

**New Mexico Telehealth Commission
Meeting Minutes
July 17, 2008
CNM Workforce Development Center, Albuquerque, NM**

Commissioners Present: Robert Mayer, Art Martinez for Jim Holloway, Dale Alverson, Lynn Anker-Unnever, Bill Dunbar, Lowell Gordon, Maggie Gunter, Roy Soto, Kristine “Kooch” Jacobus for Liz Stefanics, Jeanette Velarde, Patricia Montoya

Commissioners Absent: Steve Adelsheim, Leo Baca, Michael Belgarde, Mark Duran, Stephen Easley, Bert Garrett, Richard Lueker, Ben Ray Lujan, Patricia Montoya, Danice Picraux, Jane Breen Pierce, Tomas Torres, Stephen Vaughn, Craig Wingate

Commission Staff Present: Margo Gomez

Stake holders Present: Jeff Blaire, Maggie Gallagher, Terry Boulanger, Steve Bird, Joe Scaletti, Jeff Repichowski, Lyndi Crawford

Welcome and Introductions: Chairman Bob Mayer had stakeholder, and commissioners introduce themselves. Outlined the agenda for the day.

Business Items:

DRAFT

Topic	Discussion	Action/Person Responsible
Updates	Michelle Welby has resigned her position at the Governor’s office as of 8-1-08. THC will have a new contact in the Governors office. Health is one of the governors priorities.	Mayer
Approval of Agenda	No quorum present for approval.	Approve next meeting.
Approval of Minutes	No quorum present for approval.	Approve next meeting.
Survey Results HPC Survey	<p>HPC Survey: Physician Health Information Technology Survey & Study</p> <p>The HPC conducted a survey of physicians and osteopaths in coordination with the Regional Health Information Organization of New Mexico and the New Mexico Health Information Collaborative. The RHIO conducted their survey electronically. The HPC conducted their survey via mail. Both organizations used the same survey instrument, thus allowing the results to be combined.</p> <p>Mailed out surveys and received 600 back, with only 100 returned marked undeliverable.</p> <p>Between the electronic surveys and mailed surveys, over 1200 physicians responded.</p> <p>The survey asked 27 questions. The published appendix shows the results from HPC, RHIO and then the combined results.</p> <p>The survey was handed out and can also be down loaded from the HPC website: http://www.hpc.state.nm.us/documents/PHIT%20Study%20final%20(2).pdf</p> <p>or contact Jeff Repichowski by email (jeffrey.repichowski@state.nm.us) and he can send a copy.</p>	Kristine “Kooch” Jacobus and Jeff Repichowski
RHIO Survey	Power point presentation, will be sent via email. Survey of User Priorities for NMHC Network Services, April 2008. Online survey sent to 3,858 active patient care physicians in state. Received 513 completed responses to survey.	Maggie Gunter & Jeff Blair

	<p>Conducted from March 24 through April 27, 2008. Results on the question of desired network services were then prioritized from most important to least important. The most important service: Receive Electronic Lab Results (85.4%).</p> <p>Results of this survey were similar to results around the country.</p> <p>Commission members suggested HPC survey identified areas where a deeper investigation might be needed and asked the HPC to initiate a more in depth survey.</p> <p>Commissioner Soto made a motion to ratify the decision to ask HPC, Lovelace, NMHIC and Medicaid assistance division to prepare a follow up survey. The Commission will look for funding for this. The motion passed with no opposition.</p>	
<p>Business Case for HIE</p>	<p>New Mexico Health Information Collaborative (NMHIC) is working on growing an HIE network for NM. NMHIC is a collaborative of health care providers, payers, state agencies, employers, and consumers.</p> <p>The HIE was created, staffed and operated by Lovelace Clinic Foundation. Commissioner Gunter provided an interim status report. The final report will be submitted on September 30, 2008.</p> <p>What problem does NMHIC health information exchange solve?</p> <p>Patient information is typically scattered over many different health care facilities.</p> <p>An HIE network provides rapid physician access to patient health care records stored electronically. The network can also provide information for emergency response, biosurveillance, and personal health record systems.</p> <p>Provided a network diagram showing how the network works between the Department of Health, hospitals, a medical group, a lab, pharmacies, and a clinician. The system will gather and assemble the patient's records within 3 to 5 seconds.</p> <p>NMHIC builds on a strong foundation. Community support well established. Already established priorities for potential users of network services. Network technology platform (Medplus) greatly strengthened with added functions, performance, and ease of use. Strong executive management team in place.</p> <p>NMHIC Network Accomplishments: Developed/demonstrated NMHIC prototype components. Implemented robust network technology platform from MedPlus. Connected organizations to the NMHIC network. Will demonstrate interoperability with other HIE networks as part of the Nationwide Health Information Network trial implementation. Working to build local consensus on privacy protections for the network.</p> <p>Preliminary Cost Model: Revenue streams derived from providing lab results and summary patient record. Proposed functions include image reporting, reporting on discharge summaries, and providing emergency department data to DOH.</p> <p>Future plans: Develop HIE network as a non-profit public utility.</p> <p>Recommendations:</p>	<p>Maggie Gunter</p>

	<p>Develop customer relationship with governments. Using the HIE, Medicaid will experience lower health care costs by eliminating duplicate medications and diagnostics. Medicaid can use the HIE to provide claims information.</p>	
<p>Public Health EMR (BEHR)</p>	<p>Hand out was provided.</p> <p>NM DOH, Division of Public Health just completed installing electronic medical records. The project took one year to implement across the state at 50 public health offices.</p> <p>Used jointly developed templates and forms based on how they do their work flow, and the programs supported.</p> <p>Top request from users was to interface with the immunization registry. Productivity has increased. Users chart as they go instead of waiting until the end of the day. The system helps PHD get the best use of staff, and makes it easier to monitor and adjust schedules and staffing levels.</p> <p>Minimal requirements for use at public health offices. System is available via the Internet and using a standard desktop computer.</p>	<p>Dr. Maggie Gallaher</p>
<p>Business case for electronic claims</p>	<p>Hand out was given: Electronic Billing</p> <p>Committee members presented an outline and identified the value partners can bring to this</p> <ul style="list-style-type: none"> A. Executive Summary: an efficient way in filing electric claims B. Business problem and opportunity C. Proposed project objectives D. Business risks E. Mitigation F. Alternative solutions G. Cost benefit analysis H. Recommendations <p>Bob is asking for feedback on how to sell this notion for electronic billing to the legislators. Some ideas suggested: Concrete cost figures to justify these ideas. Have a strategy ready by the next regular session. Take the substance blend with this and cost benefit analysis, to create a plan.</p> <p>Next assignment is an electronic medical records plan</p>	<p>Gunter, et al</p>
<p>Privacy legislation update</p>	<p>HB 37</p> <p>Plans are to reintroduce the privacy and health information exchange legislation in the special session.</p> <p>New Mexico is working with a group of states trying to develop a standard across all states. Looking for ways to facilitate the use of HIE.</p> <p>HB 37 was introduced in the House, and passed, but failed on the floor of the Senate.</p> <p>A major issue is how to balance between an individual's privacy requirements and health care providers' need to exchange information with out burdening the system.</p> <p>Sensitive Information</p>	<p>Randy McDonald</p>

	<p>Strategy for next session is to build on the success achieved in finding consensus. Keep the portions that passed, and drop portions of the bill calling for a study for planning for electronic billing and electronic medical records. Retain level of privacy and standards as they passed through the House. Currently, that will essentially allow certain sensitive information, and information in medical emergencies, to be exchanged. Finally arranging to meet with key Senators, who opposed the bill and had questions. Garner their support and address their concerns.</p> <p>How the other states are dealing with these issues? They are running into same problems. Five states have passed legislation to help deal with information exchange. Impose higher requirements than HIPPA, people to rely on rules.</p> <p>On a Federal level: HIPPA II running into the same issues. Legislation has been introduced that may address these issues.</p>	
<p>Legislative priorities</p>	<p>Handout was given: Commission priorities for next legislative session</p> <p>The items suggested are:</p> <ol style="list-style-type: none"> 1. Support for the FCC Southwest TAG project. The FCC grant requires a 15% match. Commission Alverson suggested, and Commissioner Soto agreed, that amount come through the Department of Information technology. It will help support HIE and broadband infrastructure. 2. Programmatic funding for a telehealth stroke prevention/detection program. Funding would go to the University. 3. Continued expansion of telehealth physical network. 4. Providing practices with incentives to sign on to the health information exchange. 5. Funding technical assistance for EMR implementations at private practices. We could target small offices, less than five practitioners. Pay for an IT person to come out and personally assist with implementations. 6. Support for additional telehealth programs (for example, dermatology, ophthalmology, PTSD/TBI, high risk pregnancy). PTSD program is now at \$1.1 million. Expanding on a county by county basis. This would help initiate the program in a new county. <p>Bob asked everyone to prioritize their choices and send back to Bob.</p>	<p>All</p>
<p>Agenda for August 21, 2008</p>	<p>Presentations follow our priorities, surveys</p>	

Meeting adjourned at: 3:14 pm