Distribution
- COVID-19 Funding Allocation

As required by Section 117.151, DSHS is committed to considering viable solutions and actions in response to the PHFPC's recommendations, and only reserves the decision not to implement a recommendation based on the following:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served
- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

# 1. Introduction

[Texas Health and Safety Code Section 117.103](#) requires the Public Health Funding and Policy Committee (PHFPC) to annually submit a report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives that details the committee's activities and recommendations the committee made to the Department of State Health Services (DSHS) Commissioner. DSHS is required to respond to the PHFPC recommendations and submit a report of these responses to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives.

According to the Health and Safety Code, a decision by DSHS not to implement a recommendation of the PHFPC must be based on:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served
- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

The seven previously submitted PHFPC reports, can be found online at: <https://www.dshs.texas.gov/phfpcommittee/>.

In the PHFPC 2020 Annual Report, the committee made 9 new recommendations in the following categories:

- Electronic Laboratory Reporting
- COVID-19 Vaccine Distribution
- COVID-19 Funding Allocation

## 2. Background

In accordance with [Texas Health and Safety Code Section 117.103](#), DSHS established the Public Health Funding and Policy Committee (PHFPC). The PHFPC is an independent committee, which consists of nine public health professionals appointed by the Department of State Health Services (DSHS) Commissioner tasked with examining public health issues in Texas and providing recommendations on how to improve public health outcomes. This includes examination of funding for programs, projects, and jurisdictions. Specific duties of the committee are:

- Define the core public health services a local health entity (LHE) should provide in a county or municipality;
- Evaluate public health in this state and identify initiatives for areas that need core public health functions;
- Identify all funding sources available for use by LHEs to perform core public health functions;
- Establish public health policy priorities for this state; and
- At least annually, make formal recommendations to DSHS.

Members of the committee include:

- Three local health entity directors
- Two health authorities
- Two representatives from schools of public health
- Two DSHS public health regional medical directors

The PHFPC developed recommendations based on conversations during meetings throughout fiscal year 2020. DSHS reviewed the recommendations and developed responses, which are included in this report.

## 3. Response to Recommendations in the 2020 PHFPC Report

### Electronic Laboratory Reporting Recommendations

- A. Public Health Funding and Policy Committee (PHFPC) recommends that the Department of State Health Services (DSHS) should ensure electronic lab reporting from laboratories and hospital systems feed directly to local health departments (LHDs), Public Health Regions (PHRs) and the DSHS Central Office for all reportable conditions.**

DSHS Response to Electronic Laboratory Reporting Recommendation A

**DSHS Current Status:** DSHS currently processes an average of 70,000 lab reports per day. The highest number of reports processed in a single day was approximately 200,000.

**Mechanism:** Electronic lab reports (ELRs) for all reportable conditions are received from onboarded lab facilities and are processed through the Texas National Electronic Disease Surveillance System (NEDSS). ELR data for COVID-19 is processed and refreshed with new incoming reports every two hours (twelve times daily) to provide timely data to LHDs and PHRs via NEDSS. Any lab report faxes received by Central Office are sent to the proper jurisdiction.

**Limitations:** 1. The majority of lab facilities reporting to DSHS do not have the ability to report via Health Level 7 International (HL7) messaging standards - the most complete and comprehensive method for transmitting ELR data. The most common reasons cited for lack of HL7 capacity include cost and lack of skilled staff needed for proper coding. 2. Labs who are unable to report via HL7 may submit through DSHS approved comma separated value (CSV) file format. While this submission format offers flexibility to labs, it increases the likelihood for errors and missing data. When DSHS receives CSV files that do not pass complex validation algorithms, the lab is notified, and a corrected file is requested. 3. Some labs claim they are unable to report electronically and prefer to fax large volumes of lab reports. DSHS encourages reporting via ELR however there is no statute requiring labs to report electronically.

**Improvement Strategy:** Notifiable condition reports are currently submitted to public health in a variety of formats and methods, including electronic messaging and faxing. DSHS has been providing any electronic laboratory reports it receives relating to COVID-19 to LHDs. DSHS will continue to provide this information and has already begun to work with the LHDs to address methods for improving data quality and consistent reporting. Collaboration across the public health system and with partners such as health care providers

and health information exchanges may be necessary to fully realize the vision of receiving all requested data across all notifiable conditions. DSHS is excited by the opportunity to work with partners to realize the vision.

**B. PHFPC recommends that DSHS should ensure complete data sets by implementing data quality-checking tool.**

DSHS Response to Electronic Laboratory Reporting Recommendation B

**DSHS Current Status:** Each incoming ELR must pass complex validation algorithms to meet minimum data reporting standards before being added to NEDSS and distributed to the proper LHD. DSHS has the difficult task of balancing the timeliness of distributing critical data while maintaining high data quality standards. Rather than rejecting an entire ELR for a missing or incorrect variable, triage logic is applied in certain instances. For example, if a patient address is missing from an ELR, algorithms then look for either provider address or facility address to assign jurisdiction. In the first few months of COVID, the largest volume lab reporting facility did not have proper reporting mechanisms in place to report patient address in a timely manner. The issue required a complete overhaul of the lab's billing and reporting systems for which they did not have funds or time to implement immediately. Constraints like this were prevalent among other labs during the first few months of the pandemic.

**Mechanism:** Data quality of ELRs is assessed through complex validation algorithms applied through an integration engine.

**Limitations:** 1. While DSHS provides routine training emphasizing the importance of coordination between ordering providers and laboratories in capturing critical ELR fields at intake, DSHS lacks the authority to enforce this crucial coordination. When DSHS rejects ELRs due to missing data, often the laboratory will report not having received the information from the provider.

**Improvement Strategy:** DSHS understands that data quality is critical in preparing for and responding to disasters and pandemics. DSHS has previously implemented data quality reviews for providers as they onboard to submit data electronically to DSHS' system. Among other tools to support this focus on quality is DSHS' publication of data standards for submission. For COVID-19, DSHS has been working with the Centers for Disease Control (CDC), the Department of Health and Human Services, the Council of State and Territorial Epidemiologists, the Association of Public Health Labs, and other public health jurisdictions to identify critical data elements, standards, and methods for submitting that data to public health. As of November 6th, the latest version of these standards is still pending release by the CDC.

Challenges in receiving complete data when that data is reported by the performing laboratory include whether the ordering entity has provided the requisite data, whether the laboratory has the technology to receive the data, and whether the laboratory is providing that data to public health. As mentioned above, collaboration across partners including, potentially, health information exchanges will be required to address these gaps.

As a first step, DSHS is in the process of completing a gap analysis to identify how different jurisdictions are collecting COVID-19 reports. Based on discussions with the LHDs, DSHS expects to collaborate with the LHDs and produce a statewide standard and common framework for reporting. One element of the discussion will focus on how to best share technology to reduce duplicative efforts and, potentially, establish an indexing system to help address LHDs' concerns regarding duplicative reports. Future work will include collaboration with reporting partners and others to enhance data completeness and quality.

### **C. PHFPC recommends that DSHS should develop and implement a standardized data format for laboratories reporting line lists.**

[DSHS Response to Electronic Laboratory Reporting Recommendation C](#)

**DSHS Current Status:** DSHS has a standardized data format to which laboratories are required to conform. This standardized format includes all fields required to be submitted to CDC and HHS. DSHS is routinely updating the standardized template and recently trained labs on the new 56 variables required for submission.

**Mechanism:** Required fields are captured via HL7 reporting facilities and via CSV reporting templates.

**Limitations** 1. As mentioned earlier, DSHS must balance the timeliness of ELR submissions with data completeness and data quality. To process the high volume of incoming ELRs, DSHS must implement complex algorithms that seek to preserve urgency of timeliness while balancing the need for high data quality.

**Improvement Strategy:** DSHS agrees that a standardized data format would be best moving forward. Though new categories of reporting are consistently being added, DSHS has begun to collaborate and discuss the topic of a standardized data format. These discussions are currently continuing within an established workgroup where goals such as establishing a minimum viable product for a statewide standard and common framework for reporting, how to best share technology to reduce duplications, and the collaboration of partners to ensure the best quality of data, are being held. This workgroup consists of DSHS staff, LHDs, and various data contractors.



DSHS expects to continue providing the PHFPC with information regarding workgroup progress through future PHFPC meetings and collaborative activities.

**D. PHFPC recommends that DSHS should implement regular compliance reports related to mandated reporting requirements for laboratories and hospital systems. The report should include, at a minimum the quantity of electronic lab results, the frequency of incomplete data fields, compliance with a standardized data format of line lists, and average turnaround time from date of specimen collection to date results received by DSHS.**

#### DSHS Response to Electronic Laboratory Reporting Recommendation D

Although DSHS does not directly regulate laboratories in Texas, DSHS is authorized to establish reporting criteria for notifiable conditions. DSHS can explore developing reports based on the information it currently receives from laboratories, such as the date specimen was collected, the date results were received, tests performed, and outcomes. It may also be possible to generate reports regarding missing data. However, as discussed above, alternations in data flow may be necessary to improve data completeness.

DSHS can approach the relevant state and federal authorities responsible for regulatory oversight and identify any methods or changes that could improve reporting and transparency between laboratories and public health. One specific opportunity may be new reporting requirements specific to COVID-19 at the federal level, developed under the authority of the Clinical Laboratory Improvement Amendments, released in early September. DSHS will contact the regulatory authority for additional detail and, if appropriate, schedule a discussion with the regulatory authorities, DSHS, and LHD representation.

**E. PHFPC recommends that DSHS should augment electronic lab reporting for reportable conditions to offer interoperability and compatibility between local health departments and DSHS**

#### DSHS Response to Electronic Laboratory Reporting Recommendation E

DSHS appreciates LHDs' interest in interoperability and making data reporting and access efficient for all parties, including health care providers and public health. Ideally, the provider should not have to repeatedly report data, especially when reporting requires some manual processes. Providers' IT systems should automatically report data to the appropriate jurisdiction(s) or, if human intervention is necessary to initiate a report, once human action is taken, the data is routed to all appropriate destinations through a single instruction to the computer.

An important aspect of interoperability is standardization. This includes both individual fields and a determination of when data is ready (and complete) for exchange between systems. All parties must come to agreement that all

required information has been appropriately updated and the report is complete for the interoperability to be successful.

The general standards for ELR are well-established and are used in most states to exchange data. Similarly, there is a standard for an electronic case report (eCR) that providers can use to report to public health.

As discussed previously, DSHS is already collaborating with partners including the LHDs on a data standard and exchange of COVID-19 data.

DSHS can collaborate with LHDs and the work group to utilize standards provided within the NEDSS system to produce a format for exchanging data with LHDs and other entities. Other entities' information systems will need to be able to receive content in the same format(s) to enable interoperability between systems. There must also be agreement regarding how often data must be exchanged and where in the case investigation process data should be synchronized.

**F. PHFPC recommends that DSHS should assist local health departments with resources to develop and enhance electronic lab reporting infrastructure, where needed.**

[DSHS Response to Electronic Laboratory Reporting Recommendation F](#)

DSHS distributes grant funds when possible to LHDs to assist in improving ELR infrastructure. Recently, Paycheck Protection Program and Health Care Enhancement Act (PPP) funds were distributed to assist LHDs with Laboratory Response Network (LRN) laboratories to improve reporting infrastructure. Additionally, DSHS contracted with a vendor to assist LRNs in completing their onboarding process to report electronically to DSHS.

DSHS can collaborate with LHDs to develop a mutually-advantageous, cost-effective approach for collecting and routing ELR and eCR reporting. By working together, significant costs, such as infrastructure and staffing can best be addressed. Additionally, collaboration in system design and implementation can address challenges in routing reports to the appropriate jurisdiction, avoiding unnecessary transfers of reports and help to build the foundation for statewide data exchange standards.

DSHS can work with LHDs operating their own ELR systems to ensure they are aware of interoperability requirements to facilitate the exchange of data with DSHS. DSHS requests that LHDs that are exploring developing local systems collaborate with DSHS in the planning of the system to facilitate compatibility with DSHS' systems.

**G. PHFPC recommends that DSHS should ensure required annual training on mandatory reporting requirements for all laboratories prior to certification to provide laboratory services in Texas.**

DSHS Response to Electronic Laboratory Reporting Recommendation G

DSHS currently has limited regulatory authority over laboratories performing activities in Texas. The DSHS informatics team works closely with laboratories in onboarding for ELR reporting, providing detailed feedback regarding issues with data submission.

DSHS will explore working with the entities responsible for overseeing laboratories regarding what changes can be made to improve compliance with requested data. One significant challenge, as noted earlier, is that the laboratories may not be the original source of the data to be reported and, under current law, there is no specific requirement that the necessary information be provided to the laboratory for subsequent reporting.

## **COVID-19 Vaccine Distribution Recommendations**

**A. PHFPC recommends that DSHS should include local health authority representation in the process of determining equitable vaccine allocation and distribution throughout the state.**

DSHS Response to COVID-19 Vaccine Distribution Recommendation A

DSHS has convened a team of appointed external and internal subject-matter experts to serve as the COVID-19 Expert Vaccine Allocation Panel (EVAP). The EVAP was tasked with developing vaccine allocation strategies as recommendations to the Commissioner of Health. The panel will develop and apply guiding principles in their recommendations.

Of the seventeen-member panel, eight are physicians. Two of these physicians are current or former health authorities in Texas. Other members include representatives from local health entities, the Texas Legislature, research and academia, the Texas Division of Emergency Management, Health and Human Services Commission and the Texas Department of State Health Services.

## **COVID-19 Funding Allocation Recommendations**

**A. PHFPC recommends that DSHS should provide the PHFPC with an outline of all COVID-19 related funding DSHS has received from the federal level, the amount of those funds have been allocated to local public health and plans for funding moving forward.**

#### DSHS Response to COVID-19 Funding Allocation Recommendation A

Upon request, DSHS provided a presentation to the PHFPC on COVID-19 funds and expenses during the October 28<sup>th</sup>, 2020 meeting. Chief Financial Officer, Donna Sheppard, provided an overview to include COVID-19 estimated budgets for fiscal years 2020 & 2021 and the categories of expenses and their breakdowns. The state of future funding and grants was also further discussed.

DSHS recognizes the value of collaboration in addressing the issues raised by the PHFPC. DSHS expects to provide additional information regarding activities related to the PHFPC's recommendations through future PHFPC meetings and the collaborative activities undertaken as part of the response.

## **4. Conclusion**

The Department of State Health Services (DSHS) continues to be responsive to recommendations made by the Public Health Funding and Policy Committee (PHFPC) throughout the year. Efforts are put forth by local health departments, public health regions, and DSHS central office to maintain good working relationships to leverage resources to better serve public health clients and stakeholders.

DSHS was able to take steps toward implementing several the recommendations in fiscal year 2020. Some of the remaining recommendations require further analysis and consideration; others need legislative action. DSHS will continue to work on these issues and looks forward to continued work with the PHFPC in creating positive change for public health in Texas.

DSHS values the work of the PHFPC and appreciates that this collaborative effort is improving public health services in Texas.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
CDC	Centers for Disease Control and Prevention
CSV	Comma Separated Value
DSHS	Department of State Health Services
eCR	Electronic Case Reporting
ELR	Electronic Laboratory Report
EVAP	Expert Vaccine Allocation Panel
HHSC	Human Health
HL7	Health Level 7
LHD	Local Health Department
LHE	Local Health Entity
LRN	Laboratory Response Network
NEDSS	National Electronic Disease Surveillance System
PHFPC	Public Health Funding and Policy Committee
PHR	Public Health Region
PPP	Paycheck Protection Program