

**New Mexico Telehealth Commission**  
**Meeting Minutes**  
**July 19, 2006**  
**Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM**

**Commissioners Present:** Robert Mayer, Craig Wingate, Leo Baca, John Tiernan, Lynne Anker-Unnever, Danice Picraux, Tomas Torres, Mark Duran, Jane Breen Pierce, Patricio Larragoite, Stephen Easley, John Martinez. Ruby Ann Esquibel attended as Proxy for Lowell Gordon who is the Proxy for Secretary Pam Hyde.

**Commissioners Absent:** Dale Alverson, Steve Adelsheim, Tony Davis, Paul Ehrlich, Dwayne Jordan, Richard Lueker, Ben Ray Lujan, Terry Maness, Frank Pullara, Danny Sandoval, Ferdi Serim, Jeanette Velarde.

**Staff Present:** Karen Gonzales, Deb Gallegos, Camille Maes, Teresa Henke

**Stakeholders Present:** Renee Martinez, Bency and Associates; Michelle Welby, Health Policy Advisor for Governor Richardson; Maggie Gunter, project director New Mexico Health Information; Yolanda Herrera, Director of Nurses for the Corrections; Al Sandoval from Abba Technologies; Dr. Deb Hall, Project REACH; Arturo Gonzales, Sangre SBIRT; Nicola Baptiste, Sandoval County.

Agenda item	Discussion	Action/ Person Responsible
<b>Meeting called to order</b>	9:22 a.m.	
<b>Approval of Agenda</b>	Agenda approved as written	Motion to approve, seconded and passed
<b>Approval of Minutes</b>	Minutes approved as written	Motion to approve, seconded and passed
<b>Discussion of FY07 DOH appropriations and plan, Bob Mayer</b>	\$750,000 for infrastructure; \$190,00 for programs \$4.8 M in FY '06 to wire New Mexico to complete the loop in the southeastern quadrant of the state. A challenge for using the technology is how to make it sustainable. Questions were posed about how to organize ourselves to achieve our goals, how to do something that benefits New Mexicans, how to pursue additional funding and how to involve the community.	
<b>Discussion of FY07 Commission goals, All</b>	<ul style="list-style-type: none"> <li>• Create a business model for telehealth sustainability.</li> <li>• Success in the legislative process we did receive \$1M. Continue to be bold if we are going to work hard. Continue to work on our PR and our image and reach out beyond the borders of the State, possibly even globally, let the world know who we are and what we are doing.</li> <li>• HCNNM recently received a grant from rural mental health association which did not give money but awarded the time and advice of Dr. Sam Burgess, a nationally known telehealth expert. Plan to help HCNNM develop a 7 step Telehealth plan, which with slight modifications; this could be used to develop a state-wide plan. John Tiernan asked permission to approach Sam Burgess for help.</li> <li>• Commissioners and audience members gave input on their expectation of the Commission. Discussion was around the topics of electronic health records, sustainability of programs, and using the current models as pilot programs, Medicaid reimbursement and how to get this to work for families in rural New Mexico.</li> </ul>	John Tiernan will approach consultant Sam Burgess for use of his Telehealth plan.  Programs currently doing Telehealth will do short presentations on their programs.  Chairman Mayer will report to the Health and Human Services

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	<ul style="list-style-type: none"> <li>• Michelle Welby thanked the Commissioners on behalf of the Governor, and especially Mark Duran for chairing the Commission this past year. Huge emphasis on access to services, with Telehealth viewed as an extremely important tool. Also emphasis on removal of barriers to care. The Cabinet Secretaries have committed to supporting the Commission and getting the tasks done.</li> <li>• Develop open architecture so that programs can tap into infrastructure and programs that are currently Form a policy group to look at options for reimbursement plan for NM to take to the legislature and even the federal government. All of this comes through strategic planning and a forum for communication.</li> <li>• Mark Duran stated that there are many challenges and his best advice is to identify and focus on one or two of the challenges, as opposed to trying to take them all on. The resources are limited as the Commission is advisory, not policy making. Incremental success with the legislature is acceptable. Governor's performance and accountability measures are in effect and will be used with the programs are currently operating.</li> <li>• Danice Picraux stated that legislators care about accessibility to medical care and supporting an issue that is becoming a major problem in the State. Also training and continuing education and patient outcomes. She invited the Telehealth Commission to report at the Health and Human Services Committee to lay out the legislative agenda.</li> </ul>	<p>Committee</p> <p>Nicola Baptiste will present the Sandoval County program.</p> <p>Teresa Henke will send Leo Baca a copy of last year's plan.</p> <p>Al Sandoval will submit the San Juan County plan.</p>
<p><b>FY07 work program</b></p>	<ul style="list-style-type: none"> <li>• Chairman Bob Mayer reviewed the DRAFT DOH Telehealth Plan which focuses on programs and direct service. The HHS Secretaries and Governor's office has reviewed this with some suggestions.</li> <li>• The HHS Secretaries suggest the following changes: <ul style="list-style-type: none"> <li>➤ <i>Change title from DOH telehealth plan to Telehealth Commission Plan.</i></li> <li>➤ <i>Reference all groups, not just children, adolescents and their families.</i></li> <li>➤ <i>Consideration of another section in the plan to include other efforts, such as state agency activities, reimbursement activities, etc.</i></li> <li>➤ <i>Appropriations look at other resources and target other funding that the state has received.</i></li> <li>➤ <i>Include a section for other items.</i></li> <li>➤ <i>Goals: add FY '8 work plan proposal.</i></li> </ul> </li> <li>• Dr. Easley stated that this is a fair title, as this is an operating plan put together by DOH with input from some Commission members, to determine how to spend the FY '07 legislative appropriation.</li> <li>• Tomas Torres asked for school sites further North. The Office of School Health selected the sites and they could be changed.</li> <li>• The Partnership committee has been meeting in the past several months to address these issues.</li> <li>• Add SBIRT to the Program Structure, as well as the school-based health centers and their association with SBIRT, additionally the collaboration with the primary care association.</li> <li>• Constraints we are under now have to do with the \$190,000 for programs. The \$750,000 is for "wires and boxes". How can the Commission leverage the wires and boxes money into services?</li> </ul>	<p>Teresa Henke will accept document changes via email, combine them and submit to the Chair.</p>

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	<ul style="list-style-type: none"> <li>• Add a section on sustainability. Talk to the organizations who are receiving the funding about how they are planning to sustain in the long-term.</li> <li>• The plan that HCNM is developing is to bring in services to their rural health clinic that they don't currently have. Through ECHO they have a few people being trained as Hepatitis C providers, and there are two certified diabetes educators. Training is coming from the outside. Technology training plan is to train internal IT resources and clinic managers, as well as medical assistants and nurses to operate the equipment, including remote telemetry. They are also coordinating with the New Mexico Primary Care Association through their integrated services network, to provide a model of sustainability for training, a "train the trainer" model.</li> <li>• Mark Duran suggested that it is important to keep the process of the Commission as formal as it can be, such as the formality of whether or not a quorum exists. It is important to note when we are operating as a subcommittee and not as a full commission. He also suggested identifying the commitment of the Commissioners.</li> <li>• Chairman Mayer faces some challenges as a Dept of Health employee. When talking about "we" and "they" and who met and who did not meet, be sensitive of the fact that you are a DOH employee and note if you are representing the Telehealth Commission.</li> <li>• He went on to say that we need to determine whether this is the Dept of Health's money or the Telehealth Commission's money. This is the money by which the TH Commission is going to be judged. Important to take ownership of this money. Identify strategic initiatives before programmatic initiatives and then see how they connect.</li> </ul>	
	Lunch break	
	Bob Mayer thanked Sangre de Cristo for providing refreshments.	
<b>Program subcommittee Stephen Easley</b>	Dr. Easley Suggested disbanding and re-forming the program committee, asking for volunteers.	Dr. Lowell Gordon, Lynne Anker-unnever, and Danice Picraux will participate
<b>Infrastructure subcommittee, John Martinez</b>	Bob Mayer reported that we are currently inventorying all telehealth sites in the State. There is a telehealth website that is a link on the Department of Health Website. <a href="http://www.health.state.nm.us">www.health.state.nm.us</a> The Telehealth inventory is on this link. Bob Mayer proposed that this committee not continue but the inventory will be continually updated by GSD program staff. A vote will be held on this when we have a quorum.	Next meeting vote on disbanding the infrastructure subcommittee.
<b>Prescribing subcommittee, Bob Mayer</b>	The prescribing subcommittee met with board of pharmacy and the medical practice board. Future meetings will include other boards such as the board of nursing, board of medical examiners, etc. There were no specific restrictions around Telehealth or e-prescribing and it was recommend that each of the boards would adopt the agreed upon language as soon as it is decided. They will follow current accepted standards for medical practice.	Question for e-prescribing committee to clarify how prescriptions will be sent via televideo or telephone.
<b>Planning subcommittee</b>	Will continue as originally set up.	

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<b>Craig Wingate</b>		
<b>Next steps</b>	<ul style="list-style-type: none"> <li>• Craig Wingate suggested defining the vision and involving everyone. Invite everyone to describe who they are and what they do. We have a huge opportunity and little representation and there is a lack of involvement, alignment and connection. This Commission should have been a two-way communication or it is not worth everybody's time. Each stakeholder should be able to say who they are, what they do, where they fit, and what they need. Craig defined a Telehealth Landscape including Clinical Hubs, Equipment packs, and aggregated accessibility. His vision illustrates "plug and play" from either side and it is scalable and extensive.</li> <li>• Bob Mayer said we need a vision inclusive enough so everyone can see where they are in the landscape. Commissioner Picraux suggested that if we need money out of the legislature; map this at the same time as mapping the rest of it. Our role should be put forth as part of our overall vision. A good framework exists within the statute that created the Commission.</li> <li>• Essential pieces of the Telehealth Plan must include Reimbursement, policy, privacy, confidentiality, sustainability</li> <li>• At the next meeting spend half the session on the diagram and ask Commission members to help identify where their programs are on the diagram. Then will invite some programs in the afternoon and have them identify where they fit on this diagram as well as how they are reimbursed.</li> <li>• A suggestion was made for the Commission to meet more frequently for the next few months, i.e. twice a month meetings, calling the meetings in between the already scheduled ones "work sessions."</li> <li>• Invite specific stakeholders to present at Telehealth meetings. John Tiernan suggested that we give stakeholders a template for presentation. This template will be the subject of a subcommittee. Also show and have them self-identify the context of where they fit in the landscape.</li> <li>• The Commission will create a plan to aggressively pursue attendance and participation of stakeholders and Commission members.</li> </ul>	<p>A diagram will be prepared and ready by October 1<sup>st</sup> which shows a vision of where the Commission is going and what the mission is.</p> <p>A template for stakeholder presentations will be created and sent to Commission members for review. 10 minute presentation with 5 minutes for questions.</p> <p>Add geriatrics, HIV, orthopedics, cancer, and others.</p> <p>Contact Commission members and stakeholders before meetings.</p> <p>Teleconferencing capability will be offered at future meetings.</p>
<b>Next meeting</b>	August 16, 2006 CNM (PreviouslyTVI) Workforce Development Center	
<b>Meeting adjourned</b>	3:42 p.m.	