

**New Mexico Telehealth Commission
Meeting Minutes
February 21, 2007
Toney Anaya Building, Rio Grande Conference Room, Santa Fe**

Commissioners Present: Steve Adelsheim, Dale Alverson, Lynne Anker-Unnever, Leo Baca, Lowell Gordon, Maggie Gunter, Patricio Larragoite, John Martinez, Robert Mayer, Crawford Spooner proxy for Danny Sandoval, John Tiernan, Jeannette Velarde, Craig Wingate.

Commissioners Excused: Stephen Easley

Commissioners Absent: Tony Davis, Mark Duran, Paul Ehrlich, Jim Holloway, Dwayne Jordan, Richard Lueker, Ben Ray Lujan, Danice Picraux, Jane Breen Pierce, Tomas Torres.

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

Stakeholders Present: Terry Boulanger and David Douglas, NM Telehealth Alliance; Arturo Gonzales and Paul Nelson, Sangre de Cristo Community Health Partnership; Yolanda Herrera, Corrections; Jeff Blair, RHIO; Patricia Montoya, NMMRA; Ted Testa, PMS; Chris Renfro, Tanberg; Dave Omer, Abba Technologies; David Roddy, New Mexico Primary Care Association.

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

Business Items:

Topic	Discussion	Action/Person Responsible
Approval of Minutes	Minutes from the November 15, 2006 meeting and the January 17, 2007 meeting were not approved due to lack of quorum present.	
Legislative Recap	<p>Legislative Recap The Senate Committee passed bill that covered list of covered professions on 2/20/07. On senate floor today they will hear bill to include Telehealth technology. There are 20 bills related to Telehealth technology to be heard during the 07 Legislative Session. Bills are being recommended to pass committee without request for testimony/argument. The bills to change name and purpose of the Telehealth Commission have been moving pretty quickly because there are no dollars attached. HB 75/SB351 – tries to more clearly define what wire NM can and cannot do, able to provide service to state initiatives, and cannot provide services to private agencies.</p>	
Current Telehealth Initiatives	<p>FCC Initiative Dale Alverson is working on a huge FCC initiative which includes many states, that involves some state infrastructure and Lambda rail (very high speed backbone) issues. A certain amount of appropriated dollars \$400M are applied to the rural telemedicine program. Only about 10% has been used. Rural communities in New Mexico can pay for broadband at the same price that Albuquerque would pay. This allows a look at how to expand rural telemedicine programs by increasing telehealth infrastructure. National Lambda Rail (NLR) can be included. Los</p>	

Alamos National Labs has looked at Power grids, redundancy, and communication grids. The grant announcement indicates they will pay for network design studies. They will pay for 85% of additional infrastructure. \$100m will be set aside on the table to fund a few pilot programs. OMB still has to approve and once approved an RFP will go out on the street. The RFP was expected last week and it was not released. There are hearings in congress protesting the order. GSD, the Telehealth Alliance, Arizona's telemedicine program and IHS, are forming a consortium to create a network of networks. They estimate a proposal which will look like a business plan rather than a grant application, due to sustainability issues. \$10M will be requested for this New Mexico consortium. Rural healthcare pilot program is on the website.

PTSD Initiative

Another initiative is an effort to organize a program around PTSD and treating other veteran's issues. Funding questions are still up in the air. VA medical center, BH Collaborative, and providers are coming together to put together a partnership and it is stronger than it has ever been. A planning meeting for a clinical pilot model will be held on March 2nd.

Commission

One of the charges of this Commission is to provide coordination of different telehealth programs across the state. At the end of this fiscal year, Chairman Mayer wants the Commission to issue a status report, including deployment of infrastructure, GSD infrastructure, and other accomplishments including coordinating activities around specific projects.

Expansion of focus to include Health Information Exchange

EMR Discussion

Jeff Blair presented on Electronic Medical Records as it relates to privacy issues. Health Insurance Portability and Accountability Act (HIPAA) privacy regulations are mandatory. For any provider who is accessing a health information system, the system must require and record that the patient gave consent for the health records to be accessed. Policies, practices and standards must be in place to authenticate that the individual requesting the information is who they say they are. Within the issue of authentication there is a lack of consistency in policies, practices and standards for authentication. HIPAA privacy regulations require that the healthcare providers act as custodian or trustee of information and must develop audit trails of anyone who requests (as well as achieves) access of health records. Every patient has a right to look at their own data and if they feel something is omitted or incorrect, they can append it. The patient also has a right to take a look at the audit log. HIPAA privacy falls under the Health and Human Services (HHS) office of civil rights and within HHS has the responsibility of accepting complaints from public re: the violation of these rights and can enforce through the justice department.

In a Health Information Infrastructure there are certain parts that are strategic. A whole array of networks has evolved independently. At some point we need to be able to find ways to have the data from these networks interoperate. They are complementary and they are infrastructure items.

EHR Discussion

Patricia Montoya from New Mexico Medical Review Association (NMMRA) who is the federal contractor for Medicare handling quality improvement in New Mexico presented on Electronic Health Record Adoption in New Mexico. It does no good to move toward Electronic Health Technology in a hospital if the

	<p>physician's offices are still using paper records. Complicating the issue is that there is not one Electronic Health Record that meets everyone's needs. There is an attempt in Silver City New Mexico to pilot a community model with the hospital at the forefront. A relaxation of the Stark Law allows hospitals to support this implementation in their communities. Medicare is watching the Silver City pilot to see how well it works. Many communities are considering federal grant resources to fund an interoperable community system. Can't have EHR without HIE. Working with 33 practice sites and 200 primary healthcare providers state wide. Implementation and reporting. New Mexico Improvement Coalition pilot for e-prescribing 225 providers. Large systems don't really need assistance (understand the business plan). Policy perspective at state and national level is on rural New Mexico and smaller providers with limited budgets and resources. Implementation of DOQ-IT Project is occurring in Silver City, Artesia, Farmington, Los Alamos, Santa Fe, Las Vegas, Alamogordo, Roswell, Las Cruces. Biggest barrier is financial with average cost of \$25,000 to \$40,000 per provider. Another barrier to implementation is: bandwidth (requirements vary depending upon the record)</p>	
	<p>Health Information Exchange, Electronic Health Records, Privacy Commissioner Larragoite wrote and sent a letter to Commissioners regarding the list of duties the Telehealth Commission is responsible for. In telehealth we are facing tremendous shortages in healthcare providers and we are looking at telehealth to fill the gaps and address the barriers. The original purpose of the Commission was to create a single coordinated statewide effort to create a telehealth system. Use the guidelines in the letter to develop a workplan to move forward on statutorily prescribed duties. Use telehealth to overlap into whether we are dictating what the criteria should be. We have a duty to report annually to the Governor and the Legislature on the state of the telehealth system. We may devote one of the all day meetings to define the statute further. We should use some of the telehealth infrastructure to bring in some of the Commissioners who can not attend. Wherever we go we should have videoconferencing call-in capability. One concern is that we have not had full attendance at the last several meetings. Put out a message to commissioners that statewide video conferencing is available at New Heart next month. Terry Boulanger offered to arrange sites for Commissioners in rural areas to participate in.</p>	<p>March 21st meeting will incorporate video conferencing.</p>
<p>Next Meeting</p>	<p>March 21, 2007 New Heart in Albuquerque</p>	

Meeting adjourned at 11:50 a.m.