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Sunset Review of the Texas Department of Health Calls for Service Delivery Integration

The Texas Legislature created the Sunset Review Advisory Commission in 1977 to identify and eliminate waste, duplication, and inefficiency in government agencies. The 10-member Sunset Commission regularly reviews 150 state agencies to determine if the agency is still needed and to recommend changes in operations and activities as appropriate for agencies that are approved to continue. This report describes the Service Delivery Integration (SDI) Initiative that arose from Commission recommendations made following the Texas Department of Health (TDH) 1998 Sunset Review.

As part of the Sunset Review process, interviews of TDH senior management, program staff, and health care providers/contractors revealed funding conditions that fragmented the delivery of health care services to communities. The Request for Proposal (RFP) system used by TDH at the time of the 1998 review created undue burdens on contractors administering public health services through multiple funding sources. RFPs lacked standardized terminology, reporting and billing systems, and reimbursement methodology. In addition, contractors were frequently required to maintain uniquely individual and distinct administrative systems for eligibility determination, accounting, reporting, and billing for each program with which they contracted to provide services.

House Bill 2085 and SDI

Following its extensive Sunset Review, the Advisory Commission issued a staff report to the 76th Texas Legislature, which passed House Bill (HB) 2085 to implement the recommended organizational changes. In response to the problems described in the report, HB 2085 directed TDH to create a comprehensive strategic and operational plan that would address integration of TDH programs for the purpose of sharing and managing information and reducing duplication of efforts. HB 2085 required that "The department shall integrate the functions of its different health care delivery programs to the maximum extent possible, including integrating the functions of health care programs that are part of the state Medicaid program with functions of health care delivery programs that are not part of the state Medicaid program." The Service Delivery Integration (SDI) Core Team was assembled to lead the initiative. The SDI initiative is one step in a long-range effort to address public health needs in Texas by using the TDH philosophy of community-based services to meet legislative requirements.

At a minimum the department's integration of the functions of its different health care delivery programs should include the following:

- Development of health care policy
- Delivery of health care services, to the extent appropriate for the service recipients
- Administration (to the extent possible) of contracts with the health care service providers, particularly those who concurrently provide services under more than one contract or program with TDH

Continued ☞

Also in this issue:

Texas Department of Health

Pilot Testing

HB 2085 also required that TDH implement a pilot project to test integration of its health care delivery programs. The first SDI step was to develop integrated health care policies, which were approved by TDH executive management and implemented September 1, 2000, in pilot projects at these four sites:

- Denton County Public Health Department
- Fayette Memorial Hospital
- Tarrant County Health Department
- Tyler-Smith County Public Health District

Pilot Contractors Comments in Response to SDI Pilot Projects

"We don't ever want to go back" (to doing business with TDH in the manner it was conducted prior to SDI.)

"No extra paperwork."

"Less paperwork and fewer proposals to write this spring."

"Increased accountability."

"This is helping a traditional rural health department figure our costs and billing. This is a better way to defend our funding and identify whom we are not serving."

"Tremendous access to care. Helps track performance measures. SDI supports an increased ease of access to care for clients. Seeing many new patients. The data in SIEBRS is very helpful when reporting to county commissioners. We are able to show them how much we have spent."

"SDI improves accountability and reduces paperwork."

Together these four pilot projects operate 12 SDI clinic sites. All have chosen to remain with SDI for fiscal year 2002, which began September 1, 2001. Representatives from each site meet with TDH SDI staff on a quarterly basis. The comments below are examples of representatives' feedback regarding the outcomes of SDI efforts at these pilot sites.

Integrated Eligibility, Billing, and Reporting System

SDI developed the SDI Integrated Eligibility, Billing, and Reporting System (SIEBRS), a web-based information technology (IT) system that automates eligibility screening for multiple payer sources, SDI eligibility determination, and billing and reporting for several TDH programs in the four pilots. These programs are Primary Health Care (PHC), Title V (Maternal and Child Health Services, including Dental and Family Planning), and Titles X and XX (Family Planning).

Data are available in SIEBRS in real time and are accessible to the TDH programs at the central office. SIEBRS addresses the need to make billing and reporting easier for contractors. Client demographics, eligibility status, diagnosis, and service information required for billing and reporting are collected in this system and electronically billed and reported to TDH. Contractors are reimbursed weekly rather than monthly, based on a fee for service reimbursement methodology that affords them greater accountability. The automated system has the capability to process reimbursements within 48 to 72 hours after billing. Numerous benefits were obtained by using IT to support the integrated policies pertaining to eligibility, billing/payment, and reporting through automation:

Continued ☞

- Single data entry that shares data across multiple functions, eliminating duplicate entry
- Unduplicated client count across all in-scope funding sources
- Screening, referrals, and eligibility determination for entire family/household
- Automated billing and reporting elements for individual programs with information available in real time
- Reduction of contractor reimbursement waiting period from one month to one week
- Payment methodology that identifies Medicaid enrollees ensuring appropriate payer
- Improved accountability of service delivery

SDI Objectives

SDI established three main objectives, all of which have been met at this time:

- Developed a process for simplifying and integrating administrative functions with clinical and programmatic policy
- Implemented pilots to test integrated policy and delivery of health care services along with the supporting automation system
- Reduced administrative burden for pilot contractors by using one application and fewer contract attachments

Simultaneously with developing integrated administrative and clinical health care policies, the SDI initiative has attempted (to the maximum extent possible) to identify and remove administrative barriers/burdens borne by contractors providing services. In addition SDI's integrated health care service delivery promotes TDH's efforts to facilitate client access to a medical home.

Next Steps

SDI plans to explore the possibility of increasing the number of programs participating in SDI. Potential participating programs include TB, BCCCP, STD/HIV, Immunizations, Genetics, and Epilepsy. In addition to continuing the current pilot projects in FY 2002, SDI plans to

Contractors are reimbursed weekly rather than monthly

- Link with other agencies/initiatives, when possible
- Continue to revise, enhance, and update SIEBRS to be able to support full implementation of SDI
- Streamline contract administration and procurement
- Coordinate an integrated policy development process

In addition to expansion of the SDI initiative during FY 2002, the SDI Core Team will be writing the SDI Initiative Pilot Report and the Plan for Integration of Health Care Service Functions for TDH to be included in the TDH Strategic and Operational Plan submitted to the Legislature in September 2002.

Prepared by Sidney Lock, BS, TDH Service Delivery Integration Team.

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Texas Department of Health Talks About Terrorism

Round-the-clock media coverage of the World Trade Center attack has included commentary on the potential for chemicals or microorganisms used as a means of terrorism. As a result, health professionals are being inundated with calls from frightened individuals who want to know how they can protect themselves from this kind of harm. The Texas Department of Health has produced the following information sheet to help health care providers answer the most commonly asked questions.

The fundamental purpose of local and state health departments is to know about and respond to all situations that can impact the health of the general public. This is the job public health professionals do every day. Whether the problem is caused by chemical toxins or infectious agents such as viruses or bacteria, health agencies are prepared to act quickly. The Texas Department of Health and other health agencies have established processes for identifying chemical or biological hazards and controlling their ill effects. They also have several communication channels in place so that information can be shared and the proper response begun rapidly.

The following section provides answers to frequently asked questions TDH has received recently about chemical and biological terrorism.

What is bioterrorism?

Bioterrorism is the dispensing of disease microbes by individuals, groups or governments for the express purpose of causing harm to obtain ideological, political, or financial gain.

What are the chances that a bioterrorist attack will occur in my hometown?

No one really knows the chances, so it is important for cities, counties, and the state to have plans in place to respond quickly. There is no need for panic, but it is wise to be prepared.

How many bacteria and chemicals agents do I have to worry about?

Among the myriad chemicals and microbes from which to choose, only a few dozen agents are likely candidates. Fortunately, spreading them to cause maximum exposure and injury or illness is not a simple task.

What about smallpox? Is there a vaccine I can get for me and my family?

Smallpox vaccinations were discontinued in the 1980s after the disease was eradicated, and no vaccine is currently available to the public. Some vaccine is kept by the federal government to be sent to affected areas if an outbreak occurs.

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What can I do to protect myself from anthrax?

No anthrax vaccine is available for the general public. Anthrax is not contagious and can be treated with antibiotics. As soon as an anthrax outbreak is detected, these antibiotics can be distributed to those exposed in time to prevent disease.

Should I get gas masks for myself and my family?

There are many types of gas masks, but no one type protects against all chemicals and microbes. Because a chemical or biological attack will almost certainly be a surprise, a gas mask would need to be worn 24 hours a day to be an effective protection. Gas masks themselves also present some risks when used, especially to people with certain pulmonary problems.

What can I do to protect myself and my family?

Be alert to your own health and that of your family just as you normally are. You know better than anyone what health problems are unusual for you and your family. Report any unusual symptoms or illnesses immediately to your health care provider. If you know of a number of people who have unusual symptoms or illnesses, you may report these to your local health department.

For more information visit www.tdh.state.tx.us/bioterrorism *or contact the TDH Public Health Region office in your area. Related DPN articles are available online at the following sites:*
www.tdh.state.tx.us/phpep/dpn/issues/dpn58n08.pdf
www.tdh.state.tx.us/phpep/dpn/issues/dpn59n21.pdf
www.tdh.state.tx.us/phpep/dpn/issues/dpn60n01.pdf
www.tdh.state.tx.us/phpep/dpn/issues/dpn61n20.pdf

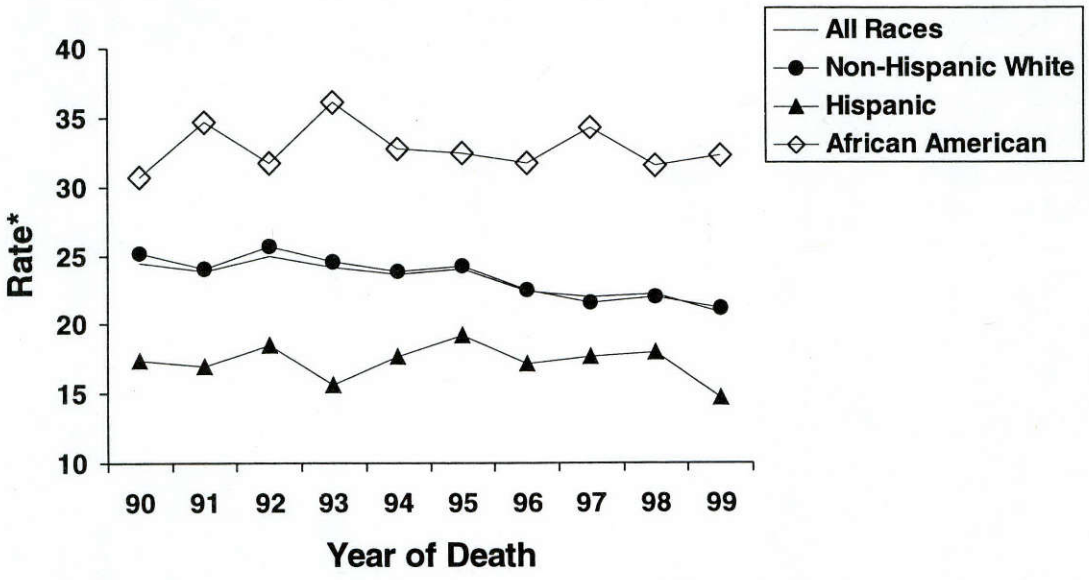
Trends in Texas Breast Cancer Mortality, 1990-1999

Female breast cancer mortality rates in Texas during the period 1990 through 1999 declined a total of 10.8%, based on a recent analysis of age-adjusted (1970 standard) mortality rates by the Texas Cancer Registry. For all race/ethnic groups combined, the Estimated Annual Percent Change (EAPC) is -1.7%, which is statistically significant.

When broken out by race/ethnicity, only non-Hispanic Whites show a statistically significant decline of 2.0% annually, and 12.4% for the total time period. The decline in Hispanics was 0.6% annually and 4.9% total, and in African Americans it was 0.2% annually and 2.5% overall; these trends were not statistically significant.

These data should alert public health practitioners that even though breast cancer mortality rates are declining in Texas statewide (partly due to improved early diagnosis by mammography), this trend is not necessarily as great in all race/ethnic groups.

Trends in Age-Adjusted Mortality Rates* for Breast Cancer, Texas Females, 1990-1999



* Rates are per 100,000 and are age-adjusted tot he 1970 US standard million population.

October is Breast Cancer Awareness Month – Early Detection Can Save Lives!

Bimonthly Statistical Summary of Selected Reportable Diseases: Provisional Cumulative Data

Jan-Aug 2001

Selected Diseases/Conditions	HHSC Region											Selected Texas Counties								Cumulative(1)	
	1	2	3	4	5	6	7	8	9	10	11	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	2000	2001
Sexually Transmitted Diseases(2)																					
Syphilis, primary and secondary	4	10	106	5	8	77	24	59	0	5	9	57	78	3	66	4	1	21	12	253	307
Congenital Syphilis	0	1	9	5	1	10	1	6	0	1	6	6	6	1	10	3	0	3	0	50	40
Resistant Neisseria gonorrhoeae	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Enteric Diseases																					
Salmonellosis	92	29	267	37	38	124	195	142	39	65	212	66	117	65	27	83	41	60	76	1876	1240
Shigellosis	47	6	159	21	22	73	126	180	11	27	270	117	104	27	20	107	50	22	63	1904	942
Hepatitis A	23	21	206	12	10	45	204	47	8	11	34	24	78	11	22	18	5	62	63	1285	621
Campylobacteriosis	50	14	108	5	11	35	177	143	18	6	123	101	60	5	15	44	29	14	103	928	690
Bacterial Infections																					
H. influenzae type b, invasive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	307
Meningococcal, invasive	1	0	7	2	3	22	0	3	0	0	0	2	6	0	7	0	0	0	0	95	38
Lyme disease	1	0	7	0	0	1	1	1	0	0	0	0	0	0	1	0	0	5	1	48	11
Vibrio species	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	33	2
Other Conditions																					
AIDS(4)	42	14	521	47	52	637	230	148	24	84	80	124	364	84	569	23	17	87	157	1986	1939
Hepatitis B	20	10	61	6	20	104	29	18	12	9	0	4	19	9	83	2	7	17	18	646	307
Adult elevated blood lead levels	1	2	387	11	43	47	2	1	0	9	4	0	40	9	36	1	2	1	1	1157	507
Animal rabies - total	36	49	302	29	16	151	109	29	21	0	23	14	6	0	32	3	0	81	11	564	765
Animal rabies - dogs and cats	1	6	8	1	0	0	5	0	2	0	1	0	0	0	0	0	0	1	0	23	24
Tuberculosis Disease (2) (4)																					
Children (0-14 years)	1	0	14	0	1	22	10	2	0	1	12	2	11	1	18	6	0	3	7	*0	63
Adults (>14 years)	10	11	220	25	5	306	88	64	8	23	113	46	157	22	261	38	15	49	45	*0	873
Injuries(2)																					
Spinal Cord Injuries (5)	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0

1. Cumulative to this month. 2. Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset. 3. Voluntary reporting. 4. AIDS + TB totals include reported cases from Texas Department of Corrections, which are not included in the regional and county totals. 5. 6 reports were missing PHR identification.

Call 1-800-705-8868 to report

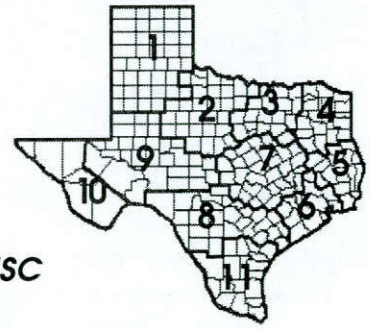
1999 POPULATION ESTIMATES

HHSC REGIONS

1	770,440	**4**	971,877	**7**	1,989,767	**10**	784,287
2	533,633	**5**	690,501	**8**	2,076,931	**11**	1,687,473
3	5,366,008	**6**	4,557,450	**9**	567,058		
STATEWIDE TOTAL			19,995,428				

SELECTED COUNTIES

Bexar	1,360,411	**Hidalgo**	528,300
Dallas	2,172,486	**Nueces**	315,965
El Paso	755,339	**Tarrant**	1,506,790
Harris	3,268,099	**Travis**	647,366



HHSC

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Vaccine-Preventable Disease Update
Reported Cases with Onset From July 1 thru August 31, 2001

Condition	County	Number of Cases	Date of Onset	Condition	County	Number of Cases	Date of Onset
Mumps	Harris	1	08/21	**Pertussis**	Dallas	2	07/15
Pertussis	Bexar	1	07/03			1	07/25
		1	07/09		Galveston	1	07/31
		1	07/10		Hamilton	1	08/01
	Brazos	1	08/16		Hidalgo	1	07/09
	Cameron	1	07/02			1	07/14
	Cherokee	1	07/05			1	07/16
		1	07/23			1	07/21
	Collin	1	07/05			1	08/02
	Comal	1	07/16			1	08/09
	Dallas	1	07/01			1	08/18
		1	07/02			1	08/19
		1	07/03		Kleberg	1	07/05
		2	07/04		Nueces	1	07/03
		1	07/13		Tarrant	1	08/06

YTD	Measles	Mumps	Pertussis	Rubella	Tetanus
	1	8	265	1	1