

**New Mexico Telehealth Commission
Meeting Minutes
April 18, 2007
New Heart Center, Albuquerque, NM**

Commissioners Present: Steve Adelsheim, Dale Alverson, Lynne Anker-Unnever, Leo Baca, Tony Davis, Mark Duran, Stephen Easley, Lowell Gordon, Maggie Gunter, Richard Lueker, John Martinez, Robert Mayer, Danice Picraux, Erma Sedillo proxy for Frank Pullara, Craig Wingate.

Commissioners Present via Televideo: Jane Breen Pierce

Commissioners Absent: Paul Ehrlich, Jim Holloway, Dwayne Jordan, Patricio Larragoite, Ben Ray Lujan, Danny Sandoval, Tomas Torres, John Tiernan, Jeanette Velarde.

Staff Present: Deborah Gallegos, Karen Gonzales, Camille Maes.

Stakeholders Present: David Douglas, NM Telehealth Alliance; Terry Boulanger, NM Telehealth Alliance; Arturo Gonzales and Austin Buff, Sangre de Cristo Community Health Partnership; Yolanda Herrera, NM Corrections Department, Patricia Montoya, NMMRA; Dr. Deb Hall, Project REACH; Dr. Jessica Tumposky, Wellness Coalition, Joie Glen, NM Association for Home and Hospice Care

Welcome and Introductions: Chairman Mayer welcomed the Commissioners and audience and invited audience members to introduce themselves. There was a quorum with 14 commissioners present.

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Minutes	Minutes from the March 21, 2007, meeting were approved with changes. The agenda was approved.	Dollar amounts appropriated during 2007 legislative session will be added to March minutes.
Letter of support	A letter on behalf of the Commission in support of the Federal Communication Commission's Rural Healthcare Pilot Program was reviewed.	Letter will be redrafted and emailed to commissioners for approval.
Subcommittee Recommendations and Reports	<p>Prioritizing Proposals – Bob Mayer A proposal outlining three criteria for evaluating and prioritizing legislative funding requests involving health information technology and Telehealth was presented. This system will allow THITC to present a coordinated package of funding requests to the Legislature and will help ensure that agencies are not duplicating existing efforts. The three criteria are:</p> <ol style="list-style-type: none"> 1) Publish guidelines and timelines 2) Submission requests for funding need to come to the Telehealth Information Technology Commission 	

	<p>3) Evaluation Process</p> <p>Requests that are purely technical in nature will have to go through the Office of the CIO first. Commissioner Anker-Unnever suggested that demonstration of capacity to deliver service be added to the list of what must be submitted with requests. Commissioner Wingate suggested that a ranking system be used to prioritize the requests.</p> <p>Communication – Craig Wingate Due to time conflicts this past month the Communication subcommittee did not meet. Commissioner Wingate suggested a new subcommittee chair be selected. The Chairperson should have access to the information necessary to complete the work. The subcommittee was to come up with strategies to communicate THITC work with stakeholders. Commissioner Picraux nominated Commissioner Duran as subcommittee chair. Commissioner Duran accepted the nomination and requested more clarification on goals/objectives of subcommittee. The THITC needs to identify clear and distinct roles and responsibility of what THITC is doing overall. Subcommittee members include Commissioner Duran, Commissioner Easley, Commissioner Wingate, Commissioner Breen Pierce, and Commissioner Lueker.</p> <p>Privacy and Security – Maggie Gunter Commissioner Gunter has not formally put together a report. The subcommittee has been looking at existing barriers including state laws and business practices. DOH is the lead agency looking at barriers. There is \$13K in funding available for an implementation plan. Additional funding will be available to put this into place.</p> <p>Commissioner Adelsheim recommended the group request assistance from CYFD for the adolescent component.</p>	<p>Commissioner Mayer will provide further clarification off line.</p> <p>Commissioner Gunter and Commissioner Adelsheim will talk to determine who form CYFD should be brought in.</p>
<p>Commissioner discussion goals and mission</p>	<p>Commissioner Duran provided an overview of the initial intent of the THC. Initially, the Commission focused on policy and the Governor’s concerns with the amount of money that was being spent on IT and Telehealth. There was no common architecture for the purchase of equipment and there was fear that the equipment would become outdated and not used.</p> <p>The Commission is now called the Telehealth & Health Information Technology Commission and focuses on being an advisory body.</p>	
<p>Lunch Break</p>		
	<p>Commissioner Dale Alverson presented on behalf of Commissioner Patricio Larragoite.</p> <p>The Telehealth Act was reviewed. The Commission looked at the Telehealth Alliance as bringing in the private and public sectors. What is the Commission’s relevance and role within Telehealth? Whatever the Commission does still has to go back to the executive</p>	

branch. This is an opportunity to define the Commission's role. One of the goals as a Commission is to encourage delivery of services via Telehealth. There needs to be resources that can tie those that are invested with services that are available. An advisory model and regulatory/policy model were discussed.

Advisory Model:

- Encompasses coordination of whom and what?
- Advisory to whom – Cabinet Secretaries and Legislature?
- Create a process to provide advice
- Review of requests and recommendations
- Create proof of knowledge regarding TH/HIT
- Communication with public regarding TH/HIT Commission
- Advocacy
- Create concrete work products

Regulatory/Policy Model:

Commissioner Mayer stated that the Commission will also be advisory. Any role that the Commission carves out will always have an advisory role. THHITC needs to produce white papers to outline to whom it provides advice to and process for outcomes. An infrastructure must be developed in order to move forward. Commissioner Duran feels #1 role of Commission is to include Telehealth in policies that are getting funded and executed across the state. Define the role of Telehealth by HHS including policy objectives and spending of \$ for HHS programs across the state.

Commissioner Duran posed the question of having a Commission comprised solely of stakeholders. This would eliminate the question of which stakeholder is going to do what.

Other TH/HIT Organization

- UNM Center for TH
- NM Telehealth Alliance
- LCF/NMHIL
- NM RHIO Grande
- NMMRA

OUR “TO DO” LIST

- 1) Facilitate integrating TH/HIT policy with HHS Secretaries e.g. ITC regarding infrastructure development to support health information exchange.
- 2) Put our self out of business?
- 3) Need a staff/equipment to accomplish
 - a) analyst, data person, and someone to meet with congressional districts
- 4) Strategic discussions with stakeholders
- 5) Oversight of TH/HIT
 - a) develop an RFP process and organizations that can execute

GSD will host repository
DOH will provide staff

	<p>6) Compile a national and international list of offerings</p> <p>Next Steps</p> <ol style="list-style-type: none"> 1) Review and refine model and how to implement 2) Aggregate current resources to operationalize (CNM, CFTH, GSD) 3) DOH could provide staff to begin responding to charges in the TH/HIT Commission Act 4) Menu of CEU – website <ol style="list-style-type: none"> a) Website exists to post minutes of meetings 5) Review other state models of Telehealth and RHIOS <ol style="list-style-type: none"> a) AZ Telehealth model is independent of regions. ATP is operational and in the trenches. To participate you must subscribe and there is a fee scale. Tech support is available 24/7. They have an advisory council with Commissioners on it. The ATP is university based but do not report to the University. b) California State model 6) Inventory HIT/HIE initiatives (LCF, NMMRA) <p>Objectives listed in Telehealth Act should be listed on “To DO” list.</p> <p>What should the Commission ask for in terms of funding from the legislature?</p> <p>One of the goals of the commission has been to encourage delivery of services through use of Telehealth. The organizational components in 1st year proposal and landscape diagram address impression that Telehealth programs were scattered and not organized. What was missing organizationally was pursuit of capital to fund programs. The organizational pieces weren’t about building infrastructure but about building business foundation. There’s a lot that can be done.</p> <p>Communication strategies to legislators: 1) Make the message short and concise; 2) Need a good picture of what the Commission does. Legislators know what the Commission can do, but need to see what is being done; 3) Be ready to answer questions about privacy and cost. Detail what infrastructure exists. Be considerate.</p>	<p>Commissioner Gunter will get information on CA state model and who are the stakeholders participating.</p>
Next meeting	<p>May 16, 2007, New Heart Clinic, CANCELLED. Next meeting June 20, 2007, New Heart Clinic.</p>	

Meeting adjourned at: 4:00 pm