

**New Mexico Telehealth Commission
Meeting Minutes
November 15, 2006
TVI Workforce Development Center Albuquerque, NM**

Commissioners Present: Steve Adelsheim, Dale Alverson, Leo Baca, Tony Davis, Mark Duran, Stephen Easley, Paul Ehrlich, Lowell Gordon, Maggie Gunter, Dwayne Jordan, Patricio Larragoite, Richard Lueker, Terry Maness, John Martinez, Robert Mayer, Danice Picraux, Jane Breen Pierce, Tomas Torres, John Tiernan, Craig Wingate, Yolanda Herrera for Frank Pullara, William Blair and Derek Irion for Jim Holloway, and Crawford Spooner for Danny Sandoval.

Commissioners Absent: Lynne Anker-Unnever, Ben Ray Lujan, Jeannette Velarde.

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

Stakeholders Present: Mary Ann Scott, Center for Telehealth; Stephen Burd, Telehealth Alliance; Lucille Gora, CBHTR; W. Walsh, NMPCA; Dan Jaco, NMMRA; Joie Glenn, NMAHHC; Bill Wilcox, the Wellness Coalition; Arturo Gonzales and Paul Nelson, Sangre de Cristo; Patricia Montoya, NMMRA; David Roddy, NMPCA; Bill Johnson, Telehealth Alliance; Terry Boulanger, Telehealth Alliance; David Douglas, Telehealth Alliance; Meg Lueker, New Heart; Dr. Deb Hall, UNM Project REACH.

Welcome and Introductions: Chairman Mayer welcomed the Commissioners and audience and invited audience members to introduce themselves.

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Agenda	Approved	
Approval of Minutes	Minutes of September 2006 and October 2006 meetings are approved	
	<p>New Heart Dr. Richard Lueker presented on New Heart and how the Telemedicine program at New Heart expands cardiac therapeutic options. NM has the best disease management system in the world. In the future, the number of people suffering from heart disease will increase to the point that healthcare costs will increase beyond existing resources. Cardiac rehabilitation provides secondary prevention for cardiac disease and provides a great opportunity to change the face of cardiac disease. The rehab program includes nutritional counseling, exercise and physical activity counseling, risk factor management, psychosocial vocational counseling. 2000 Kilocalories of physical activity per week can reduce coronary disease which leads to reduced mortality, reduced potential of future cardiac events, reduced revascularization procedures, and reduced mortality. Protective mechanisms for rehab include improved endothelial function, slowing of atherosclerotic process, and reduction of chronic inflammation. Telemedicine jumps barriers of distance, trained personnel, and reimbursement issues to make a difference to allow services provision. Barriers to prevention/rehabilitation include distance, trained personnel, and reimbursement. Telemedicine can jump the barriers. New Heart is located in</p>	

	<p>Gallup Rehoboth Hospital as well as in Albuquerque. Connectivity: T-1 line three times a week, Program: Baseline consultation, two follow up visits, Outcome Data-3 years, Comparable reductions Stress Scores, Comparable reductions in Dietary Fat, Similar reduction BP/Lipid Values, Energy Expenditure increase. Outcomes at both Rehoboth Hospital and New Heart mirror each other showing that Telehealth treatment is effective for cardiac disease. A question and answer period followed the presentation.</p>	
	<p>UNM Center for Telehealth Dr. Dale Alverson presented on the UNM Center for Telehealth and Cybermedicine Research. Funded by NM State Legislature based on bill put forth by Rep Picraux in 1995. Received two large federal grants to develop a Telemedicine program in New Mexico. They expanded to 8 FTE over the next six years and also developed business plans with Anderson Schools of Management. In 2003 the Telehealth Alliance was formed for public/private collaboration, and the Center for Telehealth also developed International Telehealth programs in countries such as Ecuador. They wanted to model local health to address global health issues. In 2006 the Center was authorized by HSC VP, Dr. Paul Roth, to become the Telehealth coordinating and facilitation Center for UNM HSC. The Center for Telehealth will continue to develop visible and sustainable Telehealth networks delivering demonstrable health care services and benefits to the underserved in New Mexico nationally and internationally. Goals of the Center for Telehealth are to: Foster Telehealth alliances and collaborative activities; Incubate new Telehealth programs and applications; Provide strategic and operational support to Telehealth users; Coordinate Telehealth services across UNM HSC departments and partners; and Participate with UNM HSC departments in research, evaluation, and analysis of Telehealth technologies, programs and impact on health outcomes. Additional goals are: Educate healthcare professionals on Telehealth policy implementation and operations; Assist UNM HSC programs and partners to provide healthcare service to customers, primarily underserved populations; Advance the development of sustainable Telehealth networks; Promote sharing of resources and appropriate redundancy to obtain economy of scale; Ensure interoperability of systems; Facilitate the collaborative use of Telehealth to address global health issues; and Raise the awareness of the value of Telehealth. The Center for Telehealth sees their role as a coordinator and facilitator of Telehealth activities for HSC and its partners and is involved in many of the active Telehealth programs in the State. Grant funding has shown a significant increase while state UNM Center for Telehealth funding has remained low and steady. There are fourteen new telehealth programs and projects that are in preparation to be launched. The Center for Telehealth has representation in other telehealth initiatives, including national telehealth associations, and has a plan for the continuing role for the Center with other state telehealth systems, including the Telehealth Commission and Telehealth Alliance. The web address is: http://hsc.unm.edu/telemedicine. A question and answer session followed the presentation.</p>	
	<p>FCC broadband initiative Dr. Dale Alverson reported on this initiative which was officially released September 29th from the FCC. The telecommunications act of 1996 provided 4 million dollars per year for discounted broadband for rural communities, who could apply through the “universal services fund” (USF). The rural communities that qualify would pay the same price that users in Albuquerque pay. The difference in cost would be paid by the USF fund to the provider. The FCC would like to see the money used more effectively, since only a portion has</p>	

	<p>been paid out. Approximately \$65 million is available this year for a few pilot programs to develop planning and modeling for integrating Internet2 or National Lambda Rail (NLR) into rural health care telemedicine networks in a state or region and cover up to 85% any additional infrastructure costs. There is a small group (“Red Team”) being put together to develop a proposal. They will have 30 days to respond once the official RFP is published (estimated to be mid January to February 2007). A question and answer session followed the presentation.</p>	
	<p>CBHTR survey Dr. Steve Adelsheim explained the idea behind the Consortium for Behavioral Health Training and Research (CBHTR). The goal of CBHTR is to create a state, university, and community college partnership. Overall purpose is to create a consortium of behavioral healthcare resources in New Mexico to provide support for addressing the state’s critical behavioral healthcare needs including improvement of access to quality care, develop workforce well trained in state of the evidence based practice, and develop the state’s health services research and evaluation capacity. The goal is to improve the access of the NM residents to evidence-based behavioral health care through workforce development, training, and capacity expansion. The survey includes both a technology component and a health component. Today CBHTR is sharing the survey to ask for the blessing of the Commission to show that the Telehealth Commission is partnering with CBHTR. The survey will be sent to anyone who offers a behavioral health service in New Mexico. It will be used as a tool to identify gaps and to coordinate efforts. A question and answer session followed the presentation.</p>	<p>Motion moved, seconded, and approved to endorse the survey.</p>
<p>Telehealth/HIT legislative initiatives</p>	<p>Commissioner Wingate and Commissioner Duran presented the proposed Telehealth Landscape diagram and explained how all the Telehealth entities are able to fit into the diagram. Commissioner Duran stressed the need to identify the type of entity that would reside in the “blue box” on the diagram. Possibly more than one organization could reside in the blue box. A separation between the fiscal agent and the operational agent would be ideal due to possible conflict of interest. The choice of fiscal agent mirrors writing a job description and then hiring the right person. It should be an organization who can accept funding from the legislature, write proposals, can write and receive grants, and etc. In addition the organization must have a certain nimbleness and ease of operation. There should exist within the blue box a direct connection to the Telehealth Commission. The fiscal agent will report directly to the Telehealth Commission, and any contractors will report both to the fiscal agent and the Telehealth Commission. Commissioner Easley suggested that a general management partner within the blue box will manage the operations. The light blue bands in the diagram are the most important priority according to Commissioner Wingate; the Clinical, Business, and Technical services coordination centers. Strategic planning and vision is done by the Telehealth Commission. The Blue Box is not in a decision making position, except to determine the proper vendor or vendors, and also potential definition of scope. The expectation is that next year the Telehealth Commission will be a clearing house for all Telehealth activities in the State. This year’s legislative proposal will set the state for next year’s activities, in other words the Commission is crafting a long-range vision for itself. Commissioner Picraux suggested taking a look at other Commissions as a model to see how they are being successful. Will the diagrams be useful to the legislature? If handing out a picture it should be simplified. An assumption has been made as to the level of authority the telehealth commission should have. This is the Governor’s Commission and the Governor needs to be in agreement with any plan put forth by the Commission. Currently</p>	<p>Suggested changes to the diagram include: 1. Change solid line to dotted line between the Telehealth Commission and the Blue Box; 2. Write out Interim Legislative Committee on Health and Human Services; 3. Change to “OWTD”; 4. Additional line for “non-statutory legislation”</p> <p>Motion to approve did not pass: 4 in favor; 12 against; 9 not present.</p> <p>Commissioners will send Teresa</p>

	<p>the Commission is an oversight/recommendation body and clearly an advisory body. It would make sense for us to see ourselves as getting to review any legislation re: telehealth and giving an opinion about redundancy/cost/implementation, etc. That would be advice to the legislature and means we have intimate knowledge of telehealth in the State. With that knowledge base the Commission would become very valuable with an important role but not a controlling role. It has been our role to develop something and see if that is what the Governor wanted. <u>Motion: Approval of the landscape document as a statement of intent (with the addition of a line for non-statutory legislation) for the Commission use the diagram to develop the written document that the chairman suggested, to create a dialogue with the Governor’s office with explanation that it is the Commission’s intent that once the recommendations get funded, the Telehealth Commission will have oversight and consultation with the fiscal agent for all telehealth initiatives that are endorsed as primary initiatives of the Telehealth Commission.</u></p>	<p>specific questions about our role in the future.</p>
<p>Proposed legislation</p>	<p>Commissioner Easley and Commissioner Alverson presented on the proposed Telehealth legislation. Two Telehealth Acts pertain to the Commission. The original act was presented with changes identified in blue. Changes are as follows:</p> <ul style="list-style-type: none"> • Added behavioral health and oral health care; • Section B deleted and changed to “the purpose of the telehealth act is to provide a framework for; • “But not limited to” was added to the list of licensed healthcare providers; • Three professionals were added to the list of healthcare providers; • A patient’s residence was added; • Deleted “when distance separates the healthcare provider and the patient”; • Language describing HMO was changed. • Language added to originating site so not to provide limitation for reimbursement of services provided. <p>Commissioner Picraux stated that changing language from “may” to “shall” and other changes are not a “slam/dunk”. We need some communication with people who are affected by this legislation, such as insurance companies. She also cautioned that the proposed change in the language does not mean that insurance companies, etc. will accept the changes.</p>	<p>Motion moved, seconded and approved to accept the proposed legislation with changes.</p> <p>Teresa will send out legislation for Commissioner’s review.</p>
<p>Funding channels and coordination responsibilities</p>	<p>Chairman Mayer directed the Commissioners and the audience to review the Telehealth program grid, and ensure that all known Telehealth programs are represented.</p>	
<p>Announcements</p>		
<p>Next meeting</p>	<p>December 20, 2006 Roundhouse, Room 317</p>	

Meeting adjourned at: 4:15 p.m.