

**New Mexico Telehealth Commission  
Meeting Minutes  
June 16, 2008  
CNM Workforce Development Center, Albuquerque, NM**

Commissioners Present: Robert Mayer, Dale Alverson, Lynne Anker-Unnever, Bill Dunbar, Mark Duran, Stephen Easley, Lowell Gordon, Maggie Gunter, Jim Holloway, Roy Soto, Liz Stefanics

Commissioners Absent: Steve Adelsheim, Leo Baca, Michael Belgarde, Paul Ehrlich, Dwayne Jordan, Richard Lueker, Ben Ray Lujan, Rep. Danice Picraux, Jane Breen Pierce, Tomas Torres, Stephen Vaughn, Jeanette Velarde, Kristine “Kooch” Jacobus

Commission Staff Present: Margo Gomez. Karen Gonzales

Stakeholders Present: Joseph Scaletti, Mark Gottlieb, Reza Ghadimi, Lurissa Tucker, Mark Zuliani, Michael Harkins, Joie Glenn, Wesley Pak, Valerie Romero-Leggott, Steve Jenkosky, Jeff Katzman , Arturo Gonzales

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

Business Items: Governor’s office is updating membership on all Boards and Commissions. Over the next month or two, they will fill vacant positions. We can expect some new faces by the August meeting.

| Topic   |   | Action/Person Responsible         |
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| <b>Approval of Agenda</b>                                   | Agenda approved   |                                   |
| <b>Approval of Minutes</b>                                  | Minutes Approved  |                                   |
| <b>Telehealth and Health Information Technology updates</b> | <p><b>Pipeline Forum: Looking to the Future: Preparing for the Next Generation of Health Careers</b></p> <p>Held on May 2-3 in Albuquerque, NM, this forum brought together 160 people from all parts of the state. Participants included students, educators, administrators from secondary and higher education school systems, healthcare employers and practitioners, members of rural and tribal communities, and federal and state policymakers.</p> <p>The forum covered the following key issues:<br/>           Education and Workforce Policy<br/>           Community-based Care and Training<br/>           Education and Workforce Resources<br/>           Collaboration<br/>           Incentives<br/>           Technology<br/>           Dental.</p> <p>A Full report will be available on their website: <a href="http://www.nmfirst.org">www.nmfirst.org</a></p> | <b>Valerie Romero-Leggott, MD</b> |
| <b>Medicaid Transformation Grant</b>                        | <p>Medicaid Claims Portal Project<br/>           New Mexico Medicaid Electronic Health Records presentation showed how to access New Mexico Medicaid Web Portal.</p> <p>Portal was designed to provided to provide emergency room personnel with access to claims data. Having the data will help reduce redundant or duplicate tests, adverse</p>  | <b>Mark Zuliani, HSD</b>          |

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|                            | <p>drug interactions, and fraud. Ease of access was one of the main ideas when putting this web page together.</p> <p>A demonstration of the portal was presented.</p> <p>Question: How does the system handle the lack of a Medicaid ID?<br/> Answer: The system will use demographic data to confirm you are dealing with the correct client information.</p> <p>A medical history is part of the system, but items referring to mental health history, substance abuse history, and HIV/AIDS will be filtered out.</p> <p>When logging on, there is a legal access agreement that you have to acknowledge as well as a disclaimer that the complete medical record is not on the website. It also states that this system can only be used for treatment purposes.</p> <p>26 hospitals will be able to use it, but not all are signed up for it. Only one person at each hospital is in charge of access to the system and issues user-id's for other health care practitioners. Small facilities have an easier time getting started. Larger facilities are more difficult. It is sometimes hard to figure out who is responsible for administering the system locally.</p> <p>Mark encouraged us to contact him or Jane Kennedy if we know of any facilities who would like an overview of the system.</p>   |                                 |
| <p><b>Project ECHO</b></p> | <p><b>Extension for Community Healthcare Outcomes (ECHO)</b></p> <p>Funded by the legislature and grants.</p> <p>The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment.</p> <p>ECHO began with a global health problem: Hepatitis C. The estimated number of people in New Mexico with hepatitis C is greater than 28,000.</p> <p>Dr Arora was operating the only hepatitis C clinic in the state and had an 8 month waiting list.</p> <p>Less than 5% of the population with the disease had been treated, and without treatment, an estimated 8,000 will develop cirrhosis of the liver.</p> <p>ECHO formed by partners from UNM school of medicine and the Center for Telemedicine. Uses the idea of a "Force Multiplier," leveraging existing community providers to expand the number of qualified practitioners. Trains a nurse practitioner to do the same thing as a specialist.</p> <p>The ECHO Disease Management Model focuses on improving outcomes by reducing variation in processes of care and sharing "best practices." The project uses case based learning, sharing management of patients with UNMHSC specialists. A centralized, HIPAA compliant, database monitors outcomes.</p> <p>The benefits to rural providers who participate in the project include:<br/> No cost CME's<br/> Professional interaction with colleagues with similar interest<br/> Less isolation leading to improved recruitment and retention<br/> A mix of work and learning</p> | <p><b>Dr. Sanjeev Arora</b></p> |

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|   | <p>Ability to obtain HCV certification<br/>Access to specialists.</p> <p>Project expansion: Criteria for selecting disease:<br/>Common disease<br/>Management of the disease is complex<br/>Treatments and medicines are evolving<br/>Untreated disease has a high societal impact ( health and economic)<br/>Serious health complications of untreated disease</p> <p>Project ECHO was awarded the Robert Wood Johnson Changemaker Award.</p> <p>Vision for the Future: Treat Cardiac Risk , Asthma, Teenage Suicide.</p> <p>Dr Aurora introduced:</p> <p>Dr. Michelle Harkins: Asthma program<br/>Newest clinic to join project ECHO.</p> <p>Dr. Jeff Katzman: Psychiatry Department<br/>Approaching behavioral health issues with the ECHO model.</p>  |  |
| <p><b>Medical Society Resolution on EMR</b></p> | <p>Medical Society Resolution on EMR – Bob will send out</p>  |  |
| <p><b>LUNCH BREAK</b></p>                       |   |  |
| <p><b>Electronic Billing Framework</b></p>      | <p><b>Stakeholders Roles:</b></p> <p><b>Medical Society:</b> Outreach and education</p> <p><b>Behavioral Health Collaborative:</b> Reaches out to medical community, monthly meeting on 26<sup>th</sup>, Bob will contact</p> <p><b>Managed Care Organizations:</b> Provides incentive payment, speedy reimbursement payment, technical assistance</p> <p><b>Local Hospitals and the Hospital Association:</b> Connected via Xtranet, assist with eligibility, link to various organizations, mini health information exchanges, labs</p> <p><b>New Mexico CHILI:</b> Education, can access services to put together training curriculum and packet for providers</p> <p><b>Medical specialty associations:</b> closely related to specialists and knowledgeable about unique circumstances relative to specialists</p> <p><b>Office of Community Health (UNM):</b> Health extension regional offices, source of education regionally, partnerships working with individual rural practitioners and providers</p> <p><b>Primary Care Associations:</b> Already handles electronic billing for many of their offices</p> <p><b>Association of Hospice and Homecare :</b> Education and outreach</p> <p><b>New Mexico Medical Review Association:</b> Education and outreach, technical assistance on quality reporting that will be tied towards outcomes.</p> |  |

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|                                 | <p><b>Nationally accredited research institutions:</b> Knowledge base in evaluation research, impacts, benefit criteria, innovations</p> <p><b>Center for Telehealth (UNM):</b> Brings together key stakeholders, reimbursement strategies (how do we make this sustainable?)</p> <p><b>American Telehealth Association:</b> Has material on third party payers, help providers with electronic medical exchange</p> <p><b>Telehealth Alliance:</b> Information sharing, gathering people together to provide technical assistance, advising what is billable electronically and what is not, training, assistance with how to code correctly</p>   |                     |
| <b>Telehealth Measures</b>      | <p>Dr. Gonzales reported on an upcoming meeting to discuss discrepancies about data from different telehealth sites. The Telehealth Alliance is taking the lead on this task. They will host a meeting Tuesday from 9-12. The goal is to come up with a handbook for DFA, LFC and the Commission, outlining common reporting standards. Report should be ready to present at our July meeting.</p>  | <b>Dr. Gonzales</b> |
| <b>FY 10 Legislative Agenda</b> | <p>Privacy issues are still on the Governor's list for the special session. After a presentation for the senate workgroup, there was support for the privacy legislation that died last session. All agreed that there is a need for it. A new bill that incorporates the original HB 37 but removes the two planning requirements will be submitted as a part of the special session or the next full legislative session.</p> <p>Commission recommended continued funding for current telehealth programs: ECHO, Envision, suicide prevention, REACH, and technical assistance to rural physicians to get connected to broadband. The DOH Office of School and Adolescent Health is preparing the request.</p> <p>Commission Priorities:<br/>Commissioner Alverson would like to request programmatic funding for stroke prevention/detection program and support for the FCC project. Bob Mayer does not want infrastructure dollars to go to DOH. They should go to DoIT. Secretary Roy Soto, agreed that if the Commission supported a request for the 15% match for the FCC grant, it should go through his department.</p> <p>Dr. Gonzales suggested continued expansion of telehealth network. He said \$200K was needed to fund existing sites and add additional sites.</p> <p>Commission Gunter suggested providing practices with incentives to sign on to the health information exchange.</p> <p>Commissioner Mayer suggested funding technical assistance for EMR implementations at private practices.</p> <p>Tax incentives were discussed but the group decided more time was required to flesh out those ideas and they would not be ready in time for the next session.</p> <p>Commissioners should submit recommendations for THC support to Bob.</p> <p>Commissioners should also review recommendations from Michelle Welby.</p> | <b>All</b>          |
| <b>Agenda</b>                   | <p>July 17, 2008<br/>CNM Workforce Development Center<br/>Albuquerque, NM<br/>9:00 am to 4:00 pm</p> <p>Presentation of the our public health information system at the next THC meeting.</p>   |                     |

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|                | Results from Maggie's survey<br>Dr Gonzales will bring results from the measurement task force.<br>Pilot project for PTSD. As of right now, project has not used telehealth. VA will begin to use telehealth to provide counseling. |  |
| <b>Adjourn</b> | Meeting adjourned at 3:34 pm  |  |