



# **Department of State Health Services Agency Overview**

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**Presentation to the House Committee on  
Public Health**

**Dr. John Hellerstedt, Commissioner**

**February 20, 2019**



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# Overview

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- Agency Overview
- DSHS Scope: Fiscal Years 2020 - 2021
- DSHS Services: Fiscal Years 2020 – 2021
- Current Public Health Issues



# Agency Overview

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## **Vision**

A Healthy Texas

## **Mission**

To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.



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# DSHS Services: Fiscal Years 2020 - 2021

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- Regional and Local Health Operations
- Disease Control and Prevention
- Community Health Improvement
- Consumer Protection
- Public Health Information



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# Regional and Local Health Operations

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DSHS delivers public health functions in about 75 percent of Texas counties.

- Coordination and support for local jurisdictions
- Office of Border Health
- Public health and medical response to natural disasters, epidemics, bioterrorism, and other emergencies
- Texas Center for Infectious Disease beginning



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# Disease Control and Prevention

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DSHS implement programs to protect, promote, and improve the public's health by decreasing health threats and sources of disease.

- Laboratory Services
- Infectious Disease
- Immunizations
- Foodborne Illness



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# Community Health Improvement

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DSHS plays a primary role in providing population-based services, including improving the health of women and children.

- Maternal and Child Health
- Newborn and Child Screenings
- Health Promotion and Chronic Disease
- Disease Registries
- Environmental Epidemiology
- Vital Statistics



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# Consumer Protection

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DSHS provides public health oversight of individuals and entities that provide consumer and health goods and services to the public.

- Emergency Medical Services and Trauma Care System
- Environmental Health
- Radiation Control
- Food and Drug Safety



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# Public Health Data

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DSHS collects and analyzes public health data sets to help inform public health decision-making.

- Hospital discharge data
- Health professions data
- Texas health trends and indicators
- Health care shortage area designations



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# Current Public Health Issues

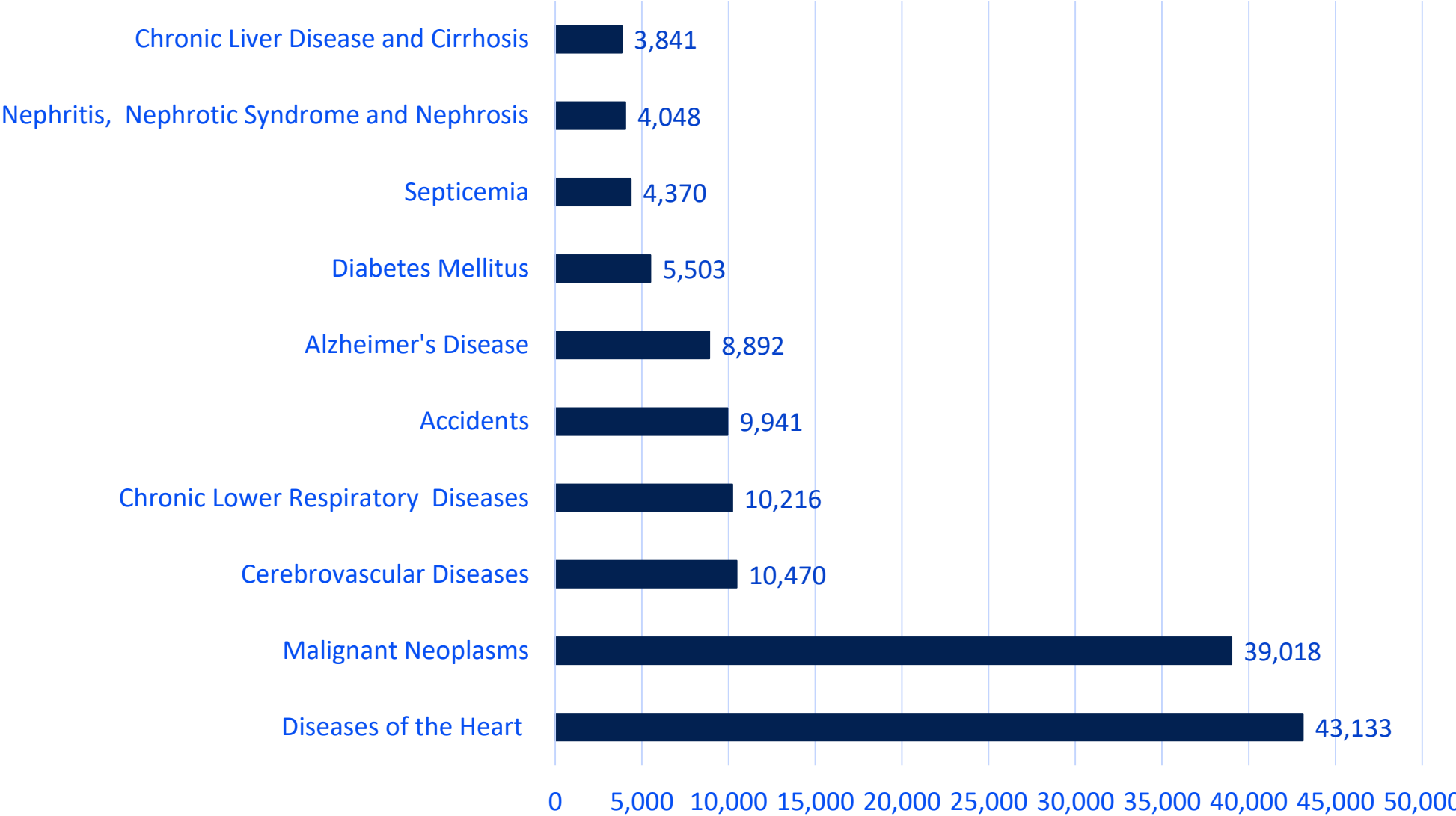
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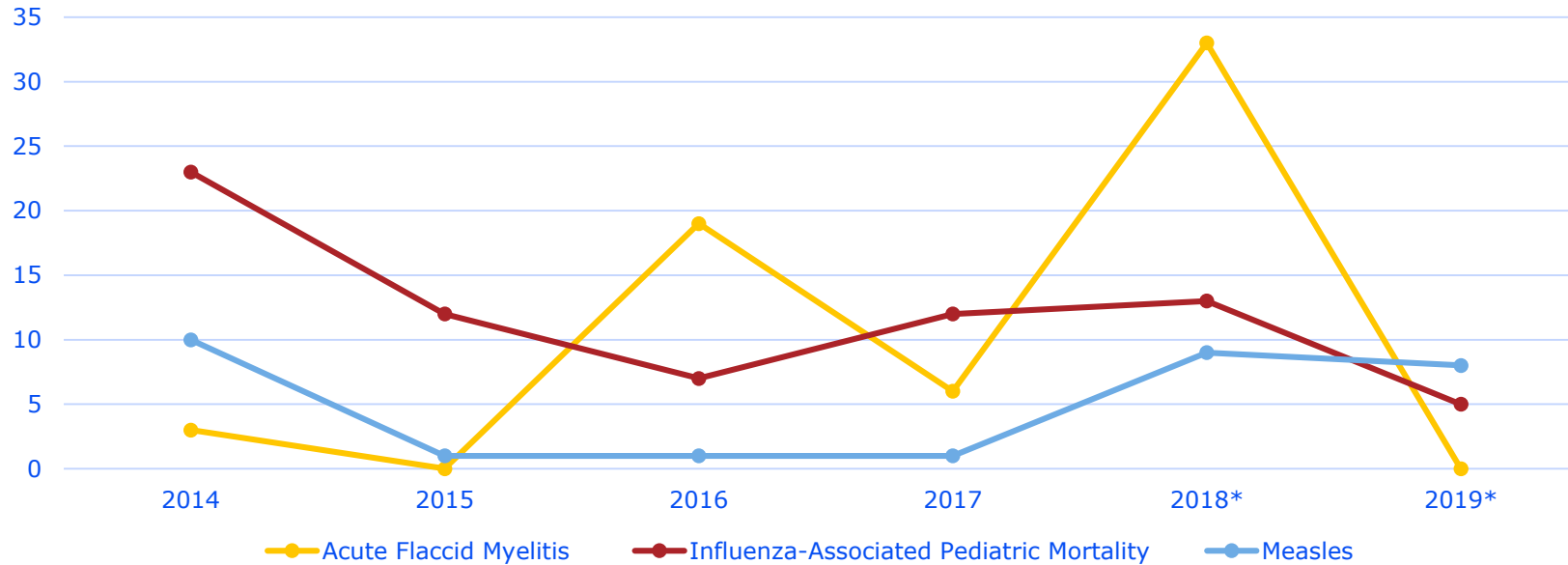
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- Leading Causes of Death
- Disease Incidence
  - Influenza
  - Acute Flaccid Myelitis
  - Measles
  - Congenital Syphilis
- Maternal Mortality and Morbidity
  - Maternal Safety Bundles
- Public Health Data on Opioid Misuse
- TxEVER Implementation
- Hospital Levels of Care Designations

# Leading Causes of Death in Texas, 2015



# Disease Incidence: Select Diseases, 2014 – 2019\*



Disease	2014	2015	2016	2017	2018*	2019*
Acute Flaccid Myelitis	3	0	19	6	33	0
Influenza-Associated Pediatric Mortality	23	12	7	12	13	5
Measles	10	1	1	1	9	8



# Influenza

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- The 2018-2019 flu season started on September 1.
- For the 2017-2018 flu season, there were 12,578 flu-related deaths statewide (pneumonia and influenza).
  - This number is based on death certificate data.
- Only pediatric flu deaths are immediately reportable in Texas.
  - 5 influenza-associated pediatric deaths so far this season.
- DSHS also receives voluntary reporting of influenza-like illness activity from providers around the state.
  - This data indicates widespread influenza and influenza-like activity remains high.



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# Acute Flaccid Myelitis

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- Acute Flaccid Myelitis (AFM) is a very rare condition affecting a person's spinal cord, marked by the sudden onset of weakness in the arms or legs.
  - Most cases occur in children
  - Most patients report illness prior to the onset of symptoms.
- 33 cases have been reported in Texas for 2018.
  - 13 additional pending cases.
- No specific treatment is available, and the cause is usually unknown.
  - Data shows pattern of an increase in cases every other year.
  - DSHS is working with the Centers for Disease Control and Prevention (CDC) to better understand risk factors.



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# Measles

- Measles is a highly contagious respiratory illness spread through coughing and sneezing
  - 90% of non-immune people who are exposed become infected
- Two doses of the measles-mumps-rubella (MMR) vaccine are 97% effective at preventing measles
  - First dose given at 12-15 months
  - Second dose at 4-6 years

County	2019 Cases*
Bell	1
Denton	1
Harris	4
Galveston	1
Montgomery	1
Total	8



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# Congenital Syphilis

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- Congenital syphilis can have potentially devastating health outcomes for children.
- Nationally, congenital syphilis has been on the rise
  - 2013: 362
  - 2017: 918
- In Texas, congenital syphilis declined for eight years.
  - 2008: 130 cases
  - 2016: 71 cases
- Texas saw a 134% increase in reported congenital syphilis cases from 2016 to 2017.
  - 166 reported cases



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# Maternal Mortality and Morbidity

## Confirmed Maternal Deaths by Timing and Cause of Death, Texas, 2012-2015

<i>Cause of Death</i>	<i>While Pregnant</i>	<i>0-7 Days Post-partum</i>	<i>8-42 Days Post-partum</i>	<i>43-60 Days Post-partum</i>	<i>61+ Days Post-partum</i>	<i>Total</i>
<i>Amniotic Embolism</i>	1	9	0	0	0	10
<i>Cardiac Event</i>	2	12	9	5	27	55
<i>Cerebrovascular Event</i>	0	8	9	1	9	27
<i>Drug Overdose</i>	0	3	7	5	49	64
<i>Hemorrhage</i>	3	12	2	0	3	20
<i>Homicide</i>	2	1	5	2	32	42
<i>Hypertension/Eclampsia</i>	0	7	4	0	7	18
<i>Infection/Sepsis</i>	1	3	14	3	11	32
<i>Pulmonary Embolism</i>	2	3	4	2	2	13
<i>Substance Use Sequelae (e.g., liver cirrhosis)</i>	0	0	2	0	3	5
<i>Suicide</i>	0	1	2	2	28	33
<i>Other</i>	5	5	6	3	44	63
<i>Total</i>	16	64	64	23	215	382



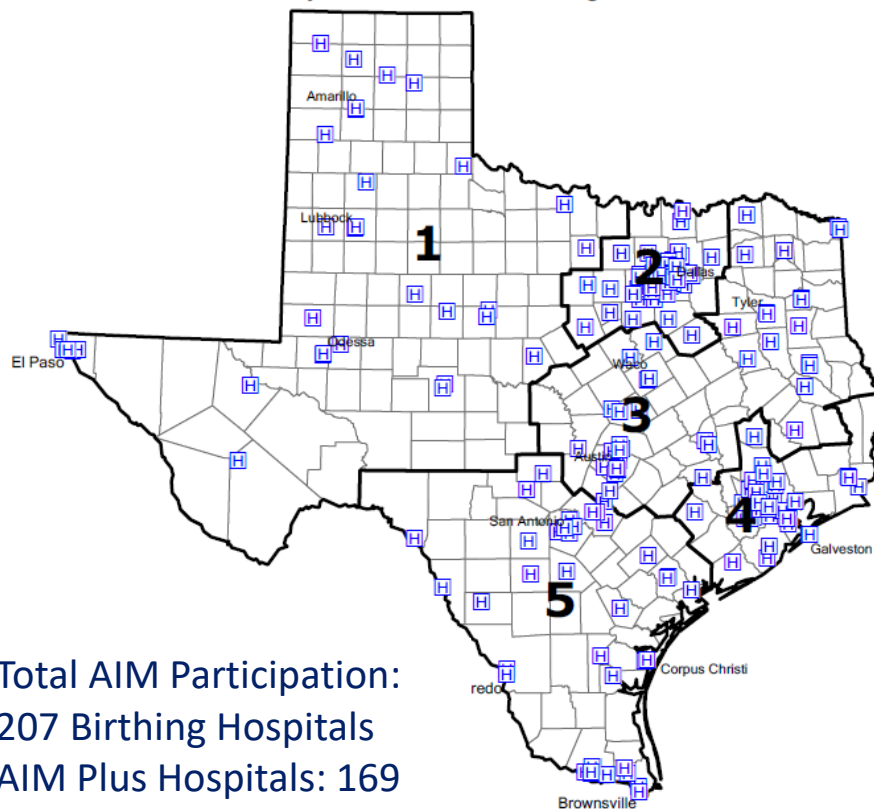
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# Maternal Mortality and Morbidity (cont.)

TexasAIM Current Hospitals as of January 23, 2019  
By TexasAIM Cohort Region



Total AIM Participation:  
207 Birthing Hospitals  
AIM Plus Hospitals: 169  
AIM Basic Hospitals: 38

## Next Steps for TexasAIM

- Hemorrhage Bundle
  - Kicked off in June 2018
- Texas is an Opioid Bundle pilot state.
  - Transition from Pilot to Full Bundle: estimated late 2020
- Preeclampsia/Hypertension Bundle
  - Implementation estimated 2019-2020

## Potential Future Initiatives

- Death certificate quality improvement
- High risk maternal care coordination pilots
- Risk assessment tools



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# Public Health Data on Opioid Misuse

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Home Birth Outcomes Causes of Death Health Facts Profiles Health Registry Data Healthcare Utilization & Quality Opioids & Substance Use Health Risks & Preventions Healthcare Workforce & Facilities Definitions

### What is the Texas Prescription Monitoring Program (PMP) and how can it help Texans?

The Texas PMP is an electronic database used to collect and monitor prescription data for all Schedule II, III, IV, and V **controlled substances dispensed** by a pharmacy in Texas, or to a Texas resident from a pharmacy in another state.

Hover your cursor over the images below to learn more.

Stimulants      Opioids      Benzodiazepines

Let's take a look at the dispensing of controlled substances in more detail

### Difference between Prescribing and Dispensing

Patient visits hospital or clinic → Practitioner **prescribes** medication → Pharmacy fills the prescription → Prescription is **dispensed**, medication leaves the pharmacy, and is recorded in the **Texas PMP**

**Key Definitions**

# TxEVER Implementation

- DSHS rolled out a new electronic system for vital event registration, called TxEVER, on January 1, 2019.
  - The previous system had been in use since 2005, and did not meet security or accessibility standards.
  - TxEVER will ensure this sensitive information is protected and secure, per legislative direction.
- The system is working, despite some initial challenges expected with such a large system change.
- Delays in processing times for customers has been an ongoing challenge prior and since TxEVER launch.
  - Staffing has remained stagnant over time while demand has increased.
  - DSHS continues to work on solutions to address these wait times in the short term.



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# State Designations for Neonatal and Maternal Care

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- House Bill 15 (83R) required DSHS to implement Maternal and Neonatal Levels of Care designations.
- Rules were based on recommendations from the legislatively-established Perinatal Advisory Council.
  - The neonatal rules became effective on June 9, 2016.
  - The maternal rules became effective on March 1, 2018.
- 233 facilities have received their neonatal designations.
  - An appeals process is ongoing.
- DSHS is now receiving applications for maternal designations.
  - About 225 facilities will be designated by September 1, 2020.



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