



TELEMEDICINE WORKGROUP

MEETING SUMMARY

THURSDAY, JULY 16, 2009

8AM – 11AM

DENVER, CO

Welcome and Introductions

Liza Creel welcomed the group and asked for introductions.

Overview of Workgroup Purpose

Liza gave an overview of the purpose of the new Telemedicine Workgroup and indicated that chairs for this workgroup had not yet been identified.

State Updates and Regional Planning

Each state present gave an overview of their activities related to telemedicine. This portion of the meeting became more of a discussion on barriers to telemedicine implementation and lessons learned from those who work in the telemedicine field.

Barriers to Telemedicine

- Encouraging clinicians to provide care using telemedicine
- Licensing
- Reimbursement
- Start up and maintenance costs

Lessons Learned

- Clinicians will participate if you can demonstrate that telemedicine works. This takes time. Patient advocacy for telemedicine is a great motivator. Telemedicine must recreate the in-person environment as much as possible. The technology must be integrated into the flow of practice because driving 15 or 20 minutes to access telemedicine clinic/equipment means another patient that won't be seen.
- Licensure is really not an issue, it is a reality. Providers must be licensed, credentialed & privileged no matter what. The important point is that the patient needs the care.
- The average cost of equipment is around \$10,000 and this is steadily decreasing. Programs such as that in New Mexico offer tools and resources that help plan for telemedicine implementation and sustainability.

Their specific service offerings include business, sustainability, technical and implementation planning.

The group came to consensus around five activities the workgroup should explore and plan:

1. Identify resources for telemedicine in the region
2. Identify providers that are interested in participating
3. Examine consumer demand for and education about telemedicine
4. Pilot work to understand how telemedicine actually fits in medicine home
5. Offer process tools using partners in NM, UT, and MT

Wrap Up & Next Steps

Next steps include:

- Explore cost and feasibility of the five activities described above
- Review the Heartland Regions how-to book on telemedicine
- Ask Trish Thomas for more information on the LEND program
- MSGRCC staff will connect Thelma Armstrong, Erica Wright and Betty Charles to discuss potential telemedicine activities
- Identify participants from Colorado and Arizona telemedicine programs
- Identify costs per state for credentialing, privileging, and licensure

Liza thanked our new partners and each participant for attending the meeting.

The meeting was adjourned.