

**New Mexico Telehealth Commission
Meeting Minutes
August 16, 2006
CNM Workforce Development Center Albuquerque, NM**

Commissioners Present: Steve Adelsheim, Dale Alverson, Tony Davis, Stephen Easley, Lowell Gordon, proxy for Patricio Larragoite, Kristine Jacobus, John J. Martinez, Robert Mayer, Danice Picraux, Jeannette Velarde, Craig Wingate.

Commissioners Absent: Lynne Anker-Unnever, Leo Baca, Mark Duran, Paul Ehrlich, Dwayne Jordan, Richard Lueker, Ben Ray Lujan, Terry Maness, Jane Breen Pierce, Frank Pullara, Danny Sandoval, Ferdi Serim, John Tiernan, Tomas Torres.

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

Stakeholders Present: Sanjeev Arora, M.D., ECHO; Avron Kreichman, M.D., UNM; Jane McGrath, M.D., ENVISION; Terry Boulanger, NM Technet; Maggie Gunter, NMHIC, Marquita Sanchez, Abbatech; Jim Falmer, Bercy and Associates; Renee Martinez, Bercy and Associates; Vicki Gottlieb, OCIO; Niki Baptiste, Sandoval County; Leora Jueger, Sandoval County; Jane Epstein, ENVISION; Patricia Montoya, NMMRA; Dan Jaco, NMMRA; Arturo Gonzales, Sangre de Cristo; Paul Nelson, Sangre de Cristo.

Welcome and Introductions: Chairman Bob Mayer outlined the agenda for the day and introduced the presenters.

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Agenda	No quorum present for approval.	Approve next meeting.
Approval of Minutes	No quorum present for approval.	Approve next meeting.
Telehealth Presentations	<p><u>ECHO Sanjeev Arora, M.D.</u> Dr. Sanjeev Aurora presented on ECHO, the Hepatitis C Program. The ECHO model is a chronic disease management tool. The key principles the ECHO model is founded on are 1) use of technology such as telemedicine and internet to leverage scarce healthcare resources, 2) focus on improving outcomes by reducing variation in processes of care and sharing best practices, 4) centralized database. ECHO trains providers on chronic disease management, provides hardware and software on site, creates knowledge networks, initiate co-management learning loops, collect and monitor outcomes centrally, and assess cost and effectiveness of programs. Establishing centers of excellence in rural areas enables existing providers to provide specialty care to a community as opposed to relying on providers from outside the area. Treating and managing the most common chronic disease will have the greatest impact on the health of communities. Providing guidance across disciplines with a team of experts providing guidance leads to fewer medical errors, avoids unnecessary testing, mitigates costs of future care, reduces treatment related complications, improves outcomes with disease management protocols. By spending fewer dollars on people with insurance frees up healthcare access to those without resources. Establishing a center of excellence in rural areas enables existing providers to provide specialty care to a community as opposed to relying on specialty care</p>	

	<p>from outside the area. There is alignment between the ECHO model and the model THC is working on. It would be advantageous for UNM to work with THC to avoid duplication of resources. Following the presentation, Dr. Arora answered questions from the audience.</p>	
	<p>HRSA Avron Kreichman, M.D. Dr. Avron Kreichman presented on the HRSA Telehealth Project whose goals are expanding child psychiatric consultation and direct service to rural areas; incorporating direct service behavioral health into primary care, and improving diagnostic and assessment skills as well as treatment. It is based in two school based health centers (SBHC) attached to Primary Care health centers in Silver City and Ruidoso. This project is also looking at issues related to consent and treatment authorization. Is it in this state possible through medical practice to prescribe medication if your only contact is a telehealth contact? In addition there is also a patient advocacy framework, giving children, adolescents and families a chance to set agenda for their own care. With the intent is to do as much direct service as possible. If there are issues involving a particular child or adolescent, the staff at the primary care health center can determine who needs to be involved and arrange for interview for all involved to have a therapeutic conversation. Everything is transparent. There is emphasis on direct patient contact as the teaching model. All encounters must have de-identified information. Any documentation would not have any of that information. Dr. Kriechman and team have set up a research protocol to have people identified, but centers themselves have the actual patient information. SBHCs have protocols related to privacy and confidentiality. Following the presentation, Dr. Kreichman answered questions from the audience.</p>	
	<p>ENVISION Jane McGrath, M.D. Jane Epstein, CNP Dr. Jane McGrath presented on ENVISION New Mexico, which has three goals around overweight and associated diseases for New Mexico children. Providers will form centers of excellence around the state for treatment of pediatric overweight, which will increase patient care capacity. There is a huge disparity between the number of pediatric oncologists and the number of children who need care. Patients will receive treatment in their home community. The project includes a research component: screening all 10th and 11th graders at Silver City School Based Health Centers for diabetes risk factors, acanthosis nigricans and body mass index. The program is similar to ECHO, case conference based. (Will include a 15 minute CME.) Following the presentation, Dr. McGrath answered questions from the audience.</p>	
<p>Update on e-prescribing Steve Adelsheim</p>	<p>Commissioner Adelsheim reported on the feasibility of a physician prescribing medication to someone who they interviewed via telehealth model, without another physician involved. A meeting was held on this issue and The State Board of Medical examiners and State Board of Pharmacy representatives were present at the meeting, as well as other interested persons. The State Medical Board is establishing a policy on this issue and are looking at draft language, (Dr. Alverson sent them some nationally accepted telehealth related language). They will apply the same standards as would be required at a face-to-face encounter without a physical exam. Patricia Montoya, who heads a group looking at electronic health records, described the New Mexico prescription improvement coalition (consisting of all related state agencies), currently reviewing the status of e-prescribing in New Mexico.</p>	<p>Commissioner Adelsheim will follow up with the medical board.</p>
<p>Update on Medicaid Reimbursement Lowell Gordon</p>	<p>Commissioner Gordon reported on Medicaid reimbursement. Each state Medicaid program files a state plan amendment. Each individual State has rules and regulations of how the state will operate the Medicaid program. Our current state plan does not allow for Telehealth compensation with a direct face to face visit. Dr. Gordon has been directed by Pam Hyde to change this.</p>	

	<p>The process is to file a state plan amendment by 10/1/06, then allow 60 days for the feds to review. There is also a requirement for public comment so December 1st is a target date. The plan is to adopt Medicare's rules for Telehealth so as to minimize that CMS will want to delay the process. Asynchronous (store and forward) reimbursement is only allowed in Alaska and Hawaii currently. The approach will be to do what Medicare does initially and then to expand in subsequent amendments. The originating site will be paid using the Telehealth modifier. HSD will work with CMS to address these issues so that they can see real value in the long run at using Telehealth. The location of originating site can not be Los Alamos, Santa Fe, Bernalillo, or Dona Ana counties, because of the number of residents. The New Mexico Telehealth Commission should review the Telehealth Act and align the Commission so the Act supports it.</p>	
LUNCH BREAK		
Craig Wingate presentation on Telehealth model	Confirm or revise the diagram	
	Programs to locate where they fit on the diagram Discussion on how to make this real Need to work toward this vision collaboratively with input from key stakeholders and create a business model to sustain it. This should include Pre-profession training, outreach training and education, clinical consultation and direct clinical care. Also it should look at therapeutic service via televideo allowing others to observe and offer regional supports for different provider agencies. The idea is to support each other, work collaboratively, share a vision, and share stories for pursuit of capital. Where does the money go? Where do the services fit? We need a business case model that works for Telehealth in general in New Mexico. It can't be 100% public funded, because that is not sustainable. It is the job of the commission to determine the functional elements to be fulfilled and to help create the vision, and include all the constituencies we want to have targeted messages for.	Craig will lead a Subgroup to take comments on diagram and continue to look at the Vision and Dale will be part of the group. Refine diagram to include stakeholder comments. Look at goals, messages, and audiences. Dale Alverson will lead a group to review the Telehealth Act. Steve Adelsheim will define clinical service hubs. Stakeholders will come with specific needs for rural facilities.
Future meeting agenda topics	Review the various networks, including WIRE NM. Small group look at the Telehealth Act and come back with recommendations. REACH Presentation SBIRT presentation Telehealth Alliance Presentation – and use to determine function of middle	

	<p>piece of diagram.</p> <p>How to make the Vision real. (defining functions in each area) Rural facilities, clinical service hubs, and middle piece. Next meeting all the pieces will be put together and prioritize what we tackle as a Commission.</p>	
Next meeting	September 20, 2006 CNM Workforce Development Center	

Meeting adjourned at: 3:46 p.m.