

New Mexico Telehealth Commission
Meeting Minutes
October 18, 2006 9:00 a.m. to 4:00 p.m.
TVI Workforce Development Center Albuquerque, NM

Commissioners Present: Steve Adelsheim, Dale Alverson, Lynne Anker-Unnever, Tony Davis, Stephen Easley, Lowell Gordon, Patricio Larragoite, Terry Maness, Deborah Gallegos proxy for John Martinez, Robert Mayer, Danice Picraux, Crawford Spooner proxy for Danny Sandoval, John Tiernan, Tomas Torres, Jeannette Velarde, and Craig Wingate. Mark Duran attended the afternoon session.

Commissioners Absent: Leo Baca, Paul Ehrlich, Jim Holloway, Dwayne Jordan, Richard Lueker, Ben Ray Lujan, Jane Breen Peirce, Frank Pullara.

Staff Present: Deborah Gallegos, Karen Gonzales, Teresa Henke, and Camille Maes.

Stakeholders Present: Arturo Gonzales, Paul Nelson, and Austin Buff, Sangre de Cristo Community Health Partnership; Mary Ann Scott, UNM Center for Telehealth; David Roddy and William Walsh, NMPCA; Maggie Gunter, Lovelace Clinic Foundation; Sheila Conneen and Patricia Montoya, NMMRA; Juliana Anastasoff, El Centro Family Health; Bill Wilcox, the Wellness Coalition; Dr. Deb Hall, UNM REACH.

Welcome and Introductions: Chairman Mayer welcomed the Commissioners and stakeholders, and asked the audience members to introduce themselves.

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Agenda	Chairman Mayer announced one change to the agenda; Dr. Leuker will not present on New Heart this month.	
Approval of Minutes	Minutes from the September and October meetings will be approved at the November meeting.	
Telehealth Presentations	<p>SBIRT</p> <p>Dr. Arturo Gonzales presented on the Screening, Brief Intervention, Referral and Treatment Federal Grant (SBIRT), awarded to the Governor's office and administered by the Sangre de Cristo Community Health Partnership through the New Mexico Department of Health. There are 35 SBIRT sites across the State: 19 primary care clinics, 12 school based health centers, 3 public health offices, and 1 rural hospital. SBIRT sites with Telehealth equipment and connectivity include 17 primary care clinics and two public health offices. 18 school based health center clinics are proposed for Telehealth activities. All SBIRT sites are served by 24 licensed behavioral health consultants, a clinical director, and 4 regional clinical supervisors. Currently Telehealth technology is being used for clinical supervision, clinical staff meetings and consultations, meetings across the state, and offering telehealth availability across the state for no charge. Sangre de Cristo has a separate agreement with the Dept. of Health Office of School Health and Adolescent Services for telehealth equipment, connectivity, and behavioral health services in 18 sites. Sangre also provides telehealth technical assistance and training for the school health clinics. Telehealth is a major component in planning for sustainability of the project. A question and answer period followed the presentation.</p>	

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	<p>New Mexico Primary Care Association (NMPCA) David Roddy presented on Telehealth activities within The New Mexico Primary Care Association which is made up of 18 member organizations with 135 delivery sites serving 290,000 patients. 80% are in rural areas. All clinics must serve low income patients, below 200% of poverty level on a sliding fee scale. NMPCA is ranked 11th in the country in Service, with 32% penetration rate of percentage of uninsured. Telehealth Partnerships include ECHO, SBIRT, and New Mexico Health Choice Network. Additional partnerships include Dept of Health all Hazards preparedness, Dept of Health School based health clinics, and Dept of Health/UNMH Nurse Advice Line. Barriers to telehealth care include Lack of Telehealthcare providers, reimbursement, licensure, provider acceptance, and costs of monitoring equipment. Current applications consist of interactive treatment (through SBIRT), Grand Rounds (through ECHO), CME (through ECHO and the New Heart Program), E-Prescribing and Lab, Electronic Health Records, Advice Line/Call Centers, and Distance Learning. E-prescribing has been implemented at several primary care clinics. NMPCA collaborates with the Telehealth Alliance. A question and answer period followed the presentation.</p>	
	<p>El Centro Family Health (previously Health Centers of Northern New Mexico) Commissioner John Tiernan and Juliana Anastasoff presented on Telehealth through the perspective of a rural healthcare provider. El Centro consists of 15 medical, 2 dental and two school based clinics in a 20,000 square mile service area. 17,000 patients account for 68,000 visits per year. 70% of the patient population is Hispanic. Clinical initiatives include over 20 prevention, disease management, and practice-based research activities. Two telehealth awards include a 2006 NHRA Telehealth Technical Assistance Planning Grant, and a 2006 USDA Distance Learning and Telemedicine Grant. The presenters identified organizational needs, patient and community needs, and provider needs. Other needs were identified that technology could not meet. Technology planning to meet needs is underway, utilizing existing technology and identifying possible future technologies. Commissioner Tiernan described the technology portion of the presentation and described the evolution of their network design. Like the SBIRT program, sustainability is a primary focus. Adding videoconferencing will cut travel costs in half and increased encounters will bring in more revenue. Electronic health records will drive the decision support tools and be the cornerstone of future success. A question and answer period followed the presentation.</p>	
Lunch Break	12:50 p.m. to 2:00 p.m.	

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<p>Update of Telehealth Act Language</p>	<p>Commissioners Alverson, Easley, and Larragoite presented a document with changes to the Telehealth act, as discussed at the previous Commission meeting, which is an amendment to strengthen the act. Sect. 3 A #20 and 21 were added although not highlighted. Sect 3B, added 13-16. # 13 should be FQHC . Commissioner Adelsheim added that language should include family members and consumers in the group of people listed in the purpose of the act in Section 2b. Commissioner Larragoite brought up that section 2 health care is highlighted – does this distinguish between other forms of health care? Oral health can be considered part of Telehealth care in terms of the types of services available. Commissioner Easley proposes changes to include language that THC will establish its own operating rules and not be dictated by legislative language. Any further comments from Commissioners should be made now. The Governor’s office has also asked to change the Telehealth Commission Act. Commissioner Picraux suggested combining the two acts for less confusion. Commissioner Duran asked about the known changes coming from the Governor’s office and Chairman Mayer replied – 1) increase membership in commission and 2) broaden the scope to include telemedicine – not just telehealth. A motion was made to remove “provider service organization” from the document. “In order to be licensed” stays in. Treat state medical assistance program separately. Add pending federal approval to this piece. Change mental health clinic to behavioral health program. Add Community Health Representatives to the provider list. Final concurrence on this language is due one week from today, and then the document will be forwarded immediately to Representative Picraux. Include correctional facilities to the list of consumers of telehealth services.</p>	<p>Commissioner Easley will prepare a final and send out to Commissioners</p> <p>Commissioner Velarde will help define provider service organization. Commissioner Easley will follow up with her.</p>
<p>Legislative approach</p>	<p>Bob Mayer explained the matrix of FY 08 New Mexico Telehealth Initiatives.</p>	<p>Commissioners will take home and add/edit the information and return for addition into the master document.</p>
<p>Landscape diagram</p>	<p>Commissioner Wingate explained the two page document that shows the landscape diagram. This allows the various telehealth entities to locate themselves on the diagram and where they will fit within the Telehealth landscape in New Mexico. He explained the difference between electronic medical records and health information exchange. Commissioner Tiernan further explained that an electronic medical record is not as comprehensive as an electronic health record. Representative Picraux added that there is a need for a privacy component and some language should be written around this. Commissioner Duran stated that the Center for Telehealth is laser focused on Telehealth and would be an ideal fiscal agent. Financial management and operational/business activities are two separate functions and discussion ensued around whether one agency should handle both functions.</p>	<p>Change electronic medical records to electronic health records.</p> <p>Add aging and Long-term services to the list of agencies.</p> <p>Dr. Easley asked for a brief report for purpose of due diligence from</p>

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		the Center for Telehealth.
Next meeting	November 15 th CNM Workforce Development Center	

Meeting adjourned at: 4:26 p.m.