

**New Mexico Telehealth Commission
Meeting Minutes
September 20, 2006
TVI Workforce Development Center Albuquerque, NM**

Commissioners Present: Steve Adelsheim, Dale Alverson, Lynne Anker-Unnever, Leo Baca, Tony Davis, Mark Duran, Stephen Easley, Jim Holloway, Dwayne Jordan, Patricio Larragoite, John Martinez, Robert Mayer, Danice Picraux, Jane Breen Pierce, Danny Sandoval, John Tiernan, Jeannette Velarde, Craig Wingate

Commissioners Absent: Paul Ehrlich, Lowell Gordon, Richard Lueker, Ben Ray Lujan, Terry Maness, Frank Pullara, Tomas Torres.

Staff Present: Deborah Gallegos, Teresa Henke, Camille Maes.

Stakeholders Present: Jeanne Paradis and Wanda Pacifici, Acadia Hospital, Bangor Maine; Scott Searleg, Pressque Isle, Me.; Renee Boucher, Aroostook Medical Center; Lucille Gora CBHTR; Al Sandoval, ABBA technologies; Georgia Kosciusko, Eastern Maine Healthcare Systems; Mary Ann Scott, Center for Telehealth; Sheila Conneen, NMMRA; Khara Davis, NMMRA; Bob Tacker, NMMT; Irene Luetzgen, CYFD; Arturo Gonzales and Paul Nelson, Sangre de Cristo; David Roddy, NM Primary Care; Jane Epstein, ENVISION; Dr. Deb Hall, REACH; Terry Boulanger, New Mexico Technet; Nicole Baptiste, Sandoval County.

Welcome and Introductions: Chairman Mayer welcomed the Commissioners and the audience, and audience members identified themselves and their professional affiliations.

Topic	Discussion	Action/Person Responsible
Approval of Agenda	Today's meeting agenda was presented for approval.	Motion to approve and seconded. Agenda approved
Approval of Minutes	Both the minutes from August 16 th and the minutes from the previous meeting on July 19 th were presented for approval.	Both sets of minutes motion to approve and seconded. Both sets of minutes approved.
Telehealth Presentations	<p>REACH Dr. Deb Hall presented on the Rural Early Access to Children's Health (REACH) which is part of UNM's Telehealth group. REACH provides a rural community based Telehealth Network for early intervention and developmental specialty care to families and children with disabilities. Challenges include connectivity and technical support to the sites. A question and answer period followed the presentation.</p>	
	<p>Telehealth Alliance Dr. Dale Alverson and Mr. Terry Boulanger presented on the Telehealth Alliance. There are more than 20 programs at the University alone that are doing Telehealth. The diversity in this health system demands Telehealth technology. Objectives of the Telehealth Alliance: Create an operational</p>	Commissioner Duran requested that every meeting have a review of the status of the

	<p>organization to act as trusted third Coordinate telehealth services between providers and service recipients; Provide user training; evaluate outcomes and successes; Coordinate with other Telehealth and HIT initiatives. A question and answer period followed the presentation.</p>	<p>Telehealth appropriation to the Department of Health.</p>
	<p>Wire New Mexico Commissioner John Martinez as a representative of GSD presented on Wire New Mexico. Wire New Mexico is a concept. When looking at broadband, the US ranks #20, and New Mexico ranks #41. Wire NM is trying to bridge that gap. What we have in NM are networks that are owned by the private sector. These networks are state agencies, DOT, the alliance and others. In today's world they are paying to own the different networks. Wire NM will supply a common Infrastructure that all these entities can use. Some of the concerns are that the networks are already in place, the infrastructure that is in NM is already in place we lease the infrastructure. The difference is that everyone can utilize this infrastructure. Encourage everyone to look at the State CIO Website www.cio.state.nm.us/content/cioReports/WireNMPresentation7-19-2006.pdf . The core is a hybrid of platforms, some of it is digital microwave and some is fiber. This is leased from Raton to El Paso and from Albuquerque to Farmington. Will take from El Paso around the eastern side of NM and back to Albuquerque. Wire NM is open by statute to State Agencies, institutions which include the Universities, and governmental entities. If there is a school based health center it would qualify, if it is a private clinic it would not. There are discussions on how wire New Mexico can affect the State as a whole. A question and answer period followed the presentation.</p>	
<p>Framework to establish a statewide health information structure</p>	<p>Jeff Blair presented his ideas for a statewide health information structure framework. The information presented is informational, not a legislative proposal. The challenges of healthcare costs, number of medical errors, ability to respond to bioterrorism and the number of Americans without health insurance are great, and information technology can be a solution. Specific healthcare programs and the infrastructure component make up the Health Information Infrastructure (HII). Acceleration of the infrastructure components of the HII are a national priority and have bipartisan support. Privacy and security are absolutely mandatory. HII consists of Electronic Health Record Systems (EHR); Health Information Exchange (HIE); Telehealth Networks; e-Prescribing networks; Payer-Provider (reimbursement) networks; Personal Health Record Networks, among others. The State can play a role in leadership and coordination of the New Mexico HII. This presentation provides a decision making framework for state officials.</p>	
<p>Finalize Telehealth Concept; Steve Adelsheim, Dale Alverson, Craig Wingate</p>	<p>Commissioner Adelsheim presented his concept of the rural hub piece and talked about the different service components that would take place there. Three circles that come out of each other, center is patients, families, communities, providers and services. The circle that surrounds the center consists of four areas: Direct Service, Support Services, Case Consultation, and Training and Education. The outer circle describes the components that are part of each of the four areas. Direct Service includes Screening</p>	<p>A group will be formed to finalize the conceptual model and landscape diagram. The group will include Craig</p>

	<p>and Assessment, Intervention and treatment, and emergency support. Support services include coordination and referral and quality and evaluation. Case consultation includes single site, cross site and direct service observation. The Training and Education area consists of home based training, consumer rights and education, pre-service education and in-service education.</p>	<p>Wingate, Bob Mayer, Steve Adelsheim, Mark Duran, and Dale Alverson. The landscape diagram will be presented at the next Commission meeting.</p>
<p>Telehealth Act</p>	<p>Telehealth Commission legislation and Telehealth Act. Commissioner Larragoite presented information on the potential/possible amendments to both pieces of legislation. Asking for money to take the Commission to rural New Mexico. Commissioner Picraux presented language for possible changes to the Telehealth Commission legislation. She also recommended if we do change this act; make it one piece of legislation to include “amend certain sections of...”</p> <p>Other Commissioners made the following suggestions:</p> <ul style="list-style-type: none"> • Use “shall” as stronger language • Add date/deadline language • Define “provider service organization” • Add Licensed Independent Social Workers and Masters Level Counselors as providers. • Include Behavioral Health Care along with Medical Care, • Consider adding FQHCs, CMHCs and medical practitioners’ offices or licensed health care providers and licensed behavioral healthcare providers. • Add the language “including but not limited to” • Reimburse Telehealth experts across the nation to travel to New Mexico to address the Commission • Reimburse for travel from rural New Mexico • Reimburse for travel to other States 	<p>The information presented is included as an attachment to these minutes and will be distributed via email to the Commissioners. Any suggested changes will be emailed to Teresa Henke who will distribute the information to the panel. Panel will bring this back to the Commission with suggested changes.</p>
<p>Preparation for legislative session</p>	<ul style="list-style-type: none"> • The Commission will compile the list of programs that are using Telehealth so that they can be approached and included in any legislation, so as to present a unified front to the Legislature. • They will also be asked to identify where in the landscape diagram they reside. • Suggestions were made to: <ul style="list-style-type: none"> ○ Create a process where if entities are going to apply to the legislature they come through the Commission (similar to the process the BH Collaborative and Aging and Long term services use) and use the Commission to prioritize and give structure; ○ Work towards programmatic parity; ○ Have a placeholder with Secretary Hyde at Invest New Mexico as an avenue to keep a dollar amount (asking for \$2M) for recommended initiatives for the Telehealth Commission ○ Electronic health records, health information exchange, and seed clinical services hubs are among the 	

	<p>recommendations from the Department of Health</p> <ul style="list-style-type: none"> ○ Organizational elements essential for success: Clinical Coordination, Planning and accountability, organizational components from last year’s proposal. Revitalize or fine tune last year’s document. Also a business plan and a timeline. ○ Should be planning for this year and two years from now. ○ Many of the elements that are in the initial plan should be included in this year’s proposal ○ Commissioner Picraux will ask the Committee to open a Telehealth File for information to be gathered 	
Announcements	<ul style="list-style-type: none"> ● Bob Mayer will present to the Interim Health and Human Services Committee on the framework to set the context on all the individual pieces. Dr. Arora, Maggie Gunter, and Jeff Blair will also be there to get the committee up to speed in preparation for the legislative session. ● The Governor would like to expand the focus and membership of the telehealth commission to include health information technology. ● The Governor has added telehealth goals to the performance and accountability contract. ● The status of the appropriations for Telehealth: \$750,000 for technology (money earmarked for SBHCs and rural healthcare clinics) \$190,000 for program and planning will support/expand existing programs in several areas: REACH, ENVISION, an existing teenage depression/suicide program, and ValueOptions. 	
Next meeting	October 18 th , 2006 CNM Workforce Development Center	

Meeting adjourned at: 3:55 p.m.