

**New Mexico Telehealth and Health Information Technology Commission
Meeting Minutes
March 21, 2007
New Heart Clinic, Albuquerque, NM**

Commissioners Present: Steve Adelsheim, Dale Alverson, Lynne Anker-Unnever, Tony Davis, Stephen Easley, Dwayne Jordan, Richard Lueker, Robert Mayer, Jeannette Velarde, Craig Wingate. Deputy Secretary Erma Sedillo proxy for Frank Pullara, Deborah Gallegos proxy for John Martinez, Jeff Blair proxy for Maggie Gunter, and Bill Dunbar proxy for Danny Sandoval.

Commissioners Present via Televideo: Lowell Gordon, Patricio Larragoite, Jane Breen Pierce, and John Tiernan.

Commissioners Absent: Leo Baca, Mark Duran, Paul Ehrlich, Jim Holloway, Ben Ray Lujan, Danice Picraux, Tomas Torres.

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

Stakeholders Present: David Douglas, NM Telehealth Alliance; Arturo Gonzales and Austin Buff, Sangre de Cristo Community Health Partnership via televideo; Yolanda Herrera, Corrections; Patricia Montoya, NMMRA; Geri Becker, GSD; Jessica Tumposky, the Wellness Coalition; Joie Glen, New Mexico Association for Home and Hospice Care; and Dr. Deb Hall, project REACH.

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

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Minutes	Minutes from the November 15, 2006 meeting, the January 17, 2007 and the February 21 st 2007 meeting were approved.	
Legislative Wrap up <ul style="list-style-type: none"> • Funded Projects <ul style="list-style-type: none"> ○ PTSD ○ ECHO ○ REACH ○ Envision ○ EMR ○ HIE ○ Technical Assistance 	<ul style="list-style-type: none"> • 2 dozen Telehealth bills were submitted this legislative session. All but two had appropriations connected with them. <i>See page 5 for the funding approved.</i> • 2007 legislation renamed the Telehealth Commission “The New Mexico Telehealth and Health Information Technology Commission”. Also an additional covered profession was named: athletic trainers. • It was suggested that the Commission could gain more with a more coordinated request to the legislature. To move this forward, the Commission could identify what Telehealth means for each community and educate the individual legislators in those communities. <p>Need to begin strategizing for the next legislative session. Suggestions include:</p> <ul style="list-style-type: none"> • Educating legislators by sending out monthly updates; • Meeting with legislators in person; • Bring up successful programs in other areas than the legislator’s 	<p>Establish a subcommittee, chaired by Commissioner Larragoite, to look at <u>strategies for next legislative session</u>. A work session will be facilitated during the next meeting to collect feedback from the whole commission on the eight charges. Review the eight</p>

	<ul style="list-style-type: none"> • Educate as well about some of the health problems being solved by Telehealth; • Communities should also be educated about Telehealth services available; • Find some way of publicizing what is successful; • Ask groups already in existence to do some marketing for the Commission, possibly a monthly newsletter. Some of the resources are the Telehealth Alliance, the University, etc. 	<p>charges for the Commission, and the information coming out of that session will form the report to educate the legislators this summer. Commissioners Easley, Alverson, Tiernan, Jordan, Davis, Duran, and possibly Commissioner Gunter will be members of the subcommittee. The subcommittee will report out at the next meeting.</p>
<p>Policy Issues</p> <ul style="list-style-type: none"> • Commission Focus • Covered Professions • Reimbursement 	<p>Commissioner Wingate suggested a local focus by district including people served, disease state, Telehealth sites within the district, etc. It could include a score card for each of the programs in terms of appropriateness, applicability, extensibility, etc. Use the landscape model and show the components that are used by each program. Create a sizzle document with highlights of Telehealth within the state and around the country. Enlist legislators as advocates and let them talk to the press. Websites tend to be passive and the legislators need tools to take to the public. Legislators need to actually see sites, so possibly set up an event at key points around the state including rural areas.</p> <p>Chairman Mayer suggested folding the Telehealth program side into existing programs. A Telehealth prioritizing system has already been developed and published in respected journals. Commissioner Lueker suggested that anyone proposing a Telehealth bill should go through the Commission which would be the gateway for all Telehealth projects in the State. A subcommittee to work on the methodology for vetting proposals will meet before the next Telehealth meeting.</p> <p>Commissioner Gordon said that Medicaid regulations that allow reimbursement will be released after a review period. Public comment will be allowed and at that time Commissioner Gordon will send the link.</p>	<p>Commissioner Gordon will send a link re: public comment for Medicaid Telehealth Reimbursement.</p> <p>Establish a Communications subcommittee to work with existing Telehealth agencies, to put together a communications plan. Commissioner Wingate will chair and Commissioners Lueker and Pierce will be members of the Committee.</p> <p>Establish a subcommittee to</p>

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		<p>develop a methodology for vetting proposals. Chairman Mayer will chair the committee. Members are Commissioners Anker-Unnever, Alverson, and John Tiernan. Also Erma Sedillo.</p>
<p>Lunch Break</p>		
<p>Policy Issues for FY '08</p> <ul style="list-style-type: none"> • Security and Privacy • Patient bill of rights • Liability • Authentication 	<p>Jeff Blair reported that 34 States did an assessment of barriers to Telehealth. New Mexico has a really fractured approach to protecting privacy. There is also an issue with HIPAA which is sometimes used inappropriately. The Commission needs to oversee the drafting of a new privacy statute that protects privacy while allowing the exchange of health information. The legislation would have to facilitate the exchange of electronic health information. How does a provider get critical information if a situation exists in which the patient cannot give permission? Some provision must be created that will allow providers to access information in emergencies. We may also need to change the paradigm for who is the owner of the health information. There is also a need to safeguard minors' health information, including protecting it from disclosure to parents. Must have the consumer involved in bringing legislation forward. The goal is to have legislation ready this fall. Also tracking what other states are doing, including establishing a "patient bill of rights." Liability, accuracy, and authentication are huge issues, not the least of which is the cost of ensuring that these issues are considered and covered. An Interconnectivity Security Agreement exists within the Indian Health Service. Centralized authentication as HIE network is developed this could be a barrier to sharing healthcare information electronically. The federal government is being asked to standardize privacy and security education nationwide. Add into legislation language that states if a patient withholds information, the provider is not liable for any negative effects associated with that situation. Authentication is a tough issue and the technology around it changes rapidly. It should be embodied in legislation without being technically specified.</p>	<p>A subcommittee will be formed to work with Chairman Mayer on drafting the new privacy statute. Jeff Blair will participate as well as Cliff Reeves and Bill Dunbar, and Erma Sedillo.</p>
<p>Projects for FY '09 Funding</p> <ul style="list-style-type: none"> • Clinical service hubs • Network operations and technical assistance • Coordination • Remote monitoring • Infrastructure 	<p>Clinical service hubs-We need to have more and expect them to be funded through programmatic funding. Need to determine how to get sites connected and how to be sure services are provided efficiently. Network operations and technical assistance-Training is required for equipment usage and operation. Coordination-Ensure efficient use of resources. Remote monitoring-We need to explore this since it has the potential of significantly lowering re-hospitalizations and improving home care. Infrastructure-Is there enough infrastructure in the state? Need to work on the last mile piece. Technology is getting old, and may need replacement soon. Need a sustainable model for providers and reimbursement; a living document on how to sustain an infrastructure. Priorities should be decided and</p>	

	a business plan developed.	
Summary of Action Items	The subcommittees will meet before the next full Commission meeting.	
Next Meeting	April 18, 2007 New Heart Clinic 9:00 a.m. to 4:00 p.m.	

Meeting adjourned: 4:00 p.m.

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FY '07 Appropriations for Telehealth

HB/SB	Purpose	Original request	Funding approved	Funding agency	Comments
HB2	HIE	\$2,300,000	\$500,000	DOH	Contingent on match
HB2	HIE		\$350,000	DOH	
HB2	HIE		\$63,000	DOH	
SB611	EMR	\$2,000,000	\$150,000	DOH	
SB611	EMR	\$25,000	\$25,000	DOH	
SB611	Telehealth Technical Assistance	\$500,000	\$20,000	DOH	
SB611	REACH/Envision	\$600,000	\$50,000	DOH	
SB611	REACH/Envision		\$10,000	UNM	
SB611	ECHO	\$2,000,000	\$300,000	UNM	Base DOH budget includes \$1.6M
HB2	PTSD	\$500,000	\$500,000	HSD	
SB611	PTSD		\$200,000	HSD	
SB611	PTSD		\$70,000	HSD	
HB2	PTSD		\$250,000	DVS	
HB2	Center for Telehealth	\$1,080,049	\$200,000	UNM	
			\$2,688,000		
HB2	Telehealth for SBHC	\$750,000	\$750,000	DOH	Rollover of FY 07 Funds approved

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