

**New Mexico Telehealth and Health Information Technology
Commission Minutes
August 23, 2007
National Guard Armory, Santa Fe**

Commissioners Present: Bob Mayer, Craig Wingate, John Tiernan, John Martinez, Maggie Gunter, Dale Alverson, Stephen Easley, Lowell Gordon, Tony Davis, Tomas Torres, Kristine Jacobus (proxy for Liz Stefanics), Jane Breen Pierce (by phone) Lynn Anker-Unnever (by phone) Jeannette Velarde (by phone), Leo Baca.

Commissioners Absent: Steve Adelsheim, Paul Erlich, Jim Holloway, Dwayne Jordan, Ben Ray Lujan, Danny Sandoval, Richard Lueker, Danice Picraux, Mark Duran, Erma Sedillo

Staff Present: Deborah Gallegos, Denise Barner

Stakeholders Present: Arturo Gonzales, (DCCHP/SBIRT) Sheila Conneen New Mexico Medical Review Association

Welcome and Introductions: Chairman Mayer welcomed the Commissioners and audience.

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of agenda	Agenda from the July 19, 2007 meeting were not approved due to lack of quorum present.	
Approval of Minutes	Minutes from the July 19, 2007 meeting were not approved due to lack of quorum present.	

<p>Privacy Initiative Update</p>	<p>Commissioner Gunter- Privacy legislation in this state does not address the electronic transfer of health data. The state needs legislation that allows providers a quick and easy method to obtain patients’ medical records while providing security and privacy measures to the patient. First version of the legislative act will be presented in January 2008 and therefore needs to be completed and reviewed by the commission before said date. Actions underway in support of this legislation: 1) Grant-funded activities by Lovelace Clinic Foundation. 2) Surveying other states to look at their models and content of their legislative bills. 3) Working with Jeff Blair who is looking into national issues. 4) Commissioner Adelsheim will research issues around behavioral health. 5) Meet with a child advocacy attorney to cover issues around children’s records. Representative Danice Picarux will also provide input in this area.</p> <p>Commissioner Mayer-This will not be a huge change as what is being done today with paper records. The issues at hand are: 1) Providing a secure connection and encrypting information. 2) Deciding who will have access to what type of information. 3) Providing privacy (currently health care workers can determine previous health problems by looking at the medication the patient is taking). 4) Liability issues, determining responsibility incase incorrect data is reported. 5) Exploitation of this information. The system may be manipulated for things such as prescription drug information, identity theft, genetic information, insurance fraud, or discrimination by insurers, and alteration of records. 6) Sustaining the exchange program. Lastly, 7) Creation of silos due to different products organizations can buy. This program needs to be cost effective, easy to use, with benefits outweighing costs for both provider and patient. A forum will be held next week to discuss existing models. One proposed model by Washington State uses health data banks. This method allows the consumer to choose which data bank their records would be stored in. Another model is a record locator service indicating to both patient and/or provider where records are stored.</p> <p>Commissioner Wingate: From an IT aspect, an abstract conceptual model would work for the Health Information Exchange. Health information should not be in a data base. The hub of the program should be a semantic model that maps data from disparate systems with electronic medical record systems being one of the spokes. The connection between the two would provide protection and security of the data. Some similarities are present in the Enterprise Eligibility Program which is being worked on by Commissioners Mayer and Easley.</p> <p>Commissioner Gordon: Main concern is with silos and would like to integrate or bring together parties working on the Health Information Exchange and electronic medical record systems.</p>	
<p>FY09 Budget Initiatives</p>	<ul style="list-style-type: none"> ●Expand telecommunications connectivity in rural areas. Money should be spent expanding connectivity in rural areas This is an initiative of Wire NM, and will be driven by DoIT. Suggestion was made to get an update from Secretary Roy Soto. The users in these areas may be able to connect via Universal Service Fund (USF). The USF can provide funding for broadband connectivity and services for small rural areas. Commissioner Mayer, Alverson, and Martinez will form a committee and discuss how to best assist rural areas with an application to the USF program. K. Jacobus proposed the “School Model” for funding via USF. Create a state implemented forum or resource center on “how to”. This will expand the benefits of the program and help smaller communities help one another. ●Provide funding for electronic medical records systems at rural health clinics. 	<p>A Gonzales, B Mayer, and J. Martinez will meet the first week in September and return to commission with a proposal. J. Tiernan will contact John Deas to speak about his experiences in this area.</p>

	<p>Funding was approved during the last legislative session. The allocated funds should be spent on clinics that have shown the initiative and have a plan. If this is adopted there are several areas of concern: 1) It will be a challenge to transfer money from DOH to private entities. We might be able to disperse money through a grant program as long as all clinics were eligible. 2) Currently there are no standards or requirements for electronic medical record systems except those set by the federal government. In order to receive funding, standards must be attached.</p> <p>•Expand support for existing telehealth programs (ECHO, Envision, REACH, SBIRT, and IHS Suicide Prevention) and initiate new programs in Stroke, Dermatology, High Risk Pregnancy, and Autism.</p> <p>This area had the most votes for the coming year- we are looking at approximately 25 separate medical services delivered through these programs. These programs should come to the Commission and relay their proposed needs from the legislature so we can be a voice for them, in addition to tracking proposals. We need to support existing programs and see how they are applying funds that were previously received. We need to look at how pediatrics is linked to these programs, and we need to work with the NM stroke task force who is interested in utilizing telehealth. Other areas of interest are home health monitoring and oral health issues. Patricio Larragoite may be able help us in this area and can work with the oral health task force. Another area would be Tele-pharmacy, which has been done in other areas of the country. Commissioner Tiernan suggested we look at a presentation on dental services in tele-health.</p> <p>•Provide additional funding for an electronic health information exchange.</p> <p>If we don't receive any of the large grants we have applied for in the next couple of months, it will be difficult to build an EHI model that fits all of our criteria. We need to think about where we will go for funding. We will need to build this program with a sustainable business model which may take several years. DOH would like to be a participant but does not have the expertise or funding to be the lead. It will also require a detailed business case of what the communities want. Focus groups have been set up to discuss this. In order to support EHI, we are looking at a long term project that would lead to a sustainable exchange.</p> <p>•Initiate a program in home health monitoring with a focus on chronic disease management.</p> <p>This should be considered as part of the continuing funding for existing projects.</p> <p>•Provide funding for a comprehensive business case, and strategic planning activities.</p> <p>This would help the overall focus of the Telehealth and Health Information Technology Commission</p> <p>•Legislate reimbursement fees that support remote facilities, or subsidize with state funds.</p> <p>The state would have to take a proactive stance and have insurance companies provide reimbursement. There may be ERISA issues. We should leverage and support programs that exist now, and work on removing road blocks.</p> <p>Commissioner Tiernan suggested adding a coordination center to the above list.</p>	<p>Commissioner Mayer will summarize and bring this back to the commission for vote, then present to Governor Richardson.</p>
<p>HIT project endorsement</p>	<p>Commissioner Mayer- Presented a proposal letter to the Commission concerning funding proposals for health information technology. The Commission would invite different health organizations seeking state funds to present their proposals to the commission beforehand. The proposed letter would go to the legislature requesting that prior to considering proposals for health technology initiatives, that an inquiry take place to see if the proposal has first been presented to the</p>	<p>Commissioner Mayer</p>

	<p>Telehealth Commission. This will enable the commission to manage priorities and help identify related initiatives and partners. Additionally this will alleviate duplicate requests for funding and will allow tracking of other programs. Possible changes suggested the letter show the Commissions duties would be to note inconsistencies, duplications, strengths or weaknesses, instead of stating what we do or don't support. Suggest the commission have input into the Fiscal Impact Report (FIR). Suggest a process used by some States where they have a certain amount of money set aside for an outside reviewer to examine proposals. The proposals are evaluated by how they fit into the state's strategic plan, their sustainability, and if they are categorized as highly recommended, recommended, or not recommended. This would benefit the state especially with duplication of services. Suggest look at 5 different areas that the legislature looks at in order to provide guidance, also change to add duplication of services or infrastructure. Once a project has been funded, they can come back to the commission after a year and could use the following criteria; exceeds expectations, meets expectations or opportunities for improvement. Suggestion made to include in coordination with DoIT on infrastructure projects and the IT commission.</p>	<p>Commissioner Alverson, Commissioner Gunter and commissioner Mayer will revise the letter.</p>
Clearinghouse proposal	<p>Commissioner Mayer- At a previous meeting, a clearinghouse for grant opportunities was proposed. Suggest the center of telehealth work with the commission on this. This will be web-based information with updates being funneled through the center. Commissioner Alverson will work on this and Commissioner Tiernan will forward the information on grants he has.</p>	<p>Commissioner Alverson to follow up.</p>
Commission Goals	<ul style="list-style-type: none"> ●Telehealth performance measures ●Long range objectives 	<p>Postponed</p>
Adjourn	<p>Commissioner Mayer adjourned</p>	
Next meeting	<p>Meeting schedule will be sent out. Dates are September 20, 2007, October 18, 2007, November 15, 2007, and December 20, 2007. After that meetings will be every other month until June 2008.</p>	
Next meeting	<p>The next meeting will be in Albuquerque at the Bank of the West Building which does not have conferencing capabilities.</p>	