

MSGRCC Telemedicine Workgroup
Meeting Summary, Mid-Year

MSGRCC Mid-year Workgroup Meeting – Telemedicine
Friday, February 5th, 2010
8:00am to 1:00pm

Attendees: Thelma McClosky Armstrong, Terese Finitzo, Larry Goodmay, Dorey Nez, Yolanda Sandoval, Brad Thompson, Patricia Willis

Staff: Celia Kaye, Joyce Hooker, Liza Creel, Amanda Conway

Welcome and Introductions

Thelma McClosky Armstrong and Brad Thompson, workgroup co-chairs, welcomed the group and asked for introductions.

MSGRCC Update

Celia Kaye, MSGRCC PI, presented on current MSGRCC activities. Please click here [INSERT LINK] to view the PowerPoint presentation. The following comments were made during the discussion:

- We must consider our priorities when distance strategies can not reach the target population because even low-tech systems (e.g. in home Internet connections) do not exist in some areas. In some cases, we are too high-tech and this may not be realistic. This group should also consider the technology we do have available, e.g. phone, computers, etc.
- Some large providers have closed systems and it is important that we try to partner with them to eliminate barriers to implementation of distance strategies. Montana telehealth networks have developed a good relationship with the VA.

State Updates

The co-chairs asked the participants to provide an update on current distance strategies being used in their state and any needs that have been identified.

- Utah – Patricia Willis (Utah Telehealth Network (UTN))
 - Many of the Utah programs focus on adults.
 - UTN is working closely with the prison system (currently 10 sub-specialty services provided in the prison).
 - Exploring the option to offer audiology consults for cochlear implants via telemedicine.
 - Education is a large part of UTN:
 - Recommended that workgroup look at webinars and other video conference technologies to reach out to clinicians and get them accustomed to video conferencing and the technology. Clinicians need to experience that it works and is useful.
 - Utah Leadership Education in Neurodevelopmental and Related Disabilities (U-LEND) Program (HRSA funded) also has an educational component.
 - Recommended that workgroup research the program and explore collaborations.
- Wyoming – Larry Goodmay (WY Health Department)

MSGRCC Telemedicine Workgroup
Meeting Summary, Mid-Year

- There is a well funded department in the state agency that looks at outreach via distance strategies. It does not currently have the bodies to fully implement but it does have a strong IT system.
- There is a need to address both clinical and educational needs.
- Wyoming used to be on the cutting edge of telemedicine but barriers that have arisen that have worn the program down.
 - Barriers can be overcome if there is a need because the capacity and technology exists. The human problem is what's most limiting. We must create synergy to solve this.
- New Mexico – Yolanda Sandoval (Parent Representative)
 - Not aware of much in New Mexico.
 - Hopi do have a small program in northeast Arizona.
 - Navajo do not have any telemedicine programs on the reservation.
 - RCC should link Yolanda with the program staff at UNM who are doing telemedicine around the state.
- Montana – Thelma McClosky Armstrong (Eastern Montana Telemedicine Network)
 - EMTN now has a full time genetics counselor that uses telemedicine.
 - EMTN is also growing its pediatric service line (just hired a pediatric pulmonologist).
 - Montana Telehealth Alliance is growing.
 - Health information technology should not be as difficult as it is. We can have an entire system of information but if physicians do not adopt the information, it will not be used.
 - EMTN has limited collaboration from IHS and little communication with the reservations in Montana.
 - RCC should explore how to better connect genetics at Shodair to existing telemedicine activities. They currently use it for psychological services but not genetic.
- Texas – Brad Thompson (Parent Representative) and Terese Finitzo (Oz Systems)
 - There is a lot of telemedicine happening with Texas Tech University and around the state. It can be a problem if the patient rarely sees the same provider, which is the case for many Medicaid patients.
 - The state programs are struggling with costs. There has to be a better way to deliver the services after the patient is identified and state programs are looking at new ways to deliver services.
 - Terese is involved with HIE and HIT at a state and federal level and would like to give a 10 minute presentation on how these relate to newborn screening and genetics.

Update on National Telemedicine Activities

Liza Creel gave a presentation on current telemedicine activities at the national level. Click here [INSERT LINK] for the PowerPoint presentation. Thelma McClosky Armstrong added that credentialing and privileging have become a national issue. CMS has interpreted the current statute to mean that any provider delivering clinical services at a hospital has to be credentialed and privileged by that facility. This is a large paperwork burden for the provider and will be virtually impossible to manage.

Telemedicine and the Medical Home

Liza Creel gave a presentation on the telemedicine and medical home project of the MSGRCC. Click here [INSERT LINK] for the PowerPoint presentation. The following comments were made during the discussion:

- The frontier county map makes a much more profound impact than those demonstrating Medically Underserved Areas or Health Professional Shortage Areas. Is there a way to overlay each map into one? Liza will explore.
- Telemedicine differentially affects the seven components of a medical home. Telemedicine directly links and impacts the accessibility, continuity and comprehensiveness of the child's care. However, implementation of telemedicine must take into account the remaining components – family-centered, coordinated, compassionate, and culturally effective – for care to be successful.

Vision for the Telemedicine Workgroup

The workgroup co-chairs walked the group through a scoping exercise. The group came to consensus on the following vision:

Telemedicine Workgroup vision: Increase the use of distance strategies in the provision of care within the Mountain States region, taking into account the medical home.

This is consistent with the current regional charge, which was only missing the medical home piece. The regional charge is:

Regional charge: The Telemedicine Workgroup, comprised of individuals with knowledge and/or expertise in the area of telemedicine, has been established to assist the MSGRCC in obtaining data on the availability and use of telemedicine systems in providing genetic services in Region 6, taking into account the medical home. It is the intent of this workgroup to increase the use of telemedicine by genetic providers and to provide assistance to state and private genetic providers in telemedicine.

Next Steps

- Plan a special session of the July Annual meeting to bring genetics clinicians and telemedicine providers together. The goal is to get clinicians excited about telemedicine. Three components to the forum:
 - Clinicians talk about how genetic services are delivered
 - Telehealth providers talk about how telehealth services are delivered
 - Facilitate discussion between the two groups (potentially by state).

Will need to invite others to participate, including:

- Mark Carol, National IT Coordinator for Telehealth at HIS
- Geneticists in the region
- Telemedicine providers in each state

Prewrite needed:

- List of all genetics outreach clinics in the region (Joyce Hooker)
- List of all available telehealth services (Liza Creel)

Full workgroup will advise MSGRCC staff on planning this event.

MSGRCC Telemedicine Workgroup
Meeting Summary, Mid-Year

- Develop marketing brochures that describe the benefits of telemedicine. One brochure should target consumers and another should target providers. (Larry Goodmay, Yolanda Sandoval and Dorey Nez agreed to help with these; Thelma will share existing marketing materials)

The meeting was adjourned.