

**New Mexico Telehealth Commission  
Meeting Minutes  
September 18, 2008  
CNM Workforce Development Center, Albuquerque, NM**

Commissioners present: Steve Adelsheim, Liz Stefanics, Dale Alverson, Bob Mayer, Craig Wingate, Bill Dunbar, Lynne Anker-Unnever, Patricia Montoya, Arturo Gonzales, Lowell Gordon  
Commissioners Absent: Leo Baca, Michael Belgarde, Mark, Duran, Bert Garrett, Maggie Gunter, David Hildebrand, Jim Holloway, Ben Ray Lujan, Marlin Mackey, Rep. Danice Picraux, Jane Breen Pierce, Tomas Torres, Stephen Vaughn

Commission staff present: Margo Gomez, David Bixel

Stakeholders present: Paul Nelson, Tom Peterson, Terry Boulanger, Kristen Ford, Bruce Perlman, Jeff Blair

Welcome: Commissioner Mayer  
Roll Call and Audience recognition

Business Items:

Topic	Discussion	Action/Person Responsible
	<p>Karen Wells had asked Bob Mayer to present at the Health and Human Services interim committee hearing on 11/11/08. <b>(Note: This date changed to 11/10.)</b> Dr. Dale Alverson, Dr. Deb Hall, Dr. Jane McGrath, Dr. Sanjeev Arora, and Liz Stefanics will also be presenting. The committee wants to focus on Telehealth programs and the services that are being delivered.</p> <p>The commissioners asked about attendance at the THC meetings. They want to see what commissioners have been coming consistently for the past twelve months. A quorum has not always been in attendance and the same commissioners are always present.</p> <p>One suggestion was to have morning meetings (half day) rather than full day meetings. Another suggestion was to clarify and remind commissioners of the role and authority of the commission. The commissioners need to be reminded of the statute and why it is important that they were named to be on this commission.</p>	
<b>Approval of Agenda</b>	No quorum	
<b>Approval of Minutes</b>	No quorum	
<b>Governor's Health Policy Advisor</b>	<p>Bruce Perlman is the Governor's senior advisor on health policy. He has two primary areas: health and education.</p> <p>He pointed out that there were a number of victories during the special session, but the electronic medical records bill was not one. That bill failed on the Senate floor.</p> <p>He discussed telehealth, electronic medical records, health information exchange, and the nurse advice line. He sees all of these coming together under an "eHealth" umbrella.</p>	Bruce Perlman

	<p>To further the campaign for Telehealth, make this discussion personal. The personal will be translated to a political policy. Identify and share cost benefit figures. Bring constituents to the legislature. Tell stories.</p> <p>For the future, consider what you would put in place if starting from the beginning. Look at what will emerge in the next 5 years. What we would need to create to capture that benefit within the state.</p> <p>Contact information: <a href="mailto:Bruce.Perlman@state.nm.us">Bruce.Perlman@state.nm.us</a> or by phone at 505-476-2243.</p>	
<p><b>Planned Parenthood</b></p>	<p>Krisztina Ford, Senior VP of planned parenthood. Power point presentation.</p> <p>Agency Overview: PPNM Serves men and women in reproductive health care, treating this service as part of regular health care. 25,000 patient visits at 5 offices in Bernalillo, Santa Fe and Sandoval Counties in 2007. Innovative services: HOPE (hormonal visit with optional pelvic exam) and PNPL (pills now pay later).</p> <p>Challenges: Offices in metropolitan areas only. Rural areas are underserved and some service areas are inconsistent. Average patient doesn't return to clinic for contraceptive pill pick up after month 5. High unintended pregnancy rates and abortions in NM.</p> <p>How the Telehealth Act can help patients in need: Access to Birth Control pills and other methods online, especially for patients in rural areas. Access to health care professionals online. Access to confidential, professional and efficient services electronically.</p> <p>What needs to change? Regulatory agencies (Board of Pharmacy, Board of Medical Examiners) present barriers to online services. Advertising the availability of services needs to expand. More market and demographic research to determine why aren't patients staying on the pill? More inter-agency collaboration on research and information exchange.</p> <p>How PPNM can be a partner: Patients already have access to a well developed website and some Planned Parenthoods in other states already offer online services. PPNM's Training Institute can help in educating provider and patients. PPNM has proven record in providing excellent reproductive health care to women and men of NM.</p>	<p>Krisztina Ford</p>
<p><b>SBIRT update</b></p>	<p>Handout given.: New Mexico Screening Brief Intervention and Referral to Treatment (NM-SBIRT) Program Update</p> <p>History of SBIRT NM SBIRT works to integrate physical health and early intervention substance abuse services by locating a behavioral health consultant in each site. The health care provider screens, consults, and decides if intervention is needed. Finally documents status and provides info on the effectiveness of program.</p> <p>What is next for the NM SBIRT program? Sustainability Funding for the program ends September, 2008. There are sufficient internal resources to continue with the program for an additional 12 months.</p>	<p>Arturo Gonzales</p>

	<p>NM SBIRT is recognized nationally. They are working on third party reimbursement and seeking grant funding.</p>	
<p><b>Legislative proposals and special session</b></p>	<p>Special session: Bill on EMR, privacy, and health information exchange died in the Senate.</p> <p>Trial lawyers and the doctors lined up on opposite sides regarding liability if a patient's information was not available.</p>	<p>Mayer</p>
<p><b>ePrescribing update</b></p>	<p>Overview of the last two years. Hand out was given.</p> <p>Not everyone is using the same definition of eprescribing. Electronic prescribing (e-prescribing) is the private and secure electronic delivery of prescription and other healthcare information from a prescriber's computer to the computer of the pharmacy and back again. Eprescribing is not using a computer-generated fax, it is not sending a prescription in an unsecure manner over the Internet, and does not relate to unlicensed Internet pharmacies.</p> <p>Why do E-Prescribing?</p> <p>Center for Information Technology Leadership (CITL) more than 8 million Americans experience Adverse Drug Events (ADEs) every year. CITL's estimates by addressing ADEs caused by preventable medication errors, eprescribing systems can help avoid more than 2 million ADEs annually.</p> <p>It will also save money by increasing the use of generics, reducing administrative costs and decreasing the number of ADEs.</p> <p>The National Picture for Eprescribing  95% of pharmacies have computer systems certified for connection to the Pharmacy Health Information Exchange (PHIE), 70% are live on the network. In 2008 SureScripts estimates the number of prescriptions routed electronically will grow to over 100 million, with over 85,000 prescribers and 45,000 pharmacies.</p> <p>CMS Update:  HR6331 passed into law July 15, 2008. Will increase Medicare payments beginning in 01/2009 to physicians who make the switch to eprescribing. They will get incentives running from 2009 to 2013. The amount will decrease in later years.</p> <p>Final Standards for Medicare Eprescribing.  Formulary and benefits queries let prescribers and pharmacists know what drugs are covered under the patient's plan. Medication history allows physicians, pharmacists and health plans know what medicines a patient may be taking. Fill status notification allows providers to verify patients are picking up medication. National Provider Identifier uniquely identifies all providers. All pharmacies and health plans are required to use the national provider identifier.</p> <p>Barriers:  Cost: Average of \$3,000.00 per physician/provider to initiate e-prescribing. In addition, there are monthly fees to operate a system.</p> <p>State laws:  DEA published a notice of proposed rulemaking regarding electronic prescriptions for controlled substances. A practitioner must be registered or exempt from DEA registration and authorized to dispense controlled substances.</p> <p>NM Eprescribing Overview:  NM Prescription Improvement Coalition (NMPIC) a coalition of health plans, providers, associations, state agencies, and others formed in 2006 to work towards</p>	<p>Montoya</p>

	<p>improving drug safety in the state. Administratively supported by NM Medical Review Association in its capacity as the Medicare quality assurance agency for the state.</p> <p>HIT, Health information technology workgroup: Lead by the pharmacy directors of the five health plans in the state as well as the state Medicaid agency.</p> <p>NM Eprescribing Pilot: Pilot 100 practitioners. Health plans pay implementation costs and service fees first year. A second year subscription fee will be paid by coalition if physician meets the requirements of reporting their data to the coalition on a quarterly basis and performs at least 30 percent of their prescribing electronically.</p> <p>Survey Results: HSD contracted with NMMRA to conduct a survey of 4,155 Medicaid providers Total respondents: 448. 153 indicated interest, 29 returned as undeliverable, 52 self identified as current users. Conclusion from the NM survey was lack of understanding of eprescribing. Needs: More education on eprescribing and more technical assistance.</p> <p>Next Steps: There needs to be a concerted effort to support physicians with the transition to eprescribing. This requires education, identification of e-prescribing champions and technical assistance in selecting and implementing e-prescribing solutions.</p>	
<p><b>Expansion of HPC survey</b></p>	<p>Mike Shainline, LCF, Director of Research. <b>NMHIC Survey of Physicians: Comparison of Adopters to Non-Adopters</b></p> <p>To expand on the survey answers, it may be best to hold focus groups with physicians. Create focus groups to determine what barriers exist in the population of non adopters.</p> <p>Liz has a staff person available to help with direction but need to focus on specifically what we do next.</p> <p>Based upon geography, groups should have both non-adopters and people up and running. In these focus groups, ask if incentives, like tax credits, would make them implement an EMR. Present the results to the Legislature.</p>	<p>Stefanics, Blair</p>
<p><b>Agenda for October 16, 2008</b></p>	<p>Additional info for the legislative hearing, agenda and speakers.</p> <p>Bob will draft letter to Governor by October with the Commission's recommendations.</p>	

Meeting adjourned at: 3:57