

**New Mexico Telehealth and Health Information Technology
Commission Minutes
September 20, 2007
Bank of the West Building
Albuquerque, NM**

Commissioners Present: Bob Mayer, Maggie Gunter, Dale Alverson, Stephen Easley, Steve Adelsheim, Kristine Meurer, Liz Stefanics, Jane Breen Peirce, Lynne Anker-Unnever, Jeannette Velarde, Mark Duran, Stephen Vaughn, Crawford Spooner – Proxy for Bill Dunbar.

Commissioners Absent: Craig Wingate, John Tiernan, John Martinez, Lowell Gordon, Tony Davis, Tomas Torres, Paul Erlich, Dwayne Jordan, Ben Ray Lujan, Leo Baca, Richard Leuker, Danice Picraux.

Staff Present: Deborah Gallegos, Denise Barner

Stakeholders Present: Arturo Gonzales (DCCHP/SBIRT), Sheila Conneen (New Mexico Medical Review Association), Terry Boulanger (New Mexico Technet), Reza Ghandini, Joie Glenn (NM Association for Home and Hospice Care), Jerry Harrison, Bill Johnson.

Guest Speakers: NM DOH Secretary Alfredo Vigil, M.D., Michelle Welby (Governors Office), Randall J. McDonald (Miller Stratvert P.A.)

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

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of agenda	Agenda for July and August meetings were approved.	Commission Vote
Approval of Minutes	Minutes for the July 19, 2007 and August 23, 2007 meeting were approved.	Commission Vote

<p>Rural Health and Telemedicine</p>	<p>Secretary Vigil – Use of Telemedicine and Telehealth components are critical in moving New Mexico’s health issues forward. Indicators suggest that we have not gone backwards as far as health reform; however we are currently at a flat line or a plateau with no forward movement. Given the size and poverty rate in New Mexico one of the toughest obstacles to overcome is obtaining money and resources to cover health care issues. A shift in thinking will have to take place. Telehealth information technology will hopefully move us into the 21st century, solving the biggest problem which is insuring the uninsured. In order to compete for resources we need to demonstrate the use of tools and resources we are asking for. We need a unified voice to present a clear understanding and a convincing case to the legislators, the citizens, and the Governor on what to expect within in the next 2 years. Secretary Vigil suggests creating a document that allows unified expectations, unified funding, and places as many appropriations under one umbrella as possible. This document needs to be designed so that message points are clear and concise. He suggests creating a framework based on current documentation or looking at RIFCA or other funds as a starting point. Additionally creating a proposal that mirrors different but successful models to present to the legislature is the way to start. Dr. Vigil also spoke of the executive proposed legislation that will have areas needing expansion such as: Creation of a health authority to oversee the system, insurance reform in order to be responsive to the plan, employer and employee mandated insurance - ensuring that those who need coverage get coverage, and quality and efficiency – having a functional electronic record system. It is the responsibility of the commission to provide clear and concise proposals on these issues.</p>	
<p>Privacy Legislation Update</p>	<p>Randy McDonald –Health Information Exchange: (HIE) A grant was awarded to New Mexico and funding went towards this project. Start date is July with deliverables due October 15th. New Mexico is facing conflicting and overlapping legal framework for sharing electronic health information. Proposed legislation would authorize HIE, while providing privacy for the patient. McDonald is canvassing other states as a feedback mechanism and looking at similar legislation for the HIE draft proposal. A canvas of all 50 states will be completed by Friday September 28th and a formal presentation of findings will be provided in the October meeting. The October meeting will include a facilitated discussion to elicit feedback from the Commission on the legislation.</p>	<p>Commissioner Gunter</p>
<p>HIT Project & Proposals</p>	<p>Michelle Welby – Universal Coverage Proposal: Before presenting a comprehensive reform proposal to the legislature, Michelle Welby from the Governor’s office is requesting feedback from the Telehealth Commission. HIT is a critical component to this legislation with a vital piece pertaining to electronic claims, submissions and medical records. The commission needs to development of a plan of action showing how telehealth can help New Mexico reach its goals. The commission also needs to take an active roll to address other issues in this legislation and provide suggestions before the session begins.</p>	

HIT Recommendation Letter:	<p>The letter was distributed. A vote will take place in October.</p>	<p>Commissioner Mayer</p>
Executive Proposed Legislation Draft	<p>Proposed changes and additions to Section V. (Page 5)</p> <p>V. <i>Substitute:</i></p> <p>C. <u>Require electronic medical records and Health Information Exchange</u> in use by all health care practitioners, facilities/providers and payors</p> <ol style="list-style-type: none"> 1. The Telehealth and Health Information Technology Commission will develop and submit a detailed plan to HCA for achieving this requirement, with specific action steps and implementation dates by January 1, 2011. 2. HCA and Telehealth and Health Information Technology Commission jointly make recommendations to the Governor and Legislature about legislation or appropriations required to implement the plan. <p>V. <i>Addition:</i></p> <p>F. <u>Increase Telehealth activities and incentives to improve access to quality healthcare.</u></p> <ol style="list-style-type: none"> 1. The Telehealth and Health Information Technology Commission will develop & submit a comprehensive plan to HCA for achieving that goal with specific action steps and implementation dates by January 1, 2010. 2. HCA and The Telehealth and Health Information Technology Commission will jointly make recommendations to Governor and Legislature concerning appropriations required implementation of a plan. 	<p>Commissioner Mayer</p>
Short Updates	<ul style="list-style-type: none"> • Telecommunications Connectivity: Only 10% of the USF fund is used mainly due to extensive paperwork making the process cumbersome. THITC is looking at a way to help these agencies. • Clearinghouse – The approach is to encourage potential applicants to use a rating scale, and to create a group of reviewers to be consistent with agreed upon priorities. Additionally there are areas we can join with others to receive funding. An example is Sandoval County who applied for the same grant and was denied as well • Grant Applications – FCC: A decision is expected shortly. NM has joined a variety of partners for this grant. Would like to get the new Department of Information Technology involved (GSD dropped out just before the application was submitted). Need to revisit with Secretary Soto. • PTSD: A plan of action will be submitted to the Governor on how this will be pulled together. This will include future plans and budget requests to expand the program around the state. Implementation will start in early October. • EMR: Secretary Vigil has convened an EMR forum to make 	<p>Commissioners Alverson, Adelsheim, and Mayer</p>

	<p>people aware of current priorities and accomplishments. A second EMR forum is scheduled for the beginning of October. Action assignments will be determined for groups that currently exist.</p>	
FY 09 Budget Initiatives	<p>The recommendations from the Telehealth and Health Information Technology Commission for FY09 budget initiatives were given to the commissioners.</p>	Commissioner Mayer
Commission Goals	<p>Telehealth Performance Measures: We currently use the following measures: 1) Number of sites, 2) Number of sites serving patients, 3) Number of patient encounters, 4) Number of medical services, 5) Number of hours of training and consulting. A sixth measure for children with disabilities will be added. Suggested other areas to track are: Management of chronic disease, and reduction of these diseases. Could be measured by using control group for comparison of patients treated face to face to patients treated via telehealth. Further suggested items are age at which autism is diagnosed, age at which mental services are used, data on quality of care and cost reductions, including travel time and costs to rural areas. PED STARS program collects such data and can provide a baseline of data for a starting point. Avoidance of urgent care and hospitalization by measuring and addressing homecare and preventative medicine processes. Additional services might include dermatology. Dermatological data could be captured and forwarded to specialists from rural areas. We need to look at what makes sense for the State of New Mexico. There are several organizations with similar missions. We need to collaborate and discuss what organization can contribute.</p>	Commissioner Mayer
Adjourn	<p>Commissioner Mayer adjourned</p>	
Next Meeting	<p>Next meeting will be October 18, 2007 and tentatively scheduled at the CNM Workforce Training Center. Confirmation of location will be attached to the next official call notice.</p>	